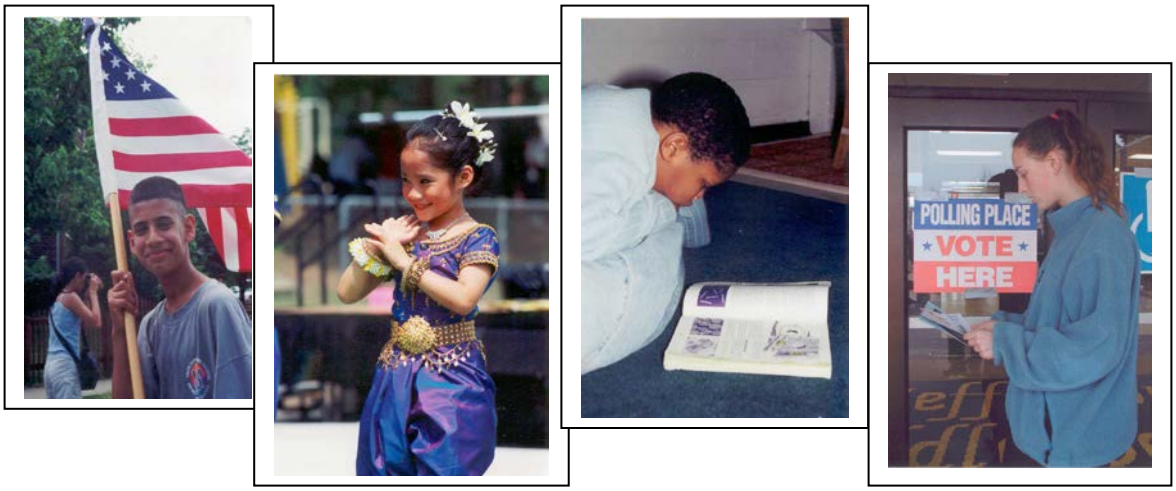
Community Report Card *on the* Status of Children, Youth and Families, Arlington County Virginia



The Arlington Partnership for Children, Youth, and Families
November 2003

In 1999, the County Board and School Board created the Arlington Partnership for Children, Youth, and Families. This permanent, community-led advisory group brings individuals from throughout the community together with School and County staff. The members of the Partnership work to develop an agenda for creating a safe, supportive, and caring environment for Arlington children and their families.

The Partnership is made up of 24 people: 16 community members and 8 senior-level staff representing School and County agencies involved with children, youth, and families. The work of the Partnership is supported by four staff: a coordinator, a data analyst, an assets liaison and a teen calendar coordinator for the Get Real Web site, www.getrealnow.net.

To learn more about the Partnership, go to www.arlingtonpartnershipforyouth.org, contact Anne Vor der Bruegge, Coordinator, at (703) 228-1667, or write to us at Arlington Partnership for Children, Youth, and Families, 3033 Wilson Blvd. Suite 600A, Arlington VA 22201

Cover Photos (from left to right): Adriana Torres, Albert Hernandez, Abdul Azeem, and Juan Jose Rivera.

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Foreword

A message from the Chair of the Arlington County Board and the Chair of the Arlington County School Board

We are very pleased to present this Community Report Card, a new and important tool for assessing the status of children, youth, and families in our community. It was developed by the Partnership for Children, Youth, and Families, an advisory group of committed citizens, county government and school system staff that was created by the Arlington County Board and the Arlington County School Board in December 1999.

We asked the Partnership to provide advice and recommendations to the Boards for ways to improve the health, well-being, and safety of children, youth, and families. More specifically, we asked the Partnership to help the community develop goals, objective measures of success in reaching those goals, and to review and disseminate data on a continual basis on the status of children, youth, and families.

Good decisions rest on good data. This report card pulls together a broad and up-to-date set of statistics on the well-being of young people and their families in our community. We expect that many organizations, agencies, and individuals will find this report card (and its successors) an indispensable source of information for guiding their programs, policies, and initiatives.

This report is for the entire Arlington community because Board members and the Partnership believe that widespread community involvement is essential for building a strong developmental foundation for young people. This is a central tenet of the Assets Framework that was adopted by both the Arlington County School Board and the Arlington County Board. This framework identifies the experiences, opportunities, and relationships that communities must provide for the positive development of young people. The Assets Framework clearly acknowledges the crucial role that families play in the lives of children. The model emphasizes that, in addition, young people need the support of other responsible adults, organizations, and their peers to have the "assets" that they need to become caring, responsible, and healthy adults.

Cynthia Gasch

The report card shows that there is much to celebrate in Arlington. It also identifies areas of concern. We hope that you will join us in giving thoughtful consideration to this report card and work with us to make Arlington County a safe, supportive, caring community for all its young people and their families.

Paul Ferguson
Chair, Arlington County Board

Frank Wilson
Chair, Arlington County School Board

Preface

A message from the Chair, Arlington Partnership for Children, Youth, and Families

The Partnership for Children, Youth, and Families developed this community report card to create an ongoing and comprehensive source of information on the well-being of young people in Arlington County. The report card is our response to an important challenge that the County and School Boards set for the Partnership when it was created: "to review and disseminate data…on a continual basis on the status of children, youth, and families in Arlington County."

County leaders and community members can use the data found in this report card to learn more about the lives of young people in Arlington, to set priorities for promoting the well-being of youth, and to track progress in each area.

The report card pulls together new and existing information from a variety of sources. Some of the data has only been collected in the past two years, notably data on the level of "assets" or developmental building blocks reported by young people in Arlington. Some of the data has been available for years but was not easily accessible. The indicators are drawn from surveys of youth, birth certificates and vaccination records, and County and school databases.

The information is found in a series of 80 indicators that together provide a broad and objective statistical portrait of our youth. These indicators are organized into four areas:

- Starting Healthy, Staying Healthy
- Stable and Secure Families
- Educational Readiness and Success
- A Safe, Supportive Community

After the publication of this report, the Partnership will begin work on another important challenge set by the Boards: to facilitate community involvement in the development of targets for the health, well-being, and safety of children, youth, and families. The Partnership will sponsor a series of community meetings to set ambitious but attainable targets for selected indicators.

We plan to update this report card about every three years. We chose that time frame after careful deliberation. Most complex issues involving children and youth require study and research before choosing a solution. And effective solutions often take time to work. We think three years gives our community time to address issues thoughtfully and intentionally and perhaps to see some progress. But meaningful changes may take longer.

We look forward to working with the community to better the status of our youth. To learn more about the upcoming community meetings, contact Anne Vor der Bruegge, Partnership Coordinator at (703) 228-1667. For questions about the data, contact Amy Graham, Data Coordinator, at (703) 228-1668. You can also learn more at our Web site, www.arlingtonpartnershipforyouth.org.

Sharon Davis
Chair, Partnership for Children, Youth, and Families

Summary

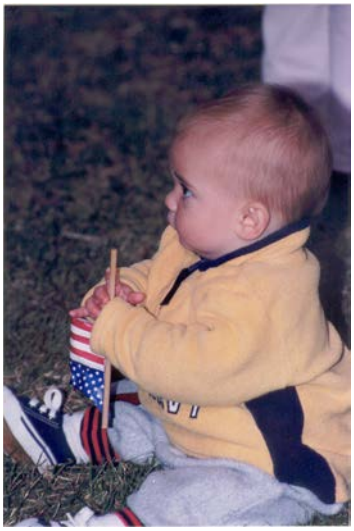
This is the first report card on the status of Arlington's young people produced by the Partnership for Children, Youth, and Families. The report card provides:

- The first comprehensive statistical portrait of Arlington youth, combining data from surveys, community organizations, and State archives into one publication;
- A complement to more informal – but essential – methods of communicating the concerns of families. The data shown here do not replace individual voices, letters, focus groups, or conversations. They do, however, help us to understand how widespread are the problems or concerns expressed in these forums; and
- A mechanism for the Partnership and other community organizations to monitor progress in enhancing the safety and well-being of Arlington's young people.

Starting Healthy, Staying Healthy

This set of indicators contains "good news" in declines in teen births and increases in the percent of two-year-olds who receive basic immunizations on time. For many of the other indicators, only one year of data is available and therefore it is more difficult to characterize. Areas of concern include depressive symptoms and/or suicide attempts, early initiation of alcohol use and sexual activity, and use of harmful substances, found to be equally prevalent among girls and boys. Finally, for most of the indicators, the data show disturbing disparities for particular subsets of youth – disparities that show that babies of less well-educated mothers are less likely to have a healthy start in life, that high school girls are less likely to exercise and pass physical fitness tests than other youth, and that children in some neighborhoods (defined by elementary school attendance areas) are less likely to be vaccinated on time.

Stable and Secure Families



Antonio Paz

About one-third of babies in Arlington are born into families in which the mother lacks many supports that help young children to thrive. For teen mothers, obtaining a high school credential is challenging. Many are not in school when they become pregnant and only about half return or stay in school. For the few able to enter the Alternatives for Parenting Teens program, completion of school is more likely – about 75 percent who enter finish the year -- and the program benefits children and parents in other ways as well. Three other indicators – percent of families eligible for free and reduced lunch (a measure of poverty), cases of founded child abuse, and need for child care subsidies - show little change over time. However, two of these indicators (cases of abuse, need for subsidies) may underestimate what they are intended to measure. We have a single data point on housing need – about 16 percent of families with children pay 40 percent or more of their income for housing, leaving them at risk for lack of funds for other necessities. Finally, many older teens in Arlington lack the family support, good communication, or clear boundaries that promote positive development.

Educational Readiness and Success

Based on many commonly used metrics of "success," young people attending Arlington Public Schools are doing well. Most children attend preschool of some type, enhancing their readiness, performance on tests exceeds national norms or state averages, and community support is strong. Areas of more concern are the known disparities in educational outcomes by race or income. These disparities are evident in a number of indicators, including enrollment in advanced courses, plans for college, and suspensions. In addition, many young people in Arlington – particularly boys - are not developing the commitment to learning (as measured by things like motivation to do well in school and time spent on homework) that are key to positive development and life-long learning.

A Safe, Supportive Community

Serious injuries (resulting in hospitalization or death) of children in Arlington fell steadily from 1998 to 2001 but the pattern for children age four and under was mixed. Arrests of young people residing in Arlington fell markedly between 1998 and 2001, especially for larceny, vandalism, and narcotics. We lack trend data on other aspects of community life. But surveys of Arlington youth suggest that, particularly for boys, hitting people, shoplifting, and other problem behaviors are far too common. Nearly 40 percent of young men report committing repeated violent acts and 45 percent hit someone in the previous year.

Approach

Many of the pressing concerns of Arlington's families and young people are neither new nor unique to our community. We took advantage of that fact and built on the wisdom and experience of earlier efforts to better understand the status of young people in our community. We developed this set of indicators from the recommendations of three community work groups (concerned with school readiness and success, activities for youth, and access to health and mental health services for children), a review of other local, state, and Federal report cards, and our knowledge of the Assets Framework, a research-based list of key developmental "building blocks" that all children need to become healthy, productive, and caring adults.

Next Steps

We plan to enhance future report cards in two ways:

- Creating new indicators to round out our portrait of youth; and
- Adding community targets (i.e. goals) for selected indicators.

Recommendations for new indicators appear at the end of the report. Most of these concern young children and/or the areas of health and family support and stability. In all cases, good examples of ways to collect this data can be found at the national level or in other communities.

The process for setting targets will have two steps: identifying the most important indicators in each area and then setting an ambitious yet feasible target for those selected. We plan to have community members and County and school system staff work together on these important tasks.

Introduction

This community report card contains a broad set of statistics on the status of children, youth, and their families in Arlington, Virginia. The Partnership for Children, Youth, and Families, which developed this report, plans to update it about every three years. Over time, the report card will give the community an important tool for monitoring our progress in improving the safety, health, and well-being of our young people.

This report contains data on approximately 80 indicators organized into four broad areas:

- **Starting Healthy, Staying Healthy:** These indicators look at how well our community is doing in giving children a healthy start in life, helping youth maintain health with access to medical care, and encouraging young people to adopt sound exercise and nutrition habits, as well as avoid behaviors that harm their health.
- **Stable and Secure Families:** This set of indicators examines how well our community is doing at helping families achieve stability and security. When families lack adequate housing, economic security, parenting skills, and opportunities to improve those skills, or affordable and high-quality child care, children suffer the consequences.
- **Educational Readiness and Success:** The indicators in this category measure how well the community is doing to ensure that children are well-prepared to start school, to succeed at every level, and to transition easily to work or post-secondary education. This is not just a matter of test scores. At the community level, educational success also rests on things such as screening children for conditions that interfere with learning, and instilling young people with the desire and skills to continue to learn after they complete their formal education.
- **A Safe, Supportive Community:** These indicators look at how safe and supportive the community is for young people. This means giving young people the time and attention of adults who model caring and responsible behavior. It also means giving young people meaningful opportunities to contribute to their communities through volunteer work, the creative arts, recreation, and employment.

How did we choose these categories and indicators? The four categories are found in most community report cards, reflecting a broad consensus on what matters in the lives of children. Each category includes data on more than one indicator or "measure of success" because no single statistic can capture the complex nature of youth development. We chose specific indicators based on expert advice, a review of other local, state, and Federal report cards on the status of youth, and a review of the Assets Framework.

We remind our readers that these indicators are *not* statements about the performance of any particular agency, school, or organization. Rather, taken together, they provide a snapshot of the status of youth who reside in our community. Taken further, they measure the success of the *collective* efforts of the entire community in making Arlington a place where children and families can thrive.

Starting Healthy, Staying Healthy

Introduction

How many of our infants get off to a healthy start in life? Do all children in Arlington have access to the health care services they need for proper growth and development and early identification of problems? What proportion of our youth are adopting healthy lifestyles? This set of indicators attempts to answer these questions. These indicators also relate to a primary goal of the Partnership – access to physical and mental health care.

Indicators

- Healthy start index
- On-time immunizations for two-year-olds
- Timing of last physical
- Regular exercise
- Physical fitness test results
- Initiation of risk behaviors
- Sexual behavior
- Teen births
- Depressive feelings and suicidal intentions
- Use of harmful substances

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Key Findings

- Since 1990, the proportion of births to Arlington residents that meet "healthy start" criteria has ranged from 62 to 73 percent, with no improvement since 1996. Other data show increases in the percent of fully-vaccinated two-year-olds but that the rate varies widely in different parts of the county.
- Risk behaviors start at a young age and are widespread by the time Arlington youth reach age 18. Roughly one in five students reports using alcohol and smoking cigarettes before age 13. About one-fifth of 6th graders and one-third of 8th graders have thought seriously about suicide at some time in their lives. By 12th grade, less than half of high school girls report regular physical exercise.
- While sexual intercourse *before* age 13 is relatively uncommon (for example, about eight percent of 10th grade students reported having intercourse before age 13), condom use is not consistent among sexually-active high school students. By 12th grade, half of young people in Arlington report having intercourse at least once.

What's Missing

This set of indicators needs to be supplemented with measures of the accessibility of physical and mental health care. Possible indicators include pediatric admissions for asthma (and other conditions where hospitalization is considered preventable); percent of children with a regular source of health care (other than an emergency room), with a conveniently located source of care or with health insurance and access to dental care. We also recommend renewing collection of data on the percent of students who pass all four fitness tests as the best overall indicator of physical health.

Healthy start index

Definition: The Healthy Start Index is calculated as the percent of births to a mother residing in Arlington County in which the birth certificate indicates the following three characteristics: (1) prenatal care began in the first trimester, (2) the mother reported no alcohol or cigarette use during pregnancy, and (3) the baby weighed more than 2,500 grams (about 5.5 pounds.) All births to mothers residing in Arlington are included, not just those taking place in the county. This indicator is also calculated by race of the mother: black, white, and other (including Asian). The Virginia Department of Health does not keep separate statistics for Hispanic mothers.

Purpose: Low-birthweight babies face higher risks of health and developmental problems.[1] In addition, low-birthweight babies are 20 times more likely to die during the first year of life than normal-weight newborns.[2] In the case of single births, receiving prenatal care during the first trimester of pregnancy and avoiding cigarettes and alcohol can reduce the risk of low birth-weight.[3] Nearly twice as many infants born to mothers receiving late prenatal care have low birthweight compared to infants of mothers receiving early care.[4] Low birthweight is often due to multiple births, which have become more common.

Findings:

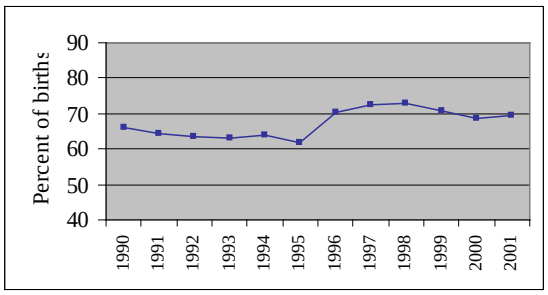


Fig. 1 Percent of births to Arlington residents meeting "healthy start" criteria, by year

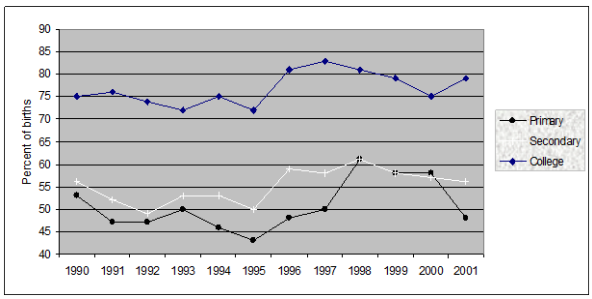


Fig. 2 Percent of births to Arlington residents meeting "healthy start" criteria, by mother's education

Analysis: Data for Arlington County show that the Healthy Start Index ranged from 62 to 73 percent of all births between 1990 and 2001. During the past *five* years, the components of the Healthy Start Index moved in different directions. The improvements in the index from declines in low birthweight (from 6 to 5.7 percent) and increases in no alcohol or cigarette use (from 97 to 99 percent) were offset by decreases in early prenatal care (from 77 to 74 percent). The data also show that differences across segments of the population are much greater than differences over time. Only half of babies born to mothers with a primary education, compared to three-quarters of babies born to mothers with a college education, met the healthy start criteria.

Source: Center for Health Statistics, Virginia Department of Health, by special request.

References:

1. Maternal, Infant, and Child Health in the United States (2001) March of Dimes Data Book for Policy Makers, page 11.
2. Kiely, J.L. *et al*, Low Birth Weight and Intrauterine Growth Retardation, Centers for Disease Control, page 185.
3. Kids Count Data Book (2000) page 25.
4. Kids Count Data Book (2000) pages 26 and 36.
5. Maternal, Infant and Child Health, page 42.

On-time immunizations for two-year-olds

Definition: This indicator is based on the percent of Arlington two-year-olds who received selected immunizations by the age of two, as reported when the child enters public school. These immunizations include four doses of DPT (diptheria, tetanus, and pertussis), three polio, and one MMR (measles, mumps, and rubella). This measure does not require strict administration of all recommended immunizations,[1] for two reasons: First, it gives families an extra year to get the shots. Children should have these shots by their first birthday. Second, this indicator excludes other recommended vaccines such as varicella (for chicken pox.) Note that a child with no documentation of a shot is treated the same as a child who never received it.

Purpose: Immunizations are among the most basic and important safeguards of the individual and collective health of our children. As noted by the Centers for Disease Control and Prevention,[2] immunizations protect against diseases that killed or disabled many children in past decades. Because cases of these diseases have declined precipitously, communities find it challenging to maintain high immunization levels. This challenge must be met because the diseases remain a threat as demonstrated by the periodic outbreaks that occur. Furthermore, immunization levels in many other countries are far lower than in the United States.

Findings:

School year	Range of immunization rates at age two reported by kindergarten students attending different elementary schools		Average immunization rate at age two for all kindergarten students
	Lowest rate	Highest rate	
1996-97	52	92	66
1997-98	44	88	69
*1998-99	64	81	69
1999-00	52	92	74
2000-01	60	100	73
2001-02	56	92	75
*2002-03	41	84	72

**Not all schools were included this year.*

Fig. 3 Percent of two-year-olds fully immunized (4:3:1 series) , as reported at entrance to kindergarten

Analysis: The table shows that rates were higher in the 2001-02 school year than five years earlier but there's been little improvement since 1999-00. In addition, the data show considerable variation in rates among students living in different parts of Arlington (defined by the attendance areas for each elementary school.) In the 2002-03 school year, the highest rate reported was 84 percent; the lowest, just 41 percent. Year-to-year variations in the rate at some schools are also considerable. For comparison purposes, according to the National Immunization Survey, the rate for the 4:3:1 series for all two-year-olds nationwide ranged from 75 and 78 percent between 1998 and 2002, with no clear trend.

Source: Arlington CASA Survey/ Kindergarten Retrospective (4 DTP, 3 Polio and 1 MMR at 24 months.)

References:

1. The recommended childhood immunization schedule can be found at http://www.cdc.gov/nip/recs/child-schedule.pdf.
2. Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well Being 2001*, Washington D.C.: U.S. Government Printing Office, page 27.

Timing of last physical for pre-adolescents and adolescents

Definition: This indicator is defined as the percent of Arlington young people ages 11 through 18 who report having a physical examination from a medical provider in the past two years.

Purpose: This indicator looks at a basic way that young people can maintain good health – through regular and timely physical examinations by medical personnel. The American Academy of Pediatrics recommends annual preventive examinations for young people from age 11 through 21. (We have survey data only for young people in 6th, 8th, 10th and 12th grades or from approximately age 11 through age 18.) During these exams, the physician can administer routine immunizations, check height, weight, and blood pressure, conduct a physical exam and developmental assessment, and provide anticipatory guidance in nutrition, exercise, and the prevention of violence, injury, and risk behaviors. The patient's history may indicate the need for other services.

Findings:

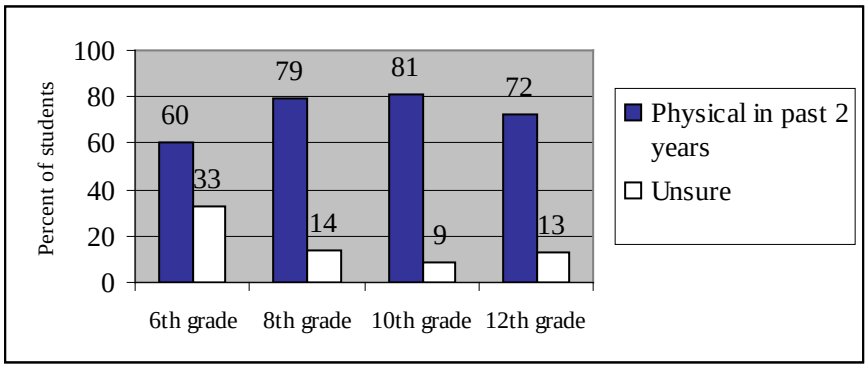


Fig. 4 Percent of students reporting a physical in past two years or "unsure," by grade of student

Analysis: Most young people report having a physical examination with a medical provider in the past two years. However, from one-tenth to one-third report being "unsure," suggesting that many students have difficulty understanding the question (i.e. what type of visit "counts") or recalling the visit.

Source: Youth Risk Behavior Survey, June 2001. Results for 1700 students in 6th, 8th, 10th and 12th grades in Arlington Public Schools. *Note that this information is only available by grade. Future analyses will look at patterns by gender as well.*

References:

1. Centers for Disease Control, Youth Risk Behavior Survey Item Rationale, found at www.cdc.gov/nccdphp/dash/yrbs/2003/rationale.htm#Physical

Regular exercise

Definition: This indicator is defined as the percent of Arlington young people who report getting vigorous physical exercise at least three times per week. "Vigorous" exercise is defined here as exercise that makes an individual sweat and breathe hard.

Purpose: This indicator looks at a basic way that young people can maintain good health – through regular aerobic exercise. The benefits of exercise to good health are well-established. The Surgeon General recommends participating in regular physical activity to help build and maintain healthy bones and muscles; control weight; reduce fat; reduce feelings of depression and anxiety; and promote psychological well-being as well as contribute to long-term health.[1]

Findings:

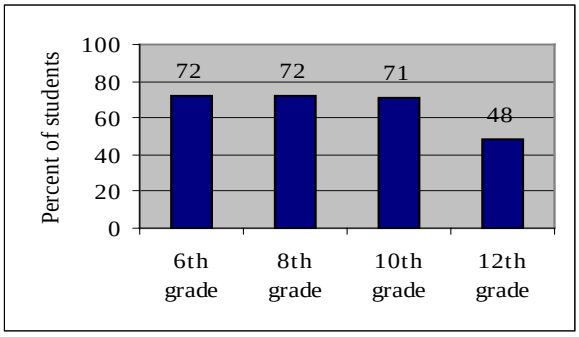


Fig. 5 Percent of students who report regular vigorous exercise, by grade

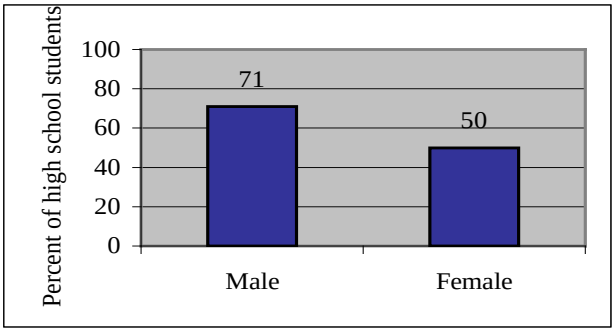


Fig 6. Percent of high school students who report regular vigorous exercise, by gender

Analysis: About three-fourths of students in lower grades report getting regular, vigorous exercise. The quarter who do not are probably students taking the health component of the combined health and physical education (PE) class required in middle school and who do not participate in recreational exercise. Just under half of seniors report desired levels of exercise. This pattern may reflect the fact that most high school students complete their PE requirements by 11th grade. Among high school students, fewer females report desired exercise patterns.

Source: Youth Risk Behavior Survey, June 2001. Results for 1700 students in 6th, 8th, 10th and 12th grades in Arlington Public Schools.

References:

1. Centers for Disease Control, Youth Risk Behavior Survey Item Rationale, found at www.cdc.gov/nccdphp/dash/yrbs/2003/rationale.htm#Physical

Physical fitness test results

Definition: This indicator is defined as the percent of Arlington County students scoring satisfactory or better on the aerobic capacity test (one-mile walk or run). Students also participate in three other fitness tests: abdominal strength (sit ups); upper body strength (curl-ups); and flexibility (V-sit reach). A composite measure, the percent of students scoring satisfactory or better on all four tests, may be a better measure of overall fitness, as discussed in the analysis. However, the data on the composite is available only for the 1996-97 school year.

Purpose: These measures provide assessments of the physical wellness of our young people.

Findings:

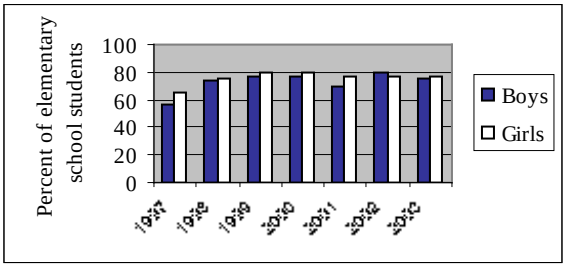


Fig. 7 Percent of elementary school students scoring satisfactory or better on aerobic test, by sex

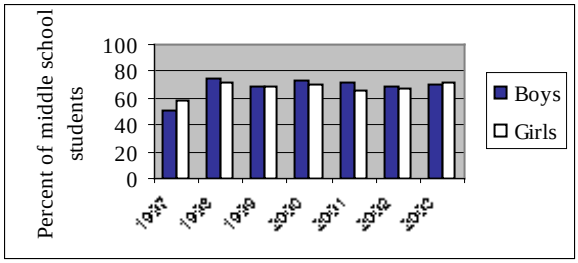


Fig. 8 Percent of middle school students scoring satisfactory or better on aerobic test, by sex

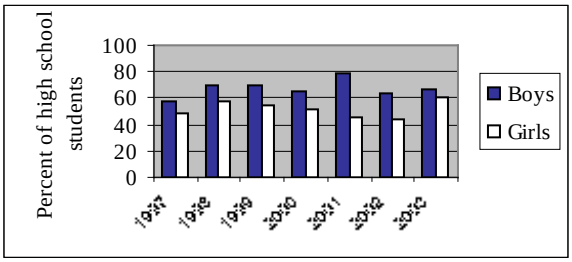


Fig. 9 Percent of high school students scoring satisfactory or better on aerobic test, by sex

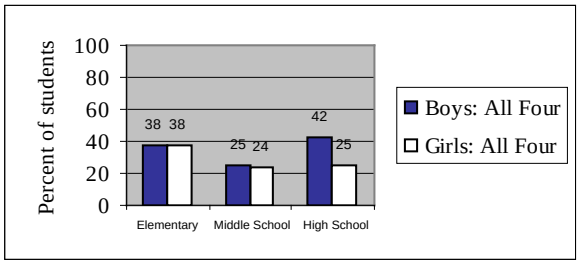


Fig. 10 Percent of students scoring satisfactory or better on all four fitness tests in the 1996-97 school year, by sex and level of schooling

Analysis: As a group, high school girls in Arlington tend to be *least likely* to score a satisfactory or better on the aerobic fitness test. Elementary students of both sexes tend to be *most likely* to pass. This pattern is consistent with national data showing that decreases in vigorous physical activity between 9th and 12th grades are especially pronounced among girls.[1] Over time, Arlington elementary students have improved, with most of the increase in the first two years of data. There has been little change among middle school students and high school boys. The rate for high school girls declined between 1998 to 2002, then increased sharply in 2003. The 1996-97 data (labeled "1997"), however, suggest that using the results of only one test is a limited measure of fitness. That school year, 50 percent of the middle and high school girls passed the aerobics test, but only 25 percent scored satisfactory on all four tests. (See Recommendations.)

Source: Arlington Public Schools, Health, Physical Education and Athletics.

References:

1. Centers for Disease Control, Youth Risk Behavior Survey, Item Rationale at www.cdc.gov/nccdphp/dash/yrbs/2003/rationale.htm#Physical

Initiation of risk behaviors

Definition: This indicator is equal to the percent of Arlington young people who report initiating a risk behavior before the age of 13. The risk behaviors are use of cigarettes, alcohol, and marijuana, and engaging in sexual intercourse. This information was gathered retroactively for students in 10th and 12th grades in the fall of 2001.

Purpose: In general, starting risk behaviors at a young age increases the negative consequences. Becoming sexually active before age 13 puts a young person at increased risk for pregnancy and disease.[1] The earlier an individual starts using alcohol, the more likely he or she is to develop a clinically-defined alcohol disorder.[2] The earlier an individual begins smoking, the more likely he or she is to become addicted to nicotine and the more difficulty he or she will have in quitting.[3]

Findings:

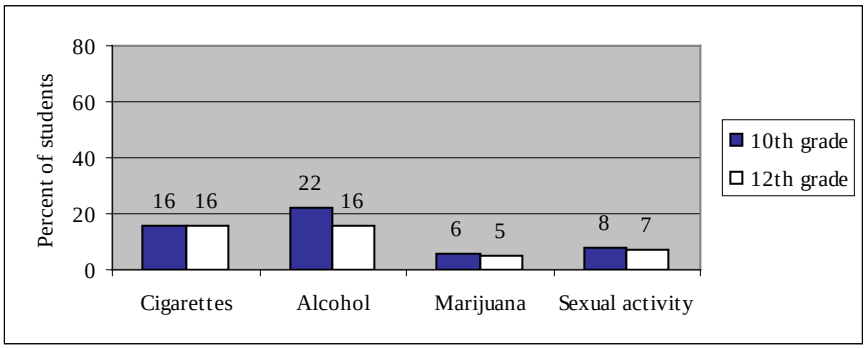


Fig. 11 Percent of APS students who initiated risk behavior before age 13, by grade

Analysis: Alcohol and cigarette use are the risk behaviors most likely to begin before age 13. For example, by age 13, 22 percent of 10th grade students reported using alcohol; 16 percent reported using cigarettes, but only six percent reported marijuana. The 10th graders were more likely to report early initiation than the 12th graders, which may mean the age of onset is dropping. However, the difference in rates is small and there is another possible explanation. Between 10th and 12th grade, students turn 16 and may drop out of school. If young people who initiate risk behaviors by age 13 are also more likely to drop out, then their experiences will not be reflected in the 12th grade numbers.

Source: Youth Risk Behavior Survey, June 2001. Results for 1700 students in 6th, 8th, 10th and 12th grades in Arlington Public Schools.

References:

1. Centers for Disease Control, Youth Risk Behavior Survey, Item Rationale www.cdc.gov/nccdphp/dash/yrbs/2003/rationale.htm#physical
2. National Center for Health Statistics, *Health, United States, 2000 with Adolescent Chartbook*, page 78.
3. Moolchan, E. (2001) Is it a Good Time For Treatment? Smoking Prevention for Teenagers, *Brown University Child and Adolescent Behavior Letter*.

Sexual behavior

Definition: This set of indicators consists of (1) the percent of Arlington young people who report that they have *ever* had sexual intercourse, (2) the percent who are *currently* sexually active, and (3) the percent who are currently active *and* used a condom the last time they had intercourse. Sexually active youth are defined as those who have had intercourse in the past three months.

Purpose: These statistics look at how many of our young people are taking precautions to avoid premature parenthood and exposure to sexually transmitted diseases (STDs). Teen parenthood typically compromises the future of mother, father, and child, and imposes significant costs on society as well. Nationwide, adolescents account for about one-fourth of the annual cases of STDs. Avoiding the risks of STDs is especially important for teens. Adolescents are less likely than adults to have a regular source of primary health care. Because of this, diagnosis and treatment of STDs may be delayed.[1]

Findings:

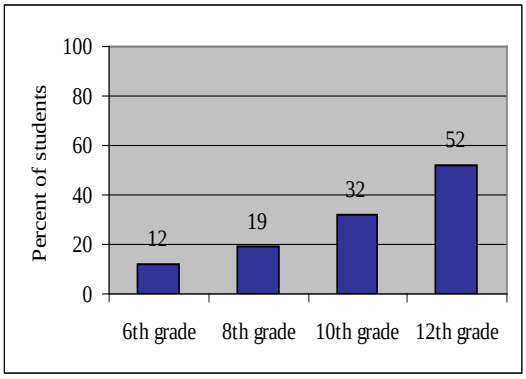


Fig. 12 Percent of students who ever had intercourse, by grade

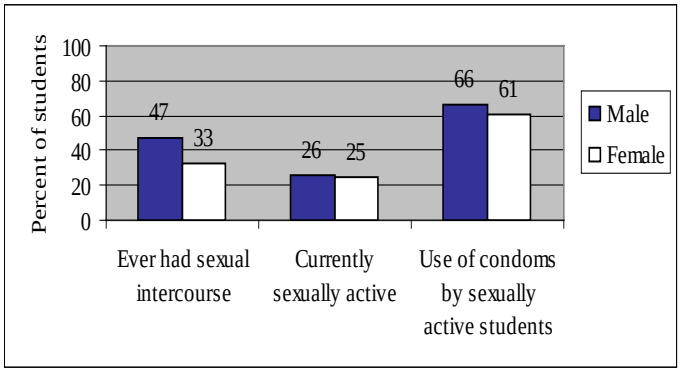


Fig. 13 Percent of high school students who ever had intercourse, are currently sexually active or used condoms last time (if active)

Analysis: The percent of young people who have ever had sexual intercourse increases steadily from 12 percent among 6th grade students to just over half of 12th grade students. About one-fifth of 10th grade students and two-fifths of 12th grade students are sexually active. Among high school students, about half of males and one-third of females report having had intercourse. However, only about one-quarter were sexually active at the time of the survey. About two-thirds of those who were active reported using a condom during last intercourse.

Source: Youth Risk Behavior Survey, June 2001. Results for 1700 students in 6th, 8th, 10th and 12th grades in Arlington Public Schools.

References

1. The Annie E. Casey Foundation (1998) *When Teens Have Sex: Issues and Trends*, page 14.

Teen births

Definition: This indicator is the number of births to mothers who are 19 years old or younger. Note that the mother of the child must be an Arlington resident, even if the birth took place outside of the county. We also look at the percent of teen births by race of the mother where race is black, white or other (which includes Asian). Separate statistics for Hispanic teen mothers are not available from the Virginia Department of Health.

Purpose: National statistics show that a teenage girl who has a child before graduating from high school is far less likely to complete school than a teenage girl who does not have a child.[1] Limited education means limited employment prospects and earnings for the mother, and elevated risks of low birth weight, infant mortality, and dropping out of school for the child.[2]

Findings:

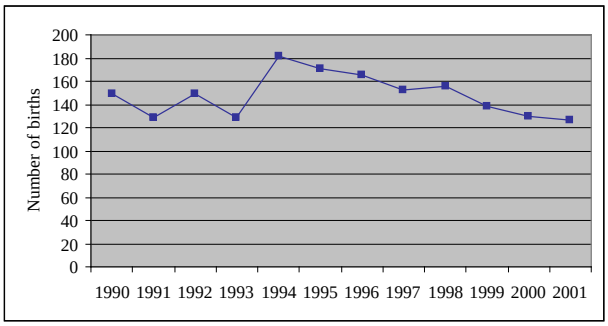


Fig. 14 Number of teen births to Arlington residents, by year

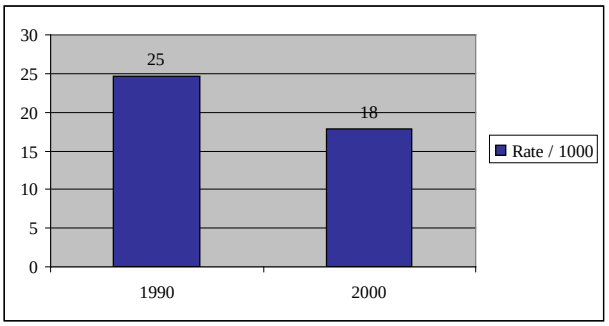


Fig. 15 Birth rate per 1000 girls, ages 10 to 19, 1990 and 2000

Analysis: The number of teen births in Arlington ranged from 127 to 182 between 1990 and 2001, while the number of teen girls increased from about 6000 to about 7200. This implies a decline in the teen birth rate from 25 per 1000 to 18 per 1000 from 1990 to 2000 – a trend consistent with national data.

Source: Center for Health Statistics, Virginia Department of Health, by special request.

References:

1. The Annie E. Casey Foundation. (1998) *When Teens Have Sex: Issues and Trends*, page 12.
2. The Annie E. Casey Foundation. (1998) *When Teens Have Sex: Issues and Trends*, page 13.

Depressive feelings and suicidal intentions

Definition: This indicator is based on reports of depressive feelings and/or suicidal thoughts and attempts among Arlington youth. The precise definition is different for students in different grades. Students in 6th and 8th grades were asked if they had *ever* seriously thought about suicide, made a plan to commit suicide or attempted suicide; students in 10th and 12th grades were asked if they had suicidal thoughts or attempts *in the previous year*. Each group was also asked about depressive symptoms i.e. *persistent* and *disruptive* feelings of sadness or hopelessness.

Purpose: These indicators give us some limited information about the mental health of the youth in our community and those most at risk for suicide attempts. Making a plan for suicide or attempting it in the past raises the risk of future attempts into adulthood. Young people reporting that they are frequently sad or depressed may be suffering from depression. Research suggests that up to 80 percent of depressed teenagers (based on standard diagnostic criteria) do not get necessary psychiatric treatment, leaving them vulnerable to repeat bouts of depression.[1] Further, even those individuals with depressive symptoms, but not true clinical depression, may be having difficulties in school, with peers, or family.[2]

Findings:

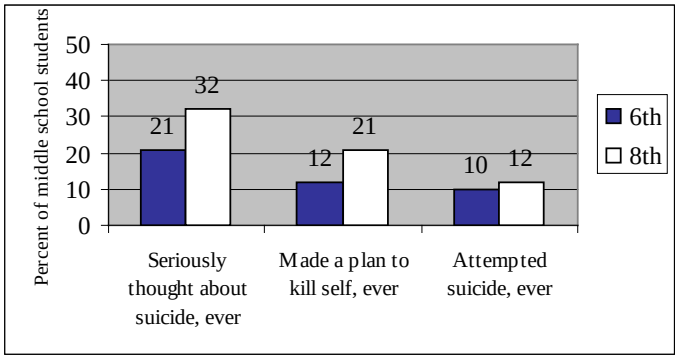


Fig. 16 Depressive thoughts and suicide plans and attempts, middle school students

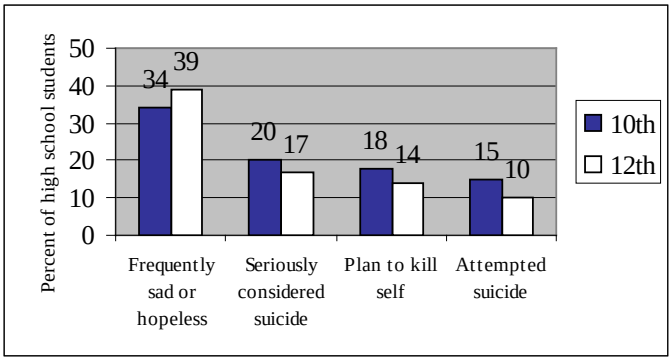


Fig. 17 Depressive thoughts and suicide plans and attempts, high school students

Analysis: About 15 percent of 10th graders and 10 percent of 12th graders made at least one suicide attempt in the past year, compared to 10 and 6 percent of youth nationwide. Three to four percent (not shown) made multiple attempts. Feeling sad or hopeless for several weeks is also quite common among 10th and 12th graders. The rates for Arlington students in both grades are higher than the corresponding national averages (27 percent for both 10th and 12th grade.) One-fifth of 6th graders and one-third of 8th graders reported *ever* seriously thinking about suicide. About 10 percent of Arlington 6th and 8th graders reported having attempted suicide.

Source: Youth Risk Behavior Survey, June 2001. Results for 1700 students in 6th, 8th, 10th and 12th grades in Arlington Public Schools.

References:

1. Lewinsohn, P.M., et. al. (2000), "Natural Course of Adolescent Major Depressive Disorder in a Community Sample: Predictors of Recurrence in Young Adults," *American Journal of Psychiatry*, page 1584.
2. Glied, S. and Pine, D.S. (2002), "Consequences and Correlates of Adolescent Depression," *Archives of Pediatric and Adolescent Medicine*, 156 (10), pages 1009-14.

Use of harmful substances

Definition: This set of statistics includes the percent of Arlington youth who ever used one (or more) of the most commonly-used illicit substances: cigarettes, alcohol, and marijuana as well as the percent currently using each. For alcohol and tobacco, any use in the *past month* is considered "current" use. For inhalants and marijuana, any use in the *past year* is "current" use. Two other alcohol-related indicators are the percent of young people who had ridden with a driver who had been drinking alcohol and the percent reporting "high risk" use of alcohol – either drinking three or more times in a month or getting drunk in the past two weeks.

Purpose: Though experimentation with substance use is common in adolescence, recurring use can have serious, negative consequences. For example, alcohol use is associated with car crashes, injuries, and suicide, as well as problems in school and work, and fighting and delinquency.[1] Young smokers are more likely to become adult smokers with the associated health problems.

Findings:

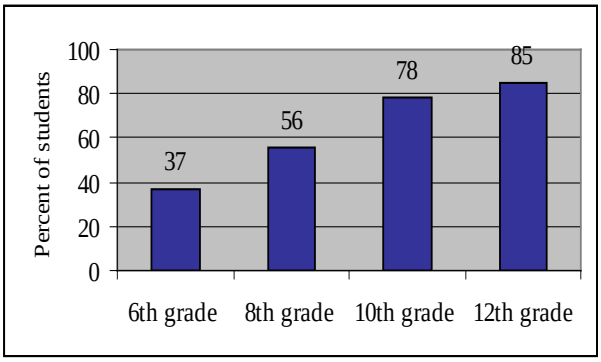


Fig. 18 Percent of students who ever tried smoking, alcohol, or marijuana, by grade

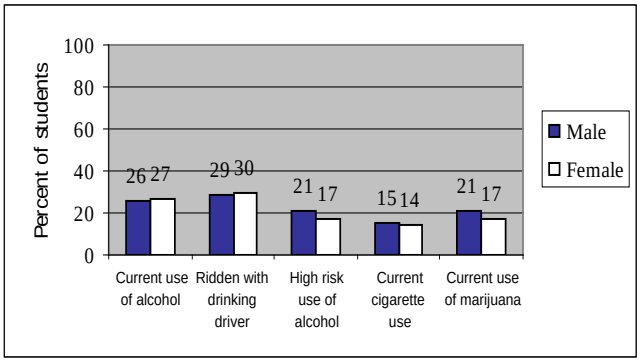


Fig. 19 Percent of students who currently use illicit substances, by substance and gender

Analysis: As shown, some use of cigarettes, alcohol, or illicit drugs among Arlington youth is quite common, particularly among older teens. Among 12th graders, 85 percent report that they have tried alcohol, cigarettes or marijuana (or any combination of those substances.) Young people were most likely to report current use of alcohol – just over 25 percent. About one in five teens reported repeated, high-risk use of alcohol (a figure that is closer to one in three among 12th graders.) These patterns show little variation by gender – teenage girls are just as likely to smoke, drink alcohol, and use marijuana as boys. (Given the survey sample sizes, any difference less than six percentage points is probably due to chance.)

Source: For Fig. 18, *Youth Risk Behavior Survey*, June 2001, 1700 students in 6th, 8th, 10th , and 12th grades. For Fig. 19, Search Institute, S*urvey of Attitudes and Behaviors*, March 2003. Results for 3150 students in 6th, 8th, 10th and 12th grades, in Arlington Public Schools.

References:

1. Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well Being 2001,* Washington D.C.: U.S. Government Printing Office, page 40.

Stable and Secure Families

Introduction

The well-being of children depends greatly on the stability and economic security of their families. Poverty, lack of parent education, and inadequate housing can have profound and negative effects on young people. Children also need parental support, clear boundaries, and positive ways to communicate with their parents.

Indicators

- Stable new families
- Outcomes for teen mothers
- Applications for subsidized child care
- Children eligible for free and reduced lunch programs
- Children living in "housing need"
- Child abuse
- Family developmental assets: support, positive communication, and boundaries

Key Findings

Israel Dyson

- Thirty-two percent of children are born to Arlington mothers who may lack the resources they need to support their families. Decreases in the number of teen repeat births will improve this statistic if they can be sustained.
- Our measure of child poverty in Arlington has been stable at about 40 percent for the past five years. Recent data shows that 16 percent of families with children in Arlington live in "housing need," paying at least 40 percent of income for housing, a figure experts believe places families at risk of being unable to purchase other necessities. About 100 to 150 families with income near or below poverty level apply for subsidized child care each year.
- Suspected cases of child abuse in Arlington have increased in absolute number but there is no clear trend in "founded" cases in which an investigation confirms abuse has taken place.
- Young people need the support of their families; about two-thirds of Arlington youth report this asset. In contrast, less than half report clear rules and consequences in the home, and only one in five 10th and 12th graders reports "positive family communication." Young people need these assets throughout their teen years.

What's Missing

This report card lacks measures of four critical dimensions of family life: secure employment, housing quality, access to quality child care, and opportunities for parent education. Secure employment directly affects household income and indirectly affects many aspects of family life, including health insurance coverage. Significant research has shown that crowded and poor-quality housing contribute to numerous childhood problems, including developmental delays, respiratory disease, behavioral dysfunction, and accidents and injuries. The positive effects of quality child care are very well-documented. What's missing is sound data on the proportion of children enrolled in such programs and the ability of parents to pay for this care. Access to good parent education programs can help parents support their children with better communication and appropriate discipline, two areas in which data show that Arlington parents are struggling.

Stable new families index

Definition: This indicator is defined as the percent of births to mothers who are Arlington residents who are at least 20 years old, have completed high school, and are married, according to the birth certificate. The Virginia Department of Health provided this data by race but not by ethnicity – Hispanic births are included under "white" and the "other" category includes Asian and Native Americans.

Purpose: This indicator tells us the proportion of Arlington children born into families most likely to provide them with the social, emotional, and financial resources they need to thrive. Children born to single mothers are at higher risk for adverse birth outcomes and are more likely to live in poverty.[1] A single parent who is still a teenager and lacking a high school credential faces especially daunting challenges. These individuals have limited opportunities for obtaining secure employment and adequate income, and they often experience poor health outcomes. These difficulties affect their children in numerous ways.

Findings:

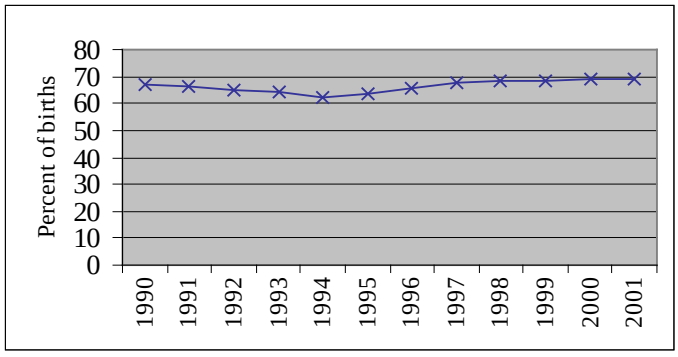


Fig. 20 Percent of births to stable families, by year

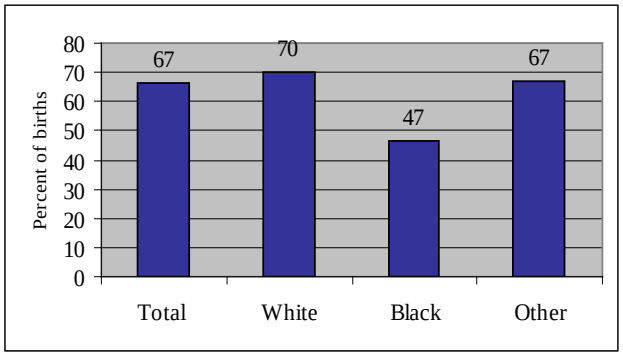


Fig. 21 Percent of births to stable families, by race of mother, 1990-2001

Analysis: The stable families index ranged between 60 and 70 percent between 1990 and 2001. During this period, however, a far lower percentage of births to black mothers met the criteria for the stable families index.

Source: Center for Health Statistics, Virginia Department of Health, by special request.

References:

1. Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being 2001*, Washington D.C.: U.S. Government Printing Office, page 8.

Outcomes for teen mothers

Definition: These indicators are defined as:

- The number of pregnant teens referred to the Family Education Center (FEC), an alternative program for pregnant teens, by educational status at the time of enrollment.
- The percent of pregnant teens referred to the FEC who enroll or remain in school at the time of referral.
- The percent of teen mothers enrolled in the Alternatives for Parenting Teens (APT) program who complete the program in a given year.
- The percent of births to teen mothers that are repeat births.

Purpose: These indicators relate to our ability to identify and support pregnant and parenting teenagers.

- The breakdown by educational status at time of referral gives an estimate of the number of girls who are pregnant, but who have not completed their high school education.
- The percent of teens who stay in school or enroll in the FEC measures the success of efforts to persuade teens who are both pregnant and lacking a high school credential to continue with their education.
- The percent of teen parents enrolled in APT who complete the school year (or graduate) measures the success of efforts to help pregnant teens complete their education. Note that this program can serve only 20 teen mothers and their infants at one time.
- The percent of teen births that are second (or subsequent) births is another measure of the success of efforts to focus teen parents on educational and vocational goals before having additional children. Having a second child greatly exacerbates the problems created when a teenager becomes a parent.

Findings:

Referrals to the FEC increased from 143 in the 1997-98 school year to 181 in the 2001-02 school year, then fell to 135 in 2002-03. In each year, most of the pregnant teens referred to the FEC were not enrolled in school and had not completed their secondary education. About 10 to 25 teens per year had a high school diploma or GED.

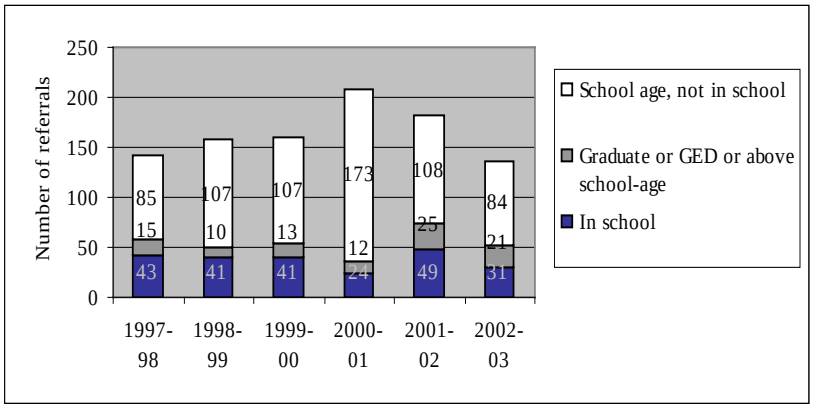


Fig. 22 Source of referrals to Family Education Center, by year

Over the last five years, the percent of pregnant teenagers without a high school credential who were referred to the FEC *and* decided to enroll or remain in school (typically attending the FEC) varied from 50 percent in the 2000-01 school year to 84 percent in the 1998-99 school year. While there is no clear trend, the percent in school is somewhat lower now than five years ago.

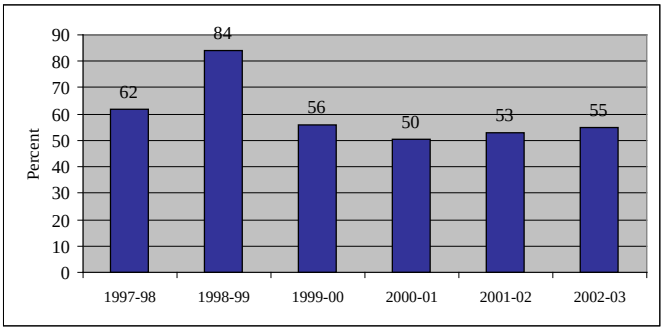


Fig. 23 Percent of teens referred to FEC who are enrolled in base school or FEC, by school year

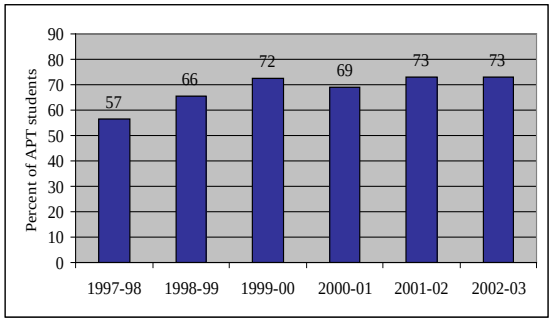
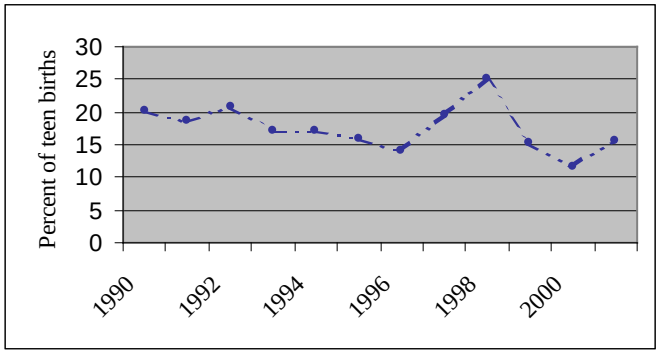


Fig. 24 Percent of teens enrolled in APT who complete the year, by school year

What happens after these teenagers become parents? The percent of teens who completed the year in the Alternatives for Parenting Teens rose substantially between 1997-98 and 1999-00, but has changed little since then. About three-fourths of young mothers who enter this program complete the year; the rest leave to work, move out of the area or leave for other reasons. Note that the teen mothers selected for this program are those most at-risk for not finishing their education.



Between 1990 and 2001, from 10 to 25 percent of births to teens were to teenagers who were already mothers. Overall the percent of teen births that were repeat births has fallen. However, the large increases between 1996 and 1998 and a smaller increase between 2000 and 2001 suggest that maintaining these declines may be difficult.

Fig. 25 Percent of teen births to teens who already had at least one child, by year

Analysis: The FEC received substantially more referrals in the 2001-02 school year than it did five years previously; then referrals dropped in 2002-03. Just over half of referred teens either enroll or stay in school. The Alternatives for Parenting Teens program has demonstrated some success in keeping high-risk women in school, but the vast majority of teen parents remain outside this support system due to its limited capacity. Some services are available to pregnant teens not in APT. However, there are no indicators of how well these services succeed in helping teen parents outside of APT graduate from high school, learn parenting skills, or reach other goals.

Source: Center for Health Statistics, Virginia Department of Health and Arlington Public Schools.

References:

1. Annie E. Casey Foundation. (1998) *When Teens Have Sex: Issues and Trend*s, page 12.

Need for subsidized child care

Definition: This indicator estimates the need for financial assistance for child care as the number of families currently identified as eligible for child care subsidies, including: (1) Families receiving Temporary Assistance for Needy Families (TANF), the cash assistance program for poor families with children; (2) Families reaching the two-year limit on TANF who work but earn less than 185 percent of the poverty level (e.g. $28, 231 for a family of three in 2003); (3) Other families meeting the income criteria.

This definition of need for subsidized child care *underestimates* true need for several reasons. First, because of limited funds, little outreach is done. Eligible families may not have heard of the program or believe their immigration status disqualifies them. Second, child care assistance for those looking for work is limited to three weeks. Families who exhaust TANF benefits before securing steady employment may find themselves unable to search because they lack the means to pay for child care. This is especially a problem during periods of recession when even well-qualified individuals need months, not weeks, to find work. Finally, the income criteria are low, given the cost of living in Northern Virginia. By one estimate, a family of three (one adult, one infant and one pre-school child) needs $47,000 per year to meet *minimal* needs for food, housing, child care, transportation, health care, clothing and a phone. This suggests that families with incomes well above $28,000 must skimp on *some* basic need, possibly the quality of child care.

Purpose: This indicator is a proxy for the demand for quality child care for low-income families. In Virginia, about three out of four young children spend all or part of their day in the care of adults other than their parents.[1] New research on child development confirms that the care that children receive has a tremendous influence on their intellectual, emotional, and social abilities. Unfortunately, the average cost of child care for infants and toddlers in Virginia is more than the average cost of one year's tuition at Virginia's four-year state colleges and universities.[2] To offset these high costs, Arlington County participates in Federal and State programs (on a matching basis) to subsidize child care for families with income near the poverty level.

Findings:

	Enrolled in TANF		Meet income criteria for subsidy	
	Families	Children	Families	Children
2000	65	85	109	199
2001	66	87	157	287
2002	68	89	132	216
2003	66	85	101	162

Fig. 26 Number of families and number of children needing child care subsidies

Analysis: The number of children in families initially screened to be eligible for subsidized child care and who are initially placed on a waiting list ranged from 162 to 287 between FY 2000 and FY 2003, declining since 2001.

Source: Child Care Office, Department of Human Services, Arlington County.

References:

1. Johnson, S. C., Baratka, T.V., and Wood, L. *Quality Child Care in Virginia*, Action Alliance for Virginia's Children and Youth, (now called Voices for Virginia Youth), page 3.
2. Voices for Virginia's Youth. (2003) *Virginia Kids Count Data Book*, page 32.

Eligibility for free and reduced lunch programs

Definition: This indicator is defined as the percent of children enrolled in Arlington Public Schools who have applied for and qualify for free or reduced-price meals, under the National School Lunch Program. This program is intended to provide nutritionally-balanced, low-cost meals to economically disadvantaged children. Typically, families earning up to 185 percent of the poverty level (adjusted for household size) receive benefits. For example, a child in a household of three qualified for the lunch program in the 2003-2004 school year if family income was $28,231 or less[1] where $28,231 is 185% of the poverty level.

Purpose: This indicator is used as a proxy for family poverty among school-aged children. Poverty has pervasive and long-standing effects on children. Children from low-income families typically do not do as well as those living in more affluent families in many ways, including health, emotional well-being, and academic achievement.[2] They are also at greater risk of delinquency and teen parenthood.[3]

This is an imprecise measure of poverty. National statistics find that the percent of children certified under this program is overstated, given other indicators of poverty such as family income.[4] However, other researchers and public opinion polls suggest that official poverty lines are set unrealistically low,[5] especially in locations with higher than average cost of living. Despite these concerns, the measure is useful because it is available annually and at the local level.

Findings:

	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03
Percent of students eligible for free and reduced lunch	40	39	39	39	38	38

Fig 27. Percentage of students enrolled in Arlington Public Schools eligible for free or reduced lunch program, by school year

Analysis: The percent of students qualifying for free or reduced lunch has changed little over the past six years. About 40 percent of students in the Arlington public school system are eligible for the program, indicating that they live in families at or near the poverty line.

Source: Arlington Public Schools

References:

1. U.S. Department of Agriculture, http://www.fns.usda.gov/cnd/governance/iegs/IEGs03-04.pdf
2. Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being 2001*, Washington D.C.: U.S. Government Printing Office, page 14.
3. Annie E. Casey Foundation. Kids Count Data Book 2000, page 31.
4. Duncan and Brooks-Gunn (2000) Family poverty, welfare reform and child development. *Child Development* 71 (11), pages 1988-96
5. Pearce, D. and Brooks, J. (2002) The Self-Sufficiency Standard for Virginia, Action Alliance for Virginia's Children and Youth, (at www.vakids.org), page 7.

Children living in housing need

Definition: This indicator is the percent of Arlington families with children who pay 40 percent or more of their income on housing, as reported in a telephone survey conducted by Arlington County in 2002. This measure is conservative in defining housing needs - many experts on poverty argue that paying *30* percent or more of income for housing puts a household at risk of not having enough money for other basic needs.[1] Note that 18 percent of households declined to identify their income range in the survey, so their responses are excluded from the analysis.

Purpose: Housing is the single largest expenditure for most households. High housing costs can leave families, especially poor families, with little money for food, doctor's visits, and other necessities closely linked to health.[2] While other aspects of housing, including adequacy and crowding, also profoundly affect children's lives, national data suggests that the housing problem that affects most families is affordability.

Findings: In Arlington County, approximately 16 percent of families with children report paying more than 40 percent of income in rent or mortgage.[3] For some of these families, the burden is more extreme. Ten percent of all families with children pay over half of their income toward housing. This is most likely to occur with large families of five or more, including children.

Analysis: We have data from only one survey, so we cannot analyze trends in housing need. However, national surveys have found about 12 percent of all families with children pay over half of their income for housing.

Source: Arlington County, Department of Community Planning, Housing and Development, *2002 Housing Needs Survey Report.*

References:

1. Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being 2001*, Washington D.C.: U.S. Government Printing Office, page 17.
2. Freeman, L. (2002) America's Affordable Housing Crisis: A contract unfulfilled. *American Journal of Public Health* 92 (5): pages 709-712.
3. Data for some families with children were included in the statistics for a separate "disability" category.
4. Bashir, S.A. (2002) Home is Where the Harm Is: Inadequate Housing as a Public Health Crisis, *American Journal of Public Health*, 92 (5): page 733.

Child abuse

Definition: This set of indicators looks at the number of referrals to Arlington Child Protective Services (CPS), number of investigations and family assessments, and cases of "founded" child abuse.

- The number of *referrals* measures the volume of reports to CPS from school employees, police, physicians or other community members of suspected abuse or neglect cases.
- The number of *validated cases* is the number of cases that meet all criteria required for CPS to act on the referral. These criteria include things like the age of the child (under 18), jurisdictional considerations, and whether the behavior meets the State's definition of abuse or neglect.
- How a case is handled depends on the seriousness of the alleged abuse. The number of *investigations* and *family assessments* are (approximately) the number of validated cases of "major" and "minor" abuse. Certain types of alleged abuse, including sexual abuse, automatically trigger an investigation. Less serious cases result in a family assessment. In both cases, CPS staff follow similar procedures to gather facts about the allegation and to determine the need for services for the child or family.
- Cases of *founded child abuse* are those cases in which an investigation confirms that child abuse has taken place. Before 2002, this number resulted in a rough estimate of the number of cases of all types of child abuse. Beginning in 2003, the first full year under the new system, this number represents the number of more serious cases of child abuse because only investigations result in "findings."

Purpose: Child abuse and neglect have known detrimental effects on the physical, psychological, cognitive, and behavioral development of children.[1] The trauma to children includes physical injuries, chronic low self-esteem, problems forming relationships, developmental delays, learning disorders, and aggressive behavior, depression and other mental health problems.[2] Child abuse also has profound consequences for the communities in which the victims live. Communities must cope with the negative effects of abuse on academic achievement, drug use, teen pregnancy, juvenile delinquency (especially the more serious forms of delinquency[3]) and adult criminality.

Findings:

	2000	2001	2002	2003
Number of referrals	882	930	1074	945
Number of valid cases	511	579	754	546
Investigations	511	579	661	184
Family assessments	0	0	93	362
Founded cases of abuse	147	157	140	75*

Fig. 28 Disposition of referrals for possible child abuse, by year (*2003 data for first three quarters only)

Analysis: The statistics on child abuse referrals are difficult to interpret for two reasons. First, national studies have repeatedly found that most abuse goes unreported[4] so the changes in the number of suspected cases may be the result of either changes in actual abuse, changes in how well abuse is identified, or both. Second, with the introduction of family assessments in Virginia

in 2002, the number of founded cases now represents the number of more serious cases of child abuse. That's because family assessments don't result in formal findings.

FY 2003 will be the first full year under the new dual track system of investigations and family assessments. The percentage of referrals that result in founded cases of child abuse are expected to fall as family assessments replace investigations. In 2003, the number of family assessments has clearly resulted in a reduction in investigations. It may also reduce the number of founded cases of abuse because some cases of minor abuse are now handled through a family assessment. Finally, these changes make it more difficult to compare the number of cases in 2003 and beyond to the number reported in 2002 or earlier.

Source: Child Protective Services, Department of Human Services, Arlington County.

References:

1. National Research Council. (1993) *Understanding Child Abuse and Neglect*. Washington, D.C.: National Academy Press.
2. U.S. Department of Health and Human Services. (1999) Prevention Pays: The Costs of Not Preventing Child Abuse and Neglect.
3. U.S. Department of Health and Human Services. (1996) National Incidence Study of Child Abuse and Neglect.
4. Hanna, A. (2001) *Risk and Protective Factors for Delinquency*, Juvenile Services Report, Virginia Department of Criminal Justice Services.

Family developmental assets

Definition: This set of indicators consists of three of Search Institute's developmental assets that youth receive from their families. Each indicator is defined as the percent of Arlington young people in 6th through 12th grades reporting the asset. "Family support" refers to the love, affirmation, and acceptance that young people receive from parents and family. "Positive family communication" is based on how often and how well adults and young people share advice, information, and concerns. And "family boundaries" refers to clear and age-appropriate rules and consequences that families provide for their children.

Purpose: This set of developmental assets measure three ways that families can promote the positive development of their children. Each has been demonstrated through research to enhance the lives of young people by reducing risky behaviors and making it more likely that a young person thrives. Search Institute emphasizes that older teens continue to need these assets as they gradually internalize the values, skills and abilities that will guide them as responsible adults.

Findings:

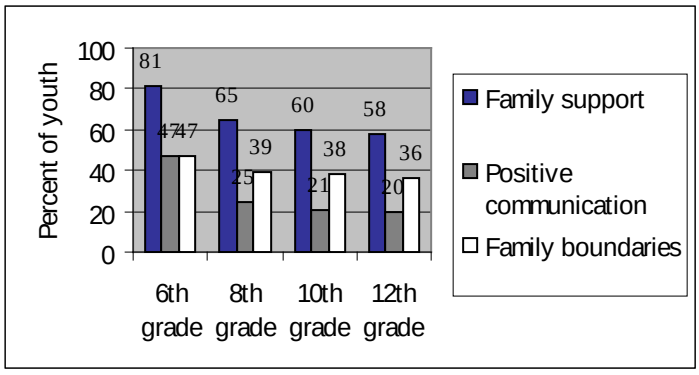


Fig. 29 Percent of students reporting selected family "assets, " by grade

Analysis: Young people in Arlington are most likely to report family support and least likely to report positive family communication. The older the child, the lower the percent of youth reporting any of these assets. For example, 81 percent of 6th graders but only 60 percent of 10th graders report family support. Only about one in five 10th and 12th graders reports positive family communication. Other communities that have administered the survey have found similar patterns[1].

Technical Note: *These numbers don't literally mean that 80 percent of 12th graders have no positive family communication. In reality, all young people experience assets to some degree. To simplify reporting, those with levels above some relatively high threshold are grouped together and "have" the asset. In this case, only 20 percent of 12th graders experience levels of this asset above the threshold.*

Source: Search Institute, *Profiles of Student Life: Attitudes and Behaviors Survey*, March 2003. Results for 3150 public school students in 6th, 8th, 10th and 12th grade.

Reference:

1. A Fragile Foundation: The State of Developmental Assets Among American Youth, Minneapolis: Search Institute, pages 17 and 21.

Educational Readiness and Success

Introduction

The indicators in this chapter relate directly to a primary goal of the Partnership: to ensure that Arlington children and youth come to school each day ready to learn; to acquire the skills they need to succeed; to achieve academically at their highest level; and to move successfully from grade to grade, school to school, and on to work or college. This set of indicators reflects the Partnership's belief that achieving this goal must be a community effort that begins long before a five-year-old starts kindergarten.

Edwin Miiango

Indicators

- Pre-kindergarten experiences
- Attendance and participation
- Standardized test scores and SOLs
- Differential enrollment in advanced math classes
- Youth attitudes towards school
- Parental involvement
- Feeling welcome at school
- Suspensions from school
- Sense of purpose and view of the future
- Plans to attend college
- Community perceptions of Arlington Public Schools

Key Findings

- About four out of five kindergarten students in 2001-02 attended preschool of some type the previous year. Good quality programs tend to enhance readiness.
- Arlington public school students consistently do well on tests compared to peers elsewhere in Virginia and in the nation, including the Standards of Learning assessments, the Stanford 9, and the SAT. In part, this may reflect high education levels among Arlington parents.
- Relative to white or Asian students, a lower proportion of black and Hispanic students take advanced courses and a higher proportion are suspended. Enrollment of black and Hispanic students in advanced classes has increased over the past five years but a differential remains.
- Surveys show that the Arlington Public School system enjoys the broad support of the community, and most parents (among those who responded) feel welcome at school. Nonetheless, parental involvement steadily drops as children reach higher grades and less than one-third of students in grades 8, 10 and 12 report a "caring school climate." Many students also lack the internal assets most strongly linked to positive academic outcomes.

What's Missing

The most notable omissions in this category are direct indicators of "readiness" for school for young children. In particular, we want to know what proportion of young children had early screening for disabilities and developmental delays; received screening (and possibly treatment) for dental, hearing, and vision problems that interfere with learning; attended high-quality preschools; and demonstrated social and emotional readiness for school.

Pre-kindergarten experiences

Definition: This indicator shows the percent of kindergarten students who were enrolled in some type of preschool program at age four. Preschool experiences include Arlington Public Schools' preschool programs, community preschools or child daycare (e.g. Kindercare), Head Start, and home day care.

Purpose: Numerous studies have produced "overwhelming evidence" that enriching, high-quality educational and child care programs enhance intellectual achievements and social development.[1] In a recent study of Arlington children, those who attended preschool scored higher on a test of pre-literacy skills than students without this experience.[2]

Findings: A study by the Early Childhood Program found that about 80 percent of children entering kindergarten in the 2001-02 school year had some form of preschool. The most common setting was a community preschool or child day care. This figure is based on the experiences of the 84 percent of kindergarten students for whom the Early Childhood Program was able to obtain *both* test scores (on phonetic readiness) and information about preschool.

Analysis: No trend or subgroup data are currently available for this indicator. Nationwide, about three-quarters of children age three to six who are not in kindergarten are in center-based child-care settings or home-based care (with someone other than a relative[3]).

Source: Office of Early Childhood, Arlington Public Schools, October 2002.

References:

1. Johnson, S.C., Baratka, T. V. and Wood, L. (2003) *Quality Child Care in Virginia*, Action Alliance for Virginia's Children and Youth, page 5.
2. Apostolico-Buck, J., Goffredi, R. L. and Reynolds, A. (2002) *Evaluation Report*, Office of Early Childhood, Arlington Public Schools, page 32.
3. Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 2001*, Washington DC: U.S. Government Printing Office, page 10.

Attendance and participation

Definition: These two indicators are: average daily attendance – the proportion of enrolled students in attendance; and skipping school – the percentage of public school 6th, 8th, 10th and 12th grade students who report skipping school at least one day in the past four weeks.

Purpose: Missing school for any reason hinders student learning. Absenteeism due to skipping school is particularly problematic because young people with attendance problems are also more likely to drop out of school before graduating, and to exhibit delinquent behavior[1] and substance abuse. The first indicator looks at attendance (which is less than 100 percent because of illness, excused absences or unexcused absences.) The second indicator focuses on unexcused absences or deliberate choices by students to skip school.

Findings:

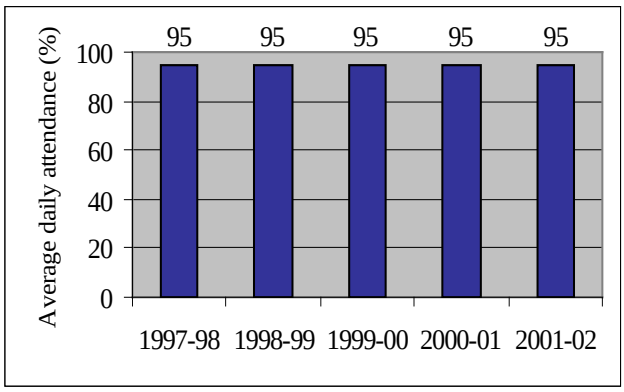


Fig. 30 Average daily attendance, by year

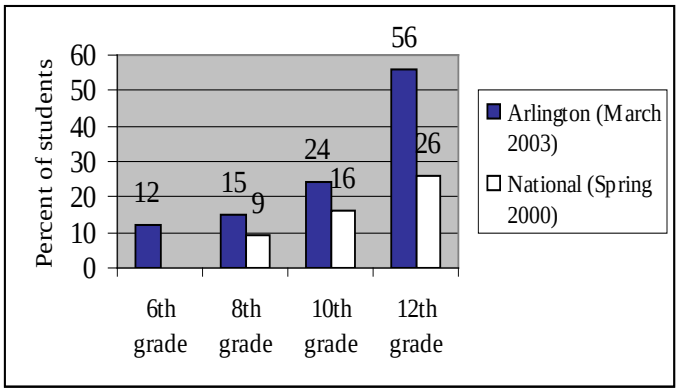


Fig. 31 Percent of students who reported skipping school in the previous 30 days

Analysis: Average daily attendance shows very little difference over time. Self-reported information shows that students in higher grades are far more likely to skip school than younger students. Comparisons with national data suggest that the "skipping" rates for Arlington are substantially higher than the norm, especially for 12th grade students. However, the national data were collected three years before the Arlington data and that may explain part of the discrepancy. The public schools discourage skipping by high school students with an attendance policy that fails any student with three or more unexcused absences in a marking period. However, it is not clear that *enforced* attendance will show the same strong association with achievement as voluntary attendance.

Source: Search Institute, *Profiles of Student Life: Attitudes and Behaviors Survey*, March 2003. Results for 3150 public school students in 6th, 8th, 10th and 12th grades and Arlington Public Schools. National Center for Education Statistics, *The Condition of Education 2002*, at http://nces.ed.gov//programs/coe/2002/section3/indicator17.asp and Arlington Public Schools, Planning and Evaluation.

References:
1. Hanna, A. (2001) *Risk and Protective Factors for Delinquency*, Juvenile Services Report, Virginia Department of Criminal Justice Services.

Standardized test scores and SOLs

Definition: This set of indicators is based on the results of tests taken by Arlington Public School (APS) students. We look at the results of three tests:

- County-wide pass rates on selected Standards of Learning (SOLs) assessments for 3rd and 8th grade APS students and end-of-course assessments for high school students.
- Stanford 9 tests administered in subject areas such as Reading, Mathematics and Language Arts in grades four, six, and nine. We use the national percentile rank on the combined test scores as the indicator.
- Average combined score on the SAT I, a well-known college entrance examination test taken by most of the county's high school graduating seniors.

Purpose: The SOLs reveal whether students have mastered the core knowledge and skills defined for each grade by the state. The results may also affect scheduling of middle and high school students (who, for example, may need to substitute a reading class for an elective) and for accreditation decisions for schools. The Stanford 9 assessments show how students fare when tested on a sample of what is typically taught in those grades throughout the country. Finally, the SAT I measures math and verbal skills that help to predict college grades as a freshman.

Findings and Analysis: *SOL Pass Rates*

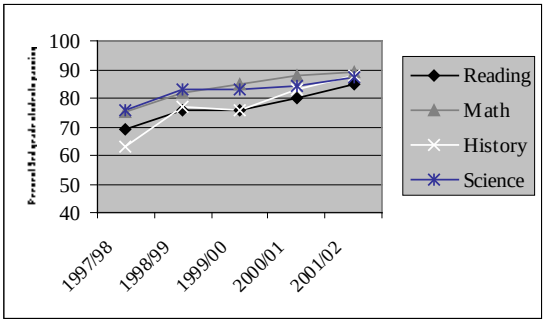


Fig. 32 Percent of 3rd grade APS students who passed SOLs, by year and subject

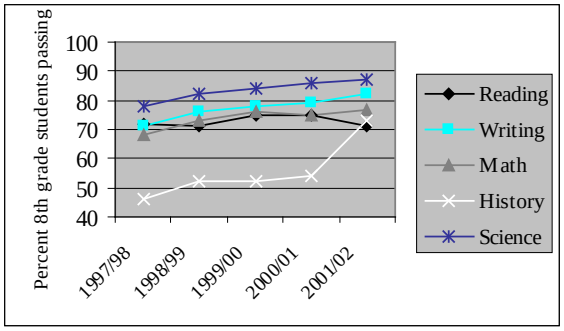


Fig. 33 Percent of 8th grade APS students who passed SOLs, by year and subject

In Arlington, as in Virginia as a whole, pass rates have increased over six years of testing in virtually every test at every grade level. The charts also show how differences across subject areas have narrowed. In 2001-02, the pass rate for Arlington students was greater than the state pass rate in 12 of 14 comparisons shown here. Differences were especially large for 3rd grade history and 5th grade reading. (See the APS Web site for additional data for Arlington and Virginia.)

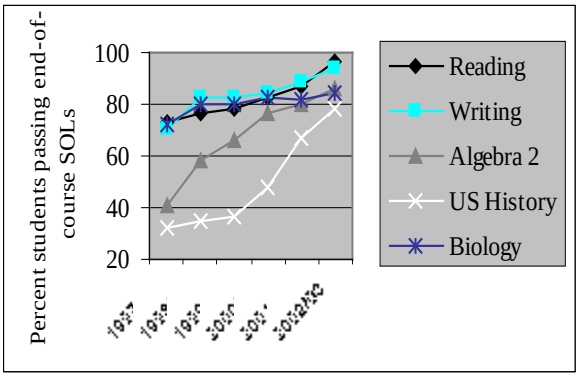


Fig. 34 Percent of APS students passing selected end-of-course SOLs, by year and subject.

Findings and Analysis: *SAT I Scores*

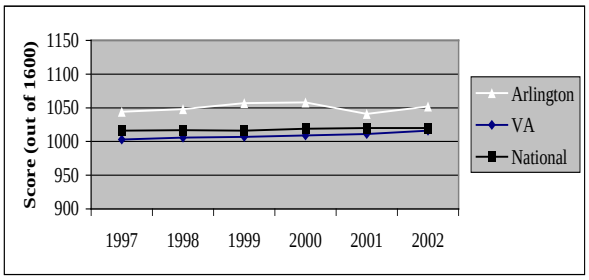


Fig. 35 Average SAT scores for APS graduating seniors, by year

Students in Arlington Public Schools score higher on the SAT I than other students in Virginia and the nation as a whole. This is noteworthy because a high percentage of Arlington's high school graduates take the test – between 76 and 82 percent compared to about two-thirds of Virginia graduates and less than half of the nation's graduates.

In comparing scores across jurisdictions, it is typically the case that the *lower* the percent who take the SAT, the *higher* the average score. (That's because when only a fraction of students take the SAT, it is typically those with higher academic aspirations who, as a group, tend to score better.)

Why do APS students do well? One reason is the atypical education levels in the community. The chart shows national SAT scores by different groups of students, sorted by education level of the parent. We can use this information and data on parent education levels in Arlington to predict the average SAT score of students we would expect, given the relatively well-educated families who live here. The average 2001 SAT score is 1041, which is greater than 1030, the score predicted from parent education levels.

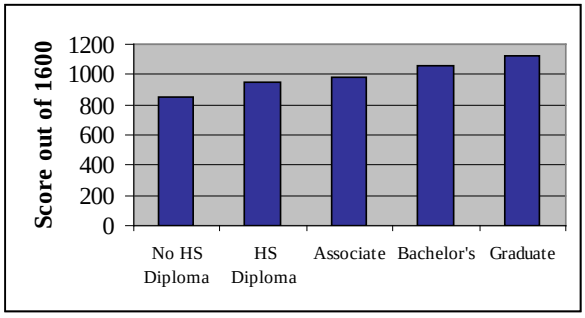
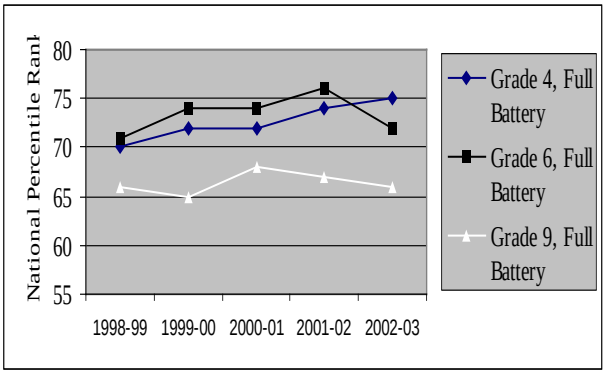


Fig. 36 SAT scores by parent education

Findings and Analysis: *Stanford 9 Tests*



APS students score better than the national norms (established using a 1995 nationwide sample of students) on the Stanford 9. The average score for 4th and 6th grade APS students was higher than the scores of 75 percent of 4th and 6th graders in the norming sample. The average score of 9th grade APS students exceeded the score for two-thirds of 9th graders in the norming sample. There are few trends evident in the data. One exception is the five-year rise in the national percentile rank for 4th grade students.

Fig. 37 National percentile rank of APS students, Stanford 9 Achievement Test, by grade

Source: Arlington Public Schools, Planning and Evaluation and Educational Testing Service

Differential enrollment in advanced math courses

Definition: Advanced courses include those identified as intensified, gifted, Advanced Placement (AP), or part of the International Baccalaureate (IB) program. In addition, regular algebra or geometry in middle school is considered advanced. The first indicator is the percent of all students taking an advanced math class. The second indicator is the percent of students in each race/ethnicity category enrolled in an advanced math class. Together these indicators permit us to track the overall level of enrollment in advanced math classes, as well as variation by race and ethnicity of the student.

Purpose: Advanced classes offer greater challenge for students and may better prepare them for college and work. A 1999 U.S. Department of Education study found that students who take difficult courses in high school, no matter how well they do, are more likely to finish college than students with good high school grades and test scores who skip the most demanding classes.[1] Taking advanced math courses seem to be particularly important. Historically, black and Hispanic students have been underrepresented in advanced classes in Arlington, as in the nation as a whole.

Findings:

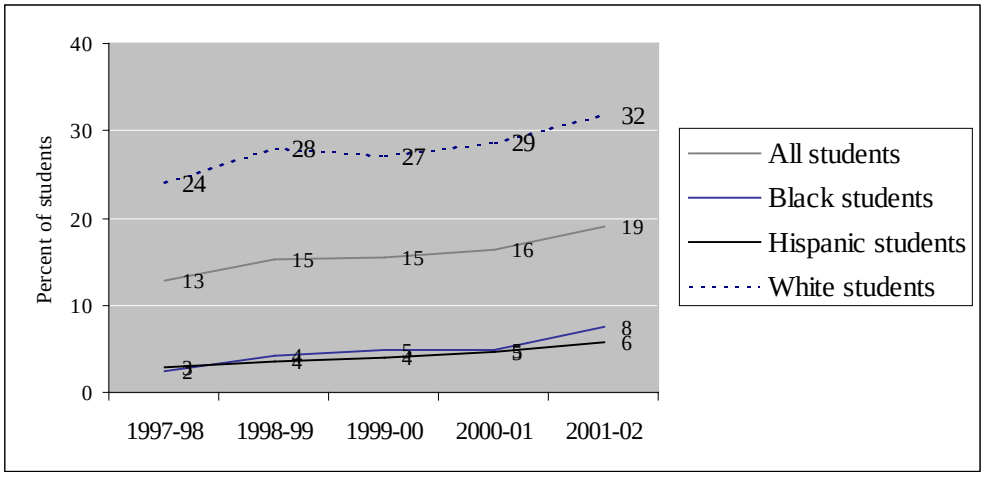


Fig. 38 Percent of all APS students, and percent of white, black and Hispanic students enrolled in advanced math classes, by year

Analysis: Over the five school years from 1997-98 to 2001-02, the percent of students enrolling in advanced math classes increased from 13 to 19 percent. The rate also increased for black and Hispanic students. In the 2001-02 school year, less than ten percent of black and Hispanic students took advanced math classes, compared to almost one-third of white students.

Source: Arlington Public Schools, Planning and Evaluation.

References

1. Horn, L. and Kajaku, L. (2001) *High School Academic Curriculum and the Persistence Path through College*, NCES 2001-163, Washington D.C.: National Center for Education Statistics, page 36 and www.ed.gov/thinkcollege/highschool.

Youth attitudes toward school

Definition: Youth attitudes toward school are measured using six indicators. Each indicator is equal to the percent of Arlington young people who report that they possess a specific developmental asset. The assets are: caring school climate (caring and encouraging environment), achievement motivation (wants to do well in school), school engagement (shows interest in classes and is prepared to learn), homework (at least one hour per day), bonding to school (cares about school), and reading for pleasure.[1]

Purpose: A caring school climate helps students feel more positive about school, have fewer behavior problems and achieve at higher levels. Teachers help create a caring school climate by having high expectations, acting fairly, and being friendly and approachable. The other five developmental assets together comprise a "commitment to learning," as defined by Search Institute. Young people who develop these internal qualities do better academically than other students in terms of a wide range of educational outcomes, including test scores, math and reading achievement, graduation and pursuit of higher education.

Findings:

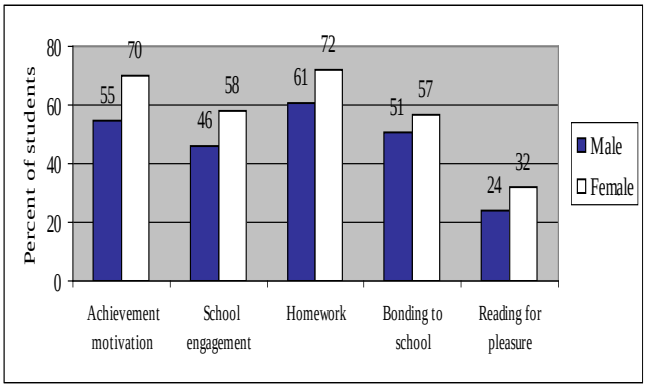


Fig. 39 Percent of students who report the five commitment to learning assets, by sex

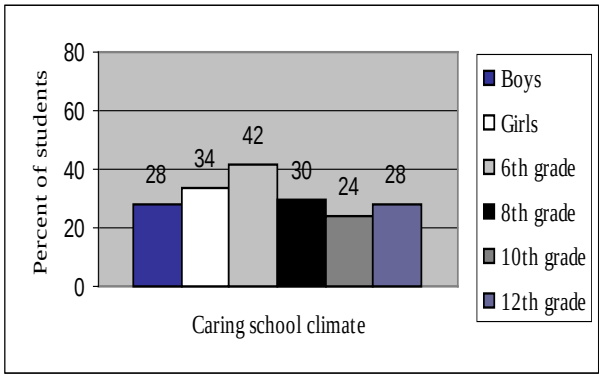


Fig. 40 Percent of students who report caring school climate, by sex and grade

Analysis: Students are most likely to report the developmental assets "homework" and "achievement motivation" and least likely to report "reading for pleasure." Young men consistently report lower levels of the "Commitment to Learning" assets and caring school climate. Rates of these five assets vary little by grade (not shown), with the exception of reading for pleasure, which is reported by about 40 percent of 6th graders but only about 20 percent of 10th graders. A similar decline occurs with caring school climate. While no one fully understands why older teens are so much less likely to report these assets, other communities who have done the survey have found a similar pattern.

Source: Search Institute, *Profiles of Student Life: Attitudes and Behaviors Survey*, March 2003. Results for 3150 public school students in 6th, 8th, 10th and 12th grades.

References:

1. Scales, P. and Leffert N. Developmental Assets: A Synthesis of the Scientific Research on Adolescent Development, Search Institute, page 37.

Parent involvement in school

Definition: This indicator is the percentage of Arlington young people who report that their parents are actively involved in helping them to succeed in school.

Purpose: Parental involvement and support of learning can significantly help a child to progress in school. This indicator reflects a wide range of activities, including attending school functions, having high expectations, taking an interest in lessons, monitoring and talking with children about homework, and encouraging children to read. Experts believe that as children grow older, they continue to benefit from these forms of involvement.[1]

Findings:

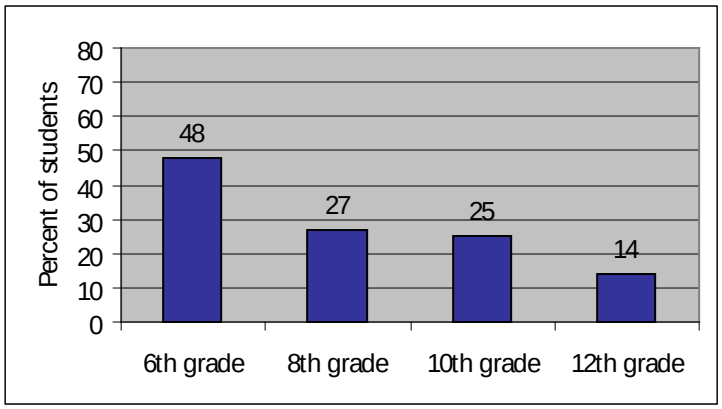


Fig. 41 Percent of students reporting the "parent involvement in schooling" asset, by grade

Analysis: Most young people report having little or no "parental involvement in schooling," as defined in this indicator. Further, this proportion is lower among students in higher grades. This decline occurs despite the fact that a large majority of parents feel welcome at school.

Source: Search Institute, *Profiles of Student Life: Attitudes and Behaviors Survey*, March 2003. Results for 3150 public school students in 6th, 8th, 10th and 12th grades.

Reference:

Palmer, R.B. et al (1993) Family processes, family interventions and adolescent school problems: A critical review and analysis. In K.L. Alves-Zervos & J.R. Shafer (Eds.), *Synthesis of research and practice: Implications for achieving schooling success for children at risk* (pp. 101-136). Philadelphia: Temple University, National Center on Education in the Inner Cities.

Feeling welcome at school

Definition: This indicator is the percent of parents who feel welcome at school, as reported in a survey of Arlington residents with at least one child enrolled in the Arlington Public Schools.

Purpose: School personnel can encourage parental involvement by making parents feel welcome at school and by helping parents to identify developmentally appropriate ways to encourage and promote the value of academics.

Findings: According to a 2002 survey of parents with children enrolled in Arlington Public Schools, 75 percent of those who responded strongly agreed with the statement "I feel welcome at school." Another 19 percent agreed somewhat. About two-thirds of parents strongly agreed with this statement in a similar study done in 1999. Can these results be generalized to all parents? The response rate for parents was 61 percent. In the vast majority of cases in which a response was not obtained, the interviewer was unable to reach the person selected for the survey; there were only 31 explicit refusals in a sample of over 1000. However, parents belonging to racial and ethnic minorities were underrepresented in the responses.

Analysis: Overall, parents who participated in the survey feel welcome at school and that percentage appears to have increased over the past four years. However, these positive reports of feeling welcome at school may mask important differences by subgroups – such as parents of middle school children and parents who belong to a racial or ethnic minority. However, the sample was not designed to give separate results for people with children in different grades or of different ethnic or racial backgrounds.

Source: Arlington Public Schools, Customer Satisfaction Survey, available online at http://www.arlington.k12.va.us/departments/planning_evaluation/downloads/2002_atittude_survey.pdf

Suspensions from school

Definition: These two indicators are (1) the suspension rate, by level of schooling (i.e. elementary, middle, or high school) and (2) the suspension rate among middle school students, by race and ethnicity. Both indicators are constructed using the number of unique individuals suspended at least once as the numerator and the total number of students (at a given level and race/ethnicity) as the denominator.

Purpose: The Arlington Public School system expects young people to be responsible and cooperative both in the classroom and at school-related events. Suspension from school is one of the most serious disciplinary actions used when a student has behaved in a disruptive way. As such, it should be used sparingly and applied fairly. These two indicators look at the frequency with which this technique is applied and whether certain groups of students disproportionately receive this action. Arlington Public Schools has established eliminating the differences in the suspension rate as one of its Annual Priorities for the 2002-03 school year.

Findings:

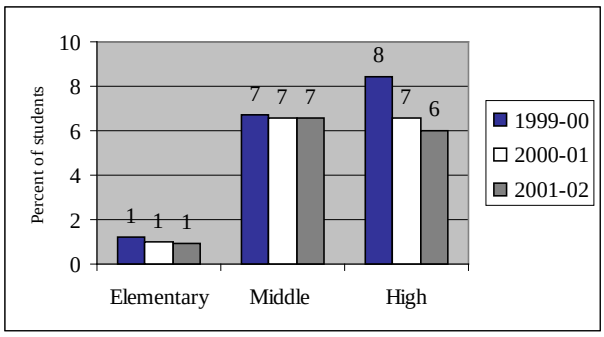


Fig. 42 Percent of students suspended, by level of school and by year

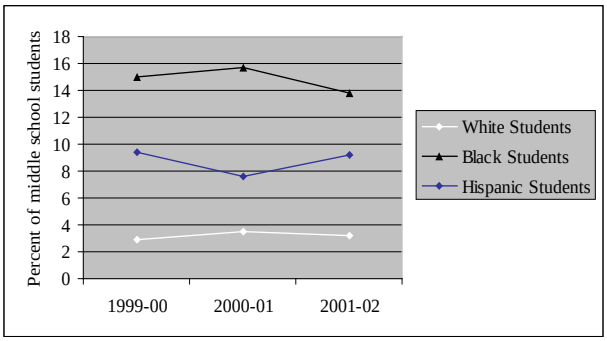


Fig. 43 Percent of middle school students suspended, by year and race/ethnicity

Analysis: Not surprisingly, suspension is least likely to be used as a disciplinary action among elementary school students and most likely to be used among high school students. Over the three-year period, suspension rates declined among high school students and remained essentially unchanged among elementary and middle school students. About seven percent of middle school and six percent of high school students were suspended at least once in the 2001-02 school year. The vast majority of students do not get suspended. Black and Hispanic students in middle school are more likely to be suspended than white students. Black students were less likely in 2001-02 to be suspended than two years earlier.

Source: Arlington Public Schools, Administrative Services

Sense of purpose and view of the future

Definition: These indicators are (1) the percent of Arlington young people who have a sense of purpose and (2) the percent with a positive view of their personal future. Both are part of the positive identity assets identified by Search Institute.

Purpose: These indicators focus on the future plans and outlook of a young person. As adolescents develop an identity, we want them to have a clear sense of what roles they can play in the community and to be optimistic about the future. A sense of purpose and positive view of the future go hand in hand with having a strong sense of support and a secure environment. In turn, these assets help young people to avoid feelings of distress and violent acts.

Findings:

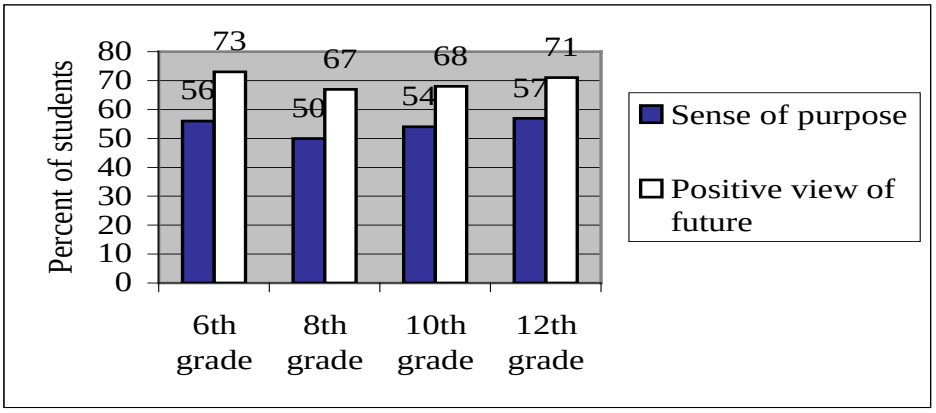


Fig. 44 Percent of youth reporting sense of purpose and positive view of future, by grade

Analysis: Just over half of young people report a sense of purpose. Slightly more than two-thirds have a positive view of the future. The proportion of youth with these assets is slightly lower in 8th and 10th grades.

Source: Search Institute, *Profiles of Student Life: Attitudes and Behaviors Survey*, March 2003. Results for 3150 public school students in 6th, 8th, 10th and 12th grades.

References:

1. Scales, Peter C. and Leffert, Nancy (1999) *Developmental Assets: A synthesis of the scientific research on adolescent development*. Minneapolis: Search Institute, pages 206-7.

Plans to attend college

Definition: This indicator is the percent of graduates of Arlington Public School who plan to attend either a two-year or four-year college.

Purpose: We want young people to leave secondary education with a desire to continue learning and with a clear understanding of the value of going to college. Having a bachelor's degree is increasingly a "gateway" to achieving economic independence and the ability to change careers as interests and values change. In 2000, young adults with a bachelor's degree earned from 60 percent (for men) to 95 percent (for women) more than their peers with a high school degree. Individuals with a college degree are more likely to work in full-time, year-round jobs. Higher education is also associated with better health (regardless of income) and being a regular reader (one attribute of an engaged citizenry.[1])

Findings:

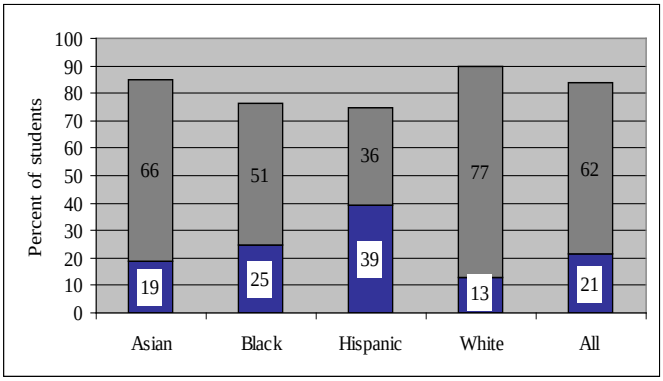


Fig. 45 Percent of 2002 APS graduates planning to attend two-and four-year colleges, by race / ethnicity

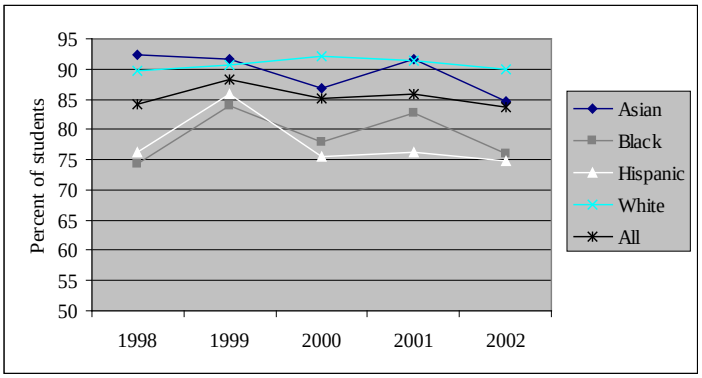


Fig. 46 Percent of APS graduating seniors planning to attend college, by race / ethnicity and year

Analysis: Most graduating seniors plan to attend college. In 2002, 84 percent of APS graduates planned to continue their education at a two-year or four-year institution. In 1992, the most recent year for which national data are available, 80 percent of all U.S. high school seniors indicated that they planned to attend college and 69 percent had applied.[2] In Arlington, there are persistent differences in plans to attend college by race and ethnicity, with black and Hispanic students typically less likely to report these plans. In addition, Hispanic students are three times as likely as white students to report planning to attend a two-year college, rather than a four-year college. Nationwide, there are also differences in plans to attend college by race and ethnicity. The national data showed that in 1992 black and white students were equally likely to plan to attend college (62 percent); Asians were more likely (73 percent) and Hispanics, less likely (53 percent) than white students.

Source: National Center for Education Statistics (2000) *The Condition of Education* and Arlington Public Schools, Planning and Evaluation.

References:

1. U.S. Department of Education, The Condition of Education 2002, pages 29, 63, and 66
2. Owings, Jeff. (1995) *A Profile of the American College Senior in 1992*, National Center for Education Statistics.

Community perceptions of Arlington Public Schools

Definition: This indicator is the percent of "community members" (i.e. individuals living in Arlington who do *not* have children enrolled in public schools) who give Arlington Public Schools a grade of "A" or "B."

Purpose: Strong support for schools requires that the APS be viewed positively by the community at large. Community perceptions are particularly important in Arlington County because 2000 Census data show that only 18 percent of households in the county have school-age children.

Findings:

Grade	2002 Arlington Public Schools Survey	2001 Nationwide Phi Delta Kappa / Gallup Poll
A	16	8
B	30	39
C	9	33
D	0.5	8
Fail	0.8	4
Don't know	44	8

Fig. 47 Percent of community members who give Arlington Public Schools an "A" or "B" and comparison data for nation

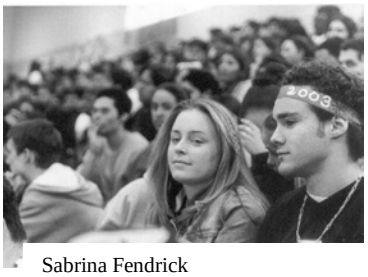
Analysis: Slightly less than half of community members give the public schools an A or B. However, no comparisons with a nationwide survey are possible because the percent who responded "don't know" is much higher among Arlington community members than among the nationwide sample. The results of the nationwide Gallup poll are presented for information only.

Source: Arlington Public Schools, Office of Planning and Evaluation, 2002 Customer Satisfaction Survey.

A Safe, Supportive Community

Introduction

Members of a safe, supportive community show their concern for young people in many ways, such as:



Sabrina Fendrick

- caring for young people and giving them a sense of physical and psychological safety in homes, schools, and neighborhoods;
- providing positive activities for young people in an atmosphere of respect and appreciation for others and where shared values are clearly articulated; and
- helping young people to develop leadership and responsibility through opportunities to contribute to their community in many ways.

Indicators

- Serious injuries and accidental deaths
- Safety and support for youth
- Activities and opportunities
- Positive peer relationships
- Violence and other antisocial behavior

Key Findings

- Serious injuries (i.e. requiring hospitalization) and accidental deaths of Arlington children from birth to age 19 fell steadily between 1998 and 2001. The number of injuries rose then fell for the youngest children (age 4 and under).
- Between one-third and one-half of young people report having community support in the form of positive relationships with adults (other than their parents) and caring neighbors. Sixty percent of boys but only 40 percent of girls report feeling safe at home, in the community, and at school.
- About 60 percent of youth participate in clubs or sports. But only half of girls and 40 percent of boys report spending time serving others. Less than a third feel that young people are given useful roles in the community.
- Only half of 12th graders report the assets of cultural competence and peaceful conflict resolution. Boys are markedly more likely to engage in violent or antisocial behaviors and to belong to gangs. Nearly half had hit someone in the past year and one-third had shoplifted. Juvenile arrests (of Arlington residents) declined 80 percent between 1998 and 2002.

What's Missing

We particularly need measures that tell us about opportunities for youth to participate in part-time work and employment. We also need information about the effectiveness of programs that target antisocial behavior and violence, particularly for boys.

Serious injuries and accidental deaths

Definition: These indicators are based on the number of serious accidental injuries (i.e. those resulting in hospitalization or death) of children living in Arlington. The data include injuries resulting from falls, fire, poisonings, motor vehicle accidents, drowning, choking, head injuries, and sports. Note that there are so few deaths each year, the number of deaths would not be useful as a separate indicator.

Purpose: Accidental injuries are a leading cause of death of children in Virginia and the nation.[1] In 1995, motor vehicle accidents accounted for 41 percent of all childhood injury deaths and 25 percent of all hospitalizations of children in Virginia.[2] Other leading causes of injury-related hospitalizations of children include poisonings and falls. Infants, boys, and children living in poverty are more at risk for injuries than are other children. Experts believe that virtually all of these injuries are preventable.[3] For example, 75 percent of children (age 5 to 14) who died as a result of vehicle accidents were not wearing seat belts.[4]

Findings:

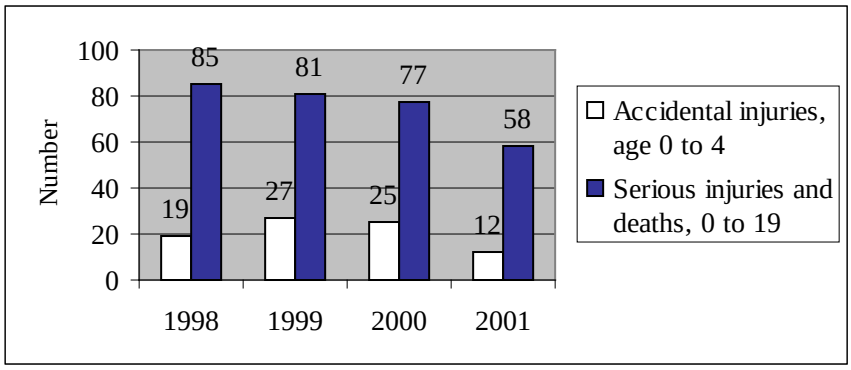


Fig. 48 Serious injuries and accidental deaths of children living in Arlington

Analysis: Overall, serious injuries and accidental deaths of children living in Arlington decreased by about 40 percent between 1998 and 2001. The largest percentage decline in accidental injuries occurred for children between the ages of five and 14 .

Source: Center for Injury and Violence Prevention, Virginia Department of Health

References:

1. Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being 2001*, Washington D.C.: U.S. Government Printing Office, pages 30-31.
2. Slater, W. K.,(1997) Injuries in Infants and Children, *Virginia Epidemiology Bulletin*. 97 (11).
3. Virginia Department of Health, Press Release, April 11 2002.
4. Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being 2001*, Washington D.C.: U.S. Government Printing Office, page 31.

Safety and support for youth

Definition: This set of indicators measures safety and community support for youth using three of Search Institute's developmental assets: safety (feeling safe at home, in the neighborhood and at school); caring neighborhood; and other adult relationships (young person has supportive adults other than parents.) A fourth indicator, victim of violence, is defined as the percent of teens suffering pain or injury from physical violence in the previous two years. As such, reductions in this indicator show increased well-being.

Purpose: Each of these assets measures a way of creating a safe and supportive environment for youth in the community as a whole. Research shows that communities that provide many different formal and informal support systems create the best environment for the positive development of young people[1]. In contrast, being the victim of a violent act has a damaging influence on development.

Findings:

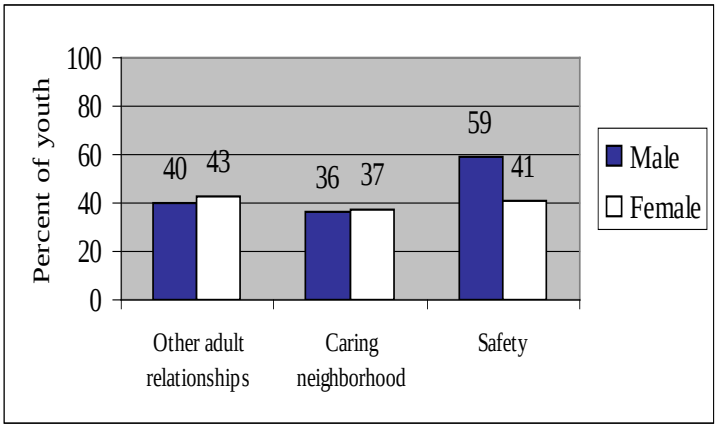


Fig. 49 Percent of youth reporting selected community assets, by sex

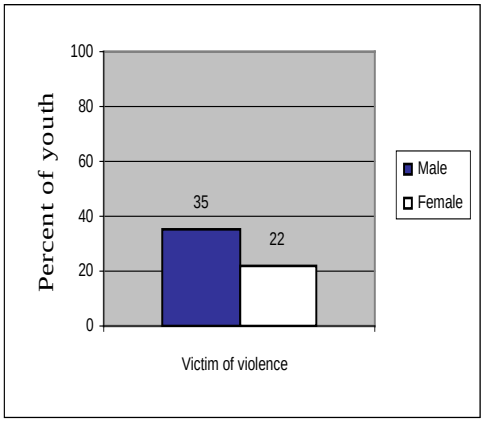


Fig. 50 Percent of youth reporting being a victim of violence in the past two years, by sex

Analysis: Young people report relatively low levels of the assets that most closely measure support from the community outside of families and schools. Fewer than half report having support from adults other than their parents or experiencing caring neighbors. Boys are more likely to report safety than girls. And about one-third of teenage boys and one-quarter of teenage girls have experienced pain or injury from physical violence in the previous two years.

Source: Search Institute, *Profiles of Student Life: Attitudes and Behaviors Survey*, March 2003. Results for 3150 public school students in 6th , 8th, 10th, and 12th grades.

References:

1. Scales, P. and Leffert N. (1999) *Developmental Assets: A Synthesis of the Scientific Research on Adolescent Development*, Search Institute, page 22.

Activities and opportunities for youth

Definition: This set of indicators reflects the ways that Arlington young people use their time and whether youth feel they have an opportunity to contribute to their community. The developmental asset "youth as resources" is the percentage of youth who feel that they have a voice in decision-making and opportunities to make the community a better place. The assets "youth programs" and "service to others" are defined as the percent of youth spending three or more hours per week in sports, clubs, and after-school activities or serving in the community. TV overexposure is a deficit defined as spending three or more hours per school day watching TV or videos, leaving little time for more positive activities.

Purpose: Communities that provide many opportunities for young people to engage in positive activities help them in two ways. First, the caring relationships formed through these activities nurture the development of positive values and competencies that young people need to become healthy and responsible adults. Second, these positive activities help young people to avoid risk behaviors such as fighting, vandalism, and gang membership.

Findings:

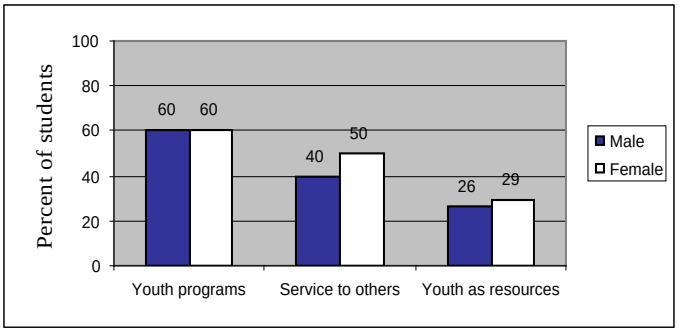


Fig. 51 Percent of youth reporting selected assets related to activities and opportunities for youth, by sex

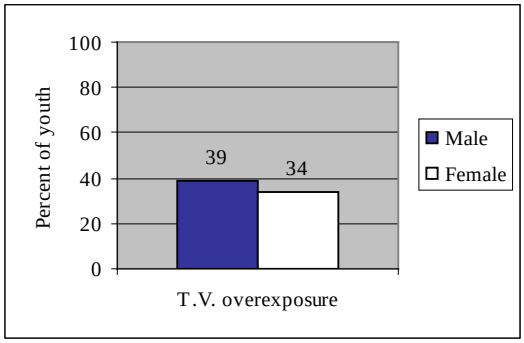


Fig. 52 Percent of youth reporting TV overexposure, by sex

Analysis: A slim majority of young people report the asset "youth programs." Not quite half report service to others, with girls more likely to report this asset than boys. Less than a third of young people feel they are given a useful role in the community. This percentage is higher for students in 6th grade (40 percent compared to 22 to 25 percent among students in older grades.) Over one-third report TV overexposure. Boys are more likely to report this developmental deficit.

Source: Search Institute, *Profiles of Student Life: Attitudes and Behaviors Survey*, March 2003. Results for 3150 public school students in 6th, 8th, 10th, and 12th grades.

Positive peer relationships

Definition: This set of indicators examines the nature of the relationships that youth report with their peers using three of Search Institute's developmental assets: positive peer influence (friends model responsible behavior); cultural competence (knowledgeable of other cultures and comfortable with people of different backgrounds); and peaceful conflict resolution (ability to work out differences without violence.)

Purpose: The values and behaviors of peers can have a strong influence on young people's behaviors. Positive peer influence has been associated with increased self-esteem and self-competence, higher achievement and lower use of alcohol. Social skills such as cultural competence and peaceful conflict resolution make it easier for young people to gain the acceptance of peers and form friendships, without engaging in risk behaviors.[1]

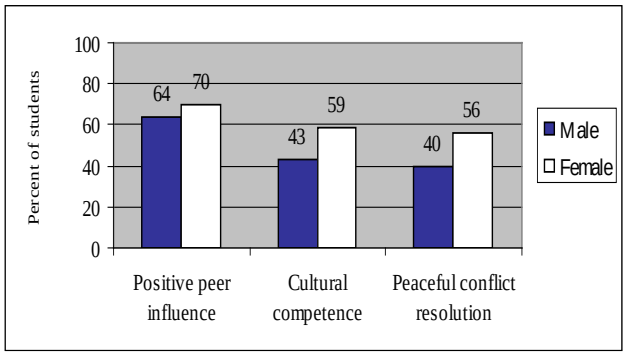


Fig. 53 Percent of youth reporting selected assets related to positive peer relationships, by sex

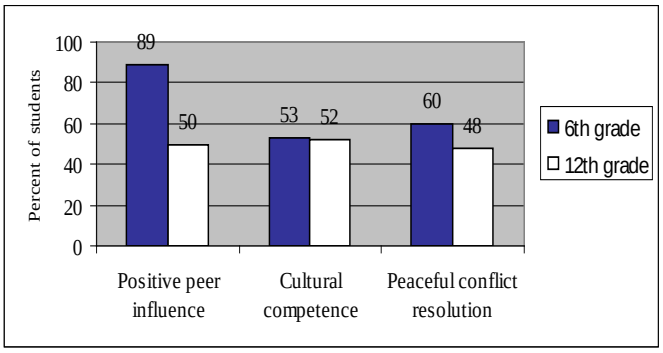


Fig. 54 Percent of youth reporting selected assets related to positive peer relationships, by grade

Findings:

Analysis: Sixth grade students are more likely to report each of these assets than 12th grade students, with an especially large difference for positive peer influence. Girls are more likely to report each of these three assets, with especially large differences in *cultural competence* and *peaceful conflict resolution*. Boys and girls are about equally likely to report having friends who model positive behaviors. Among 12th grade students, about half report each of these developmental assets.

Source: Search Institute, *Profiles of Student Life: Attitudes and Behaviors Survey*, March 2003. Results for 3150 public school students in 6th, 8th, 10th, and 12th grades.

References:

1. Scales, P. and Leffert N. (1999) *Developmental Assets: A Synthesis of the Scientific Research on Adolescent Development*, Search Institute, pages 173-193.

Violence and other antisocial behavior

Definition: These measures are based on arrest data and survey results related to violence (hitting, carrying weapons, and threats) and other antisocial behavior (shoplifting, vandalism, trouble with the police) as reported by Arlington youth. The statistics on hitting and shoplifting include even a single incident. The "high risk" measures focus on persistent, repeated behavior i.e. three or more incidents in the past year. Arrest data are limited to arrests of youth who reside in Arlington County.

Purpose: These indicators examine the safety and support of the community from a negative perspective, complementing the positive view provided by assets (the positive experiences and qualities that promote development.) In particular, the level of youth violence and delinquency can be viewed as an indicator of how well community institutions (including families, schools, and other organizations that work for and with youth) are doing in helping young people develop self-control and channel their behaviors to acceptable norms.[1] Social factors, including gang membership, are especially important for shaping these behaviors in adolescents ages 12 to 14[2].

Findings:

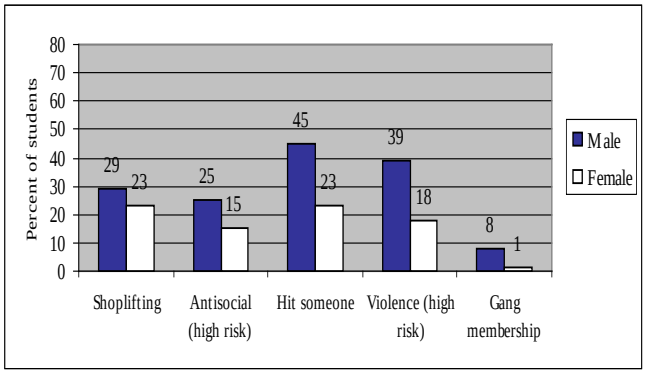


Fig. 55 Percent of youth in grades 10 and 12 reporting selected risk behaviors, by sex

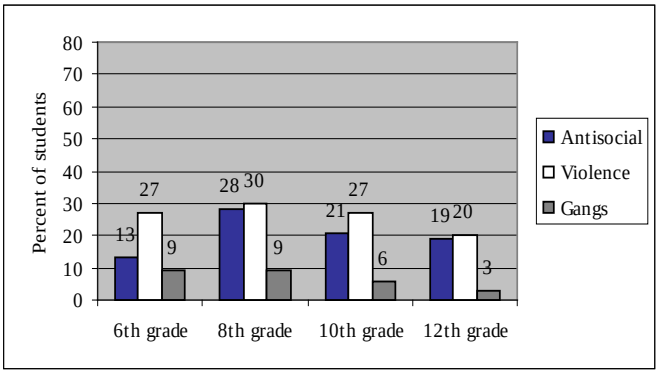


Fig. 56 Percent of youth reporting selected high risk behaviors , by grade

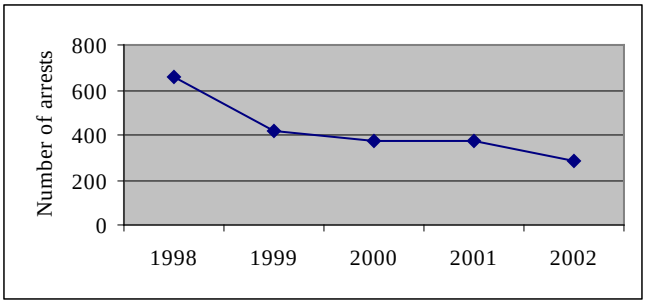


Fig. 57 Number of arrests of Arlington juveniles, by year

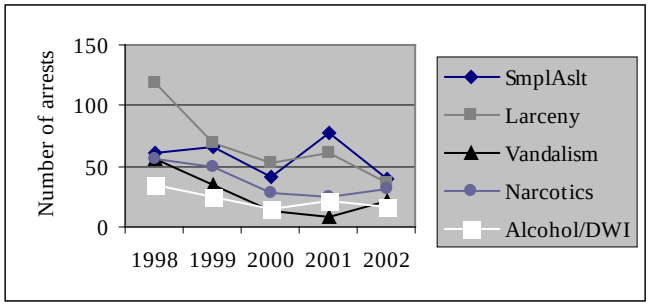


Fig. 58 Number of arrests of Arlington juveniles for selected charges, by year and type of charge

Analysis: These behaviors show marked variation by gender and age. Boys are more likely than girls to engage in all of these violent or antisocial behaviors. This behavior peaks in the 8th grade. Juvenile arrests are the only data in this set for which trends are available. Juvenile arrests (for youth residing in Arlington) fell from 662 to 284 between 1998 and 2002, driven by large declines in arrests for simple assault, larceny, vandalism, and narcotics. (Simple assaults,

however, increased in the last year.) In addition, in 2002, girls accounted for a far higher proportion of arrests for alcohol offenses, consistent with other data on increases in drinking by girls. It's also important to note that self-report data from 2001 and 2003 suggest that about 10 percent of youth had driven after drinking alcohol in those years.

Source: Data on hitting, shoplifting, and high risk patterns of violence and antisocial behavior are from Search Institute, *Profiles of Student Life: Attitudes and Behaviors Survey*, March 2003. Data on gang membership are from the Youth Risk Behavior Survey, June 2001. Results of both surveys are for public school students in 6^{th}, 8^{th}, 10^{th} and 12^{th} grades. Data on juvenile arrests are from the Arlington County Police Department Record Management System.

References:

1. Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being 2001*, Washington DC: U.S. Government Printing Office.
2. Hanna, A. (2001) *Risk and Protective Factors for Delinquency*, Juvenile Services Report, Virginia Department of Criminal Justice Services.

A Closer Look
Recommendations for Improving the Indicators

This closing chapter contains recommendations for making the report card better. We identify ways *to develop* new indicators to fill in gaps that exist because currently we have few or no hard numbers on a topic. An example is housing quality. We also identify ways *to modify* selected indicators. For example, kindergarten readiness data would be more useful if the data were broken down by student economic status (as measured by eligibility for free and reduced lunch.)

Starting Healthy, Staying Healthy	Stable and Secure Families	Educational Readiness and Success	A Safe, Supportive Community
On-time immunizations	Secure employment	Kindergarten readiness	Opportunities for part-time work
Pass rates for physical fitness tests	Quality of housing	Curricular intensity	Bullying
Access to health care and mental health care	Quality of child care	Parents feel welcome at school, by grades and race/ethnicity	
Use of car seats	Access to parenting classes		
	Child abuse		

Fig. 56 Report card indicators to be added or modified

Starting Healthy, Staying Healthy

New Indicators: The report card currently lacks any systematic method of measuring access to health care, particularly for younger children, and use of car seats.

Access to care can be measured a number of ways, including

- Health insurance coverage,
- Having a regular source of care or "medical home,"
- Unnecessary or preventable hospitalizations,
- Distance (or transportation time) to a medical provider.

It's also important to develop some type of measure of access to mental health care, particularly in view of the one-third of young people who report feelings consistent with depression.

Use of car seats is a basic safeguard for accidental injuries in motor vehicles. For older children, we have self-reported information on seat belt use. But for younger children, we do not have any information about these safeguards.

Modifications to Indicators: The current version of the report card contains limited information on immunization status and physical fitness of Arlington's young people. The immunization status for all two-year-olds is assessed only when they reach kindergarten. And the physical fitness data (on each of four tests) does not give us an obvious way to provide a composite measure of fitness.

Our most comprehensive source of data on immunization status at age two is the assessment done years later when a child enters kindergarten. Reducing the lag between the missed shots (at age two or younger) and the assessment of the problem (at age five) would make it easier to track progress and to identify effective interventions. At the national level, the Centers for Disease Control has moved to a massive telephone interview system that includes contacts with both parents and providers. At the local level, one possible approach is to sample more licensed care providers (day care centers, Head Start, licensed family day care providers) each year and use that information (in combination with data from Arlington Public Schools on child care setting) to learn more about immunization status of children before they reach school age.

The physical fitness data on four separate tests may give us an overly optimistic picture of the health status of your youth. In particular, the 1996-97 data show that high percentages of young people pass *each* test but relatively few pass *all* four tests. (If 80 percent of students pass each test but the 20 percent who fail each one are different, then only 20 percent of students pass all four tests.) We recommend reinstating the collection of the combined pass rate at one middle and high school to see whether this relationship still exists.

Stable and Secure Families

New Indicators: The report card does not contain any measures of secure employment for parents; the quality of housing or child care; or demand for and access to parenting classes. Why do we need these measures?

- Secure parental employment reduces poverty and its pervasive negative effects on children's physical, intellectual, and mental well-being. At the national level, there are data on the percent of children whose resident parent(s) are employed in a full-time, year-round job.
- Quality of housing: Living in inadequate or overcrowded housing also has a range of detrimental effects on children. At the national level, there are data on the percent of children living under these conditions. "Crowding" is defined as having more than one person per room. "Inadequate" housing is defined as housing that either lacks complete plumbing for the residents' exclusive use, or relies on unvented room heaters, or has multiple problems with "upkeep," such as leaks or rat infestation.
- Quality child care goes beyond affordability to look at the nature of the programs in which young children spend their time. The Action Alliance for Virginia's Children and Youth recently proposed some possible measures including high staff-child ratios, staff qualifications, strong parental involvement, and national licensing and accreditation. Several of these appear in a "report card" issued by Kansas City and other communities.
- We also need to develop a better way to identify families who need help to afford high quality child care. TANF cases no longer tell us the number of poor families because individuals or families who have exhausted or lost benefits (for example, for failing to

find work) typically remain poor. In addition, other working families (including those leaving TANF for employment) may not be able to afford the kind of child care that best prepares kids for school and productive adult lives.

Parents serve a critical role as teachers during early childhood and throughout the lives of their children. However, they do not necessarily know how to communicate effectively or fully understand the normal developmental stages. In one study of 413 parents of high educational and income levels, parents reported that they perceived child rearing to be quite difficult and expressed concern over behavior that was normal to their child's stage of development.[i] While Arlington County offers some parent education classes, these largely serve families referred by the courts. Classes offered through the school system largely target families of children enrolled in ESOL/HILT, although PTAs offer occasional workshops on different topics. As a result, there is little or no "hard data" on the demand for such programs or the ability of parents to find suitable classes.

In three of these cases, secure employment, housing quality, and child care quality, there are well-established procedures for collecting information on the indicator at the national level. As a first step, we recommend learning more about data collection at this level, with the goal of identifying a way to collect similar data at the local level. Information on demand for parenting classes could be embedded in existing surveys of the community members done by either the County or Arlington Public Schools.

Modifications to Indicators: The indicator we used to measure need for child care subsidies probably underestimates need, as discussed in that chapter. Briefly, we draw that conclusion because there is little outreach done to make parents aware of subsidies and because the high cost of living in Northern Virginia means that families who earn "too much" for the subsidy probably don't make enough to afford quality child care. We also noted the possibility of need for subsidies during job search, particularly for low-income workers with unstable employment. Having measures of the quality of child care and stable parental employment would allow us to more accurately gauge the need for child care subsidies.

A second statistic that may need modification is the number of "founded" cases of child abuse. The introduction of the family assessment program made a fundamental change in the system for investigating child abuse and thus the interpretation of this statistic. We need to closely watch the data on family assessments. In addition, Arlington County may need to develop a separate set of indicators to verify that family assessments are achieving their goal of creating a less punitive system while still investigating the most serious abuse.

Educational Readiness and Success

New Indicator: Adding new indicators on "kindergarten readiness" and "curricular intensity" would significantly enhance this set of education-related measures.

The current measure of readiness is limited to attendance at a preschool program by age four. This is important information and the Partnership recommends that Arlington Public Schools continue to track this information for all entering students. A better indicator, however, would

be a *direct* and *comprehensive* measure of readiness that includes all five dimensions of early development and learning identified as important by the National Education Goals Panel. The panel recommended the following five dimensions be measured:

- Physical well-being and motor development
- Social and emotional development
- Approaches toward learning
- Language development
- Cognition and general knowledge

Instruments to assess these dimensions of school readiness are readily available. (A special report from the University of Pittsburgh Office of Child Development lists many of the assessment tools that have been developed and are available.) For example, the Battelle Developmental Inventory Screening Test is a 20 to 30 minute test that can be used to assess personal and social skills, adaptive behaviors (i.e. dressing), psychomotor ability, communication and cognition in children from six months to eight years of age. These types of screenings have been adopted by some school districts (e.g. Minneapolis) and states (e.g. North Carolina).

Curricular intensity is another measure appropriate for assessing older youth's readiness for advanced education. The U.S. Department of Education has conducted several studies in the past decade that demonstrate a strong link between "academic intensity" in high school and persistence in college. Intensity includes participation in advanced placement course, but is considerably broader, looking at the highest level of math completed, "Carnegie" units in core areas and other factors. Once measured, intensity has a stronger link than SAT scores or even grade point average in predicting persistence toward a degree, the goal of most of the county's graduating seniors. The data for this indicator should be readily available from electronic transcripts.

Modifications to Indicators: Arlington Public Schools (APS) plans to re-survey parents and community members every two years. We recommend that APS staff consider modifying the sample design to answer two questions. First, do parents who belong to racial or ethnic minorities feel as welcome as other parents? Second, do parents of middle and high school students feel as welcome as parents of elementary school children? The current system doesn't allow APS to answer those questions and thus doesn't give school system personnel the information they need to dispel or verify longstanding anecdotal reports that certain groups of parents do not feel welcome in school.

Safe, Supportive Communities

New Indicator: We recommend adding two new indicators to this section of the report card: opportunities for part-time work and bullying. While the Assets survey does contain some information on how youth spend their time (doing homework, in religious activities, clubs, and sports) it does not ask specifically about employment. Similarly, while both youth surveys conducted by the Partnership ask about being a victim of physical violence (and property damage), bullying takes other forms not specifically addressed in the questionnaires.

We recommend adding an indicator that tells us how many young people work full-time, part-time or not at all, and in what kinds of jobs. Part-time work appears to offer the benefits of work experience without the known detrimental effects. Work experience can benefit young people by helping them learn about the skills and personal characteristics needed for job and career success. Studies have shown, however, that employment may decrease study time and increase absenteeism from school.[ii]

To gather this data, we could add a set of questions to the high school version of the Youth Risk Behavior Survey. The questionnaire is already lengthy so the fewest possible questions will be added.

Bullying is not just physical. Many researchers also include "relational aggression" under this heading. Relational aggression are actions such as spreading rumors, name-calling, and excluding targeted individuals with the intent of hurting that person. Researchers have found that victims of relational aggression have many of the same symptoms as victims of physical aggression.

Current surveys of Arlington's 6th, 8th, 10th and 12th grade students ask about being victims of physical violence and aggression but not about being a victim of bullying per se. Again, we could add a set of questions to the Youth Risk Behavior Survey to track how often young people report engaging in these behaviors or being victims of them.

Conclusion

While the current report card offers a broad statistical portrait of Arlington's youth, there are some omissions. These gaps are particularly apparent in the areas of health and family situation. And, because they are too young to complete our youth surveys, statistics on children younger than 6th grade are also lacking. The community can address most of these gaps – all of these data are available at the national level and some local governments are collecting them, as well. It will, however, require surveys of parents on issues related to young children, parent education, health care and insurance, and other issues. It will also require modest changes to current data collection practices. We believe that the value of the additional information will be well worth the cost. Only with accurate data can our community begin to track its progress in making Arlington a safer, more supportive place where children can thrive.

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[i] O'Brien M (1996). Child-rearing difficulties reported by parents of infants and toddlers. *Journal of Pediatric Psychology*; 21(3): 433-46.

[ii] Federal Interagency Forum on Child and Family Statistics, A*merica's Children: Key National Indicators of Well-Being 2001*, Washington D.C,. U.S. Government Printing Office. page 57.

Photos and Photo Credits

No.	Chapter /Page	Photographer	Description
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3	Starting Healthy / 6	Duy Tran	Two boys in swimming pool
4	Stable and secure families/ 17	Israel Dyson	Father and toddler in church
5	Educational readiness and success / 27	Edwin Mijango	Mom and child, writing
6	A safe, supportive community / 40	Sabrina Fendrick	Kids in class
7	A closer look / 47	Antonio Paz	Mom, dad, and toddler
8	Cover	Adriana Torres	Young man with flag
9	Cover	Albert Hernandez	Girl in traditional clothing
10	Cover	Abdul Azeem	Young man reading
11	Cover	Juan Jose Rivera	Young woman reviewing voting materials

Credits: This document is the result of the assistance, advice and critiques of many members of this community who all care deeply about our young people. Our thanks to those listed below and to over 80 individuals who participated in the work groups that first identified many of these indicators.

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Ordering Information: Single copies of this document and the full report are available from the Partnership while supplies last. Contact Anne Vor der Bruegge at (703) 228-1667 or avorde@co.arlington.va.us. The full report is also available at www.arlingtonpartnershipforyouth.org.

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Email sent to Citizen Reviewers.

Thank your for agreeing to review this draft Community Report Card on the Status of Children, Youth, and Families. Members of the Partnership have reviewed earlier versions but you are the first community members to take a look at it. We need and value your input.

All of your comments are welcome. But if you would like a little 'structure' to guide your review, please consider the following:

Introductory Material (Preface, Forward, Introduction, Summary)

- Do I understand what this report is, who did it and why?
- Do these sections make me want to read the rest of the report?
- Are these sections too long, too short or just right?

Main Chapters (Starting Healthy, Staying Healthy; Stable Supportive Families; Educational Readiness and Success, Safe and Supportive Communities)

- Do I understand what each indicator is?
- Do I have a context for each indicator - do I know why it matters?
- Can I go back and forth between text and graphic and not get lost?
- Do I agree that the most important points in the chapter are highlighted under key findings?
- Is the set of indicators in each chapter complete – or are there other indicators of health, educational readiness or whatever that should be included (What other things?)

A Closer Look

- Do these recommendations for improving the indicators make sense?
- Do these recommendations seem worth doing?

Overall

- Is this way too long, too technical, or too whatever for our intended audience of "activist citizens" (aka "movers and shakers"?)

Remember, this document is still under review. Please don't quote it so that we have a chance to make revisions (based on your comments) and put the final touches on it.

Substantive changes to 2004 report card in response to citizen reviewers.

1. Submitted request for additional data from Virginia Depart of Health to break out HIS by mother's education, in addition to race of mother. I believe it will be possible to do this analysis.
2. Plan to calculate the correlation between percent of students eligible for free and reduced lunch and the percent of students fully immunized at age two.
3. Clarified that we do not have detailed data on timing of last physical by SES or school.
4. Clarified that "depressive" symptoms are persistent and disruptive and that the study cited found that 80 % of depressed teens, as identified by standard diagnostic criteria, do not get psychiatric treatment. In other words, these kids are really depressed.
5. Adding data on frequency of alcohol use to clarify that this is not merely experimental use of alcohol.
6. Added the following technical note to the statistics on "Family Assets": **Technical Note:** These numbers don't literally mean that 80 percent of 12^{th} graders have no positive family communication. In reality, all young people experience assets to some degree. To simplify reporting, those who experience low levels of the asset are grouped together and those with high levels (above some threshold) are grouped together and "have" the asset. So, what these data mean is that only 20 percent of 12^{th} graders experience levels of this asset above the threshold.
7. No change but had a query as to whether data on pre-K experiences are available by school.
8. Added information about the implications of paying more than 40 percent of income on housing to front page of section on Stable Families.
9. Clarified that older teens continue to need family boundaries while they internalize principle of responsible behavior.
10. Added short definitions of the Commitment to Learning assets and noted that we don't understand all the reasons for the decline in reading for pleasure but it's a common pattern.
11. Noted that black, Hispanic and Asians tend to be less likely to respond to surveys than whites in other surveys (so it's clear that this is not solely a problem with the survey of parents.)
12. Comment asked whether most of the suspensions are of boys. I will contact APS to find out. Reviewer also asked "What is APS doing to correct this?" but we have not tried to grapple with that issue in the report card with any of the indicators.
13. Added "school climate" to youth attitudes about school in response to a comment that we needed an indicator to show whether students feel welcome at school and feel that teachers care about them.
14. Several comments from one reviewer seemed to suggest that youth employment is a bad thing.
15. Modified definition of healthy start index to emphasize that the statistic is based on all births to mothers residing in Arlington, and not just births that take place in the County.
16. Added information on national trends in immunization rates.
17. Added short sentence on reasons teens drop out of APT

18. Questioned if there are records of the ages of those arrested.
19. Found it notable that sixth graders were less likely to report safety and more likely to report positive peer influence.
20. Found statistics on community support for youth to be "vague" and thinks this area needs work.
21. Questioned how we improve community perceptions of Arlington Public Schools.
22. Changed responsible sexual behavior to sexual behavior
23. Added data on high risk use of alcohol in response to question about frequency of substance use

Comments from Technical Reviewers

From Scheiner (referred by John Andelin)

Over all I found the report clear and easy to read. The format leant itself well to following the logic of the discussion and grasping the major points. However, I do have several comments and critiques.

As a statistician, my major comment is a lack of sufficient justification for some of the conclusions. First, any statistic should be accompanied by two other pieces of information: a measure of the accuracy of the statistic (e.g., 95% confidence interval or standard error) and the sample size. These allow the reader to reach an independent assessment of the conclusions. Neither of these pieces of information are provided anywhere and I realise that they may not be in any of the source documents. It is also probably too late to add this information. For next year, consider adding an appendix with this information. If possible, add information on sample sizes to the paragraph on data sources.

Of more immediate concern, you are inconsistent in how small differences are treated. (I realise that this is probably because different people wrote different parts.) In some cases, differences of a few percentages are deemed not significantly different, while elsewhere smaller differences are treated as significant. Without some sense of the sample size, it is impossible to tell if these are real or not. Perhaps all of the changes are simply sampling error. At minimum, sampling error as an alternative explanation needs to be presented (e.g., p. 12).

Nowhere in the document do you define the ages and grades which make up elementary, middle, and high school. For example, does middle school include 5th grade?

You are inconsistent in the the formats used for graphs. In many cases you use bar graphs when line graphs would be more appropriate (e.g., compare figures 8 and 33).

p. 11: There is a seeming contradiction. At the top of the page you say that

aerobic fitness is the best measure of fitness, then at the bottom you say that there is a problem with relying on a single measure. The caption for figure 10 is incorrect. Also, given the age of these data, I question their relevance.

p. 14: You discuss the limitations of the data as they do not show rates, but do not indicate any attempt in the future to get a better metric.

p. 15: The data are compared to national averages, but the values for the latter are not presented. Be specific.

p. 17, first bullet under Findings: Instead of just saying "A significant percentage" also give the actual value. The term "family boundaries" is used here but not defined until much later in the document.

p. 23: I strongly question the usefulness of 10 year old data given the tremendous changes over the past decade in the housing market in Arlington. At a minimum you should also provide information on changes in average housing costs and income distributions over that time period. That might provide some context. If not, delete but add as a new indicator to be developed at the end of the document.

p. 26: It would be very useful to have a parallel parental assessment of these issues. Knowing my own daughter, her perception of these issues is often quite as odds with mine and my wife's.

p. 31, bottom: Comparisons are made with state pass rates. Be specific and provide values.

p. 33: Why only math? I know from the analyses that we did as part of the Science Advisory Committee, these rates differ a bit among AP classes. It should be easy to provide overall rates and number of advanced class participation. Both the overall rates as well as those for individual classes is important. Change the y-axis scale to a maximum of 25%.

p. 37: The numbers above the bars in Figure 41 do not seem to match the bars themselves. I am guessing rounding error. Presenting the numbers to the tenths place should solve this problem. What is the source of these data?

p. 38: I disagree with the claim that these indicators should show a simple progression from grade to grade. Rather, the middle and early high school grades are often the years of greatest confusion by children as they leave the easy simplicity of childhood and are faced with impending adulthood. The pattern is just what I would expect. Confidence in 6th grade, more confusion in 8th and 10th, and then increasing confidence in 12th as post-high school plans are solidified. Also, the data on "positive view of the future" seems

to contradict the data presented on p. 15 about depression and suicide. At minimum, something should be said about these alternative measures of teen additudes, which mostly reflects that teens are often confused and additudes vary from day to day. [My duaghter is 18 and has just graduated from Yorktown, so I have seen this up close for the past several years!]

p. 39: Compare these rates with national rates, which I believe are much lower. It would also be very interesting to link these rates with SAT scores and AP rates. I am willing to bet that the college attendance rates for blacks and Hispanics is higher than would be predicted based on SAT scores and AP rates alone. If nothing else, it might indicate either what Arlington is doing right or where efforts should be directed.

p. 43: The data in figure 48 are presented as a negative. But shouldn't the question be how many kids have at least 1 of these resources? At minimum, the story is more conplex than presented here.

From Ginny Salb
just read the draft. Very informative. I noticed that you are wanting better immunization data. You may not be aware that FHS Immunization Outreach complete CASAs in every elementary school for a our own analysis of our immunization rates. The state also does CASAs on a sampling of schools on a yearly basis. Usually our analysis provides a more comprehensive view of these rates and gives us more information about certain areas in Arlington.

We also have an individual that evaluates current immunization status in Family Day Care sites. Her job is to identify immunization needs and assisting the parents in obtaining needed immunization. During the course of a year she is able to visit ½ of the total number of sites. We are
planning to do additional CASA analysis on these children — not so much a retrospective, but more current immunization status at 2 years of age in real time.

We also are establishing a tracking system of newborns from Arlington hospital so we can followup with families to encourage on time immunization. These child will be tracked for the first 2 years of life.

We would love to assist you with data collection for your next report especially regarding immunizations. If you are interested in further discussion or just brainstorming, please contact me, Carolyn French, and Veronica Barcelona.

Great job.

Questions for Kathy Wills, Director of Planning and Evaluation, APS

Kathy, this is my list of questions for you. I will try to talk to Deb DeFranco about the first two. But I'd still appreciate it if you could look at all these sections (and the whole report if you have time, ha!) and especially the recommendations affecting APS.

Starting Healthy, Staying Healthy

1. Regular exercise: Have I accurately characterized the effect of PE requirements on "regular exercise" patterns reported by youth?
2. Physical fitness test results: Do you agree that the results of the aerobics test is the single best measure of fitness (of the four tested). Am I making a big deal out of nothing by noting that in 1997, when there was data on who passed all four tests, only 25% of girls could?

Stable and Secure Families

1. The section on outcomes for teen mothers is quite long and has been reviewed by Marilyn Faris Scholls. But it might be a good idea for someone else to take a look.
2. Eligibility for free and reduced lunch. Do these statistics seem right? I will probably add something about variability in different parts of the County.

Educational Readiness and Success

1. Here and in the recommendations we are advocating that schools continue to collect data on pre-school experiences of kindergartners. Any problem with that?
2. First-grader promotion rates – any objection to dropping this. (In some states and jurisdictions, it seems to be a good indirect indicator of school readiness but it shows too little variability for that in Arlington.)
3. Average daily attendance. I need to give some thought to why attendance and skipping school are both so high. But if you have any ideas please let me know.
4. Test scores. I've had some feedback asking for specific comparisons with SOL scores for Virginia (I do note that Arlington's are higher.) My preference is to refer people to the APS Web site but if APS wants them in here, I'll add them in.
5. Differential enrollment in advanced courses. I picked one, math classes, because they seem to be a marker for attending and doing well in college. If you had to pick one, what would it be? Is it really necessary to show more (as one community reviewer suggested)? I saw there was some variability by class but the story was essentially the same. Also, just FYI, I tried to use the same approach APS uses (calculating the ratio of participation in advanced classes to their percentage of the student population. My most statistically savvy reviewer found it very confusing so I had to revert to what's presented.
6. Feeling welcome at school. As we discussed, I had some community reviewers express strong disbelief about the results of the parent survey. The problems seem to be with minority parents and parents of older children and the sample wasn't really designed to look at those groups separately. But I think I got too longwinded. I'm also going to add the assets survey results for school climate to round out this discussion.

Recommendations:

1. Reinstate collection of physical fitness test scores to see who passes all four tests.
2. Do a more systematic and comprehensive assessment of kindergarten readiness.
3. Revamp the parent survey to look at parents of older kids vs. younger, minority vs. not
4. Develop measures of curricular intensity (better measure of future success in college.)

From Ann Friedman

I read the report card - and I find it sobering on several fronts. It shows a lot of work and care in gathering and displaying the data - good job. And it shows just how much more it would be nice to know! I thought the report as a whole was good - and your planned directions appropriate. I think in many cases it will be very hard to identify the overall determining factors in order to influence the outcomes.

A few specific comments:

- a table of contents would be helpful - it would save paging through to find sections.
- the weakest part of the document was the summary - some of the data did not roll up well into summary form. I would go back and look at that section again. It was not as compelling as the document as a whole. For example, "about one-third of babies are born into...." Is this in Arlington? "From 40 to 80% of older teens..." - isn't this range too large to be significant? "Attendance is high" on one page with "they are more likely to skip school" on the next page - hard to reconcile the two statements.
- The Key Findings sections of "Staying healthy" and "Secure Families" were unclear. Is that local or national data? In the other sections it was clearer. Knowing where the data comes from - and whether it is national stats or local is very important. Even if you have to repeat the origin of the data each time I would suggest you do it.
- Targets - going to the community to set these is a good idea. It will be hard to determine the most important contributing factors, but the conversation will be beneficial.

From Kathy Wills

I don't have my original notes, but I think most of the changes were made. I noted a few things (include one or 2 new items).

p. 30 - promotion and retention decisions aren't really made with SOL results. Decisions are made before results are received. One thing that does happen at the middle and high school is that a student's schedule can be affected by results - - some students lose an elective and have to take a reading class, for example.
p. 31 - The comparison on the Stanford is to the 1995 norming group. This reads as though it's some sort of current comparison. Since this is a mistake many people believe, I would advise revising the text to clarify that it was students in the past - - in the norm group - - who scored lower than current APS students.

p. 32 - In the purpose section, you might say that the underrepresentation of black and Hispanic students is not limited to Arlington. It is a national trend and one of the major indicators we are tracking in the Minority Student Achievement Network.
- Also, should the title for fig. 38 also mention white students?

Amy,
I agree-it is overwhelming and plus we have now broken it down by ethnicity! I think that aerobic is probably the best measure given the situation.
Debbie

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>>> Amy Graham 09/05/03 12:52PM >>>
I did include all of them in the first draft but I got feedback that five years of data for four different tests for three different levels of school was a bit overwhelming! I thought I'd choose the aerobics one because of it's strong link to cardiovascular health. But I wish I had the percent who passed all four - that strikes me as the best way to summarize all four tests without overwhelming the ordinary reader (as opposed to someone really knowledgeable about fitness). It's not a big deal, though.

Did I ever show you the write up I did on this? If not, I goofed and would be glad to show you now. Thanks, Amy

>>> Debbie DeFranco 09/05/03 12:46PM >>>
Hi Amy!
I think that there is no one test that best reflects fitness that is why the 4 are measured-therefore I hesitate to single out one test.
Sorry to be so vague,
Debbie

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>>> Amy Graham 09/05/03 12:42PM >>>
Hi Debbie,

Sorry to bother you - I'm sure this first week is busy. I'm trying to wrap up the last few things on the community report card on the status of Arlington youth. I noticed I onlyhave physical fitness test data through the 2001-02 school year. Is the latest year of data available yet?

I also wanted to ask your opinion on whether the aerobic fitness test is the best overall fitness measure. In the 1996-97 school year data, the schools also reported the percent of kids in each grade who passed all four tests. I like this measure the best as an overall fitness measure because it reflects all the tests not just one. It also appears, not surprisingly, that relatively few kids do pass all four tests. But after the 96-97school year, that statistic no longer appears on the reports. I just wanted to double check that it's no longer collected. If not, it seemed to me that aerobic fitness would be the best single test result to use in the report card to say something about how fit the kids in the community are.