

# Report Card

The Well-Being of Children and  
Youth in Philadelphia

2007







# CITY OF PHILADELPHIA

Dear Friends of Philadelphia's Children:

It is with a great sense of pride and accomplishment that I present to you *Report Card 2007: The Well-Being of Children and Youth in Philadelphia*.

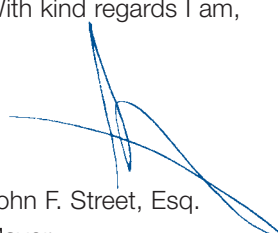
In the year 2000, at the very outset of my first term in office, Philadelphia undertook the most comprehensive study of children's health, safety and overall positive development factors in the city's history. The results of this important study were published in the very first report card. It was considered somewhat unique at the time because few other major American cities had conducted such a wide-ranging analysis of the conditions of its children and youth. Philadelphia became a national leader in providing its citizens and stakeholders with real-time data to make informed decisions about how to improve the lives of our city's most valuable asset, our children.

Seven years later, the report card has proven to be the single greatest accountability tool the city has at its disposal to ensure that we are doing everything in our power as a community of caring adults to protect, nurture, and develop Philadelphia's children and youth. The importance of the report card as an accountability tool was validated this year by Philadelphia City Council, whose members unanimously voted for a resolution that institutionalizes the report card, ensuring that it will be published every year. I would like to take this opportunity to publicly thank the members of City Council for their forward-looking action that ensures that the city will continue to be accountable to improving outcomes for its youngest citizens for many generations to come.

Since its inception, the report card has revealed many improvements, especially in such efforts as reducing the risk of lead poisoning in children, which earned the highest rating of "Commendable," the first such top rating in the brief history of the report card. Yet, for all of our gains, we also continue to face serious challenges, perhaps none more daunting than the epidemic of youth violence and the dangerous proliferation of guns on our city streets.

It bears repeating that this shared journey to improve the lives of Philadelphia's children and youth is a marathon, not a sprint. We are making progress, but there is still much work ahead. By continuing to hold all of Philadelphia's citizens accountable for the well-being of our children and youth - and by continuing to make smart, strategic investments on their behalf - we will improve our children's quality of life and make this a better, safer city for all of us.

With kind regards I am,



John F. Street, Esq.  
Mayor  
City of Philadelphia

# Report Card 2007





Dear Friend:

Philadelphia Safe and Sound (PSS) diligently works to improve the health and well-being of children and youth by collaborating with government, non-profits, foundations, corporations and community groups to positively impact the ways in which public and private entities serve children.

For the past eight years, PSS, in collaboration with data providers and the City of Philadelphia have provided the Report Card for data-driven decision making.

We would like to recognize The Honorable John F. Street, who understood that information is power. Under his leadership, the Report Card began and annually measures the city's progress toward improving the health, safety, academic achievement and overall positive development of children. We would like to thank him for his leadership and commitment to improving outcomes for the city's children and youth.

The Report Card is the city's accountability tool that holds everyone – government, non-profits, child advocates, and the corporate community - responsible for positive outcomes.

Even after Mayor Street leaves office, this valuable resource will continue. This year, Philadelphia City Council adopted a resolution institutionalizing the Report Card. On behalf of all of us at Philadelphia Safe and Sound – and especially on behalf of Philadelphia's children and youth – we offer our heartfelt thanks to all of the members of City Council for voting to adopt this resolution.

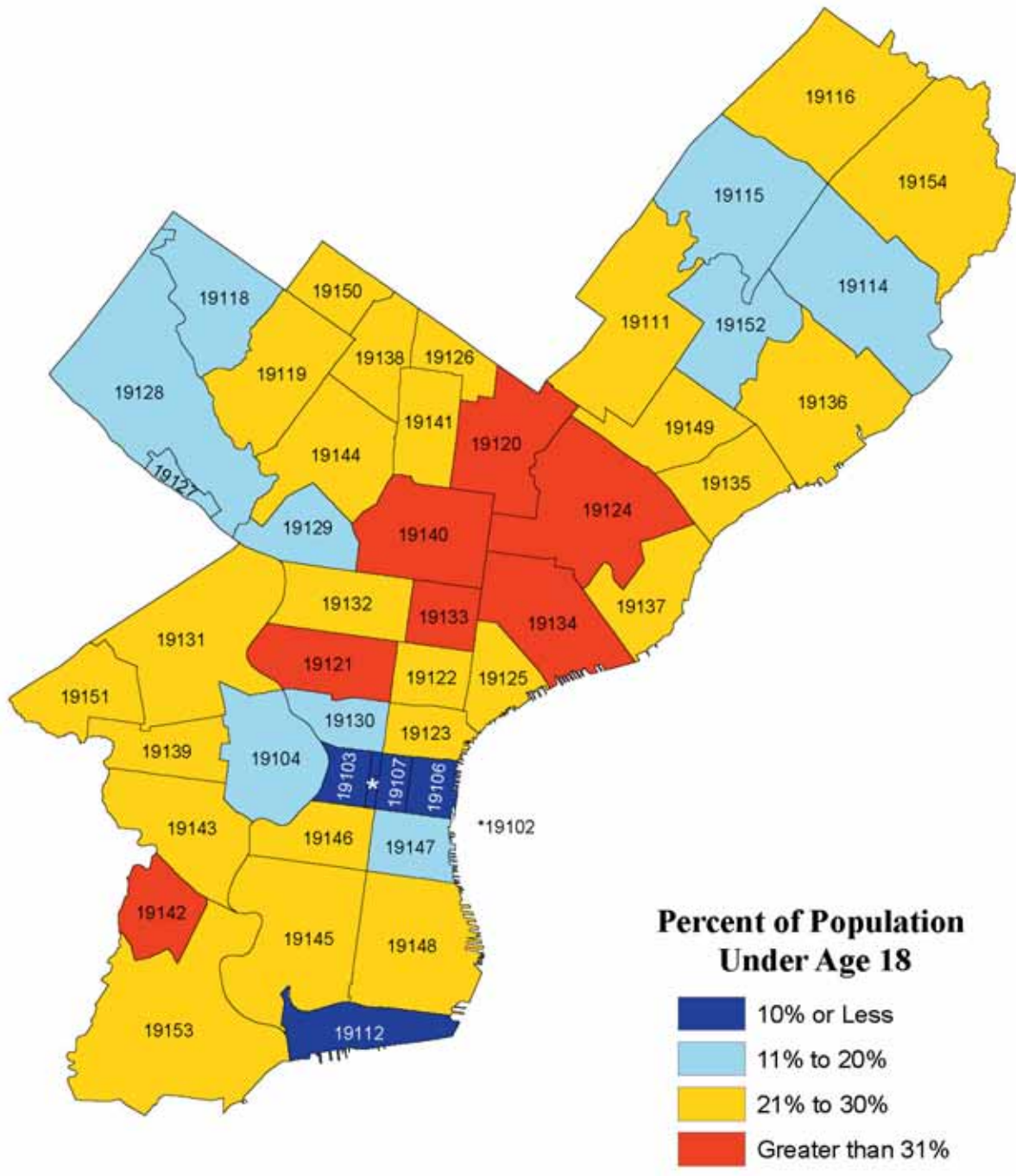
We are proud to present *Report Card 2007* and remain grateful for your continuing support of our mission to make life better for Philadelphia's children.

Thank you,

Anne L. Shenberger, MSS, LSW  
President and CEO

Ernest E. Jones, Esq  
Chairman of the Board

# Percent of Population Under Age 18



# Report Card 2007

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# Report 07



# Introduction

**Report Card 2007**, the eighth annual assessment of the well-being of Philadelphia's children and youth, monitors the progress of five desired results. The desired results are goals we would like to see for our children. These goals envision a healthy start and positive early development, shaped by a stable and supportive family, a safe community, and a strong education for all of our children.

*Report Card 2007* 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.

The ultimate goal of the Report Card series is to 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. In May 2007, the importance of the annual Report Card was validated by Philadelphia City Council, which unanimously voted for a resolution that was introduced by Councilwoman Blondell Reynolds-Brown. The resolution institutionalized the annual publication of *Report Card: The Well-Being of Children and Youth in Philadelphia*, ensuring that the City of Philadelphia and its children will continue to benefit from the report's critical findings for generations to come.

**Report Card 2007** is available online at [www.philasafesound.org](http://www.philasafesound.org).

For more information on *Report Card 2007*, 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.*

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## Report Card 2007 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:

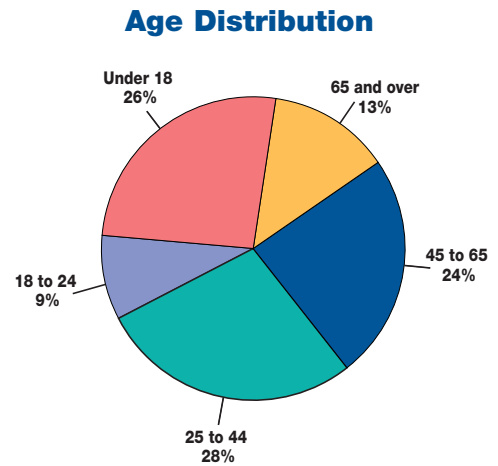
- 1 Commendable:** This top rating is for an indicator that is achieving, or is close to achieving, the desired result with sustainable progress.
- 2 Promising:** This rating means that an indicator is not yet achieving the desired result, but shows consistent progress in that direction.
- 3 Mixed:** 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.

# Snapshot of Philadelphia and its Children

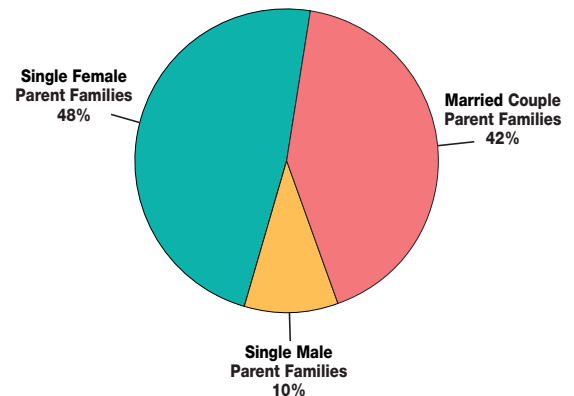
- Philadelphia is home to more than 365,000 children under age 18 in 148,888 families.
- 57% of people in Philadelphia live with family members.
- More than 72,000 mothers are raising children on their own.
- 16,578 grandparents are responsible for raising their grandchildren.
- 20% of residents speak a language other than English in their home.
- 79% of Philadelphians hold a high school diploma (including a GED) or a higher degree.
- The median income for Philadelphia families is \$40,534 a year.
- The median home value in Philadelphia is \$100,200 and the median rent is \$725 per month.
- 57% of inhabited housing units are occupied by owners.
- 70% of Philadelphians were born in Pennsylvania.

## Public and Private School Enrollment

<b>Nursery/Pre School</b>	21,220
<b>Kindergarten</b>	15,866
<b>Grades 1-8</b>	161,058
<b>Grades 9-12</b>	85,451
<b>College or Graduate School</b>	107,519



## Family Living Arrangements



	2005 Estimates	White or Caucasian	Black or African-American	Asian	2 or More Races Reported	Hispanic or Latino
<b>Under 5 years</b>		34,202	54,888	5,785	4,873	17,659
<b>5 to 9 years</b>		29,089	48,109	4,053	2,595	16,809
<b>10 to 14 years</b>		31,576	55,337	4,797	1,489	11,857
<b>15 to 17 years</b>		20,060	36,121	2,703	1,136	8,389
<b>Total under 18</b>		114,927	194,455	17,338	10,093	54,714

# Desired Results and Indicator Ratings

**2**  
**Promising,  
with some  
progress**

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

Infant deaths	2
Infants born at low birthweight	3
Children with elevated blood lead levels	1
Early care and education	3
Readiness for school	2

**3**  
**Mixed, with  
inconsistent  
progress**

## 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, with  
inconsistent  
progress**

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

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

**5**  
**Problematic,  
with a long  
way to go**

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

Juvenile victims of crime	5
Homicide victims ages 7-24	4
Juvenile arrests	4
Assaults in public schools	5
Youth development opportunities	2

**3**  
**Mixed, with  
inconsistent  
progress**

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

Proficient or Advanced (PSSA)	3
On-time graduation	2
Dropping Out	2
School attendance	3
College entrance examination scores	5

## CHAPTER ONE, A Healthy Start

This year marks the first year an indicator has received a commendable rating. After six consecutive years of reductions, the number of children with elevated blood lead levels is down 69%. However, not all indicators show the same progress. Infant mortality increased to 11.3 deaths per 1,000 births. This is an indicator worth watching to see if this becomes a trend. Overall, the chapter receives a rating of **promising, with some progress**.

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## CHAPTER TWO, Stable Early Lives

Indicators of financial stability continue to present a troublesome picture for the youth of Philadelphia. The percentage of children living in poverty continued an upward trend for the fifth year reaching 30.3%. Enrollment in CHIP and Medical Assistance continues to increase as well; nonetheless, the percentage of uninsured children has doubled since 2000. Meanwhile, the number of substantiated cases of abuse or neglect continued to drop, as did the number of youth being placed outside of the home. Due to the contradictory trends among individual indicators, the chapter receives a rating of **mixed, with inconsistent progress**.

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## CHAPTER THREE, Healthy Behaviors

Teen pregnancy continued a downward trend and dropped to a new low of 55.9 pregnancies per 1,000 young women ages 15-17. The number of overweight or at-risk for overweight children decreased 8.5% since 2004, but nearly half of Philadelphia's youngsters are at risk for severe health consequences associated with obesity. The death rate for 15- to 19-year-olds rose to a rate not seen since 1997. Sexual health indicators remain troublesome, with persistently high rates. No new citywide data were available this year on substance abuse among high school students. This desired result receives a grade of **mixed, with inconsistent progress**.

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## CHAPTER FOUR, Safe Supportive Communities

Exposure to crime and violence can have potentially negative effects on the well-being of children and youth, and youth violence remains a concern for Philadelphia. The number of juveniles victimized by violent crime increased 6% in the past year, and the number of juvenile arrests for Part 1 Major Crimes increased by 12%. The number of homicide victims aged 18 to 24 almost doubled since 2004, increasing by 92% over that two-year period. Assaults in public schools, however, have declined for the second consecutive year, and the number of city-sponsored afterschool and youth development opportunities reached a new high of over 48,000 in fiscal year 2006-07. Due to the continued increase in youth violent crime and victimization, this desired result again receives a rating of **problematic, with a long way to go**.

---

## CHAPTER FIVE, Productive Young Adults

Preparation is necessary for youth to become productive young adults. Data provided by the Philadelphia School District show there has been improvement in the number of students scoring proficient or advanced on the PSSA; however, less than half of 5th, 8th and 11th graders achieved this score. Average daily attendance remained steady, with little change. The on-time graduation rate decreased, but the dropout rate improved. The average combined reading and math SAT® score dropped to a new low of 792. This chapter receives a rating of **mixed, with inconsistent progress**.

# 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 summary examines key trends identified in last year's Report Card to consider whether these trends were sustained this year. Several emerging trends discussed in last year's Report Card are also re-examined in light of this year's data. Finally, indicators that deserve particularly close attention in upcoming years are identified.

## Were Key Trends Identified in Last Year's Report Card Sustained?

The 2006 Report Card identified several key trends that had arisen over the past several years. This section revisits those trends to determine whether they persisted over the past year.

### **Youth violence remains a major problem.**

Last year's Report Card raised concerns that youth violence was on the rise, noting a significant increase in homicides of young people and gun violence. The findings of this year's Report Card indicate that youth violence remains a serious concern in Philadelphia. In 2006, 179 young people ages 7 to 24 were victims of homicide, a 20% increase from 2005. Firearms were used in 94% of these homicides. The number of juveniles victimized by violent crime reached the highest level in nine years, and juvenile arrests for Part 1 Major Crime offenses were also on the rise, increasing by 12% from 2005 to 2006.

### **Steadily improving teen pregnancy rates are emerging as a success story.**

The last Report Card noted steady improvement in teen pregnancy rates, showing a downward trend over the past decade. In 2005, although the pregnancy rate for 15- to 17-year-olds continued to fall, rates for older and younger teens were on the rise. This indicator will have to be watched closely in the coming years to determine whether this increase continues or rates continue their downward trend.

### **The number of child abuse and neglect cases and dependent placements continue to decrease.**

The 2006 Report Card showed that the number of substantiated reports of serious child abuse and neglect was falling and that fewer children were in dependent out-of-home placements. Those trends continue in this year's Report Card. The number of new substantiated cases of child abuse decreased by 7% from 2005 to 2006, and the number of children in dependent out-of-home placements has fallen by 17% from 2003 to 2006, reaching the lowest level in a decade. Although the available data on child abuse rates and youth in out-of-home placement warrant another rating of "Promising," the problems identified by an independent review panel of child welfare fatalities may prompt a re-examination of the data points that are analyzed in future editions of the Report Card.

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

The last Report Card noted that the number of children with elevated blood lead levels had been falling for a number of years. This trend continued this year, as the number of children with elevated blood lead levels fell by 7% between 2005 and 2006. In 2006, the number of children with elevated blood lead levels was 69% lower than the number identified in 1998. Much of this improvement is due to an aggressive, coordinated citywide screening, treatment, and lead abatement program. Because of this dramatic improvement, this indicator has been given a rating of commendable this year. This is the first time an indicator has received this high rating.

## What Is the Status of the Emerging Trends Identified in Last Year's Report Card?

Last year's Report Card also identified several indicators to watch in order to determine whether emerging trends would be sustained.

### Low Birthweight Newborns

Last year's Report Card noted that the rate of infants born at low birthweight had been increasing since 1999. This increase was consistent with nationwide trends and was believed to be due, in part, to an increase in multiple births, as well as improvements in technologies that increased the likelihood that high-risk pregnancies would result in viable births. This trend did not continue in 2005. Instead, the percentage of low birthweight newborns declined, dropping to a level last seen in 2001. Data from future years will be needed to determine whether this drop indicates a turnaround in the upward trend for this indicator.

### Sexually Transmitted Diseases

Last year's Report Card noted that although sexually transmitted disease (STD) rates had improved in 2004, rates in 2005 were mixed, with chlamydia rates dropping but gonorrhea rates rising slightly. The Report Card questioned whether STD trends were indeed improving. In this year's Report Card, gonorrhea rates fell to a 10-year low, but chlamydia rates rose by 9%. Data from future years will be required to determine whether chlamydia rates are indeed resuming their climb.

### Children's Economic Security

Last year's Report Card found that although U.S. Census poverty data showed little change between 2002 and 2003, more recent proxy indicators of economic well-being, such as the number of children eligible for school lunches and the number of TANF cases, were on the rise. This year's data show that concerns about children's economic security were well-founded. Census data indicate that the number of children living in poverty rose from 28.5% in 2003 to 30.3% in 2004. In the 2006-07 school year, the percentage of children eligible for school lunches rose to the highest level since 2000-01. Additionally, the number of homeless children rose by 22% from 2005 to 2006.

## 2007 Emerging 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.

### Will infant mortality rates continue to rise?

After 10 years of steady decreases in the infant mortality rate, in 2005 Philadelphia's infant deaths rose by 8% over 2004. While it is not clear whether this increase represents the beginning of a trend or a one time change, it will be important to keep track of this critical indicator of the health of Philadelphia's babies and mothers. Tracking changes in other indicators related to infant mortality such as low birthweight and prematurity will be important in understanding why babies do not survive past their first birthday.

### Will PSSA scores continue to improve, or do this year's mixed results indicate that students are losing ground?

Students' progress in reading and math is assessed by the Pennsylvania System of School Assessment (PSSA) exams. In 2005, after several years of steady progress, fifth grade students appeared to lose ground this year. However, a similar decline was found statewide. It is important to follow this indicator to determine whether this change represents an off-year or a trend in the wrong direction.

Report Card 2007



# Report Card 2007

## CHAPTER ONE



## A Healthy Start

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

# Overall Rating: Promising, with some progress

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**Infant deaths:**

Promising

**Infants born at low birthweight:**

Mixed

**Children with elevated blood lead levels:**

Commendable

**Early care and education:**

Mixed

**Readiness for school:**

Promising

# CHAPTER ONE

## Chapter Summary

The Healthy Start indicators have generally been moving in a positive direction. With the exception of infant mortality rates, which increased this year, each of the primary indicators has improved. Because of this overall positive direction, this desired result continues its rating of **promising, with some progress**.

Of particular interest is the progress that has been made in reducing children's exposure to lead in Philadelphia. The number of children with elevated blood lead levels fell in 2006, continuing the steady improvement seen over the last five years. The number of children with elevated blood lead levels was 69% lower than the number identified in 1998. Much of this improvement is due to an aggressive, coordinated citywide screening, treatment, and lead abatement program. Based on these results, this indicator merits a new rating of commendable.

Other indicators have also shown improvement:

- After increasing each of the previous four years, the percentage of low birthweight newborns declined in 2005 back to a level last seen in 2001.
- In 2005-06, 68% of the children entering Philadelphia's public school kindergartens had attended formal center-based child care and early education programs, an increase from 66% in 2004-05.
- After minimal change since the 2000-01 school year, the percentage of first-time first graders promoted to second grade rose from 90.6% in 2004-05 to 92.8% in the 2005-06 school year.

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## 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.*

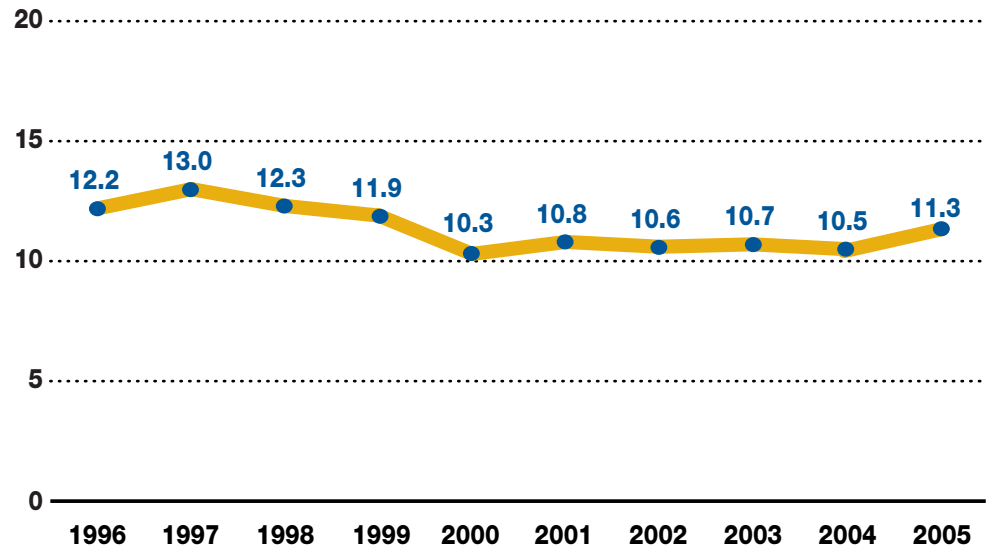
## 2

Promising

# Infant Deaths

*The infant mortality rate in Philadelphia rose 8% from 2004 to 2005, reaching the highest level since 1999.*

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



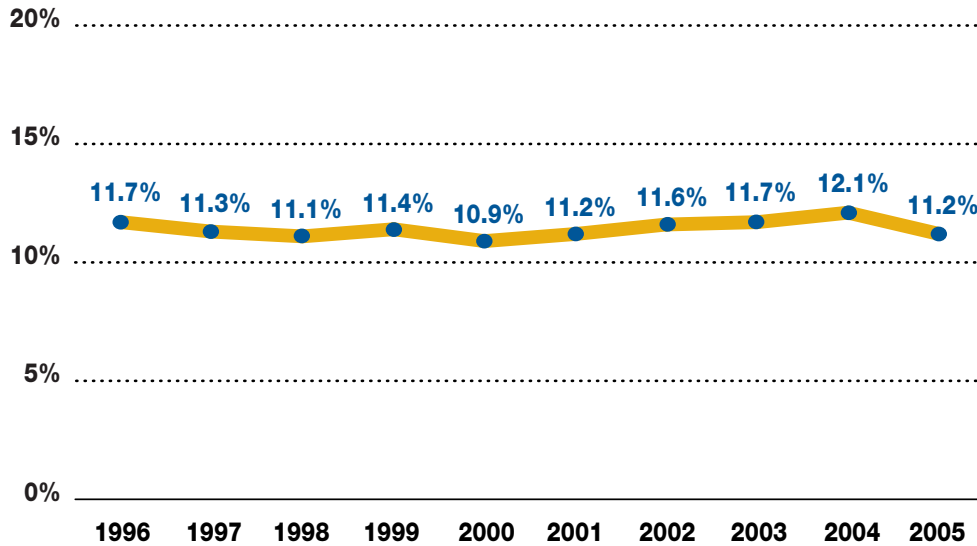
Infant mortality (i.e., the rate at which infants die before age one) is a widely used indicator of the health of pregnant women and newborns and of the quality of healthcare they receive. According to national data, leading causes of infant death include problems related to birth defects, premature birth and/or low birthweight, maternal complications, and sudden unexplained infant death syndrome.

- The infant mortality rate in Philadelphia rose 8% from 2004 to 2005, increasing from 10.5 infant deaths per 1,000 live births to 11.3 infant deaths per 1,000 live births.
- This is the highest rate since 1999, but it is still down 13% from the 10-year high in 1997 of 13.0 infant deaths per 1,000 live births.

- This indicator will be monitored to see whether it indicates a trend.
- Nationally, the infant death rate has fallen dramatically since 1980, dropping from 12.9 infant deaths per 1,000 live births in 1980 to 6.8 in 2001. The rate has changed little from 2001 to 2004, however. In 2004, the national infant mortality rate was 6.8 deaths per 1,000 live births.
- With appropriate prenatal care, conditions and behaviors that can ultimately result in infant deaths can be identified early. Researchers have found that babies whose mothers received no prenatal care are five times more likely to die in the first year than babies born to women who received adequate care.

# Low Birthweight

*The percentage of low birthweight newborns declined in 2005 back to a level last seen in 2001.*



**Percentage of Babies Born at a Low Birthweight**

An infant's birthweight is a key determinant of the child's survival and future health and development. Infants born at low birthweights (less than 5.5 pounds) are at a heightened risk for health problems, developmental delays and school failure.

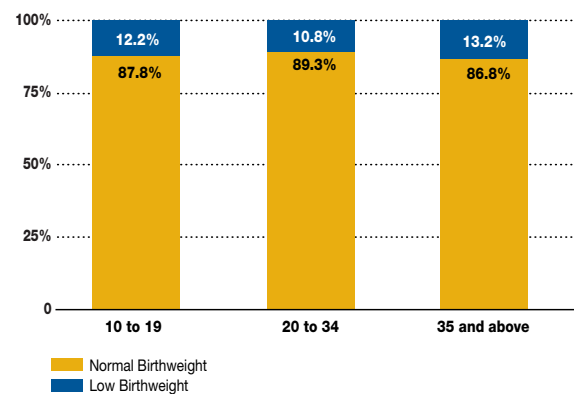
■ After increasing each of the previous four years, the percentage of low birthweight newborns declined in 2005 back to a level last seen in 2001. Of the infants born in Philadelphia in 2005, 11.2% were low birthweight.

■ At the national level, the percentage of low birthweight newborns continued to rise in 2005. At 8.2%, it is the highest rate since the early 1970's. Researchers have attributed much of the rise in the national rate to an increase in multiple births resulting from the wider use of infertility treatments and to improvements in technologies that increase the likelihood that high-risk pregnancies result in viable births.

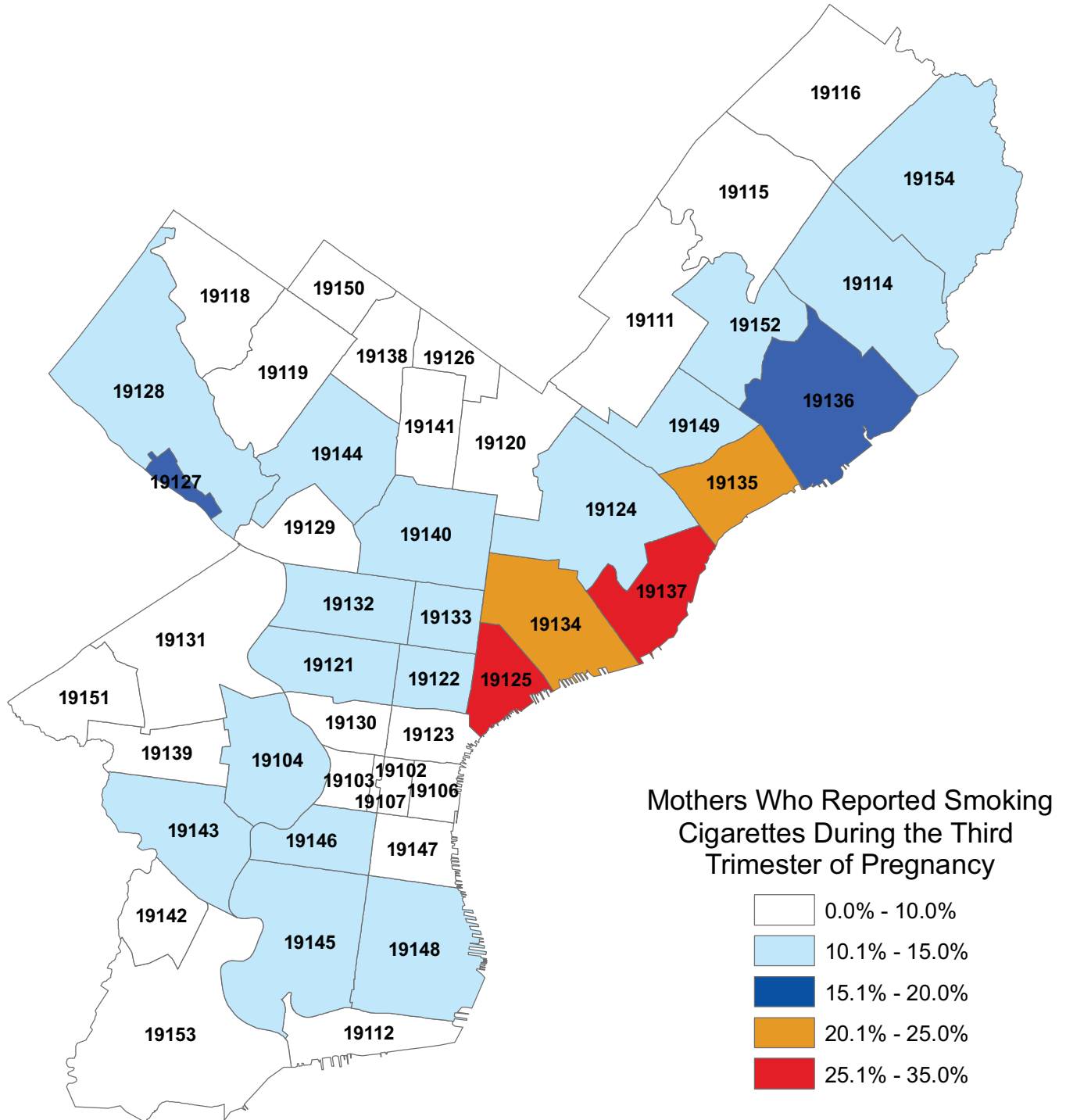
■ However, many of the factors that contribute to low birthweights are preventable and can be influenced by effective prevention and outreach programs. These factors include inadequate prenatal care, substance abuse, poor nutrition and smoking during pregnancy.

■ In Philadelphia, the percentage of women who reported smoking during the third trimester of pregnancy dropped from 17% in 2004 to 12% in 2005. The geographic distribution of smoking rates during the third trimester of pregnancy is mapped on the following page.

**Percentage of Low Birthweight Babies by Age of Mother**



# Percent of Mothers Who Reported Smoking Cigarettes During Third Trimester of Pregnancy by ZIP Code, 2005

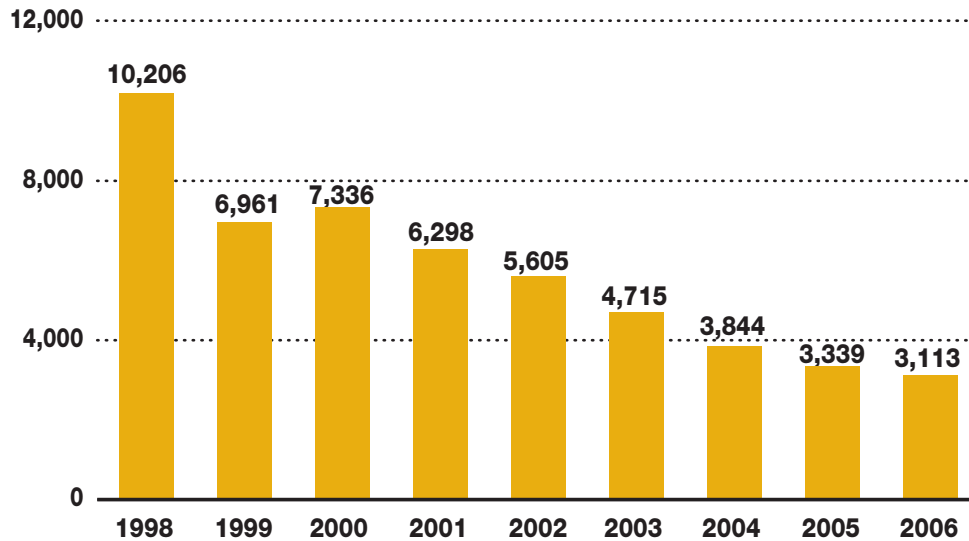


# Lead Exposure

*The number of children with elevated blood lead levels in 2006 was 69% lower than the number identified in 1998.*



## Number of Elevated Blood Lead Level Cases



Childhood exposure to lead can result in lower intelligence levels, learning disabilities, and increased risk of behavioral problems. The number of children exposed to lead has decreased in recent decades because of the removal of lead from gasoline and paint. The primary sources of exposure now are lead-based paint in older homes and lead-contaminated house dust and soil.

■ The number of children in Philadelphia with elevated blood lead levels fell by 7% between 2005 and 2006, continuing the steady improvement seen over the last five years.

■ The number of children with elevated blood lead levels in 2006 was 69% lower than the number identified in 1998. This striking decline can be attributed, at least in part, to more aggressive, coordinated screening and abatement activities undertaken by city government.

■ The number of children screened for lead poisoning in 2006 was up 12% from the number of children screened in 2005. A total of 42,610 children were screened in 2006.

■ Lead poisoning standards have become increasingly stringent over the past several years, which have lowered the thresholds for being identified as a confirmed lead poisoning case. In 2006, there were 602 confirmed cases.

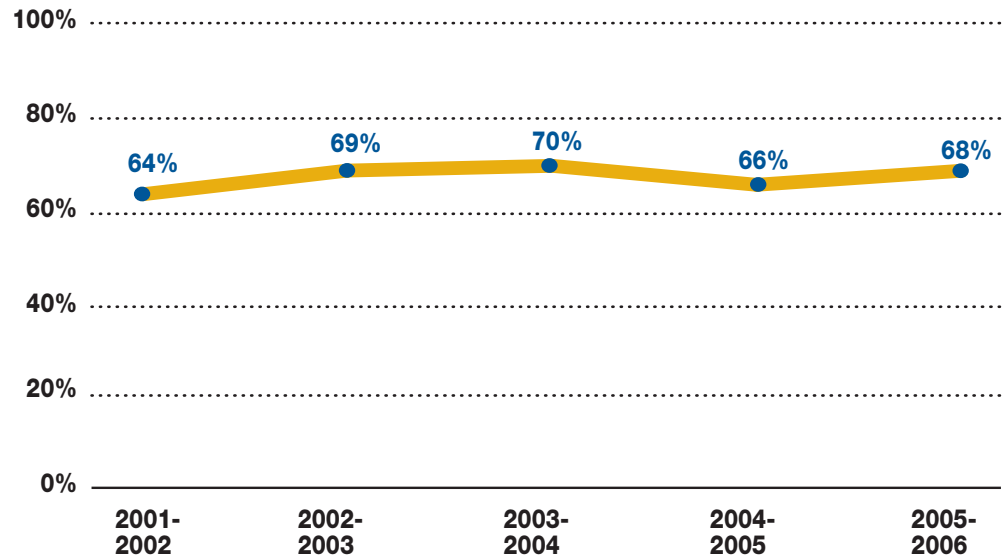
# 3

Mixed

## Early Care and Education

*The percentage of children entering kindergarten with formal center-based child care and early education experience increased in 2005-06.*

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



There is growing evidence that participation in high quality child care and early education programs can have positive effects on children's physical, social, emotional and cognitive development, increasing their readiness for school.

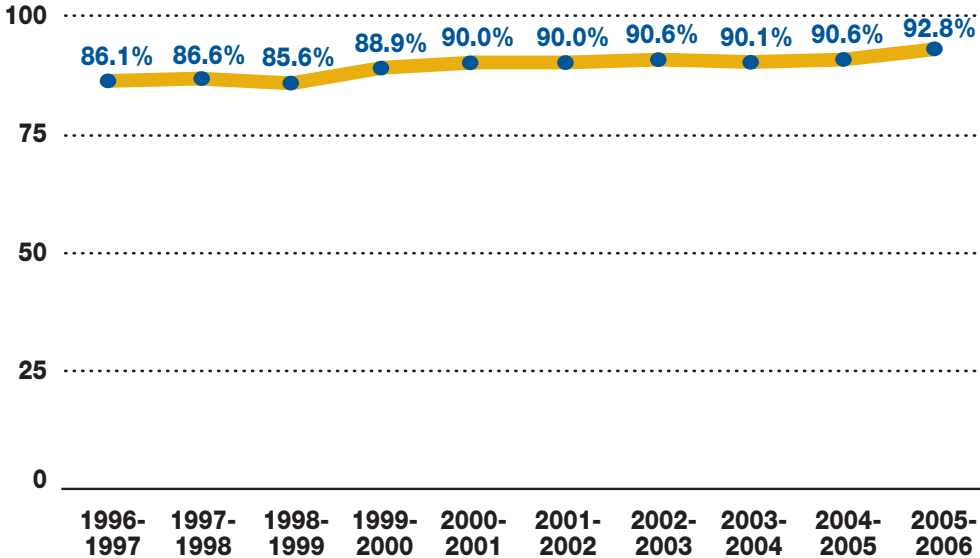
Researchers have found that high quality programs are more beneficial for a child's development and lead to better outcomes for children than lower quality programs. High quality programs have good staffing ratios and well-trained staff that foster close, caring relationships with children. The caregivers are sensitive and responsive to children's individual needs. They provide opportunities for developmentally appropriate learning activities and play.

- Researchers in Philadelphia have found that public school children who attend formal center-based programs before starting kindergarten show more advanced language arts, mathematics, science and motor skills in comparison with children that have experienced only home-based child care or parent care.<sup>1</sup>
- In 2005-06, 68% of the children entering Philadelphia's public school kindergartens had attended formal center-based child care and early education programs, an increase from 66% in 2004-05.
- After declining by 28% in the 2004-05 school year, enrollment in School District Head Start and preschool rebounded in 2005-06 to 17% above the 2003-04 levels. A total of 3,919 children were enrolled in 2005-06.

<sup>1</sup> Fantuzzo, J. (2003). Head Start in Philadelphia: An Evidence Base for Hope, University of Pennsylvania, NHSA-Research Panel Presentation.

# Readiness for School

*The first grade promotion rate has increased from 86.1% in 1996-97 to 92.8% in 2005-06.*



**First-Time  
Public School  
First Graders  
Promoted**

Children are more likely to achieve when they enter school ready to learn. The National Education Goals Panel has identified five key dimensions of school readiness: physical well-being and motor development, social and emotional development, approaches to learning, language development, and cognition and general knowledge.

- Children entering school ready to learn are best positioned to succeed in first grade and advance 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.
- After minimal change since the 2000-01 school year, the percentage of first-time first graders promoted to second grade rose from 90.6% in 2004-05 to 92.8% in the 2005-06 school year.

- The 2005-06 promotion rate was more than six percentage points higher than the 1996-97 percentage.
- In the School District of Philadelphia, teachers administer developmental reading assessments to children entering kindergarten. These assessments do not measure the full range of social, cognitive, and emotional factors that contribute to school readiness, but do reflect one aspect of preparedness.
- In the fall of 2005, 46% of new kindergarten students were reading at expected grade level when assessed. This percentage cannot be compared with previous years, because a more stringent standard was imposed in 2005.

Report Card 2007



# Report Card 2007

## CHAPTER TWO



### Stable Early Lives

Children and youth live in stable and supportive families.

A Healthy Start

Stable Early Lives

Healthy Behaviors

Safe, Supportive Communities

Productive Young Adults

# 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 TWO

## Chapter Summary

This desired result retains a rating of **mixed, with inconsistent progress**, as a number of the key indicators continue to offer cause for concern. While some improvements have been seen in family safety and stability, an increasing number of children in Philadelphia are living in poverty.

- According to U.S. Census estimates, the percentage of children in Philadelphia living in poverty rose from 25.4% in 1999 to 30.3% in 2004.
- Despite increases in enrollment in public insurance programs, the percentage of children without health insurance has doubled since 2000, reaching 7% in 2006. This increase may be due to a decline in the number of children covered by private insurance. It is estimated that more than 25,000 children in Philadelphia had no health insurance in 2006.
- The number of new substantiated cases of child abuse decreased by 7% from 2005 to 2006. Since 1997, the annual number of cases has declined by 35%.
- The number of children in child welfare dependent out-of-home placements has fallen by 17% from 2003 to 2006, reaching the lowest level in a decade.
- Although the available data on child abuse rates and youth in out-of-home placement warrant another rating of “Promising,” the problems identified by an independent review panel of child welfare fatalities may prompt a re-examination of the data points that are analyzed in future editions of the Report Card.
- The number of children in juvenile justice out-of-home placements rose by 4% from 2005 to 2006.

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### Why This Result Matters:

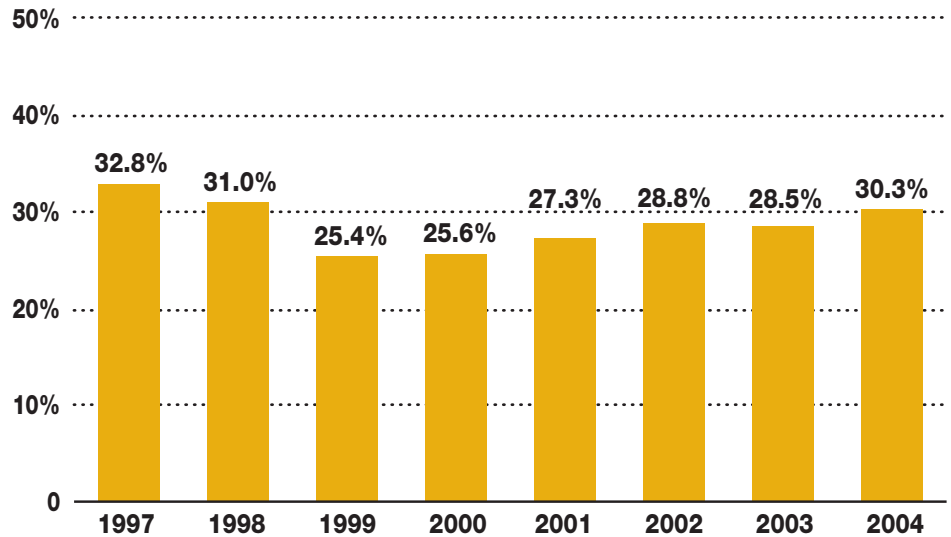
*Children need stable homes and loving families in order to thrive. Since poverty can be a factor in many of the indicators throughout this Report Card, economic stability is important for a child's well-being. Similarly, a loving and nurturing home life, free of abuse and neglect, is a protective factor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

# 3 Mixed

## Children Living in Poverty

*A rise in poverty has left an estimated 111,683 of Philadelphia's children in poverty.*

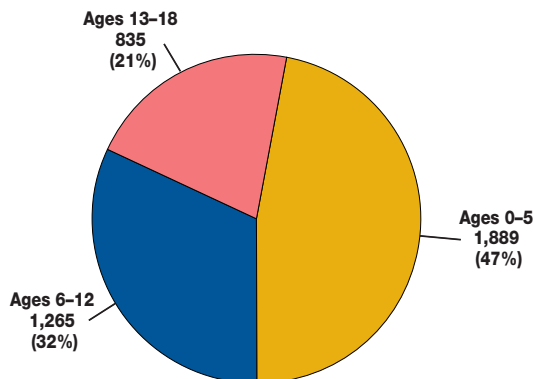
**Poverty Rate (Ages 0-17)**



In Philadelphia, child poverty is on the rise. According to U.S. Census estimates, the percentage of children living in families with incomes below the federal poverty level rose

from 25.4% in 1999 to 30.3% in 2004. In 2004, an estimated 111,683 of Philadelphia's children were living in poverty.

**Number of Homeless Children by Age Group, FY 2006**



eligible since 2000-01. (Children with family incomes less than 185% of the poverty level are eligible for free or reduced price lunches.)

Nationally, child poverty rates have increased at a slower rate, climbing from 16.6% in 1999 to 17.3% in 2004.

Other poverty indicators also raise concern.

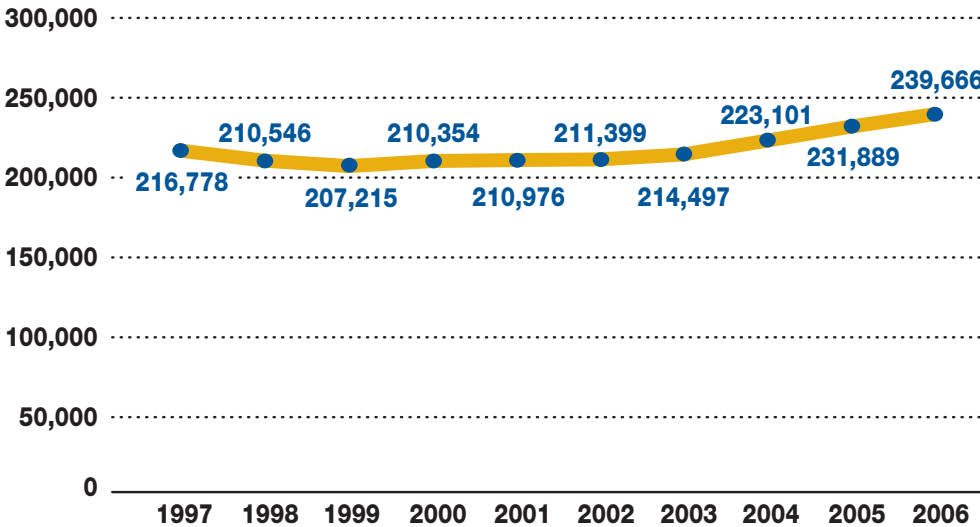
In the 2006-07 school year, 74% of Philadelphia public school students were eligible for the free or reduced price lunch programs. This is the highest percentage

The number of Philadelphia families receiving Temporary Assistance for Needy Families (TANF) decreased by 8% between 2005 and 2006 and is about half the number of families receiving TANF in 1997. While some of this reduction in caseload may be due to families achieving economic self-sufficiency, the decline in families receiving benefits may leave some impoverished families with even fewer resources to support their children.

In 2006, 3,989 children were without homes and spent at least one night in a city shelter at some point during the year. This is up 22% from 2005, which may be attributed to an increase in the capacity of shelter services in 2006.

# Children Receiving Medical Assistance

*Despite increases in enrollment in Medical Assistance and CHIP, the percentage of children without health insurance is on the rise. It is estimated that more than 25,000 children in Philadelphia were uninsured in 2006.*



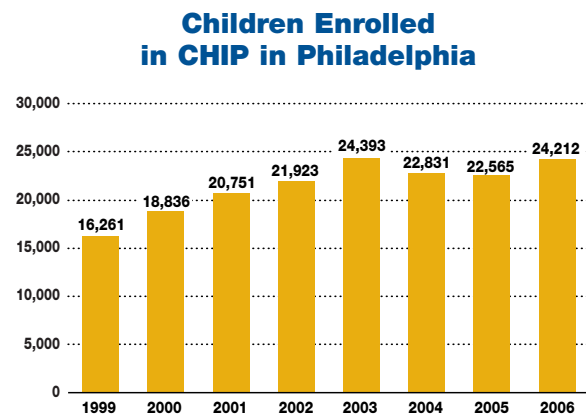
**Number of Children Receiving Medical Assistance**

Children with public or private health insurance are more likely to regularly receive appropriate health care from a stable health care provider throughout childhood. This allows children to avoid preventable illnesses, reduces costly emergency room visits and hospitalizations, improves school attendance, and reduces parental stress.

- The number of children in Philadelphia enrolled in the Medical Assistance program for low-income families increased to 239,666 in 2006. The number has risen steadily since 1999, an overall increase of 16%.
- It is unclear whether this increase results from more families becoming eligible due to changes in their financial status or from improved outreach to eligible families.
- The state Children's Health Insurance Plan (CHIP) is available to children from families who cannot afford insurance on their own

but have incomes too high for Medical Assistance. In 2006, enrollment was up 7% from 2005.

- Despite increases in enrollment in public insurance programs, the percentage of children without health insurance has doubled since 2000, reaching 7% in 2006. This increase may be due to a decline in the number of children covered by private insurance. It is estimated that more than 25,000 children in Philadelphia had no health insurance in 2006.



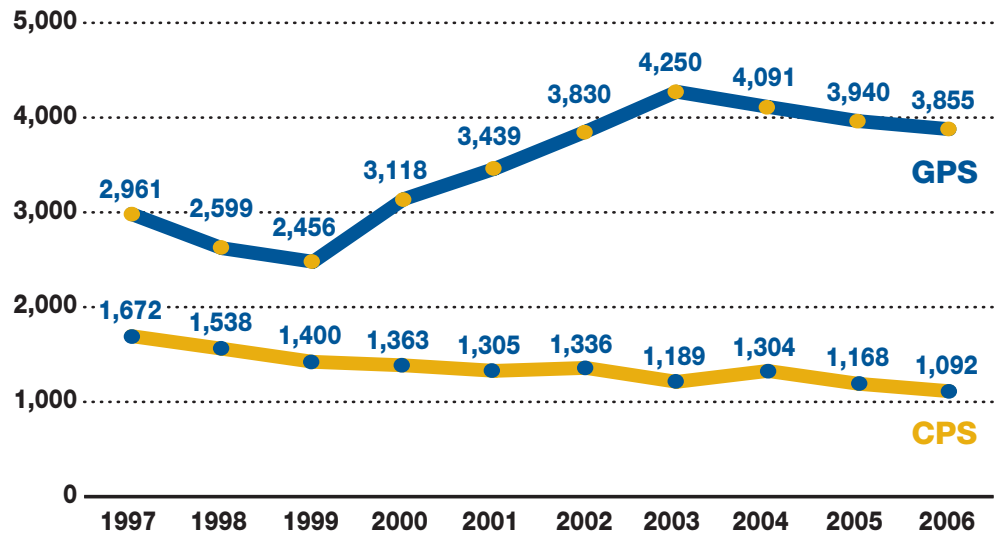
# 2

Promising

## Child Abuse

The number of substantiated cases of child abuse and neglect in 2006 was 35% lower than in 1997.

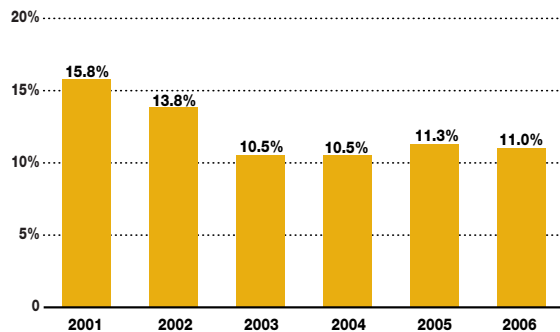
### Documented New Cases of Child Abuse and Neglect



Child abuse and neglect can have severe physical, psychological, and emotional consequences for children. Child protective services (CPS) cases are the most serious incidents of child abuse or physical neglect, including cases of sexual abuse or exploitation.

to harm, with no apparent serious physical injuries to the child.

### Percentage of Repeat Abuse Cases



- The number of new substantiated CPS cases decreased by 7% from 2005 to 2006. Since 1997, the annual number of CPS cases has declined by 35%.

- After peaking in 2003, the number of substantiated GPS cases has declined in recent years. The number of cases in 2006 was 9% lower than in 2003, but still 57% higher than the lowest number of cases in 1999.

This decline may be due, in part, to the increased availability of community-based prevention services that can have a positive impact on risk factors known to produce abusive behaviors.

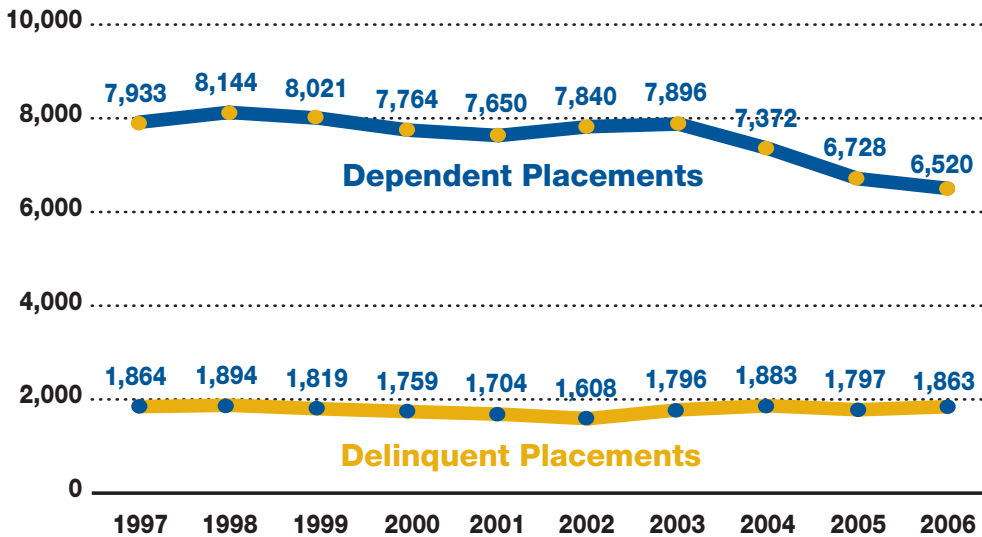
- Substantiated reabuse cases can be a measure of the success of interventions after initial abuse. In 2006, reabuse accounted for 11% of all CPS cases. Statewide, the reabuse rate was 9.6%. These percentages represent the recurrence of maltreatment of a child at any time from birth to age 18.

General Protective Services (GPS) cases primarily involve cases of neglect or potential

- Although the available data on child abuse rates warrant another rating of "Promising," the problems identified by an independent review panel of child welfare fatalities may prompt a re-examination of the data points that are analyzed in future editions of the Report Card.

# Youth in Out-of-Home Placements

*In 2006, dependent placements continued to fall, reaching the lowest level in at least a decade.*



**Youth in Out-of-Home Placements**

The Report Card tracks the number of out-of-home placements in the child welfare system (dependent placements) and the juvenile justice system (delinquent placements) as an indicator of general social conditions, and of family safety, stability, and support.

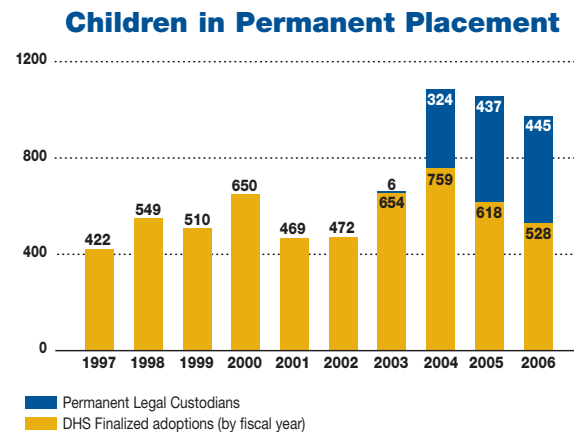
- Dependent out-of-home placements (i.e., children placed in foster care because of substantiated abuse, neglect, or other issues like truancy or incorrigibility) have fallen by 17% from 2003 to 2006, reaching the lowest number in a decade.
- Although the available data on youth in out-of-home placement warrant another rating of “Promising,” the problems identified by an independent review panel of child welfare fatalities may prompt a re-examination of the data points that are analyzed in future editions of the Report Card.
- The number of children moving into permanency through adoption and permanent legal guardianship increased dramatically between 2002 and 2004 but has declined by 10% in the past two years. In part, this decrease is a reflection of the declining population of children in out-of-home

placements. The decline also may be a reflection of increased efforts to quickly and safely reunify children with their parents or caregivers, thus reducing the number of children eligible for adoption or permanent legal guardianship.

- Currently, 16.4% of the youth in dependent placements are between the ages of 16 and 18.

These 1,071 youth will “age out” of the system in the next few years. Youth who age out of foster care often have significant difficulties transitioning to independence, because they do not have the education, support, and life skills needed to live on their own.

- Delinquent out-of-home placements (i.e., placements of youth who have committed a delinquent act and are in need of treatment, supervision, and rehabilitation) rose by 4% from 2005 to 2006.





# Report Card 2007

## CHAPTER THREE



## Healthy Behaviors

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

A Healthy Start

Stable Early Lives

Healthy Behaviors

Safe, Supportive  
Communities

Productive  
Young Adults

# Overall Rating:

**Mixed**, with inconsistent progress

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**Teen pregnancy rates:**

Promising

**Sexually transmitted diseases:**

Challenging

**Substance abuse among high school youth:**

Mixed

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

Challenging

**Healthy lifestyles:**

Mixed

# CHAPTER THREE

## Chapter Summary

The rating for the Healthy Behaviors desired result is **mixed, with inconsistent progress** this year because the key indicators present a mixed picture of the city's progress in encouraging youth to make better choices and embrace healthier options.

- The death rate for youth ages 15 to 19 rose for the third straight year, causing the rating for this indicator to be downgraded this year to challenging, with major obstacles. The death rate among 15- to 19-year-olds increased by 11% from 2004 to 2005. The 2005 rate of 99 deaths per 100,000 youth is higher than in any year since 1997.
- Pregnancy rates among Philadelphia youth have been declining over the past decade. In 2005, although the pregnancy rate for 15- to 17-year-olds continued to fall, rates for older and younger teens were on the rise.
- The chlamydia rate among teens ages 15 to 19 increased by 9% from 2005 to 2006, reaching its second highest level in the past decade.
- In contrast, the gonorrhea rate among teens ages 15 to 19 reached a 10-year low in 2006.
- In 2006, 47% of children ages 2 to 17 were overweight or at high risk of becoming overweight. This was down from 51% in 2004.

*[Note: No new citywide data on substance use among high school youth were available this year.]*

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## Why This Result Matters:

*Young people must make sound choices and maintain healthy lifestyles. Poor choices, including risky sexual activity that leads to pregnancy or sexually transmitted diseases, substance use or abuse, and physical inactivity, can have profound effects on young people's lives.*

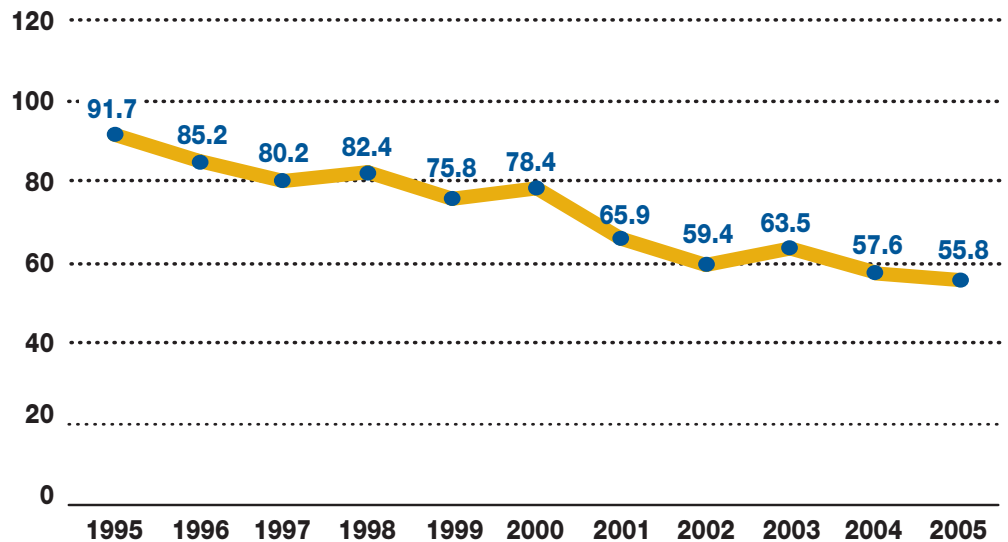
## 2

Promising

# Teen Pregnancy

*Although the pregnancy rate for 15- to 17-year-olds continued to fall in 2005, rates for older and younger teens were on the rise.*

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



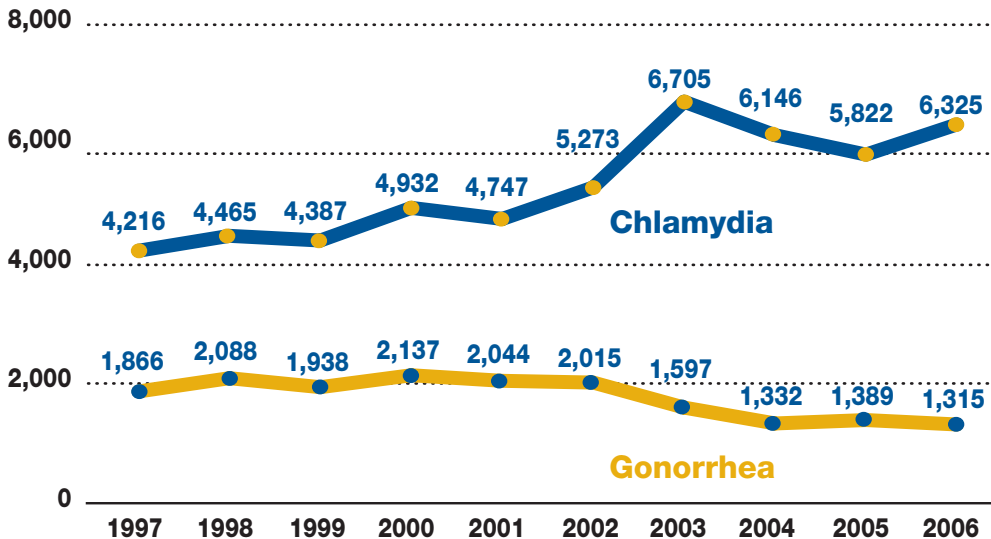
Teen pregnancy can have serious consequences for both mother and child. Teen mothers are less likely to receive adequate prenatal care and are at greater risk for dropping out of school, having limited employment options, living in poverty, and relying on public assistance. Their children are more likely to die in infancy, and to experience developmental, academic, emotional, physical, and behavioral problems.

Pregnancy rates among Philadelphia youth have been declining over the past decade. In 2005, although the pregnancy rate for 15- to 17-year-olds continued to fall, rates for older and younger teens were on the rise.

- The pregnancy rate for females ages 15 to 17 dropped to a new low of 55.8 pregnancies per 1,000 females in 2005. The pregnancy rate in this age group has fallen by 34% from 1996 to 2005.
- In contrast, the pregnancy rate for females ages 18 and 19 increased by 4% from 2004 to 2005. However, the rate of 152 pregnancies per 1000 females was still down 22% from 1996.
- Similarly, the pregnancy rate for younger teens under the age of 15 rose by 8% from 2004 to 2005. The 2005 rate of 4.0 pregnancies per 1000 females was still down by 38% from 1996.

# Sexual Health

*The chlamydia rate among 15- to 19-year-olds increased by 9% in 2006, while the gonorrhea rate reached a 10-year low.*



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

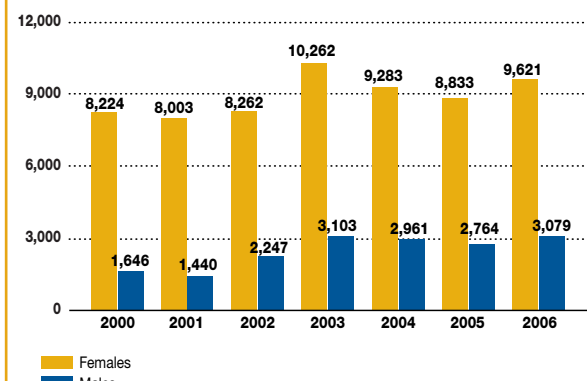
The Report Card tracks the rates of two sexually transmitted diseases (STD) among teens: chlamydia and gonorrhea. Chlamydia is an infection that, when left untreated, can lead to more serious medical conditions, including pelvic inflammatory disease. Gonorrhea is an STD that can cause painful symptoms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

- After peaking in 2003, the chlamydia rate among teens ages 15 to 19 dropped for the next two years. In 2006, however, the chlamydia rate increased by 9% to its second highest rate in the past decade: 6,325 cases per 100,000 youth.
- The gonorrhea rate among teens ages 15 to 19 reached a 10-year low in 2006. The rate of 1,315 cases per 100,000 youth is 38% lower than the peak in 2000.

Both chlamydia and gonorrhea can generally be cured with a course of antibiotics, but the treatment will not repair any long-term damage done by the diseases. Because both of these illnesses can be asymptomatic, prevention and regular screening are crucial.

- In 2006, 44,273 screening tests of teens ages 15 to 19 for sexually transmitted diseases were conducted in schools, district health centers, and other city sites, up 3% from 2005 and more than triple the number screened in 2002.

**Chlamydia Rates per 100,000 Ages 15-19 by Gender**



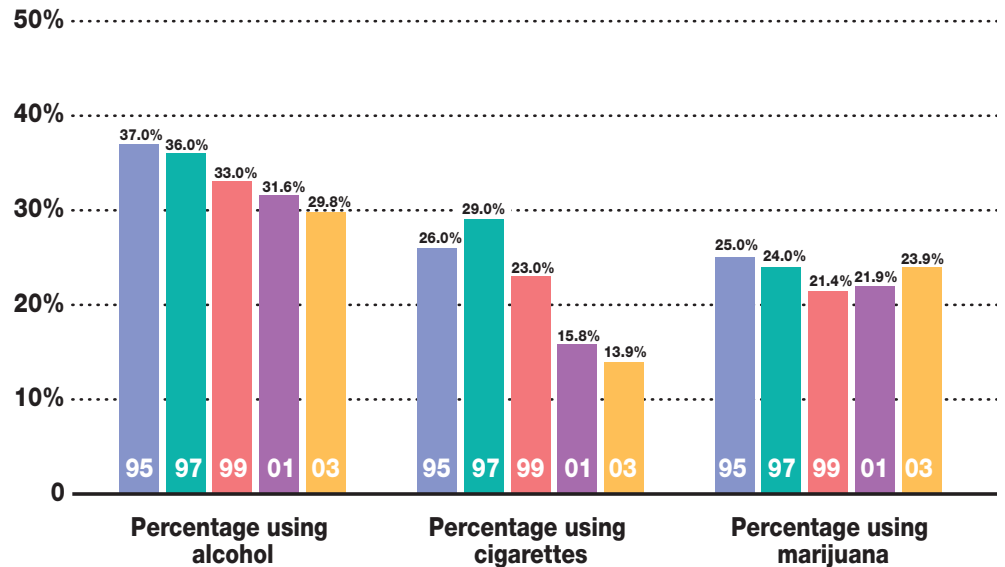
# 3

Mixed

## Substance Use

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

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



No new citywide data were available to assess substance use among high school youth this year. The data used to assess progress on this indicator come from the biannual Youth Risk Behavior Survey (YRBS). However, in 2005, 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 cannot be viewed as reflecting citywide health behavior conditions and trends.

■ 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.

Although the 2005 YRBS results cannot be compared to prior years and should not be viewed as a reflection of changes in citywide health behavior trends, they can be used to provide a snapshot of students (1,350) taking the survey. The survey showed:

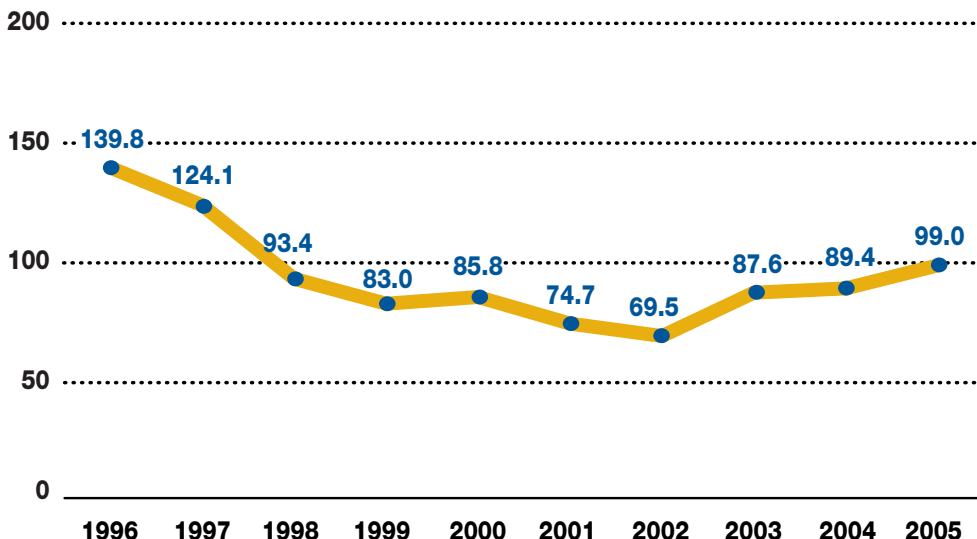
■ Ten percent of students used tobacco, 26.4% drank alcohol, and 20% used marijuana in the 30 days before taking the survey.

■ 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 to 19



*The 2005 death rate for youth ages 15 to 19 was the highest since 1997. This increase warrants a downgrade of this indicator to challenging.*



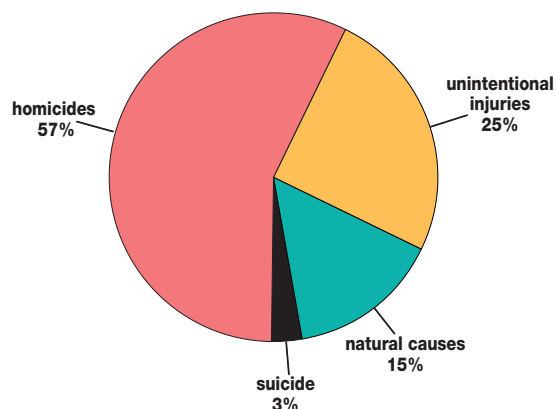
**Death Rate per 100,000 for Youth Ages 15-19**

In comparison with younger children, youth ages 15 to 19 have a much higher mortality rate. This indicator measures deaths among 15- to 19-year-olds from all causes, including unintentional injuries, suicides and homicides.

- The death rate for 15- to 19-year-olds increased by 11% from 2004 to 2005. The 2005 rate of 99 deaths per 100,000 youth is higher than in any year since 1997.
- There were 119 deaths of young people in this age group in 2005.
- This increase in deaths is due, primarily, to an increase in deaths by homicide (up 15 percentage points since 2004) and unintentional injury (up 3 percentage points from 2004).

- In contrast, the 2005 suicide rate for 15- to 19-year-olds dropped to its lowest level in 10 years, with 2.5 deaths per 100,000.
- The rate of deaths by unintentional injury, while climbing for the last three years, was still 21% lower than the rate in 1996.
- The leading cause of death among 15- to 19-year-olds in Philadelphia was homicides, which accounted for 57% of deaths.

**Causes of Death in 2005 Ages 15-19 (119 total deaths)**



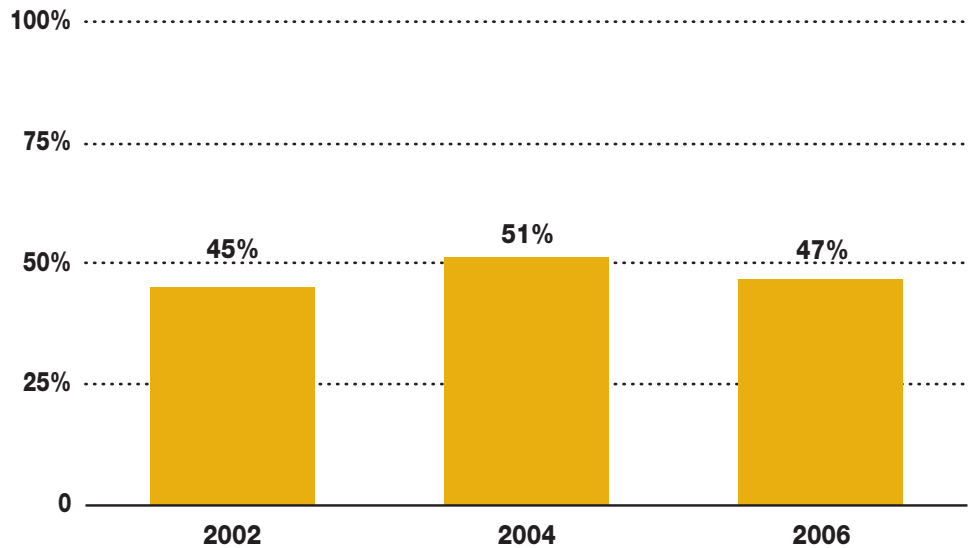
3

Mixed

# Healthy Lifestyles

*Forty-seven percent of Philadelphia children were overweight or at high risk of becoming overweight in 2006.*

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



A healthy diet and regular physical activity are both important for maintaining a healthy body. Regular physical activity can also enhance psychological well-being, helping youth to reduce stress and combat feelings of depression and anxiety.

- A 2006 survey of parents in Philadelphia found that 22% of children ate four or more servings of fruit or vegetables per day. Thirty-five percent of children ate at fast food restaurants at least twice a week.
- Parents reported that 66% of children participated in physical activity for at least 30 minutes four or more times per week in 2006.

- The survey found that 47% of Philadelphia children ages 2 to 17 were overweight or at high risk of becoming overweight (ie., scoring at the 85th percentile or higher on the Body Mass Index) in 2006. This was down from 51% in 2004.
- Overweight children are at risk for a number of serious health conditions, including Type-2 diabetes, high blood pressure, and high cholesterol. They may also suffer from social stigmatization, discrimination, rejection by peers, and lowered self-esteem.



# Report Card 2007



# Report Card 2007

## CHAPTER FOUR



## Safe And Supportive Communities

Children and Youth Live in Safe and Supportive Communities and Environments

A Healthy Start

Stable Early Lives

Healthy Behaviors

Safe, Supportive Communities

Productive Young Adults

# Overall Rating:

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

---

**Juvenile victims of crime:**

Problematic

**Homicide victims ages 7-24:**

Challenging

**Juvenile arrests:**

Challenging

**Assaults inside public schools:**

Problematic

**Youth development opportunities:**

Promising

# CHAPTER FOUR

## Chapter Summary

With homicides, gun violence, violent victimization and juvenile arrests on the rise, considerable work will need to be done before the desired result of safe and supportive communities is achieved. This desired result continues to receive the lowest rating possible, **problematic, with a long way to go**.

- In 2006, 179 young people ages 7 to 24 were homicide victims. This represents a 20% increase from 2005, and it is the highest number of young people killed in one year in Philadelphia in the past decade.
- The increase is due to a 23% rise in homicides of young people between the ages of 18 and 24, from 125 in 2005 to 154 in 2006.
- Firearms were used in 94% of the homicides of 7- to 24-year-olds.
- The number of juveniles victimized by violent crime increased 6% from 2005 to 2006, reaching the highest level in nine years.
- Juvenile arrests for Part 1 Major Crime offenses were also on the rise, increasing by 12% from 2005 to 2006. The number of juveniles arrested on firearms charges increased by 27% during that time period.

Two indicators did show some improvement, however.

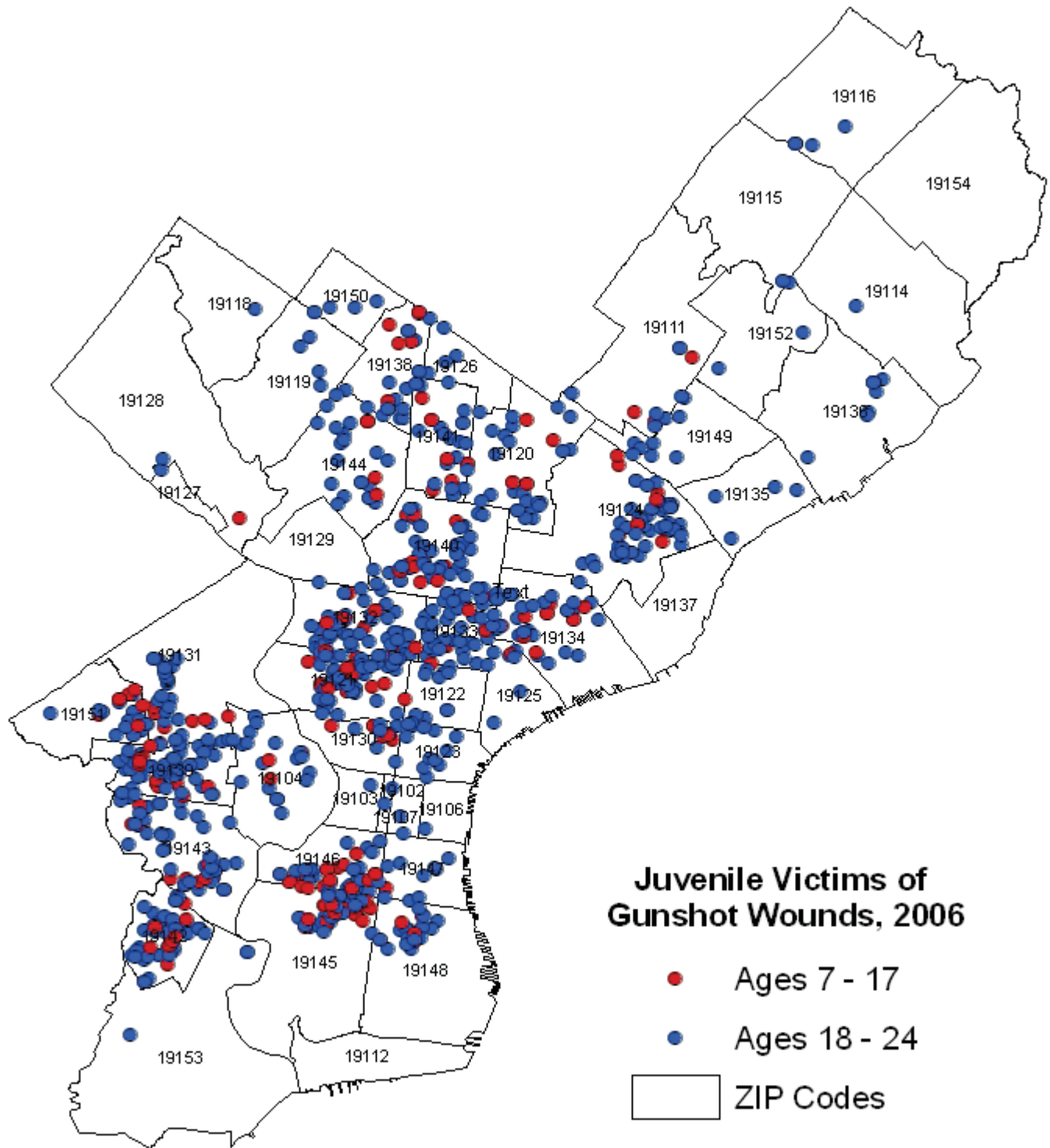
- After climbing from 1997-98 to 2004-05, the rate of reported assaults inside public schools has declined by 14% over the last year.
- The number of city-supported afterschool and youth development opportunities increased by 14% in the 2006-2007 fiscal year to 48,263. This represents a more than six-fold increase in city-supported opportunities since 1999-2000.

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## Why This Result Matters:

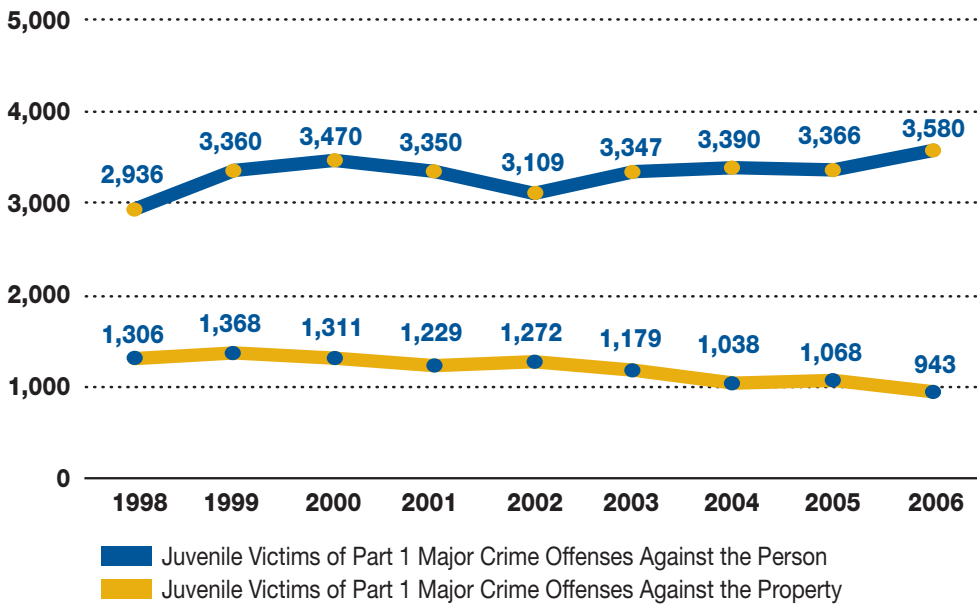
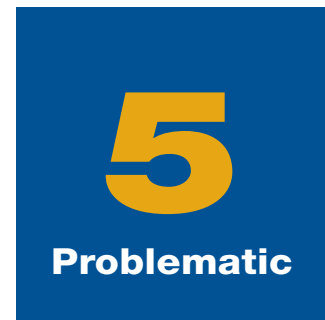
*When children and youth are exposed to crime and violence, many aspects of their well-being are affected including their health and educational performance. Additionally, they are more likely to engage in high-risk and delinquent behavior.*

# Juvenile Victims of Gunshot Wounds by Age Group, 2006



# Juvenile Victims of Crime

*In 2006, the number of juveniles victimized by violent crime reached the highest level in nine years.*



**Juvenile Victims of Part 1 Major Crime Offenses**

This indicator measures the number of juvenile victims of Part 1 Major Crime offenses, including property crime offenses (burglary, theft, and vehicle theft) and violent crime (murder, rape, robbery, and aggravated assault). Violent crime victimization can have serious repercussions for children and youth, increasing their risk of mental health problems, health issues, substance abuse problems, and difficulties in school. Teenagers who are victims of violent crime may be more likely to commit violent criminal offenses themselves.

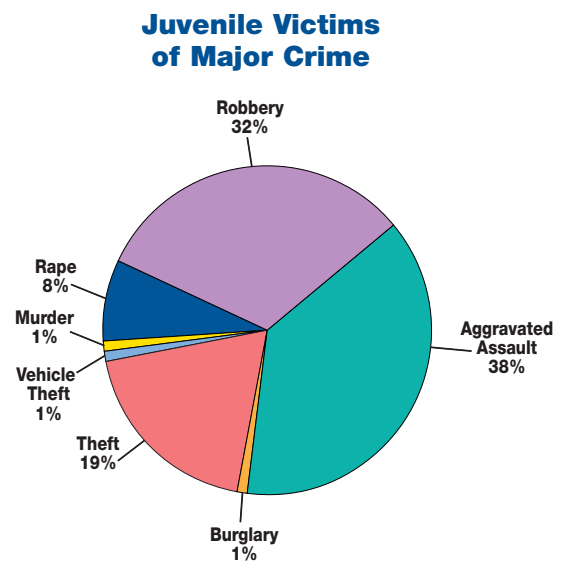
Although there was an overall 2% increase from 2005 to 2006 in the number of juveniles under age 18 victimized by major crime, when broken out by violent and non-violent crimes, trends differ.

■ The number of property crime offenses against juveniles fell by 12% from 2005 to 2006 and has fallen 31% since 1999.

■ The number of juveniles victimized by violent crime increased 6% from 2005 to 2006, reaching the highest level in nine years.

■ The most commonly reported crimes against juveniles in 2006 were aggravated assault (38% of juvenile victimizations) and robbery (32% of juvenile victimizations).

The number of juvenile victims of aggravated assault increased by 10% from 2005 to 2006, reaching the highest level in nine years. Similarly, juvenile robbery victimization increased by 7% from 2005 to 2006, reaching its highest point since 1999.

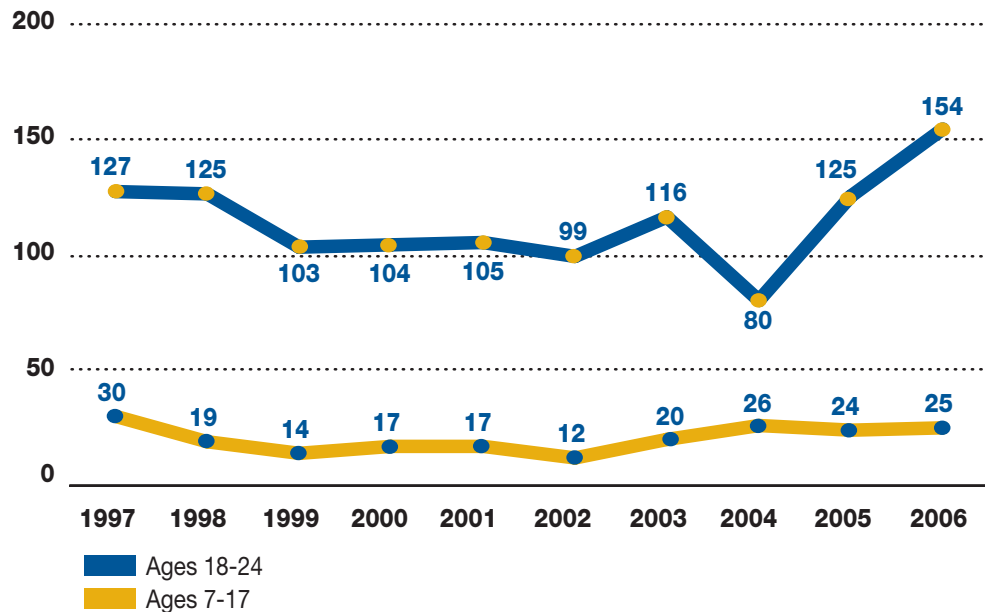


# 4 Challenging

## Homicide Victims

The number of youth homicides in 2006 was the highest in a decade, due to a 23% rise in homicides of young people ages 18 to 24 between 2005 and 2006.

**Homicide Victims Ages 7-24**



For the second year in a row, the number of homicide victims ages 7 to 24 in Philadelphia has risen significantly. This warrants a downgrade to a rating of challenging.

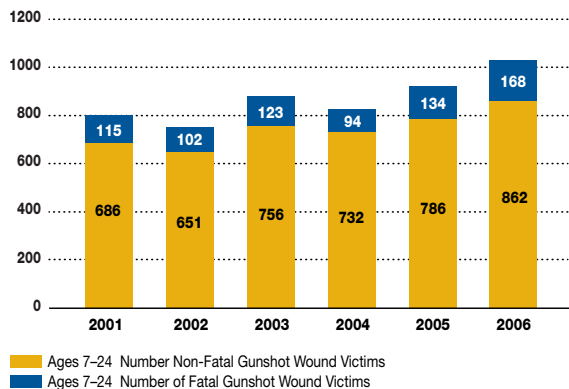
The increase is due to a 23% rise in homicides of young people between the ages of 18 and 24, from 125 in 2005 to 154 in 2006.

Firearms were used in 94% of the homicides of 7- to 24-year-olds.

For every young person that died from gunshot wounds in 2006, five others suffered gunshot injuries but survived.

There were 1,030 gunshot victims ages 7 to 24 in 2006, an average of about 2.8 gunshot victims per day. This is a 12% increase from 2005, and it is the highest number of victims in one year since the Report Card began tracking these data in 2001.

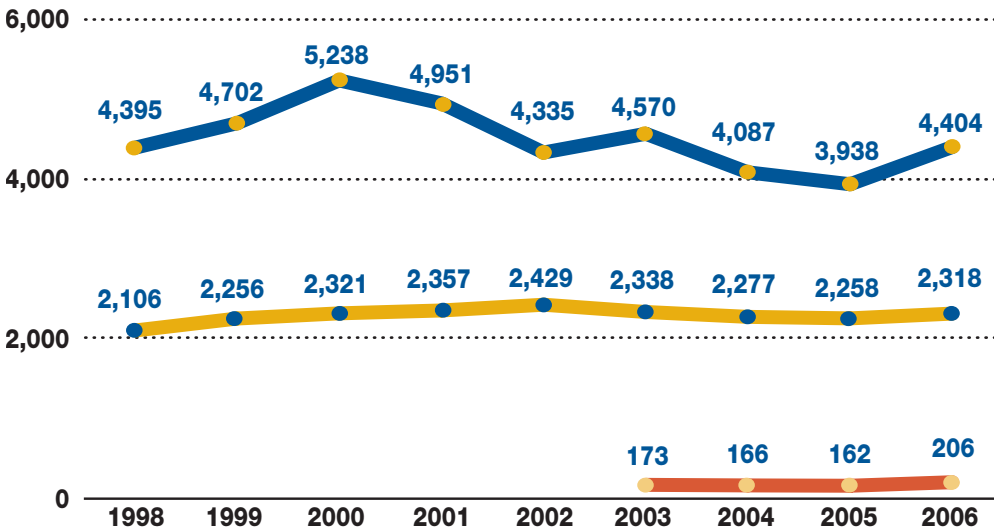
**Total Number of Gunshot Wound Victims, Ages 7-24**



In 2006, 179 young people ages 7 to 24 were homicide victims. This represents a 20% increase from 2005, and it is the highest number of young people killed in one year in Philadelphia in the past decade.

# Juvenile Arrests

After decreasing over the previous two years, the number of juvenile arrests for Part 1 Major Crime offenses increased by 12% from 2005 to 2006.



**Juvenile Arrests for Part 1 Major Crime, Drug-Related, and Firearm Offenses**

- Juvenile Arrests for Major Crime Offenses
- Juvenile Arrests for Drug-Related Offenses
- Juvenile Arrests for Firearms

Part 1 Major Crime offenses include murder, rape, robbery, aggravated assault, burglary, theft, and vehicle theft. After decreasing over the previous two years, the number of juvenile arrests for Part 1 Major Crime offenses increased by 12% from 2005 to 2006.

Robbery was the most common Part 1 Major Crime offense among juveniles (accounting for 27% of juvenile arrests), followed by theft (26% of juvenile arrests) and aggravated assault (21% of juvenile arrests).

After declining in 2004 and 2005, the number of juvenile arrests for firearms violations increased by 27% from 2005 to 2006.

After decreasing the last three years, the number of arrests of juveniles for drug-related offenses increased by 3% from 2005 to 2006. Drug-related offenses include the possession, sale, manufacture, or abuse of illegal drugs, including narcotics, marijuana, and cocaine. 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.

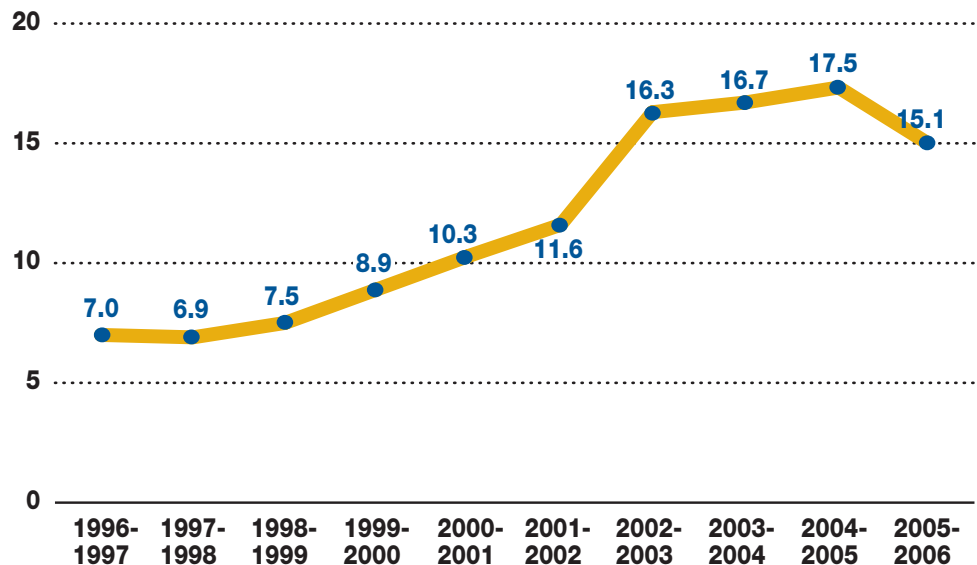
5

Problematic

# School Safety

*After climbing from 1997-98 to 2004-05, the rate of reported assaults inside public schools has declined by 14% over the last school year.*

## Rate of Assaults per 1,000 Students in Public Schools



Schools must be a safe haven for children, where they can be free to learn without the intimidation, fear and disruption of violence and criminal activity. Students that are victimized at school are at a heightened risk for depression, adjustment difficulties, truancy, poor academic performance, dropping out of school, and violent behaviors.

■ Data provided by the School District of Philadelphia show that after climbing from 1997-98 to 2004-05, the rate of reported assaults inside public schools has declined by 14% over the last year, decreasing from 17.5 assaults per 1,000 students in 2004-05 to 15.1 assaults per 1,000 students in 2005-06.

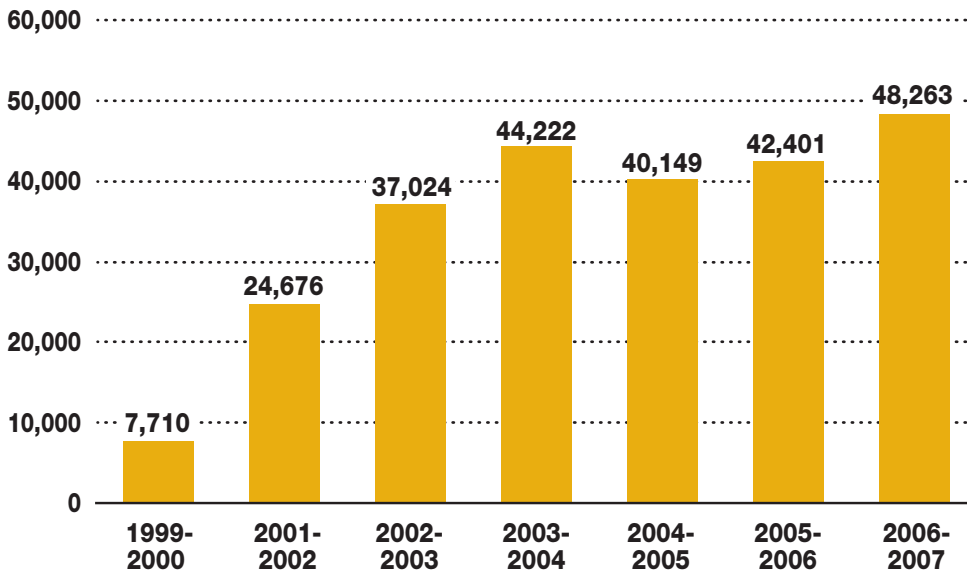
■ Even so, the rate of assaults in 2005-06 was more than double the rate reported in 1997-98. In the 2005-06 school year, 2,717 assaults were reported.

■ These numbers can be difficult to interpret, however, because they can be affected by changes in enforcement and in the documenting and reporting of incidents.

■ Reported gun-related incidents in public schools declined by 18% from 2004-05 to 2005-06, but the number was still up 68% from 2000-01. The majority of gun-related incidents in schools involved BB guns.

# Youth Development Opportunities

*The number of city-supported afterschool and youth development opportunities increased to 48,263 in fiscal year 2006-07.*



**Number of City-Supported Afterschool and Youth Development Opportunities**

Researchers have found that increased participation in afterschool programs and other positive youth development activities leads to lower juvenile crime and victimization, higher student achievement and school attendance, and reduced exposure to situations leading to risky behavior, such as substance abuse.

■ A recent parent survey revealed that the percent of children ages 6 to 12 involved in afterschool activities increased from 47% in 2004 to 54% in 2006.

In 2001, the City of Philadelphia launched the Children's Investment Strategy, an effort to improve the health, safety and academic outcomes for Philadelphia's children and youth through effective and creative youth development and afterschool programs.

■ The number of youth development opportunities delivered through the City's

Children's Investment Strategy, including Afterschool Programs, Beacon School Programs, Teen Centers, and youth employment opportunities, increased by 14% in the 2006-2007 fiscal year to 48,263.<sup>2</sup> This represents more than a six-fold increase in city-supported opportunities since 1999-2000.

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 2,768 youth in 2005-06. Five hundred and forty of these youth participated for the first time in the 2005-06 year.

■ There were 3,972 teenagers (aged 13 and older) who participated in Beacon Programs in FY 06.

<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.

Report Card 2007



# Report Card 2007

## CHAPTER FIVE



## Productive Young Adults

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

A Healthy Start

Stable Early Lives

Healthy Behaviors

Safe, Supportive  
Communities

Productive  
Young Adults

# Overall Rating:

**Mixed**, with inconsistent progress

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

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

**Ninth graders dropping out:**  
Promising

**School attendance:**  
Mixed

**College entrance examination scores:**  
Problematic

# CHAPTER FIVE

## Chapter Summary

The rating for this desired result is **mixed, with inconsistent progress**. While considerable progress has been made on some indicators of educational quality, such as dropout rates, results for other indicators are less encouraging.

- In comparison with 2004-05, math scores increased for grades 3 and 11, while dropping for grades 5 and 8. However, in comparison with scores in the 2000-01 school year, math scores have increased for all of the key grade levels.
- In comparison with 2004-05, reading scores increased for grades 3, 8, and 11, while dropping for grade 5. In comparison with scores in the 2000-01 school year, reading scores have increased for grades 5 and 8, but have decreased for grade 11.
- Despite improvements over the past several years, less than half of all 5th, 8th, and 11th graders have scores that demonstrate proficiency in math or reading.
- The average SAT® score for Philadelphia public school students was the lowest in a decade in 2005-06. This decline may be due, at least in part, to the increased number of students taking the SAT®.
- After improving over the previous two years, the on-time graduation rate declined by three percentage points in 2005-06.
- The dropout rate improved for the sixth year in 2005-06, warranting an upgrade in the rating for this indicator to promising, with some progress. The dropout rate has fallen from 31.2% in 1999-2000 to 23.0% in 2005-06.
- The public school attendance rate changed only slightly in 2005-06. On an average day 9.6% of students were absent without an excuse.

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### 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.*

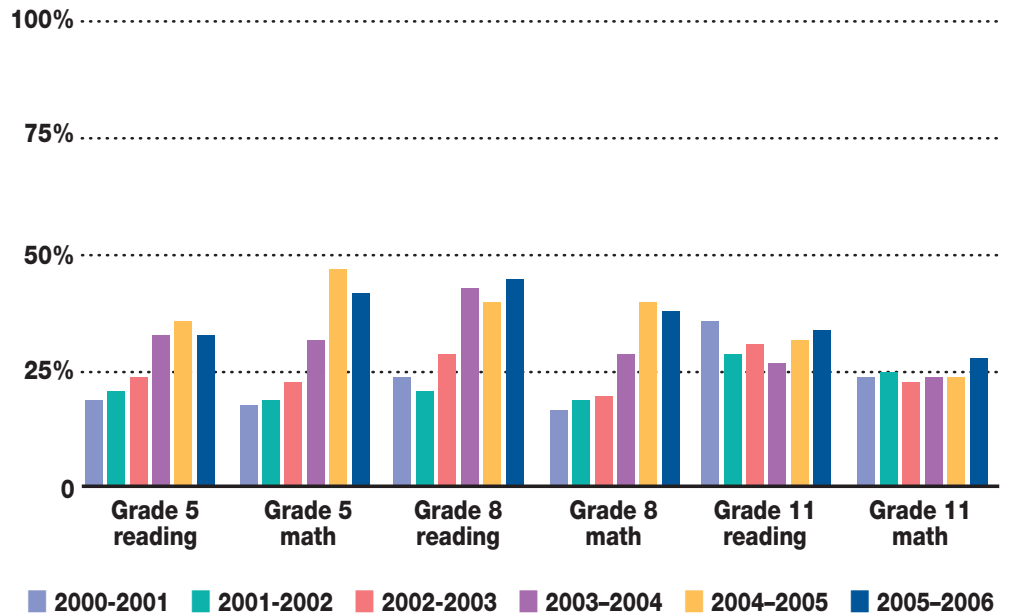
3

Mixed

# Standardized Testing

*Despite improvements, less than half of all 5th, 8th, and 11th graders have scores that demonstrate proficiency in math or reading.*

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



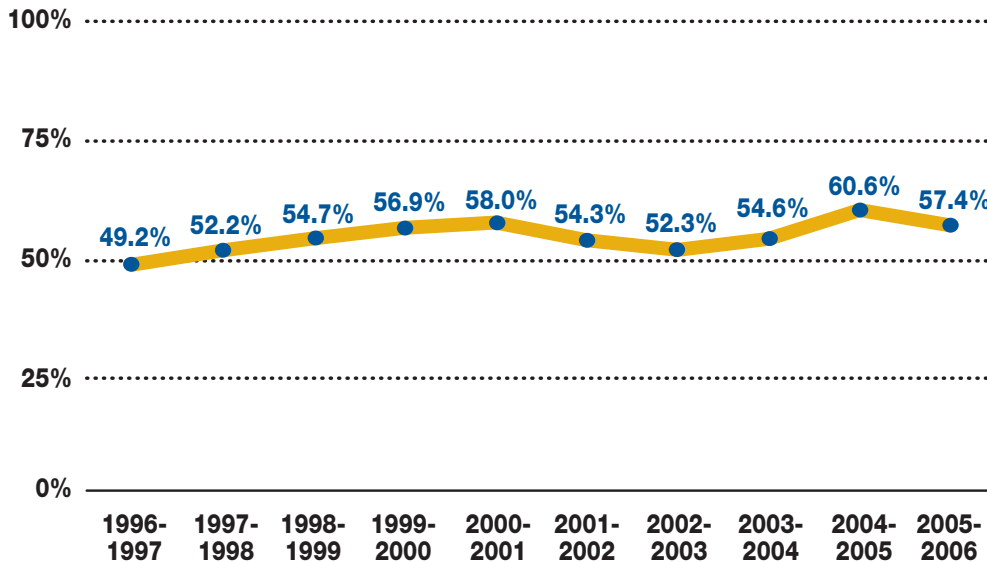
The PSSA is a statewide test designed to assess the achievement of students and schools in reading and mathematics.

- The percentage of 5th graders scoring Advanced or Proficient on the PSSA rose considerably from 2000-01 to 2004-05 (from 18% to 35% for reading and from 17% to 46% for math). Unfortunately, that progress has not continued. In 2005-06, the percentage of 5th graders scoring Advanced or Proficient in reading dropped to 32% and in math to 41%. A similar decline was found statewide.
- The percentage of 8th graders scoring Advanced or Proficient on the PSSA in reading continued to rise, up from 23% in 2000-01 to 44% in 2005-06. In math, however, after rising from 16% scoring Advanced or Proficient in 2000-01 to 39% in 2004-05, the percent dropped in 2005-06 to 37%.

- Although the percentage of 11th grade students scoring Advanced or Proficient on the PSSA in reading declined from 2000-01 to 2004-05, the percentage increased from 2004-05 to 2005-06, rising from 31% to 33%. Some improvement has also been seen in 11th grade math results, with scores rising from 23% in 2000-01 to 27% in 2005-06.
- The PSSA test was administered to 3rd graders for the second time in 2005-06, and some improvement was seen. Fifty-eight percent of students scored Advanced or Proficient in math (in contrast with 52% the year before) and 41% scored Advanced or Proficient in reading (in contrast with 37% in 2004-05).

# High School Graduation

*After improving over the previous two years, the on-time graduation rate declined by three percentage points in 2005-06.*



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

A high school education is crucial preparation for today's world. It is a minimum requirement for most good jobs, and it allows students to gain access to higher education. This indicator measures the percentage of public school students who complete graduation requirements within four years.

- Data provided by the School District of Philadelphia indicate that, after improving over the previous two years, the percentage of first-time 9th graders who graduated in four years declined in 2005-06, dropping from 60.6% in 2004-05 to 57.4%.
- Despite the two-year decline, the on-time graduation rate in 2005-06 still was eight percentage points higher than the low of 49.2% in 1996-97. However, according

to a recent report released by the Pennsylvania Department of Education,<sup>3</sup> when graduation rates are examined without limiting the timeframe to within four years, 66% of Philadelphia's students graduated in 2005-06

- It should be noted that more rigorous promotion standards were instituted in 2001-02, resulting in a two-year decline in rates.
- A recent review of on-time graduation rates in the Philadelphia public schools from 2001 to 2005 found that female students were more likely to graduate on time than males, and that Asian students were most likely to graduate on time, followed by Caucasians, African-Americans and Latinos.<sup>4</sup>

<sup>3</sup> Pennsylvania Department of Education (2006). Academic Achievement Report 2005-06. [Available: [http://www.paayp.com/report\\_cards/PA/RC06D126515001.PDF](http://www.paayp.com/report_cards/PA/RC06D126515001.PDF)]

<sup>4</sup> Neild, R. and Balfanz, R. (2006) Unfulfilled Promise: The Dimensions and Characteristics of Philadelphia's Dropout Crisis, 2000-2005. Johns Hopkins University. [www.csos.jhu.edu/new/Neild\\_Balfanz\\_06.pdf](http://www.csos.jhu.edu/new/Neild_Balfanz_06.pdf).









































