

# 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 the 2008 Community Report Card on the Status of Children, Youth, and Families in Arlington. This important policy tool 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 jointly by the Arlington County Board and the School Board in December 1999.

The Partnership's charge and mission are to provide advice and recommendations for improving the health, well-being, and safety of children, youth, and families. The two Boards specifically directed the Partnership to develop community goals; identify objective measures of success in reaching those goals; and review and disseminate data on a continual basis regarding the status of children, youth, and families in our community.

Good decisions rest on good data. This Report Card brings together a broad and up-to-date set of statistics on the health and well-being of young people and their families in Arlington. The data was culled from a variety of sources, including the County government, Arlington Public Schools, the State of Virginia, and past surveys conducted by the Partnership. We expect that many community organizations, county agencies, and individuals will find the Report Card an invaluable source of information for guiding their programs, policies, priorities, and initiatives.

This Report Card is intended for the entire Arlington community. Board members and the Partnership believe that every adult shares responsibility for providing a strong developmental foundation for our young people, ensuring that they grow up in a community

where they feel valued, where their needs are met and their voices heard. This is a central tenet of the Assets Framework, which was adopted by both the County and School Boards in 2001. Building "Developmental Assets" requires that we – all of us – provide our young people with positive experiences, opportunities, and relationships that help them become caring, responsible, and healthy adults.

The Partnership's 2008 Report Card shows that there is much to celebrate in Arlington – that progress has been made in a number of areas. But it also identifies areas of ongoing concern where our community has made little if any gains. We hope that you will join us in giving thoughtful consideration to this report and continuing to work with us to make Arlington County a safe, supportive, caring community for all our young people and their families.

Walter Tejada, Chair  
*Arlington County Board*

Ed Fendley, Chair  
*Arlington County School Board*

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# Preface

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

*Imagine a community where all young people's needs are met and their voices are heard.* These 15 words encompass the vision of the Arlington Partnership for Children, Youth, and Families. It is a simple but very powerful concept.

The Partnership for Children, Youth, and Families is pleased to provide you with our 2008 Community Report Card. As you read through the various sections, we urge you to keep in mind that this report is not intended to offer recommendations in any specific area or data set, but instead to provide information that we hope will lead to further discussion, dissemination, and action by all members of the Arlington community.

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.” As such, it pulls together from a wide variety of sources information and statistics on the health and well being of Arlington's young people. The information is presented in a series of 80 indicators that together provide a broad and objective statistical portrait of our youth. These indicators are once again organized into four areas: **Starting Healthy, Staying Healthy; Stable and Secure Families; Educational Readiness and Success; and A Safe, Supportive Community.**

Readers will see that we in fact have made some progress in key areas – most notably teen depression, gang activity, and bullying. This is due in large part to concerted and deliberate efforts and dedicated resources, e.g., the presence of mental health professionals in the schools, the work of the County's Gang Task Force, and the School System's anti-bullying programs. Unfortunately, there also are some areas that have gotten worse instead of improving, most notably an increase in high-risk drinking among older teens.

Throughout the Report Card, the data clearly illustrates the power of deliberate and directed efforts in effecting change. More often than not, improvements in the data are a direct result of concerted and sustained efforts on the part of a county agency, the public schools, or the community. And when that sustainability decreases or ceases altogether, we see a significant change in the wrong direction of that indicator.

Following publication of this Report Card, the Partnership once again will convene community work groups to develop new targets for the health, well-being, and safety of our children, youth, and families. These community groups will identify the indicators that are most important to them, establish priorities and targets for each, and set recommendations for the County and School Boards' consideration. And then, the Partnership will need the entire Arlington community to join forces to ensure that we have the collective necessary resources to meet these targets and continue moving forward in a thoughtful and intentional manner.

The Partnership looks forward to taking these next steps and working together with all facets of the community in continuing to improve the lives of our children and their families. If you have any questions about the data included in this report, or to learn more about the community meetings or volunteer to participate, please contact Amy Graham, the Partnership's Data Coordinator, at 703-228-1668.

Linda E. Henderson, Chair, *Arlington Partnership for Children, Youth, and Families*

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# Executive Summary

The 2008 Report Card on the Status of Children, Youth, and Families contains updated information on more than 80 indicators of the health and well-being of young people in Arlington. This summary gives an overview of changes since the Partnership for Children, Youth, and Families published the first report card in 2003.

## STARTING HEALTHY, STAYING HEALTHY

The physical and mental health of our young people is fundamental to their well-being. Overall, most Report Card indicators pointed to better health for younger children but not for older teens. Improvements in health over time include *increases* in babies born with a healthy start in life and in immunization rates and *decreases* in teen births, cigarette smoking, and depressive symptoms. In contrast to these improvements, older youth reported increased alcohol use, high-risk alcohol use, and marijuana use.

## STABLE AND SECURE FAMILIES

The well-being of children depends greatly on the stability, economic security, and healthy functioning of their families. Overall, several Report Card indicators, but not all, suggested greater family stability. Improvements in well-being include *increases* in babies born to stable families and teen mothers completing their education and *decreases* in teen repeat births. (An ongoing concern, however, is the racial and ethnic disparity in these indicators.) More young people reported family support in 2006, compared to 2001, but there was no change in positive family communication or family boundaries. Fewer children who qualify for child care subsidies are receiving it. Parents continue to need help to pay for high-quality child care and to function effectively, particularly in the areas of establishing rules and communication.

## EDUCATIONAL READINESS AND SUCCESS

Ensuring that children start school ready to learn and achieve at a high level requires a community effort that begins long before a child enters kindergarten and continues through high school. Overall, most Report Card indicators in this area held steady or improved. Improvements include increases in preschool attendance and children with early literacy skills, more students taking advanced math courses, improved student attitudes, and fewer students skipping school. Arlington students consistently do well on standardized tests. Of concern are persistent racial and ethnic disparities in education outcomes, with Black and Hispanic students less likely to take advanced math classes and more likely to be suspended from school. Other concerns include declines in parent involvement as children enter high school, and the relatively few youth who report a caring school climate.

## A SAFE, SUPPORTIVE COMMUNITY

Young people living in a safe supportive community know that many adults care about them, many positive activities are open to them, and they have many opportunities to contribute to the community. Overall, most of the Report Card indicators in this area improved. Over time, there have been fewer serious injuries of children, reports of bullying, arrests of young people, and youth reporting repeated antisocial behavior (such as vandalism and shoplifting). An increase in gang membership from 2001 to 2004 was then reversed. And there has been an increase in the percent of youth reporting positive activities and opportunities to serve. One ongoing concern is the lack of improvement in youth perceptions of their safety and positive relationships with peers.

## Overview of Key Indicators

This overview examines the progress that we, as a community, are making in key measures of the health and well-being of children and youth in Arlington. These critical indicators were selected by working groups of community members after the release of the first report card in November 2004. The groups met to identify the most critical indicators in each category, as shown below, and to set three-year and ten-year targets for those indicators

HEALTH	FAMILY	EDUCATION	COMMUNITY
Depressive symptoms	Keeping teen mothers in school	Preschool experiences	Youth viewed as resources*
Regular exercise	Child abuse and neglect	Caring school climate*	Sense of safety*
Teen alcohol use	Positive family communication*	Enrollment in advanced math classes	Participation in youth programs*
Immunization	Families in housing need	Parent involvement in school*	Peaceful conflict resolution skills*

\* Developmental “assets” (i.e., experiences, skills, and characteristics that research shows all young people need to become caring, responsible adults)

## Overview of Key Indicators (continued)

The ten-year targets represent what what the work groups believe could be accomplished if the entire community embraces and works aggressively to reach them. While the three-year targets are more modest than the ten-year ones, they are still ambitious enough that a “business as usual” approach is unlikely to achieve them. The three-year targets also recognize that the community is not equally ready for change in each area. This summary focuses on the progress the community has made in reaching the short-term goals.

### SIGNIFICANT PROGRESS

The community met its short-term goals in four of the 16 areas. Significantly fewer youth reported feeling sad and hopeless for an extended time; more kindergarten students reported going to preschool at age four, an experience that tends to increase school readiness; immunization rates of children increased; and more youth reported participating in positive activities such as clubs and sports.

### STABLE OR SOME PROGRESS

Some progress was made toward achieving short-term goals for five indicators: keeping teen mothers in school, caring school climate, differential enrollment in math classes, youth as resources, and safety. How close are the indicators to the goal? It varies by indicator. For example, 35 percent of youth report a caring school climate in 2006. This is an increase from 31 percent in 2003, but far short of the goal of 50 percent.

### MIXED RESULTS

Several working groups specified their goals by subgroups. For example, there are separate goals for regular exercise for 10<sup>th</sup>-grade students (who typically are enrolled in a health and PE class) and 12<sup>th</sup>-grade students (most of whom are not enrolled in health and PE). In this case, more 12<sup>th</sup> graders but fewer 10<sup>th</sup> graders reported regular vigorous exercise. Progress also was mixed for positive family communication, parent involvement in schooling, and peaceful conflict resolution.

### LOST GROUND

One of the 16 indicators grew worse over the past five years. At baseline (in 2003), 21 percent of 10<sup>th</sup>-grade students and 35 percent of 12<sup>th</sup>-grade students reported high-risk (i.e., repeated) drinking. The most recent data (from 2006) show that those figures increased to 26 percent and 39 percent respectively.

The Partnership has long recognized the problems of alcohol use among our youth, first identified in the 2001 Youth Risk Behavior Survey. Our efforts have focused on delaying alcohol use with the “Too Smart To Start” program that gives 5<sup>th</sup> graders and their parents information on the health risks of early alcohol use along with the skills to refuse alcohol. The data suggest that more effort should also be put into prevention for older youth.

### NO COMPARISON POSSIBLE

In two instances, current data are either not available or not comparable to the baseline data. For families in housing need (defined as families with children who are paying over 40 percent of income in mortgage or rents), the survey from which the original data was derived has not been updated. For child abuse statistics, the goals were set before there was any real experience with the new dual-track system of investigations and family assessments, which has produced significant changes in the interpretation of the data.

### NEXT STEPS

Progress towards meeting the modest short-term goals generally has been made, but much still needs to be done. Significant progress occurred in only one-fourth of the 16 indicators selected by the community as priorities. In order to effect change in all areas and to achieve long-term goals, all facets of Arlington - county agencies, schools, non-profit organizations and the community at large - need to commit their collective energies and resources to addressing the needs of children and families.

With the release of the 2008 Report Card, the Partnership will convene additional community work groups to: 1) review progress in areas where goals have been set, 2) identify strategies to achieve further improvements, and 3) set goals for additional indicators. Through these efforts, and in accordance with the Partnership’s charge from the County and School Boards, we hope to bring energy and attention to problems and challenges facing children, youth, and families in Arlington.

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# **1: Starting Healthy, Staying Healthy**

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# 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 is adopting a healthy lifestyle? This set of indicators attempts to answer these questions.

## INDICATORS

- A healthy start in life
- On-time immunizations
- Recent physical exam
- Regular exercise
- Physical fitness test results
- Early initiation of risk behaviors
- Sexually active youth
- Teen births
- Depressive feelings and suicidal intentions
- Use of harmful substances

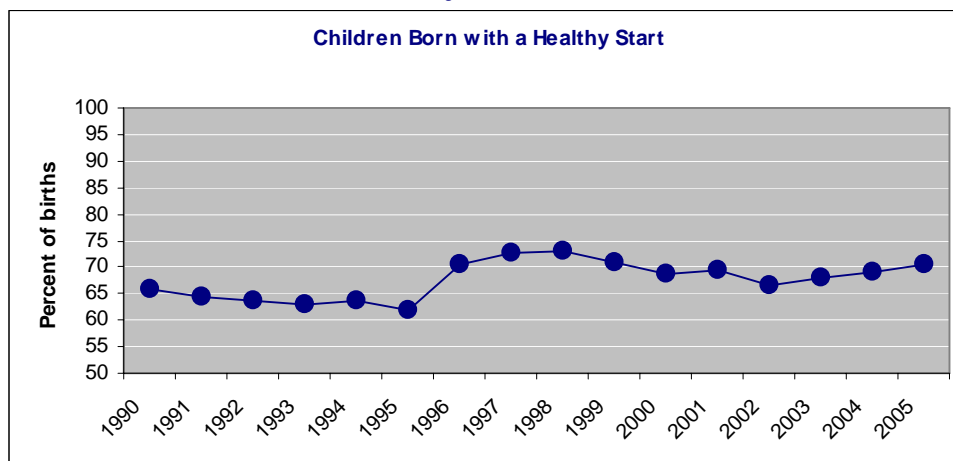
## KEY FINDINGS

- Several indicators show improvement over time, including declines in the number and rate of teen births, and the percent of youth reporting depressive symptoms and cigarette smoking. The immunization rate increased and varied less across different parts of the county.
- From 1990 to 2005, the percentage of babies born with a healthy start first increased from 66 to 73 percent but then declined to 70 percent. This indicator shows marked variation by race and ethnicity of the mother.
- Some indicators improved for specific groups of young people. For example, over time, fitness test results have improved for elementary and middle school girls, more 6<sup>th</sup>-grade students reported getting a recent physical and more 12<sup>th</sup>-grade students reported regular vigorous exercise.
- One indicator that did not change was the percent of high school youth initiating risk behaviors before age 13. The percent of high school youth reporting marijuana use, alcohol use and high-risk drinking increased.

## WHAT'S MISSING

This set of indicators needs to be supplemented with measures of the accessibility of health care. Possible indicators include pediatric admissions for asthma (and other conditions in which hospitalization is considered preventable), children with a regular source of primary health care (other than an emergency room), and those with a conveniently located source of care and/or with health insurance and access to dental care.

## A Healthy Start in Life



### DEFINITION

The percentage of births to mothers residing in Arlington 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.

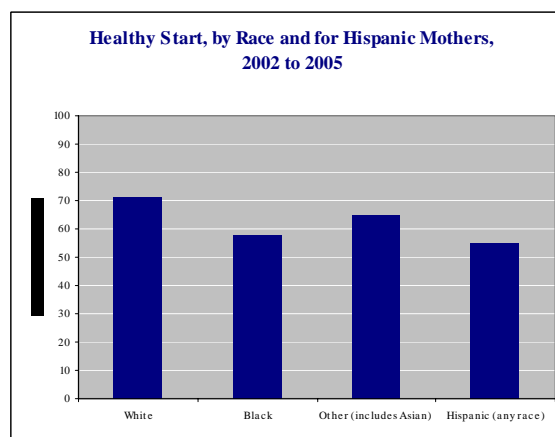
### SIGNIFICANCE

Low-birthweight babies face higher risks of health and developmental problems<sup>1</sup> and are 20 times more likely to die during the first year of life than normal-weight newborns.<sup>2</sup> Receiving prenatal care during the first trimester of pregnancy and avoiding cigarettes and alcohol reduces the risk of low birthweight.<sup>3</sup> Nearly twice as many infants born to mothers receiving late prenatal care have low birthweights compared with infants of mothers receiving early care.<sup>4</sup> Low birthweight is often due to multiple births. Multiple births have become more common.

### FINDINGS

Data for Arlington County show that the proportion of babies born with a healthy start ranged from 62 to 73 percent of all births between 1990 and 2005. The rate in 2005 (the most recent data available) was 70 percent,

about average for the last decade but somewhat higher than in the early 1990s. The data also show that differences among segments of the population are much greater than differences over time. Babies born to white mothers are more likely to have a healthy start, as defined above. Just over half of those born to Hispanic mothers have a healthy start.



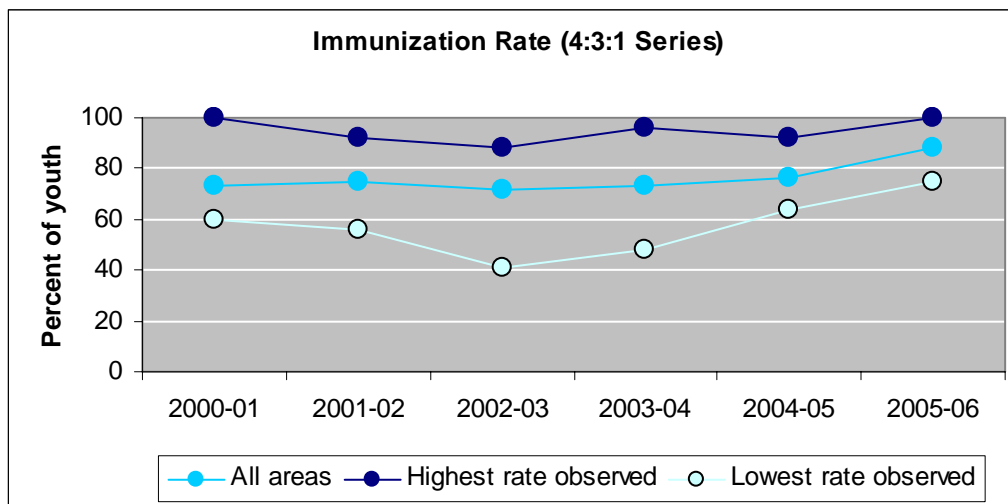
### SOURCE

Division of 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



### DEFINITION

The percentage of Arlington children who received selected immunizations by the age of two, which is assessed upon entering public school. The immunizations that are tracked changed in the 2006-07 school year,<sup>1</sup> so the percentage from that year is not comparable. The original immunization series (4:3:1) included four doses of DPT (diphtheria, tetanus, and pertussis), three polio, and one MMR (measles, mumps, and rubella). The new 4:3:3:3:1 series also includes three doses of vaccines for Hib and hepatitis B (Hep B). A child with no documentation of having received a shot is considered the same as a child who never received it.

### SIGNIFICANCE

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,<sup>2</sup> 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 a high level of concern for immunizations. However, the diseases remain

a threat and periodic outbreaks occur among the unimmunized.

### FINDINGS

Immunization rates varied from 73 to 76 percent between the 2000-01 school year and the 2004-05 school year. (Four schools did not submit data in 2005-06, making that year's figure less reliable.) The variance between the areas reporting the highest and lowest rates appeared to diminish in 2004-05 but it is not clear that this will be sustained, as the gap had widened in earlier years. The rate for the 4:3:3:3:1 series was 88 percent. This is a notable achievement, given that this series has more components and compliance is harder to obtain.

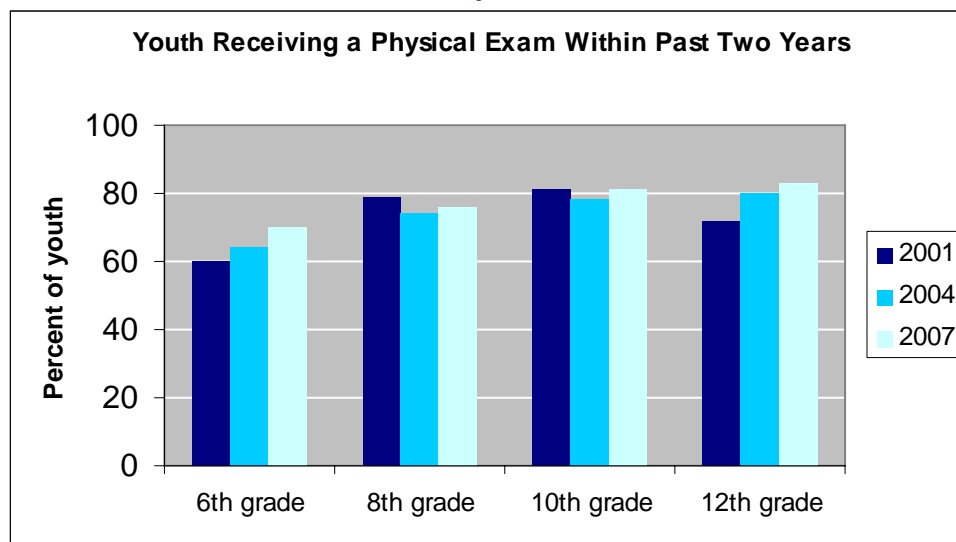
### SOURCE

CASA Survey/ Kindergarten Retrospective (4 DTP, 3 Polio and 1 MMR at 24 months), Public Health Division, Department of Human Services, Arlington County

### REFERENCES

1. The recommended childhood immunization schedule can be found at [www.cdc.gov/nip/recs/child-schedule.pdf](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.

## Recent Physical Exam



### DEFINITION

The percentage of Arlington young people ages 11 through 18 who report having a physical examination from a medical provider in the past two years.

### SIGNIFICANCE

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. 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 or physical exam may indicate the need for other services.

### FINDINGS

Just over three-fourths of young people report having a physical examination with a medical provider in the past two years. Since 2001, more youth report having a recent physical, especially those in 6th and 12th grades. Despite the improvement, 6th-grade students remain the least likely to report this measure of access to medical care. Only 70 percent of 6th graders but 80 percent of older youth reported a recent physical in 2007.

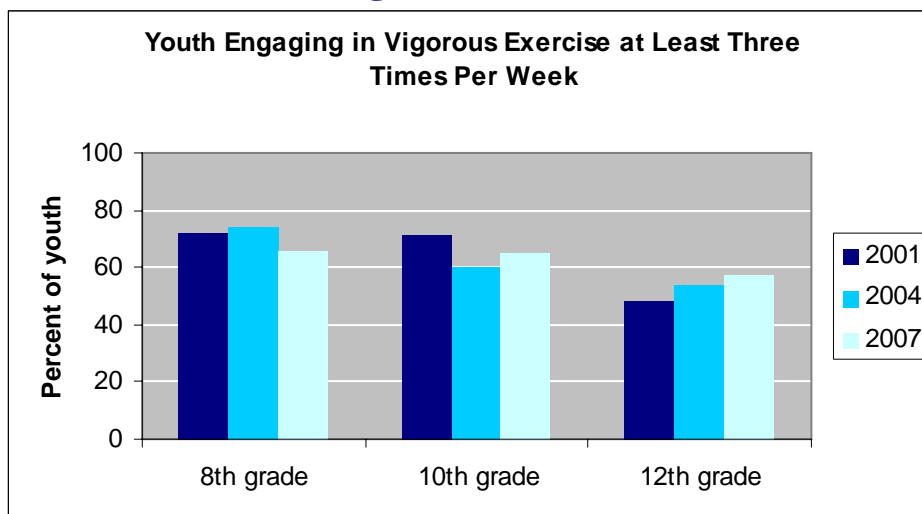
### SOURCE

Arlington Partnership for Children, Youth, and Families, *Youth Risk Behavior Survey* (Centers for Disease Control): 2001, 2004, and 2007

### REFERENCES

- Centers for Disease Control, Youth Risk Behavior Survey Item Rationale, found at [www.cdc.gov/nccdphp/dash/yrebs/2003/rationale.htm#Physical](http://www.cdc.gov/nccdphp/dash/yrebs/2003/rationale.htm#Physical)

## Regular Exercise



### DEFINITION

1 The percentage of Arlington young people who report vigorous physical exercise (i.e., exercise that causes a person to sweat and breathe hard) at least three times per week among students in grades 8, 10, and 12. This measure reflects earlier expert recommendations (i.e., prior to 2005) on exercise and it is included to track trends.

2 The percentage of Arlington youth reporting at least an hour of exercise (some of which is vigorous) five or more days per week. This measure reflects current recommendations on exercise.

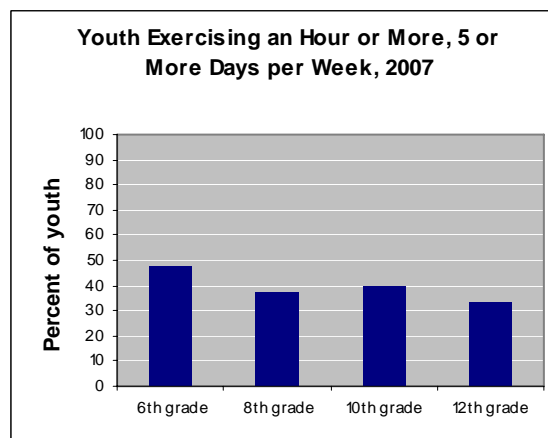
### SIGNIFICANCE

The benefits of regular exercise for 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.<sup>1</sup>

### FINDINGS

The percentage of students reporting regular, vigorous exercise varies by grade, with 6<sup>th</sup> grade students most likely and 12<sup>th</sup> grade students least likely to report this behavior. Trend data show that only 12<sup>th</sup> grade youth have consistently reported increases in vigorous exercise. The

new recommendations appear to be more difficult to meet. In each grade, the percentage of youth meeting the *current recommendation* (60 minutes of exercise at least five times per week) is lower than the percent of youth meeting the older recommendations. One reason for this difference is that young people cannot meet the current recommended levels of exercise solely in the 50-minute physical education classes taken by most 6<sup>th</sup>, 8<sup>th</sup>, and 10<sup>th</sup>-grade students.



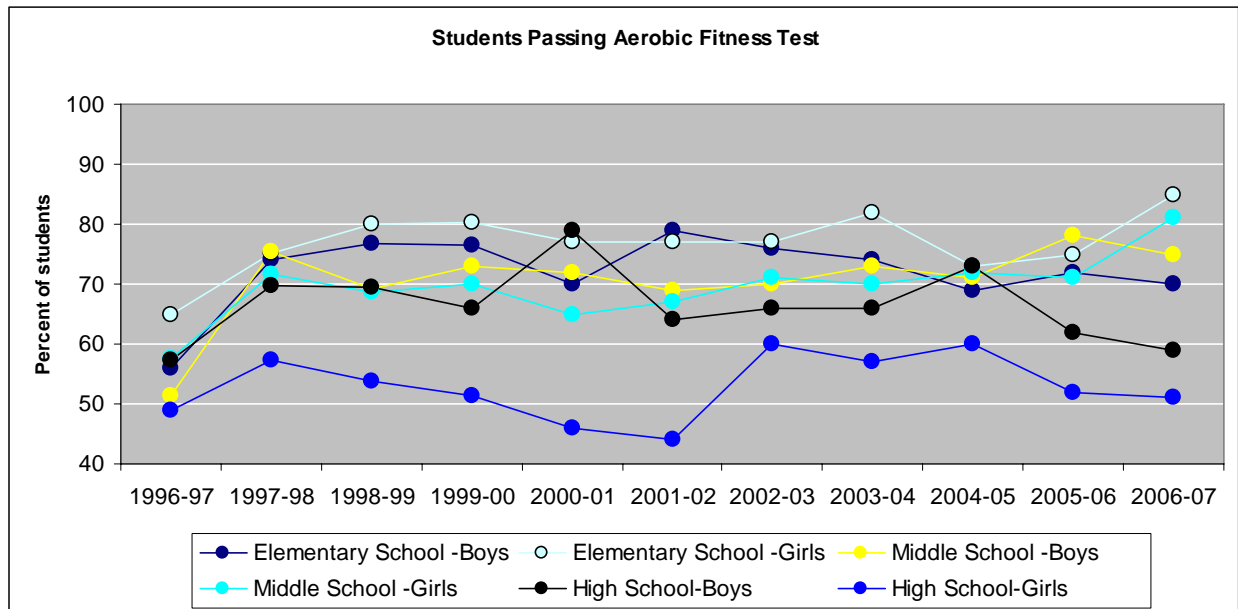
### SOURCE

Arlington Partnership for Children, Youth, and Families, *Youth Risk Behavior Survey* (Centers for Disease Control): 2001, 2004, and 2007

### REFERENCE

- Centers for Disease Control, Physical Activity and the Health of Young People, at: [www.cdc.gov/healthyyouth/physicalactivity/facts.htm](http://www.cdc.gov/healthyyouth/physicalactivity/facts.htm)

## Physical Fitness Test Results



### DEFINITION

The percentage of Arlington County students scoring satisfactory or better on the aerobic capacity test (one-mile walk or run).

### SIGNIFICANCE

This measure assesses the physical wellness of our young people.

### FINDINGS

As a group, high school girls in Arlington have consistently been least likely to score satisfactory or better on the aerobic fitness test and elementary school girls 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.<sup>1</sup> Elementary and middle school girls made consistent gains in the period from 1997 to 2007. High school students were not able to sustain some significant gains.

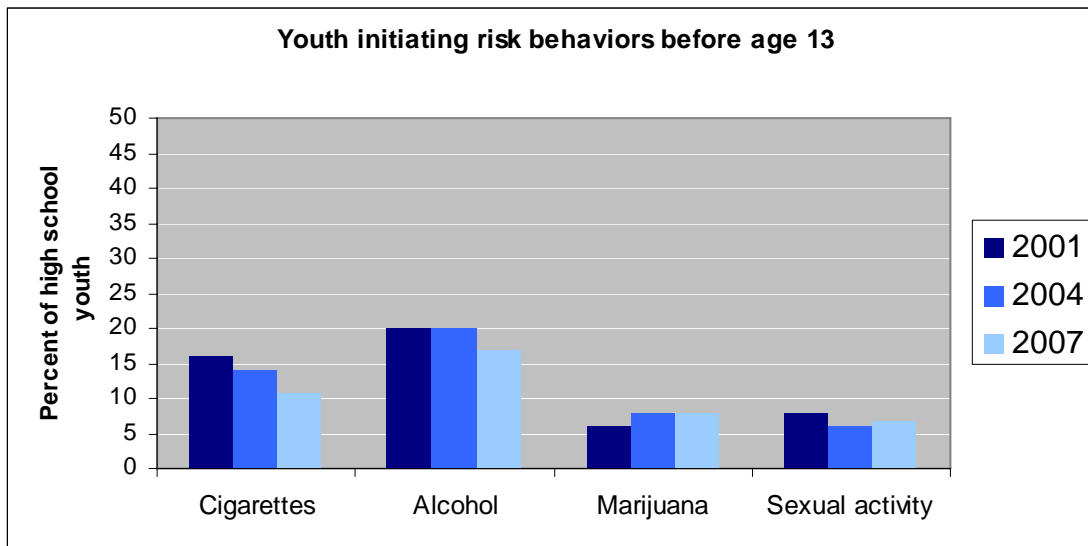
### SOURCE

Arlington Public Schools, Health, Physical Education, and Athletics

### REFERENCES

Centers for Disease Control, Youth Risk Behavior Survey, Item Rationale at [www.cdc.gov/nccdphp/dash/yrbs/2003/rationale.htm#Physical](http://www.cdc.gov/nccdphp/dash/yrbs/2003/rationale.htm#Physical)

## Early Initiation of Risk Behaviors



### DEFINITION

The percentage of Arlington 10th and 12th – grade youth who report initiating use of cigarettes, alcohol and marijuana and engaging in sexual intercourse before the age of 13.

### SIGNIFICANCE

In general, starting risk behaviors early increases the negative consequences. Becoming sexually active before age 13 puts a young person at increased risk for pregnancy and disease.<sup>1</sup> The earlier an individual starts using alcohol, the more likely he or she is to develop a clinically-defined alcohol disorder.<sup>2</sup> 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.<sup>3</sup>

### FINDINGS

Alcohol and cigarette use are the risk behaviors most likely to begin before age 13. There was no significant change in early use of substances or early initiation of sexual activity from 2001 to 2007.

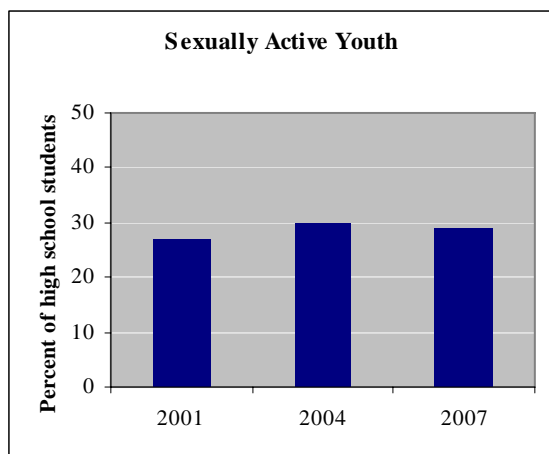
### SOURCE

Arlington Partnership for Children, Youth, and Families, Youth Risk Behavior Survey (Centers for Disease Control): 2001, 2004, and 2007

### REFERENCES

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

## Sexually Active Youth

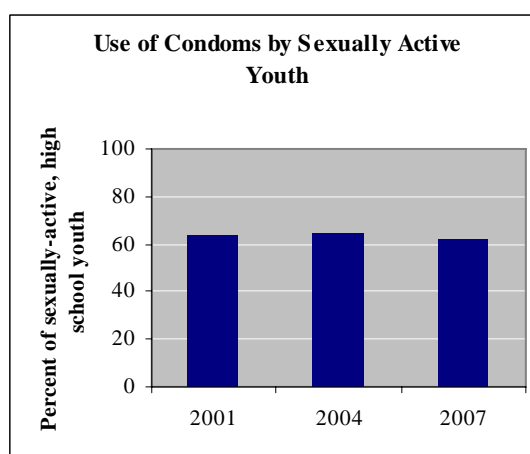


### DEFINITION

The percentage of high school youth in Arlington who report (1) that they are currently sexually active (i.e., have had intercourse in the prior three months), and (2) the percentage of sexually-active youth who used a condom the last time they had intercourse.

### SIGNIFICANCE

These statistics look at how many of our young people are avoiding sexual activity as adolescents and, of those sexually active youth, how many are using condoms 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. Nationwide, adolescents account for about one-fourth of the annual cases of STDs. But less than half of sexually active adolescents (ages 15 to 17) have discussed their sexual history or testing for STDs with a health care provider.<sup>1</sup>



### FINDINGS

In 2007, about three out of ten high school students reported being sexually active. Just under two-thirds of those youth also reported use of condoms. There has been no significant change in these figures since 2001.

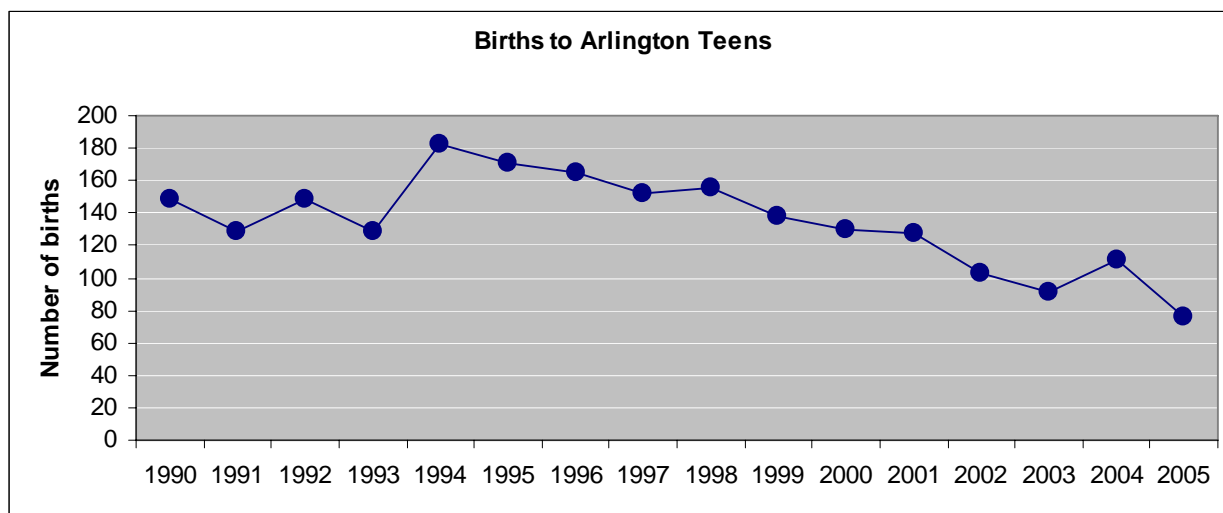
### SOURCE

Arlington Partnership for Children, Youth, and Families, *Youth Risk Behavior Survey* (Centers for Disease Control): 2001, 2004, and 2007

### REFERENCES

1. Kaiser Family Foundation, May 2001, available at [www.kff.org/entpartnerships/upload/SexSmarts-Survey-Sexual-Health-Care-and-Counsel-Summary.pdf](http://www.kff.org/entpartnerships/upload/SexSmarts-Survey-Sexual-Health-Care-and-Counsel-Summary.pdf)

## Teen Births



### DEFINITION

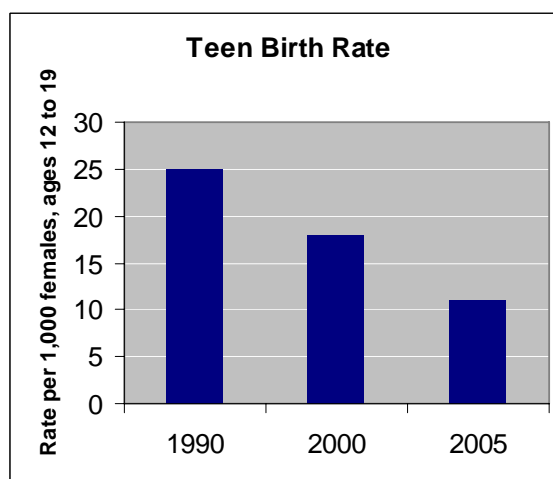
The number of births to mothers who are 19 years old or younger. All births to Arlington mothers, regardless of the location of the birth. For 1990, 2000, and 2005, years in which Census data are available, the teen birth rate is also calculated. The teen birth rate controls for variations in the number of teen births that are simply due to changes in the number of adolescents in the County.

### SIGNIFICANCE

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.<sup>1</sup> Limited education means limited employment prospects and earnings for the mother, and is correlated with elevated risks of low birth weight, infant mortality, and dropping out of school for the child.<sup>2</sup>

### FINDINGS

The number of teen births fell fairly steadily between 1994 and 2005. The teen birth rate in 2005 was also considerably lower, falling from 25 per 1000 in 1990 to 11 per 1,000 in 2005. This trend is consistent with national declines in teen birth rates from 1991 to 2005 (a trend which was reversed in 2006).<sup>3</sup>



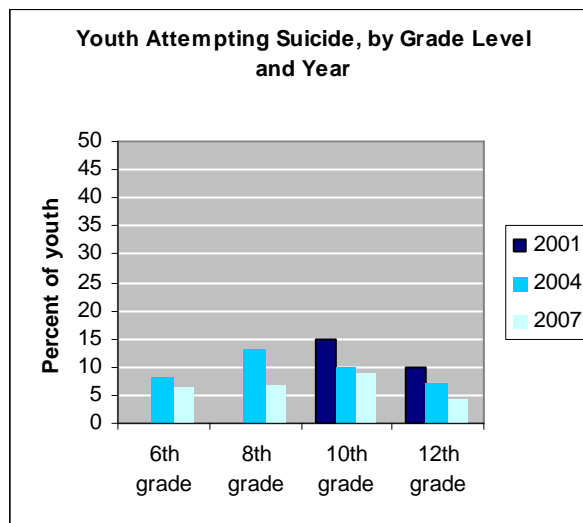
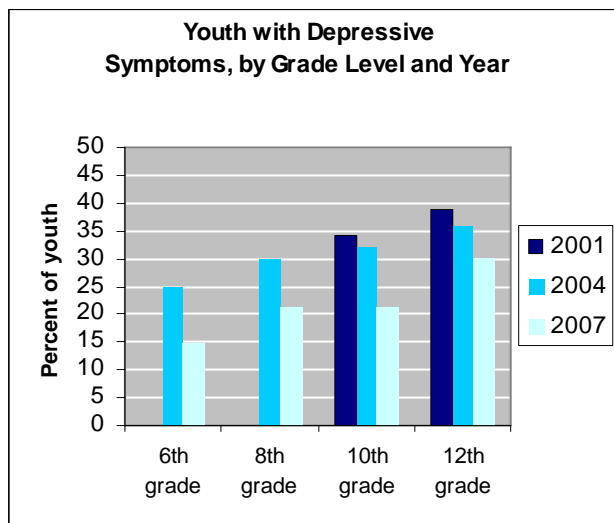
### SOURCE

Division of Health Statistics, Virginia Department of Health, by special request

### REFERENCES

1. The National Campaign to Prevent Teen Pregnancy, *The Public Costs of Teen Childbearing*, December 2006 at [www.teenpregnancy.org/costs/default.asp](http://www.teenpregnancy.org/costs/default.asp)
2. The Annie E. Casey Foundation. (1998) *When Teens Have Sex: Issues and Trends*, page 13.
3. Hamilton, B. et al *Births: Preliminary Data for 2006*, National Center for Health Statistics (2007).

## Depressive Feelings and Suicidal Intentions



### DEFINITION

The percentage of Arlington youth reporting depressive symptoms (i.e., persistent and disruptive feelings of sadness or hopelessness) in the past month and the percent who had attempted suicide in the previous year.

### SIGNIFICANCE

These indicators provide information about one aspect of the mental health of the youth in our community and about those most at risk for suicide attempts. Young people who attempt suicide face greater 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.<sup>1</sup> Further, young people with depressive symptoms, but not full-blown clinical depression, often have difficulties in school, with peers, or family.<sup>2</sup>

### FINDINGS

In 2007, 22 percent of youth reported depressive symptoms and 6 percent reported attempting suicide. Depressive symptoms are more commonly reported among older youth. The percent of teens reporting depressive symptoms and suicide attempts has declined. Still, in 2007, almost 10 percent of 10th-grade students reported at least one suicide attempt in the past year and 30 percent of 12th graders reported depressive symptoms.

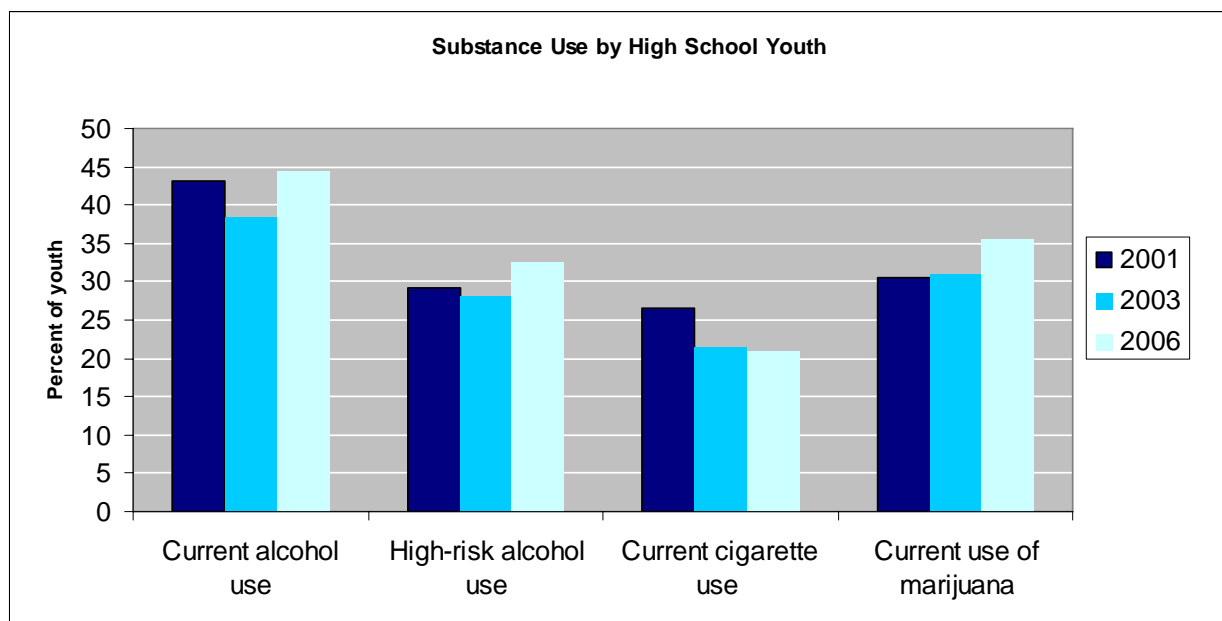
### SOURCE

Arlington Partnership for Children, Youth, and Families, *Youth Risk Behavior Survey* (Centers for Disease Control): 2001, 2004, and 2007

### 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 1,009-1014.

## Use of Harmful Substances



### DEFINITION

The percent of high school youth reporting:

- Alcohol use in the past month,
- High-risk alcohol use in the past month (i.e., used alcohol three or more times in the past month or got drunk in the past two weeks)
- Cigarette smoking in the past month,
- Marijuana use in the past year.

### SIGNIFICANCE

Though experimentation with substance use is common in adolescence, recurring use can have serious negative consequences. Recent research has shown that adolescents are neurologically more vulnerable than any age group to develop nicotine, alcohol, and other drug addictions.<sup>1</sup> Youth who regularly use alcohol and drugs are more likely to be victims of violence, to commit violent acts, to engage in unplanned and unprotected sex, to have trouble in school and to engage in other dangerous activities.<sup>2</sup> Young smokers are more likely to become adult smokers with the many associated health problems.

### FINDINGS

In 2006, 45 percent of high school youth reported using alcohol in the past month. About one-third of older teens reported high-risk use of alcohol and marijuana use. Fewer youth reported cigarette smoking: 12 percent in 2006 compared with 17 percent in 2001. Smoking is the only risk behavior in this group that declined significantly over time among high school students. Alcohol and marijuana use both increased among older youth from 2003 to 2006. Survey data also show that high school girls are just as likely to smoke, drink alcohol, and use marijuana as boys.

### SOURCE

Arlington Partnership for Children, Youth, and Families, *Profiles of Student Life: Attitudes and Behaviors Survey* (Search Institute): 2001, 2003, and 2006

### REFERENCES

1. Taylor J. and Marc Potenza, M.D., Department of Psychiatry, Yale University, as noted in [www.sciencedaily.com/releases](http://www.sciencedaily.com/releases), 2003.
2. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Keeping Youth Drug Free*, 2000.

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## **2: Stable and Secure Families**

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# Stable and Secure Families

## INTRODUCTION

Are pregnant teens and teen mothers able to continue their education and avoid additional child-bearing? How many working poor families are eligible for and receiving subsidies to help defray the costs of childcare? Do young people report having the support, boundaries, and positive communication they need to become healthy, caring, and responsible adults? This chapter looks at measures of the stability, functioning, and economic security of families in Arlington.

## INDICATORS

- Births to stable families
- Keeping pregnant teens and teen mothers in school
- Teen repeat births
- Need for subsidized child care
- Eligibility for school lunch programs
- Cases of child abuse
- Family developmental assets

## KEY FINDINGS

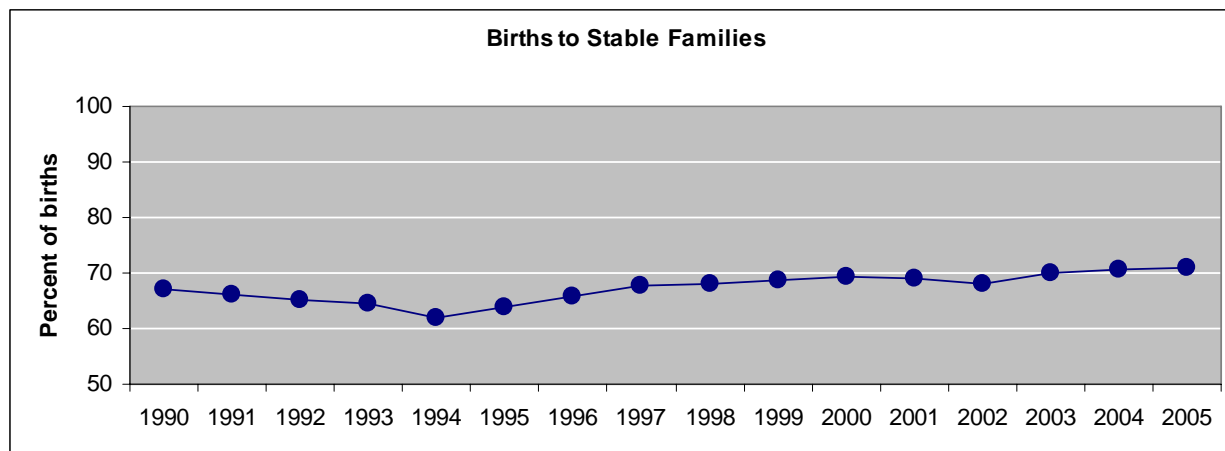
- Several measures, including babies born into stable families and the percent of teen mothers who complete the school year, indicate that children and youth are better off now than ten years ago. However, the indicators do not show the steady improvement over time that would suggest that the current level of performance can be sustained.
- Fewer children were served by child care subsidies in 2006 than in 2000 and more families are on the waiting list.
- Data on stable families and teen repeat births show that babies born to Black and Hispanic families fare worse than those born to white families, although there has been a dramatic drop in repeat births to Black teens.
- In some cases, including the number of founded cases of child abuse and the percent of children eligible for free and reduced lunch, the improvements may reflect family mobility and changes in policy as much as genuine changes in well-being.
- Young people were more likely to report family support in 2006, compared with 2001. However, there was no change in positive family communication or family boundaries reported by youth.

## WHAT'S MISSING

This report card lacks four critical measures of family life:

- Secure employment of parents, which directly affects household income and indirectly affects many aspects of family life, including health insurance coverage.
- Housing condition: Crowded and poor-quality housing contributes to numerous childhood problems, including developmental delays, illness and injury, and behavioral problems.
- The enrollment of preschool children in *high quality* childcare programs such as those accredited by the National Association for the Education of Young Children.
- Access to good parent education programs, which can offer guidance to Arlington parents who are struggling with such issues as discipline and communication.

## Babies Born Into Stable Families



### DEFINITION

The percentage of births to mothers who are Arlington residents at least 20 years old, have completed high school, and are married, according to the birth certificate.

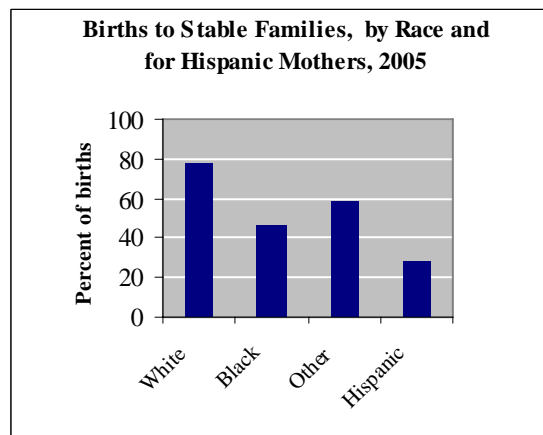
### SIGNIFICANCE

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.<sup>1</sup> An unmarried teen parent who lacks 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

Births to stable families ranged from 62 to 71 percent of all births to Arlington residents between 1990 and 2005. During this period, however, a far lower percentage of births to Black and Hispanic mothers met the criteria for stable families. In 2005, for example, 77 percent of births to White mothers but only 47 percent of

births to Black mothers and 28 percent of births to Hispanic mothers met the stable family criteria. (Note: Hispanic mothers may be of any race.)



### SOURCE

Division of Health Statistics, Virginia Department of Health, by special request

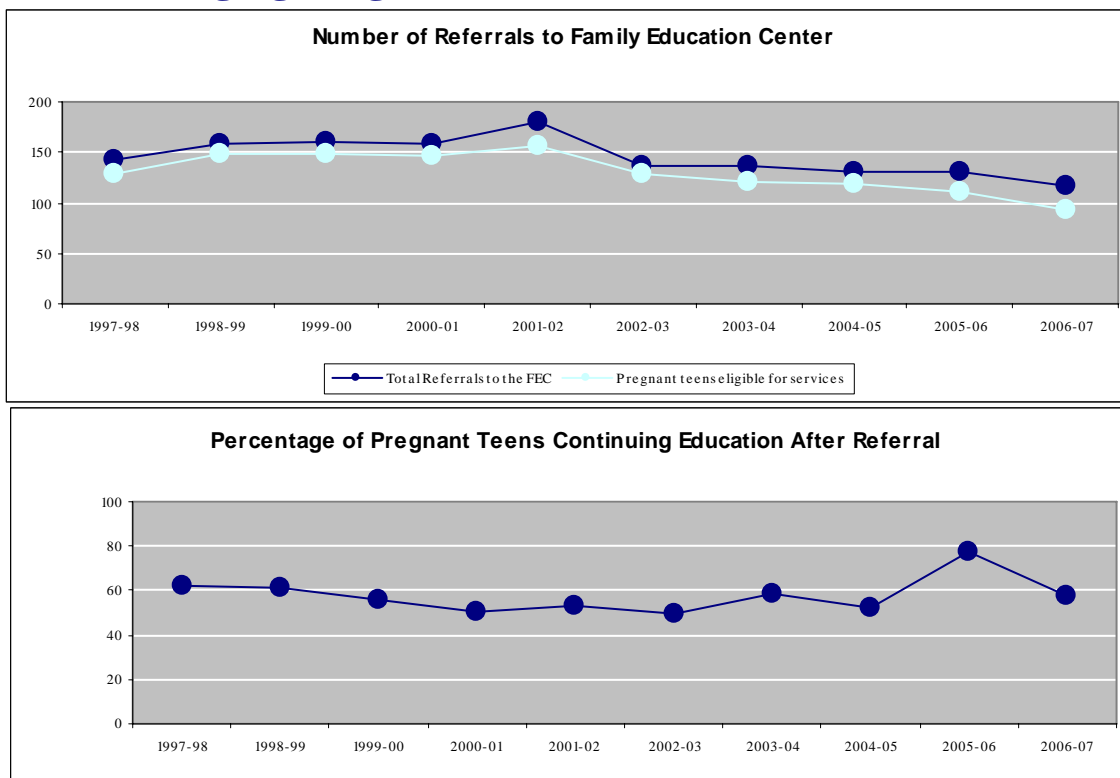
### NOTE

The statistic includes births to Arlington residents regardless of the location of the birth.

### 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.

## Encouraging Pregnant Teens to Continue Their Education



### DEFINITION

- The number of pregnant teens referred to the Family Education Center (FEC), an alternative program for pregnant teens enrolled in Arlington Public Schools, and
- The percentage of pregnant teens referred to the FEC who enroll or remain in school at the time of referral.

### SIGNIFICANCE

These indicators relate to our ability to identify pregnant teens and encourage them to continue their education. This is a daunting task. One study found that only three out of ten adolescent mothers in the U.S. earn a high school diploma by age 30 compared with three-fourths of those who delay childbearing until 20 or 21.<sup>1</sup> Teen parents who are not enrolled in school require more intensive outreach to identify and address the obstacles impeding their continued education.

### FINDINGS

Over the past ten years, the FEC has received an average of 145 referrals per year, and identified an average of 130 teens eligible for services. (They may be ineligible if they are above school age, lack

documentation or have already obtained a diploma or GED.) Referrals peaked in 2001-02 then began to decline, consistent with the decline in teen births in Arlington.

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.

During the last ten years, the percentage 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) in general ranged from 50 to 60 percent. The percentage of pregnant teens continuing their education is the same now as it was ten years ago.

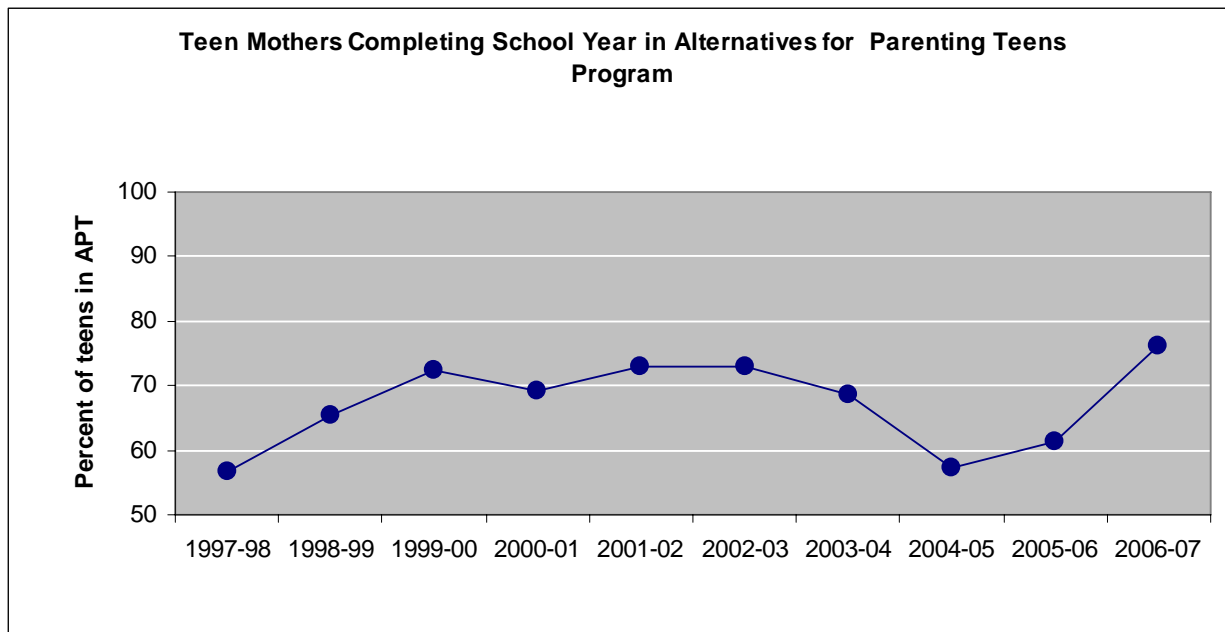
### SOURCE

Office of Teen Parenting Programs, Arlington Public Schools

### REFERENCES

1. Robin Hood Foundation, Kids Having Kids at: [www.robinhood.org/approach/KHK.pdf](http://www.robinhood.org/approach/KHK.pdf)

## Teen Mothers Staying in School



### DEFINITION

The percentage of teen mothers enrolled in the Alternatives for Parenting Teens (APT) program who complete the program or graduate in a given year.

### SIGNIFICANCE

This indicator measures the success of a comprehensive program to help teen parents complete their education. The APT program is a year-round alternative school for teenage mothers and their children. The program includes both instruction and support, including health care, child care, training in parenting skills, and transportation. The teen mothers selected for this program are those most at-risk for not finishing their education, as assessed by APT staff.

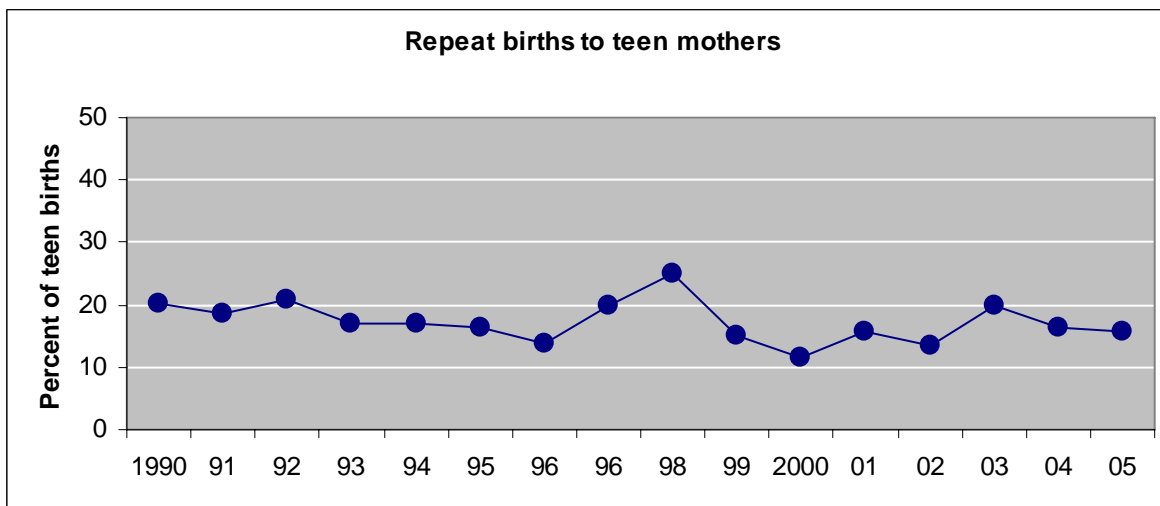
### FINDINGS

On average, about two-thirds of the teens who participate in the APT program complete the school year. Since 1997-98, this percentage has varied from 57 to 76. Increases from 1997-98 to 2001-02 were offset by declines from 2002-03 through 2004-5. In the most recent school year, about three-fourths of young mothers who enter this program completed the year. The rest left to work, to relocate, or for other reasons.

### SOURCE

Office of Teen Parenting Programs, Arlington Public Schools

## Teen Repeat Births



### DEFINITION

The percentage of births to teen mothers that are second (or subsequent) births.

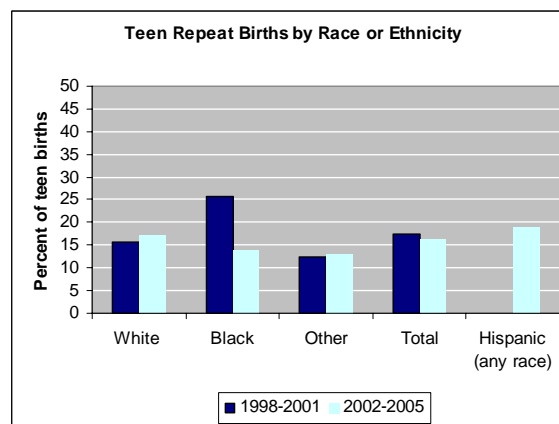
### SIGNIFICANCE

This indicator is a measure of the success of efforts to focus teen parents on educational and vocational goals before having more children. Having a second child exacerbates the problems created by teen parenthood.

### FINDINGS

Between 1990 and 2005, from 12 to 25 percent of births to teenagers were to young women who were already mothers. Although the percent of teen births that were repeat births was lower in 2005 than in 1990, the increases between 1996 and 1998 and between 2000 and 2003 suggest that maintaining these improvements is difficult. During this time, the pattern of teen repeat births by race has changed. White teens now have the highest rate. The rate of repeat births among Black teenagers fell from 26 percent on average

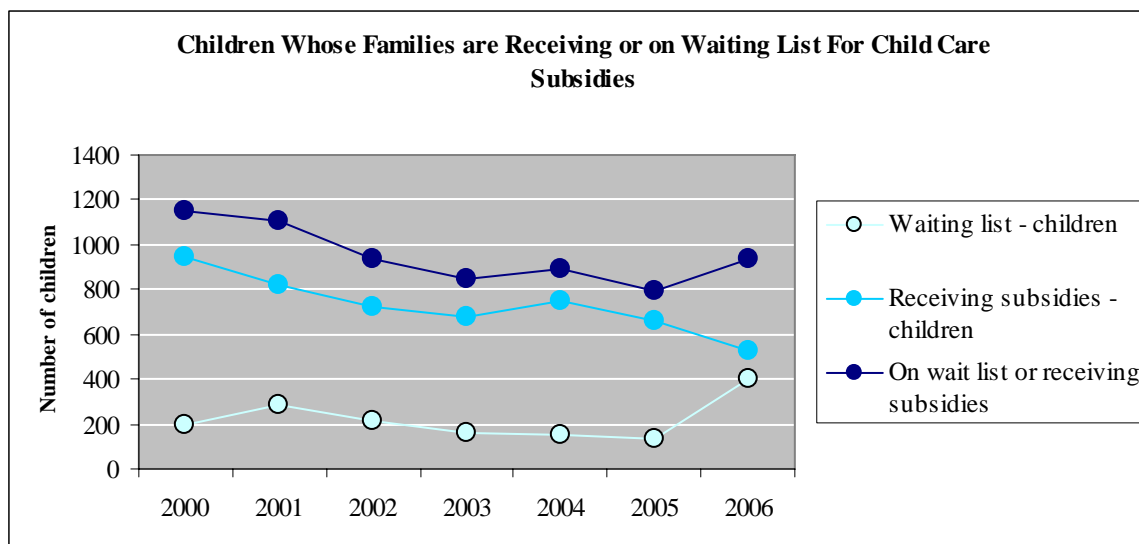
in the years 1998 through 2001 to 14 percent in the years 2002 to 2005. During the more recent time period, the rate for Hispanic teens, who can be of any race, was 19 percent.



### SOURCE

Division of Health Statistics, Virginia Department of Health, by special request

## Need for Subsidized Child Care



### DEFINITION

The number of children whose families need financial assistance for child care, including those receiving a subsidy in a given fiscal year and those on a waiting list who qualify for subsidies based on income.

### SIGNIFICANCE

This indicator is a proxy for the need for child care subsidies by low-income, working 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.<sup>1</sup> Research confirms that the care that children receive in their early years has a tremendous influence on their intellectual, emotional, and social development. But child care is expensive: In 2006, the average annual cost of full-time center care for an infant or toddler was \$9,500 in Virginia and \$12,000 in Fairfax County. Other settings are less expensive but often unlicensed.

To help offset these high costs, Arlington County receives federal and state funds, augmented with local funds, to subsidize child care for families with income near the poverty level. In fiscal year 2007, families working and earning less than 185 percent of the poverty level (e.g., \$31,765 for a family of three) were eligible.

This definition of need for subsidized child care *underestimates* true need for several reasons. First, because of limited funds, not all eligible families can be served and little outreach is done. As a result, the waiting list underestimates the number of children whose families would qualify. Second, the income criteria don't reflect 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.<sup>2</sup>

### FINDINGS

The number of children served declined modestly from 2000 through 2006, from 1,146 children to 934. The waiting list has fluctuated, but now has twice as many children on it as in 2000. As a result, the percent of children in need who actually receive subsidies has declined from about 80 percent to about 60 percent.

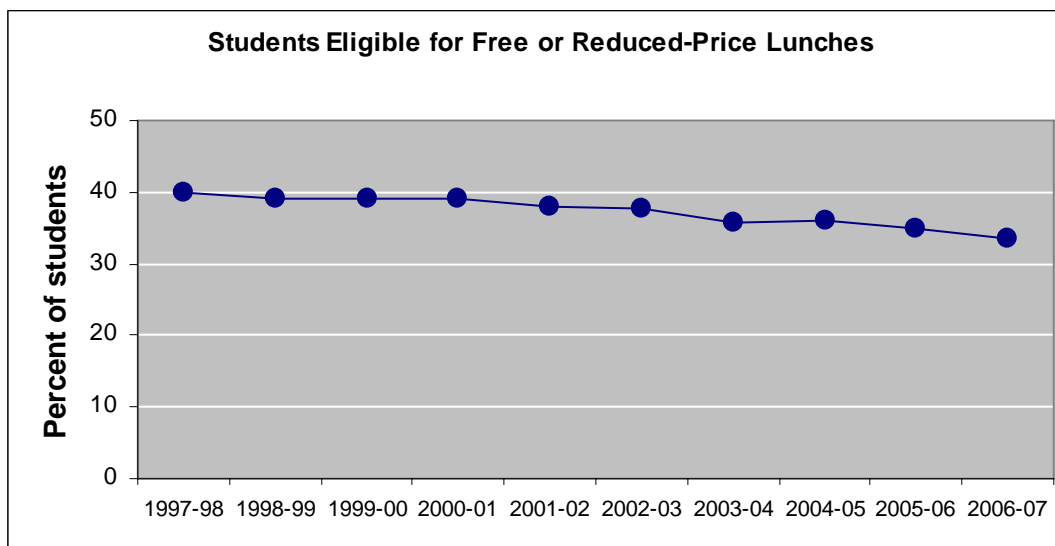
### SOURCE

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*, (1998), Voices for Virginia Children, page 3.
- 2 Pearce, Dana, *The Self-Sufficiency Standard for Virginia*, Voices for Virginia's Children, at: [www.vakids.org](http://www.vakids.org).

## Eligibility for Free or Reduced-Price Lunch Programs



### DEFINITION

The percentage of children enrolled in Arlington Public Schools who qualify for free or reduced-price meals under the National School Lunch Program, a program to provide nutritional, low-cost meals to economically disadvantaged children.

### SIGNIFICANCE

This indicator is a proxy for family poverty among school-aged children. Poverty has pervasive and lasting 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.<sup>1</sup> They are also at greater risk of delinquency and teen parenthood.<sup>2</sup>

This is an imprecise measure of poverty. Typically, families earning up to 185 percent of the poverty level (adjusted for household size) receive benefits. Some research at the national level suggests this indicator overstates the percent of children living in poverty.<sup>3</sup> However, other researchers and public opinion polls suggest that official poverty lines are set unrealistically low,<sup>4</sup> especially in locations with higher-than-average cost of living. (In the 2007-

08 school year, a child in a household of three qualifies for the program if family income is \$31,765 or less.) A second problem is that family mobility can affect this measure at the local level, i.e., the indicator may improve because family income increases or because low-income families leave the area.

### FINDINGS

The percentage of students qualifying for free or reduced lunch steadily declined from 40 percent in the 1998-99 school year to 34 percent in 2006-07, with most of the decrease taking place since 2001.

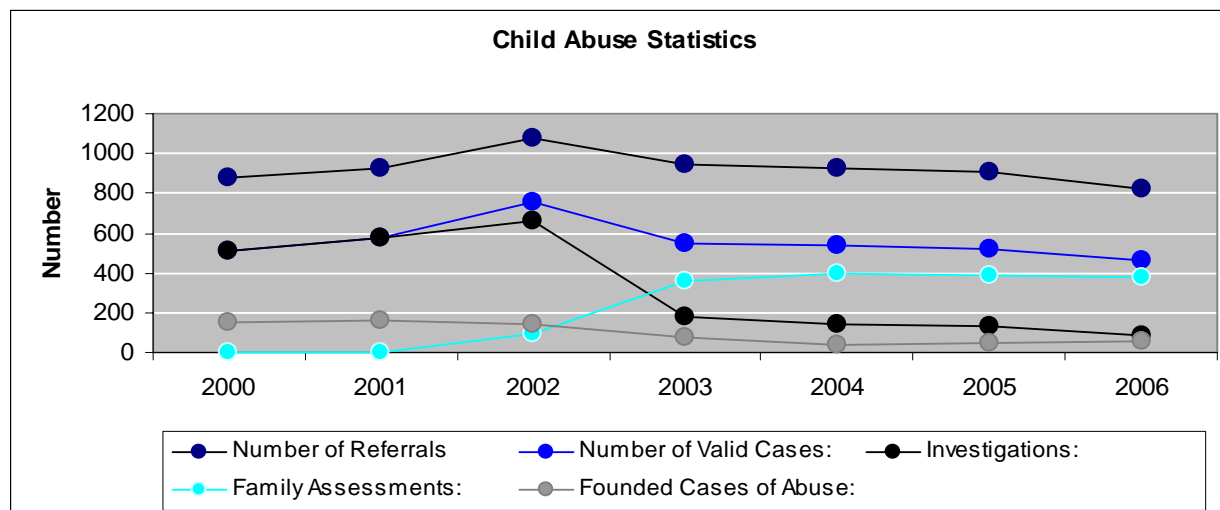
### SOURCE

Office of Food Services, 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 14.
2. Annie E. Casey Foundation. *Kids Count Data Book 2000*, page 31.
3. Duncan and Brooks-Gunn (2000) Family poverty, welfare reform and child development. *Child Development* 71 (11), pages 1988-96
4. Pearce, D. and Brooks, J. (2002) *The Self-Sufficiency Standard for Virginia*, Action Alliance for Virginia's Children and Youth, (at [www.vakids.org](http://www.vakids.org)), page 7.

## Cases of Child Abuse



### DEFINITION

This set of indicators reflects the work of Child Protective Services (CPS):

- The number of *referrals* represents the number of suspected cases reported to CPS from school employees, police, physicians, or others.
- The number of *validated cases* is a count of cases meeting the criteria required to take action, including age of child, residence, and whether the allegation meets the definition of abuse.
- How a case is handled depends on the seriousness of the alleged abuse. More serious cases lead to *investigations*, less serious ones to *family assessments*. (Alleged sexual abuse, serious physical abuse and a child fatality always lead to an investigation.) In both cases, CPS staff gathers facts about the allegation and determine the need for services for the child or family.
- Cases of *founded child abuse* are those in which an investigation confirms that child abuse has taken place. Prior to 2002, all validated cases were handled as investigations. Starting in mid-2002, less serious cases could be handled as assessments. Only investigations, however, can result in a founded case of abuse. So, after 2003, the number of founded cases represents the number of serious cases of child abuse. National studies suggest that even this number underestimates the actual number of cases of

child abuse because many cases are never reported to authorities.

### SIGNIFICANCE

Child abuse and neglect have well-known detrimental effects on the physical, psychological, cognitive, and behavioral development of children.<sup>1</sup> The trauma to children includes physical injuries, chronic low self-esteem, problems forming relationships, developmental delays, learning disorders, aggressive behavior, depression, and other mental health problems.<sup>2</sup> Communities in which victims live must cope with the harmful effects of abuse on academic achievement, drug use, teen pregnancy, delinquency (especially in its more serious forms<sup>3</sup>) and adult criminality.

### FINDINGS

As expected, the use of family assessments has led to a large decline in the number of founded cases of abuse. (Only investigations can result in a founded case of abuse.) Since 2000, there have been, on average, 927 referrals per year, resulting in 560 valid cases. The percent of these valid cases handled as a family assessment has grown steadily from 66 percent in 2003 to just over 80 percent in 2006.

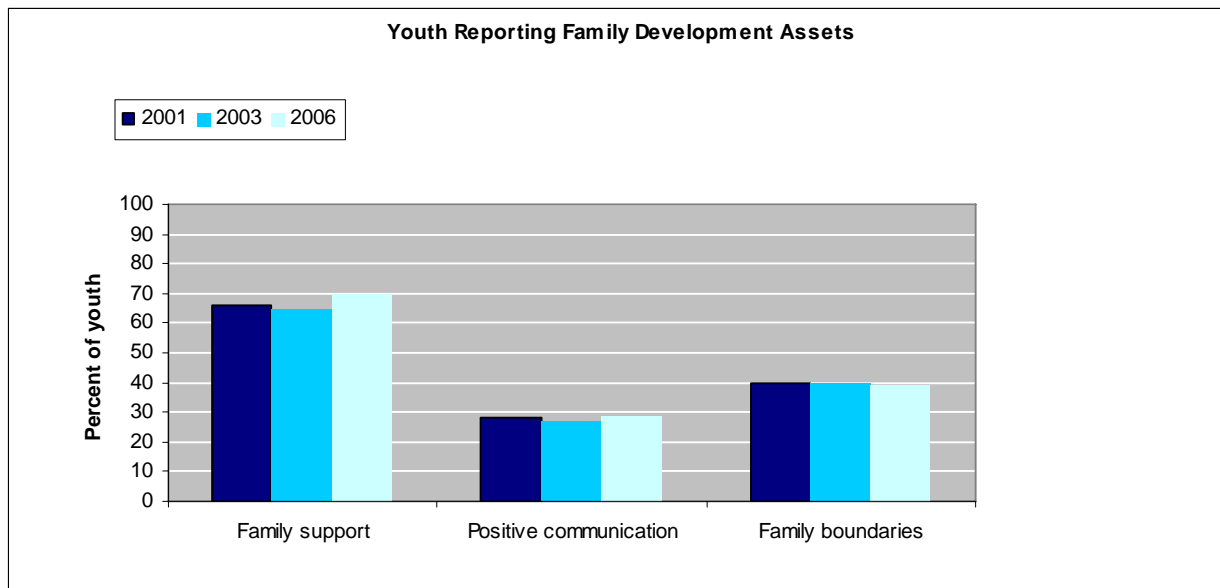
### SOURCE

Child Protective Services, Department of Human Services, Arlington County

### REFERENCES

See Appendix

## Family Developmental Assets



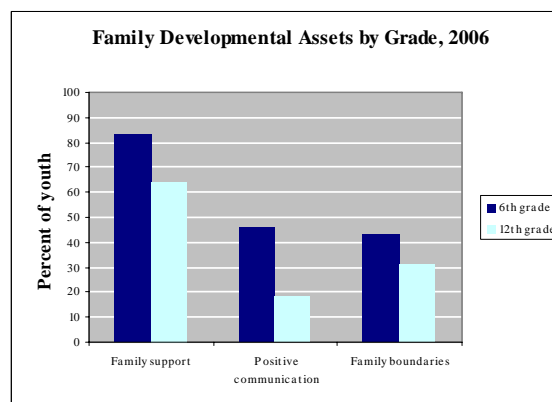
### DEFINITION

The percentage of youth in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade who report:

- **Family support:** The love, affirmation, and acceptance of parents and family.
- **Positive family communication:** frequent, close communication and sharing of advice, information, and concerns.
- **Family boundaries:** Clear and age-appropriate rules and consequences within the family.

### SIGNIFICANCE

This set of developmental assets measures three ways that families can promote the positive development of their children. Each has been demonstrated through research by Search Institute 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

Young people in Arlington are most likely to report family support and least likely to report positive family communication. In 2006, Arlington youth were slightly more likely to report family support than they were in 2001 and 2003. There was no statistically significant change in the other two indicators. Older teens are far less likely to report these assets.

### SOURCE

Arlington Partnership for Children, Youth, and Families, *Profiles of Student Life: Attitudes and Behaviors Survey* (Search Institute): 2001, 2003, and 2006

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## **3: Educational Readiness and Success**

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# Educational Readiness and Success

## INTRODUCTION

Do young children start school ready to learn? How well do Arlington youth do on the Standards of Learning and other standardized tests? Are efforts to encourage all young people to take challenging classes working? What proportion of Arlington youth has positive attitudes towards school and learning? Do parents feel welcome at school? This chapter examines measures of children's readiness to learn, achieve at high levels, and move successfully from grade to grade and on to work or college.

## INDICATORS

- Early literacy skills
- Pre-kindergarten experiences
- Skipping school
- Results of the Standards of Learning and other standardized tests
- Differential enrollment in advanced math
- Youth attitudes towards school
- Parental involvement in school
- Feeling welcome at school
- Suspensions from school
- Plans to attend college

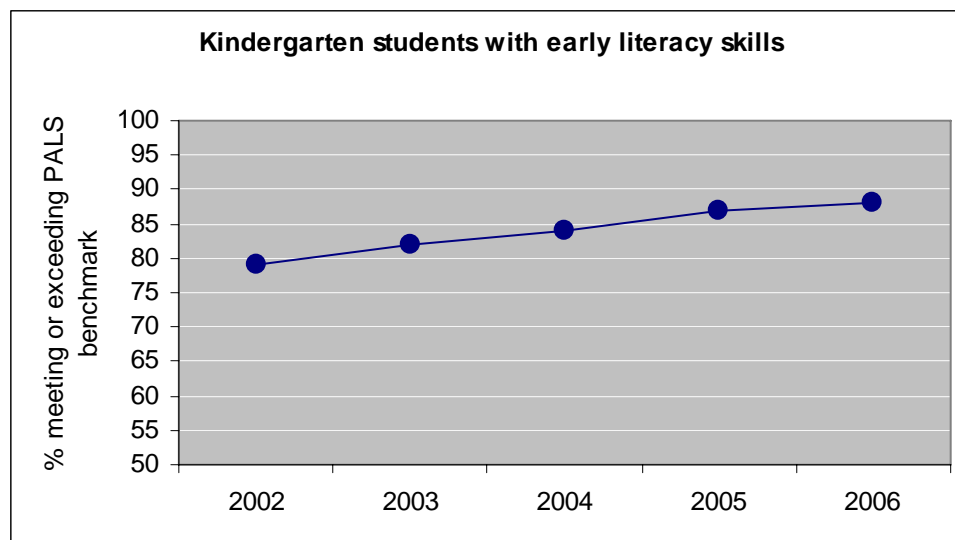
## KEY FINDINGS

- More children are attending preschool and demonstrating early literacy skills. Ninety percent of children entering kindergarten in 2006 attended preschool during the previous year. Good quality programs tend to enhance readiness for school.
- Arlington public school students consistently do well on tests compared with peers elsewhere in Virginia and across the nation, including the Standards of Learning assessments, the Stanford 10, and the SAT.
- Compared with white or Asian students, a lower proportion of black and Hispanic students take advanced math courses and a higher proportion are suspended. Hispanic students are also about half as likely to plan to attend a four-year college.
- Surveys show that most parents 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 lack the experiences and attitudes most strongly linked to positive academic outcomes. However, a number of these attitudes improved between 2001 and 2006.

## WHAT'S MISSING

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

## Early Literacy Skills



### DEFINITION

The percentage of kindergarten students who score at or above the benchmark score for the fall administration of the Phonological Awareness and Literacy Screening (PALS) test. Each year since 2002, from 89 to 97 percent of kindergarten students have taken the fall PALS. Those who did not included students who had been enrolled for a short time, students with a severe disability and students who did not speak English.

### SIGNIFICANCE

The kindergarten version of PALS measures a child's knowledge of several important literacy fundamentals: phonological awareness (specifically, the ability to distinguish separate speech sounds), alphabet recognition, concept of word (or the ability to match the spoken and written word), knowledge of letter sounds, and spelling. Individual student results are used by kindergarten teachers to identify a child's early literacy skills and instructional needs. The summary results (i.e., for all students) provide a general measure of student readiness for kindergarten literacy instruction.

### FINDINGS

The percentage of students scoring at or above the benchmark for K-PALS increased from 79 percent in fall 2002 to 88 percent in 2006. Preschool experiences and family circumstances have an impact on this percent. In particular, 85 percent of disadvantaged students who attended a preschool run by Arlington Public Schools (APS) met the benchmark compared to 74 percent of those attending a non-APS preschool and only 44 percent with an unknown or no preschool experience.

### SOURCE

Arlington Public Schools, Office of Planning and Evaluation

### REFERENCES

1. University of Virginia, Background of PALS, at <http://pals.virginia.edu/Technical-Information/Background.asp>

## Pre-Kindergarten Experiences

### DEFINITION

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

### SIGNIFICANCE

Numerous studies have produced “overwhelming evidence” that enriching, high-quality educational and child care programs enhance intellectual achievements and social development.<sup>1</sup> 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.<sup>2</sup> (See *Early literacy skills in this chapter*).

### FINDINGS

In the 2006-07 school year, Arlington kindergarten teachers queried parents about their children's preschool experiences during the fall conference. Among those kindergarten students

with data on both early literacy skills and preschool, 90 percent had attended some form of preschool as a four-year old. The comparable figure in the 2001-02 school year was 78 percent, indicating that more kindergarten students are attending preschool. A 2005 study by the University of Virginia found that 57 percent of four-year-olds statewide attended preschool.<sup>3</sup>

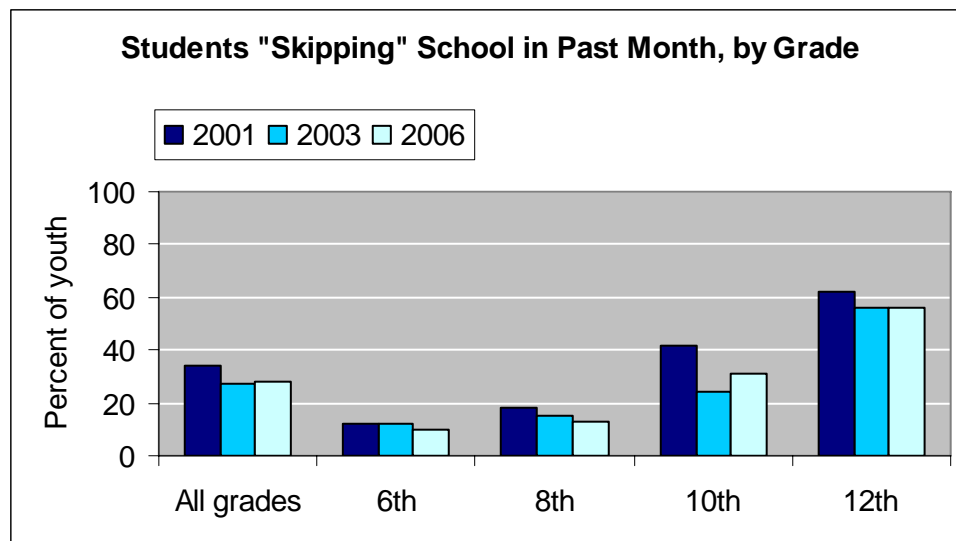
### SOURCE

Arlington Public Schools, Office of Early Childhood and Office of Planning and Evaluation. *Note: this calculation differs slightly from calculations found in the APS Strategic Plan.*

### 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. [www.coopercenter.org/demographics/PRESS/pressrelease4YearOlds.php](http://www.coopercenter.org/demographics/PRESS/pressrelease4YearOlds.php)

## Skipping School



### DEFINITION

The percentage of public school 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students who reported skipping school at least one day in the previous four weeks.

### SIGNIFICANCE

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<sup>1</sup> and substance abuse.

### FINDINGS

In 2006, significantly fewer students than in 2001 reported skipping school in the previous month. The survey data also shows that students in higher grades are far more likely to skip school than younger students. The decline in skipping school is consistent with the *improvement* in indicators of students' attitudes towards school and their education.

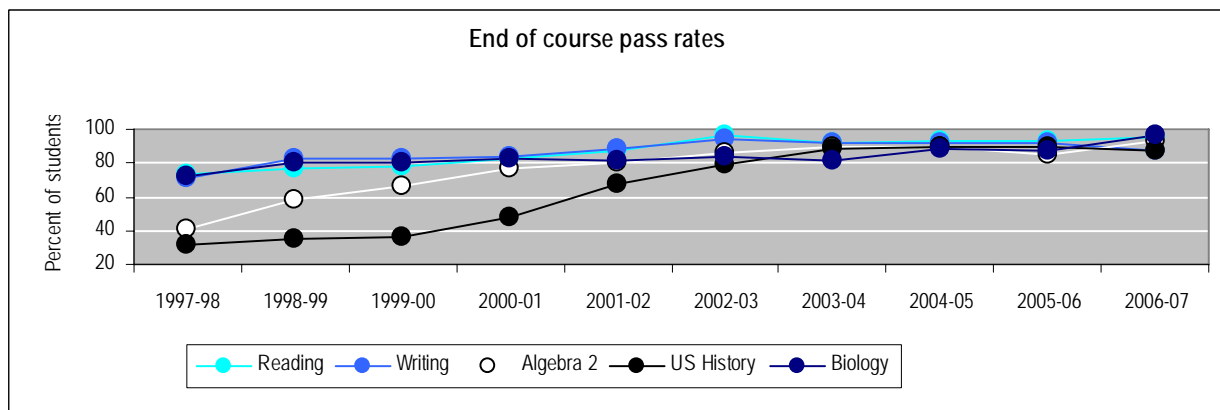
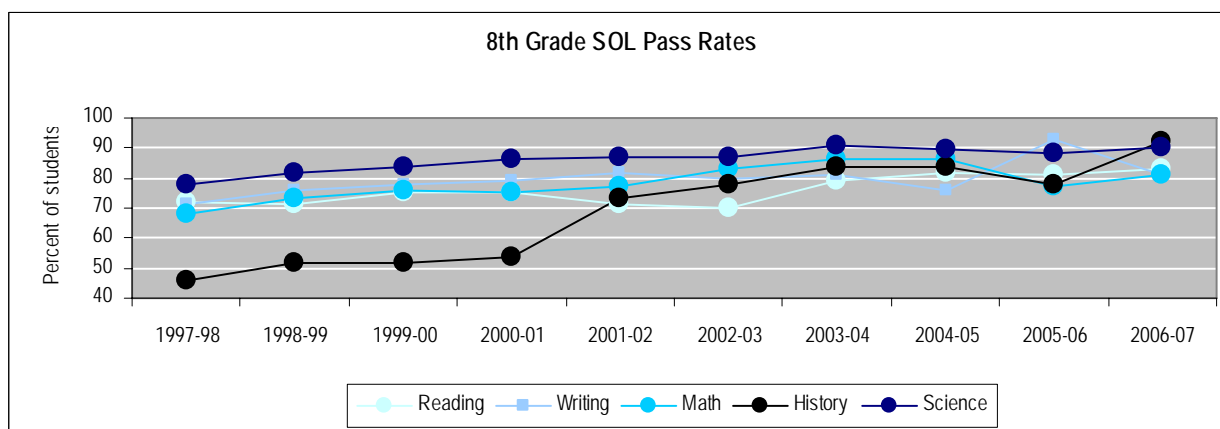
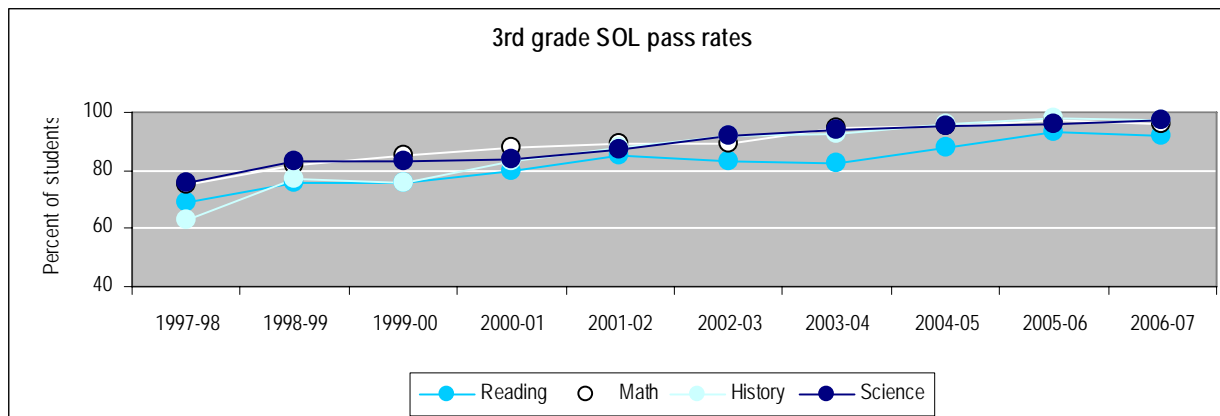
### SOURCE

Partnership for Children, Youth and Families, Profiles of Student Life: Attitudes and Behaviors Survey (Search Institute): 2001, 2003, and 2006

### REFERENCES

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

## Pass Rates for Standards of Learning (SOL) Tests



### DEFINITION

County-wide pass rates on selected Standards of Learning (SOLs) assessments for 3<sup>rd</sup> and 8<sup>th</sup> grade APS students and end-of-course assessments for high school students.

### SIGNIFICANCE

The SOLs reveal whether students have mastered the core knowledge and skills defined for each grade by the state of Virginia.

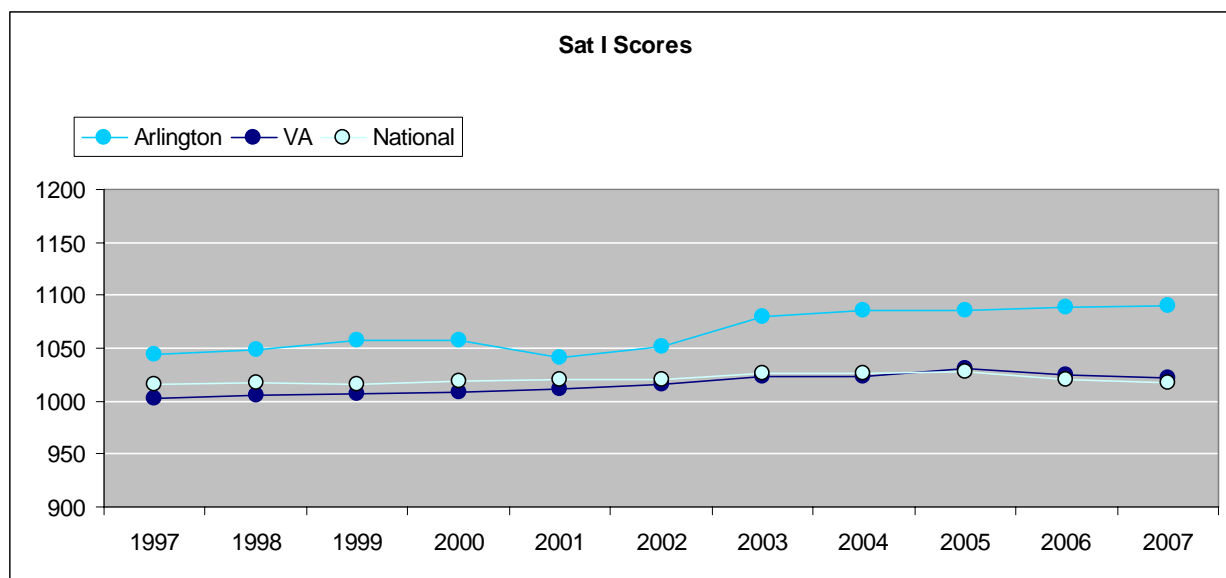
### FINDINGS

In Arlington, SOL pass rates have increased over ten years of testing and differences across subject areas have narrowed. In the most recent year of testing (2006-07), pass rates exceeded 80 percent in each of the 15 tests and were 90 percent or higher in nine tests.

### SOURCE

Arlington Public Schools, Office of Planning and Evaluation

## SAT Combined Math and Reading Score



### DEFINITION

The average combined score for the math and reading portions of the SAT I, a well-known college entrance examination test taken by most of the county's high school graduating seniors. Scores on the writing section, added in 2005, are not included in the indicator.

### SIGNIFICANCE

The SAT I measures critical math and reading skills that help predict college grades as a freshman.

### FINDINGS

Students in Arlington's public schools score higher on the SAT I than other students in Virginia and the nation as a whole. This is especially noteworthy because a high percentage of Arlington's high school graduates take the test, e.g., 79 percent in 2007 compared with 48 percent in the nation. In general, when

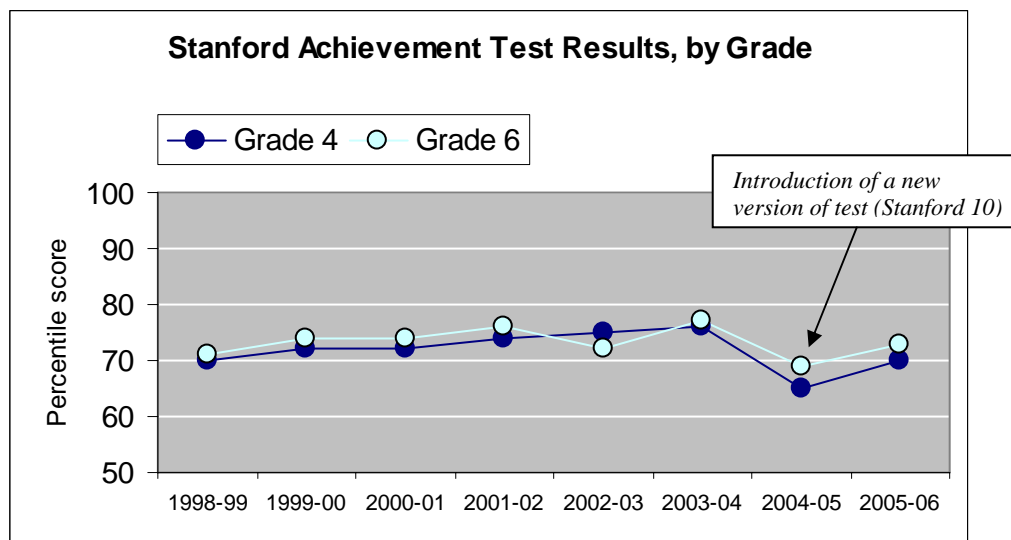
comparing scores across jurisdictions, the *higher* the percentage who take the SAT, the *lower* the average score. That's because when only a fraction of students take the SAT, it is typically those with higher academic aspirations who, as a group, tend to score better.

Why do APS students do well? One reason is that many Arlington students have highly-educated parents. Average SAT scores tend to rise with parent education. Using Virginia data on that relationship and Arlington data on parent education, it's possible to predict the average SAT score of students given the relatively well-educated families who live here. The actual 2007 SAT score (1090) is above the score predicted from parent education alone (1050).

### SOURCE

Arlington Public Schools, Office of Planning and Evaluation and State profile report for Virginia at [www.collegeboard.com](http://www.collegeboard.com)

## Results of Stanford Achievement Test



### DEFINITION

The national percentile rank of Arlington Public Schools (APS) students in grades four and six on the Stanford Achievement Test composite. The percentile indicates the percentage of students in the national sample who scored below the level attained by Arlington students.

### SIGNIFICANCE

The Stanford Achievement Test is used to compare the performance of a group of students with a representative sample of students nationwide. To do this, the test items are chosen to represent what is taught in grades four and six throughout the country. The test covers six subject areas: reading, math, language, spelling, science, and social science.

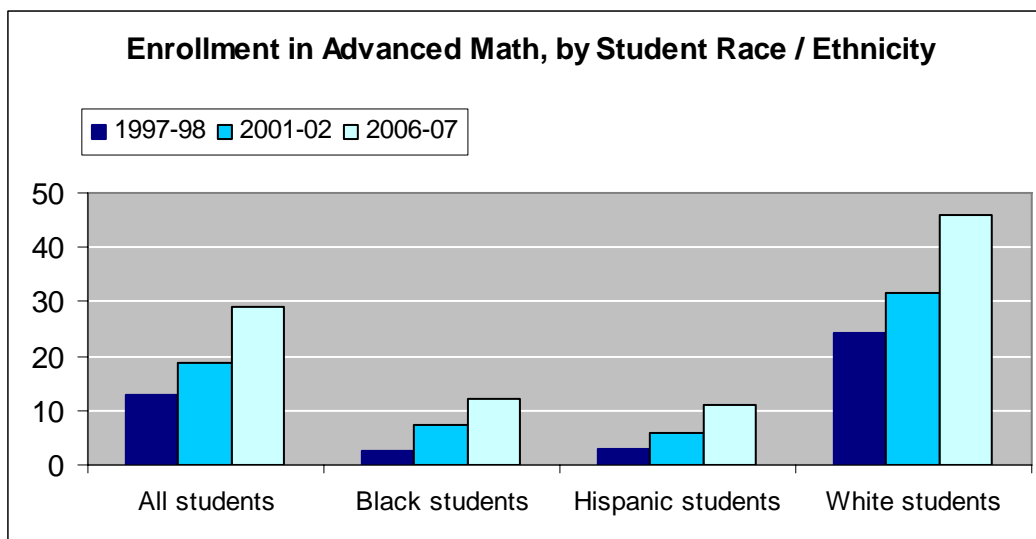
### FINDINGS

In general, APS students score better than the national average (i.e., 50<sup>th</sup> percentile). In 2005-06, the average score for 4<sup>th</sup> and 6<sup>th</sup> grade APS students was higher than the scores of 70 and 73 percent of 4<sup>th</sup> and 6<sup>th</sup> graders in the nationwide sample. Because a new version of the test was administered in 2004-05, the most recent data are not comparable with earlier data. However, prior to 2004-05, the national percentile rank for both grades had generally risen.

### SOURCE

Arlington Public Schools, Office of Planning and Evaluation

## Differential Enrollment in Advanced Math Courses



### DEFINITION

The percentage of all students and students in selected race/ ethnicity groups enrolled in advanced math courses. Advanced courses include those identified as intensified, gifted, Advanced Placement (AP), or part of the International Baccalaureate (IB) program as well as algebra and geometry when taken in middle school.

### SIGNIFICANCE

Advanced classes offer greater challenge for students and may better prepare them for college and work. A 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.<sup>1</sup> Taking advanced math courses appears 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

From 1997-98 to 2006-07, the percentage of Arlington Public Schools students enrolled in advanced math courses increased from 13 to 29 percent. This trend is mirrored in national data from studies of transcripts.<sup>2</sup> These studies also show increases in the percent of high school students completing advanced math courses. In Arlington, a greater proportion of both Black and Hispanic students now take advanced math. However, a significant gap remains. In 2006-07, 46 percent of white students but only 12 and 11 percent of Black and Hispanic students were enrolled in advanced math classes.

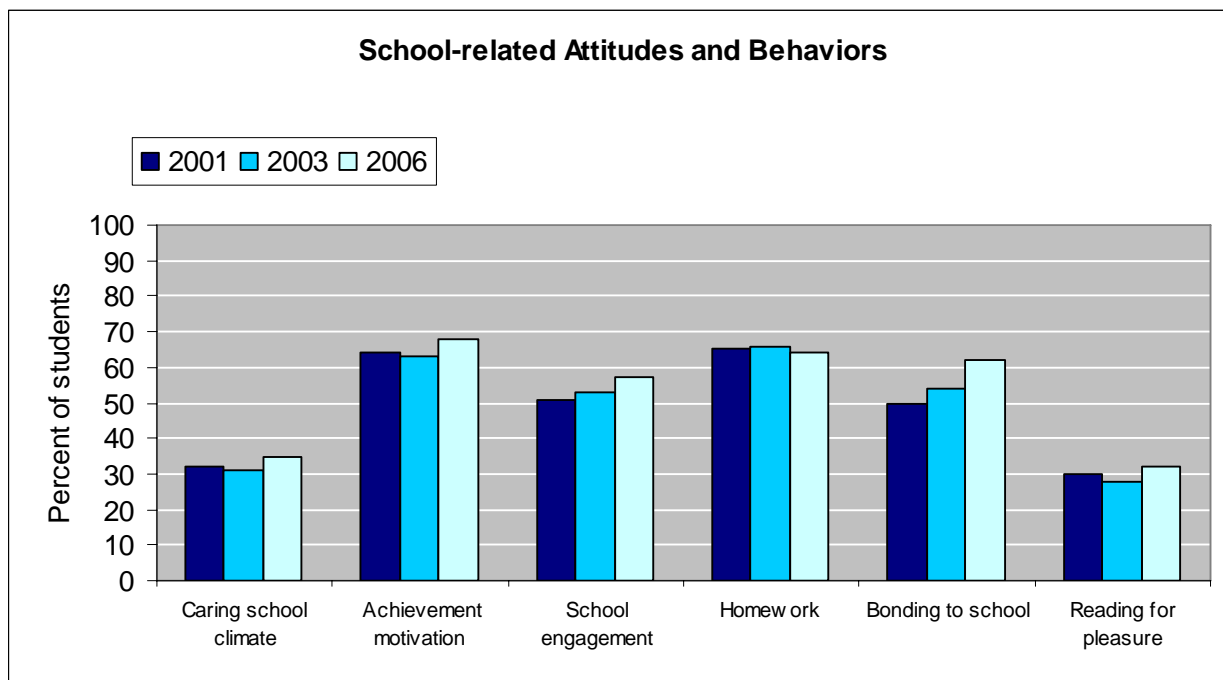
### SOURCE

Arlington Public Schools, Office of 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](http://www.ed.gov/thinkcollege/highschool).
2. Planty, Michael, Provasnik, Stephen and Bruce Daniel, (2007) *High School Coursetaking: Findings from the Condition of Education, 2007*, National Center for Education Statistics, U.S. Department of Education <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007065>

## Youth Attitudes Toward School



### DEFINITION

The percentage of Arlington young people who report:

- **Caring school climate:** Feeling cared for and encouraged at school;
- **Achievement motivation:** The desire to do well in school;
- **School engagement:** Taking interest in their classes and being prepared to learn;
- **Homework:** Spending at least one hour per day doing homework;
- **Bonding to school:** Caring about their school; and
- **Reading for pleasure:** Spending at least three hours per week reading for fun.

### SIGNIFICANCE

A caring school climate helps students feel more positive about school, have fewer behavior problems, and achieve at higher levels. Teachers, other adults and peers help create a caring school climate by having high expectations, acting fairly, and being friendly and approachable. The other indicators measure

internal qualities that help students do better academically in terms of a wide range of educational outcomes. These outcomes include test scores, math and reading achievement, graduation, and pursuit of higher education.

### FINDINGS

Students are most likely to report the developmental assets “homework” and “achievement motivation” and least likely to report “reading for pleasure.” Since 2001, significantly more students report three of these indicators: achievement motivation, school engagement, and bonding to school.

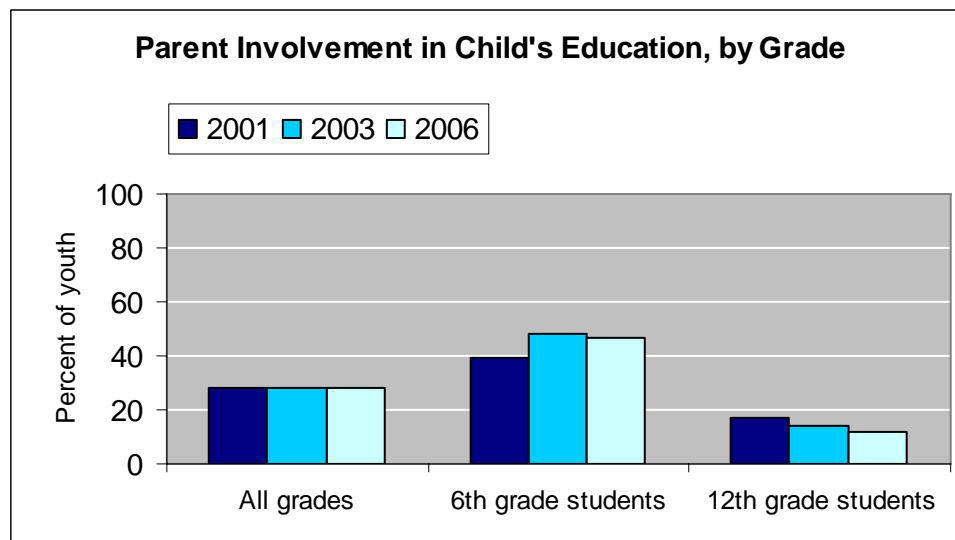
### SOURCE

Partnership for Children, Youth and Families, Profiles of Student Life: Attitudes and Behaviors Survey (Search Institute): 2001, 2003, and 2006

### 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

The percentage of Arlington youth who report that their parents are actively involved in helping them succeed in school by talking about school and homework, by helping with homework, and by attending events and meetings at school.

### SIGNIFICANCE

Parental involvement and support of learning can significantly help a child's progress in school. This indicator reflects a wide range of activities, including attending school functions, taking an interest in lessons, monitoring and talking with children about homework. Experts believe that children continue to benefit from parental involvement as they grow older.<sup>1</sup>

### FINDINGS

From 2001 to 2006, there was no change overall in the proportion of youth - 28 percent - reporting parental involvement in schooling. The data suggest, however, that trends differed by grade, with increases in the percentage of 6<sup>th</sup>-grade students reporting this developmental asset and decreases in the percentage of 12<sup>th</sup>-grade students. As a result, in 2006, almost half of 6<sup>th</sup>-grade students reported parental involvement but just over 10 percent of 12<sup>th</sup>-grade students.

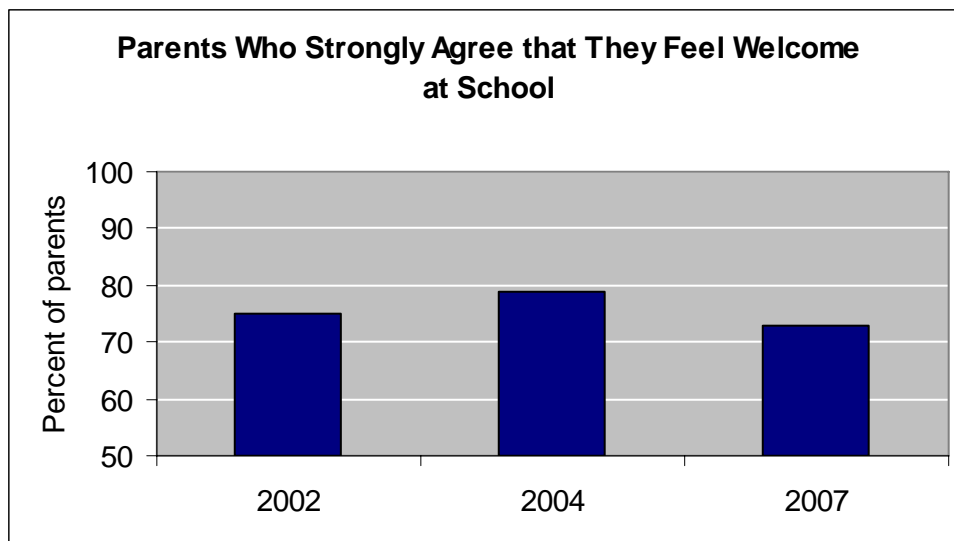
### SOURCE

Partnership for Children, Youth and Families, Profiles of Student Life: Attitudes and Behaviors Survey (Search Institute): 2001, 2003, and 2006

### REFERENCE

1. Kreider, H. et al. *Family Involvement in Middle and High School Student's Education*, Harvard Family Research Project, Number 3, Spring 2007, available at: [www.gse.harvard.edu/hfrp/projects/fine/resources/research/adolescent.html](http://www.gse.harvard.edu/hfrp/projects/fine/resources/research/adolescent.html)

## Feeling Welcome at School



### DEFINITION

The percentage of parents who strongly agree they feel welcome at their child's school, as reported in a survey of Arlington residents with at least one child enrolled in public school.

### SIGNIFICANCE

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

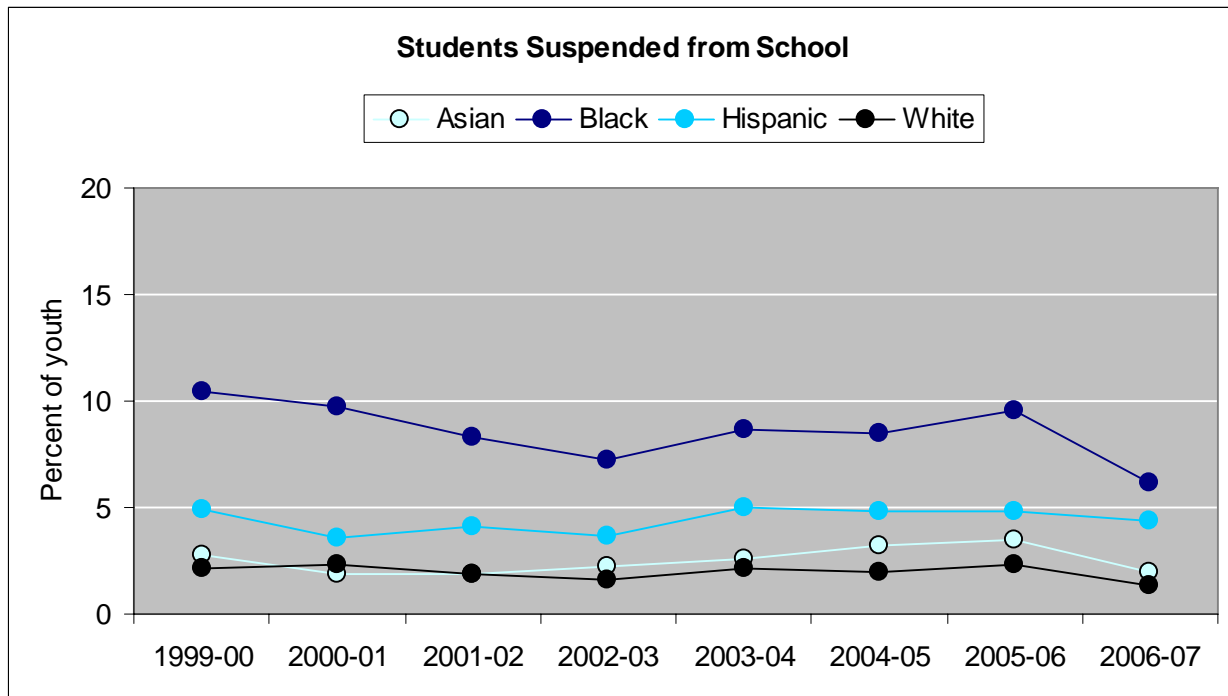
### FINDINGS

About three-quarters of the parents surveyed strongly agreed that they feel welcome at school. There was a modest decline from 2004 to 2007 (from 79 to 73 percent) in the proportion of those who "strongly agreed" although the overall percentage of parents who "agreed" did not change.

### SOURCE

Arlington Public Schools, Customer Satisfaction Survey, at: [www.arlington.k12.va.us/departments/planning\\_evaluation/downloads/2002\\_attitude\\_survey.pdf](http://www.arlington.k12.va.us/departments/planning_evaluation/downloads/2002_attitude_survey.pdf)

## Suspensions from School



### DEFINITION

The percentage of students by racial/ethnic category suspended in a given school year.

### SIGNIFICANCE

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. This indicator looks 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 the goals in its Strategic Plan.

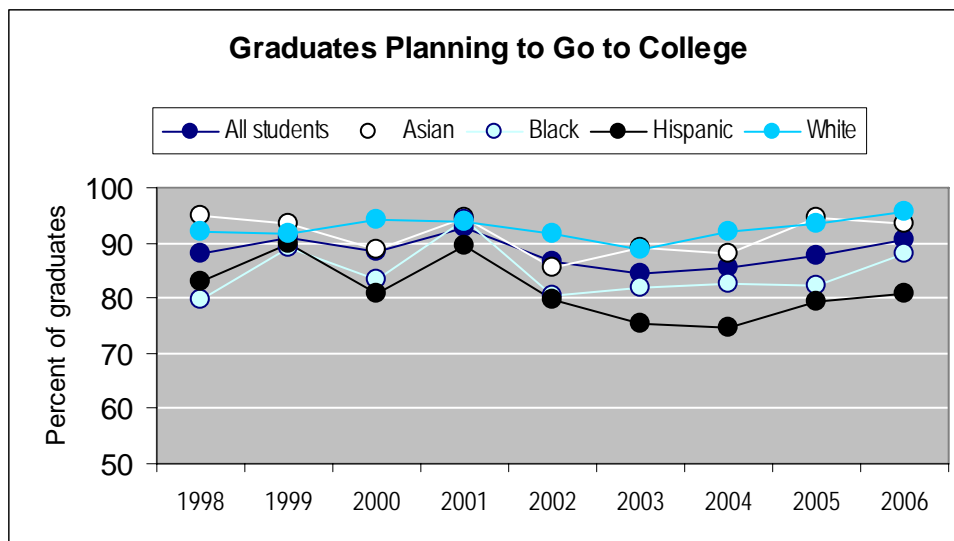
### FINDINGS

The vast majority of students do not receive a suspension during the school year. However, Black students have been consistently far more likely to be suspended than White, Hispanic, or Asian students. Between the 1999-00 school year and the 2006-07 school year, the percentage of students suspended in each category fell, with the largest decline for Black students. Most of the decrease occurred in the one-year period from 2005-06 and 2006-07.

### SOURCE

Arlington Public Schools, Administrative Services

## Plans to Attend College



### DEFINITION

The percentage of graduates of Arlington Public Schools (APS) who plan to attend two-year or four-year college.

### SIGNIFICANCE

Having a college degree is increasingly a “gateway” to achieving economic independence and the ability to change careers. 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, which is one attribute of an engaged citizenry.<sup>1</sup>

### FINDINGS

Most graduating seniors plan to attend college. In 2006, 91 percent of APS graduates planned to continue their education at a two-year or four-year institution. Between 1998 and 2006, the rate fluctuated from 84 to 93 percent. However, in Arlington, Hispanic students have consistently been less likely to report college plans and far less likely to report planning to attend a four-year college. In 2006, only 38 percent of Hispanic students compared with 84 percent of White students planned to attend a four-year institution. In Virginia, about half of seniors graduating from public high schools in 2005 planned to attend a four-year college, but the rate is higher in Northern Virginia.<sup>2</sup>

### SOURCE

Arlington Public Schools, Office of Planning and Evaluation.

### REFERENCES

1. U.S. Department of Education, *The Condition of Education 2002*, pages 29, 63, and 66
2. Virginia Performs at [www.vaperforms.virginia.gov/i-collegeGraduation.php](http://www.vaperforms.virginia.gov/i-collegeGraduation.php)

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## **4: A Safe, Supportive Community**

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# A Safe, Supportive Community

## INTRODUCTION

Do young people feel safe at home, at school, and in their neighborhoods? Are there many opportunities for young people to participate in enjoyable and positive activities and to serve their community? What proportion of youth is involved in gangs or other criminal activity? This chapter looks at measures of community safety and support for young people.

## INDICATORS

- Serious injuries of children
- Safety and support for youth
- Activities and opportunities for youth
- Positive peer relationships
- Violence and other antisocial behavior
- Victim of bullying
- Arrests of Arlington youth
- Gang membership

## KEY FINDINGS

- Serious injuries, i.e., requiring hospitalization of Arlington children from birth to age 19, fell 15 percent between 1999 and 2005, with no corresponding decline in the estimated population of children.
- Indicators related to youth perceptions of safety, support from caring adults and neighbors, and positive peer relationships showed little change from 2001 to 2006. However, there was improvement in indicators related to positive activities and opportunities for youth to serve the community.
- Arrests of youth who live in Arlington declined by 50 percent from 1998 to 2006. Fewer youth repeatedly engaged in antisocial behaviors such as shoplifting and vandalism. The increase in reported gang membership observed from 2001 to 2004 was reversed between 2004 and 2007.
- A new indicator, on the extent of victimization from bullying, found that bullying decreases significantly from 6<sup>th</sup> grade to 12<sup>th</sup> grade but is not eliminated. Between 2004 and 2007, reports of bullying by sixth-grade students declined significantly.

## WHAT'S MISSING

Measures of part-time work and employment would give us information on another dimension of community life that is very important to older youth in learning skills they will need as adults. Information about the effectiveness of programs that target antisocial behavior and violence, particularly for boys, would help us understand how to reduce those behaviors.

## Serious Injuries of Children



### DEFINITION

The number of injuries resulting in the hospitalization of a child living in Arlington. The injuries result from a variety of causes, including motor vehicle accidents, poisonings, falls, drowning, head injuries and sports. The injury may be intentional (in the case of assault) or unintentional (as in motor vehicle accidents). In 2005, just over half of these injuries were unintentional.

### SIGNIFICANCE

Injuries are a leading cause of death, disability and hospitalization of children in Virginia and the nation.<sup>1</sup> In 2005, injuries accounted for 63 percent of deaths and 8 percent of hospitalizations of Virginia children, ages 1 to 19.<sup>2</sup> Motor vehicle accidents alone caused 41 percent of injuries of Virginia children leading to death and 19 percent of those leading to hospitalization. Experts believe that the vast majority of these injuries are preventable.<sup>3</sup>

### FINDINGS

Overall, serious injuries of children living in Arlington decreased by 15 percent between 1999 and 2005 even though the number of children increased. The population of children, ages 0 to 19, grew from 34,000 to an estimated 38,000 between 2000 and 2005.<sup>4</sup>

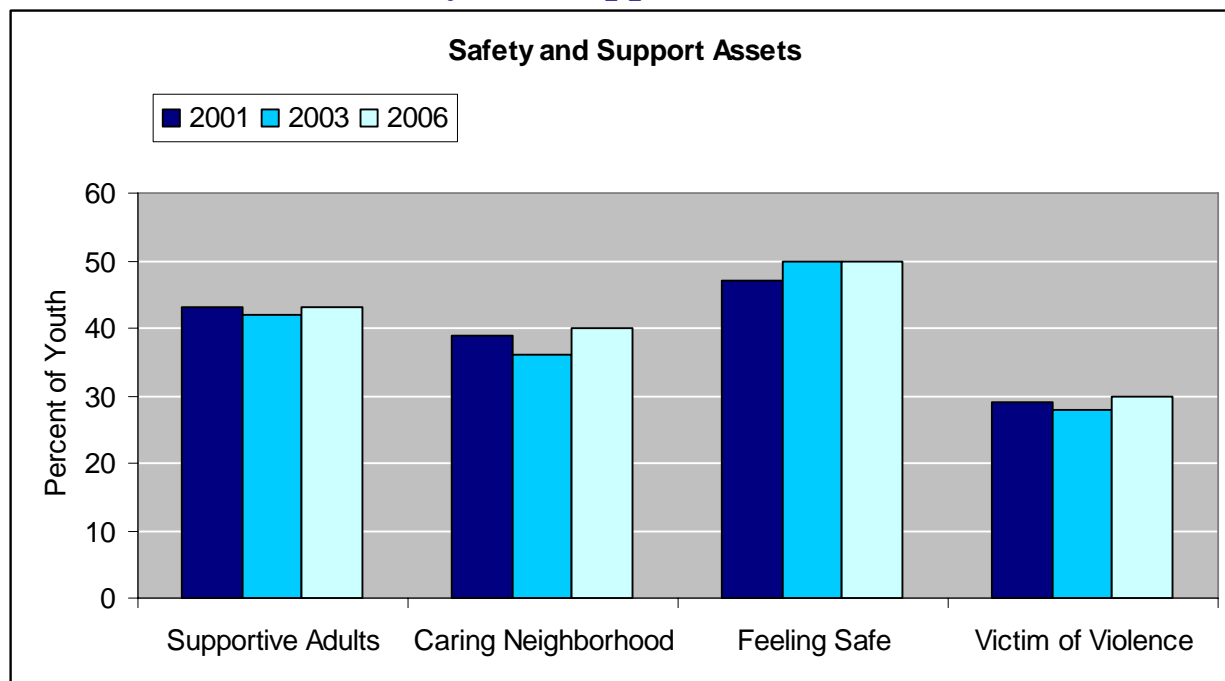
### SOURCE

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 2007*, at: [www.childstats.gov/americaschildren/phenviro6.aspx](http://www.childstats.gov/americaschildren/phenviro6.aspx)
- 2 Injury in Virginia, 2005, Division of Injury and Violence Prevention, Virginia Department of Health, at [www.vahealth.org/civp/datacivp.asp](http://www.vahealth.org/civp/datacivp.asp)
- 3 Virginia Department of Health, Press Release, April 11, 2002.
- 4 *Profile 2007*, Arlington Virginia, Department of Community Planning, Housing and Development.
- 5 Note: It's possible that a serious injury could lead to a child fatality with no hospitalization. In that case, the indicator would underestimate serious injuries.

## Safety and Support for Youth



### DEFINITIONS

The percentage of youth who report:

- **Safety:** A sense of safety at home, in the neighborhood and at school.
- **Caring neighborhood:** Having many caring neighbors.
- **Supportive adults:** Supportive relationship with at least three adults other than parents.
- **Victim of violence:** Suffering pain or injury from physical violence in the prior two years.

### SIGNIFICANCE

The first three indicators measure distinct dimensions of a safe and supportive environment for youth. Communities that provide many different formal and informal support systems create the best conditions for the positive development of young people.<sup>1</sup> The last indicator measures a factor that works against positive development of youth. As a result, *reductions* in the percent of youth victimized by violence represent *increases* in well-being.

### FINDINGS

From 40 to 50 percent of Arlington youth report having the assets that most closely measure support from the community outside of families and schools. The percentage of youth reporting these developmental assets has changed little since the first survey in 2001. Thirty percent of youth have experienced pain or injury from physical violence in the previous two years, with boys significantly more likely to report this developmental deficit. There has been little change in this indicator as well.

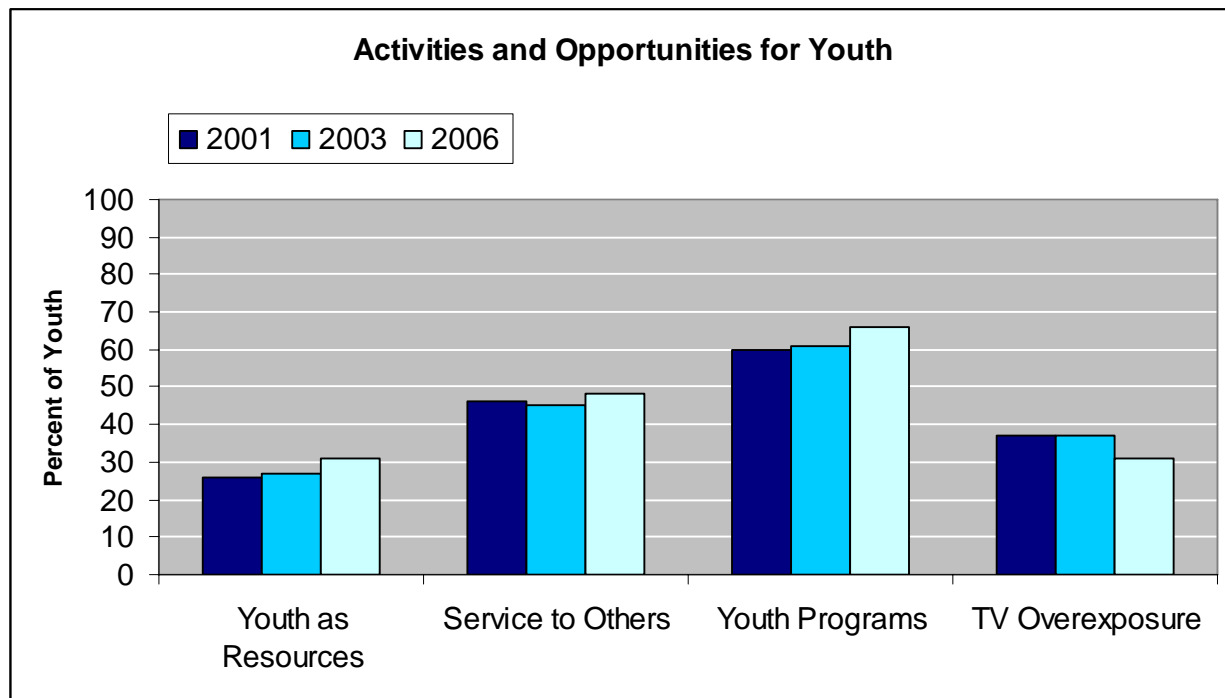
### SOURCE

Arlington Partnership for Children, Youth, and Families, *Profiles of Student Life: Attitudes and Behaviors Survey* (Search Institute): 2001, 2003, and 2006

### 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



### DEFINITIONS

The percentage of youth who report:

- **Youth as resources:** Has a voice in decision-making and opportunities to make the community a better place.
- **Youth programs:** Spends three or more hours per week in sports, clubs, and after-school activities.
- **Service to others:** Spends at least one hour per week helping others in the community.
- **TV overexposure:** Watches television or videos three or more hours per school day.

### SIGNIFICANCE

Research by Search Institute (who developed these developmental “assets” and “deficits”) shows that communities that give young people the opportunity to spend time in positive activities and contribute to the community 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 and alcohol use. In contrast, excessive television watching has been linked to health risks and leaves less time for positive activities and relationships.

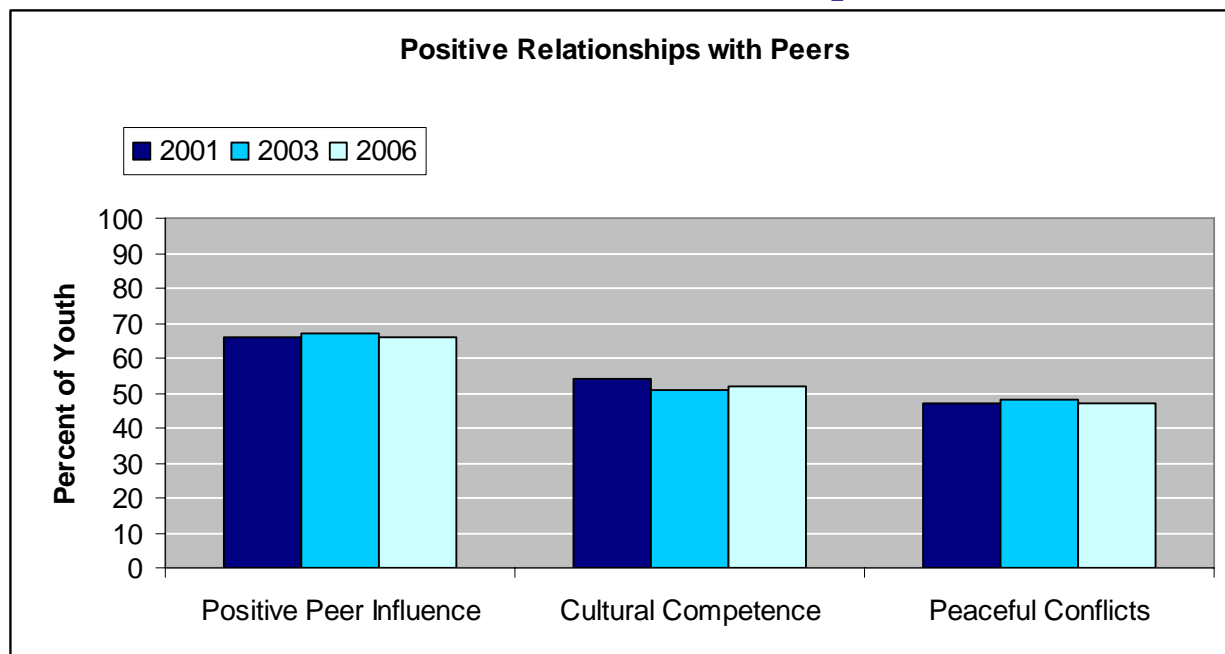
### FINDINGS

Among these indicators, young people were most likely to report “youth programs” and least likely to report “youth as resources”. Between 2001 and 2006, the percentage of youth reporting each of these assets increased significantly. Still, in 2006, only one-third reported having a useful role in the community (youth as resources). Significantly fewer youth reported TV overexposure in 2006 than in 2001: 31 percent of young people in 2006 compared with 37 percent in 2001.

### SOURCE

Arlington Partnership for Children, Youth, and Families, *Profiles of Student Life: Attitudes and Behaviors Survey* (Search Institute): 2001, 2003, and 2006

## Positive Peer Relationships



### DEFINITIONS

The percentage of youth who report:

- **Positive peer influence:** Has friends who model responsible behavior.
- **Cultural competence:** Knows about other cultures and is comfortable with people of different backgrounds.
- **Peaceful conflict resolution:** Is able to work out differences without violence.

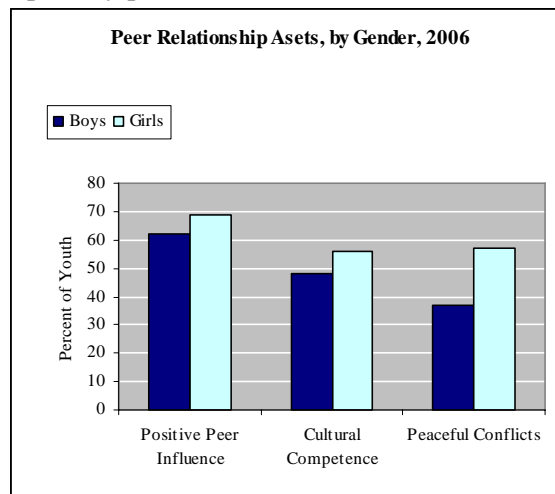
### SIGNIFICANCE

The values and behaviors of peers can have a strong influence on a young person’s behavior. 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.<sup>1</sup>

### FINDINGS

Overall, there has been no change in the percentage of students reporting these assets. This lack of progress is due in part to conflicting trends. For example, youth in 6<sup>th</sup> and 8<sup>th</sup> grades were more likely to report “positive peer

influence” in 2006, compared with 2001, while youth in 10<sup>th</sup> and 12<sup>th</sup> grades were less likely. Girls are more likely to report these assets, especially peaceful conflict resolution.



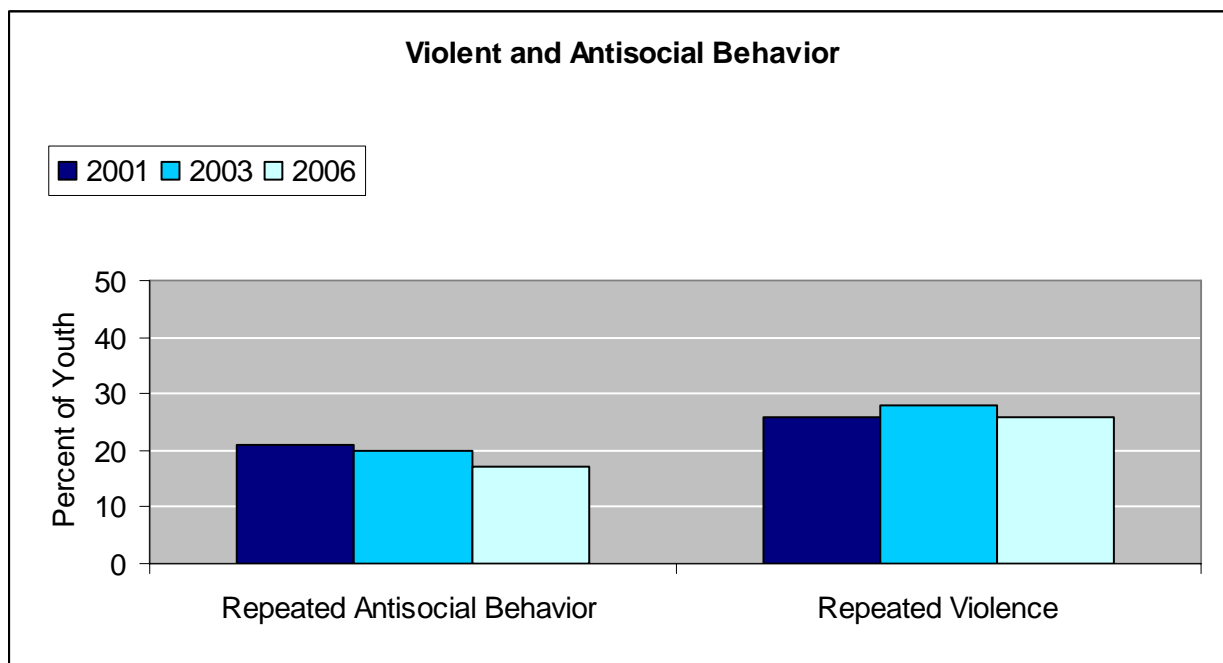
### SOURCE

Arlington Partnership for Children, Youth, and Families, *Profiles of Student Life: Attitudes and Behaviors Survey* (Search Institute): 2001, 2003, and 2006

### 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

The percentage of youth who report three or more incidents of violence (including hitting someone, getting into a fight, carrying a weapon and/or making threats) or antisocial behavior (shoplifting, vandalism, and/or trouble with the police) in the past 12 months. The repeated nature of these behaviors suggests that they represent more than adolescent experimentation.

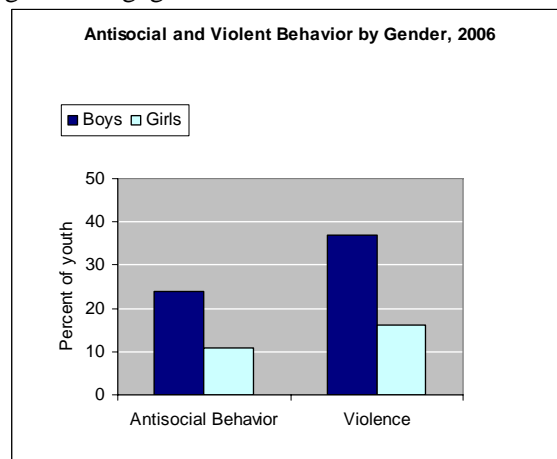
### SIGNIFICANCE

These indicators examine the safety and support of the community from a negative perspective, complementing the positive view provided by developmental assets. In particular, the level of youth violence and delinquency can be viewed as (reverse) indicators of how well community institutions are doing in helping young people develop self-control and channel their behaviors to acceptable norms.<sup>1</sup> These institutions include families, schools, and community groups that work for and with children.

### FINDINGS

Antisocial behaviors declined significantly from 2001 to 2006, but violence remained unchanged.

These behaviors show marked variation by gender and age. Boys were more likely than girls to engage in both behaviors.



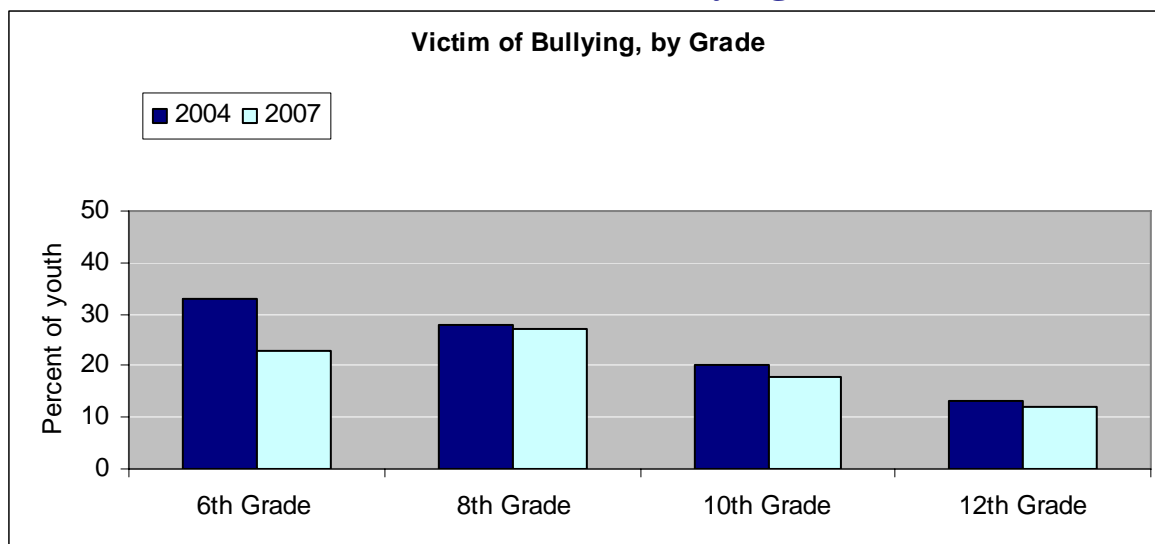
### SOURCE

Arlington Partnership for Children, Youth, and Families, *Profiles of Student Life: Attitudes and Behaviors Survey* (Search Institute): 2001, 2003 and 2006

### 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.

## Victim of Bullying



### DEFINITION

The percentage of youth who report being the victim of bullying in the past year. Bullying is defined as being repeatedly called names, teased in a hurtful or malicious way, threatened, hit, kicked or pushed, or being *repeatedly* ignored or shunned by a group usually because one or two people in the group insist on it.

### SIGNIFICANCE

Bullying creates problems for both the victim and the bully. Studies have shown that victims are more likely to feel depressed and anxious, have low self-esteem and lower academic achievement.<sup>1</sup> The bully is also at risk for serious problems. For example, they are more likely to drop out of school and have criminal records as adults. Bullies tend to be aggressive, have positive views of violence and have little or no empathy for their victims.

### FINDINGS

In both 2004 and 2007, young people in middle school were more likely to report bullying than young people in high school. In 2007, 6<sup>th</sup>-grade youth were significantly less likely than 6<sup>th</sup>-grade youth in 2004 to report being victimized.

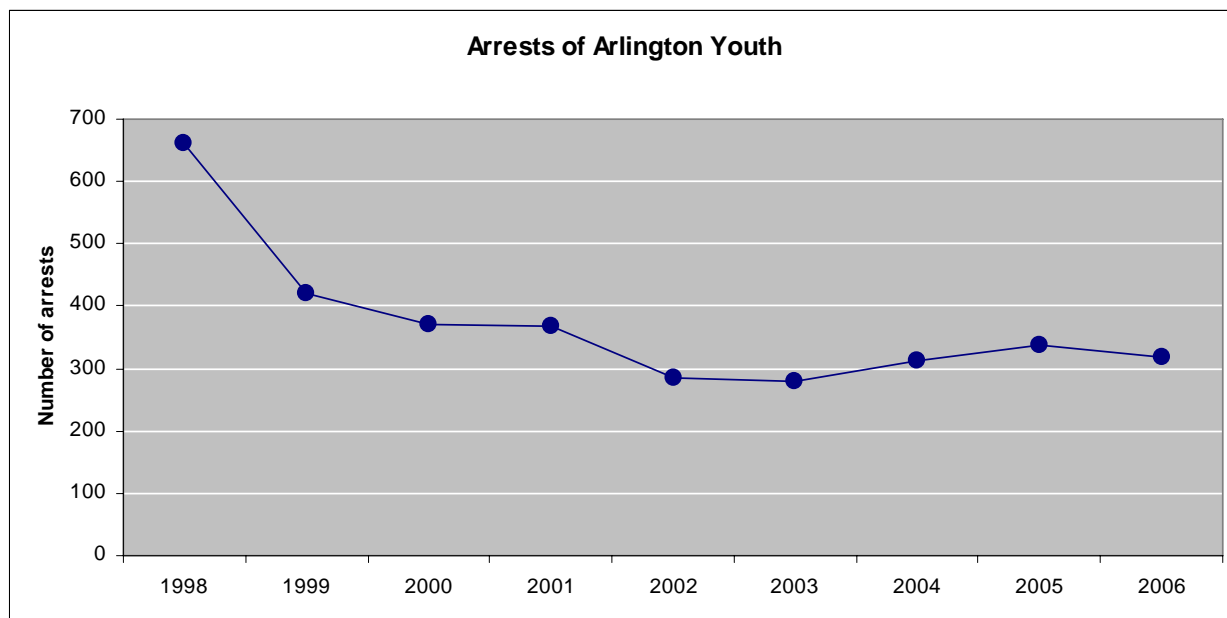
### SOURCE

Arlington Partnership for Children, Youth and Families, *Youth Risk Behavior Survey* (Centers for Disease Control): 2004 and 2007

### REFERENCES

National Youth Violence Prevention Resource Center, *Bullying Facts and Statistics*, at [www.safeyouth.org/scripts/topics/bullying.asp](http://www.safeyouth.org/scripts/topics/bullying.asp)

## Arrests of Arlington Youth



### DEFINITION

Arrests of youth, i.e., under age 18, who reside in Arlington County, and arrests of Arlington youth by charge for the five most frequently observed charges from 1998 through 2006: larceny (usually shoplifting), simple assault, drug-related offenses, vandalism, and alcohol-related offenses.

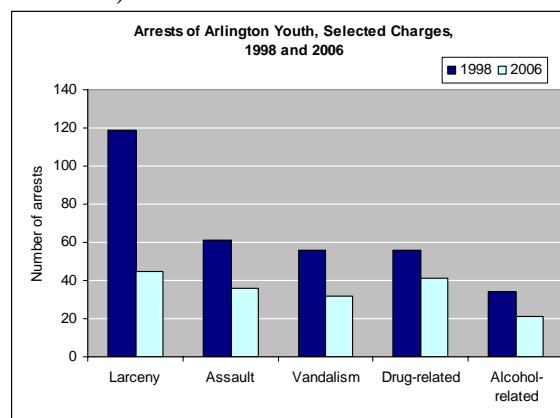
### SIGNIFICANCE

The level of 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.<sup>1</sup>

### FINDINGS

The five most common charges account for 50 to 60 percent of arrests of Arlington youth. Over time, total arrests of juvenile Arlington residents have declined by 50 percent (from 662 to 313). Fewer arrests were also observed for each of the five most common charges, with the largest decreases for larceny, vandalism and assault. (The decline in larceny charges is consistent with survey data on shoplifting:

students report they are engaging less in this behavior.)



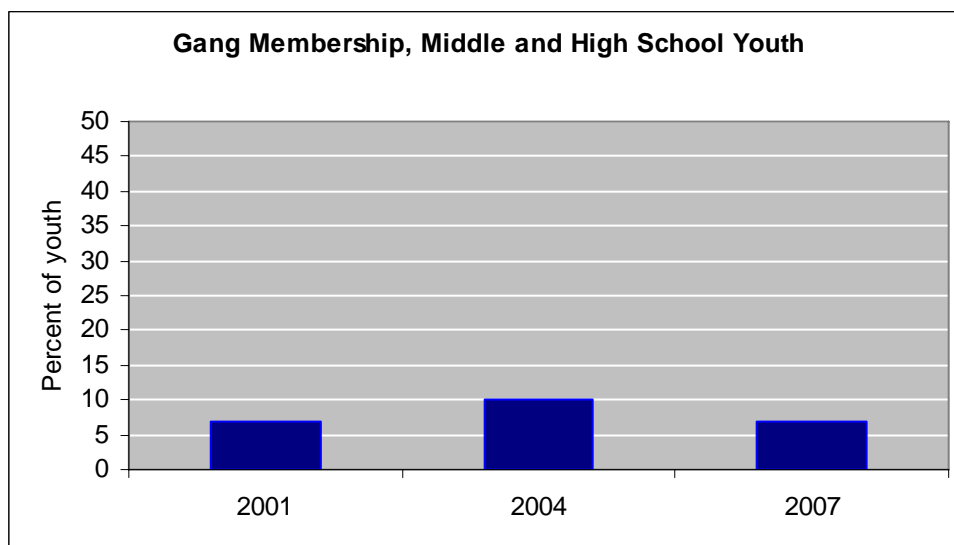
### SOURCE

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.

## Gang Membership



### DEFINITION

The percentage of middle and high school youth who reported belonging to a gang in the previous year.

### SIGNIFICANCE

Gang membership has powerful effects on behavior of youth. A 1998 study sponsored by the U.S. Department of Justice found that gang members are much more likely to sell drugs, possess lethal weapons, and commit violent crimes, compared with similar at-risk youth who do not join gangs.<sup>1</sup> The same study found that the median age at which youths began hanging out with gangs was 13. Youth gang members also face a higher likelihood of arrest, injury and death.

### FINDINGS

Overall gang membership was the same in 2007 as it was in 2001, seven percent, after rising to 10 percent in 2004 (a statistically significant increase). In 2007 (as in earlier years), male youth were more likely to report belonging to a gang than female youth. Because this survey is administered in schools, it underestimates the percent of older youth in gangs to the extent that gang membership is associated with dropping out of school.

### SOURCE

Arlington Partnership for Children Youth and Families, *Youth Risk Behavior Survey: 2001, 2004, and 2007*

### REFERENCE

C. Ronald Huff, *Comparing the Criminal Behavior of Youth Gangs and At-Risk Youths*, National Institute of Justice

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## Credits

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## Appendix

### References for Child Abuse Information

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