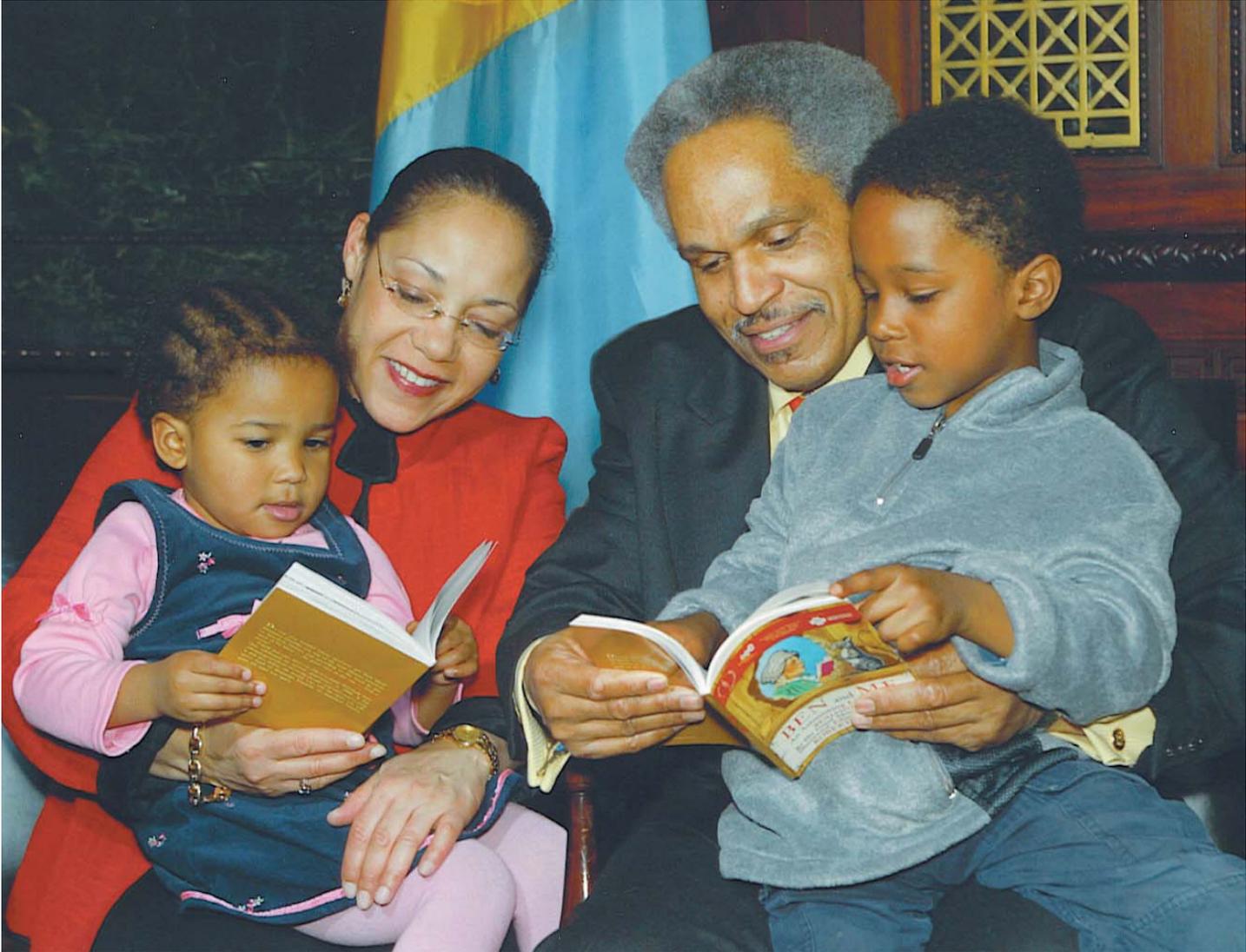


# REPORT CARD 2006

The Well-Being of Children and Youth in Philadelphia







# CITY OF PHILADELPHIA

Dear Friends of Philadelphia's Children:

For our city to succeed, our children must prosper. Since the beginning of my administration, in partnership with our community and business leaders, we have maintained an unwavering commitment to invest in the health, safety, and education of Philadelphia's children.

In many ways, the last few years have engendered hope and progress for many of our young people. Fewer infants are dying than seven years ago. Fewer children are victimized by abuse, and fewer must be taken out of their homes to protect them from abuse. Fewer teenage girls are jeopardizing their dreams with unintended pregnancies. Test scores are up for many children. More youth are graduating from high school on time.

But despite our best collective efforts, many of our children continue to face challenges. Too many youth are being killed or injured by violence, the victims of a volatile and dangerous mix of guns, anger, and despair. Too many youth – one in four – are entering high school only to drop out by the time their former classmates are donning their caps and gowns four years later. Too many youth – more than one in four – live in families struggling to come up with the financial resources to shelter, feed, and care for them.

We, as a community, must not shrink from the responsibility to help the children of Philadelphia rise above their difficulties and succeed in life. We must not lose sight of the progress we have made and the obstacles which remain. The annual Report Card helps us to sustain that focus, take stock of our progress and understand our continued challenges.

So, as we continue to move toward our goal of a better life for our children and a better city for all of us, I ask for your continuing efforts and thank you for your dedication to Philadelphia's children.

With warm regards, I am

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

John F. Street  
Mayor  
City of Philadelphia





Dear Friend:

What began seven years ago as an experiment has now become an institution. In 2000, Philadelphia became one of the first major cities in the country to develop and publish a report card charting how its children are growing, thriving, and advancing to adulthood. This report card was created to highlight where our children stand, and how far we as a community have progressed in supporting, nurturing, educating, and protecting our next generation.

Since 2000, at the close of each school year, the City of Philadelphia and Philadelphia Safe and Sound have issued a new Report Card, allowing government, community and corporate leaders, children's advocates, parents, and all those concerned about our city's children to track the trends in child well-being from birth through high school graduation.

Philadelphia Safe and Sound is proud to have been a partner in developing and sustaining this important decision-making tool. We hope that the information contained in the annual *Report Card* – the five desired results that set a goal for how we would like our children's lives to be and the 26 key indicators used to measure progress toward those desired results – helps to guide the way for Philadelphia's decision-makers.

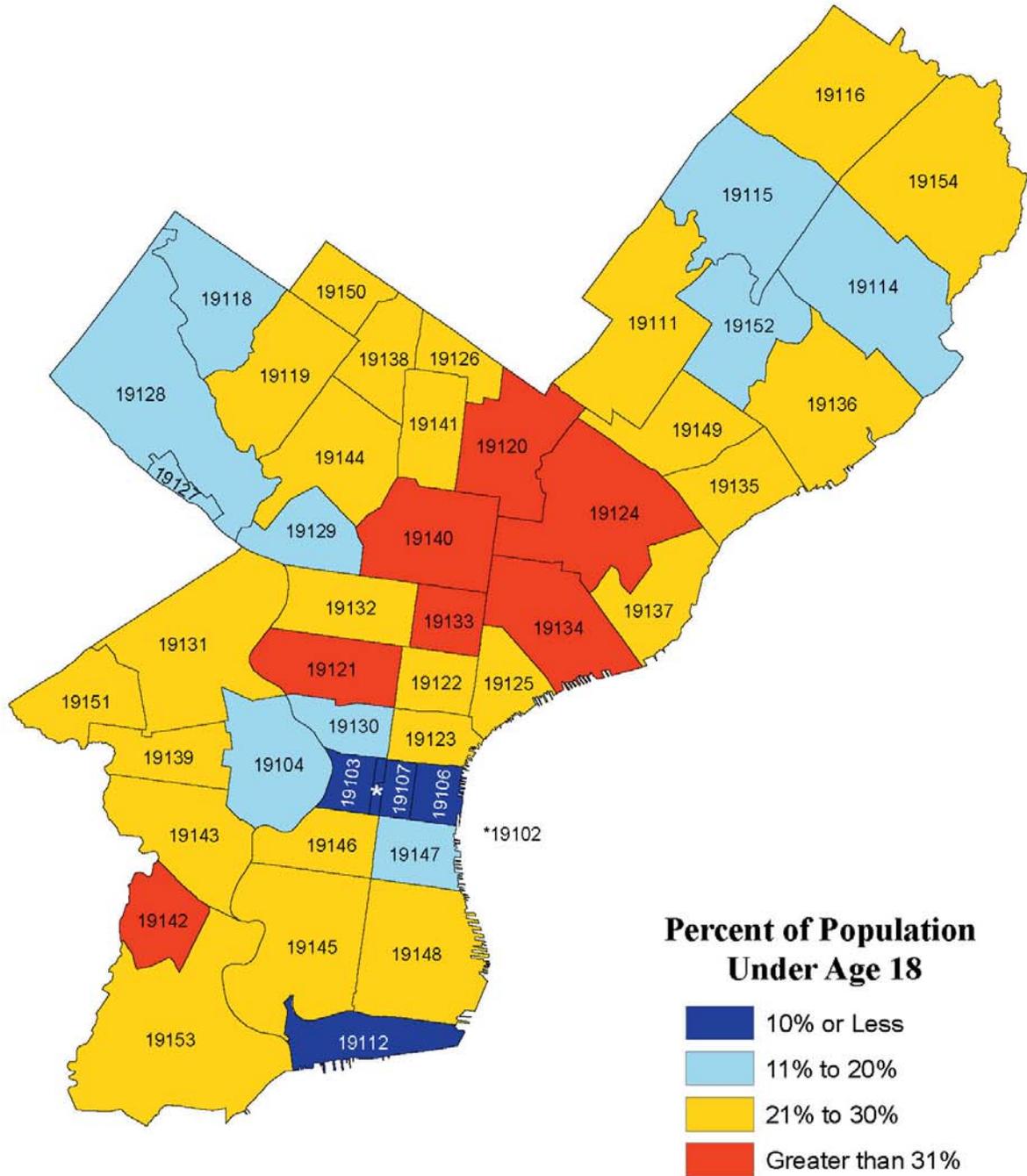
We at Philadelphia Safe and Sound would like to express our gratitude to all of our colleagues in government and in the community who helped make this document possible and to all those who help to improve children's lives in Philadelphia.

Thank you.

Anne Shenberger  
President and CEO

Ernest E. Jones  
Chairman of the Board

# Percent of Population Under Age 18



# REPORT CARD 2006

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# INTRODUCTION

**Report Card 2006**, the seventh annual assessment of the well-being of Philadelphia's children and youth, tracks Philadelphia's progress toward achievement of five desired results – goals we would like to see for our children. These goals envision a healthy start and positive development, shaped by a stable and supportive family, a safe community, and a strong education for all of our children.

*Report Card 2006* presents the most up-to-date and reliable data available on important health, safety, educational, and developmental indicators that measure progress toward the five desired results for children and youth. This array of data is available thanks to the cooperation of numerous staff members at city and state agencies, as well as staff at some non-governmental data sources. We are grateful for their help and support, which was essential to both the collection and analysis of the data.

Since its inception, the Report Card has contained a rating for each indicator of child well-being. This rating is based on assessments of both existing conditions and trends over time. True progress toward the desired results requires sustained change. Since short-term shifts from year to year may not reflect such sustained change, either consistent movement in one direction for three years and/or significant movement in one direction over two years is generally required for a change in an indicator's rating.

As in past years, we want to reiterate that the Report Card does not measure the work of any specific government agency or organization, but underscores the need for families, the business community, non-profit organizations, schools, and the general public to work together to achieve the results that will lead children to a healthy and successful adulthood.

Over the past year, for the first time, 11 *Community Report Cards* were released, presenting neighborhood-level data on several of the Report Card indicators. These *Community Report Cards* have been warmly received across Philadelphia's communities. In addition, the *Children's Budget*, which provides information on what and how government is investing in children, should be available later this year. These tools give Philadelphians more extensive information on the welfare of children across the city and give decision-makers in both government and the community better information to guide their decisions and actions.

**Report Card 2006** is available online at [www.philasafesound.org](http://www.philasafesound.org).

For more information on *Report Card 2006*, please contact:

Philadelphia Safe and Sound  
215-568-0620  
[reportcard@philasafesound.org](mailto:reportcard@philasafesound.org)

# THE 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 2006 RATING GUIDE

Each desired result is given a rating based on the current condition and an assessment of changes in the indicator. A three-year trend (and/or significant movement over two years) is generally required to justify a change in an indicator rating, to avoid over-reliance on short-term shifts that may not represent sustained trends.

The five ratings are the following:

- 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.

# DESIRED RESULTS AND INDICATOR RATINGS

2

Promising

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

Infant deaths	2
Infants born at low birthweight	3
Children with elevated lead levels	2
Early care and education	3
Readiness for school	2

3

Mixed

## Children and Youth Live in Stable and Supportive Families

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

3

Mixed

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

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

5

Problematic

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

Juvenile victims of crime	5
Homicide victims ages 7-24	3
Juvenile arrests for drug-related offenses	4
Assaults inside public schools	5
Youth development opportunities	2

3

Mixed

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

Percent scoring Proficient or Advanced (PSSA)	3
Four-year on-time graduation	2
9th graders who drop out within four years	3
School attendance	3
College entrance examination scores	5

This desired result is rated **promising, with some progress**. There has been long-term improvement in the infant mortality rate, the number of children with elevated blood lead levels, and the percentage of first graders being promoted. The percentage of children receiving formal early care and education in the pre-school years decreased last year after two years of improvement. Based on these results, that indicator receives a new rating of *mixed*. Only the rate of low birthweight babies has worsened over time.

This desired result again receives a grade of **mixed, with inconsistent progress**. There was little change in family economic indicators, though indicators of family support and stability improved in 2005. Last year, both the number of substantiated child abuse cases and the number of children and youth in out-of-home placements declined. A decline in out-of-home placements to the lowest level since at least 1996 warrants an upgrade in that indicator. The recent improvement in the placement indicator resulted from a decline in the number of children in dependent placements (i.e., due to abuse, neglect, truancy, and incorrigibility).

This result is rated **mixed, with inconsistent progress**. The teen pregnancy rate among females ages 15-17 dropped to a new low in 2004. It was 37% lower than a decade earlier. The chlamydia rate improved for the second consecutive year, while the gonorrhea rate increased by 4% after four years of improvement. A significant two-year increase in the death rate among teens ages 15-19 caused a downgrading of that indicator's rating. The number of Philadelphia children completing the Youth Risk Behavior Survey (YRBS) in 2005 was too small to represent the overall health behaviors of the city's youth population. As a result, indicators of substance abuse, sexual activity, and healthy lifestyle could not be updated.

This desired result continues to receive the lowest rating, **problematic, with a long way to go**. There was a significant increase in homicides of young people. This was driven by a rise in homicides of young people ages 18 to 24 from 80 in 2004 to 125 in 2005. The number of gunshot victims of young people ages 7 to 24 increased 11% to 920 in 2005. The number of assaults reported in public schools increased for the eighth straight year. There was little change in the number of juvenile victims of crime. The number of arrests of juveniles for drug-related offenses has declined by 7% over since 2002, resulting in an upgrade in that indicator's rating. Growth in youth development opportunities continued in 2005 warranting a new rating of *promising* in that indicator.

This desired result remains **mixed, with inconsistent progress**. Student performance among public school students, as measured by the PSSA tests, improved among 5th and 8th grade students, but there has been little or no improvement among 11th grade students in recent years. In the 2004-05 school year, the on-time public high school graduation rate improved from 54% to 60.6% over the previous year. The dropout rate improved marginally, as did the school attendance rate. Philadelphia public school students' scores on the SAT® college entrance exam dropped once again, resulting in a downgrade in that indicator's rating. The average score of 799 in the 2004-05 school year was 51 points lower than the average score of 850 in 1996-97.



# SUMMARY OF FINDINGS

Monitoring conditions and trends in the well-being of Philadelphia's children is a long-range proposition. In unusual situations, there can be significant movement in an indicator over a one-year period. However, there are generally few major changes in the Report Card indicators from one year to the next. Instead, examination of the results over time is usually necessary to reveal important trends. This can include consistent and significant movement or shifts in an indicator over time. This summary highlights identifiable trends that have arisen in the last several years, as well as indicators that deserve particularly close attention in upcoming years.

## Key Report Card Trends

### Youth violence remains a major problem in Philadelphia.

The most recent Report Card data on youth violence are especially troubling. They support the conclusion that violence by and against young people continues to be a major challenge for the Philadelphia community.

- There was a significant rise in homicides of young people ages 7 to 24, which increased by 41% to 149 in 2005. The 2005 figure was the highest since 1997. This was driven by an increase in homicides of young people ages 18 to 24: homicides of young people in that highly vulnerable age group increased from 80 in 2004 to 125 in 2005.
- Gun violence is a major factor in the city's youth homicide problem. In 2005, there were 920 gunshot victims in Philadelphia ages 7 to 24, the highest number in recent years. That amounts to about two-and-a-half gunshot wounds every day.
- Reported assaults inside public schools continued to increase in 2004-05, rising by 3% to 3,264. This is about double the number of reported assaults in 1998-99, though more vigilant reporting may have had some effect on this trend.

### The steadily improving teen pregnancy rate is emerging as a success story.

Philadelphia is experiencing significant improvement in its rate of teen pregnancies, with declines in the most recent year and over the past decade. Improvements are occurring for all age groups of teens.

- The 2004 pregnancy rate for teens ages 15-17 dropped to a new low: 57.6 pregnancies per 1,000 girls ages 15-17. The rate has fallen by 37% since 1995.
- The 2004 pregnancy rate for younger teens (under age 15) was 3.7 per 1,000 girls. This was just slightly over one-half the rate of 7.2 in 1995.
- The 2004 pregnancy rate for older teens (ages 18 and 19) was 28% lower than in 1995.

## **Recent trends in child abuse and neglect and dependent placement are moving in the right direction.**

The annual number of serious child abuse and neglect cases resumed its downward trend in 2005, after an increase the previous year. In 2005, there were 41% fewer substantiated cases than a decade earlier. Similarly, the annual number of children in dependent out-of-home placement (i.e., children placed in foster care because of abuse, neglect, or other dependency issues like truancy or incorrigibility) improved. The 2005 dependent placement number was the lowest since at least 1996. The reduction in placements may relate to efforts to prevent abuse and neglect cases (down 10% in 2005), an increase in reunification of children with their families (up 17% in 2005), and an increase in children moving into permanent homes through adoption and permanent legal custodianship (more than doubled since 2002).

## **There has been significant, long-term improvement in reducing children's exposure to lead.**

High levels of lead in the blood can cause learning disabilities, lower intelligence levels, behavioral problems, and other difficulties for children. The number of children with elevated blood lead levels fell by two-thirds over a seven-year period, dropping from 10,206 in 1998 to 2,936 in 2005. An aggressive citywide screening, treatment, and lead-abatement program is believed to have contributed to this improvement. The number of confirmed cases of lead poisoning has declined considerably, as well. However, there was a change in 2005 to a more stringent lead poisoning standard, which imposes a lower threshold for being identified as a lead poisoning case. This resulted in an increase in the number of confirmed lead poisoning cases from 369 in 2004 to 718 last year. Even with the more stringent standard, the number of lead poisoning cases in 2005 was two-thirds lower than the number in 1996.



# EMERGING REPORT CARD TRENDS TO WATCH

The newest data suggest that certain indicators should be watched closely in upcoming years to determine if recent trends will be sustained.

## **Rising Rate of Low Birthweight Newborns: *Will the Trend Continue?***

The rate of infants born at low birthweight (five-and-a-half pounds or less) has been inching upwards since 1999. In 2004, the rate reached 12.1%, the highest of any year since 1995 (the first year for which Report Card data are available). This increase is consistent with a nationwide upward trend. Nationally, researchers believe that an increase in multiple births, as well as improvements in technologies that increase the likelihood that high-risk pregnancies result in viable births, may be contributing to the increase in the rate of infants with low birthweights.

## **Trends in Sexually Transmitted Diseases: *Data Encouraging But Still Not Conclusive***

Last year's Report Card raised the question of whether recent data indicated a turnaround in a troubling upward trend in reported sexually transmitted diseases (STD), specifically chlamydia and gonorrhea among teens. After little improvement in the gonorrhea rate for several years through 2002 and significant increases in the chlamydia rate through 2003, there was improvement in both rates. But the mixed results in 2005 – a second year of improvement in chlamydia, but a slight worsening in gonorrhea – mean that the answer to the question of whether STD trends are now turning downward must await future years' data.

## **Children's Economic Security: *Troubling Trends?***

The most recent U.S. Census poverty data showed that 28.5% of Philadelphia children were living in poverty in 2003. This was virtually unchanged from the previous year. However, more recent proxy indicators of economic well-being reveal some potentially troubling conditions. Temporary Assistance for Needy Families (TANF) cases were up 10% and the number of children in the Medical Assistance programs was up 8% between 2003 and 2005. The percentage of Philadelphia public school students in the free or reduced price lunch program was up slightly from 71.1% in 2003 to 72.8% in the current year. Whether the greater demand for these services results from deteriorating family income situations or greater outreach to enroll more eligible families is not yet clear.



# A HEALTHY START

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





**DESIRED RESULT:**

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

**OVERALL RATING:**

**Promising**, with some progress



**Infant deaths:**

Promising

**Infants born at low birthweight:**

Mixed

**Children with elevated lead levels:**

Promising

**Early care and education:**

Mixed

**Readiness for school:**

Promising

## Chapter Summary

Healthy Start indicators have been generally moving in a positive direction, though some data merit concern. With one exception, each of the primary indicators has improved or remained stable since tracking began. Because of this overall positive direction, this desired result continues its rating of **promising, with some progress**.

- The infant mortality rate improved in 2004 to the second lowest level in the last decade.
- The percentage of infants born with low birthweights increased to the highest level since at least 1995. It is the only primary indicator under this desired result moving in the wrong direction over the long term.
- A new charted indicator – children with elevated blood lead levels\* – showed improved results over the last several years. The number of children with elevated blood lead levels has fallen by two-thirds since 1998.
- The indicator measuring readiness for school – the percentage of first-time first graders promoted – changed little in 2004-05 and remained above 90% for the third straight year.
- The percentage of children entering Philadelphia’s public school kindergartens having had a formal early childhood care and education experience fell from 70% in 2004 to 66% in 2005, after a two-year increase.

\*The elevated blood lead levels indicator replaces the prenatal care indicator used in previous Report Cards. Changes in the manner in which the data are collected on prenatal care made valid comparisons with prior years extremely difficult.

## Why This Result Matters:

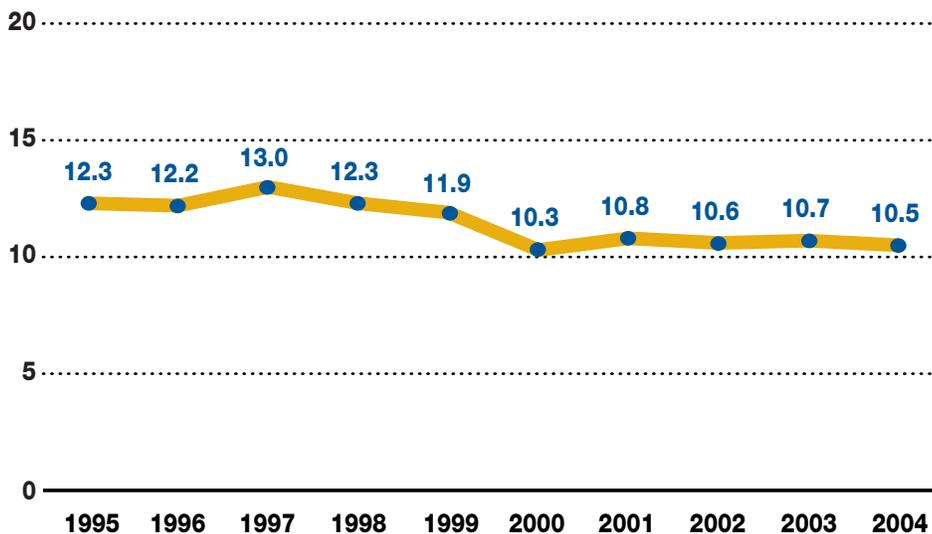
A healthy start is a sound foundation for a healthy life. Children who are healthy and enter school ready to learn have a better chance to succeed in school and make the transition to a productive adulthood.

# Infant Deaths

# 2

**Promising,  
with some  
progress**

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



Infant mortality (i.e., the rate at which infants die before age one) is a widely used indicator of the health of both pregnant women and newborns. 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 showed little change from 2003 to 2004, dropping slightly from 10.7 infant deaths per 1,000 live births to 10.5 infant deaths per 1,000 live births.
- The longer-term trend in this indicator is positive: the 2004 rate was the second lowest since at least 1995 and was about 19% lower than the 1997 rate.

- Nationally, the infant death rate has declined since 1980, but increased slightly from 2001 to 2003, the last year for which national data are available. Nationally, the infant mortality rate in 2003 was seven per 1,000 live births.
- Both nationally and in Philadelphia, there are disparities by race and gender: rates are higher among African-American infants and among male infants.

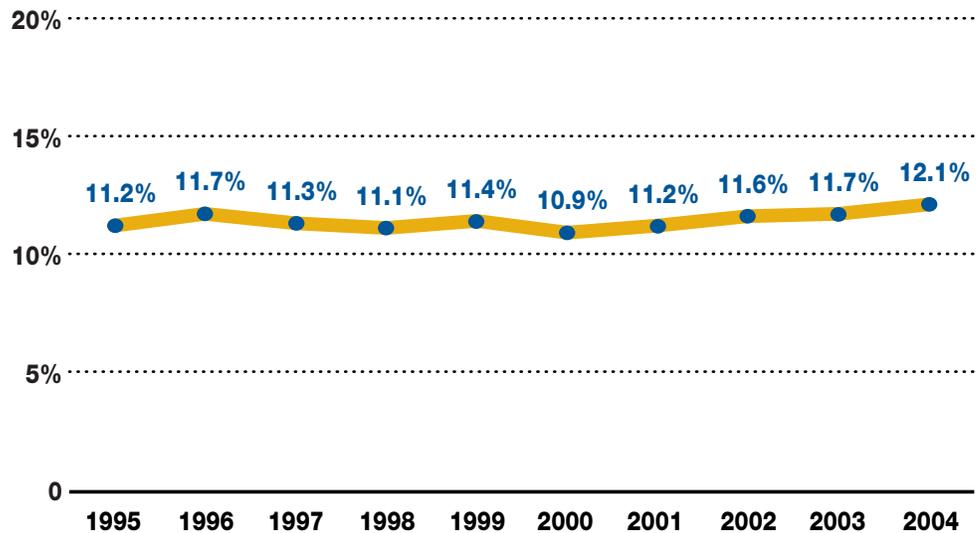
***The 2004 rate  
was the second  
lowest since at  
least 1995.***

# 3

## Infants Born at Low Birthweight

Mixed, with inconsistent progress

**Percentage of Low Birthweight Babies**



*The percentage of newborns with low birthweight increased in 2004 to 12.1%, the highest level since at least 1995.*

A healthy birthweight is a strong indicator of the survival and future health and development of a newborn. Newborns weighing five-and-a-half pounds or less are considered as low birthweight.

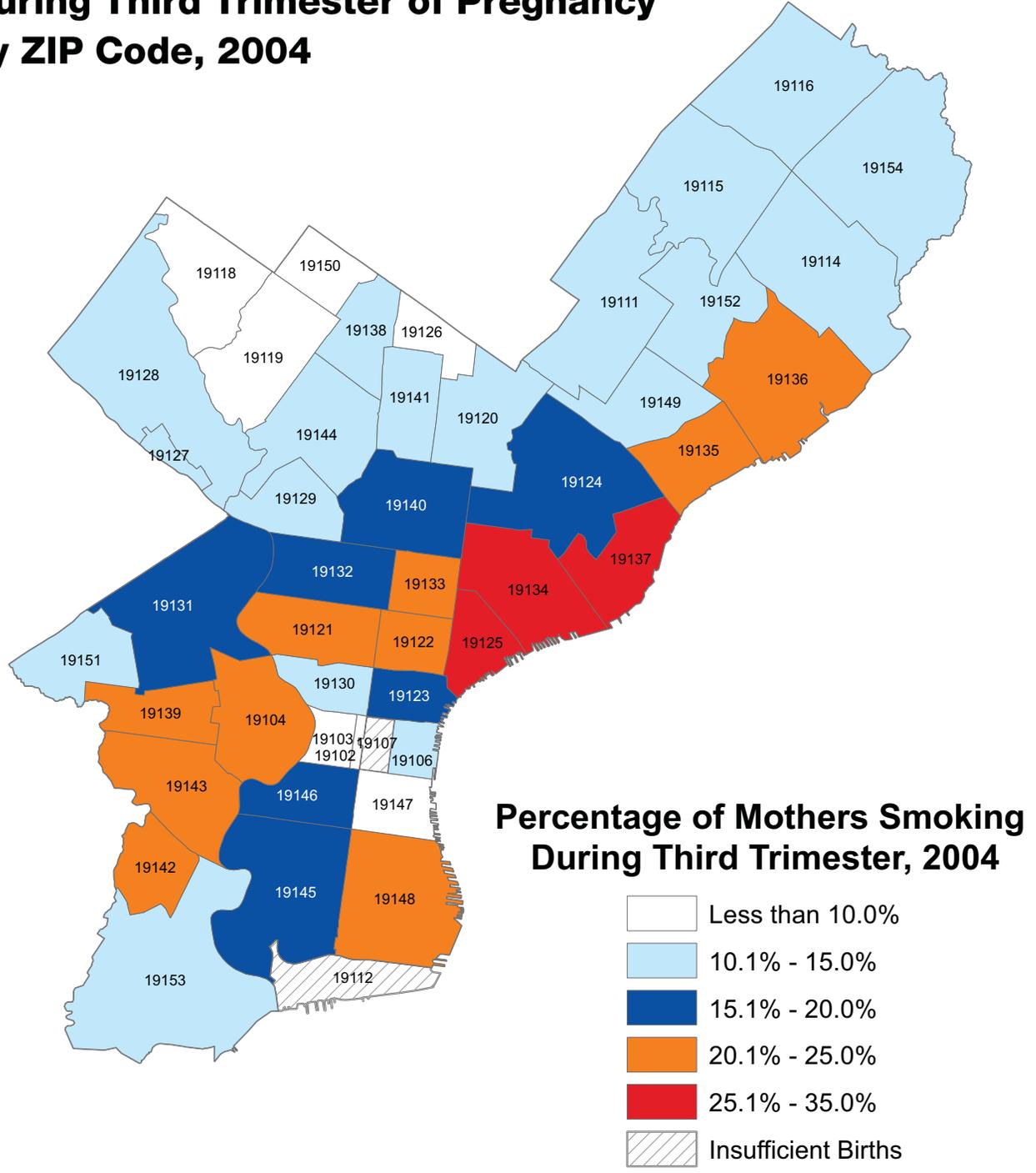
- In 2004, the percentage of low birthweight newborns increased to the highest level since at least 1995. The percentage of low birthweight babies has increased each year since 2000.
- The rate of very low birthweight newborns (less than 3 pounds, 5 ounces) increased by an even greater extent, rising from 2.4% in 2003 to 3.4% in 2004. Like the low birthweight percentage, this was the highest level since at least 1995.

Factors such as inadequate prenatal care, substance abuse, smoking during pregnancy, and poor nutrition can contribute to low birth weights. Researchers are also attributing a

recent rise in the national low birthweight rate to two additional factors: an increase in multiple births resulting from wider use of infertility treatments, and improvements in technologies that increase the likelihood that high-risk pregnancies result in viable births. Because these additional factors may not reflect a negative result, this indicator's rating has not yet been downgraded despite the recent upward trend in low birthweights.

The geographic distribution of smoking rates among mothers in Philadelphia is mapped on the following page. Citywide, the percentage of pregnant women smoking during pregnancy has changed little between 2003 (14.7%) and 2004 (14.6%).

# Percentage of Mothers Who Reported Smoking During Third Trimester of Pregnancy by ZIP Code, 2004

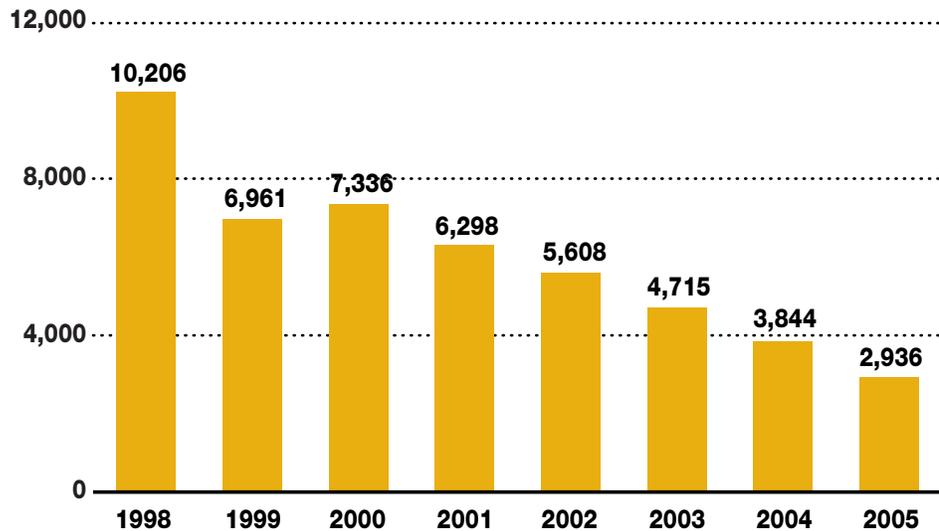


# 2

## Children With Elevated Lead Levels

Promising, with some progress

**Number of Elevated Blood Lead Level Cases**

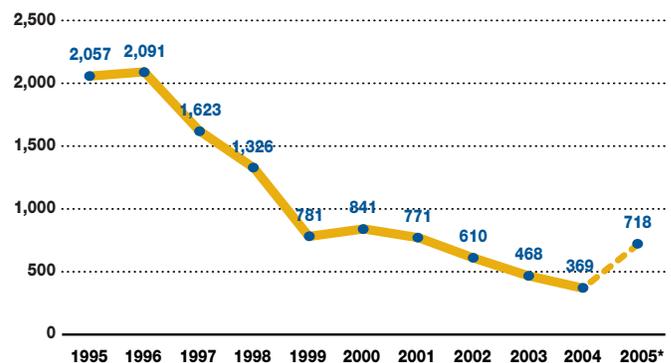


The number of children reported with elevated blood lead levels is a new indicator in *Report Card 2006*. High lead levels in the blood can be harmful to fetuses and young children. It can result in learning disabilities, lower intelligence levels, and behavioral problems. At very high levels, lead in a child's blood can cause seizures, coma, or death.

The annual number of children with confirmed cases of lead poisoning is also much lower than in the 1990s. However, a more stringent lead poisoning standard, which lowers the threshold for being identified as a lead poisoning case, was imposed in 2005. This stricter standard resulted in a rise in reported lead poisoning cases in 2005.

- The number of children with elevated blood lead levels fell by two-thirds between 1998 and 2005.
- The 13% improvement from 2004 to 2005 was the sixth decrease in the last seven years. This striking decline can be attributed, at least partly, to more aggressive screening and abatement activities undertaken by city government.

**Number of Lead Poisoning Cases (Confirmed)**



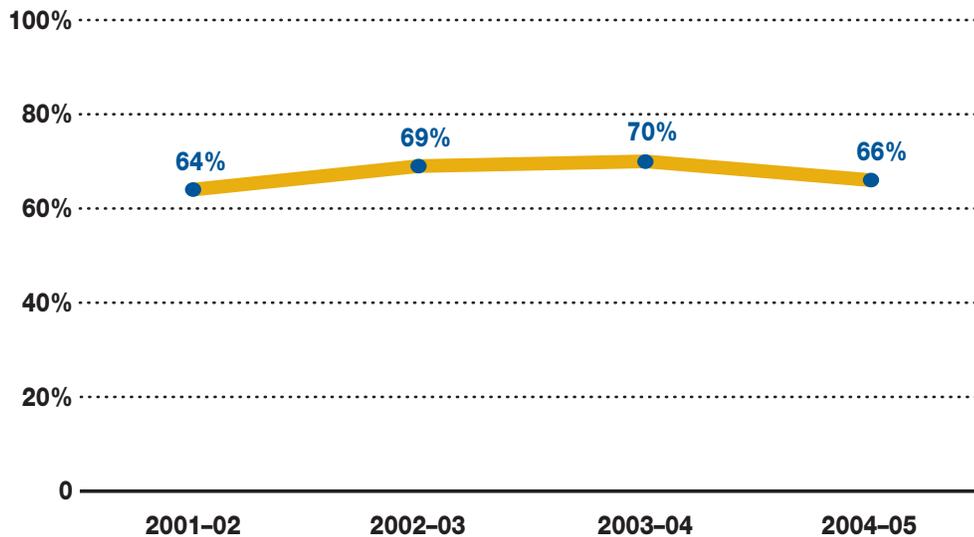
\* Change in standard

The number of children with elevated blood lead levels has been reduced by two-thirds between 1998 and 2005.

# Early Care and Education

# 3

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



**Mixed, with  
inconsistent  
progress**

Early care and education experiences promote a child's physical, social, emotional and cognitive development, the key factors of school readiness. A recent national report concluded that increases in pre-K enrollment rates have been leading indicators of subsequent increases in age-nine test scores.<sup>1</sup>

The percentage of children entering public school kindergarten in Philadelphia who have had a center-based, early child care and education experience has been tracked in recent years. This indicator is rated for the first time this year: the data collected since the 2001-02 school year warrant a rating of *mixed, with inconsistent progress*.

- The percentage of children entering Philadelphia's public school kindergartens having received formal early child care and education fell from 70% in the 2003-04 school year to 66% in 2004-05. This decline reversed much of the increase that occurred in the previous two years.
- This reduction in formal early child care and education may have resulted from an increase in the percentage of parents who chose care by relatives or neighbors as their child care option.

***The percentage of children entering kindergarten with a formal early child care and education experience declined last year, after increases in the two prior years.***

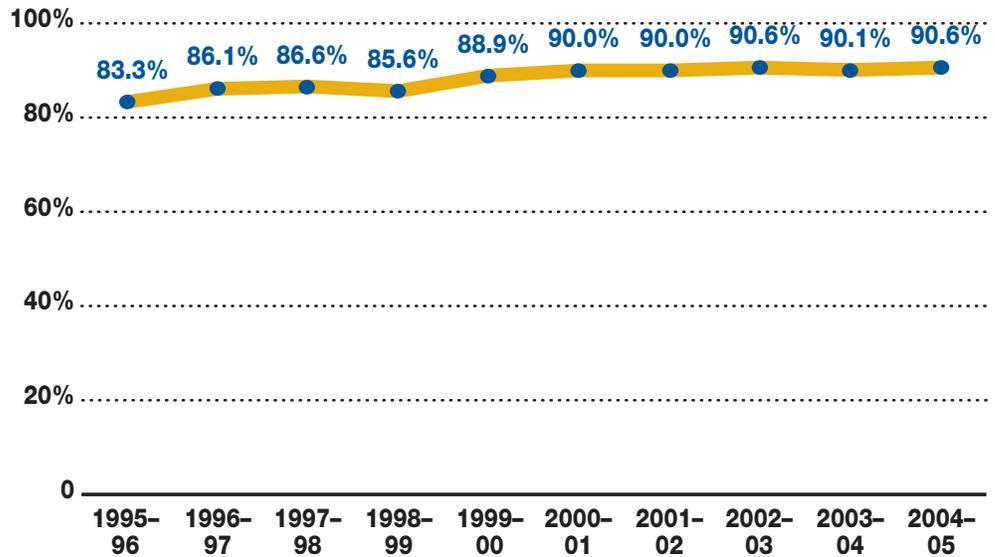
<sup>1</sup> The Foundation for Child Development Child and Youth Well-Being Index (CWI), 1975-2004, with Projections for 2005, Duke University (2006).  
[http://www.brookings.edu/es/research/projects/child/200603\\_CWIRReport.pdf](http://www.brookings.edu/es/research/projects/child/200603_CWIRReport.pdf)

# 2

## Readiness for School

**Promising,  
with some  
progress**

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



***The first grade promotion rate has remained at or above 90% for the last five school years.***

Those entering school ready to learn are best positioned to advance from first to second grade. Therefore, the percentage of first-time first graders who are promoted to second grade is used as an indicator of students' readiness for school.

- The percentage of first-time first graders promoted to second grade in the 2004-05 school year was up by half a percentage point over the previous year. The percentage has remained at or above 90% since 2000-01.
- The 2004-05 promotion rate was more than seven percentage points higher than the 1995-96 percentage.

Beginning in the 2003-04 school year, developmental reading assessments have been given to children entering kindergarten in public schools. These assessments do not measure the full range of social, cognitive, and emotional factors relating to school readiness, but do reflect one aspect of preparedness.

- In 2004-05, 68% of kindergarten students scored at a reading level appropriate for entry into kindergarten, up from 65% in the previous school year. Despite the one-year improvement, nearly one in three children are already behind in reading preparedness when they start school.



# STABLE EARLY LIVES

Children and youth live in stable and supportive families.





**DESIRED  
RESULT:**

Children and youth live in stable and supportive families.

**OVERALL RATING:**

**Mixed**, with inconsistent progress



**Children living in poverty:**

Mixed

**Children receiving Medical Assistance:**

Mixed

**Child abuse and neglect:**

Promising

**Youth in out-of-home placements:**

Promising

## Chapter Summary

The desired result retains a rating of **mixed, with inconsistent progress**. While family safety and stability appear to be improving, measures of economic security for children are less encouraging.

The key indicator of economic well-being of Philadelphia's children and their families – the percentage of children living in poverty – changed little from the prior year. More than one in four of Philadelphia's children lived in poverty in 2003.

The number of children receiving Medical Assistance increased for the sixth straight year. There were nearly 232,000 Philadelphia children enrolled in Medical Assistance in 2005.

In the past year, there has been improvement in family safety and stability:

- The number of substantiated cases of child abuse declined by 10% in 2005. The number of cases in 2005 was 41% lower than the number of cases in 1996.
- The number of children in out-of-home placement dropped by 12% over the last two years to the lowest number since at least 1996, resulting in an upgrade of this rating to *promising*.
- This improvement resulted from a decline in dependent placements, which improved by nearly 10% from 2004 to 2005 alone.
- The number of youth in out-of-home placement due to delinquency declined by 5% in 2005, though there has not been sustained improvement in delinquency placements over the last several years.

## Why This Result Matters:

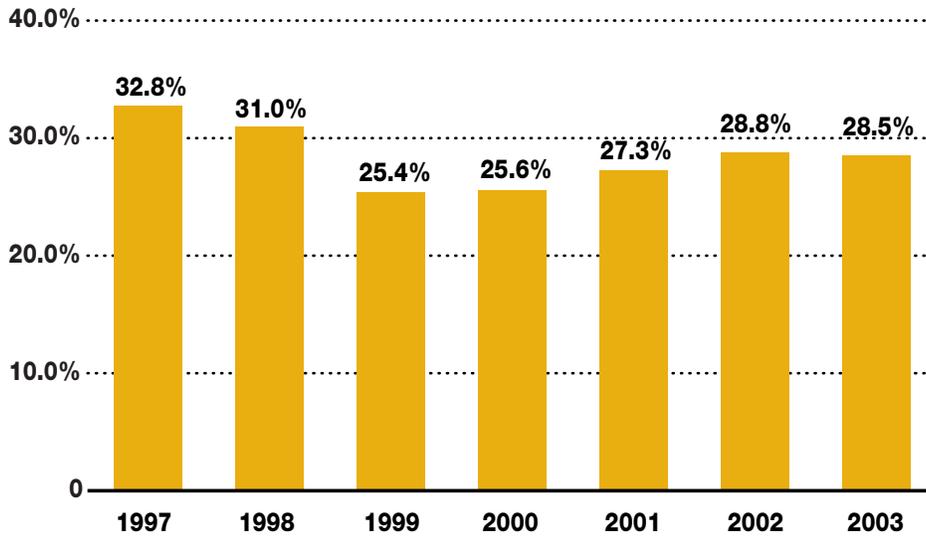
Children need stable homes and loving families in order to thrive. Since poverty can be a factor in many of the indicators throughout this Report Card, economic stability is important for a child's well-being. Similarly, a loving and nurturing home life, free of abuse and neglect, is a protective factor against many negative results.

# Children Living in Poverty

# 3

Mixed, with inconsistent progress

## Poverty Rate (Ages 0-17)



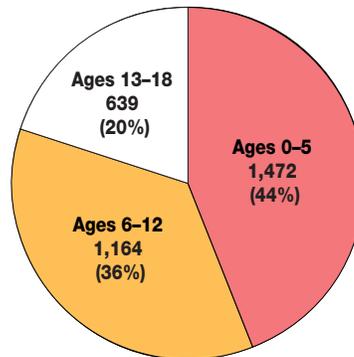
The most recent U.S. Census estimates show that more than one in four Philadelphians under age 18 – more than 105,000 children – lived in families with incomes below the federal poverty level in 2003. The percentage of Philadelphia children living in poverty in 2003 changed little from the prior year.

- In 2005, 3,275 children were without homes and spent at least one night in a City shelter at some point during the year. Forty-four percent of these children were under the age of six.

Results of other proxy measures for tracking the income of families with children also raise concerns.

- The percentage of Philadelphia public school students enrolled in the free or reduced price lunch programs was 72.8% in the 2005-06 school year. (Children with family incomes less than 185% of the poverty level are eligible for free or reduced price lunches.)
- The number of Philadelphia families receiving Temporary Assistance for Needy Families (TANF) has increased by 10% over the last two years.

## Number of Homeless Children by Age Group, FY 2005



The most recent U.S. Census estimates show that more than one in four Philadelphia children lived in poverty in 2003.

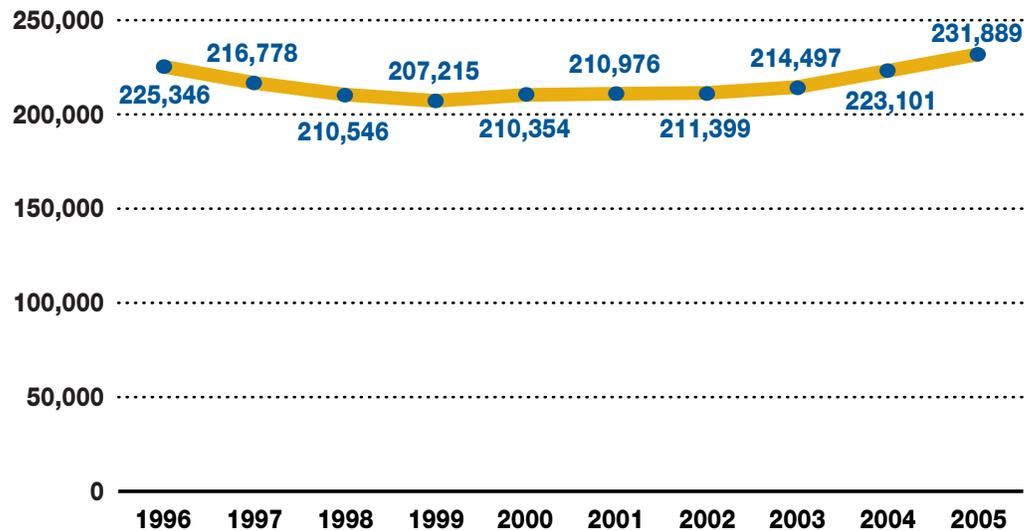
# 3

## Children Receiving Medical Assistance

Mixed, with inconsistent progress

The number of Philadelphia children on Medical Assistance increased to nearly 232,000 in 2005.

### Number of Children Receiving Medical Assistance



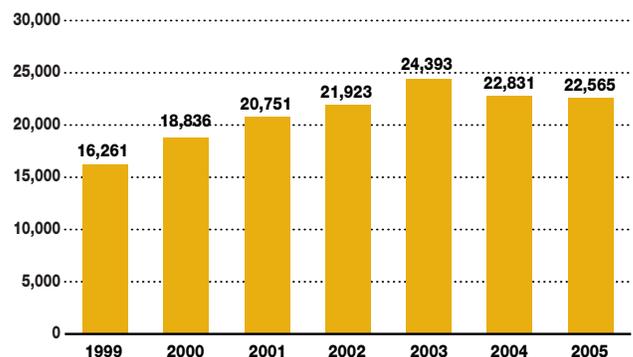
Children with public or private health insurance are more likely to regularly receive appropriate health care from a stable health care provider throughout childhood.

- The number of children in Philadelphia enrolled in the Medical Assistance program for low-income families increased to nearly 232,000 in 2005. The number has increased each year since 1999, an overall rise of 12%.

- It is difficult to ascertain the extent to which the increase results from more families becoming eligible because of their financial status (evidencing a deterioration in economic security) or from more families already eligible signing up for the program (indicating greater outreach to enroll more eligible families).

- Enrollment in the state Children's Health Insurance Plan (CHIP), which is available to children from families who cannot afford insurance on their own but have incomes too high for Medical Assistance, declined by 7% over the last two years.

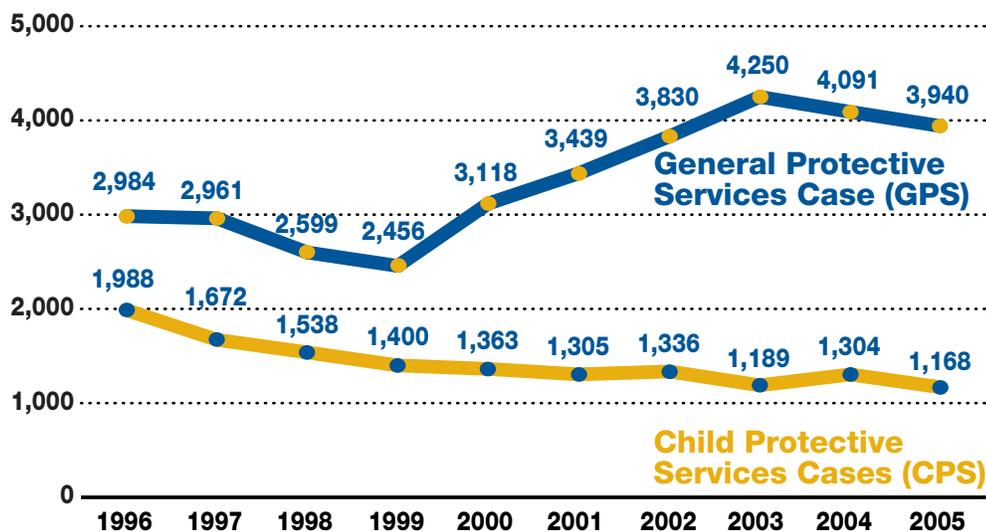
### Number of Children Enrolled in CHIP in Philadelphia



# Child Abuse and Neglect

# 2

## Documented New Cases of Child Abuse and Neglect



Promising,  
with some  
progress

Child abuse and neglect data—based on the number of substantiated 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.

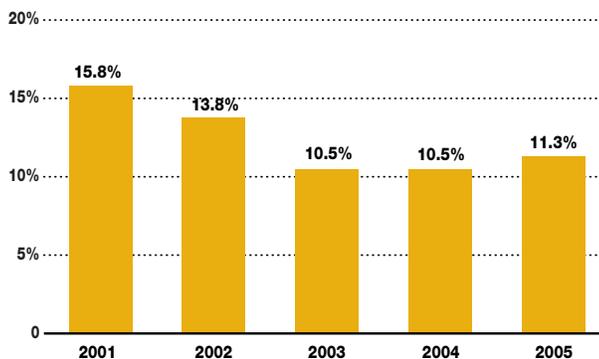
- The number of CPS cases declined by nearly 10% from 2004 to 2005 to the lowest annual number in the last decade. Since 1996, the annual number of CPS cases has been reduced by 41%.

- There was a small decline (less than 4%) in 2005 in the number of General Protective Services (GPS) cases - primarily cases of neglect or potential to harm, with no apparent serious physical injuries to the child (e.g., situations such as inadequate

shelter, truancy, inappropriate discipline, hygiene issues, or abandonment).

- Substantiated reabuse cases can be a measure of the success of interventions after initial abuse. In 2005, reabuse accounted for 11.3% of all CPS cases, up from 10.5% each of the previous two years. Statewide, the reabuse rate was 10.7%.

## Percentage of Abuse Cases that are Repeat Abuse Cases



*The number of substantiated cases of child abuse and neglect in 2005 was 41% lower than a decade earlier.*

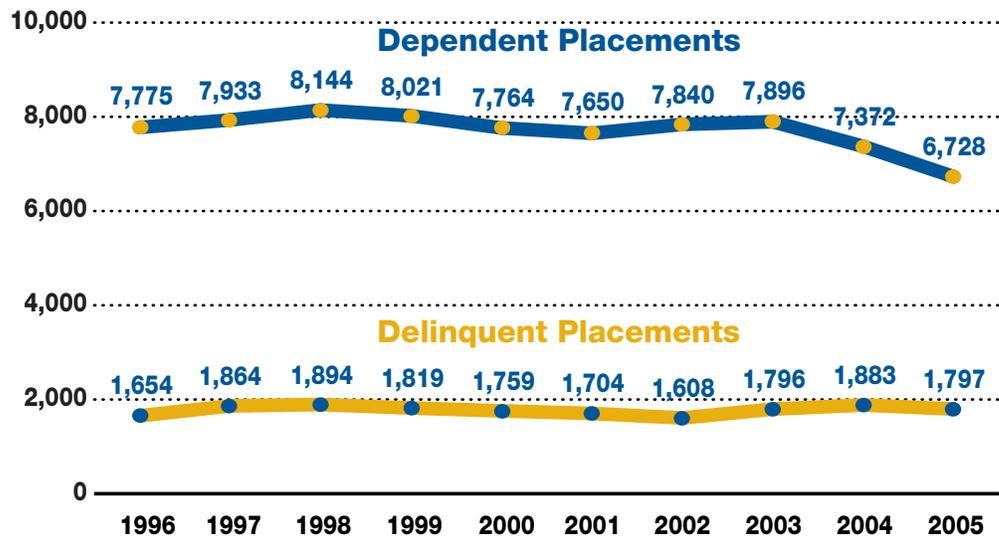
# 2

## Youth in Out-of-Home Placements

Promising,  
with some  
progress

*In 2005,  
dependent  
placements  
reached the  
lowest level in  
at least a decade,  
resulting in an  
upgrade in this  
rating.*

### Number of Placements



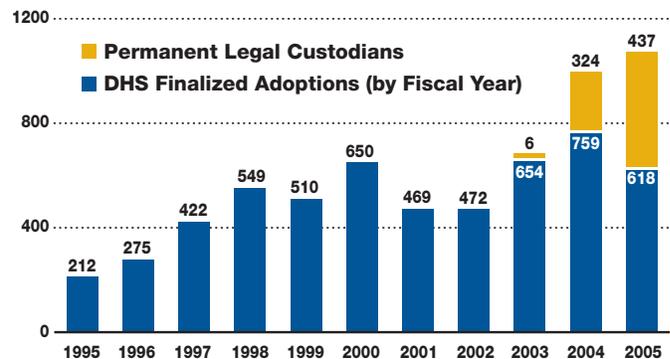
The Report Card tracks out-of-home placement in the child welfare and juvenile justice systems as an indicator of general social conditions, and of family safety, stability, and support.

- In 2005, the total number of out-of-home placements improved to the lowest number since at least 1996. It improved by 12% over two years. This improvement resulted from a decline in dependent out-of-home placements (i.e., children placed in foster care because of abuse, neglect, or other dependency issues like truancy or incorrigibility), which fell by 15% from 2003 to 2005.
- By contrast, there has not been sustained improvement in the number of delinquent out-of-home placements (i.e., youth who have committed a delinquent act and are in need of treatment, supervi-

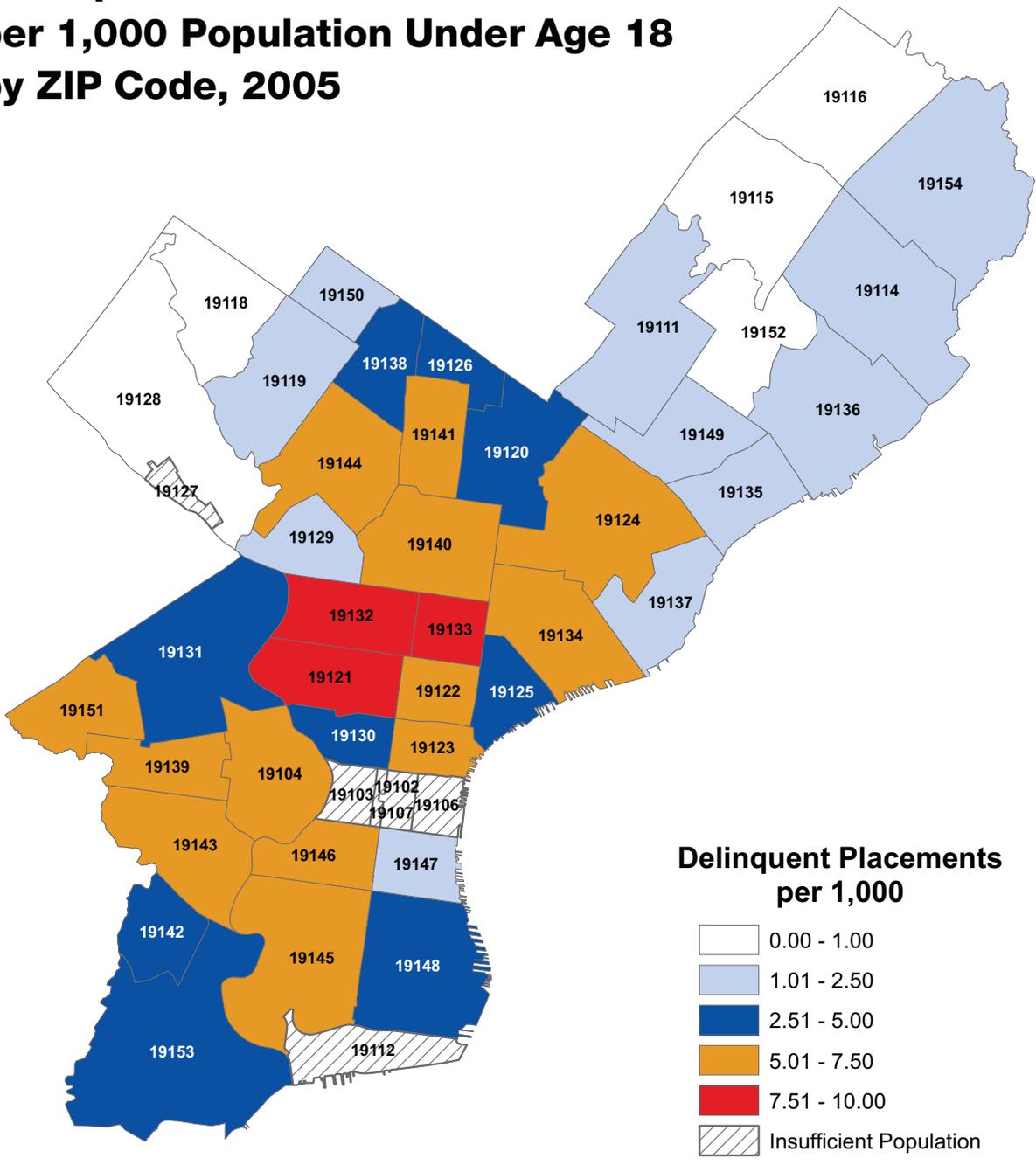
sion, and rehabilitation) over the last several years.

- The reduction in placements relates to efforts to prevent abuse and neglect cases (CPS cases are down 10% in 2005), an increase in reunification of children with their families (up 17% in 2005), and more children moving into permanency through adoption and permanent legal guardianship (more than doubled since 2002).

### Children in Permanent Placement



# Delinquent Placements per 1,000 Population Under Age 18 by ZIP Code, 2005







# HEALTHY BEHAVIORS

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





**DESIRED RESULT:**

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

**OVERALL RATING:**

**Mixed**, with inconsistent progress



**Reported sexual behavior:**

Mixed

**Teen pregnancy rates:**

Promising

**Sexually transmitted diseases:**

Challenging

**Substance abuse among high school youth:**

Mixed

**Death rate for youth ages 15-19:**

Mixed

**Healthy lifestyles:**

Mixed

## Chapter Summary

The Healthy Behaviors desired result continues to receive a **mixed, with inconsistent progress** rating this year. Teen pregnancy rates and chlamydia rates improved since the previous year, while there was no improvement in the gonorrhea rate or death rate for youth ages 15-19.

- The most positive trend has been in teen pregnancy. The teen pregnancy rate of females ages 15-17 dropped to a new low in 2004. The 2004 rate was 9% lower than in 2003 and 37% lower than in 1995.
- The pregnancy rate has also been falling for younger (under age 15) and older (ages 18 and 19) teens.
- The chlamydia rate dropped by 13% in the last two years, after several years of increases. These increases may have been due to more aggressive screening.
- The gonorrhea rate increased slightly in 2005, but was 35% lower than the rate in 2000.
- The death rate for youth ages 15-19 changed little in 2004, after increasing by 26% in 2003. The 2004 death rate was the highest since 1998, resulting in a downgrade of that indicator to *mixed*.

There were difficulties in obtaining reliable citywide data for three of the Healthy Behaviors indicators this year. Indicators of substance abuse, sexual activity, and healthy lifestyle use the results of the biannual Youth Risk Behavior Survey (YRBS). However, for the first time in ten years, the number of Philadelphia children completing the YRBS was too small to represent the overall health behaviors of the city's youth population. Therefore, the YRBS results cannot be viewed as reflecting citywide health behavior conditions and trends.

## Why This Result Matters:

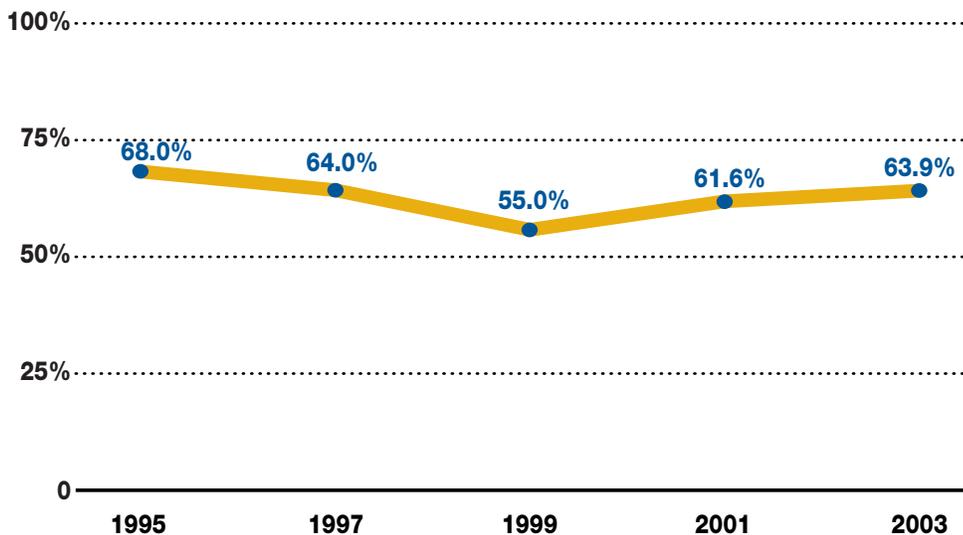
Young people must make sound choices and maintain healthy lifestyles. Substance use or abuse, early sexual activity, and other risky behaviors can have profound effects on young people's lives.

# Reported Sexual Behavior

# 3

**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 teens put themselves at risk of unintended pregnancy and early parenthood, as well as for sexually transmitted diseases.

This indicator measures the percentage of public high school students who reported in the 2003 Youth Risk Behavior Survey (YRBS) that they have engaged in sexual intercourse. (The YRBS is conducted every two years.) Based on the most recent reliable citywide survey data, from 2003, 63.9% of public high school students reported having engaged in sexual intercourse at some time in the past.

Unfortunately, for the first time in ten years, the number of Philadelphia children completing the 2005 YRBS was too small to represent the overall health behaviors of the city's youth population. Therefore, the 2005 YRBS results

reported in *Report Card 2006* reflect the behaviors of only those students who completed the survey, cannot be compared to prior years, and should not be viewed as a reflection of changes in citywide health behavior trends.

While the 2005 YRBS data cannot be used for comparison to prior years, it can be used to provide a snapshot of students taking the survey. It shows that:

- Approximately 67% of high school students taking the survey reported engaging in sexual intercourse at some point in their lives.
- Roughly one out of every three high school students (32%) taking the survey reported having four or more sexual partners during their life.
- Approximately 66% of sexually active youth reported regular condom use.

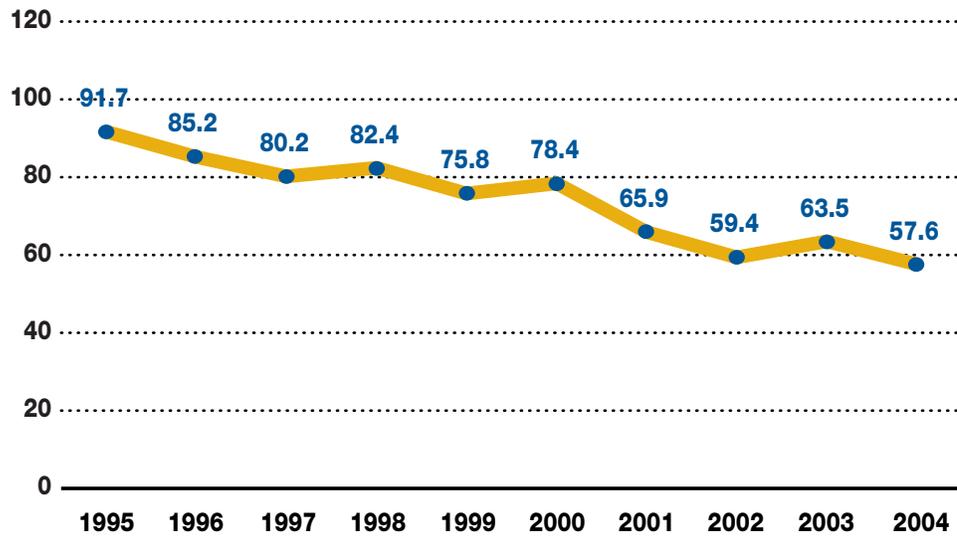
**Reported sexual activity among teenagers in Philadelphia, after dropping in the late 1990's, has increased as of 2003.**

# 2

## Teen Pregnancy Rates

Promising,  
with some  
progress

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



*Philadelphia continues to experience improvement in the teen pregnancy rate: the 2004 rate for girls ages 15-17 was 37% lower than the rate in 1995.*

Teen pregnancy can have serious implications for the mother and child. 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.

- Pregnancy rates among Philadelphia teens continued their downward trend in 2004. The Philadelphia trend is consistent with national and state trends, which are moving in the right direction as well.
- The pregnancy rate for females ages 15-17 improved to a new low of 57.6 pregnancies per 1,000 females in 2004. The pregnancy rate in this age group dropped by 37% from 1995 to 2004.

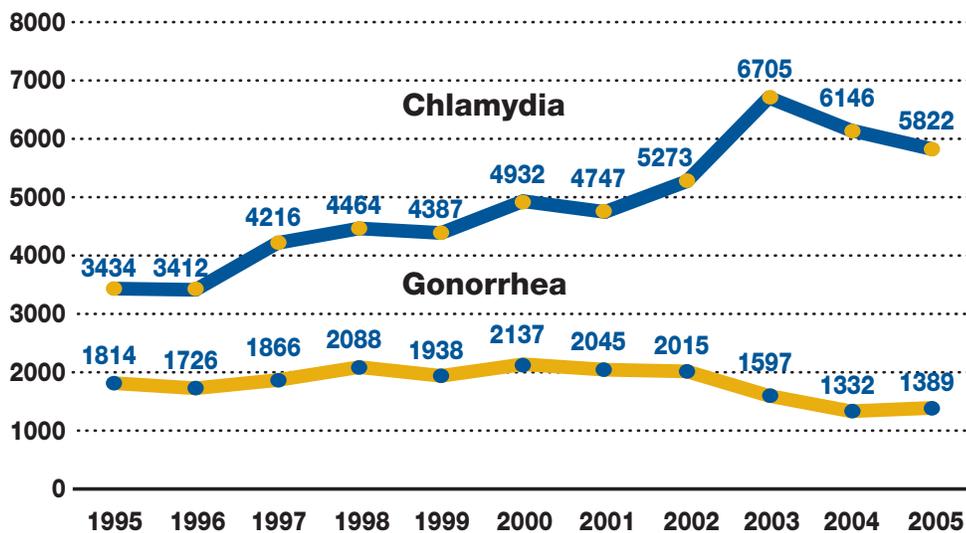
- Similarly, the pregnancy rate for younger teens (under age 15) improved to a new low in 2004: it dropped to 3.7 pregnancies per 1,000 females under age 15 from 4.3 pregnancies the previous year. The 2004 rate was about one-half the rate of 7.2 pregnancies per 1,000 females under age 15 in 1995.
- Improvements have also occurred in the pregnancy rate of older teens, ages 18 and 19. That rate improved to 146.5 pregnancies per 1,000 females ages 18-19 in 2004, down from 158.1 pregnancies in 2003.

# Sexually Transmitted Diseases

# 4

**Challenging, with major obstacles**

**Chlamydia and Gonorrhea Rates per 100,000 Ages 15-19**



The Report Card tracks rates of chlamydia and gonorrhea among teens. Chlamydia is an infection that, when left untreated, can lead to more serious medical conditions, including pelvic inflammatory disease. Gonorrhea is an STD that can cause painful symptoms and result in serious complications.

- The chlamydia rate among Philadelphia teens ages 15 to 19 improved for the second year in a row, dropping by 13% over the last two years.

- After four years of decline, the gonorrhea rate among 15 to 19 year-old Philadelphians increased by 4% in 2005. Nevertheless, the 2005 gonorrhea rate of 1,389 per 100,000 teens ages 15 to 19 was 35% lower than the rate of 2,137 in 2000.

The number of screening tests of teens ages 15 to 19 for chlamydia and gonorrhea conducted in schools, district health centers, and other city sites during 2005 exceeded 43,000, more than triple the number in 2002.

	2001	2002	2003	2004	2005
<b>Total Number of Chlamydia Screens Ages 15-19</b>	11,263	14,294	39,052	39,487	43,029
<b>Total Number of Gonorrhea Screens Ages 15-19</b>	6,326	14,294	39,052	39,487	43,029

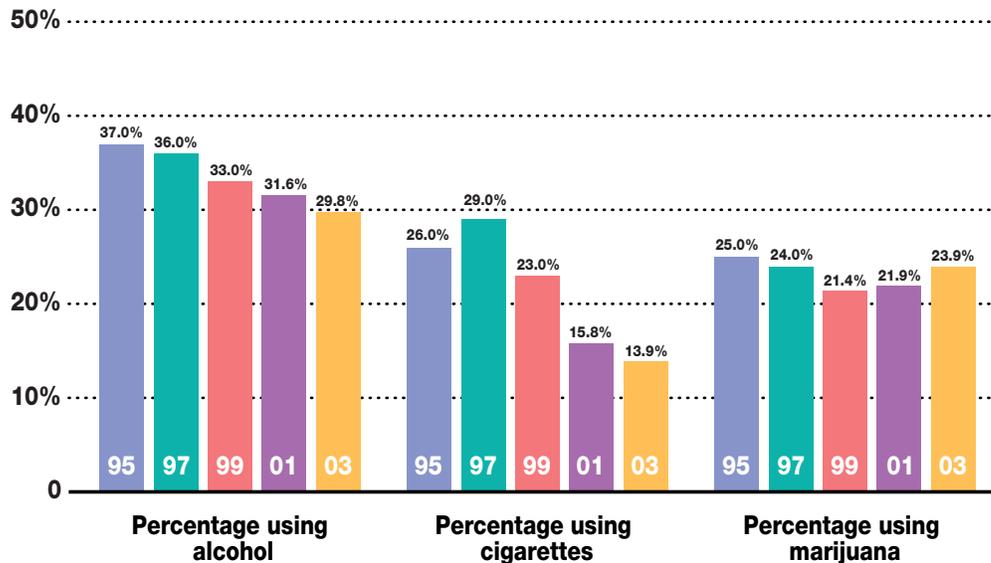
*The chlamydia rate among 15-19 year-olds dropped for the second straight year. The gonorrhea rate increased by 4% after four years of decline.*

# 3

## Substance Abuse Among High School Youth

Mixed, with inconsistent progress

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



As of 2003, there was sustained progress in reducing tobacco and alcohol use, but little improvement in reducing marijuana use.

Substance abuse is detrimental to physical health, can prevent youth from attending and learning in school, and is often an indication of other high-risk activities. Considered “gateway” substances (i.e., substances that can lead to the use of harder drugs), alcohol, tobacco, and marijuana are the three substances most often used by teens.

- Through at least 2003, the city experienced significant improvement in the percentage of high school students who smoked cigarettes. It also saw progress on alcohol use among high school students.
- There was little improvement over time in marijuana use among high school students through 2003.

Unfortunately, for the first time in ten years, the number of Philadelphia children completing the Youth Risk Behavior Survey (YRBS) was too

small to represent the overall health behaviors of the city’s youth population. Therefore, the 2005 YRBS results reported in *Report Card 2006* reflect the behaviors of only those students who completed the survey, cannot be compared to prior years, and should not be viewed as a reflection of changes in citywide health behavior trends.

2005 YRBS data can be used to provide a snapshot of students (1,350) taking the survey. The survey showed:

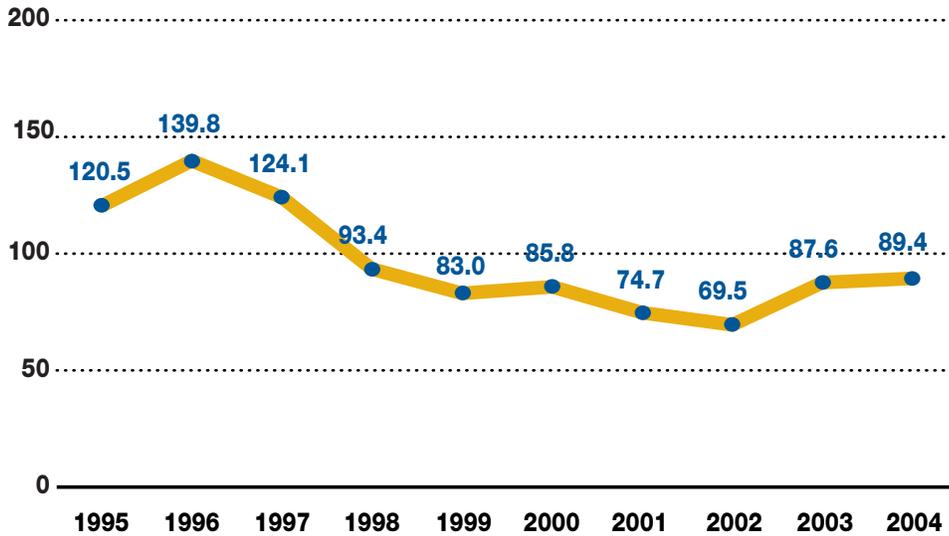
- Ten percent of students used tobacco, 26.4% drank alcohol, and 20% used marijuana in the 30 days before taking the survey.
- Few youth reported a history of cocaine use (1%), methamphetamine use (2.5%), ecstasy use (3.2%) or steroid use (3.3%).

# Death Rate for Youth Ages 15-19

# 3

Mixed, with inconsistent progress

### Death Rate per 100,000 for Youth Ages 15-19

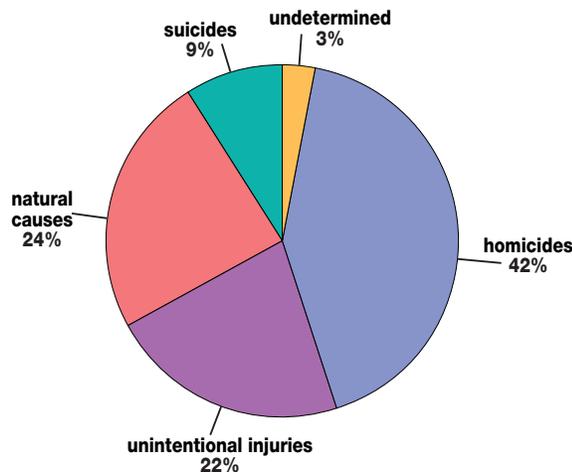


This indicator measures youth deaths from all causes, including unintentional injuries, suicides, and homicide. The most recent year for which the death rate is available is 2004.

- The death rate among 15 to 19 year olds changed little from 2003 to 2004 (the most recent year for which data is available), increasing by less than two deaths per 100,000 young people in that age group.
- The 2004 rate of 89.4 deaths per 100,000 youth ages 15 to 19 is higher than any year since 1998, resulting in the downgrading of this indicator.

- There were 99 deaths of young people in this age group in 2004.
- The leading cause of death among 15 to 19 year olds in Philadelphia was homicide, which accounted for 42% of deaths.

### Causes of Death in 2004 Ages 15-19 (99 Total Deaths)



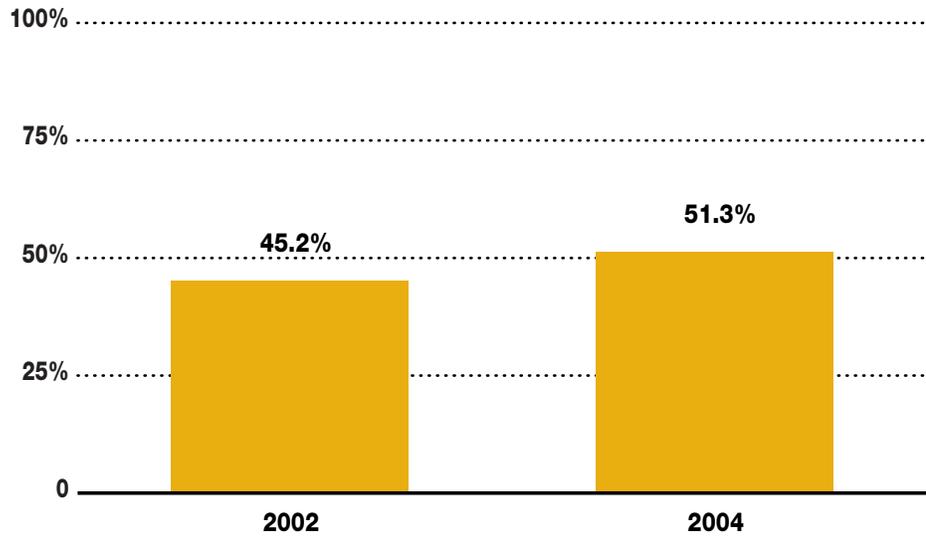
*The 2004 death rate of youth ages 15-19 was the highest since 1998.*

# 3

Mixed, with inconsistent progress

## Healthy Lifestyles

### Children Who are Overweight or at Risk for Being Overweight



**More than one-half of Philadelphia children and youth were at risk for obesity in 2003.**

This indicator tracks the healthy lifestyles of Philadelphia's children and youth. 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.

Every two years, the key measure for this indicator is the percentage of students participating in vigorous exercise for twenty minutes or more at least three times a week, as reported in the Youth Risk Behavior Survey (YRBS).

Unfortunately, for the first time in ten years, the number of Philadelphia children completing the YRBS was too small to represent the overall health behaviors of the city's youth population.

Therefore, the 2005 YRBS results reported in *Report Card 2006* reflect the behaviors of only those students who completed the survey, cannot be compared to prior years, and should not be viewed as a reflection of changes in citywide health behavior trends.

The rising rate of obesity and its associated health consequences have brought attention to the type of food eaten by children and youth. Of the students responding to the 2005 YRBS:

- Only 15.7% ate the recommended daily intake of five or more fruit and vegetable servings a day.
- Less than 10% of students (7.5%) drank three or more glasses of milk per day, a primary source of calcium.



# SAFE AND SUPPORTIVE COMMUNITIES

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





**DESIRED RESULT:**

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

**OVERALL RATING:**

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



**Juvenile victims of crime:**

Problematic

**Homicide victims ages 7-24:**

Mixed

**Juvenile arrests for drug offenses:**

Challenging

**Assaults inside public schools:**

Problematic

**Youth development opportunities:**

Promising

## Chapter Summary

With worsening trends in homicides, gun violence, and assaults in schools, this desired result continues to be **problematic, with a long way to go**, the lowest rating of all desired results.

Perhaps the most troubling new finding contained in this year's Report Card is the significant one-year increase in homicides of young people ages 7 to 24, which increased by 41%, from 106 to 149 in 2005.

- The increase results from a 56% rise in homicides of young people between the ages of 18 and 24, from 80 in 2004 to 125 in 2005. The number of homicides of youth ages 7 to 17 dropped to 24 from 26 in 2004.
- Gun violence is a major factor in the high number of youth homicides. Ninety percent of homicides of young people ages 7-24 result from gunshot wounds.

Assaults inside public schools are also a concern. The number of reported assaults increased by 3%, to 3,264 assaults, in the 2004-05 school year. This was about double the number recorded in the 1998-99 school year.

There was little change in other Safe Communities indicators in 2005:

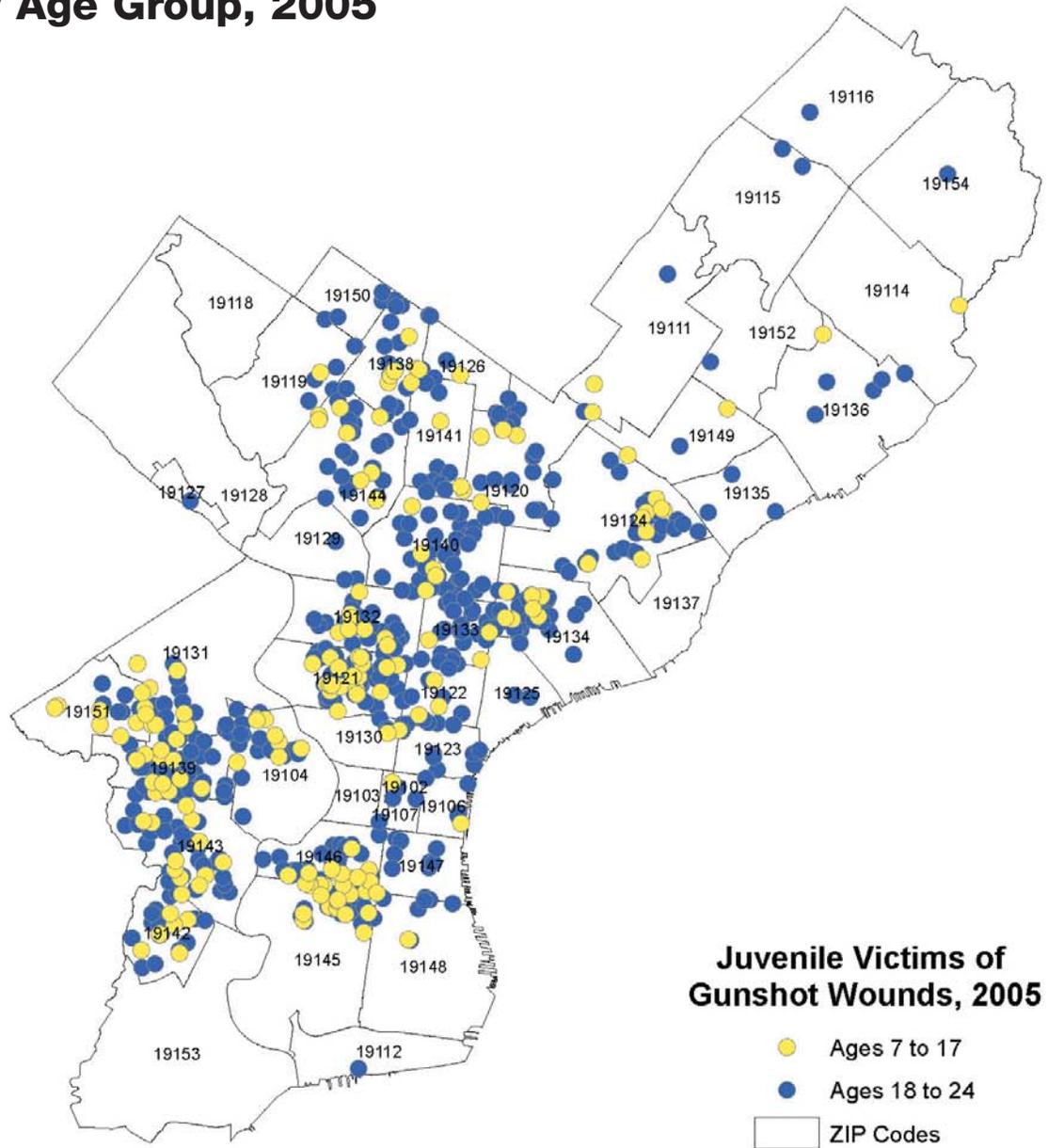
- There were 4,433 juvenile victims of major crime in 2005, five more than the prior year.
- There were 2,258 juveniles arrested for drug offenses, 19 fewer than in 2004.

In 2005-06, the number of youth development opportunities in the non-school hours created through the City of Philadelphia and related agencies reached 42,401. This represented more than a fivefold increase since 2000.

## Why This Result Matters:

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

## Juvenile Victims of Gunshot Wounds by Age Group, 2005

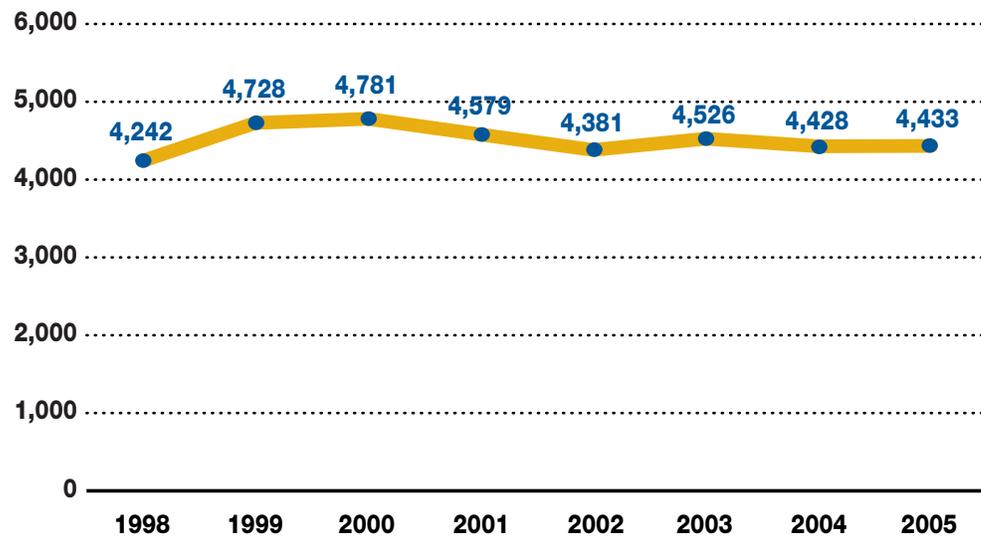


# 5

## Juvenile Victims of Crime

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

**Number of Juvenile Victims  
of Major Crime Offenses**



*During 2005,  
there was an  
average of 12  
major crime  
offenses per day  
against children  
and youth under  
age 18.*

There was virtually no change from 2004 to 2005 in the number of juveniles under age 18 victimized by major crime, with just five more juvenile victims of major crime in 2005 than in the prior year.

- There was an average of about 12 major crime offenses against juveniles every day in Philadelphia in 2005.
- About three in four juvenile victims of major crime in Philadelphia were victims of violent crimes (murder, rape, robbery, and aggravated assault), rather than property crimes (burglary, theft, and vehicle theft).

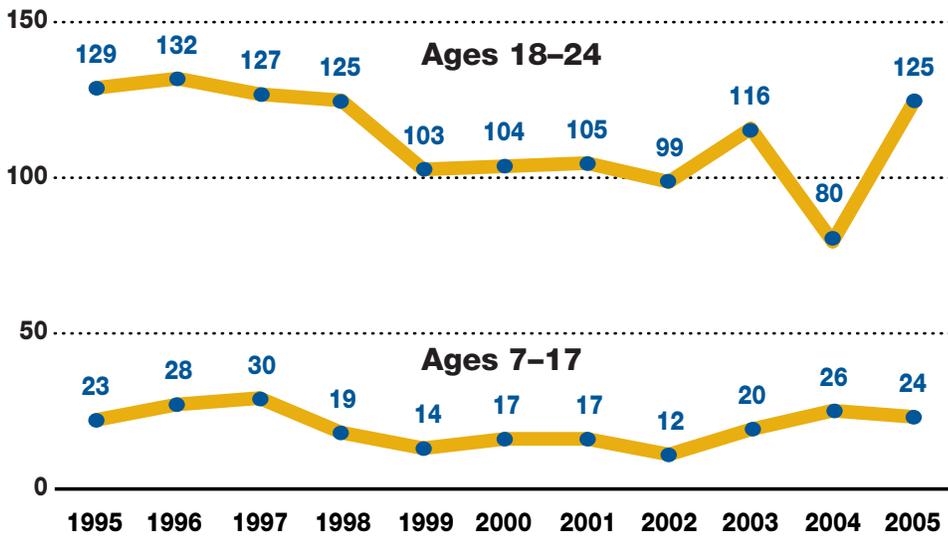
- The split between property crimes and violent crimes has been fairly stable the last three years.
- The most common crimes against juveniles are robberies (31% of juvenile victimizations) and aggravated assaults (35% of juvenile victimizations).

# Homicide Victims Ages 7-24

# 3

**Mixed, with  
inconsistent  
progress**

## Homicide Victims



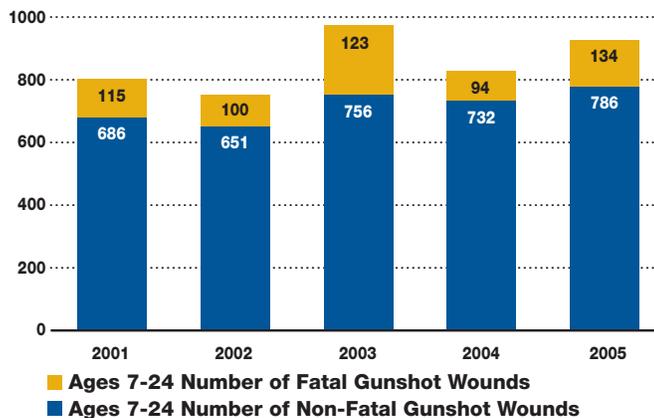
The most troubling information contained in this year's Report Card is the significant one-year increase in the number of homicides of young people ages 7 to 24.

- The number of homicides of young people ages 7-24 in 2005 increased by 41% over 2004, from 106 to 149. This is the highest number since 1997.
- The increase results from a 56% increase in homicides of young people between the ages of 18 and 24, from 80 in 2004 to 125 in 2005.

Gunshot wounds are a major factor in most of Philadelphia's youth homicides: 90% of youth homicides resulted from gunshot wounds.

- The number of gunshot victims ages 7 to 24 (both fatal and non-fatal) increased by 11% in 2005. This was the highest level since the Report Card began tracking this data in 2001.
- There were 920 gunshot victims ages 7-24, an average of about two-and-a-half gunshot wounds per day.

## Total Number of Gunshot Wounds, Ages 7-24



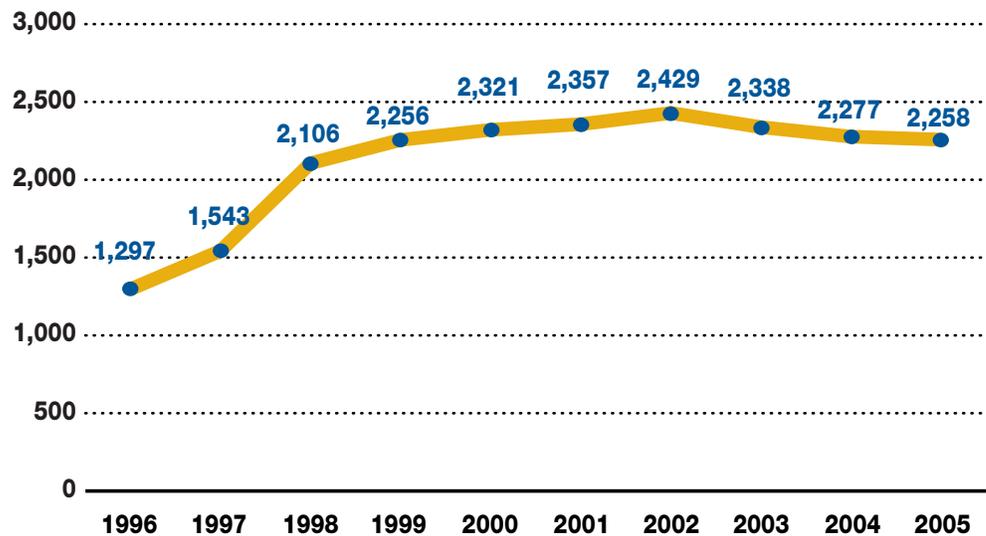
*Youth homicides increased significantly between 2004-2005, driven by a 56% increase in homicides of young people ages 18-24.*

# 4

## Juvenile Arrests for Drug-Related Offenses

Challenging, with major obstacles

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



There was minimal change in 2005 in the number of arrests of juveniles for drug-related offenses, with 19 fewer arrests than in 2004.

- However, this was the third decline in as many years.
- After nearly doubling between 1996 and 2002, the annual number of juvenile drug-related arrests fell 7% between 2002 and 2005.

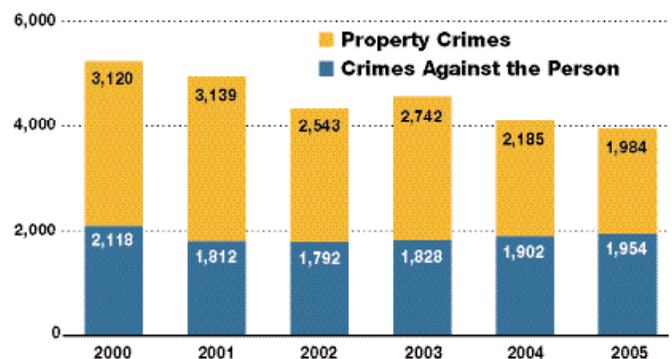
Year-to-year trends in the number of drug-related arrests may result from changing levels of drug-related activities, drug enforcement strategies, or a combination of both. Nevertheless, the three-year decline in juvenile drug-related arrests warrants an upgrading of this indicator from *problematic* to *challenging*.

Research shows a correlation between serious drug involvement and other criminal activity. A multi-year decline in arrests of juveniles for major crime offenses continued in 2005.

- The number of arrests dropped below 4,000 for the first time in at least a decade (the period for which Report Card data is available).
- There was a 25% reduction in major crime arrests from 2000 to 2005.

*The annual number of juvenile drug-related arrests fell 7% between 2002 to 2005.*

**Juvenile Arrests for Major Crime Offenses**

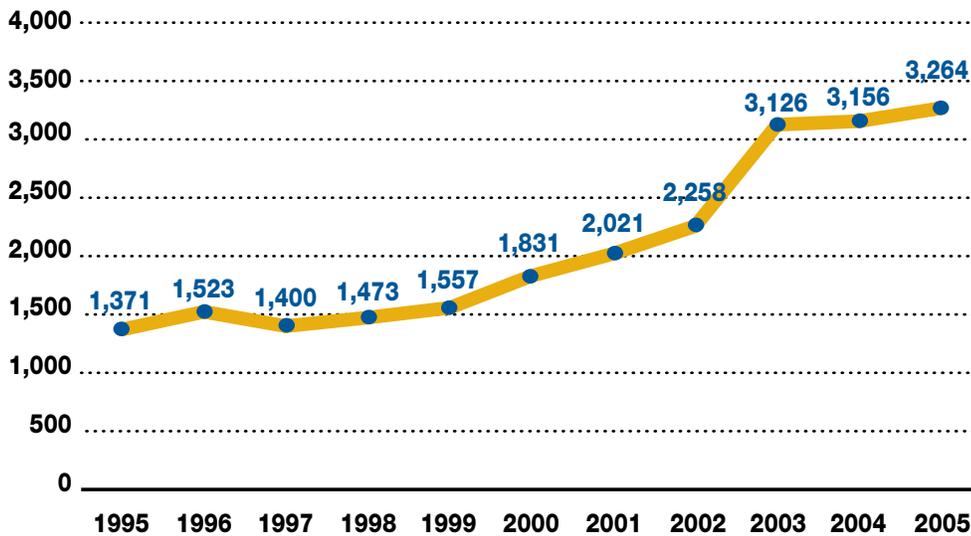


# Assaults Inside Public Schools

# 5

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

**Number of Assaults Inside Public Schools**

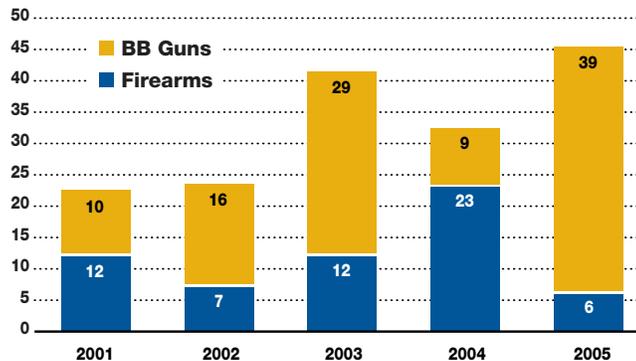


Schools must be safe havens for children, where they can be free to learn without the intimidation, fear, and disruption of violence and criminal activity.

- In 2005, the number of assaults inside public schools was up 3% over the prior year. That was the eighth consecutive increase.
- The number was more than double the reported assaults in 1999, though more rigorous reporting and more aggressive enforcement may have contributed to this trend.

- Reported firearm incidents in public schools in each of the last two years have been about double the number reported in 2002. The majority of firearm incidents in schools involved BB guns.

**Gun-Related Incidents in Public Schools**



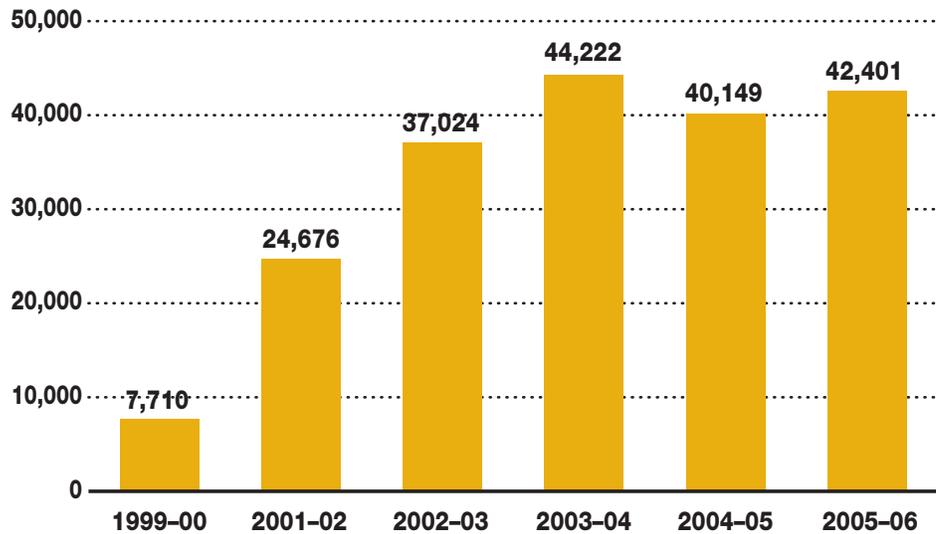
*The number of reported assaults in 2005 was about double the number in 1999. More rigorous reporting may have contributed to this trend.*

# 2

## Youth Development Opportunities

Promising,  
with some  
progress

### Number of City-Supported After-School and Youth Development Opportunities



The number of City-supported after-school and youth development opportunities available in Philadelphia increased to 42,401 in 2005-06.

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 since the 1999-2000 fiscal year.

- The number of youth development opportunities delivered through the City's Children's Investment Strategy – including after-school programs, Beacons, Teen Centers, and youth employment opportunities – increased to 42,401 in 2005-06.<sup>2</sup>
- This 2005-06 number represents more than a five-fold increase since 2000, which results in a new rating for this indicator of *promising, with some progress*.

- There was a dip in youth development opportunities between 2003-04 and 2004-05, largely because some time-limited federal grants came to an end, but the upward trend resumed in 2005-06.

There has been an expansion of youth development activities for older youth (ages 13 and above) throughout the city.

- Teen Center participation increased from 1,146 youth in 2002-03 to 2,210 youth in 2004-05.
- 4,070 teenagers (ages 13 and older) participated in Beacon programs in FY 05.
- The number of employer-paid internships for teenagers increased from 164 to 360 slots over the past three years.

<sup>2</sup> Due to changes in reporting criteria of youth development opportunities and difficulties in obtaining final comparable annual data for 2000-01, data from that year are not included in the chart.



# PRODUCTIVE YOUNG ADULTS

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





**DESIRED RESULT:**

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

**OVERALL RATING:**

**Mixed**, with inconsistent progress



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

Mixed

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

Promising

**Ninth graders dropping out:**

Mixed

**School attendance:**

Mixed

**College entrance examination scores:**

Problematic

## Chapter Summary

The rating for this education-related desired result is **mixed, with inconsistent progress**. Most, though not all, key indicators under this desired result showed some improvement.

- Reading and math performance by public school students on Pennsylvania System of School Assessment (PSSA) exams continued to improve in the 5th and 8th grades.
- However, students seem to be losing ground in the later grades: the percentage of students scoring Advanced or Proficient on the PSSA in 11th grade math and reading has not improved since 2000-01.
- The on-time high school graduation rate increased six percentage points to over 60%, and the high school dropout rate dropped slightly, the fourth straight decrease.

However, in 2004-05, Philadelphia public school students' scores on the SAT<sup>®</sup> college entrance exam fell below 800. Average scores have now dropped 51 points since 1996-97. In contrast, average scores in both Pennsylvania and the United States inched upward in 2004-05, further widening the gap between Philadelphia students and their peers.

Since Pennsylvania used the PSSA exam to determine whether schools are making "adequate yearly progress" (AYP) in accordance with the federal No Child Left Behind law, that exam is used as an indicator of student achievement. To avoid confusion, use of student results on the Terra Nova examination, previously used as an additional indicator, has been discontinued in this Report Card.

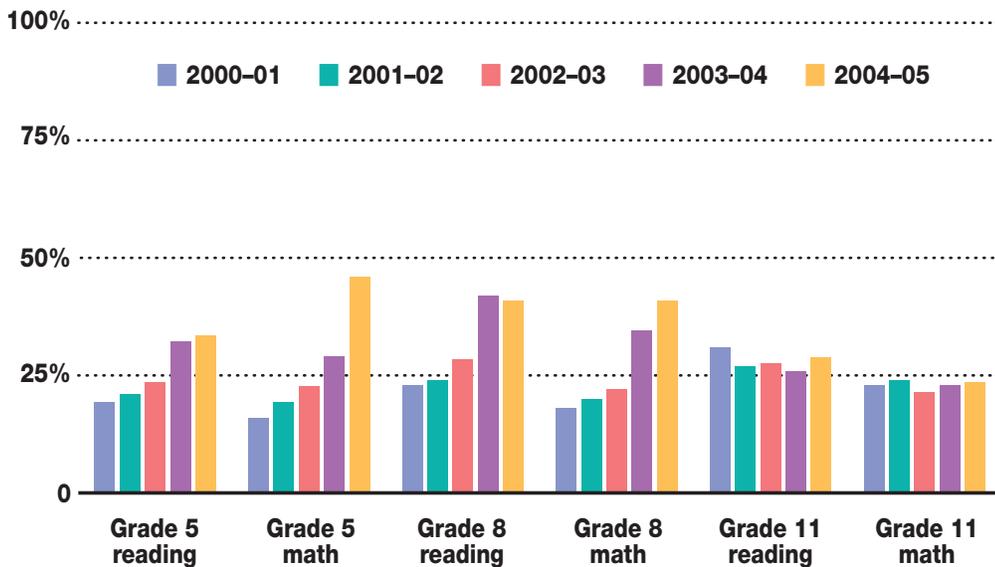
## Why This Result Matters:

Quality public education gives young people the skills they need to compete in the workforce, achieve in college, and attain economic stability. It produces skilled workers that make the city and region more economically competitive. It strengthens neighborhoods and communities by retaining families who would otherwise move to seek a quality education for their children.

# Percentage of Students Scoring Proficient or Advanced (PSSA Test)

# 3

## Percent of Public School Students Scoring Proficient or Advanced PSSA



**Mixed, with inconsistent progress**

The PSSA is a statewide test designed to determine the achievement levels of students and schools in reading and mathematics. Philadelphia public school students' test scores on the PSSA have improved in the last few years among younger students, though not among 11th graders.

- The greatest improvement in PSSA scores came in 5th grade math. The percentage of students scoring Advanced or Proficient increased from 17% in the 2000-01 school year to 45.8% in 2004-05. There was also significant improvement in 8th grade math: the percentage of students scoring Advanced or Proficient improved from 16% to 39.6%.

- These improvements in math scores have not carried over to the 11th grade. Fewer than one in four 11th graders – 23.1% – scored Advanced or Proficient in 2004-05. This represented little change from 2000-01. Similarly, 11th grade reading results did not match those of other grades – 30.6% of students scored Advanced or Proficient in 2004-05, down from 34% in 2000-01.
- In 2004-05, the PSSA test was given to third grade public school students in Philadelphia for the first time. The results for 3rd grade math – 52% of students scoring Advanced or Proficient – was the highest of any of the four key grades. Reading results were not as impressive as math scores: 37% scored Advanced or Proficient.

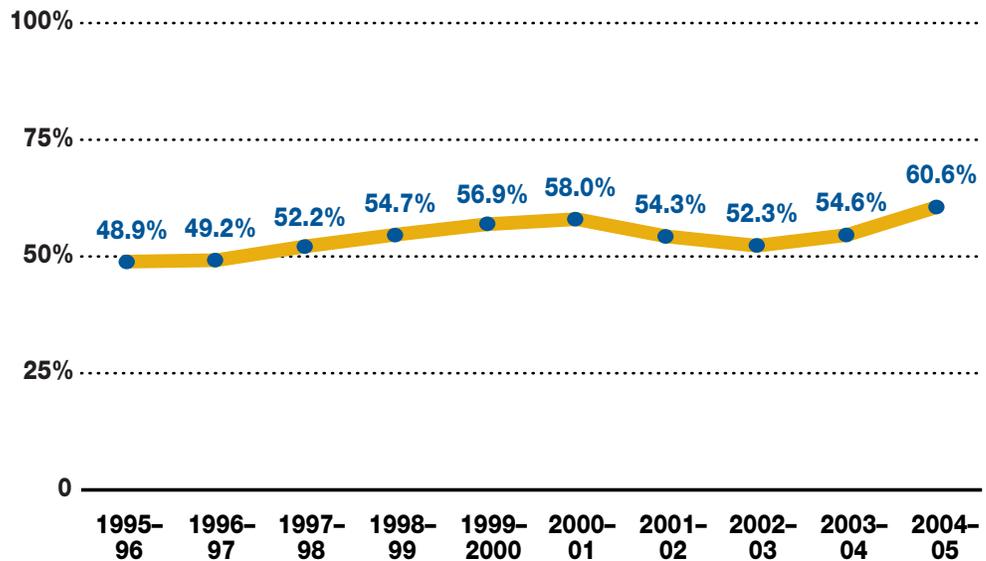
**PSSA math and reading scores have improved since 2000-01 for 5th and 8th graders, but not for 11th graders.**

# 2

## Four-Year On-Time Graduation

Promising, with some progress

**Public School Percent of First-Time 9th Graders Graduating in Four Years**



*The high school graduation rate improved by six percentage points in 2004-05.*

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 school students who complete graduation requirements within four years.

The four-year graduation rate among public school students in Philadelphia improved over the last two years, particularly in the most recent year.

● In the 2004-05 school year, the percentage of first-time 9th graders who graduated in four years increased by six percentage points over the previous year and by eight percentage points over 2002-03.

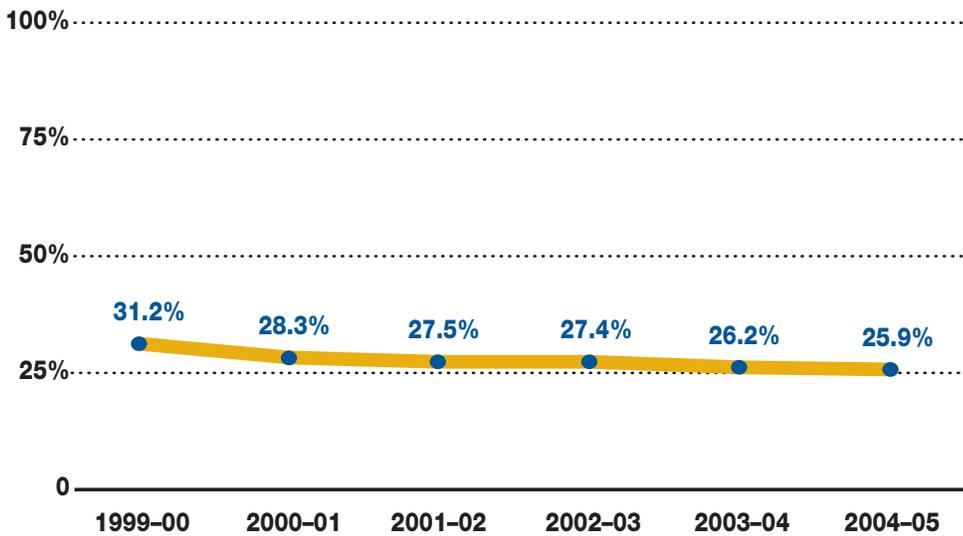
- The 2004-05 graduation rate of 60.6% was the highest in at least a decade, the period for which Report Card data are available. This is particularly significant because more rigorous promotion standards were instituted in 2001-02, resulting in a decline in rates in the two years following that change.
- The 2004-05 four-year graduation rate is nearly 12 percentage points higher than in 1995-96.
- Despite this impressive improvement, about four of every ten students entering 9th grade in the Philadelphia public schools do not graduate on time.

# 9th Graders Who Drop Out Within Four Years

# 3

**Mixed, with inconsistent progress**

**Percent of Public School 9th Graders Who Drop Out Within Four Years**



The dropout rate among Philadelphia's public school students improved for the fifth straight year in 2004-05, though the improvement in the most recent school year was very small.

- The percentage of first-time 9th graders who drop out of school within four years improved by more than five percentage points since the 1999-2000 school year, dropping from 31.2% to 25.9%.
- The 2004-05 dropout rate was the lowest since at least the 1995-96 school year.

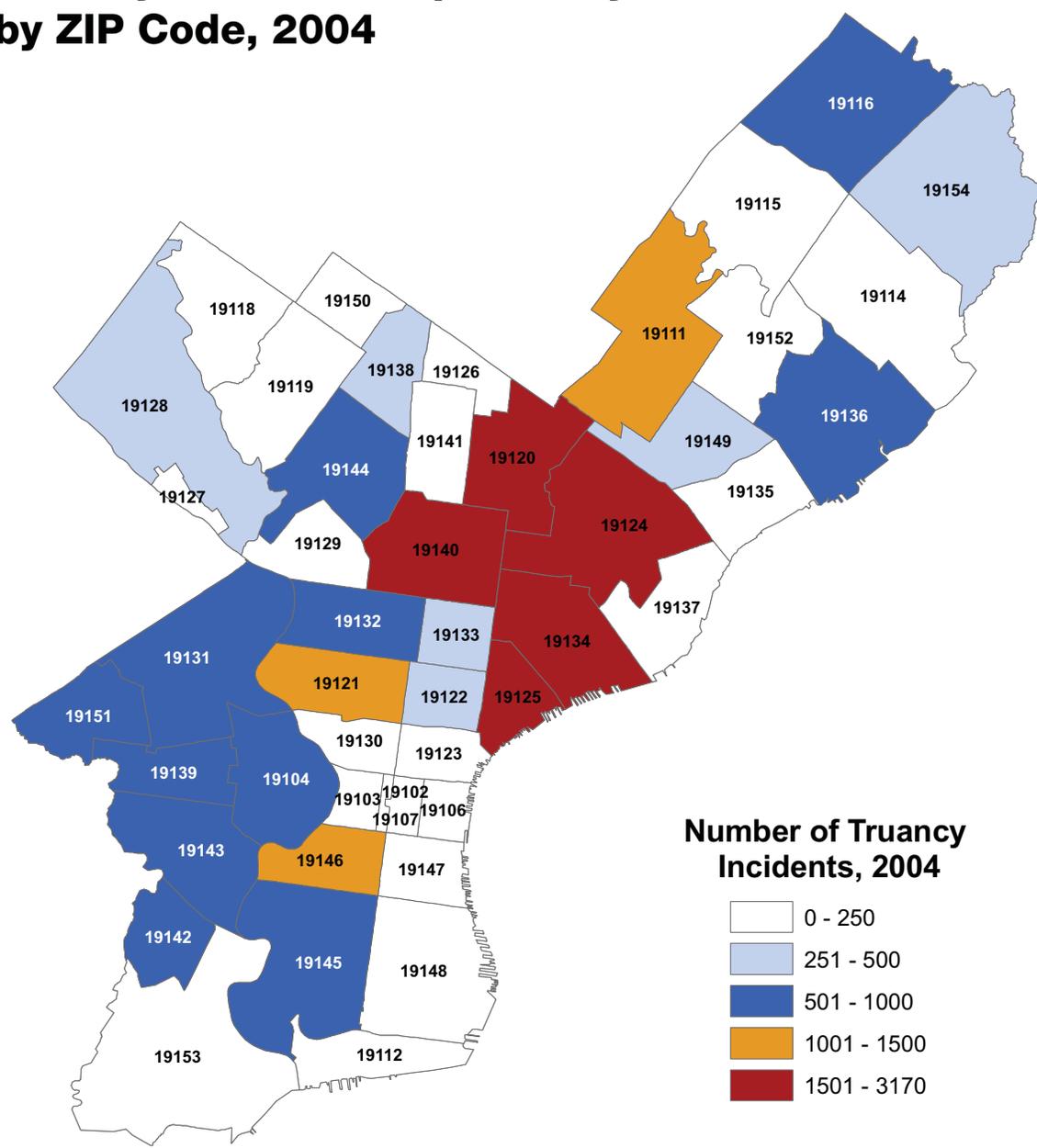
● Even with these improvements over the past five years, the high rate of high school dropouts remains a major concern. More than one in four public high school students in Philadelphia dropped out within four years of entering their freshman year.

● Recent research shows that three in four dropouts withdraw from school in the 9th or 10th grade, and that most dropouts fail to attain on-time promotion to 10th grade.<sup>3</sup>

*While the high school dropout rate improved for the fifth year in 2004-05, more than one in four freshmen still drop out within four years.*

<sup>3</sup> Robert Balfanz, Johns Hopkins University, presentation to Philadelphia Youth Transition Funders Group partners, 2005.

# Truancy Incidents Reported by Police by ZIP Code, 2004

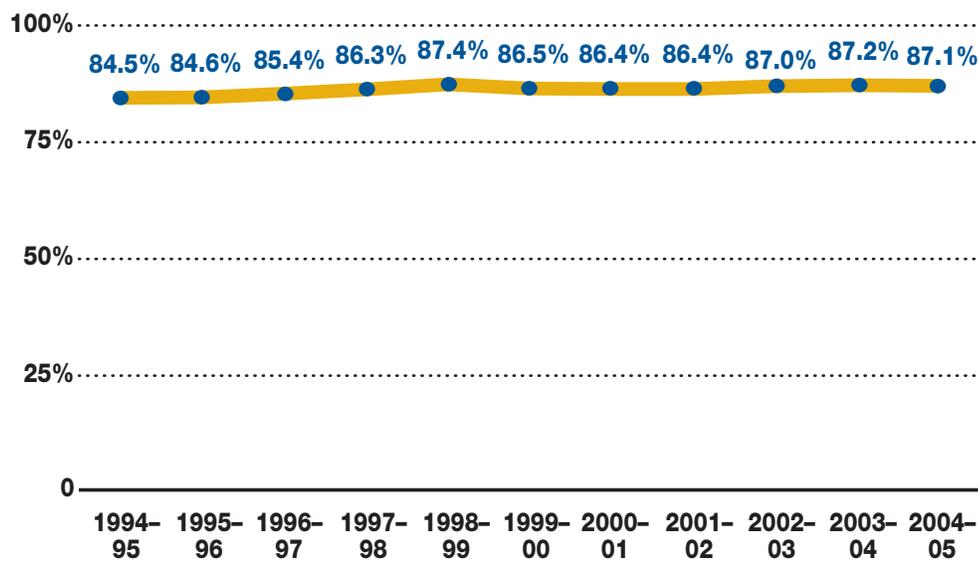


# School Attendance

# 3

**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 changed only slightly in 2004-05, as it has for the past decade.

- The reported daily attendance rate was 87.1% in 2004-05.

The number of students arrested for truancy was much higher in 2003 and 2004 than in previous years.

- The number of truancy incidents reported by police (i.e., juveniles found by police outside of school during school hours) was much higher in 2003 and 2004 than in previous years. A map showing where such truancy incidents occurred in the city is on the previous page.

- Truancy is often a precursor to dropping out: research shows that most Philadelphia dropouts attended school less than 60% of the time in the year before they dropped out.<sup>4</sup>

***The public school  
attendance rate  
changed only  
slightly in  
2004-05.***

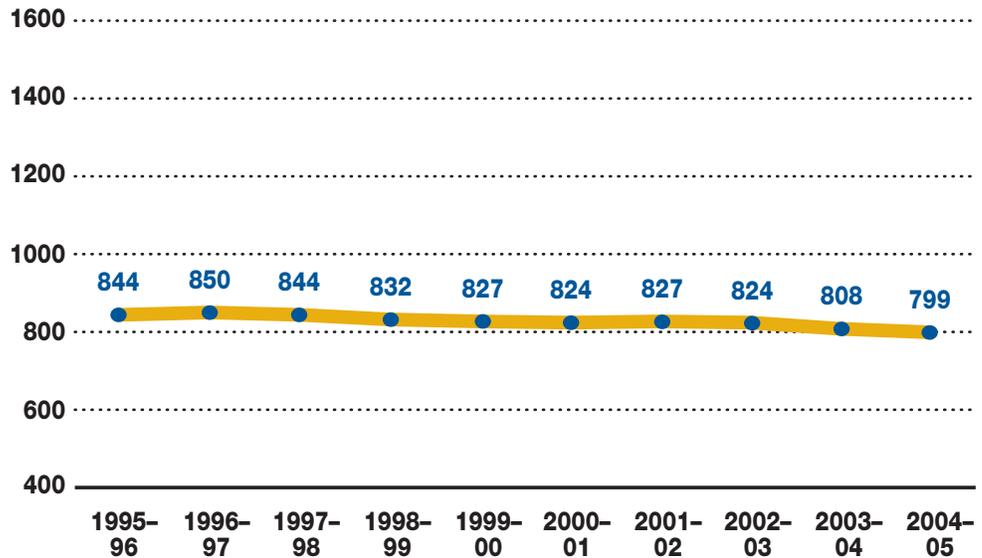
<sup>4</sup> Robert Balfanz, Johns Hopkins University, presentation to Philadelphia Youth Transition Funders Group partners, 2005.

# 5

## College Entrance Examination Scores

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

**Average Scores of Public School Students on College Entrance Examination**



**Average scores of Philadelphia public school students' SAT® scores dropped for the seventh time in the last eight years, falling below 800 for the first time.**

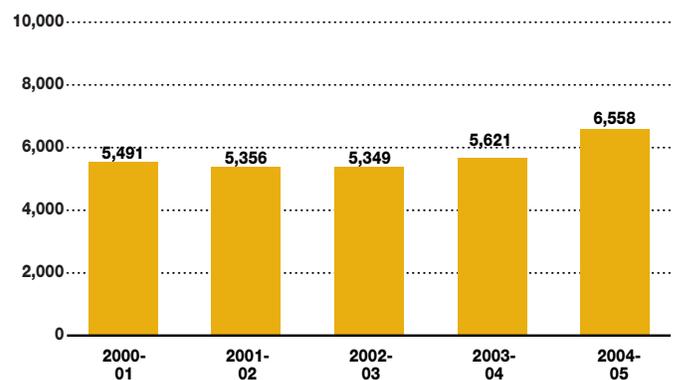
This indicator tracks how well Philadelphia public school students perform on the SAT® college entrance examination. Philadelphia public school students' scores on the Critical Reading and Math portions of the college entrance examination continue a troubling downward trend, resulting in a rating downgrade to *problematic*.

- The average Philadelphia public school student SAT® score in 2004-05 dropped below 800 for the first time since Report Card data were collected. The average score among Philadelphia public school students has fallen by 51 points since the 1996-97 school year.
- This trend runs counter to state and national trends.

Pennsylvania students' scores increased by one point to 1004 in 2004-05. The average national score increased by two points to 1028.

- The lone positive note: a 23% increase in the number of public school students taking the SAT® exam since 2002-03.

**Number Public School Students Taking SAT®**



<sup>6</sup> In 2005, a new writing section was added to the SAT®. To permit comparison with past years, *Report Card 2006* does not include results from the writing section in this indicator, though such scores may be added as more data becomes available in future years.



# APPENDIX A.

## INDICATOR CRITERIA

### Selecting the Indicators

*Report Card 2006* indicators are selected because they meet a set of criteria necessary to authenticate their accuracy and reliability. These indicators are used to present data measuring important aspects of a child's life from before birth through the teen years.

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

### 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 2006* are:

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

## Data Limitations

All data, including those used for *Report Card 2006*, 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 2005 data; in other areas, 2003 or 2004 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.
- For the first time in ten years, the number of Philadelphia children completing the 2005 YRBS was too small to represent the overall health behaviors of the city's youth population. Therefore, the 2005 YRBS results reported in *Report Card 2006* reflect the behaviors of only those students who completed the survey, cannot be compared to prior years, and should not be viewed as a reflection of changes in citywide health behavior trends.

# APPENDIX B.

## DATA DEFINITIONS

### Data Definitions

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

**Percent of low birthweight 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 birthweight is 1500 grams (three pounds, 5 ounces) or less at birth. Source: Philadelphia Department of Public Health. National data: Low birthweight – 50 largest cities: The Right Start for America’s Newborns, Child Trends/KIDS Count, Annie Casey Foundation (2003); also, Centers for Disease Control (CDC) (2003).

**Percent of women reporting smoking during pregnancy:** Number of women who report smoking in the third trimester of pregnancy as a percentage of total live births. 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).

**Infant deaths by race and sex of infant:** Number and percent of infant deaths aggregated by race and sex of infant. Data provided from the Pennsylvania Department of Health. These data were provided by the Bureau of Health Statistics and Research, Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.

**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.

**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, 10 ug/dL in a six-month period. Between 2000 and 2004, this standard was 15 ug/dL. Source: Philadelphia Department of Public Health.

**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 Centers 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 2004.

**Percentage of children entering kindergarten with formal early child care and education experience:** Survey of parents and guardians of children entering public school kindergarten regarding child care in the year prior to kindergarten entry. Source: Philadelphia School District.

**Percentage of kindergarteners reading at the appropriate level:** Assessment of kindergarteners administrated by the teacher. Source: Philadelphia School District.

## 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.

**Poverty rate (ages 0-17):** Provided by the US Census Bureau, Small Area Income and Poverty Estimates. For more information: <http://www.census.gov/hhes/www/poverty/poverty.html>

**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: Pennsylvania Department of Public Welfare.

**Number of children receiving CHIP:** The total count of children in Philadelphia enrolled in the Children’s Health Insurance Program in December of the year reported. Source: 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.

**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)

**Repeat abuse cases:** Percent of substantiated reports of child abuse (as defined above) where the victim had been listed in other reports. Source: The Pennsylvania Department of Public Welfare -Child Abuse Annual Report, Pennsylvania Department of Public Welfare (2005)

**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.

**Permanent Legal Custodian (PLC):** A permanent placement option that provides the child with a permanent family while maintaining the rights of the biological parents when reunification and adoption are not appropriate. Upon approval of the PLC by the court, a subsidy is provided to enable the permanent legal custodian to provide adequate care for the child.

### **3. Healthy Behaviors: *Children and Youth Practice 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).

**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, 2003 and 2005.

**Percent using cocaine, methamphetamine, ecstasy and steroids, lifetime:** The Philadelphia public high school students, who participated in the 2005 YRBS, reporting: using cocaine at least once during their lifetime; using methamphetamine at least once during their lifetime; using ecstasy at least once during their lifetime; and using steroids at least once during their lifetime. Data are self-reported. Source: Your Risk Behavior Survey.

**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, 2003 and 2005.

**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, 2003 and 2005.

**Gonorrhea and chlamydia, ages 15-19:** The rate of new cases of gonorrhea and chlamydia, that are reported each calendar year per 100,000 of the designated age group.

**Number of screens gonorrhea and chlamydia ages 15-19:** Total number of gonorrhea and chlamydia screens conducted by the Philadelphia Department of Public Health in schools, district health centers and other city sites. Since 2002 chlamydia and gonorrhea screens have been performed simultaneously. 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.

**Cause of death ages 15-19:** Cause of death for calendar year as determined by the Youth Fatality Review Team at the Philadelphia Department of Public Health.

**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).

#### 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 victims of gunshot wounds:** The location of a gunshot wound (both fatal and non-fatal) where the victim was between the ages of 7 and 24.

**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 juvenile arrests for major crimes offenses:** The number of individuals age 17 and under who have been arrested for the crimes of rape, robbery, murder, burglary, theft, vehicle theft, and aggravated assault.

**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.

**Gun-related incidents in public schools:** The reported number of incidents in public schools that involve a gun – including both firearms and BB guns. Source: School District of Philadelphia.

**Youth development opportunities:** The number of City-supported slots in 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: City of Philadelphia Office of the Managing Director; Teen Center data provided by the Philadelphia Department of Recreation; Beacon Program data provided by Philadelphia Safe and Sound; Employer-Paid Internships data provided by the Philadelphia Youth Network.

**Participation in organized after-school activities:** Proxy survey results of child's participation in organized after-school activities. Source: Philadelphia Health Management Corporation (PHMC) household survey.

## 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.*

**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 four 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 four 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:** Number of substantiated incidents of truancy as investigated by police. Police officers are to investigate all juveniles ages 8-17 who are observed on the highways or in business establishments during the time that school is in session. While the student is not arrested, the data is reported. Definition provided by the Philadelphia Police Department. Data accessed via the University of Pennsylvania's Cartographic Modeling Lab. The data for this application were made available by the Philadelphia Police Department. The data originates from the Police Department's Incident Transmittal System (INCT). This database represents a record of incidents to which the Police Department has responded and categorized at the time of response. It usually includes any updates that occurred within 5 days after the incident. However, if the investigation results in a re-categorization of the incident after this 5 day window, it will not be reflected in this database. As a result, the numbers represented here are, at best, a snapshot of crime in Philadelphia. However, it is the most comprehensive and broad snapshot that we have available. Several categories of crime included in crimeBase change significantly over time due to this difference in reporting. The crimes most affected are homicide, rape, and some sexual assaults. For example, in crimeBase many homicides will be depicted as aggravated assaults because the complainant has been shot but may die at a later date. The same counting problem is true for the other categories. Anyone using the crimeBase information should realize that these issues are present and should be taken into account when interpreting the data. Location coordinates used to aggregate the data are based on the Streets Department's Street Centerline file. The process of automated address location results in a 1-3% error rate, usually from poorly formatted addresses.

**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.

# 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.

Descriptive Data	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
<b>Children under 1 (estimates except for 2000)</b>	17,490	22,835	22,005	20,572	19,485	19,732	21,049	21,937	20,753	19,650
<b>Children ages 1-4 (estimates except for 2000)</b>	77,845	74,382	74,809	76,092	76,178	78,429	78,060	77,432	77,395	77,028
<b>Children ages 5-9 (estimates except for 2000)</b>	111,918	106,484	102,098	99,398	96,957	112,111	105,771	103,488	101,373	98,077
<b>Children ages 10-14 (estimates except for 2000)</b>	100,739	101,064	99,857	98,825	97,232	112,726	110,302	108,511	106,072	103,663
<b>Children ages 15-19 (estimates except for 2000)</b>	105,393	105,167	105,563	105,994	105,987	110,701	112,751	115,110	115,741	119,489
<b>Total Ages 19 and under (estimates except for 2000)</b>	413,385	409,932	404,332	400,881	395,839	433,699	427,933	426,478	421,334	417,907
<b>Percent: 19 and under of total population (estimates except for 2000)</b>	27.58%	27.74%	27.86%	27.90%	27.90%	28.58%	28.69%	28.58%	28.48%	27.54%
<b>Total Population (estimates except for 2000)</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	1,517,550
<b>Unemployment Rate (yearly average; not seasonally adjusted) (Figures from Bureau of Labor Statistics)</b>	7.7%	7.1%	7.0%	6.3%	6.1%	6.1%	6.3%	7.5%	7.8%	7.5%
<b>Median age of population</b>		34.6	34.7	34.8	35.0	34.2	35.0	35.1	35.5	35.1

# 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 2006* 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*

*Office of Emergency Shelter Services*

### ***Free Library of Philadelphia***

### ***Pennsylvania Department of Health***

### ***Pennsylvania Department of Public Welfare***

### ***Pennsylvania State Data Center***

### ***Philadelphia Health Management Corporation***

### ***Philadelphia Youth Network***

### ***School District of Philadelphia***

### ***Temple University***

*School of Social Administration*

### ***University of Pennsylvania***

*Graduate School of Education*

*School of Social Policy and Practice*

## Individuals

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*Paul Whittaker, Family Planning Council*  
*Lucia Williams, City of Philadelphia, Behavioral Health Services*  
*Marsha Zibalese-Crawford, Temple University*

# NOTES

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# THE 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 2006 RATING GUIDE

Each desired result is given a rating based on the current condition and an assessment of changes in the indicator. A three-year trend (and/or significant movement over two years) is generally required to justify a change in an indicator rating, to avoid over-reliance on short-term shifts that may not represent sustained trends.

The five ratings are the following:

- 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.

# INDICATOR RATINGS

OVERALL	2002 Mixed	2003 Mixed	2004 Mixed	2005 Mixed	2006 Mixed
<b>A Healthy Start</b>	Promising	Promising	Promising	Promising	Promising
Infant Deaths	2	2	2	2	2
Low Birthweight	3	3	3	3	3
Children with Elevated Lead Levels	-	-	-	-	2
Early Care and Education	-	-	-	-	3
School Readiness	2	2	2	2	2
<b>Stable Early Lives</b>	Mixed	Mixed	Mixed	Mixed	Mixed
Children in Poverty	-	-	3	3	3
Children Receiving MA	3	3	3	3	3
Child Abuse and Neglect	2	2	2	2	2
Out-of-Home Placements	3	3	3	3	2
<b>Healthy Behaviors</b>	Challenging	Challenging	Mixed	Mixed	Mixed
Reported Sexual Behavior	3	3	3	3	3
Pregnancy Rate 15-17	3	3	2	2	2
Sexually Transmitted Diseases	5	5	5	4	4
Substance Abuse	4	4	3	3	3
Death Rates 15-19	2	2	2	2	3
Healthy Lifestyles	-	3	3	3	3
<b>Safe, Supportive Communities</b>	Problematic	Problematic	Problematic	Problematic	Problematic
Juvenile Victims of Crime	5	5	5	5	5
Homicide Victims Ages 7-24	3	3	3	3	3
Juvenile Drug Arrests	5	5	5	5	4
Assaults In Public Schools	5	5	5	5	5
Youth Development Opportunities	-	-	-	-	2
<b>Productive Young Adults</b>	Mixed	Mixed	Mixed	Mixed	Mixed
Test Scores (PSSA)	3	3	-	-	-
Percent Proficient, Advanced (PSSA)	-	-	3	3	3
High School Graduation Rates	2	2	2	2	2
High School Dropout Rates	3	3	3	3	3
School Attendance	3	3	3	3	3
College Entrance Exam Scores	4	4	4	4	5

(-)= Insufficient data exist at this time to rate the indicator.



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