



Touchstones



Kids Count

D A T A B O O K

Looking to the future



State of New York Council on Children and Families



David A. Paterson
Governor



Deborah A. Benson
Executive Director

MISSION STATEMENT

The Council is charged with acting as a neutral body to coordinate the State health, education and human services systems to ensure that all children and families in New York State have the opportunity to reach their potential.

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Touchstones



Kids Count

D A T A B O O K

SHARED VISION

All children, youth and families will be healthy and have the knowledge, skills and resources to succeed in a dynamic society.

NYS KIDS COUNT 2010 Data Book

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December 2010



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NYS TOUCHSTONES



STATE OF NEW YORK
Executive Chamber
ALBANY 12224

David A. Paterson
Governor

Dear Friends,

New York State is rich with resources, the most impressive of which is our human capital. Our investments in education, health and human services serve as evidence of our strong commitment to developing this capital and supporting New York's children and families. We have the brightest minds, the best universities, the most dynamic companies, and a thriving tradition of innovation and entrepreneurship.

I am pleased to present the New York State Touchstones KIDS COUNT 2010 Data Book. Our ability to develop data-driven policies has allowed us to be highly effective in addressing the needs of children and families in our State, ensuring all children have the knowledge, skills and resources to succeed.

I am confident that leaders at the State and local level will use the information presented in this publication to carefully consider the status of children in their communities and identify ways to promote a bright future for every child in New York.

Sincerely,

A handwritten signature in black ink that reads "David A. Paterson".

David A. Paterson

www.ny.gov





COUNCIL ON CHILDREN AND FAMILIES



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Deborah A. Benson
EXECUTIVE DIRECTOR

Dear Friends,

I am very pleased to present the Touchstones KIDS COUNT 2010 Data Book. This year's essay on childhood poverty examines trends in child poverty rates over the last three decades. Our understanding of poverty and the role it plays in child development is especially relevant for the many issues addressed by the Council, particularly the work currently underway to address the needs of youth in our foster care and juvenile justice systems at risk of becoming disconnected and unable to successfully transition to adulthood. The Council is working extensively with state agency and advocacy organizations to identify strategies that reduce the vulnerability of youth as they transition out of these systems.

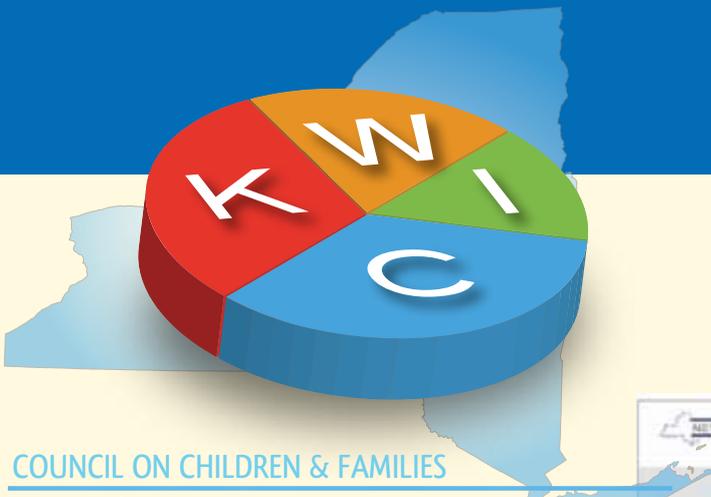


As we look toward the future, it is clear that the success of New York is dependent upon our ability to promote the healthy development of all children and youth so they can succeed in a dynamic society. The Council maintains its priority to provide you with quality data because we fully understand this information serves as a sound foundation for policies and programs that support children and their families.

This year's edition of the data book provides a wide range of information related to the six key areas of child well-being. Please be sure to inform your colleagues that the 2010 Data Book is available in PDF format on the Council website and I encourage to you to sign up for the KWIC e-news at www.nyskwic.org to get the most up-to-date information about KWIC and new indicators.

Sincerely,

Deborah A. Benson



COUNCIL ON CHILDREN & FAMILIES

Kids' Well-being Indicators Clearinghouse

NEW YORK STATE

HOME ABOUT RWIC GET DATA

Graph Builder

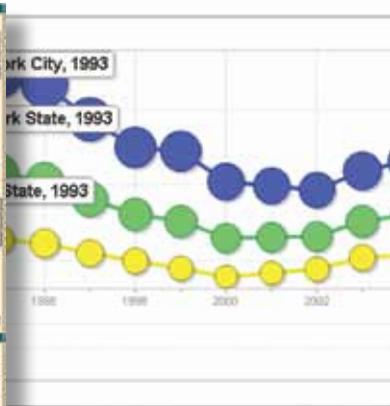
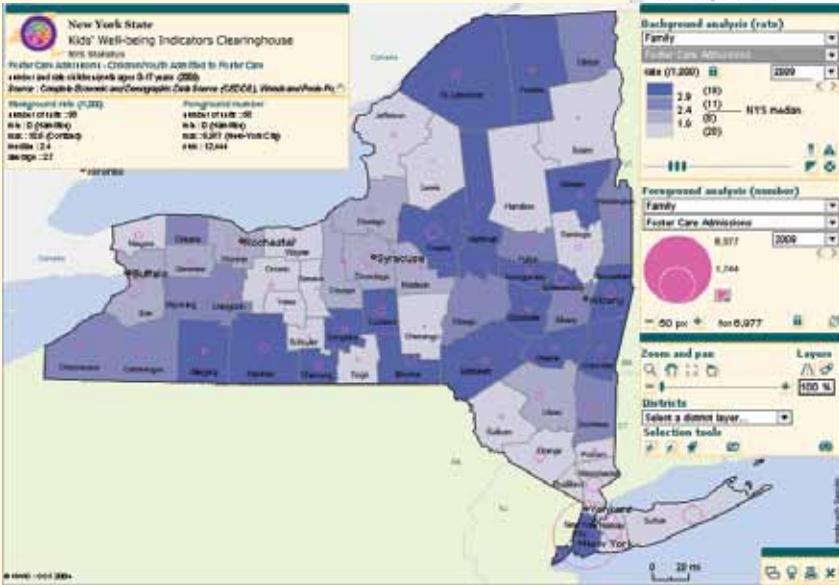
Graph Builder Results.

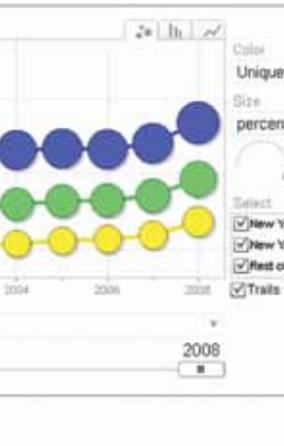
Step 1: Indicators Step 2: Years Step 3: Counties Summary Results

Children and Youth Receiving Food Stamps:

percent children/youth ages birth-17 years

Motion plot data





Member Agencies

The NYS Council on Children and Families has 12 member agencies. Click on an agency to learn more.

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[Office of Alcoholism and Substance Abuse Services](#) – OASAS' mission is to effect improvement in the lives of New Yorkers through access to quality prevention and treatment which contribute to the reduction and/or elimination of alcohol and substance abuse.

[Office for the Aging](#) – SOFA's mission is to help older New Yorkers to be as independent as possible for as long as possible through advocacy, development and delivery of cost-effective policies, programs and services which support and empower the elderly and their families, in partnership with the network of public and private organizations which serve them.

[Office of Children and Family Services](#) – OCFS' mission is to serve New York's public by promoting the well-being and safety of our children, families and communities.

[Division of Criminal Justice Services](#) – DCJS's mission is to advise and assist the Governor and the State Director of Criminal Justice in developing policies, plans and programs for improving the coordination, administration and effectiveness of the criminal justice system.

[State Education Department](#) – SED's mission is to raise the knowledge, skill, and opportunity of all the people in New York.

[Department of Health](#) – DOH's mission works to protect and promote the health of New Yorkers through prevention, science and the assurance of quality health care delivery.

[Department of Labor](#) – DOL's mission is to advocate for job creation and economic growth through workforce development.

[Office of Mental Health](#) – OMH's mission is to promote hope and recovery for people with psychiatric disabilities.

[Office for Persons with Developmental Disabilities](#) – OPWDD's mission is to develop a comprehensive, integrated system of services which has as its primary purposes the promotion and attainment of independence, inclusion, individuality and productivity for persons with developmental disabilities.

[Office of Probation and Correctional Alternatives](#) – OPCA's mission is to promote and facilitate probation services and other community corrections programs through funding and oversight.

[Commission on Quality of Care and Advocacy for Persons with Disabilities](#) – COCCMD's mission is to improve the quality of life for individuals with disabilities in New York State, and beyond, and to protect their rights.

[Office Temporary and Disability Assistance](#) – OTDA's mission is to promote greater self-sufficiency of the State's residents through the efficient delivery of temporary and transitional assistance, disability assistance, and the collection of child support.



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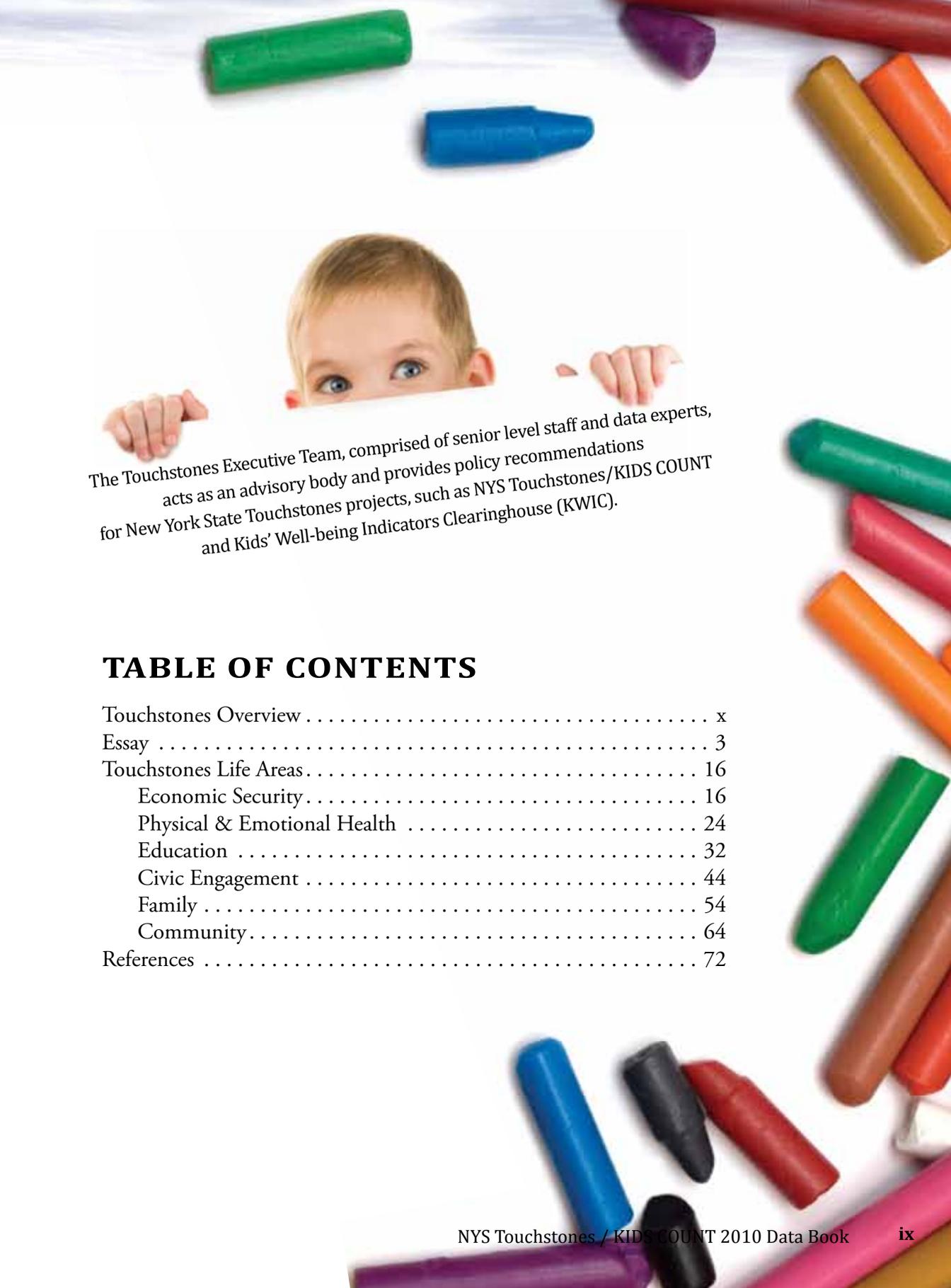
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The Touchstones Executive Team, comprised of senior level staff and data experts, acts as an advisory body and provides policy recommendations for New York State Touchstones projects, such as NYS Touchstones/KIDS COUNT and Kids' Well-being Indicators Clearinghouse (KWIC).

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New York State Kids' Well-being Indicators Clearinghouse presents
The NYS TOUCHSTONES Overview

	Economic Security	Health	Education	Civic Engagement	Family	Community
	Child Poverty Rate per 100	Adolescent (15-19) Birth Rate per 1,000	Annual Drop Out Rate per 100	Young Adult Arrest Rate for Drugs per 10,000	Children in Abuse/Neglect Reports per 1,000	Property Crimes Rate per 10,000
New York State	19.3	25.1	2.9	206.4	16.9	191.4
New York City	26.7	30.3	4.0	387.2	17.2	169.0
Bronx County	39.4	43.8	4.0	551.6	N/A	N/A
Kings County	30.3	30.4	4.5	368.8	N/A	N/A
New York County	22.7	26.1	4.0	487.8	N/A	N/A
Queens County	17.0	24.1	3.8	251.3	N/A	N/A
Richmond County	14.5	18.7	3.3	266.5	N/A	N/A
Rest of State	13.7	21.7	2.3	85.4	16.5	208.4
Albany County	14.3	16.8	2.4	104.4	23.6	305.4
Allegany County	24.0	18.7	1.6	28.3	21.2	129.0
Broome County	20.1	22.4	1.9	74.1	21.7	293.3
Cattaraugus County	21.5	41.9	2.3	45.2	25.5	212.7
Cayuga County	17.9	23.8	2.4	54.8	14.3	184.2
Chautauqua County	25.4	31.0	3.0	67.7	24.0	250.8
Chemung County	23.3	38.8	3.9	84.3	37.5	224.4
Chenango County	22.0	33.2	2.9	50.4	34.6	183.6
Clinton County	17.9	23.2	2.7	53.5	25.5	189.8
Columbia County	15.6	25.9	2.9	46.2	24.1	169.1
Cortland County	18.7	19.4	2.2	35.3	41.0	202.7
Delaware County	24.0	25.3	2.2	54.8	31.3	151.5
Dutchess County	10.5	13.0	2.9	40.1	18.0	170.4
Erie County	18.4	25.9	3.9	160.4	16.3	306.4
Essex County	17.3	26.2	2.5	45.6	24.4	128.5
Franklin County	21.8	35.0	2.2	101.8	31.7	172.9
Fulton County	22.6	36.1	3.4	25.9	24.2	256.8
Genesee County	13.7	24.6	2.0	73.8	14.6	244.5
Greene County	16.6	16.0	2.4	98.8	13.1	151.0
Hamilton County	15.9	7.6	1.1	105.5	17.8	98.4
Herkimer County	20.1	25.8	2.8	46.2	17.9	193.9
Jefferson County	21.5	50.3	2.1	68.6	34.0	207.2
Lewis County	20.5	37.7	1.6	25.3	30.1	138.8
Livingston County	13.0	12.6	1.8	52.8	15.6	145.1
Madison County	16.6	16.0	2.2	33.4	24.1	167.8
Monroe County	17.5	29.8	3.5	79.3	13.1	315.7

The NYS TOUCHSTONES Overview *(continued)*

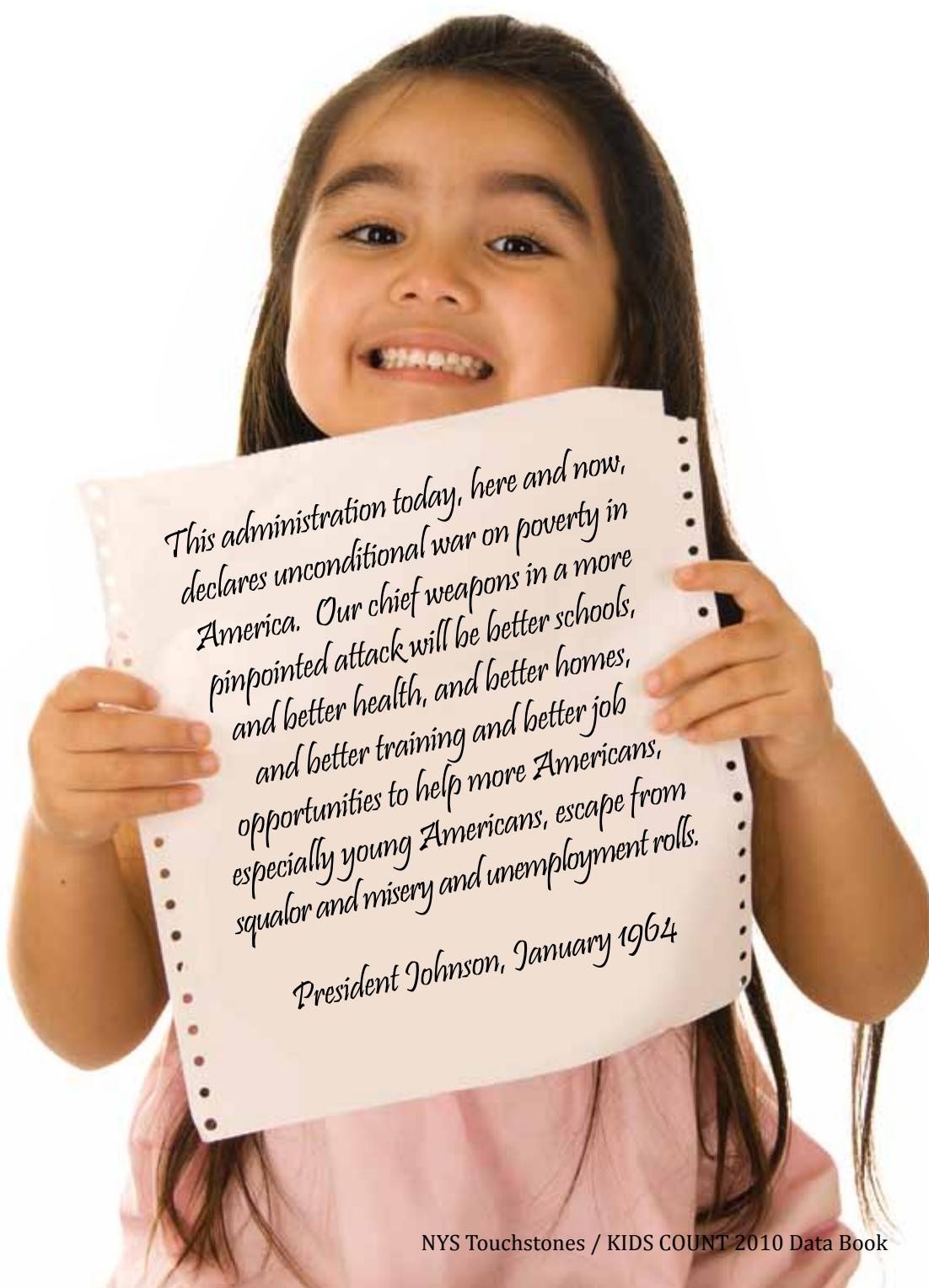
	Economic Security	Health	Education	Civic Engagement	Family	Community
	Child Poverty Rate per 100	Adolescent (15-19) Birth Rate per 1,000	Annual Drop Out Rate per 100	Young Adult Arrest Rate for Drugs per 10,000	Children in Abuse/Neglect Reports per 1,000	Property Crimes Rate per 10,000
Montgomery County	25.4	45.6	4.5	64.0	20.0	122.5
Nassau County	6.4	11.7	0.9	71.9	9.0	141.4
Niagara County	16.8	28.3	2.3	101.1	13.5	294.2
Oneida County	21.2	32.2	2.4	64.4	24.6	255.2
Onondaga County	14.7	31.1	3.5	76.3	17.6	259.1
Ontario County	12.9	25.1	2.0	84.5	18.1	164.9
Orange County	14.5	24.6	2.6	94.6	12.5	203.3
Orleans County	18.5	28.5	2.3	65.5	22.7	284.7
Oswego County	19.5	28.7	2.6	40.1	26.1	214.4
Otsego County	20.7	12.1	2.1	47.7	13.8	170.2
Putnam County	4.8	7.1	0.8	78.4	8.1	87.3
Rensselaer County	13.2	24.5	2.1	60.3	18.0	269.5
Rockland County	17.8	18.2	1.5	72.3	6.1	149.8
St. Lawrence County	22.6	25.9	3.2	40.6	14.5	134.8
Saratoga County	8.8	16.4	1.8	49.7	17.6	123.8
Schenectady County	18.4	27.2	2.6	71.0	31.2	340.1
Schoharie County	16.5	22.6	2.5	42.9	25.8	170.0
Schuyler County	19.8	40.5	2.3	33.6	31.1	81.7
Seneca County	17.0	37.9	4.5	55.1	28.7	173.0
Steuben County	19.1	29.6	2.3	50.4	24.5	131.1
Suffolk County	6.9	16.8	1.6	114.4	13.5	192.6
Sullivan County	21.4	27.8	2.2	89.9	25.6	177.6
Tioga County	14.1	32.1	2.5	25.9	18.8	104.6
Tompkins County	14.8	6.7	2.5	19.1	17.4	232.6
Ulster County	15.0	19.6	3.4	89.0	18.0	189.2
Warren County	15.4	24.8	1.8	118.3	32.4	206.3
Washington County	15.9	37.6	2.5	44.5	40.0	112.1
Wayne County	14.3	31.6	2.0	74.2	16.9	176.1
Westchester County	11.4	17.2	1.5	114.9	13.2	146.7
Wyoming County	16.0	17.1	2.2	46.7	15.9	107.8
Yates County	23.0	20.2	2.3	52.1	40.9	137.6

Datta Source: New York State Council on Children and Families, Kids' Well-being Indicators Clearinhouse, 2010. Data provided by Office for Temporary and Disability Assistance, Division of Criminal Justice Services, Department of Health, Education Department, Department of Labor, and Office of Children and Families Services.

NEW YORK STATE TRENDS IN CHILD POVERTY

Children's healthy development – their successful attainment of physical, social-emotional and cognitive skills – is essential to their ability to succeed in a dynamic society. Yet, children who experience poverty are disproportionately at risk of being exposed to factors that can compromise their development. Poverty takes a substantial toll on our children, influencing their quality of life on a number of dimensions. It impacts the quality of pregnant mothers' nutrition and prenatal care, the nature of parent-child interactions in the home, environmental safety of one's housing, the quality of schools children attend and the safety of neighborhoods in which they reside. Studies have shown poverty impacts children's cognitive development, academic achievement, emotional well-being, and physical development, as well as the quality of their health in adulthood and their eventual life span.

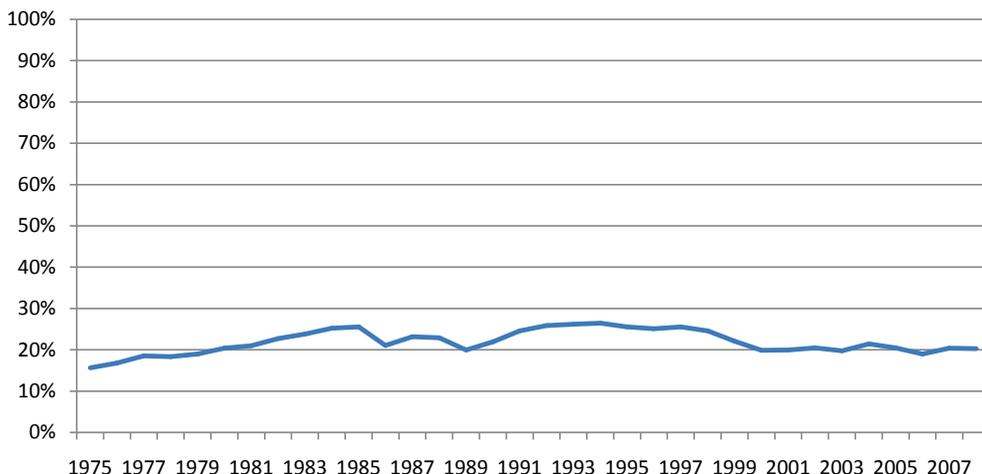
Given its detrimental impact, poverty has long been an issue of concern, as evident by President Johnson's declaration of war on poverty in 1964. Since that time, several programs have been put in place to support families and reduce the poverty rate. A review of child poverty in New York state over the last 34 years indicates child poverty has ranged from a high of 26.4 percent in 1994 to a low of 15.6 percent in 1975 (Figure 1). Most recently, in 2008, about one in five children (19.3%) in New York lived below the poverty level.



*This administration today, here and now,
declares unconditional war on poverty in
America. Our chief weapons in a more
pinpointed attack will be better schools,
and better health, and better homes,
and better training and better job
opportunities to help more Americans,
especially young Americans, escape from
squalor and misery and unemployment rolls.*

President Johnson, January 1964

Figure 1. Child poverty in New York State, 1975 through 2008



Data Source: New York State Office of Temporary and Disability Assistance, 2010

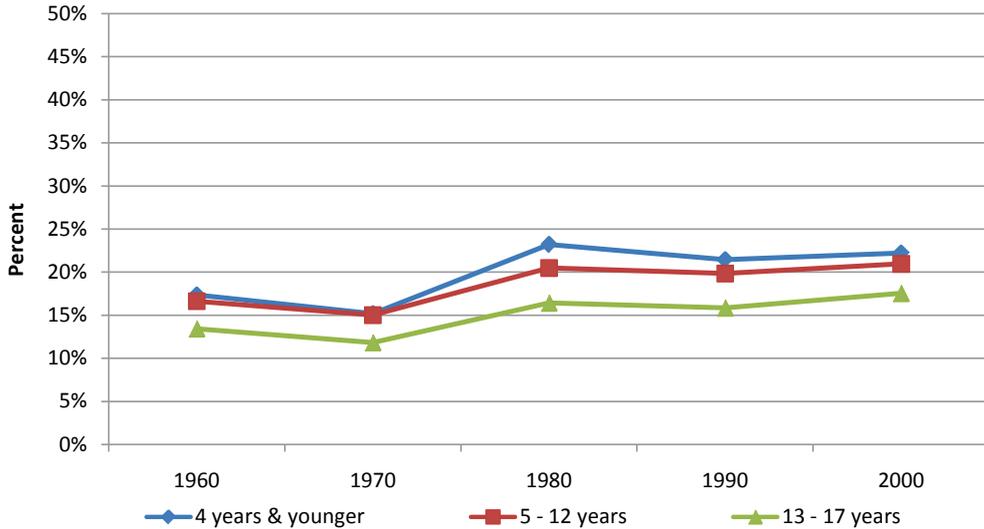
Several factors contribute to children’s risk of living in poverty, including their age, race/ethnicity, family structure and parents’ immigrant status. A description of differences in poverty rate based on these factors follows.

Age

Our youngest children are consistently more likely to live in poverty than older children.

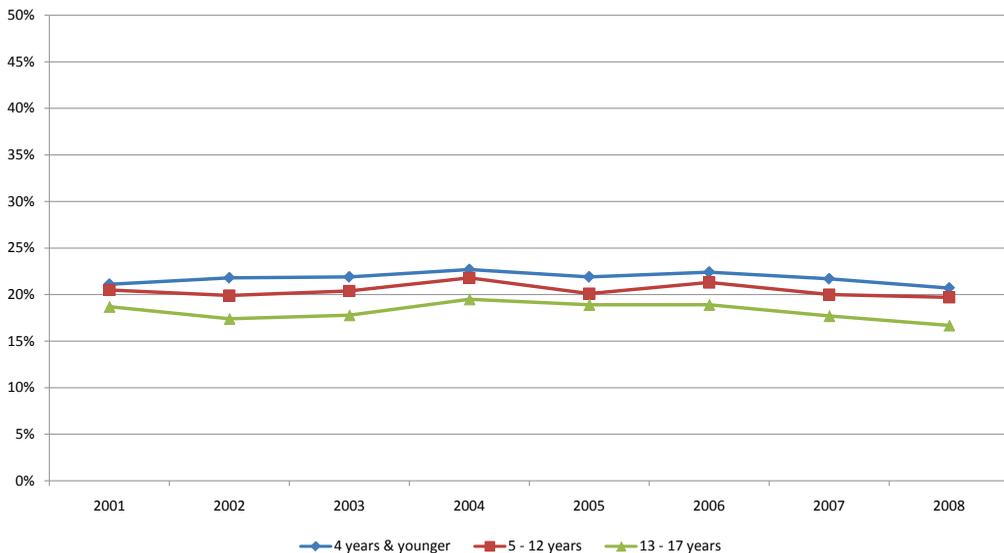
- When poverty by age group is examined using decennial Census and American Community Survey (ACS) data, it is clear younger children, those four years and younger, tend to live in poverty more often than their older peers. While direct comparisons cannot be made due to data collection methods, this pattern holds across the extended time periods displayed with decennial and ACS data (Figures 2a and 2b).
- In 1960, children ages 4 years and younger were 22 percent more likely than children 13 through 17 years to live in poverty; in 2008, young children were 19 percent more likely to live in poverty.
- In 2008, 20.7 percent of children four years and younger were living below poverty compared to 19.7 percent of children ages 5 through 12 and 16.7 percent of children 13 through 17.

Figure 2a. Children in poverty by age group, 1960 through 2000



Data Source: University of Minnesota Integrated Public Use Microdata Series (IPUMS); Decennial Census data, 1960-2000

Figure 2b. Children in poverty by age group, 2001 through 2008



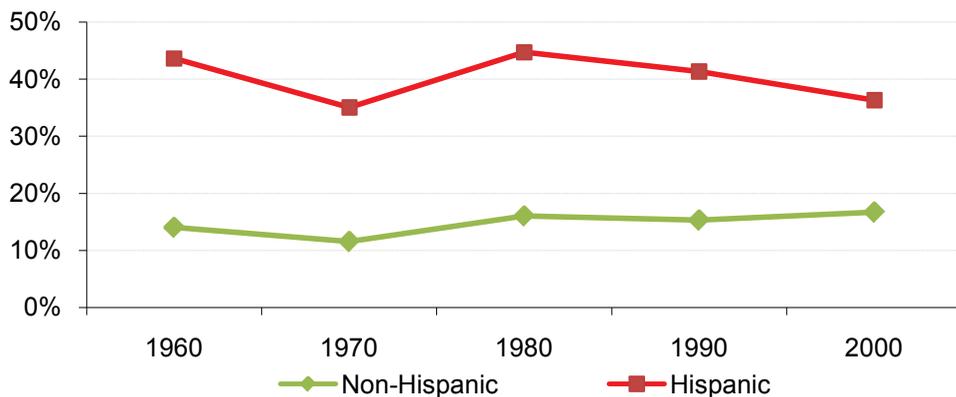
Data Source: University of Minnesota Integrated Public Use Microdata Series (IPUMS); American Community Survey data, 2001-2008

Ethnicity and Race

Children identified as members of minority groups continue to live in poverty at a higher rate than their non-minority peers.

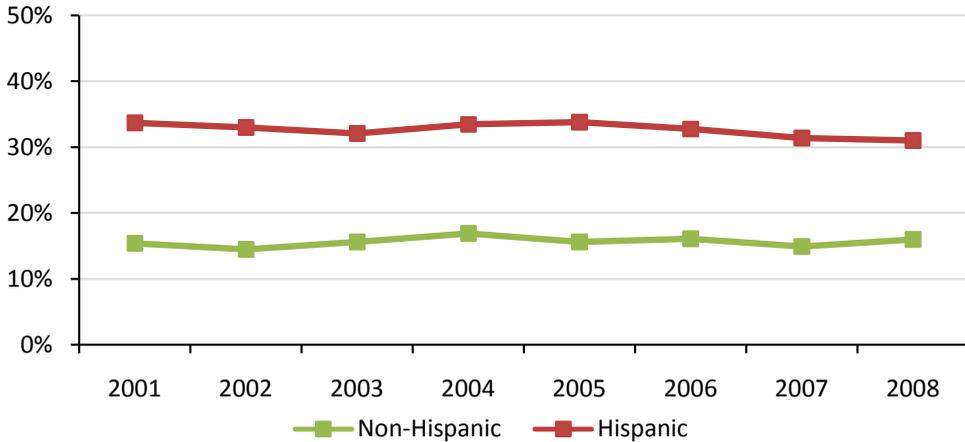
- In 1960, Hispanic children were about 3.1 times more likely to live in poverty than their non-Hispanic peers. Although this gap decreased over time, in 2000 Hispanic children were 2.2 times as likely as non-Hispanic children to live in poverty (Figure 3a).
- The twofold gap from 2000 has remained consistent throughout the last decade. In 2008, 31 percent of Hispanic children lived in poverty compared to 16.0 percent of non-Hispanic children (Figure 3b).

Figure 3a. Percent of children in poverty by Hispanic origin, 1960 through 2000



Data Source: University of Minnesota Integrated Public Use Microdata Series (IPUMS); Decennial Census data, 1960-2000

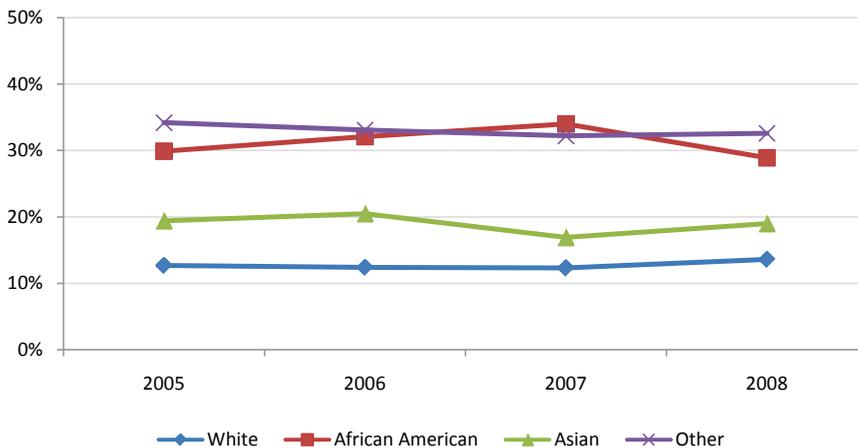
Figure 3b. Percent of children in poverty by Hispanic origin, 2001 through 2008



Data Source: University of Minnesota Integrated Public Use Microdata Series (IPUMS); American Community Survey data, 2001-2008

- Differences are also observed over time by race. In 2000, race categories used to collect Census data were revised, diminishing our ability to observe extended trends; however, Figure 4 depicts significant differences, by race, in the percentage of children living in poverty for the period of 2005 through 2008.

Figure 4. Percent of children in poverty by race, 2005 through 2008



Data Source: Integrated Public Use Microdata Series (IPUMS); American Community Survey data, 2005-2008

Family Structure

For more than four decades, children in mother-only households have been most likely to live in poverty.

- Children in mother-only households tend to have a higher risk of living in poverty than their peers in father-only or two-parent households. In 2000, children in mother-only households were about 4.5 times more likely to experience poverty than children in two-parent households and twice as likely as father-only households.
- The vulnerability of children in mother-only households has been a consistent pattern since 1960. However, the percentage of children in poverty among mother-only households declined approximately 23 percent from 1960 to 2000 (Figure 5a).
- The trends observed through decennial Census data are also observed in annual ACS data. In 2008, the percent of children living in poverty by household type was greatest for mother-only households (42.4% compared to 21.5% in father-only and 8.9% in two-parent households).
- The programs put in place to support families have made considerable progress toward reducing child poverty. In 1960, 55.3 percent of children in mother-only households lived in poverty. In 2008, it was estimated that 42.4 percent of children in these households were living below the poverty threshold.
- The vulnerability of youth in mother-only households is particularly important given the increase in this type of household. In 1960, one in ten children lived in mother-only households. In 2008, this increased to about three in ten children (27.9%).

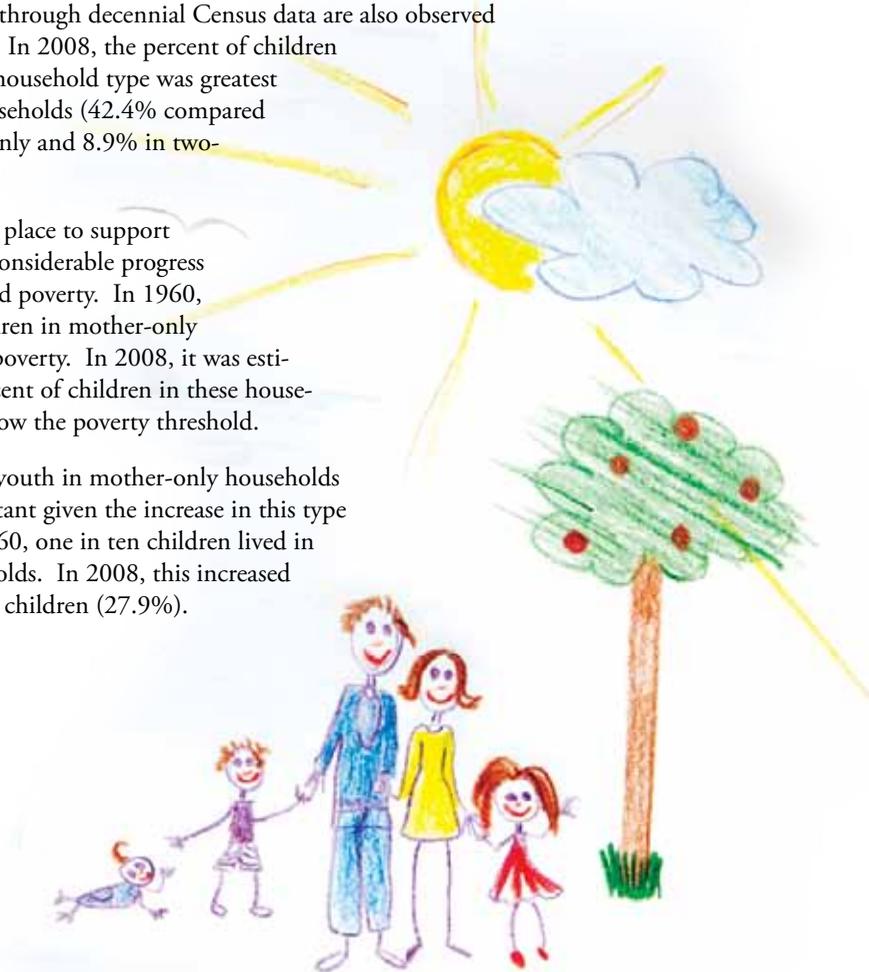
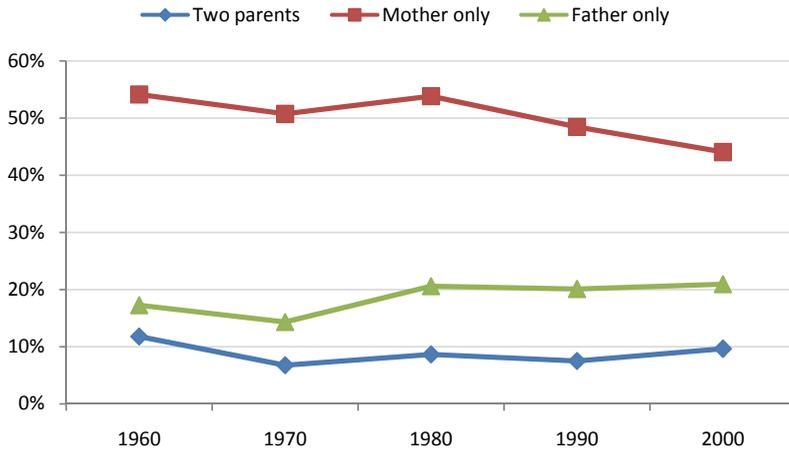


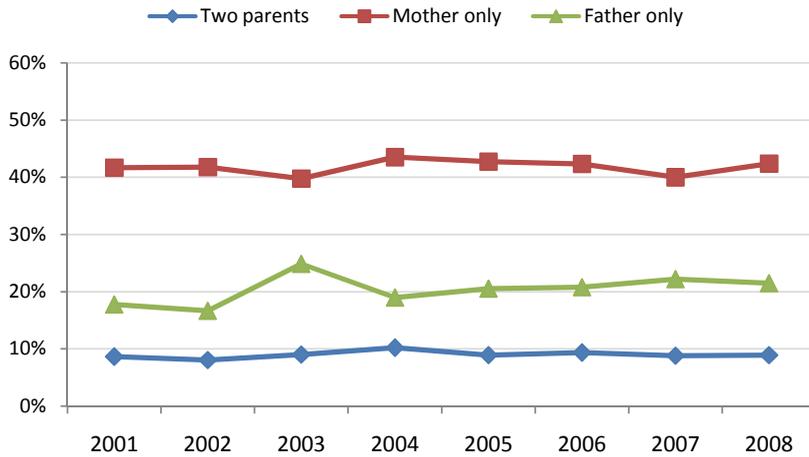
Figure 5a. Percent of children in poverty by household type, 1960 through 2000



Data Source: University of Minnesota Integrated Public Use Microdata Series (IPUMS); Decennial Census data, 1960-2000



Figure 5b. Percent of children in poverty by household type, 2001 through 2008



Data Source: University of Minnesota Integrated Public Use Microdata Series (IPUMS); American Community Survey data, 2001-2008

In 1960, one in ten children lived in mother-only households. This shifted to about three in ten in 2008.



Immigrant Families

The largest differences between children in immigrant and non-immigrant families are observed among children in two-parent families.

- A review of 2008 ACS data indicates children in two-parent immigrant families are more vulnerable to poverty than their non-immigrant peers living in similar households. Children with two immigrant parents live in poverty 3.3 times as often as their peers whose parents are native born (19.6% and 6.0% respectively).
- Poverty differences between children in immigrant and non-immigrant families tend to equalize somewhat in single-parent households (Figure 6).
 - 42.0 percent of children in immigrant mother-only households are in poverty, compared to 38.5 percent of children in non-immigrant mother-only households.
 - 23.8 percent of children in immigrant father-only households are in poverty, compared to 19.8 percent of children in non-immigrant father-only households.

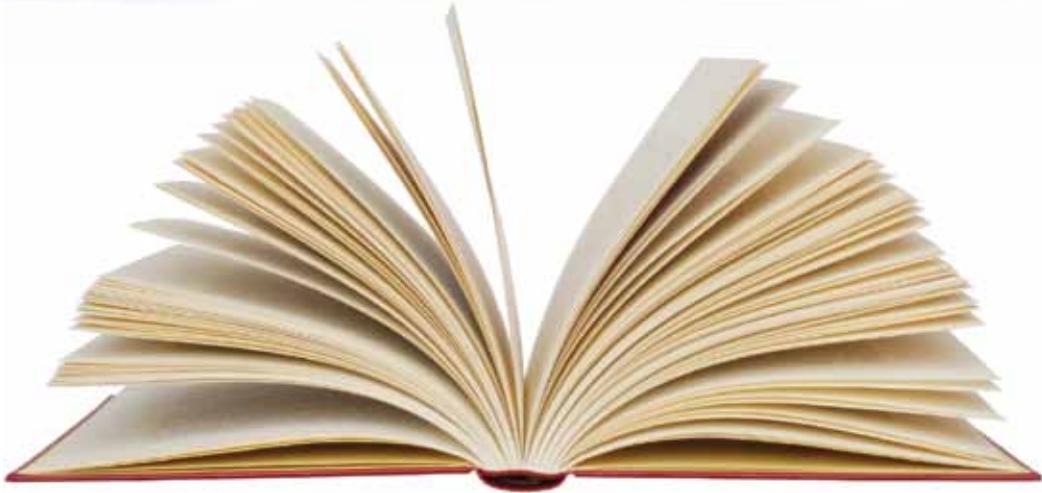
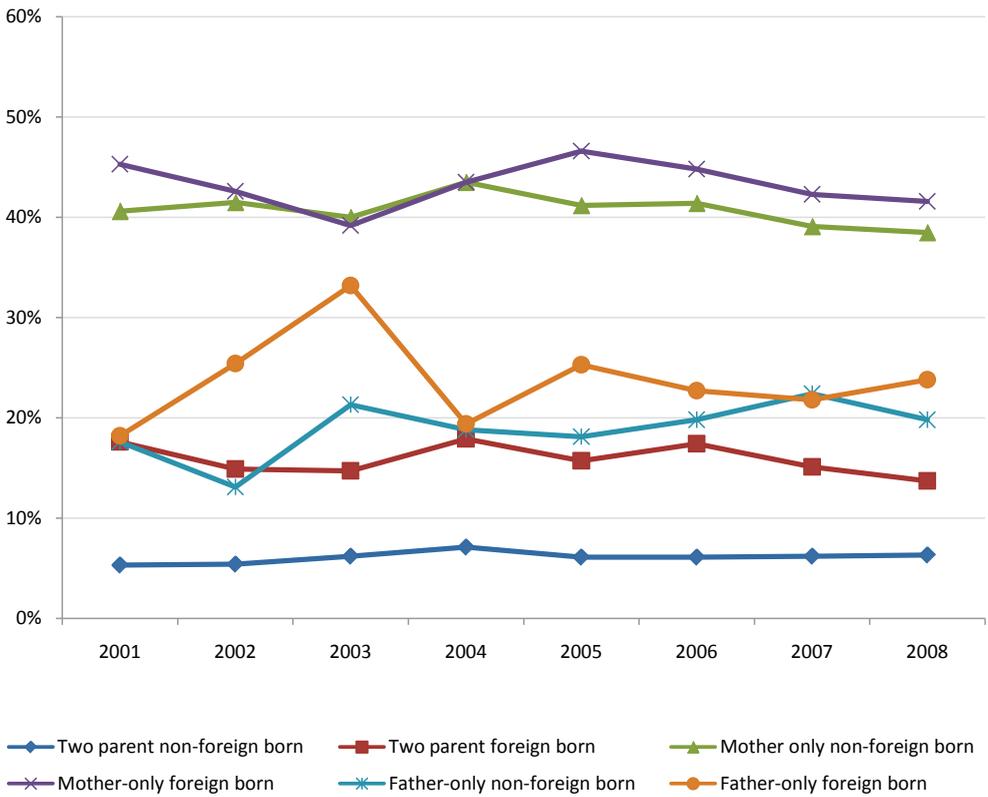


Figure 6. Percent of children in poverty by immigrant household type, 2001-2008



Data Source: University of Minnesota Integrated Public Use Microdata Series (IPUMS); American Community Survey data, 2001-2008

Summary

The official federal poverty measure is a long-established means of assessing which household residents are unable to meet their basic household needs. However, the adequacy of the measure now in place has been widely debated, with much of the criticism directed toward the outdated assumptions behind the measure. The official federal poverty measure is based on assumptions that were pertinent when the measure was first developed but are now outdated.

A young child with dark hair, wearing a bright red long-sleeved shirt and blue jeans, is smiling and holding a brown cardboard box above their head with both hands. The box is tilted, and several colorful, 3D block letters are falling out of it. The letters are in various colors including yellow, pink, blue, green, and red. The letters are arranged in a way that they appear to be falling towards the bottom right of the page. The background is plain white.

In an effort to enhance the accuracy of the official federal poverty measure, the National Academy of Sciences (NAS) developed an alternative supplemental poverty measure that takes into account the total resources individuals or families have available to meet their basic needs, with adjustments for geographic cost-of-living differences. Also, efforts have been taken to better estimate the resources families need to be fully self-sufficient. For more information regarding these approaches, we encourage you to see the Economic Security section of this data book.

ECONOMIC SECURITY

A Touchstones economic security goal is for children and youth to be raised in families with sufficient economic resources to meet their basic needs. This is a priority for New York children, given the extensive body of research that indicates childhood poverty is associated with a wide range of social, educational, health and future employment problems. However, there is much controversy concerning where the poverty line should be drawn and what family income and resources should be counted when determining whether families are living in poverty. Therefore, this section examines three economic estimates used to determine the amount of resources families need to meet their basic needs.

How do Family Estimates of Economic Need Measure Up?

The New York childhood poverty rate, based on the official federal poverty measure, is 19.3 percent (1). However, the federal measure has been criticized since it does not reflect changes in current housing and food costs that families need for their basic needs nor does it respond to variations in costs that are due to geographic differences. Further criticism of the federal poverty measure is that it does not take into consideration the higher costs of all-day childcare arrangements for younger children, as opposed to school-age children who might require before- and after-school arrangements.

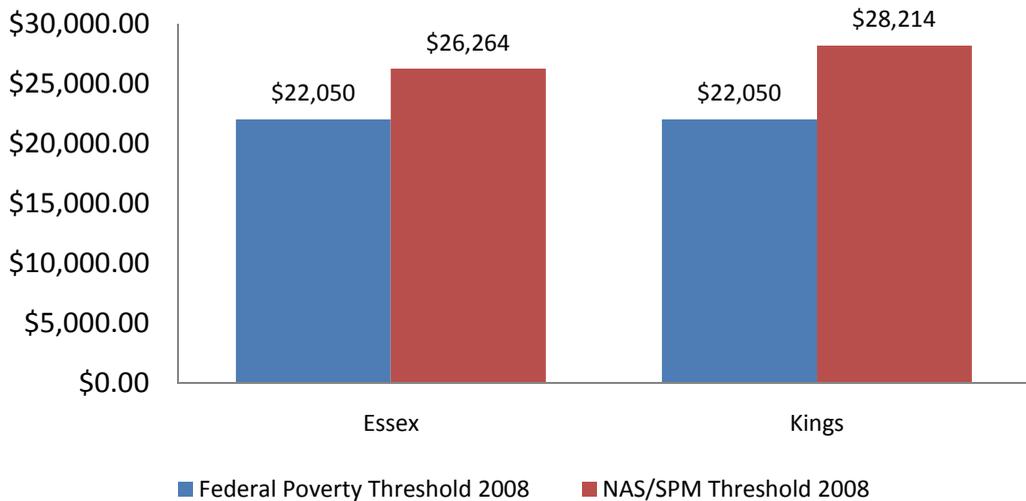
An example of the shortcomings of the federal measure is evident in a comparison of a family with two working parents and two preschool-age children living in Elizabethtown, New York, and a similar family living in Brooklyn. Elizabethtown is located in Essex county, a rural county in upstate New York while Brooklyn is a borough in New York City, located downstate in Kings County. Both families are



considered to be living in poverty if their incomes are below \$22,050, despite considerable geographic differences in the cost of living for basic needs.

The National Academy of Sciences Supplemental Poverty Measure (NAS/SPM) was developed in an effort to more accurately set the poverty threshold. The NAS/SPM is notably different from the federal poverty threshold measure in that family resources take into account economic supports available to poor and low-income individuals and families, such as supplemental nutrition assistance, public health insurance and housing assistance. In addition, it uses a more current approach to calculating family expenses by using geographically based housing costs as well as including expenses related to childcare, transportation and out-of-pocket medical needs. This means the poverty threshold for the two families described earlier would now be different and reflect local costs. Specifically, the NAS/SPM for the family in Essex County would be \$26,264, compared to \$28,214 for a similar family in Kings County. Table 1 compares the federal and NAS/SPM child poverty rates for two regions in the state.

Table 1. Region comparison of federal and NAS/SPM poverty measures for two-parent, two-child family



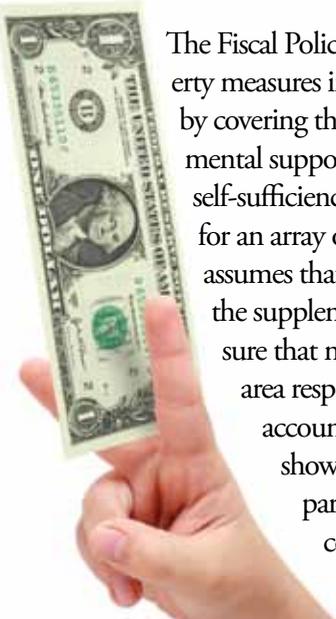
Data Source: Analyses conducted by the New York State Office of Temporary Disabilities Assistance

Using the NAS/SPM, the child poverty rate for New York increases from 18.0 to 18.2 percent. A comparison of these poverty measures for each county is presented (in Table 2) and in the 2010 Touchstones Kids' Well-being Wall Chart that accompanies the 2010 Touchstones / KIDS COUNT data book.

Table 2. Comparison of poverty measures for New York counties, 2008

	Federal Child Poverty Rate 2008	NAS/SPM Child Poverty Rate 2008		Federal Child Poverty Rate 2008	NAS/SPM Child Poverty Rate 2008
New York State	18.0	18.2	Monroe County	17.5	13.1
New York City	25.4	25.5	Montgomery County	26.4	24.2
Bronx County	39.4	34.1	Nassau County	4.9	10.2
Kings County	29.5	28.7	Niagara County	13.6	10.8
New York County	19.4	15.9	Oneida County	21.2	16.8
Queens County	15.8	22.9	Onondaga County	12.9	7.7
Richmond County	11.1	12.6	Ontario County	8.8	6.2
Rest of State	12.3	12.6	Orange County	13.7	15.4
Albany County	12.9	9.7	Orleans County	15.4	13.6
Allegany County	22.1	16.9	Oswego County	16.4	13.9
Broome County	16.0	13.0	Otsego County	15.4	11.7
Cattaraugus County	22.1	16.9	Putnam County	9.6	16.7
Cayuga County	12.9	7.7	Rensselaer County	9.0	11.3
Chautauqua County	25.3	20.5	Rockland County	20.7	22.2
Chemung County	23.7	12.4	Saratoga County	7.6	6.1
Chenango County	11.8	6.5	Schenectady County	16.9	12.4
Clinton County	20.0	13.2	Schoharie County	15.4	11.7
Columbia County	7.8	8.0	Schuyler County	23.7	12.4
Cortland County	11.8	6.5	Seneca County	10.1	9.2
Delaware County	15.4	11.7	St. Lawrence County	23.7	21.3
Dutchess County	10.5	13.3	Steuben County	18.4	15.6
Erie County	16.2	10.3	Suffolk County	6.4	10.8
Essex County	20.0	13.2	Sullivan County	12.6	15.3
Franklin County	20.0	13.2	Tioga County	16.0	13.0
Fulton County	26.4	24.2	Tompkins County	10.1	9.2
Genesee County	15.4	13.6	Ulster County	12.6	15.3
Greene County	7.8	8.0	Warren County	12.2	14.4
Hamilton County	20.0	13.2	Washington County	12.2	14.4
Herkimer County	21.2	16.8	Wayne County	17.5	13.1
Jefferson County	13.0	11.6	Westchester County	9.6	16.7
Lewis County	13.0	11.6	Wyoming County	13.4	12.4
Livingston County	13.4	12.4	Yates County	18.4	16.2
Madison County	12.9	7.7			

Data Source: 2010 New York State Office of Temporary Disability and Assistance.



The Fiscal Policy Institute self-sufficiency wage differs from federal and NAS/SPM poverty measures in that it estimates the salary necessary to sustain an individual or family by covering the basic costs of rent, food and clothes without the utilization of governmental supports and other informal supports (e.g., family babysitting, food banks). The self-sufficiency measure provides a financial snapshot of a “basic needs” family budget for an array of differently sized families for each county in New York. This measure assumes that both parents are working and assumes no governmental support through the supplemental food program or housing or health insurance programs. It is a measure that meets family economic needs with wages only for that specific geographic area respective to the family composition. The self-sufficiency standard takes into account that to feed and clothe five people costs more than two people. It also shows that a family with younger children who need day care coverage while parents work would need more resources to pay for the expense of all-day coverage for each child. Table 3 depicts household expenses for two-parent, two-children families in Essex and Kings counties.

Table 3. Self-sufficiency Budget for Two-Parent, Two-Preschooler Families in Essex and Kings County

Monthly Costs	Essex County	Kings County
Housing	\$750	\$1244
Child Care	\$1376	\$1866
Food	\$680	\$940
Transportation	\$500	\$178
Health Care	\$462	\$506
Miscellaneous	\$377	\$473
Taxes	\$656	\$1395
Earned Income Tax Credit (-)	\$0	\$0
Child Care Tax Credit (-)	-\$100	-\$100
Child Tax Credit (-)	-\$167	-\$167
Making Work Pay Tax Credit (-)	-\$67	-\$67
Self-Sufficiency Wage		
Hourly	\$12.69 per adult	\$17.81 per adult
Monthly	\$4,467	\$6,269
Annual	\$53,605	\$75,234

Data Source: 2010 Fiscal Policy Institute, *Self-Sufficiency Standards for New York State*.

The self-sufficiency wage is considerably higher than the wages a family could earn at minimum wage jobs, which supports concerns that the federal minimum wage has not kept pace with inflation nor the cost of goods. As an example, when the \$1.60 federal minimum hourly wage of 1968 was adjusted based on the Consumer Price Index, the 2006 minimum hourly wage increased to \$9.19 (2), which means a single parent had an annual salary of \$19,115 while a two-parent household earned \$38,230. It is important to note that this is almost \$1,000 above the 2006 poverty threshold for a single parent and almost \$16,000 above poverty level for a two-parent, two-child family. As of July 24, 2008, the minimum wage in New York was raised to \$7.25 (3), making the annual salary of a single parent \$15,080 before taxes and that of a two-parent household \$30,160 before taxes. The earnings for minimum wage jobs are the same, regardless of differences in local costs of living.

Table 4 compares the self-sufficiency wages in Essex and Kings counties for a two-parent, two-children family to minimum wage. The thousands of dollars discrepancy between the minimum wage salary and the self-sufficiency wage for a two-parent, two-child family highlights the degree to which family economic supports are still needed to help families meet their basic financial needs. Furthermore, a review by region reflects striking differences. The self-sufficiency wage for over 70 family configurations for each county in New York is available at <http://fiscalpolicy.org/ssscounties.htm>.

Table 4. Region comparison of minimum and self-sufficiency wages for two-parent, two-child family

<u>County</u>	<u>Self-Sufficiency Wage</u>	<u>Minimum Wage</u>
Essex	\$53,605	\$30,160
Kings	\$75,234	\$30,160

New York Family Supports Lift Families Out of Poverty

Recent analysis conducted by the New York State Office of Disability and Temporary Assistance has shown that the types of expenses that seem to have the greatest impact on keeping families in poverty are: 1) out-of-pocket medical care expenses; 2) work-related transportation; 3) taxes before refundable tax credits; and 4) out-of-pocket child care expenses. For the elderly, the single greatest expense that impacts the poverty rate is out-of-pocket medical care. However, for families with

children, refundable tax credits have had the greatest impact on lifting families out of poverty. The next greatest impact of the family supports are housing subsidies. Housing is important to the elderly as well, but many elderly people own their own homes with minimal mortgage expense. Recent analysis attempts to divide housing assistance into two sub-components: rent subsidies and home ownership adjustment. Thus, housing situations seem to have a considerable impact on reducing poverty for the elderly population in the state (4).



Strategies for Wages that Work for Families

The self-sufficiency wage, often called a sustainability wage or livable wage, has been discussed as an anti-poverty approach by requiring businesses to pay their workers a “livable wage” and has gained momentum since the landmark Welfare Reform Act in 1995. Welfare reform critics and supporters alike were concerned that many heads of households getting off the welfare rolls were only securing minimum wage jobs, which could not support their families with young children in childcare or market rents for suitable apartments. One successful strategy has been to craft legislation that requires city and county contractors to pay a living wage to their employees (5). This strategy has worked

in the cities of Rochester, Albany, New York City, Oyster Bay, Buffalo and Syracuse as well as in Suffolk and Westchester counties.

A new strategy in New York City is included in legislation currently before the City Council the Fair Wages for New Yorkers Act. This approach targets city-subsidized development efforts connecting the city tax benefits and other subsidized help to developers with living wage jobs created by these projects (6). This would mean \$10.00 hourly wages if health benefits are provided and \$11.50 an hour if not for

the retail, janitor and security jobs created by the project. Proponents argue that if the city is subsidizing economic development projects with the goal of public benefit, then the retailers or other tenants in these buildings should not be paying poverty-level wages. That greater public benefit would be recognized through a living wage for workers in city-subsidized development projects. This legislation has been referred to Committee on Contracts, New York City Council.

Another proposal, similar to US military pay standards¹, has been to index the federal minimum wage to the local cost of housing throughout the US. By using existing government guidelines, this proposal would ensure that anyone working forty hours in a week (usually considered full-time employment) would be able to afford basic rental housing, food, clothing, utilities, and access to health care. This proposal, also known as universal living wage, has been included in federal legislation but has not been passed in either the US House of Representatives or the Senate (7).

Existing guidelines include: 1) work forty hours in a week, 2) spend no more than thirty percent of one's income on housing, and 3) HUD calculations for fair market rent.



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PHYSICAL AND EMOTIONAL HEALTH

An issue central to youth's physical and emotional health is adolescent reproductive health. Over the past fifteen years, the rates of adolescent pregnancies and births in New York have decreased. However, sexually transmitted infection (STI) rates have risen dramatically among youth 15-19, especially Chlamydia, which can lead to female infertility. Adolescence is a tumultuous period of emotional and physical growth coupled with increased brain activity and hormonal changes, all of which highlight the importance of science-based, comprehensive sexuality education, contraceptive access and youth development programs that help young people make choices that protect them from pregnancy and STIs.

Touted as one of the ten greatest public health achievements of the 20th century by the Centers for Disease Control and Prevention (CDC), reproductive preventive health care services are still not readily available to every woman in the US (1). Women enter the health care system earlier than young adult men primarily because of their reproductive health needs. Adolescent females access reproductive health care services within the context of well-being visits to their pediatricians to learn more about menstruation and other bodily changes or within the local community clinics to discuss birth control options. Adolescent males are similar to their adult counterparts in that they visit medical providers on an as-needed basis rather than for well-being or preventive health visits (2).

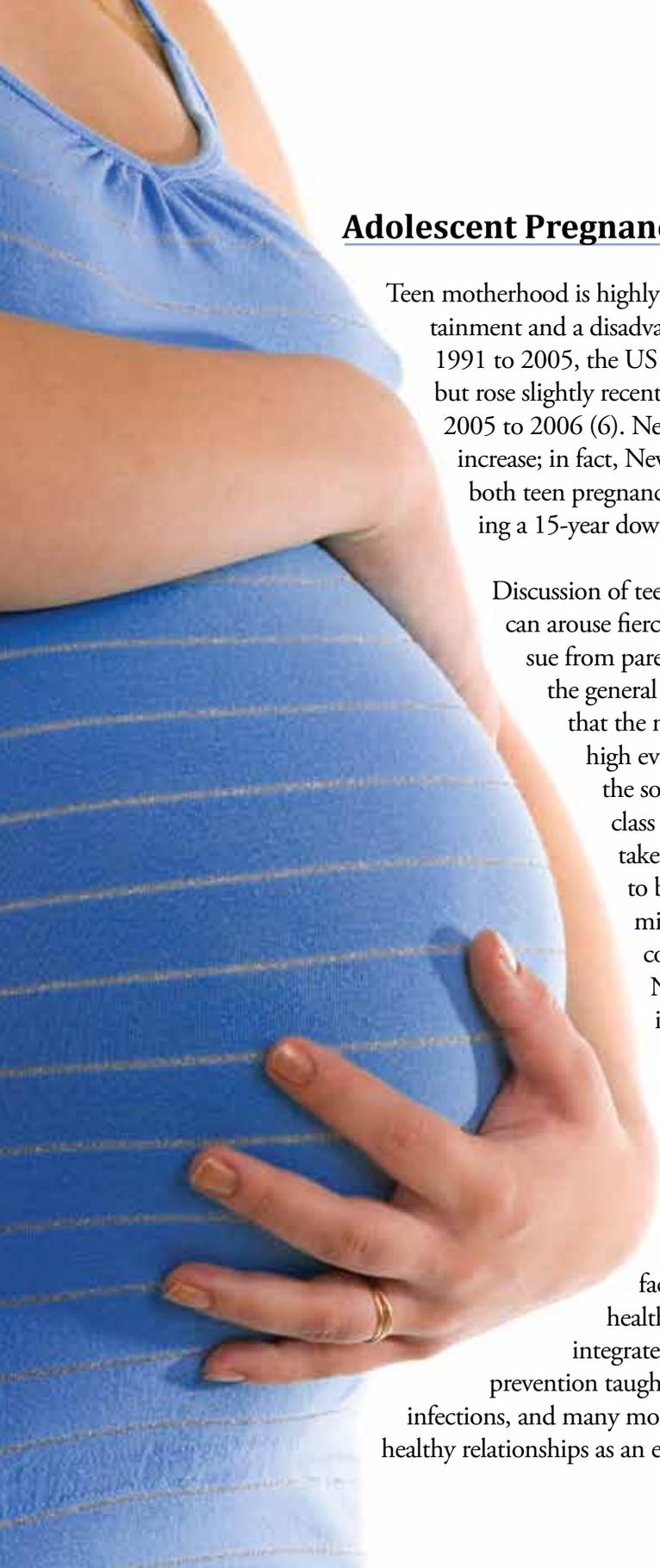
Access to family planning and contraceptive services has altered social and economic roles of women in US society. Long-term health benefits gained by increased access to family planning and sexually transmitted infection treatment health care services include smaller family size and longer intervals between the birth of children; fewer infant, child, and maternal deaths; and the increased use of barrier contraceptives to prevent pregnancy and transmission of human immunodeficiency virus (HIV) and other STIs (3). While these health gains have resulted in the transformation of the health care delivery system to administer to women's reproductive health needs, there are still many women who are uninsured or under-insured for preventive health care.

Several components of the recent national Patient Protection and Affordable Care Act are good for women of all ages, especially women of reproductive age (4). Medicaid will cover all Americans with a family income below 133



percent of the federal poverty level by 2014; this provision expands access to all health care services, including fully covered preventive reproductive health care. Additionally, states have to decide whether to allow Medicaid to expand eligibility for family planning services and sexually transmitted infections to low-income persons, similar to how states currently allow pregnant women to be presumptively covered up to 200 percent of the federal poverty level. Presumptive coverage allows medical providers to meet the health care needs of the pregnant patient and get paid for the services while the system waits to fully establish her income and eligibility. Presumptive eligibility for reproductive health care coverage could prevent unintended pregnancies and sexually transmitted infections while paying medical providers for these important services.





Adolescent Pregnancy and Birth Rates

Teen motherhood is highly correlated with lower educational attainment and a disadvantage in lifelong earnings (5). From 1991 to 2005, the US teen birth rate decreased 32 percent but rose slightly recently, an increase of four percent from 2005 to 2006 (6). New York has not experienced a similar increase; in fact, New York experienced a decrease in both teen pregnancies and teen births in 2008, continuing a 15-year downward trend.

Discussion of teenage pregnancies and motherhood can arouse fierce emotions on many sides of the issue from parents, teens, politicians, educators and the general public. Yet, each side would agree that the number of teen pregnancies is too high even if not agreeing on the reason or the solution. We may all remember health class in high school where we may have taken care of a sack of potatoes designed to be an infant or may have cringed in mixed company at the anatomically correct diagrams in the text book. In New York public schools, that there is no mandatory sexuality education puts adolescent health professionals in an awkward position as there is a mandate to teach human immunodeficiency virus (HIV) prevention. However, each district is encouraged to adopt a curriculum that meets the local needs and faculty constraints (7). Most adolescent health professionals would hope that an integrated approach would have pregnancy prevention taught alongside sexually transmitted infections, and many more would argue for the inclusion of healthy relationships as an essential topic.

Most teens are eligible for coverage under the family planning benefit program, free insurance that covers all birth control methods, annual exams and pap smears, and even STI testing and treatment services as part of a birth control visit. If eligible, youth can sign up and start using coverage on the same day, which is helpful when serving adolescents who may not be able to negotiate another time to visit the clinic or doctor's office. Under current New York State law, youth (minors) can give informed consent and receive confidential health care services without parental notification or consent (8).

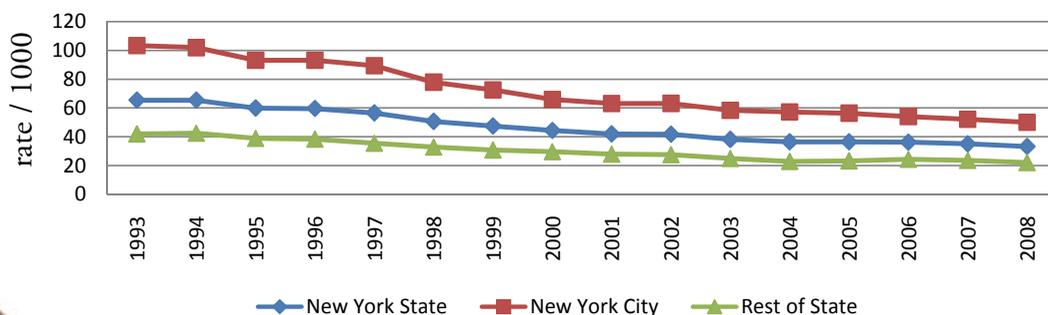
A teen-friendly reproductive and sexual health model offers confidentiality, respect and an opportunity for youth to learn how to take care of their bodies and prevent pregnancy and infection. There are several model teen reproductive and sexual health clinics in New York. An example of this teen-friendly model is Planned Parenthood Upper Hudson, with specially advertised walk-in hours for teenagers with peer educators available in the waiting room to answer questions and offer information (9).

Another model concentrates on a special population of youth and situates ancillary services nearby an adolescent medicine clinic with strong connections to community non-profit organizations. One such example was started in 1986 with only a shoestring budget; the fledgling clinic transformed into a national model for foster care pediatric services. Starlight Pediatrics, a specialty clinic based at the Monroe County Department of Health, is exclusively dedicated to the health of children and adolescents in the foster care system (10). This model offers foster care youth a steady source of care, a medical home, and familiar faces throughout their foster care placements. Starlight Pediatrics and clinics similar to it are able to address the heightened risk that foster care youth experience with regard to unsafe sexual practices and unhealthy relationships.

In New York, the adolescent pregnancy rate for females ages 15 through 17, after decreasing between mid-1990 and early this century, has begun to plateau since 2004 (see Figure 1). Pregnancy among young women 15 through 17 years old declined from 44.4 per 1,000 in 2000 to 33.3 in 2008 (11). With these rates, New York has met and exceeded the Healthy People 2010 goal for teen pregnancy of 43 per 1,000 females ages 15 through 17 (11). The successful goal and decrease was met with joy and grim determination among the pregnancy prevention and youth development programs. The New York State Department of Health initiative, Prevention Agenda for the Healthiest State, has identified teen pregnancy as a priority

indicator with a goal to reduce pregnancies in this age group to no more than 28 pregnancies per 1,000 females ages 15 through 17 by the year 2013 (11). Births among young women ages 15 through 17 years declined 31 percent from 18.7 per 1,000 in 2000 to 12.9 in 2008 (11).

Figure 1: Adolescent pregnancies among females aged 15 through 17 by region

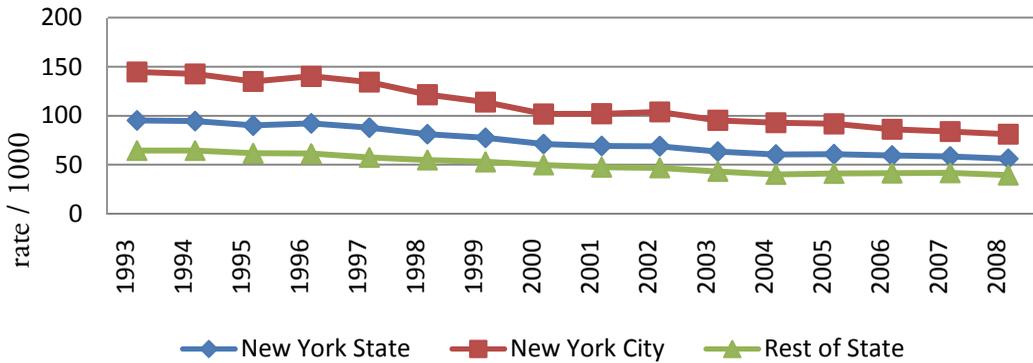


Data Source: 2010 Council on Children and Families, Kids' Well-being Indicators Clearinghouse.
Data Provided by NYS Department of Health.



Assuming the responsibilities of parenting before one is financially, socially or emotionally prepared carries increased risks of later difficulties for the parent, the child and the community. Adolescent mothers are less likely than their non-parenting peers to complete high school and marry (5). They are more likely to have large families and live in poverty. Their children are at greater risk of infant mortality, poor health, lower cognitive development, worse educational outcomes, higher rates of behavior problems and higher rates of adolescent childbearing themselves (5). Adolescent childbearing also places a greater financial burden on society in terms of the increased supports required to assist these families (5). The rate of adolescent females ages 15 through 17 rate is calculated separately from the rate for adolescents ages 15 through 19 years old because often young women aged 18 through 19 are regarded by families and community as adults rather than adolescents with regard to many issues, including raising a family, and their rates of pregnancies and births usually increase the pregnancy and birth rates of adolescents, which is true in New York State.

Figure 2: Adolescent pregnancies, females aged 15 through 19 by region



Data Source: 2010 Council on Children and Families, Kids' Well-being Indicators Clearinghouse.
Data Provided by NYS Department of Health.

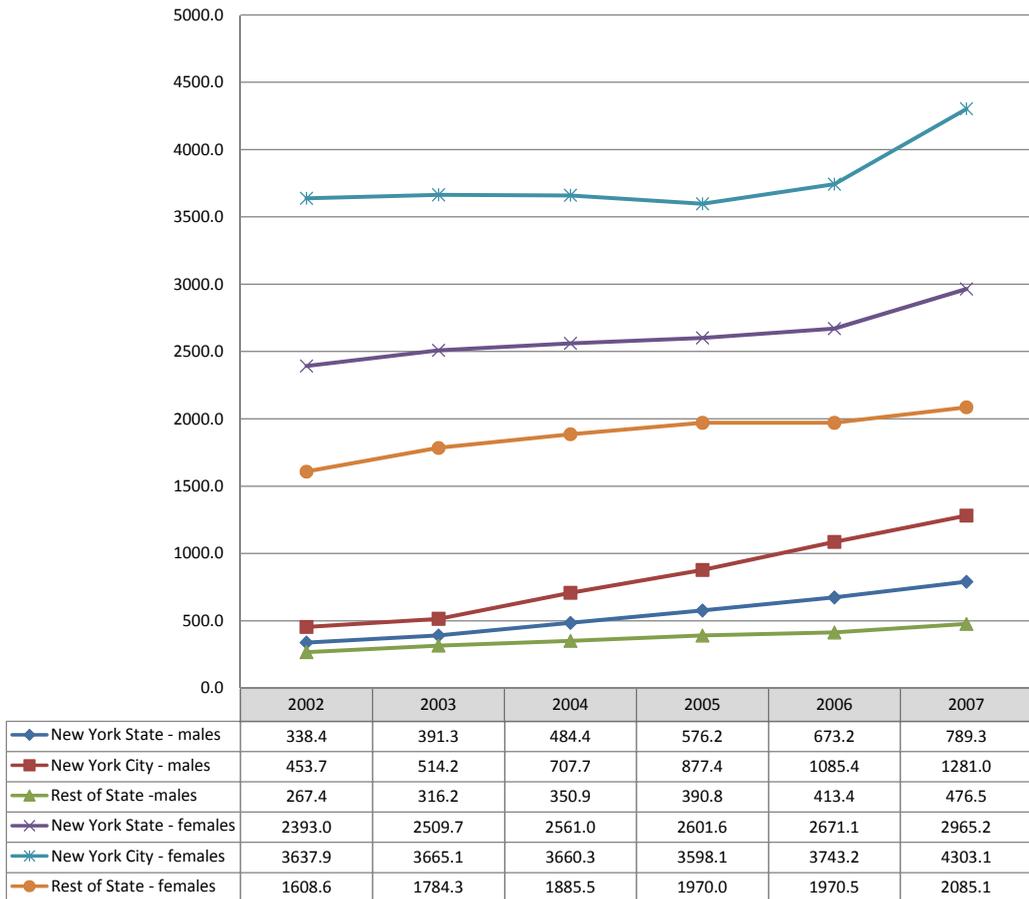
In 2008, there were 38,450 pregnancies to young women ages 15 through 19 years in New York State (11). The pregnancy rate for this age group was 56 per 1,000, a 21 percent decline from the 2000 rate of 71.0 per 1,000 (11). The decline in the adolescent pregnancy rate in New York State occurred among young women in both New York City and Rest of State as seen in Figure 2. The rate of pregnancies for women outside of New York City declined from 49.7 per 1,000 women ages 15 through 19 in 2000 to 39.4 per 1,000 in 2008. Adolescent pregnancy rates in New York City also declined between 2000 and 2008 (101.8 and 81.3, respectively) (11).

There were 17,245 births to young women ages 15 through 19 years in New York State (11). The birth rate for this age group was 25.1 per 1,000, a 24 percent decline from the 2000 rate of 33.2 per 1,000 (11). The decline in the adolescent birth rate in New York State occurred among young women in both New York City and Rest of State. The rate of births for women outside of New York City declined from 27.5 per 1,000 women ages 15 through 19 years in 2000 to 21.7 per 1,000 in 2008. Adolescent birth rates in New York City declined between 2000 and 2008 (41.4 and 30.3 respectively) (11).

Rising Rates of Chlamydia in New York’s Adolescents

Chlamydia rates have skyrocketed in both female and male adolescents 15 years through 19 years old in New York State. Chlamydia is a common STI that is caused by bacteria, but many adolescents and even adults do not know that they are infected by this “silent” STI. Of the average 79,164 cases of Chlamydia in New York State residents during 2006-2008, 32.7 percent (25,905) were to adolescents 15 through 19 years of age (11). The female Chlamydia incidence of 2,965.2 per

Figure 3: Three-year average trend reported cases of Chlamydia among females and males, ages 15-19 by region



Data Source: 2010 Council on Children and Families, Kids’ Well-being Indicators Clearinghouse.
Data Provided by NYS Department of Health.

100,000 females aged 15 through 19 years was about four times the rate for males (789.3 per 100,000 males aged 15 through 19 years) (11). The 2006-2008 incidence rates of Chlamydia infection were all higher when compared against the Chlamydia rates in 2001-2003 (11). Figure 3 shows three-year average trend lines for Chlamydia infection rates per 100,000 for males and females rising for New York State, New York City and Rest of State.

This increase over time is cause for alarm among experts who track infectious diseases. This concern is evinced in the federal Centers for Disease Control and Prevention (CDC) recommendations for universal screening of men and women 25 years old and younger, older women with new partners or multiple partners, and pregnant women (12). It is important for women to be tested because while many women do not experience symptoms, Chlamydia can cause irreparable damage to the reproductive system, resulting in infertility. It is as easy as a urine screen for males and females to find out if someone is infected. Chlamydia can be treated with prescription medications in a private doctor's office or through the network of public health clinics in each county. Barrier protection, both the male and female condoms, protect against STIs and the risk of pregnancy if used correctly.

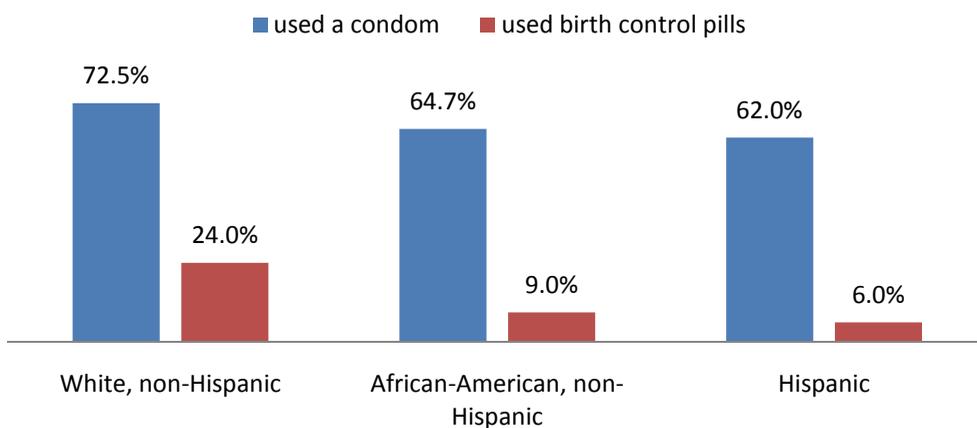
Adolescent Contraceptive Usage

Although women's health advocates are celebrating the fiftieth anniversary of the birth control pill, the unintended pregnancy rate is a steady rate of 50 percent of all pregnancies, meaning that half of all pregnancies of all women are unintended events, even after 50 years of prescription birth control (13). In the 2009 Youth Risk Behavior Surveillance survey (YRBS), two in five New York high school students reported being sexually active with one in sixteen having first had sex before the age of 13 years (14). When asked about contraception, fully two-thirds (67.1%) of New York adolescents reported using a condom during their most



recent sexual encounter, compared with three in five nationwide (14). About one in six high school students reported using birth control pills at last sexual encounter, with female rates slightly higher than the male (19.1% and 15.2%, respectively) (14). Racial disparities in birth control pills usage were more pronounced than with condom usage at most recent sexual encounter, as shown in Figure 4.

Figure 4: Racial disparities in contraceptive usage at most recent sexual encounter among New York High School Students, 2009



Data Source: 2009 Youth Risk Behavior Surveillance Survey, Centers for Disease Control and Prevention.

There are several pending bills in the New York Legislature that address male and female reproductive health care, coverage and access. One such pending bill, the Reproductive Health Act, would ensure everyone’s right to consent or refuse contraception, and changes abortion care regulations to come under public health law rather than criminal law (15). New York was one of the first states in the nation to allow safe and legal abortion in 1970 by law, and it now needs updating to continue to protect and promote women’s access to comprehensive reproductive health care.

Another pending bill, the Healthy Teens Act, would establish an age-appropriate sex education grant program through the Department of Health to be a comprehensive age-appropriate program conducted by an eligible applicant, which could be the school district, Board of Cooperative Educational Services or a community non-profit (16). The Healthy Teens Act would create a funding source for programs that provide accurate health information to adolescents and provide opportunities for teens to develop the skills they need to make responsible choices about their sexual health and reproductive issues.

The Unintended Pregnancy Prevention Act, also pending, would increase the availability of emergency contraception to women of childbearing ages by allowing pharmacists and nurses to dispense the medication through collaborative agreements with doctors (17). Emergency contraception is a dose of hormones that prevents pregnancy within 72 hours of an unprotected sexual encounter (18). This act would mandate all insurance companies to cover emergency contraception, often called Plan B, whether with a prescription or over-the-counter medication. Emergency contraception has been approved by the Federal Drug Administration for over-the-counter status since 2006 for men and women over the age of 18 (19).

Another pending bill, Public University Emergency Contraception, would require every college and university of the State University of New York (SUNY) and the City University of New York (CUNY) to provide emergency contraception to any student requesting it, and require the widespread provision of information at SUNY and CUNY campuses on the safety and availability of emergency contraception on campus (20). This bill would establish a statewide emergency contraception college education and awareness program.

Summary

With evidence-based medicine as its highest goal, New York has the opportunity to make unintended pregnancies, especially adolescent pregnancies, uncommon. Providing wide access to family planning and contraceptive services has resulted in documented health improvements for New York's women and children, as well as increased use of barrier contraceptives to prevent pregnancy and transmission of HIV and other STIs.

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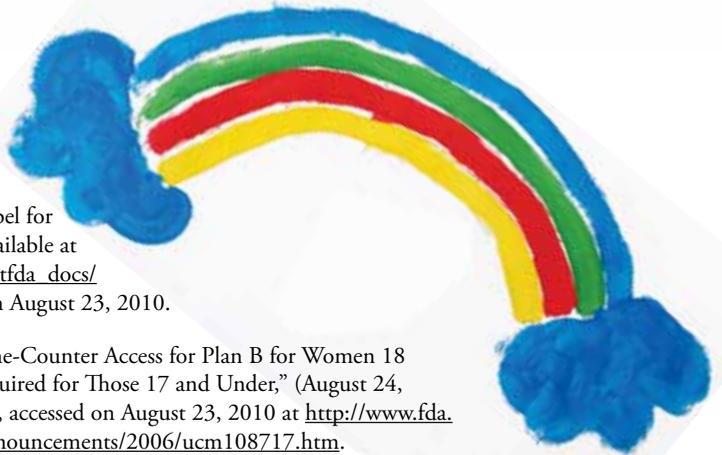
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EDUCATION

The Touchstones Education section examines a range of factors that contribute to the academic success of New York's children, from early childhood through high school graduation. The topics addressed here are critical factors in the full implementation of the Touchstones goal for children to leave school prepared to live, learn and work in their community as contributing members of society.

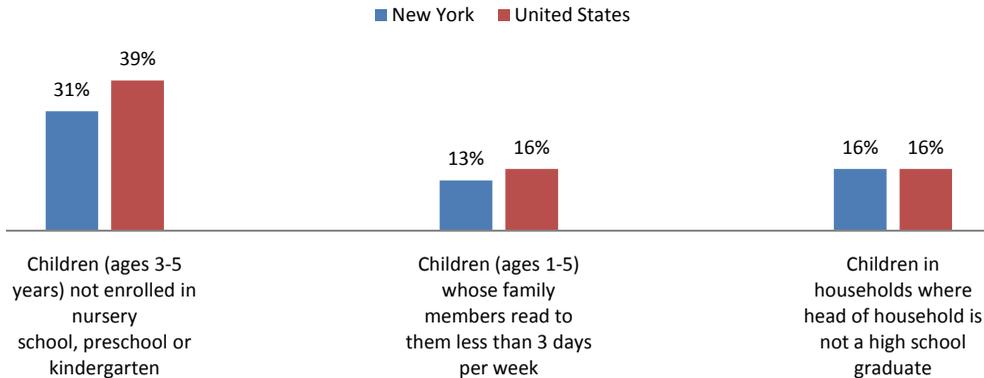
Early Childhood Factors Related to School Success

Parental support is integral for a child to graduate from high school, and good habits can start in early childhood. Research shows exposure to language through reading aloud, speaking, and singing creates a strong learning foundation for children in school. Parents are the first teachers of their children; by reading, singing, and telling stories to them each day, infants and toddlers hear words repeatedly and begin to link words with pictures. Hearing more words helps infants and toddlers build their capacity for learning vocabulary and correct pronunciation.

New York compares well with the US on a number of indicators important for school readiness (Figure 1). Rates of children ages 3 through 5 years old who are not enrolled in nursery school, preschool or kindergarten is 31 percent for New York children, compared to almost 40 percent nationwide (1). Also, New York has 13 percent of its children ages 1 through 5 years old whose family members read to them less than three days per week, compared to the national rate of 16 percent (2). However, the rate of 16 percent for New York parents who have not graduated high school is the same as nationwide (1). The educational attainment of parents is a key factor for school readiness in that research has shown that parents with college degrees speak approximately 30 million more words to their young children than parents without a high school diploma (3). The number and diversity of words spoken in homes in front of young children has been shown to be important to young children's own vocabulary and reading capacity later on in school (3, 4).



Figure 1: Early childhood school readiness indicators for New York's children, 2008



Data Source: Annie E. Casey Foundation, National KIDS COUNT Program (2010). Data provided by the Population Reference Bureau, analysis of data from the U.S. Census Bureau, American Community Survey, 2008 and Child Trends, analysis of data from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2007 National Survey of Children's Health.

English – A Second Language for Many Students

Parental characteristics, such as whether English is the primary language spoken at home or whether one parent has a college degree, can influence a child's early learning and literacy capacity. Research has shown that the higher the educational level a parent has attained, the more numbers and letters of the (English) alphabet a young child can recognize before kindergarten (3, 4). On the other hand, research has shown there are benefits to a bilingual education, such as improving children's understanding of their native language and providing children with more flexibility in thinking, known as cognitive flexibility (5). Children learning a second language have shown a better ear for listening, and sensitivity to language differences and similarities (5). Over 160 languages are spoken in New York public schools by Limited English Proficient (LEP) students who are receiving services to help improve their English reading and writing skills. The five major languages of LEP students are Spanish, Chinese, Arabic, Bengali, and Haitian-Creole.

The percentage of LEP students in New York State in 1999/00 was 7.6, compared to 8.0 percent in 2007/08 (6). Although over the years the percentage of LEP

students has increased slightly, the number of LEP students has slightly decreased. LEP students are concentrated in New York City, where, in 2007/08, public and non-public schools enrolled 69 percent of all identified LEP students in the state. The New York City percentage of LEP students has decreased since 1999/00 when New York City schools accounted for 77 percent of all LEP students. The percentage of 2007/08 LEP students (14%) in New York City schools is relatively similar to the 1999/00 (14.5%) percentage; however, the number of LEP students has decreased. Outside of New York City, the percentage and number of LEP students has increased over the years; however, these percentages remain relatively small. In the school year 1999/00, only 2.9 percent of students outside of New York City were identified as LEP, compared to 4.1 in school year 2007/08 (6).

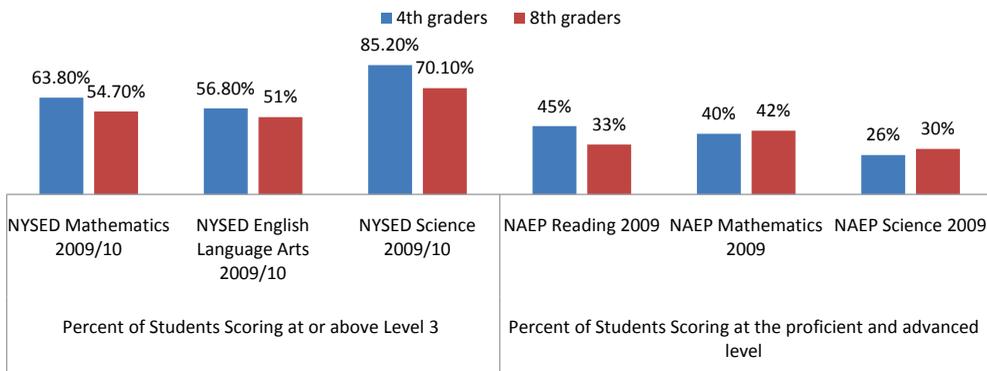
In New York State, 70 percent of households report speaking English as their primary language. A linguistically isolated household is one in which all members 14 years old and over have at least some difficulty with English. Of the 13.6 percent of New York households that report Spanish as their primary language, approximately 30 percent of these households are linguistically isolated. Of the 11 percent of New York households that report another Indo-European language as primary, 24 percent are linguistically isolated. Indo-European languages are identified as: English, Spanish, Portuguese, Russian, German, Marathi, French, and Italian. Of the four percent of New York households that report as primary one of several Asian and Pacific Islander languages characterized as Chinese, Tagalog, Japanese, Korean, Samoan, Vietnamese, Thai, Cambodian, Lao, Hmong, Hindi, Bengali, Gujarati and Urdu, 39 percent are linguistically isolated. The remaining households (1.4%) report other languages as primary, with one in five households (19.5%) being linguistically isolated (7).

Proficiency Testing

The expression “learning to read, reading to learn” encapsulates the elementary school experience in which children in pre-kindergarten through third grade spend their time learning to read so that they can use this skill in fourth grade and above to read textbooks and other materials that expand their knowledge. The New York State reading and writing examination, as well as mathematics exam, are given for students in third through eighth grades, while science and social studies examinations are given for students in fourth and eighth grades. The exams are currently undergoing revisions that coincide with a new era of reform that emphasizes the

importance of preparing students for global citizenship and lifelong learning (8). New York students tend to do well on state examinations yet compare poorly on the national examinations, as shown in Figure 2. The National Assessment of Educational Progress (NAEP) is the only nationally representative assessment of what students know and can do in various subjects.

Figure 2: Comparison of Passing Scores for New York State Education Department (NYSED) and National Assessment of Educational Progress Examinations



Data Sources: New York State Education Department (2010); and the National Assessment of Educational Progress (2010) analysis of the Common Core of Data, 2007-2008 school year (non-adjudicated).



High School Graduation Rate

The cohort graduation rate is used to calculate how many ninth graders graduate from high school in four years. The cohort is named by the year the class of students started ninth grade. For example, the cohort group of students that began in September 2010 would be named cohort 2010/11 and the four-year rate would be calculated with the number who graduate in 2014. The four-year cohort graduating this past June is referred to as the cohort 2006/07, named after the year the graduating students were freshman in high school.

Statewide, about 72 percent of the students who started ninth grade in 2005 had graduated after four years, by June 2009 (9). This rate represents an increase from the 66 percent graduation rate for students who started ninth grade in 2001 (9).

The four-year graduation rate of African-American students increased from 45 to almost 56 percent between 2005 and 2009 (9). The four-year graduation rate of Hispanic students increased from 42 to almost 55 percent during the same period (9). Also, more Hispanic and African-American students are staying in school. The achievement gap between African-American and Hispanic students with their White peers has declined by 22 and 23 percentage points, respectively (9). However, work continues to close the gap.

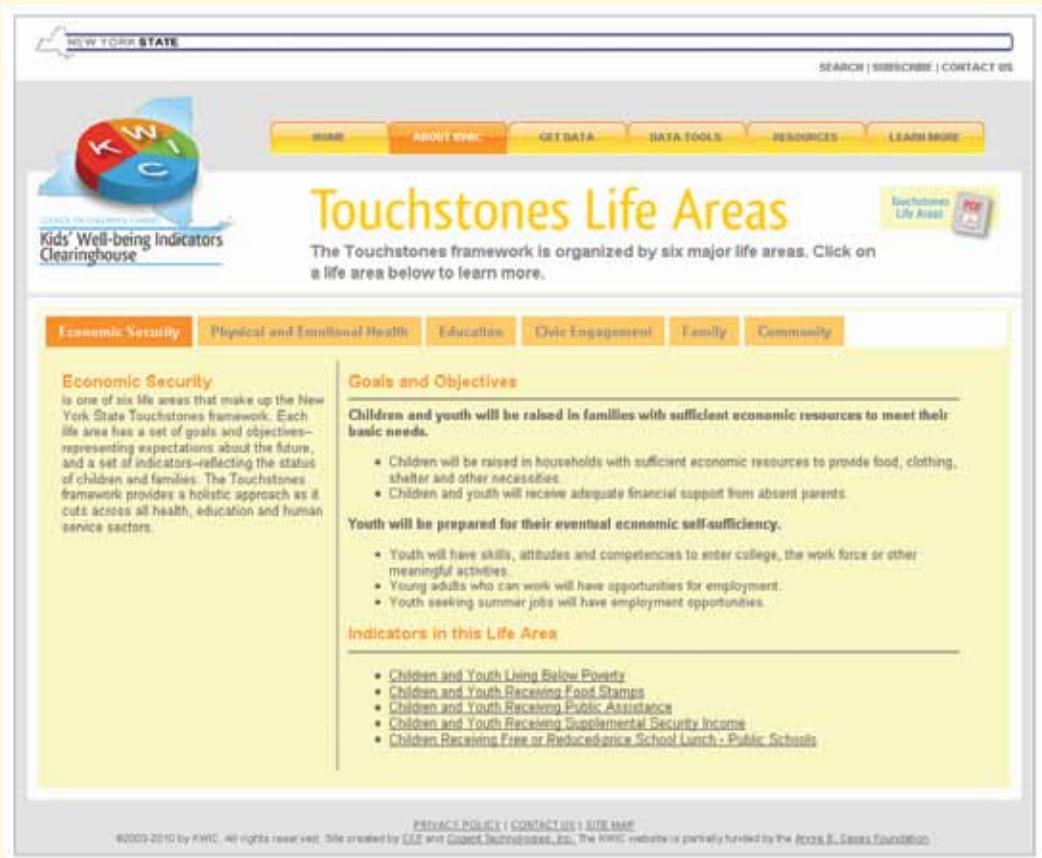


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COUNCIL ON CHILDREN & FAMILIES

Kids' Well-being Indicators Clearinghouse



The screenshot shows the website interface for the Kids' Well-being Indicators Clearinghouse. At the top, there is a navigation bar with 'NEW YORK STATE' on the left and 'SEARCH | SUBSCRIBE | CONTACT US' on the right. Below this is a secondary navigation bar with buttons for 'HOME', 'ABOUT KWIC', 'GET DATA', 'DATA TOOLS', 'RESOURCES', and 'LEARN MORE'. The main content area features the 'Touchstones Life Areas' header, a sub-header 'Economic Security', and a detailed description of this life area. The page includes sections for 'Goals and Objectives' and 'Indicators in this Life Area', both containing bulleted lists of specific goals and metrics. A footer at the bottom contains a 'PRIVACY POLICY | CONTACT US | SITE MAP' link and copyright information for 2009-2010.

NEW YORK STATE

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KWIC

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Touchstones Life Areas

The Touchstones framework is organized by six major life areas. Click on a life area below to learn more.

Economic Security Physical and Emotional Health Education Civic Engagement Family Community

Economic Security
is one of six life areas that make up the New York State Touchstones framework. Each life area has a set of goals and objectives—representing expectations about the future, and a set of indicators—reflecting the status of children and families. The Touchstones framework provides a holistic approach as it cuts across all health, education and human service sectors.

Goals and Objectives

Children and youth will be raised in families with sufficient economic resources to meet their basic needs.

- Children will be raised in households with sufficient economic resources to provide food, clothing, shelter and other necessities.
- Children and youth will receive adequate financial support from absent parents.

Youth will be prepared for their eventual economic self-sufficiency.

- Youth will have skills, attitudes and competencies to enter college, the work force or other meaningful activities.
- Young adults who can work will have opportunities for employment.
- Youth seeking summer jobs will have employment opportunities.

Indicators in this Life Area

- Children and Youth Living Below Poverty
- Children and Youth Receiving Food Stamps
- Children and Youth Receiving Public Assistance
- Children and Youth Receiving Supplemental Security Income
- Children Receiving Free or Reduced-price School Lunch - Public Schools

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- Data Terms
- Member Agencies
- Subscribe



KWIC Overview

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Indicator Profile

Learn how to select an indicator and create a report that displays data.

NEW YORK STATE

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MyKWIC

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If you are already a member, [log in here](#).

Simply [Register](#) with us to create your own, personal **MyKWIC** section on our website. You'll be able to bookmark queries that you have built using our [Custom Query](#) feature and get automatically updated results when you implement saved queries. You'll also be able to easily manage your account by adding or deleting queries.

There is no charge to register and our [privacy policy](#) will protect the confidentiality of any information you give us.

MyKWIC allows users to save custom queries and custom regions. This means frequently used queries can be bookmarked and automatically updated, as needed.

- Map Builder
- Graph Builder
- Custom Query
- My KWIC

CIVIC ENGAGEMENT

The Touchstones Civic Engagement section highlights adult and teen gambling behavior. The New York State Office of Alcoholism and Substance Abuse Services (OASAS) conducted a seminal teen gambling behavior survey of students enrolled in grades 7 through 12 in 2006. Gambling is a risky behavior that is illegal for underage youth and can lead to problem gambling behavior.

The OASAS School Survey has been typically administered every four years to a sample of seventh through twelfth graders in New York public and private middle and high schools. Districts can opt in or out at their discretion. In presenting the findings, responses from this sample were weighted statistically to the total population of seventh through twelfth graders enrolled in New York State's public and private schools. This 2006 OASAS School Survey concentrated on teen gambling behaviors in addition to substance use and antisocial conduct. The survey asked about youth's frequency of engaging in 14 different gambling behaviors, diagnostic criteria for problem gambling, and selected risk and protective behaviors. The 14 different gambling activities are detailed in Figure 1.



Figure 1: Detailed 2006 NYS Office of Alcoholism and Substance Abuse Services School Survey Gambling Activities

Sample Questions from the Survey

During the past year, on how many days (if any) have you:

- played bingo for money?
- bet money on raffles or charity games?
- bet or spent money on pull tabs?
- played cards for money?
- bowled, or played pool, basketball, or another game of skill for money?
- bet money on sports teams or sports events?
- played the “quick draw”?
- played the lottery, lotto or scratch off tickets?
- played a dice game for money?
- played the numbers or “bolita”?
- bet or spent money on arcade or video games?
- bet or spent money on slot machines, poker machines, or other gambling machines?
- bet money on horses, dogs, or other animals?
- bet money at a casino?
- bet money on the Internet?

For each activity: the answer choices were:

- None
- 1 day
- 2-3 days
- 4-9 days
- 10-19 days
- 20-39 days
- 40 or more days

Sample Question

During the past year (12 months):

- did you feel like you had a problem with betting money or gambling?
- have you needed to gamble with more and more money to get the amount of excitement that you wanted?
- after losing money gambling, did you return another day to try and win back the money you lost?

For each activity: the answer choices were:

- no
- yes

NYS TOUCHSTONES

Problem gambling is defined as meeting two or more of the criteria for pathological gambling as specified by the Diagnostic and Statistical Manual (DSM-IV) of the American Psychiatric Society (1). Pathological or addictive gambling is listed as a mental health or psychiatric disorder, which is part of the underlying reason to survey adolescents and adults in New York about their gambling behaviors. Gambling is seen as a priority addictive behavior because of its co-occurrence with other addictive behavior like substance abuse. The percent of adolescents responding positively to four or more of the criteria listed is considered the estimate of prevalence of pathological gambling in the teen population.



Table 1: Percent of Students in Grades 7-12 Responding Positively to Questions Based on Diagnostic Criteria for Pathological Gambling.

DSM IV Criteria	During the past year (12 months) . . .	Percent Positive
Preoccupation	Have you found yourself thinking about gambling or planning to gamble . . . <u>often</u> ?	2%
Tolerance	Have you needed to gamble with more and more money to get the amount of excitement that you wanted?	5%
Withdrawal	Have you felt bad or fed up when you tried to cut down or stop gambling . . . <u>sometimes</u> or <u>often</u> ?	2%
Loss of Control	Have you spent more than you planned to on gambling . . . <u>often</u> ?	1%
Escape	Have you gambled to escape from problems or when you were feeling bad . . . <u>sometimes</u> or <u>often</u> ?	1%
Chasing	After losing money gambling, did you return another day to try and win back the money you lost?	13%
Lying	Have you lied to your family because of your gambling . . . <u>once or twice</u> , <u>sometimes</u> , or <u>often</u> ?	4%
Illegal Acts (Positive on any item)	Have you stolen money from your family to spend on gambling . . . <u>once or twice</u> , <u>sometimes</u> , or <u>often</u> ?	3%
	Have you stolen money from outside the family to spend on gambling . . . <u>once or twice</u> , <u>sometimes</u> , or <u>often</u> ?	3%
	Have you spent school lunch money or bus fare money on gambling . . . <u>once or twice</u> ,	7%
Risked Relationships (Positive on either item)	Have you argued with family, friends, or others because of your gambling . . . <u>once or twice</u> , <u>sometimes</u> , or <u>often</u> ?	6%
	Have you missed school because of your gambling . . . <u>once or twice</u> , <u>sometimes</u> , or <u>often</u> ?	2%

Data Source: Rainone, G. & Gallati, RJ. (2007) *Gambling Behaviors and Problem Gambling among Adolescent in New York State: Initial Findings from the 2006 OASAS School Survey*. NYS Office of Alcoholism and Substance Abuse Services.

Table 1 shows the percent of seventh through twelfth graders responding positively to the questions based on the DSM-IV criteria for problem gambling with “chasing” (i.e., returning another day to win back money lost), illegal acts (e.g., spending school lunch money or bus fare on gambling) and risked relationships (e.g., arguing with family members or friends about gambling) being the top three criteria (2).

Risk and protective factors for youth are important to discern because programs, such as youth development curriculum and statewide policies, can be built upon these data and research to help support our youth to choose healthy behaviors. Community prevention campaigns can utilize this information in planning and implementation. The 2006 OASAS School Survey used perceived strong parental disapproval regarding gambling for kids your age, which is similar to the questions related to drug and alcohol usage. While 33 percent of youth perceived strong parental disapproval for gambling behavior, only four percent felt their parents approved of gambling by youth their age, and 37 percent did not know how their parents felt about gambling (2). Forty percent of seventh through twelfth graders were at risk due to early initiation of antisocial behavior, 34 percent were at risk based on depressive symptoms, 45 percent were at risk based on rebelliousness and 46 percent were protected by belief in the moral order (2). Students who perceived strong parental disapproval of gambling or who had strong belief in the moral order were half as likely as other students to experience problem gambling, while students scoring high on rebelliousness or antisocial behavior were three times as likely as other students to experience problem gambling(2). In contrast, students who scored high on depressive symptoms were only slightly more likely than other students to experience problem gambling (2).

While the OASAS analysis did not find any demographic differences between various risk and protective factors and annual gambling prevalence or problem gambling, there was a significant association between depressive symptoms and problem gambling behavior (3). This analysis also found significant results for female gambling in the past 30 days and depressive symptoms (3).

Regional differences were found with regard to the variety of gambling activities engaged in by students. Students from outside of New York City were more likely in the past year to have played the lottery and bet on horses, dogs or other animals (3). They were also more likely to have engaged in bingo, raffles, pull tabs and quick draw (3). Students in New York City were found to be more likely to have played dice for money, bet money on games of skill (pool, basketball, etc.) or to



have spent money on slot or poker machines or other gaming machines (3). However, students in New York City were just as likely as their upstate counterparts to have played cards for money, bet money on sports events, played the numbers, bet money at a casino or over the Internet (3).

Almost three-quarters (72%) of seventh through twelfth graders engaged in at least one gambling activity in the past year, with one-third (34%) gambled in the past month, and one-in-eight students (12%) gambled four or more times in the past month (2). Over forty percent of seventh through twelfth graders played the lottery at least once in the past year (2). But, while the lottery was the activity engaged in by the greatest proportion of students, playing cards for money was the activity engaged in most frequently; eight percent of students played cards for money on 20 or more days in the past year (2).

Approximately ten percent of students in grades 7-12 have experienced problem gambling in the past year and may need treatment services, and an additional ten percent of students may be at risk of developing problem gambling (2). Among students experiencing problem gambling, playing cards for money was the most frequent gambling activity, followed by playing pool, basketball or other games of skill for money (2). Males were about four times more likely to have experienced problem gambling: 16 percent, compared to females at four percent (2).

Of seventh through twelfth graders who are in need of chemical dependence treatment services, 28 percent also experienced problem gambling in the past year (2). An additional 17 percent of these students may be at risk of developing problem gambling (2). New York started offering gambling treatment programs in 2006, and there are currently 27 gambling outpatient programs in 24 counties (4). Since 2006, there have been 2,822 admissions to gambling outpatient programs reported with 14 for New Yorkers less than 18 years old (4).

Parents are their children's first teachers and lifelong role models. Many parents may not think that teen card games are a big risk, or even bet with their children on the high school team's outcomes with the loser taking out the trash or the winner deciding where to go on vacation. Parents may be happy that pre-teens and teenagers are home, play-

ing poker in large groups rather than outside, unchaperoned. Parents send the message that gambling is okay and not risky behavior by buying lottery tickets daily or making frequent visits to the casino with hopes of striking it rich. One of the important messages for teens is that gambling is illegal for teens. Local prevention councils around the state are beginning to conduct needs assessments and create community campaigns to heighten awareness and stop underage gambling. Family and community members can support children to develop ways to resist gambling by creating interests in age-appropriate, exciting and healthy risk-taking activities.

Poker has become especially popular among adolescents, in part because of the explosion of programs on television about playing it. Some shows, like “Celebrity Poker Showdown” on Bravo, have had stars including Ben Affleck and Don Cheadle at the card table. Others, like “The World Series of Poker” on ESPN and “The World Poker Tour” on The Travel Channel, track championships among ordinary people who are competitive players. But either way, seeing it on television is a way to make it more appealing to children and youth. In addition, the new iPhones from Apple, the Droid from Google and other hand-held gadgets offer free or low-cost poker applications, such as “Imagine Poker” where the users can play poker with famous figures from history and fiction including, but not limited to, Dracula, Little Red Riding Hood, Napoleon, and Stalin.

In New York and many other states, gambling has become part of the landscape, culture and economy. Results from the 2008 CORE Survey show that about 63 percent of participating college and university students in New York schools acknowledged participating in some form of gambling activity within the past year, and approximately seven percent had gambled once per week or more within the last year. Of those students who engaged in any gambling activity in the past year, 37 percent have lost money gambling in the last year; 15 percent have lost money gambling in the last 30 days, and 9 percent of students have bet “more money than they planned” in the past year (5). The top five most popular gambling activities of college students who reported gambling in the past year included playing lottery games (44 %), participating in raffles (26 %), betting on card games (23 %), gambling at casinos (22 %) and using gaming machines (20 %) as shown in Figure 2. Although this survey included young adults between the ages of 18 and 25, most first-year and many second-year college students are still teens, and even if they are not active participants, this is part of the environment in which they live and learn.

Figure 2: Most Popular Gambling Activities among College and University Students ages 18-25 in New York State, 2009

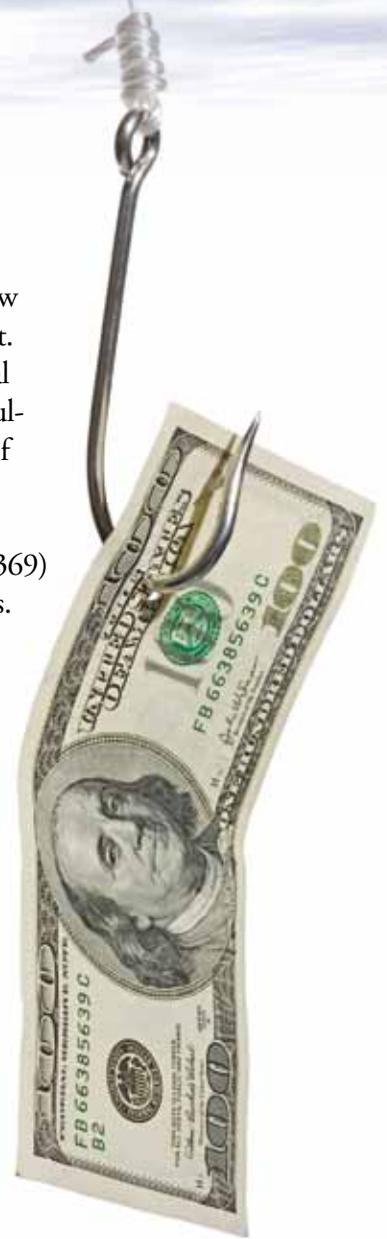
<u>Gambling Activity</u>	<u>Percent</u>
Lottery	44.0%
Raffles	26.0%
Card games	23.0%
Gambling at casinos	22.0%
Gaming machines	20.0%

Data source: 2009 CORE Alcohol and Drug Survey, New York CORE College survey findings.

According to a 2005 American Gaming Association study, 53 percent of adult Americans played the lottery, 35 percent gambled in a casino, 18 percent played poker, six percent bet on a race and two percent engaged in Internet gambling (6). In OASAS's 2006 Household Survey of New York adults 18 and older, almost 53 percent purchased a lottery ticket in the past year, with almost 16 percent typically purchasing a lottery ticket weekly (7). Twenty percent of New York adults gambled at casinos in the last year, but less than one percent visited casinos weekly (7). Interestingly, while slightly more than one percent of adults gambled on the Internet in the past year, of these adults, 48 percent did so weekly (7). The 2006 OASAS Household Survey found almost five percent of New York adults had experienced problem gambling, based on DSM-IV criteria similar to those used for adolescents (7).

Adult gambling is on the rise with more casinos, televised poker games and Internet gambling available twenty-four hours, seven days a week. The American Gaming Association found that US consumer spending at commercial casinos doubled from 1994 when it was \$13.8 billion, to 2004 when it reached \$28.93 billion (8). New York State has relied and will continue to rely on gambling revenues as a budgetary resource. New York's eight racetrack casinos (or racinos) employ 3,180 people, and earn over \$1.019 billion in revenues while paying over \$455 million in state and local taxes (8). This New York specific racino economic impact data was from an American Gaming Association state-by-state report on casino entertainment, but the report did not include tribal casinos, of which New York has eight. The New York Lottery continues to be North America's largest and most profitable lottery, earning over \$7.8 billion for its fiscal year ending in March 2010 (9).

There are many adults who can gamble responsibly, and in New York State there are services and supports for those who cannot. For adolescents, gambling is a risky behavior because it is illegal and because it can lead to problem gambling behavior. Compulsive gambling is like other addictions in the downward spiral of behavior coupled with real financial losses that can imperil the current and future financial health of a teenager and his or her family. The OASAS helpline (877-8-HOPENY or 877-846-7369) is available for quick interventions, referrals and follow-up calls.



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FAMILY

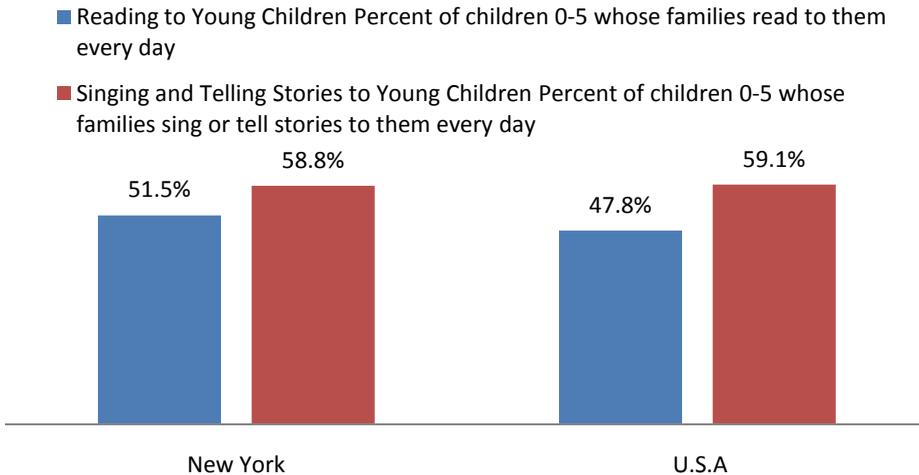
The Touchstones Family goals and objectives acknowledge that parents and guardians are children's first teachers. This section examines factors that contribute to a child's success in early learning and school readiness. It is also well recognized that families in New York come in different sizes and composition. Therefore, we have included analysis of parental characteristics that engender both societal bias and empathy while examining several institutional structures that affect these families, such as parental mental health issues, same-sex couples with children and single-parent families.

Parents as First Teachers

Early childhood literacy has been shown to be helped by reading, telling stories and hearing a large range of vocabulary before a child reaches kindergarten (1). According to the results of the 2007 National Survey on Children's Health, families in New York are similar to families across the nation in activities that foster literacy. For example, nationally 59.1 percent of children live in families that sing or tell stories to them every day, and 58.8 percent of children in New York live in families that sing or tell stories to them every day (2). Almost half (51.5%) of New York children ages birth to five years old had family members read to them every day, compared to 47.8 percent nationwide (2).



Figure 1: State and national comparison of parents' early literacy activities

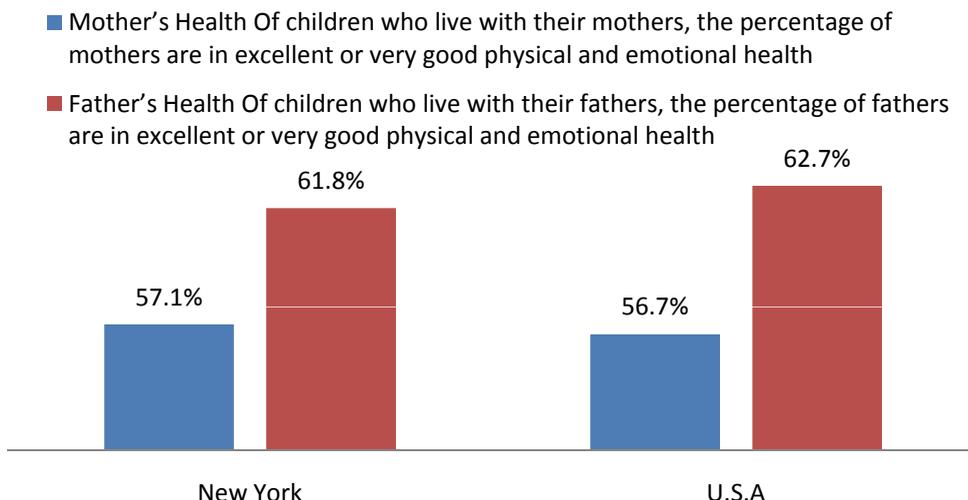


Data Source: Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health.

Parental Mental Health

A factor that can impede parents' ability to care and teach their children is their physical and emotional well-being. Table 2 shows that of children who live with their mothers, 57.1 percent of mothers are in excellent or very good physical and emotional health, which compares well with the national rate of 56.7 percent (2). Of children who live with their fathers, 61.8 percent of fathers are in excellent or very good physical and emotional health, which also favorably compares to the national rate of 62.7 percent (2). This also indicates that four in ten children in single-parent homes have a parent not in excellent or very good health.

Figure 2: State and national comparison of parent's health



Data Source: Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health.

While it can be difficult to make definitive judgments of parental mental health from national surveys, data from the New York State Office of Mental Health provides a snapshot of the parental status of individuals receiving mental health services. Specifically, the percentage of women in intensive case management services has decreased since 1994; however, the percentage of women who are custodial parents has increased. In 1994, 45 percent of women under the age of 35 receiving intensive case management services had children, and of these, 20 percent were identified as the custodial parent (3). This special subset of mothers reflected women who are receiving mental health intensive case management services supporting their daily living activities and beginning to normalize their life on medication and with outpatient counseling. Data from the 2009 Patient Characteristics Survey of women in case management services indicate 40 percent of women ages 18 through 34 have minor children and 60 percent have custody of their minor children (4).

In 2010, advocates on behalf of parents with psychiatric disabilities and developmental disabilities worked with key stakeholders to attempt to amend the New York State Social Services Law that governs the termination of parental rights for parents diagnosed with mental illness. Currently, New York State Social Services

Law specifically references mental illness and developmental disabilities as part of the criteria to be considered in the parental termination process. The statute states: “the parents are presently and for the foreseeable future unable, by reason of mental illness or mental retardation, to provide proper and adequate care for a child who has been in the care of an authorized agency for a period of one year” (5). Advocates maintain that this language is stigmatizing and discriminatory, and that decisions to terminate parental rights should be based on behavior, not a diagnosis. Moreover, advocates point out that tremendous strides in mental health treatment have been made since the enactment of this statute over thirty years ago, so that this statute does not reflect today’s reality that most psychiatric disabilities are treatable. One of the defenses of the existing law is that it provides additional protection through a psychiatric evaluation. Discussions will likely continue in the upcoming legislative session.



Same-sex Couples

Another group of parents that experience both societal and institutional bias are same-sex couples or gay and lesbian parents. Bias against gay couples with children can range from the vaguely uncomfortable, such as other parents repeatedly asking about a child's mother or father, to outright violence against the gay or lesbian parent or the child. Bullying has been reported as targeting youth who are identified as gay, lesbian or questioning and youth whose parents are gay or lesbian, particularly cyber-bullying, which is an increasing form of bullying occurring in social media (6).

New York State ranked eighth overall of states with the highest concentration of same-sex couples with children of all U.S. households. When only U.S. households with children are reviewed, then New York State ranks sixth (7). The Gay and Lesbian Atlas, a compendium of demographic and economic characteristics of gay and lesbian populations, found that one in four same-sex couples report living with children less than 18 years of age (7). Same-sex couples with children often live in states and large metropolitan areas not known for large gay and lesbian populations (Figure 3).

Figure 3: States with the highest concentration of same-sex couples with children among all same-sex couples, in ranking order:

- | | |
|-------------------|-------------|
| 1. Mississippi | 6. Alabama |
| 2. South Dakota | 7. Texas |
| 3. Alaska | 8. Kansas |
| 4. South Carolina | 9. Utah |
| 5. Louisiana | 10. Arizona |

Data Source: The Gay & Lesbian Atlas, Gary J. Gates and Jason Ost, Urban Institute Press, May 2004.

The U.S. Census counts same-sex couples in 99 percent of U.S. counties (7). Like the distribution of the U.S. population at large, the distribution of gay and lesbian families is far from uniform across the nation. New York City does rank number one in metropolitan areas with the highest concentration of same-sex couples with children among all U.S. households but the Nassau-Suffolk Long Island region ranks eighth in highest concentration of same-sex couples with children among all same-sex couples (7).

According to The Gay and Lesbian Atlas there are approximately 770,000 same-sex couples living in the U.S. with 20 percent raising children (7). Additional estimates have between two and seven million children and youth living with gay and lesbian parents (8). In New York, 18 of the 62 counties in New York State have a higher than average concentration of same-sex couples with children (7). The Gay and Lesbian Atlas uses an average concentration of two same-sex couples with children in any given county. Research has found no significant differences in children in self-esteem, anxiety, depression, behavioral problems, friendships, school performances, sports participation, or use of counseling or other emotional difficulties related to the sexual orientation of their parents (9). There is consensus among professional organizations and social scientists that gay and lesbian parents are as qualified to be parents as their heterosexual counterparts and their children are healthy and well-adjusted (10).

New York State ranks second nationwide for the number of adopted children living with same-sex couples, according to a March 2007 analysis on Adoption and Foster Care by Gay and Lesbian Parents in the United States (11). Given that ranking, just seven percent of New York's adopted children under the age of 18 live in gay and lesbian households (11). Many states have outright or subtle bans on gay and lesbian couples becoming foster parents or adopting children as a couple. A recent study of gay and lesbian individuals about their desire to have children showed results of more than half of gay men and 41 percent of lesbian women wanting to have children (11).

Schools can play a passive or active role in supporting children living with same-sex couples. Uncomfortable or awkward social moments and what people often claim as the antidote, cultural competency or diversity awareness, are very different from a safe and supportive school environment with a comprehensive violence prevention program. There are many school districts that have non-discriminatory policies in place for parents and children in gay and lesbian families and for youth identified as questioning, gay or lesbian. However, more can be done to ensure that children have a warm and supportive school environment that is free of hate, bias and violence. Evidence-based bullying and violence prevention curricula and expert technical assistance are available for New York schools and school districts that would like to implement a comprehensive violence prevention program.

The New York State Education Department (NYSED), through the Safe and Drug Free Schools and Communities Act, provides resources to school districts to implement programs and services to prevent violence in schools and drug and substance abuse. NYSED is supporting statewide implementation of school safety and violence prevention activities with web resources and special educational activities around the state; districts can choose which strategy works with their unique academic environment and faculty strengths. The NYSED website where bullying prevention resources are listed is: <http://www.emsc.nysed.gov/ssae/schoolsafety/sdf-sca/home.html>.

In early September 2010, Governor Paterson signed legislation entitled Dignity for All Students (A. 3661-A/S. 1987-B) which takes effect on July 1, 2012. This law requires and provides guidance to schools so that they can afford all students an environment free of any harassment that substantially interferes with their education, regardless of the basis of the harassment, and free of discrimination based on actual or perceived race, color, weight, national origin, ethnic group, religion, disability, sexual orientation, gender, or sex (12). Critics conclude it leaves out cyber-bullying.

Single-Parent Families

Research has shown that children of single parents are more at risk for living in poverty than their peers in two-parent families (13). Nationally, the rate of children living with a single-parent rose from 31 percent in 2000 to 32 percent in 2008 (14). In New York, the percentage stayed the same at 34 percent of children living with a single-parent in 2008, as it was in 2000; slightly higher than the national rate (14). In New York, almost 43 percent of children in single-mother households and about 22 percent of children living with a single-father were living below the federal poverty level (14).

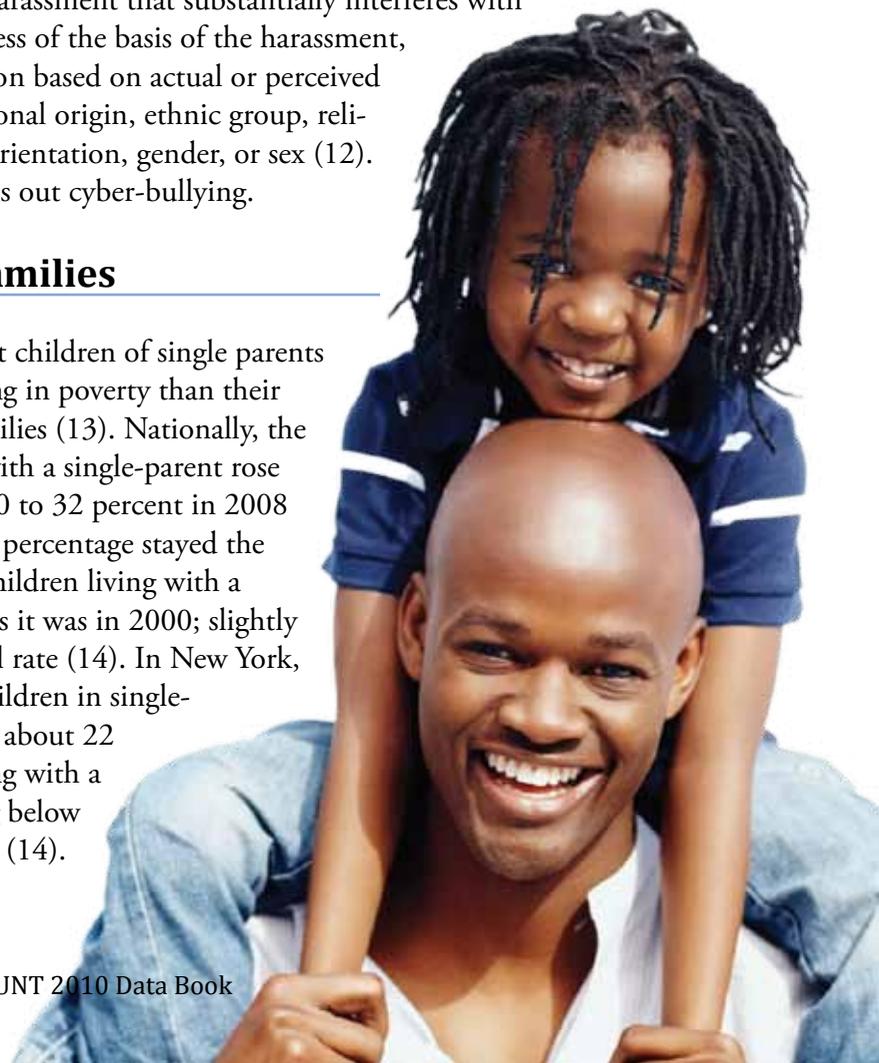
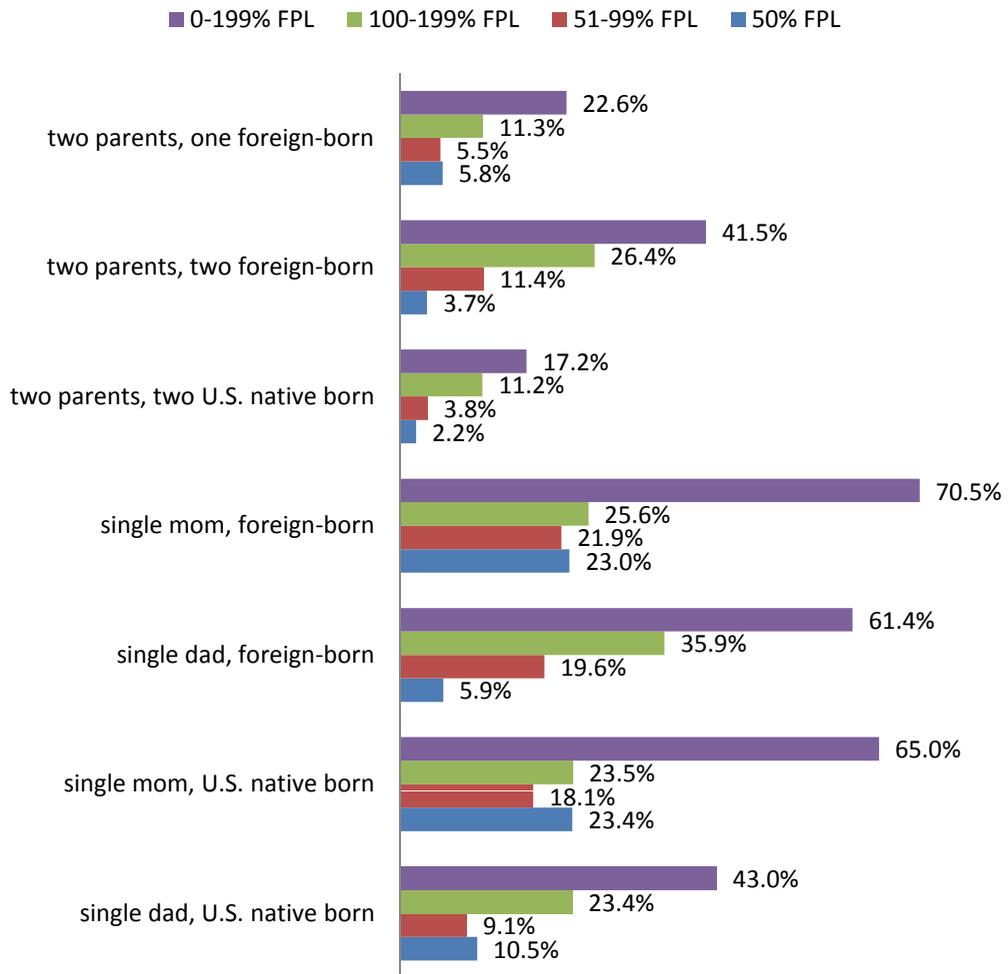


Table 3. Comparison of poverty status of children living with U.S. Native born and Foreign-born Parents, New York State, 2006-08



Data Source: U.S. Census Bureau, American Community Survey, 2006-08.

Living in poverty negatively influences childhood learning, health and future earnings (13). Living with only one parent who is foreign-born and may not speak English well or have a higher educational degree can also influence a child's education, social and health conditions (15). For New York children living in extreme poverty, traditionally calculated as half the amount of the federal poverty threshold, both U.S. native born and foreign-born mother-only households had the highest poverty rates (23.4% U.S. native-born, 23.0% foreign-born) (16). The children living with single parents make up the greatest percentages living in poverty and low-income situations compared to children in two-parent family configurations of U.S. native-born and foreign-born parents (16).

Foreign-born single parents lead families that have the highest rates of low income, defined as 100-199 percent of the federal poverty level as shown in Table 3. Foreign-born two-parent families make up the third highest rate of low-income families (16). Challenges are abundant for singles parents, ranging from childcare arrangements to managing household budgets. For parents who do not speak English fluently, these challenges can be almost insurmountable, given the language and cultural barriers.



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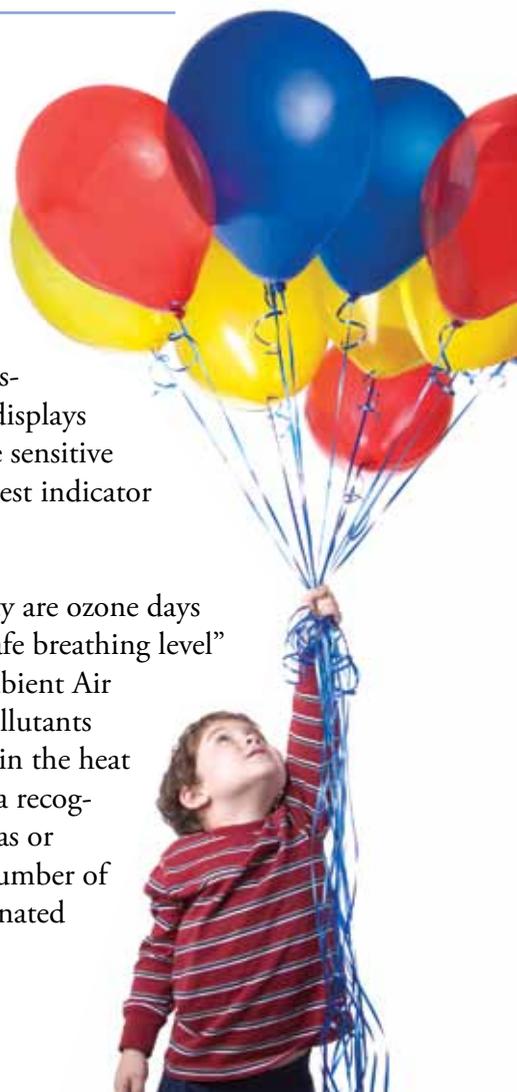
COMMUNITY

The Touchstones Community section focuses on environmental health, specifically air and water quality. Children are especially vulnerable to the environment and pollution in their communities. Their bodies' defenses are still forming; they play close to the ground, and they tend to breathe faster than adults. Elderly persons also have been shown to be vulnerable to environmental concerns, as their bodies' defenses are also changing and they may suffer from age-related conditions that are exacerbated by exposure to environmental hazards. Several environmental standards have taken the unique sensitivity of children and other vulnerable populations into consideration and are described below.

Air Quality

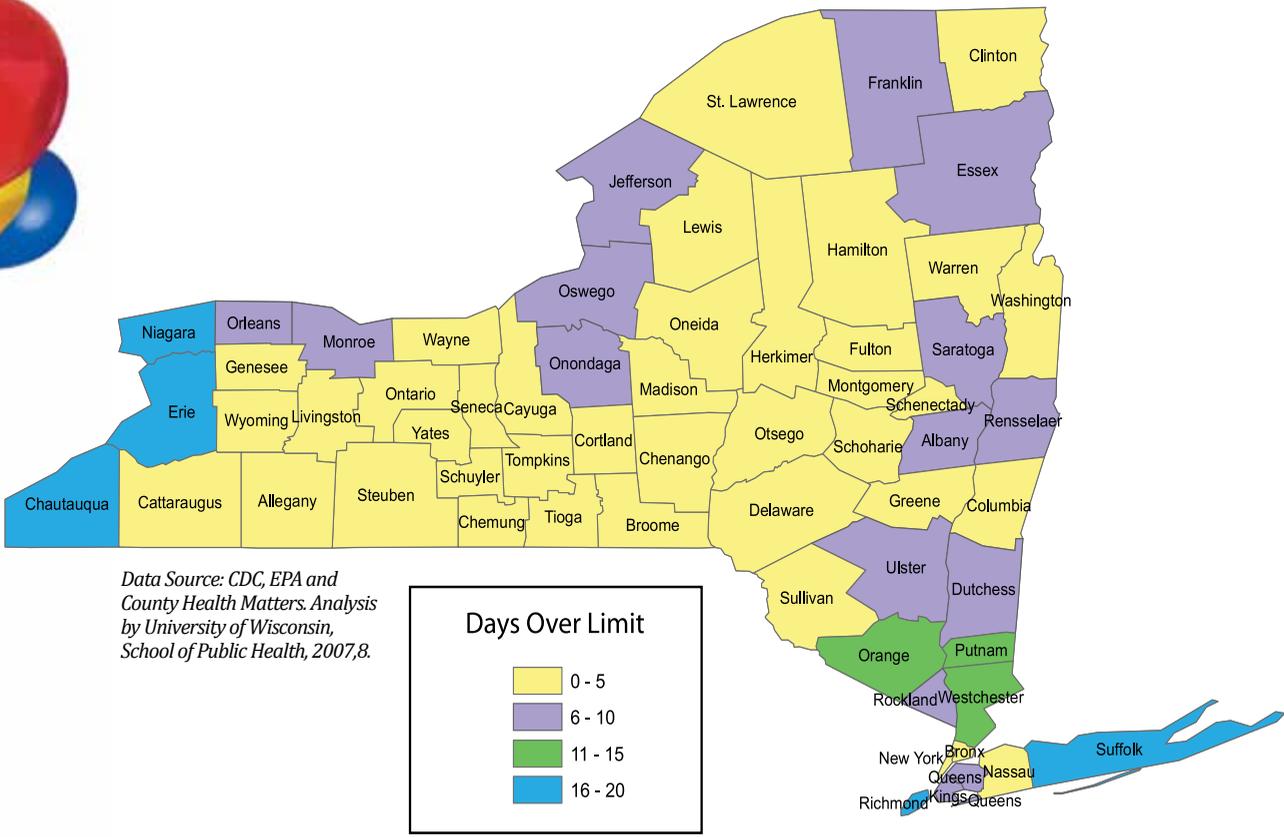
Air quality throughout New York State has traditionally been measured in certain locations of concern or of scientific interest, such as the Adirondack Mountains and New York City. Typically, monitoring systems are in place to gather data for select areas. However, to gain full coverage for air quality measurement, statistical modeling is used for locations not immediately covered by the monitoring systems. A combination of both monitoring and statistical modeling data are used to develop county-level displays of air quality. While the county-level data may not be sensitive to microclimates or certain neighborhoods, it is the best indicator available for measurement of air quality.

Two measures most commonly reported for air quality are ozone days and particulate matter days. Air quality, such as “unsafe breathing level” or “safe breathing level,” is based on the National Ambient Air Quality Standards (NAAQS). Ozone occurs when pollutants from vehicle exhaust and other sources react with air in the heat and sunlight. Ozone, also known as smog or haze, is a recognizable problem on hot and humid days in urban areas or industrial neighborhoods. Ozone days measure the number of days the ground level ozone levels are above the designated



NAAQS safe breathing levels. Ozone can irritate the lung tissue causing difficulty in breathing for people with respiratory conditions and, on days with particularly high ozone levels, for the average person. Particulate matter can be produced from fuel-burning vehicles or power plants or other industrial sources. Pollutant particles are measured as fine particulate matter (2.5 micrometers) and inhalant particulates (10 micrometers), which we may feel as grit or see as haze, and can be inhaled and injure lung tissue. Particulate matter days measure the number of days fine particulate matter is in the air at unsafe levels or, in other words, above the NAAQS. In the Clean Air Act, these air quality measurements were carefully reviewed and standards were revised in 2006 to take into consideration “vulnerable” populations and damage to crops and livestock (1).

Figure 1. Number of Days Over Safe Limit of Air Pollution Particles per Million (PPM), 2008



Data Source: CDC, EPA and County Health Matters. Analysis by University of Wisconsin, School of Public Health, 2007,8.

A recent report, County Health Rankings, was released by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Every county in the US is ranked for health outcomes (i.e., mortality and morbidity) and health factors (i.e., clinical care, physical environment, health behaviors and social-economic factors). Figure 1 depicts a map that was created using New York data from County Health Rankings (2). This map displays the estimated number of days the air quality in each county was higher than the safe limits of the NAAQS. Air pollution in the map is measured in fine particulate matter (2.5 micrometer or PM2.5). As with most environment advisories, young children, elderly and people with sensitivity to pollution (i.e., asthma sufferers) are urged to stay inside and avoid direct exposure to the air pollution. For the full report on the County Health Rankings, visit <http://www.countyhealthrankings.org>.

Mercury Air Emissions

Mercury is a natural element and part of the Earth's crust. Mercury air emissions occur as a result of human activities, such as manufacturing or burning coal for fuel, and from natural sources, such as volcanoes, when mercury is released from rocks into the air through the burning process. When mercury falls to the ground as wet or dry particles, it eventually reaches ground water sources including rivers and lakes.

While human exposure to mercury can be through inhalation, most of the recorded human exposure has been to methyl mercury, which is a form found in water and absorbed by tiny plants, which are then eaten by fish moving mercury up the food chain. In 2004, a health advisory highlighted canned tuna and swordfish as potential sources of high mercury levels and offered a special advisory for preconception women and pregnant women as methyl mercury has been shown to impact the central nervous system of growing fetuses (3).

Mercury air emissions are integral in the cycle: mercury particles are released into the air by coal burning plants and absorbed by nearby water sources. It is recorded



that two-thirds of the global mercury air emissions are human made (4). The National Emissions Inventory (NEI) is a composite of emission estimates generated by state and local regulatory agencies, industry, and the U.S. Environmental Protection Agency (EPA).

While this compilation of emissions estimates represents the best available information to date at the county level, reporting is voluntary. As with the federal hazardous air pollutant (HAP) inventories, they are voluntary and there are minimal reporting requirements. This means that the industries are monitoring their own mercury emissions and reporting it to the NEI. Other reporting systems, such as the EPA National Toxics Inventory (NTI), are mandatory for certain industries yet the public information is for the site of the plant or factory and not the larger administrative region (i.e., county), or the data is aggregated for a region that includes the New England states and New York (5).

The New York State Department of Environmental Conservation (NYSDEC) website does not contain the inventory data by county. Mercury emissions are not county-specific, particles drift across the entire state and country and sometimes deposit hundreds of miles away from the source. The last official statewide mercury inventory update (2003) was included in a report with Northeast States for Coordinated Air Use Management (NESCAUM), and New York mercury air emission were merged with the emissions data from other Northeast states. The NESCAUM report mercury inventory data was based on stack testing and emission factor estimates. For example, the mercury emissions for total fuel combustion, incineration and industrial sources are examples of emission stack testing, and environmental officials have a higher degree of confidence in the data, which have a higher level of reliability. The area and mobile sources for mercury estimates are based on emission factors in which environmental officials have a much lower degree of confidence. Mobile sources include cars, trucks, trains, and boats. Previous estimated mercury contributions from mobile sources were based on an ambient sampling study conducted in 1977, which is thought to be inappropriate for current use (6). Currently, data suggest that some of the factors influencing mercury emissions from mobile sources include oil consumption, driving conditions (including brake wear), and fuel consumption. Among environmental officials, there is reluctance to utilize these mobile sources for mercury air emissions, given the differences in vehicle types and limitations of the data (7).

Efforts are under way in New York and the Northeast to reduce all releases of mercury (air, water, use in consumer products, etc.). NYSDEC goal is to reduce the number of fish advisories issued for methyl mercury in New York and New England. This starts by reducing Hg emissions to air, Hg discharges to water and the use of mercury in consumer products. New York has enacted regulations to reduce mercury emissions and subsequent environmental loading of mercury that will be implemented in two phases. Phase I, in effect from 2010 to 2014, imposes an annual facility-wide mercury emission limitation, based upon the state mercury budget distributed to New York State by EPA. This regulation bars applicable facilities from generating and trading mercury reductions with other facilities or other states.

Starting in 2015, Phase II, in conjunction with other electric sector regulations, such as the Regional Greenhouse Gas Initiative (RGGI) and the second phase of the Clean Air Interstate Rule (CAIR), the State mercury regulation will establish a facility-wide emission limit for each applicable facility (8). The NYSDEC will continue to implement the State regulation to reduce mercury emissions from coal fired electric utilities since EPA's Clean Air Mercury Rule has been withdrawn as of April 15, 2010.

The national Clean Air Act regulates 188 air toxins, and mercury was included as a hazardous air pollutant. The Act has special provisions for dealing with air pollutants from utilities, such as power plants or coal-fired power plants. The US EPA has reinitiated work to develop emission standards for power plants under section 112 of the Clean Air Act, consistent with a consent decree reached pursuant to the United States Court of Appeals for the D.C. Circuit Opinion (*New Jersey v. Environmental Protection Agency*, February 8, 2008). In relevant part, this consent decree, signed on April 15, 2010, requires that the EPA establish emission limits for mercury for power plants by federal rule by November 2011 (9).

Water Quality

The average American individual uses 100 to 176 gallons of water at home each day (10). Clean drinking water is necessary for daily human survival, and the proper disposal of waste water is necessary to maintain health and prevent disease. Children and elderly persons are particularly vulnerable to waterborne diseases and sicknesses. In fact, a recent *Global Water Crisis* report states 1.8 million children worldwide die each year from diarrhea, 4,900 each day (11). Water quality is taken

for granted in urban and suburban homes and offices where water users may not ever see the water purification plant or know how the water that comes into their homes or offices is regulated.

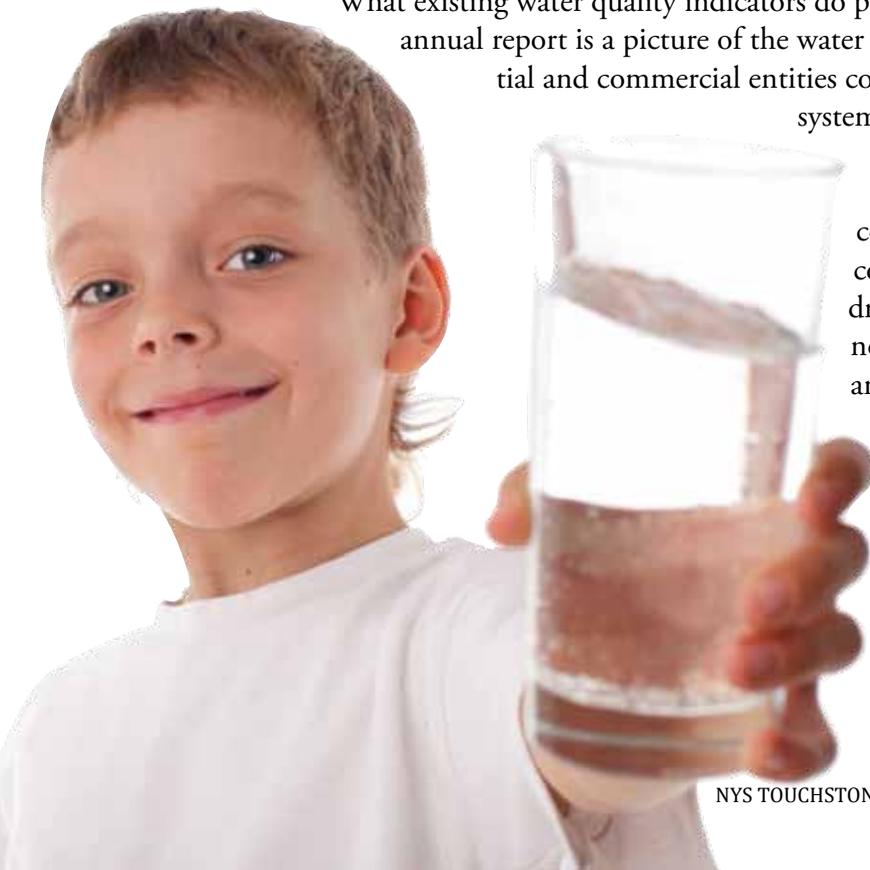
The annual New York State Water Taste Test, a State Fair tradition for a quarter century, highlights the importance of both taste and quality of drinking water. “New York State has some of the best tap water in the world and this annual contest gives New Yorkers the opportunity to truly appreciate it,” said Richard F. Daines, M.D., Commissioner of the State Health Department, who has regulatory oversight for all public drinking water systems in the state. “Providing clean and safe tap water statewide is essential to not only protecting the health of New Yorkers, but also the environment when New Yorkers choose to drink tap water instead of purchasing bottled water” (12).

Public drinking water districts follow regulations that promote health and safety of the water while preventing contamination and disease. The water district data indicators currently available refer to the number of times the periodic testing has detected unsafe levels of contaminations known to be harmful to the human body.

What existing water quality indicators do provide in a city or town annual report is a picture of the water quality for the residential and commercial entities covered by that public system. It can be difficult to

display the water quality indicators for an entire community, such as a county, given that public drinking water districts do not cover entire counties and many upstate New York residents’ drinking water comes from traditional wells dug on private property.

Many public drinking water systems treat the water with chemicals

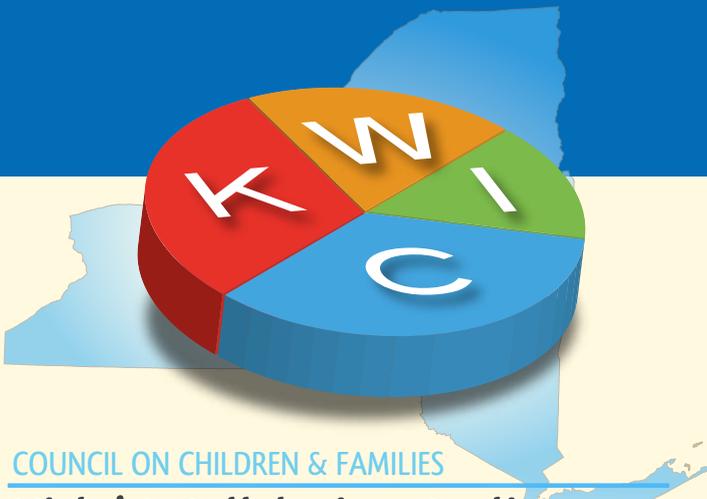


(i.e., chlorine) to disinfect the water and to counteract naturally occurring metals and other harmful intruders to the system. While water district data indicators reflect only the level of contamination or pollution that might cause a reaction for an adult person, most advisories include precautions for young children, pregnant women and the elderly in communities.

Water quality is often gauged by the presence or absence of pollutants. However, public health is advanced when certain elements, such as fluoride, are added to the water system. In fact, fluoridation of public drinking water sources for dental health protection has been acknowledged as one of the ten greatest public health achievements of the 20th century (13). Not all public drinking water sources are fluoridated, as it is a local decision. Data for public drinking water systems are available at New York State Department of Health website, http://www.nyhealth.gov/environmental/water/drinking/annual_water_quality_report/, and the US Environmental Protection Agency website, <http://www.epa.gov/safewater/>.

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COUNCIL ON CHILDREN & FAMILIES

Kids' Well-being Indicators Clearinghouse

Custom Query
Custom Query Results

Step 1. Indicator Step 2. Year Step 3. Counties Summary Results

Children Receiving Free or Reduced-price School Lunch - Public Schools
Number and percent children in grades K-6

Year/Year	Data Source	Albany	Rensselaer
2009/10	2009/10	30.0	30.0
2010/11	2010/11	30.0	30.0
2011/12	2011/12	30.0	30.0
2012/13	2012/13	30.0	30.0
2013/14	2013/14	30.0	30.0
2014/15	2014/15	30.0	30.0

COUNCIL ON CHILDREN & FAMILIES
Kids' Well-being Indicators Clearinghouse

Select an Indicator

Welcome
The Kids' Well-being Indicators (KWIC) website provides users with timely and accurate information on the health and well-being of children in New York State.

KWIC Indicator Data
KWIC County Reports
KWIC Data Tools

2015 KIDS COUNT Data Book
New York
New York's healthiest child is 15

KWIC Indicator: Children Receiving Free or Reduced-price Public Schools
Number and percent children in grades K-6

Region	Number	Percent	Number	Percent
New York State	795,248	31.3	844,132	30.3
New York City	452,816	31.3	471,423	29.6
Bronx County	118,267	30.6	88,690	28.0
Westchester County	196,823	30.1	129,164	22.5

KWIC County Report
Maternal/Infant: Bronx County
The Maternal/Infant Report provides a snapshot of the health and well-being of mothers, birth weight and gestation, and infant mortality data.

Physical and Emotional Health: Bronx County

Indicator	Rate or Percent (Base year/current year)	Base Number
Adolescent Births by Age - 10-14 years, number and rate (1,000 females ages 10-19 years (2004-2009))	0.0	0
Adolescent Births by Age - 15-17 years, number and rate (1,000 females ages 15-17 years (2004-2009))	1,204	1,204
Adolescent Births by Age - 18-19 years, number and rate (1,000 females ages 18-19 years (2004-2009))	2,892	2,892
Adolescent Pregnancies by Age - 10-14 years, number and rate (1,000 females ages 10-14 years (2004-2009))	0.0	0
Adolescent Pregnancies by Age - 15-17 years, number and rate (1,000 females ages 15-17 years (2004-2009))	2,706	2,706

www.nyskwic.org



KWIC Indicator Narrative

Children and Youth Living Below Poverty

Temporary and Charitable Assistance

11-17 yrs (2010.00)

be living in poverty if their family income, before taxes, falls below the federal government for families of different sizes. The Federal and state (SITC) as well as the value of non-cash benefits such as public housing or school meals are not included when calculating family income, such as taxes and work-related expenses are not subtracted from the number of children who are poor. The poverty thresholds (ranges in the cost of living). In 2007, the poverty threshold for a single (375 FVS), for a married couple with two children the poverty threshold

the percentage of children living in families considered to have too little. Poverty in childhood is associated with a wide range of social and employment problems. Note that there is much controversy to be drawn and what family income and resources should be above or below that line. As a result, the number of children in poverty should not be considered a precise measure of how many children lack the income and resources required to meet basic needs. Instead, the poverty measure should be used to assess the relative differences between counties in the number of children near or below the minimum resources to meet basic needs, as well as to examine trends over time within counties in the way living with minimal economic resources.

if year available, the highest rates of child poverty occurred in three of the five

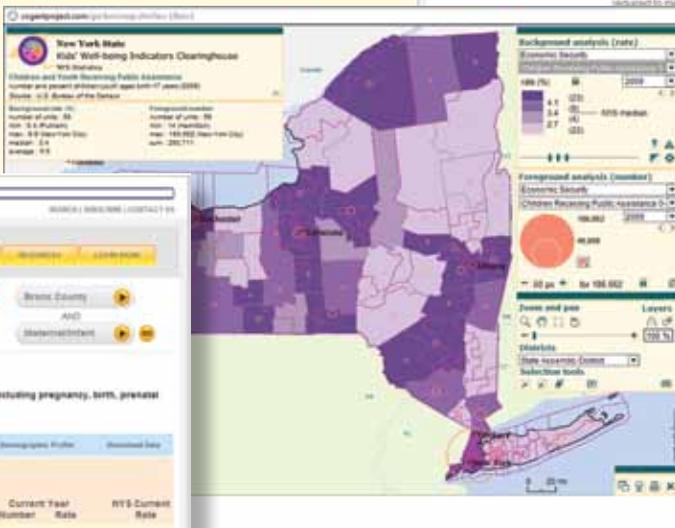
Graph Builder

Develop line, bar, or motion charts for selected indicator(s), year(s) and region(s).

Create your own custom graphs using KWIC's Graph Builder.

Features of KWIC Graph Builder:

- Design and export bar and line graphs for individual indicators—use the Graph Builder to develop a line and bar graph to depict changes in a selected indicator across multiple years and multiple regions. The results will include both a line and bar graph of the custom graph and the accompanying



County Report

Simply select a county and then select a report topic to view the topic-specific report for the selected county.

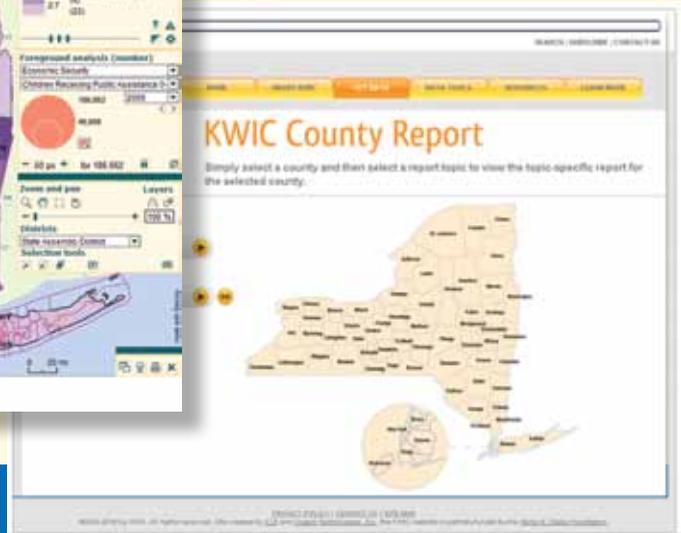
County: **Broome County**

AND

Topic: **Maternity and Infant**

Child and child, including pregnancy, birth, prenatal

Year	Rate	Current Year Number	NY State Current Rate
2007-08	34.7	5,581	34.2
2008-09	33.9	3,810	33.8
2009-10	31.4	3,341	16.7
2010-11	28.4	4,678	85.1



FOR MORE INFORMATION VISIT THE FOLLOWING SITES

New York State	www.state.ny.us
Office of Governor David A. Paterson	www.state.ny.us/governor
Council on Children and Families	www.ccf.state.ny.us
Council Member Agencies	
Office of Alcoholism and Substance Abuse Services	www.oasas.state.ny.us
Office for the Aging	www.aging.state.ny.us
Office of Children and Family Services	www.ocfs.state.ny.us
Division of Criminal Justice Services	www.criminaljustice.state.ny.us
State Education Department	www.nysed.gov
Department of Health	www.health.state.ny.us
Department of Labor	www.labor.state.ny.us
Office of Mental Health	www.omh.state.ny.us
Office of People with Developmental Disabilities	www.opwdd.state.ny.us
Office of Probation and Correctional Alternatives	www.dpca.state.ny.us
Commission on Quality of Care and Advocacy for Persons with Disabilities	www.cqc.state.ny.us
Office of Temporary and Disability Assistance	www.otda.state.ny.us

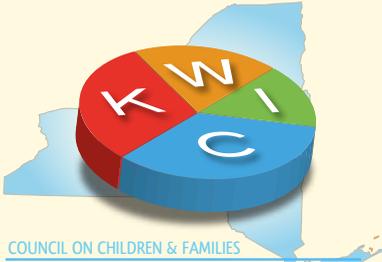
Permission to copy, disseminate or otherwise use information from this data book is granted with the appropriate acknowledgement. The data book is also available on the Council's website at <http://www.ccf.state.ny.us>.





COUNCIL ON CHILDREN & FAMILIES

Kids' Well-being Indicators Clearinghouse



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