

Charting the Future  
Working Together



# TOUCHSTONES



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

Charting the Future  
Working Together



## Shared Vision

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

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## NYS KIDS COUNT 2009 Data Book

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**December 2009**



NYS Touchstones/KIDS COUNT 2009 has been printed on recycled paper.



STATE OF NEW YORK  
Executive Chamber  
ALBANY 12224

David A. Paterson  
GOVERNOR

Dear Friends,

I am pleased to present the *New York State Touchstones/KIDS COUNT 2009 Data Book*, which focuses on the important link between data and policy. The information contained in this edition will help us gauge how well children are doing in communities across the Empire State. This data is also important because it will help inform our decision-making about programs that support children and families during the extraordinarily difficult fiscal circumstances facing the State and local governments. Now more than ever, we must focus on improving the alignment between priorities and available resources, policies, and programs that support the objectives we have for New York's children.

I am confident that leaders at the State and local levels will use the information presented in this publication to carefully consider the current 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 dark ink that reads "David A. Paterson".

David A. Paterson

[www.ny.gov](http://www.ny.gov)



David A. Paterson  
GOVERNOR

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Deborah A. Benson  
EXECUTIVE DIRECTOR

Dear Friends,

I am very pleased to present the Touchstones/KIDS COUNT 2009 Data Book. During the past eleven years, the data book has been designed to provide you with state and county level data on a broad number of indicators related to various aspects of child well-being. A more extensive array of child well-being indicators were also made available to you through our highly interactive website, the Kids' Well-being Indicators Clearinghouse (KWIC) and, over time, the data book became a duplication of KWIC. In an effort to reduce this duplication, we have made some new and exciting changes to the format of the 2009 data book. You will notice that this year's data book presents regional data for New York State, New York City and Rest of State as well as provides you with analysis of what is happening in each of the Touchstones life areas of economic security, health, education, family, civic engagement and community. We also include information about related policy changes in each of the life areas. The new format has the additional benefit of conserving paper and costs. And remember that the newest county-level data are still available on the KWIC website at: [www.nyskwic.org](http://www.nyskwic.org).

The Council maintains its priority to ensure you have quality data because we fully understand data provide the foundation of policy decision-making and for program development. Having the best, up-to-date data illuminates the issue before us and lays the groundwork for critical initiatives that serve children and their families in these challenging times. This is evident in the work that is currently being conducted by Council staff and the Governor's Children's Cabinet where we are working to gather data that will help us gain understanding of the number of children in New York who have incarcerated parents and allow us to learn more about the types of challenges facing these families. In particular, we hope to learn more about how children's living arrangements change when their parents are incarcerated. This information will be particularly helpful since a recent study of incarcerated women found that their average time incarcerated was 3.2 years while federal guidelines for the termination of parental rights is directed toward parents whose children have spent 15 of the last 22 months in foster care.

The Council remains committed to improving outcomes for New York's children and families. I invite you to read the essay on Data and Policy: Stronger Link Necessary, which highlights several examples of how data serve an integral role in policymaking and program development. Also, please be sure to inform your colleagues that the 2009 Data Book is available in PDF format on the Council website and I encourage you to sign up for the KWIC e-news at [www.nyskwic.org](http://www.nyskwic.org) to get the most up-to-date information about KWIC and new indicators.

Sincerely,

Deborah A. Benson

## Touchstones Executive Team

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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).



## **Kids' Well-being Indicators Clearinghouse Contributors**

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## NEW DATA BOOK FORMAT QUICK GUIDE TOUCHSTONES LIFE AREAS AS THE ORGANIZING PRINCIPLE

The 2009 Touchstones KIDS COUNT Data Book is organized by the six Touchstones Life Areas: Economic Security, Health, Education, Civic Engagement, Family and Community.

### Status of New York's Children and Families

General summaries are included of key indicators representing the six Touchstones Life Areas of Economic Security, Health, Education, Civic Engagement, Family and Community. Each Life Area summary will feature regional data from New York State, New York City and the Rest of State. The newest county-level data is available on the KWIC website at [www.nyskwic.org](http://www.nyskwic.org).

### Map

One indicator for each Touchstones Life Area is highlighted in a geographic format. Almost every indicator on the KWIC website can be mapped and we have added a new mapping tutorial video to help you with your mapping endeavor.

### Policy and Programs *NEW*

Relevant policy considerations and program strategies used in New York are highlighted for each Touchstones Life Area. These researched policy considerations are intended for discussion and are not exhaustive.

### Data Table *NEW*

Interesting and intriguing data indicators that do NOT reside on KWIC are highlighted for each Touchstones Life Area. These new indicators are presented for discussion and may not be added permanently to the KWIC website.



### References

This section includes a listing of research citations and other references from the 2009 Data Book essay and six life area summaries.

Please let us know your thoughts on the new format by mailing back your comment card or by sending a note to [kwic@ccf.state.ny.us](mailto:kwic@ccf.state.ny.us). Thanks, we love to hear from you!

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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
Region	Poverty	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
<b>New York State</b>	<b>19.6%</b>	<b>27.8 per 1,000</b>	<b>2.9%</b>	<b>202.6 per 10,000</b>	<b>16.9 per 1,000</b>	<b>198 per 10,000</b>
<b>New York City</b>	27.6%	33.3 per 1,000	4%	376.4 per 10,000	17.2 per 1,000	179.7 per 10,000
Bronx County	38.1%	50.8 per 1,000	4%	554.2 per 10,000	N/A	N/A
Kings County	31.7%	32 per 1,000	4.5%	327 per 10,000	N/A	N/A
New York County	27.8%	30.4 per 1,000	4%	483.7 per 10,000	N/A	N/A
Queens County	17.3%	25.7 per 1,000	3.8%	245.1 per 10,000	N/A	N/A
Richmond County	13.1%	24.3 per 1,000	3.3%	326.3 per 10,000	N/A	N/A
<b>Rest of State</b>	<b>13.6%</b>	<b>24 per 1,000</b>	<b>2.3%</b>	<b>87.8 per 10,000</b>	<b>16.5 per 1,000</b>	<b>211.7 per 10,000</b>
Albany County	14.8%	19.1per 1,000	2.4%	92 per 10,000	23.6 per 1,000	308.3 per 10,000
Allegany County	23.3%	18per 1,000	1.6%	21.7 per 10,000	21.2 per 1,000	112.9 per 10,000
Broome County	18.9%	27.9per 1,000	1.9%	60.9per 10,000	21.7 per 1,000	314.3 per 10,000
Cattaraugus County	23.6%	28.1 per 1,000	2.3%	34.5 per 10,000	25.5 per 1,000	219.1 per 10,000
Cayuga County	20.4%	25.1 per 1,000	2.4%	57 per 10,000	14.3 per 1,000	213.4 per 10,000
Chautauqua County	23.7%	32.7 per 1,000	3%	75.1 per 10,000	24 per 1,000	255.4 per 10,000
Chemung County	24.7%	35.2 per 1,000	3.9%	58.1 per 10,000	37.5 per 1,000	243.3 per 10,000
Chenango County	18.7%	34.6 per 1,000	2.9%	47.6 per 10,000	34.6 per 1,000	173.7 per 10,000
Clinton County	16.7%	19.7 per 1,000	2.7%	42.8 per 10,000	25.5 per 1,000	203.2 per 10,000
Columbia County	15%	23.6 per 1,000	2.9%	100.2 per 10,000	24.1 per 1,000	188.9 per 10,000
Cortland County	18.5%	19.9 per 1,000	2.2%	21.1 per 10,000	41 per 1,000	205.5 per 10,000
Delaware County	21.6%	28.6 per 1,000	2.2%	58.9 per 10,000	31.3 per 1,000	146.2 per 10,000
Dutchess County	11.5%	17.2 per 1,000	2.9%	45.4 per 10,000	18 per 1,000	190.6 per 10,000
Erie County	19.3%	28 per 1,000	3.9%	172.8 per 10,000	16.3 per 1,000	315.2 per 10,000
Essex County	17.5%	19.4 per 1,000	2.5%	47.4 per 10,000	24.4 per 1,000	113.1 per 10,000
Franklin County	20.3%	40.3 per 1,000	2.2%	97.3 per 10,000	31.7 per 1,000	178.1 per 10,000
Fulton County	21.3%	38.5 per 1,000	3.4%	56.3 per 10,000	24.2 per 1,000	252.3 per 10,000
Genesee County	14.8%	22.6 per 1,000	2%	49.3 per 10,000	14.6 per 1,000	230.2 per 10,000
Greene County	17.7%	23.3 per 1,000	2.4%	111.2 per 10,000	13.1 per 1,000	267.2 per 10,000
Hamilton County	14.9%	6.1 per 1,000	1.1%	0 per 10,000	17.8 per 1,000	69.5 per 10,000
Herkimer County	17.8%	22.4 per 1,000	2.8%	45.4 per 10,000	17.9 per 1,000	164 per 10,000
Jefferson County	19.8%	37.9 per 1,000	2.1%	57.9per 10,000	34 per 1,000	210.8 per 10,000
Lewis County	23.3%	28.8 per 1,000	1.6%	58.7 per 10,000	30.1 per 1,000	132.2 per 10,000
Livingston County	13.7%	12.1 per 1,000	1.8%	27.6 per 10,000	15.6 per 1,000	158.2 per 10,000
Madison County	14.5%	16.5 per 1,000	2.2%	34.4 per 10,000	24.1 per 1,000	182.2 per 10,000
Monroe County	18.6%	30.5 per 1,000	3.5%	85.9 per 10,000	13.1 per 1,000	301.6 per 10,000

NYS TOUCHSTONES OVERVIEW CONTINUED

	Economic Security	Health	Education	Civic Engagement	Family	Community
Region	Poverty	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	17.4%	39.5 per 1,000	4.5%	66.2 per 10,000	20 per 1,000	134.1 per 10,000
Nassau County	5.6%	14.5 per 1,000	0.9%	73.5 per 10,000	9 per 1,000	137.4 per 10,000
Niagara County	16.8%	26.9 per 1,000	2.3%	126.3per 10,000	13.5 per 1,000	296.7 per 10,000
Oneida County	24.9%	37 per 1,000	2.4%	62.7per 10,000	24.6 per 1,000	254.2 per 10,000
Onondaga County	18.8%	32.2 per 1,000	3.5%	88.6 per 10,000	17.6 per 1,000	258.7 per 10,000
Ontario County	13.5%	23.7 per 1,000	2%	69.4per 10,000	18.1 per 1,000	171.1 per 10,000
Orange County	14.9%	25.3 per 1,000	2.6%	103.9 per 10,000	12.5 per 1,000	212.8 per 10,000
Orleans County	19.2%	33 per 1,000	2.3%	60.3per 10,000	22.7 per 1,000	242.5 per 10,000
Oswego County	18.6%	30.1 per 1,000	2.6%	47.6per 10,000	26.1 per 1,000	195.5 per 10,000
Otsego County	17.9%	9.9 per 1,000	2.1%	46.7per 10,000	13.8 per 1,000	159.9 per 10,000
Putnam County	4.8%	5.1 per 1,000	0.8%	81.7 per 10,000	8.1 per 1,000	95.7 per 10,000
Rensselaer County	14.9%	26.7 per 1,000	2.1%	42.6 per 10,000	18 per 1,000	268.2 per 10,000
Rockland County	13.9%	19.3 per 1,000	1.5%	82.9 per 10,000	6.1 per 1,000	150.2 per 10,000
St. Lawrence County	22.2%	21.8 per 1,000	3.2%	52.6 per 10,000	14.5 per 1,000	173 per 10,000
Saratoga County	7.2%	15.5 per 1,000	1.8%	44.7 per 10,000	17.6 per 1,000	135.8 per 10,000
Schenectady County	15.6%	30.5 per 1,000	2.6%	49.1per 10,000	31.2 per 1,000	323.3 per 10,000
Schoharie County	17.1%	10.4 per 1,000	2.5%	39 per 10,000	25.8 per 1,000	181.5 per 10,000
Schuyler County	18.8%	32.9 per 1,000	2.3%	13.3 per 10,000	31.1 per 1,000	101.1 per 10,000
Seneca County	17.6%	37.6 per 1,000	4.5%	66.1 per 10,000	28.7 per 1,000	178 per 10,000
Steuben County	21.1%	23.4 per 1,000	2.3%	42.6per 10,000	24.5 per 1,000	138.1 per 10,000
Suffolk County	6.6%	22 per 1,000	1.6%	123.4 per 10,000	13.5 per 1,000	200 per 10,000
Sullivan County	20.1%	37.6 per 1,000	2.2%	111.4 per 10,000	25.6 per 1,000	209.7 per 10,000
Tioga County	14.5%	28.5 per 1,000	2.5%	32.8 per 10,000	18.8 per 1,000	108.2 per 10,000
Tompkins County	13.3%	8.3 per 1,000	2.5%	20.5 per 10,000	17.4 per 1,000	229.1 per 10,000
Ulster County	15.2%	24.7 per 1,000	3.4%	96.4per 10,000	18 per 1,000	176 per 10,000
Warren County	14.6%	25.2 per 1,000	1.8%	125.7 per 10,000	32.4 per 1,000	225.8 per 10,000
Washington County	17.6%	29.9 per 1,000	2.5%	31.7 per 10,000	40 per 1,000	125 per 10,000
Wayne County	16.1%	33.1 per 1,000	2%	56.7 per 10,000	16.9 per 1,000	199.2 per 10,000
Westchester County	9.4%	23 per 1,000	1.5%	108 per 10,000	13.2 per 1,000	148.4 per 10,000
Wyoming County	13.5%	13.5 per 1,000	2.2%	71.5 per 10,000	15.9 per 1,000	118.3 per 10,000
Yates County	25.9%	14.6 per 1,000	2.3%	46.2 per 10,000	40.9 per 1,000	109.6 per 10,000

Data Source: New York State Council on Children and Families, Kids' Well-being Indicators Clearinghouse, 2009. Data provided by Office of Children and Family Services, Division of Criminal Justice Services, Department of Health, Education Department, Department of Labor and Office of Temporary and Disability Assistance.

DATA & POLICY



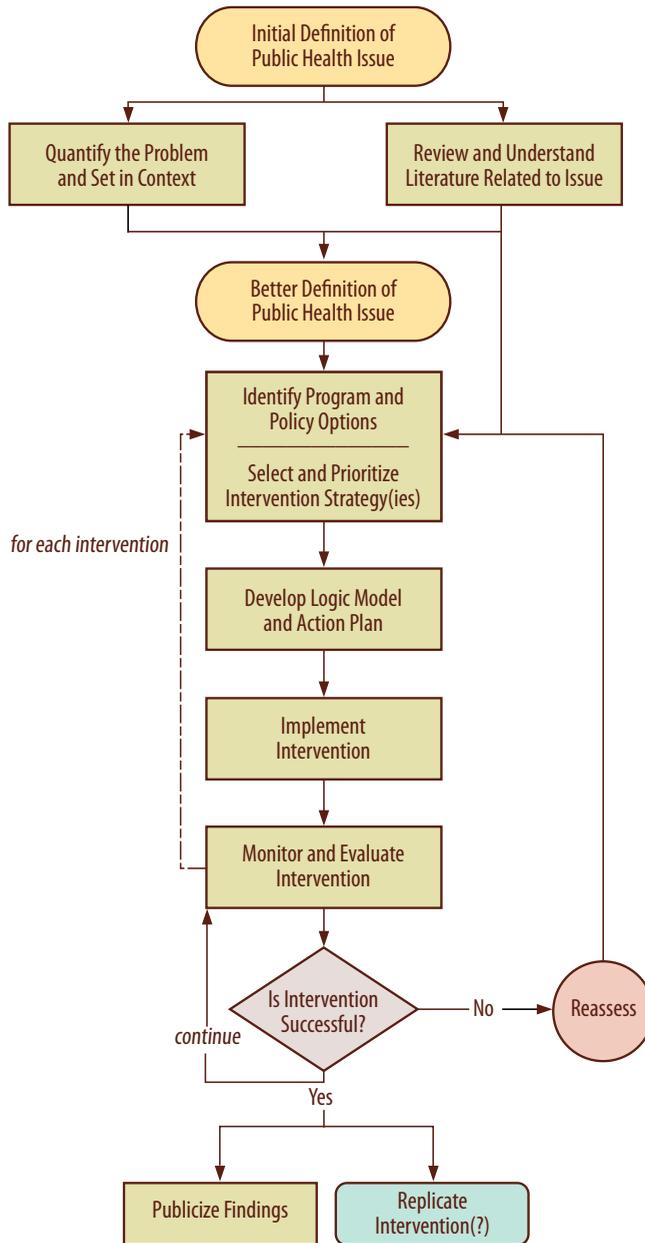
## DATA & POLICY: STRONGER LINK NECESSARY

*Cate Teuten Bohn, MPH*

Linking data, or evidence, to policymaking has a long tradition in the nation and in New York State. A nuanced approach to policymaking brings together data detailing the scope of the problem, research on the nature of the problem and evidence-based practices to address it. Policy analysis seeks to impose order through the identification and implementation of good legislation, rules, regulations and policy. The process of policymaking requires a road map or a scout to map out possible routes through challenging terrain and to have a pragmatic understanding of the hazards and opportunities each route might encompass(1). Data can provide the foundation of policy road maps and become handy tools for the “scout” preparing for rational navigation of the next policy issue.

In the public health arena, an evidence-based decision-making framework, as seen in Figure 1, has a rich history of policy development and programmatic success (2). An initial problem is identified in the community and data is gathered from various reliable and valuable sources such as vital records, state and local agencies and county planning boards. Next, the literature is reviewed for what might have happened in another jurisdiction for best practices and successful behavior change or another type of improvement, depending on the initial problem. Using this information and the data gathered, a more complete picture can be drawn of the issue, its underlying causes, and possible successful solutions. The researched and time-tested success of screening and treatment of sexually transmitted infections and universal vaccination of young children are examples of public health clinical policies that were guided by data and have improved the overall health of Americans.

Figure 1. Evidence-based public health conceptual model(2)



Data Source: this model is based on the decision-making framework presented in Brownson RC, Baker EA, Leet TL, Gillespie KN. Evidence-based Public Health. New York: Oxford University Press; 2003.

This essay describes several policy-making successes and a few issues that have met challenges on the way, on their road map. Implications of changes to the current data infrastructures, both at the state and national level, will be discussed with regard to population health risk status and surveillance efforts for health promotion and disease prevention and criminal justice endeavors. As data collection and analysis require the consent of the public and policymaking progress involves public input, recommendations are included at the end address. Improving the lives of New York's children and families requires policymaking that relies on sound data analysis and evidence-based strategies.

## I. ROAD MAPS: LINKING DATA AND POLICY

### *Natural Experiment: Helmet Laws*

The numbers of bicycle and motorcycle accidents with serious injuries such as traumatic brain injuries are all examples of data that have helped policy formation or highlighted the need for a policy shift. Helmet laws vary across the nation due to state legislation and offer a natural experiment as data have shown an increase in accidents resulting in deaths or traumatic brain injuries whenever the helmet laws are repealed, and a subsequent drop in deaths and traumatic brain injuries when helmet laws are implemented and enforced (4). Research-based policy analysis and development consider not only the costs to the individual but also costs to society through uninsured health care, grief and loss and public safety enforcement, and give weight to the personal choice and wisdom to wear or not wear a life-saving helmet.

### *Planning: Pre-Kindergarten*

Research shows that early childhood educational experiences can provide a strong foundation for later learning in life and aptitude, and there have been federal and state policy initiatives to fund the development of school district infrastructures for universal pre-kindergarten and full-day kindergarten. Data play a critical role in planning and are particularly helpful as communities implement newly created policies. When planning for these new districtwide services, it is important to know how many four-year-olds are in each



community so as to plan for factors such as inside and outside square footage, teacher needs and supplies. However, it is quite difficult to ascertain how many four-year-olds are in each community because the U.S. Census, which each state utilizes for populations counts, often aggregates the five-year-old and younger ages for counties, towns and zip code zones. It is equally difficult for local administrators to find out how many four-year-olds have been enrolled in pre-kindergarten across the state in different communities.

One data resource, a joint venture with the National Center for Health Statistics (NCHS) and U.S. Census (Census), called the bridged-race population, portrays single-age-years (e.g., 4-year-olds) for the county as the smallest geographic region (4). The NCHS releases bridged-race population estimates of the July 1st resident population of the United States, based on Census 2000 counts, for use in calculating vital rates. These estimates result from “bridging” the 31 race categories used in Census 2000 to the four race categories specified under the 1977 standards (Asian or Pacific Islander, Black or African American, American Indian or Alaska Native, White). With this data we are able to identify the number of four-year-olds per county.

### *Environmental Health, Business and Acid Rain*

Environmental health data is an area that has lots of data collection and public data reporting, such as air quality status or current ozone levels. This increased movement of data and awareness into our daily lives can be seen as a positive situation as people with allergies and environmental sensitivities or weekend plans would be able to get daily information and plan accordingly. In New York, the problem of “acid rain” was recognized by residents, and nature lovers, as well as scientists. Acid rain occurs when gases react in the atmosphere with water, oxygen, and other chemicals to form various acidic compounds (5). The result is a mild solution of sulfuric acid and nitric acid. When sulfur dioxide and nitrogen oxides are released from power plants and other sources, prevailing winds blow these compounds across state and national borders, sometimes over hundreds of miles (6). After New York areas, specifically the Adirondacks, were severely impacted by “acid rain”, both public entities and private citizens were galvanized to investigate the problem and speak to experts in environmental health and in the business of power plants and other factories.

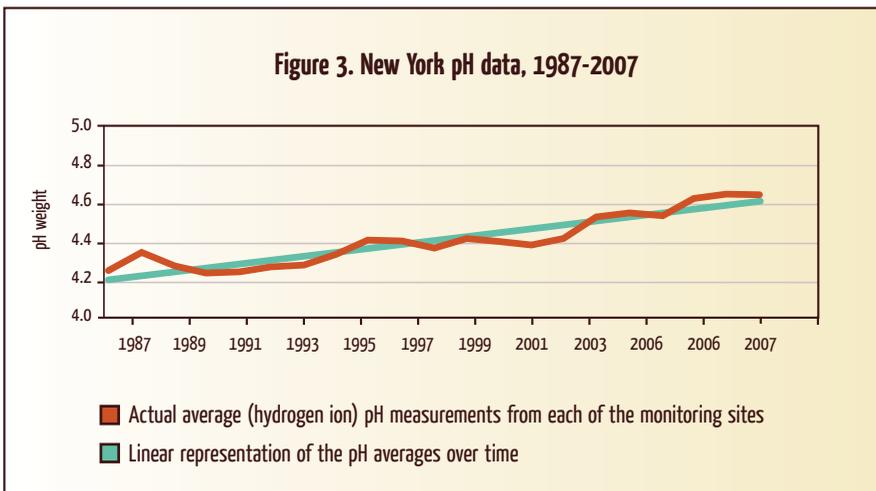
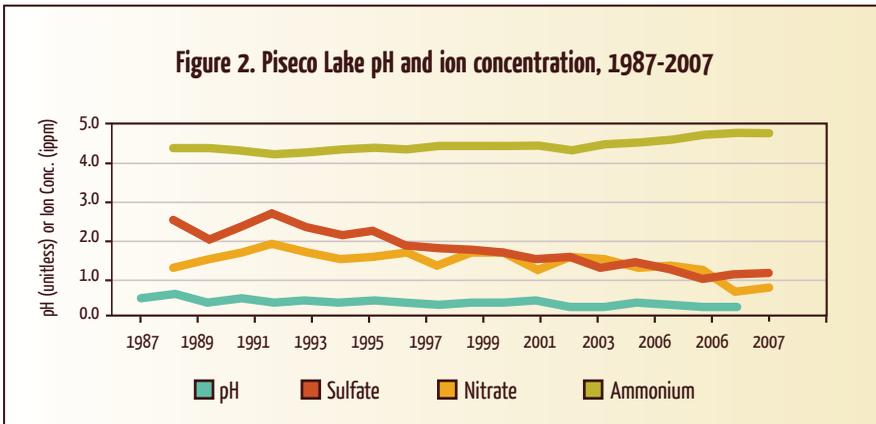
The policymakers and public voices discussed solutions that included increased monitoring of sulfur dioxide and nitrogen oxides in the air and instituting regulations on allowable emission rates from power plants and other entities, resulting in a slight decrease in the impact of acid rain in New York and elsewhere. At the same time during the 1990s, the U.S. acid rain cap and trade program achieved 100 percent compliance in reducing sulfur dioxide emissions (7). Power plants took advantage of the allowance

### One Adirondack Lake and Acid Rain

New York State's Acid Rain Monitoring Network collects and analyzes precipitation parameters (including pH, Sulfate, Nitrate, Calcium and Magnesium) to assess the effectiveness of sulfur control policy and other strategies aimed at reducing the effects of acid rain. Monitoring results are available for the years 1987 to 2007.

Acid Rain data collected through 2007 for one Adirondack, Piseco Lake shows a "slightly" decreasing trend for both sulfur dioxide concentration and deposition. The concentration and deposition downward trend is not as evident for nitrogen oxides.

The pH Data graph below shows slight pH improvements statewide. The trends in acid deposition data for Piseco Lake are similar to the emissions trends statewide.



Data Source: New York State Department of Environmental Conservation and the US Environmental Protection Agency.

banking provision to reduce sulfur dioxide emissions 22 percent (7.3 million tons) below mandated levels for the first phase of the program. Data collection and analysis have been critical at all junctures of the problem and solution of acid rain. And on the global warming front, New York is one of ten states in the Northeast and Mid-Atlantic which have pledged to work together to reduce climate-altering pollution from regional power plants by 10 percent by 2018 (8).

## II. DATA, POLICY AND ACCOUNTABILITY

Oftentimes, public programming as the “face” of state or local government does not have immediate accountability to the taxpaying public, and it should be accountable, transparent in its intention and execution. However, with the advent of electronic data collection systems, management goals for better service efficiency and the public’s demands for transparency have resulted in access to program data that were traditionally only available in annual reports.

### *Local Performance Indicators: Early Intervention Program*

Concerned parents of children (i.e., aged 0-3) who are experiencing a suspected delay in physical growth or motor skills (e.g., walking, talking) can be referred to a multidisciplinary screening service, which is part of the Early Intervention system administered at the county level. These services are important because they offer children needed therapies at an early age, such as speech or occupational therapy, to help address the suspected delay in physical growth or motor skills. Early intervention administrative data measure the timeliness of performance, including how and when families receive services. The New York State Department of Health website includes a description of how each indicator is measured and why it is important (9).

### *Data Sharing Among State Agencies: Kids’ Well-being Indicators Clearinghouse*

The Kids’ Well-being Indicators Clearinghouse (KWIC) is a tool to gather, plot and monitor New York children’s health, education and well-being indicator data in order to improve outcomes for children and families.

KWIC uses the Touchstones framework that was established by the Council on Children and Families and its 12 member agencies. The Touchstones framework is organized by six major life areas: Economic Security, Physical and Emotional Health, Education, Civic Engagement (formerly Citizenship),

#### **The Touchstones vision:**

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

Family, and Community. Each life area has a set of goals and objectives representing expectations about the future for children and their families, as well as a set of indicators reflecting the status of children and families. State agencies have been participating and sharing data in the Kids' Well-being Indicators Clearinghouse for over six years.

### *Geo-coding Data and Mapping is a Win-Win*

Mapping public services and government buildings for the public good and convenience meets customers needs and provides transparency of government services. This situation is a win-win in the policy world. Mapping examples might include public bus routes, the location of grocery stores, and the new business park being developed. Once this information is compiled and made public on the Internet, it can be accessed by local service organizations and members of the general public to locate the proper bus route for grocery store visits or daily commute routes for workers. Asset mapping is a concept in community planning that serves to highlight the "assets" or positive features of a neighborhood or city, providing a more complete picture of the community and complementing the earlier picture of gaps in service and population needs (10).

Another valuable way to use geo-coded data is to observe clusters of diseases and injuries, as in the mapping of H1N1 (swine) flu infections (see <http://swinemap.org>). The United Nations and U.S. Centers for Disease Control and Prevention use this type of data to track how many individuals tested positive for H1N1 flu and how fast the flu was moving to other countries (11).

Clusters observed on maps may indicate the need for further investigation and exploration. These data could denote an environmental hazard nearby or perhaps a highly communicable disease in that area. These data also can help community planners more carefully examine development and migration. In one such case, it has been noted that there is a high number of deaf and hearing impaired people in Rochester. At first glance, one might consider that the Rochester area poses a risk for someone becoming deaf or a baby who is deaf. However, it can also be noted that there are several well-known research agencies in this area (12). Mapping data allows us to consider that deaf people may be moving to where cutting-edge research is taking place. This type of further investigation adds to the description of a community.

### III. MEETING THE DEMANDS OF THE 21ST CENTURY

#### *Data and National Security: Vital Records and Drivers' Licenses*

Any form change to the fundamental Vital Record (i.e., birth and death certificates) has a ripple effect on the other indicators that rely on birth and death population data. For instance, in 2003 the U.S. Health and Human Services Secretary approved revisions to the birth and death certificates but did not require states to implement the changes and only encouraged the adoption. States implemented these changes on different schedules, which impaired the comparability across states. The rates of low birthweight and adolescent births are examples of maternal and infant health indicators that rely on the Vital Records and these data are important to be able to compare these indicators across states and within states.

A pair of post-911 (nine eleven) legislation, the Intelligence Reform and Terrorism Prevention Act of 2004 (PL 108-458) and the Real ID Act (PL 109 -13), required increased security measures and national standards regarding the issuance of birth certificates and drivers' licenses, necessitating almost a complete overhaul of these two very separate systems (13). System changes that perhaps have been positive for national security, however, impacted the timing of Vital Records release and the ultimate cost for the drivers' license in many different states.

#### *Fulfilling a Constitutional Requirement: the U.S. Census*

Since 1790, the U.S. Census has been used every ten years to count the population, providing valuable population estimates with information on median family income; grandparents who have primary caregiving duties of their grandchildren; children who live below the poverty level; parents who do not have full-time, year-round employment; children and families that do not speak English well; and other descriptive characteristics of our communities. State and local government entities, multinational businesses and local nonprofit service agencies rely on these population estimates for their datasets. The U.S. Census has instituted enormous changes in its data collection strategies that will impact many of the datasets utilized by states, territories and others to gauge our communities' composition and describe their population (14). New York uses the Census population estimate data for a wide range of purposes and will continue to do so while shepherding in the changes and providing detailed explanations for its data users. Essentially, fewer questions are included in the survey sent to all citizens every ten years. The information gathered in the decennial Census is then supplemented by the American Community Survey (ACS) which is completed by a sample of citizens each year.

The effects of the Census' monumental shift to provide more timely population estimates through its annual ACS have mostly positive repercussions nationwide

at every level of government and private and nonprofit business. For New York, the ACS will provide timely data. County data will be available every year or every three years, depending on the size of the county. Annual estimates are provided since 2005 for counties and places with populations over 65,000, which for New York results in data for thirty-eight (38) of the sixty-two (62) counties. ACS produces three-year population estimates for geographic areas with populations over 20,000, and five-year estimates available for more extensive geographies similar to the decennial census. The ACS will provide neighborhood-level data every year, rather than once a decade. Neighborhood-level decennial census and ACS data are available to state and local governments free of charge.

Another vital data resource, crime-fighting efforts through mapping of hot spots, in New York City and across the U.S., will be more effective with current rather than old data in hand. Census tiger files that contain geographic areas coded with addresses and census tract population details are available free to local and state governments. These tiger files will now be updated more frequently than every ten years. One crime analysis mapping example available to the public is a time-lapsed map detailing the murders in New York City. This data is compiled from the daily New York Police Department major crimes reports, in addition to news accounts, court records and additional reporting by the New York Times staff. To see the murder map, visit <http://projects.nytimes.com/crime/homicides/map>.

### *A Society Transforming*

Society, like the Census, has undergone a transformation. The younger generations observed in the demographic data reflect larger percentages of the diverse races and ethnicities that make up the tapestry of the US population (15). The recent economic downturn elicits media attention generating public interest in previously unreported data such as the percentage of mortgage holders and credit card users who are behind in their payments, the number of foreclosures in a town or county, and the number of banks with sub-prime mortgage holdings. These changes support the need of policy makers and members of the general public alike to have relevant valid data for everyday decisions. Data have become more available on the Internet as well as easier for the local user to map and analyze.



Another way society has transformed is with respect to communication, making data collection more difficult. The proliferation of cell phones has added a degree of difficulty to the large national telephone surveys that the federal government conducts to find out about special populations and lifestyle behaviors of Americans. The Survey of Children with Special Health Care Needs (NS-CSHCN) and the Behavioral Risk Factor Surveillance Survey (BRFSS) are used to gather data that allow the general public and researchers to know how many families are dealing with a child with a special health care need or how many Americans have health risks. Another factor hampering these efforts is that some survey respondents have signed up for the national do-not-call list. Although these government surveys are exempt from the national do-not-call list, it is difficult to persuade Americans on the other end of the phone to participate in these important counting efforts.

### *Race, Ethnicity and Culture*

It is important that government agencies know who their residents are and the diversity that exists among them. For that reason and many others, the racial and ethnic classifications on the U.S. Census, Vital Records such as birth and death certificates, and many other data collection forms have been expanded to reflect the existing diversity in the nation (16). However, whenever race and ethnicity are not self-reported the classification can be suspect. Racial and ethnic misclassifications have been found in studies of HIV rates and cardiovascular disease (17, 18).

One serious implication of a study of HIV disease in Los Angeles County, California, that discovered 56% misclassification was the higher incidence of HIV/AIDS among the American Indian / Native Alaskan population once racial classification was corrected (17). After a higher incidence is discovered, health educators and community leaders begin to assemble a plan to increase HIV/AIDS education and awareness and testing with a customized message for the American Indian/ Native Alaskan community. The concept of “seven generations” is a strong message that has been shown to increase American Indian/ Native Alaskan communities’ knowledge and awareness of HIV and testing opportunities. “Seven generations” refers to the unbroken connection between ancestors, living Indians and those yet to be born and the importance of keeping healthy and protecting the connection.

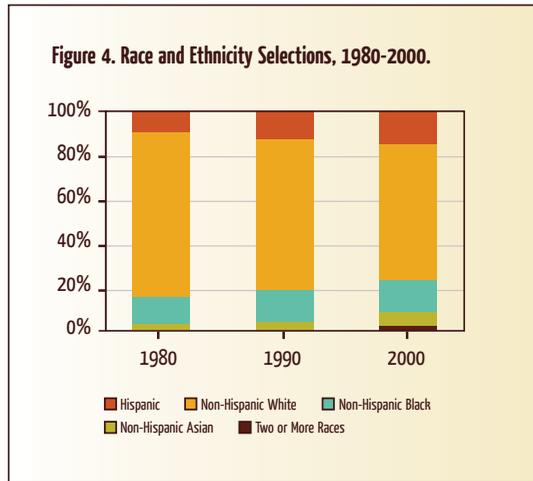


A similar study of death certificates found misclassification at different but greater levels for Hispanic, American Indian / Native Alaskans and Asian and Pacific Islander groups (18). The implications of misclassifications are numerous: higher mortality, health education messages that do not resonate with certain at-risk groups, and lack of funding for more research.

The health/disease or mortality (death) risk of a certain group of people with similar characteristics, such as an ethnic or racial group, measures the degree people from that certain group have a disease or have died from a health condition compared to another group of people. The most common comparisons are males to females or African Americans to whites or native-born Hispanics to Hispanic immigrants.

Cultural identity is an important factor that influences personal healthy lifestyle, where people live, the food people eat, and the type of practitioner people visit. The U.S. demographics have been shifting to include a more culturally diverse, younger population and an older white population living longer with implications for the public health, medical care hierarchy and the data collection of both systems (19). For New York State, the race and ethnicity distribution over time (1980, 1990, and 2000) is showcased in Figure 4. The larger section in 1980, which represents non-Hispanic whites, shrinks over the next two decades while the growth in Hispanics and Asians is evident. The non-Hispanic Black growth remains stable. All represent similarities to the national situation.

Medical schools are addressing the topics of “Medicine and Culture” and “Health Disparities” with their students through lectures, clinical rotations to community-based clinics, and visits to elderly in different cultural communities. Historical distrust has been a lingering reality for Americans with different race and cultural backgrounds. The Tuskegee syphilis trials are mentioned often in discussing African American health status and participation in current health research trials (20). There are strong memories of World War II with Hitler’s legacy of macabre experiments in the concentration camps. These lapses in humanity and in medical ethics must continually be addressed and discussed so as to never have them happen again, as well as to build trust between the medical profession and the diverse and vulnerable American population. Many



Data Source: Census 2000 analyzed by the Social Science Data Analysis Network (SSDAN).

health care clinicians see the intersection of culture, authority, health care and health insurance in serving the undocumented immigrants and homeless populations in the 21st Century (21).

Better data quality from correct racial identity and timely data analysis is essential to the policymaking process, internal program evaluation and staff development.

## IV. WAYS TO STRENGTHEN THE LINK BETWEEN DATA AND POLICY

The *Touchstones KIDS COUNT 2009 Data Book* is a tool that policymakers, community members and service providers can use on their road map for their planning, program development and policymaking activities. The 2009 Data Book features regional data from New York State, New York City and the Rest of State with one indicator from the Kids' Well-being Indicators Clearinghouse (KWIC) mapped. We have highlighted additional data sources outside of KWIC relevant to the life area. These new indicators are presented for discussion and may not be added permanently to the KWIC website.

Research and data form a strong foundation for successful planning, program development and policymaking activities. The following recommendations are offered for consideration as ways to strengthen the link between data and policy.

### *1. Geo-code New York data at the Census tract level*

Geo-coding data and providing public access to maps and mapping services is a win-win situation for a wide range of audiences. Public map access can meet customer needs and provide a greater understanding of circumstances that result in more efficient and effective solutions. For example, the ability to track disease clusters over time and space helps practitioners hone their educational and treatment strategies.

### *2. Eliminate racial and ethnic misclassifications in health-related administrative datasets*

The correct racial and ethnic classification in health administrative datasets will provide for accurate risk calculation and subsequent health education campaigns. Private and public health insurance entities benefit from correct racial and ethnic classification.

### *3. Promote responsible and confidential data sharing whenever possible*

A holistic approach to serving children and families allows agencies with diverse missions and goals to come together to improve outcomes. Data systems that are interoperable meet the customer needs in a more timely and comprehensive manner.

#### *4. Participate and support complete count of New York in the 2010 Census*

Ensuring a complete and accurate count of every New Yorker is critical for the state and its communities to receive their fair share of state and federal funding and political representation. Individuals, advocates and community members working together can help accomplish a complete and accurate count of all New Yorkers.

#### *5. Boost support for surveillance and training*

Counting what counts is essential for improving services for children and their families. Supporting upgrades and improvements for existing data collection and surveillance programs will facilitate New York communities in meeting customer needs in a more timely and comprehensive manner.

#### *6. Encourage learning of advanced math and statistics*

Statistics is a mathematic science of the collection, analysis and interpretation of data. The interpretation and presentation of data regarding disease clusters, the acid rain cap and trade program, or traumatic brain injury require a firm foundation in math and statistics for not only the presenter but also for the audience. If we are to form a stronger link between data and policy, we need a general public easily conversant in math and statistics.

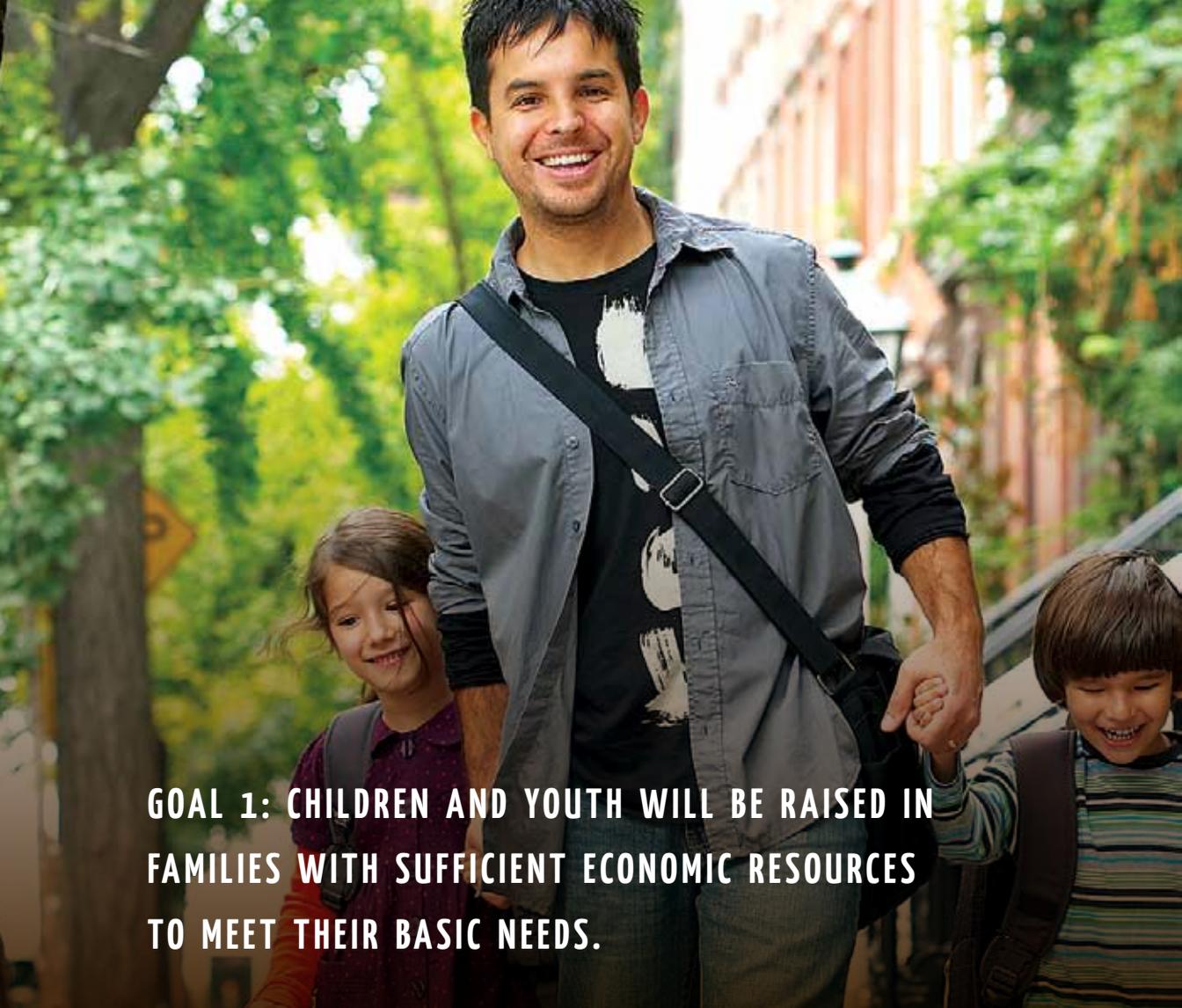
#### *7. Promote epidemiology for journalists*

Epidemiology is the study of the factors causing or underlying diseases and the strategies to address the disease(s). With rates of diabetes and obesity increasing among the youngest New Yorkers, journalists have become very important in the translation of the population risks and lifestyle strategies that will impact individual and communities' health status.

#### *8. Encourage the responsible use of data for advocacy and community planning*

In these times of economic hardship and uncertainty, data are critical information for policy development and planning and provide accountability across the public health, social and education service systems.





**GOAL 1: CHILDREN AND YOUTH WILL BE RAISED IN FAMILIES WITH SUFFICIENT ECONOMIC RESOURCES TO MEET THEIR BASIC NEEDS.**

**OBJECTIVES:**

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

**GOAL 2: YOUTH WILL BE PREPARED FOR THEIR  
EVENTUAL ECONOMIC SELF-SUFFICIENCY.**

**OBJECTIVES:**

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



the poverty threshold for a single parent and two children was \$16,705; for a married couple with two children the poverty threshold was \$21,027. In 2007, New York State had an overall rate of 19.6 percent of children living in families below the poverty level. New York City's rate of children living in families below the poverty level in 2007 was double the Rest of State Rate, 27.6 percent and 13.6 percent respectively (2).

National and state calculations using the National Academy of Sciences alternative poverty measurement can be found on the U. S. Census website where users are able to calculate their own definition of poverty with an interactive equation (3). The Measuring American Poverty Act of 2009, H.R. 2909, is pending national legislation that would largely implement recommendations developed by the National Academy of Sciences after it independently studied the way poverty is measured (3, 4). By establishing a modern poverty measurement, the legislation also will help guide state and local governments in how they meet the needs of their citizens. An updated poverty measure similar to the one described in the Measuring American Poverty Act has already been implemented in New York City (5).

## *Family Economic Supports*

### **Food Stamps**

The rate of food stamp receipt among children varied greatly across the state. In 2007, the rate was twice as high in New York City as in Rest of State (24% versus 11.9%). At the end of 2007, 754,462 children (17.1% of children) were in households that received food stamps, up from 611,990 children (or 13.0% of children) in 2000 (6). Since the



Data Source: New York State Council on Children and Families, Kids' Well-being Indicators Clearinghouse, 2009.  
Data provided by New York State Office of Temporary and Disability Assistance.

poverty rate remained about the same in New York State during the period, the rise in food stamp receipt is most likely due to major efforts of state and local administrators during the period to ensure that households that qualified for food stamps applied for and received them. New York State has taken full advantage of the opportunities in the American Recovery and Rehabilitation Act of 2009 to increase the food stamp amount and increase access during this time of severe economic need.

## **Free and Reduced-price School Meal Program**

The percentage of students participating in the free and reduced-price School Meals Program is an indicator of student poverty and its concentration in public schools. Research has documented that children from low-income families are more likely than others to go without necessary food; less likely to be in good preschool programs; more likely to be retained in grade; and more likely to drop out of school (7). The School Meals Program provides low-income children with access to nutrition and, in turn, promotes learning readiness and healthy eating habits. Often, hectic morning schedules and early bus rides prevent children from eating at home. Breakfast at school provides children with the opportunity for good nutrition before the academic day. Students who eat breakfast at school achieve higher test scores, have better school attendance, and create fewer classroom behavior problems (7). However, participation in the school breakfast program remains low due to various barriers such as non-participation of districts, late bus schedules, not enough time to eat before class begins, rules against eating in class, and stigma.

In 2007/08, 49.1 percent of New York State's public school students in grades K-6 received free or reduced-price school lunch. In 2007/08 school year, 77.7 percent of New York City public school children in grades K-6 received free or reduced-price school lunch compared to 32.3 percent in Rest of State. These figures represent a slight decrease from the 1999/00 school year for New York State overall and in New York City (51.5% and 81.3%, respectively) of children in grades K-6 receiving free or reduced-price school lunch. In Rest of State, the 2007/08 rate remained fairly steady compared with school year 1999/00 (32.4% and 32.6%) (6).

All students are eligible to buy school breakfast if the school offers it; the difference is the price that is paid by each student, similar to the lunch program. One indicator used to examine successful implementation is the number of students who participate in the free and reduced-price school breakfast program as a percentage of students who participate in the free and reduced-price school lunch program. These data for the 2007/08 school year show that the New York State overall rate is 35 percent, New York City is 31 percent and Rest of State is 42 percent of students who participate in the free and reduced-school lunch program also participate in the school breakfast program (7). Table 1 has county level data.

**Table 1. Percent of free- and reduced-lunch applicants on file receiving free- and reduced-school breakfast by county, 2007/08**

Location	Percent	Location	Percent	Location	Percent
<b>New York State</b>	<b>35%</b>	Genesee County	40%	Rensselaer County	54%
<b>New York City</b>	<b>52%</b>	Greene County	38%	Rockland County	40%
<b>Rest of State</b>	<b>42%</b>	Hamilton County	71%	St. Lawrence County	48%
Albany County	45%	Herkimer County	49%	Saratoga County	31%
Allegany County	52%	Jefferson County	45%	Schenectady County	42%
Broome County	46%	Lewis County	46%	Schoharie County	42%
Cattaraugus County	41%	Livingston County	54%	Schuyler County	38%
Cayuga County	45%	Madison County	41%	Seneca County	38%
Chautauqua County	41%	Monroe County	49%	Steuben County	48%
Chemung County	34%	Montgomery County	37%	Suffolk County	27%
Chenango County	59%	Nassau County	26%	Sullivan County	40%
Clinton County	42%	Niagara County	30%	Tioga County	43%
Columbia County	46%	Oneida County	41%	Tompkins County	55%
Cortland County	44%	Onondaga County	43%	Ulster County	35%
Delaware County	43%	Ontario County	45%	Warren County	44%
Dutchess County	31%	Orange County	35%	Washington County	46%
Erie County	50%	Orleans County	29%	Wayne County	38%
Essex County	54%	Oswego County	40%	Westchester County	29%
Franklin County	49%	Otsego County	57%	Wyoming County	46%
Fulton County	28%	Putnam County	24%	Yates County	37%

Data source: Nutrition Consortium of New York State, May 2009. Data provided by New York State Education Department.

Participation in the school breakfast program across New York State remains low due to various barriers. The Nutrition Consortium of New York State recommends addressing an administration barrier by simplifying methods for direct certification of free school meals such as direct matching at the state level and/or using existing computer capabilities to conduct electronic data matching at the local level to certify students for free school meals (7).

## Supplemental Security Income

The Supplemental Security Income (SSI) program provides monthly cash benefits to aged, blind and disabled persons with income and resources below certain limits. Unlike state-administered public assistance programs, SSI is administered by the federal Social Security Administration according to uniform national standards. It is important to note that the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 required a more stringent test for some types of childhood disabilities. This change was applied to new applicants as well as those receiving SSI at the time. SSI benefits are intended to meet the basic economic needs of the child, not to provide special services that may be required by children with disabilities. Therefore, the number and percent of children receiving SSI due to blindness or disability serve primarily to count the additional children, other than those receiving public assistance, who are dependent on the government for their basic support needs.

A very small share of children and youth receive Supplemental Security Income (SSI) in New York State. Only 1.7 percent of persons less than 20 years old in New York State received SSI at the end of 2007. The rate was higher in New York City (2.3%) than in Rest of State (1.3%). The number and percent of persons less than 20 years old who received SSI in New York State increased between 2000 and 2007. In November 2000, 72,310 children and youth received SSI (or 1.4%). By the end of 2007, the share of children and youth receiving SSI increased to 1.7 percent, an increase of 14,029 children. Between 2000 and 2007, the rate of increase in New York City and Rest of State was similar to the rate of increase for the state as a whole (2).

## Public Assistance

Public assistance programs provide cash aid to meet the basic support needs of individuals and families. In 2007, the percent of children receiving public assistance was almost three times higher in New York City (10%) than in Rest of State (3.7%). By the close of 2007, 6.4 percent of all children statewide received public assistance, a decline of about one-fourth in the rate of public assistance receipt since 2000. The rate of decline was higher in New York City than in the Rest of State (2). There may be an opportunity to expand participation to public assistance by those eligible, given that 19.7 percent of children in New York State are living in families below the poverty line (2).

Over the summer, Governor David Paterson and philanthropist George Soros announced \$200 for every family enrolled in the state public assistance programs for parents to buy school supplies for their children (8). Families can use a state-issued debit card to buy their children books, pencils, pens, notebooks, calculators, backpacks, shoes, tutoring, school uniforms and other essential school items. The \$175 million Back-to-School supplement will provide an economic boost to communities all across New York State.

In a three-pronged approach to provide an economic boost to families, the Annie E. Casey Foundation has developed the Family Economic Success program, which includes asset building with strategies for helping families build wealth and save for the future; public and private family economic supports to help establish credit and reduce debt; and workforce development for the skills and education essential for securing good jobs (9). Additionally, the U.S. Financial Literacy and Education Commission has fostered discussion on economic policies and practices as well as policies aimed at reducing fraud, improving financial product regulation and increasing protection of investors (10).

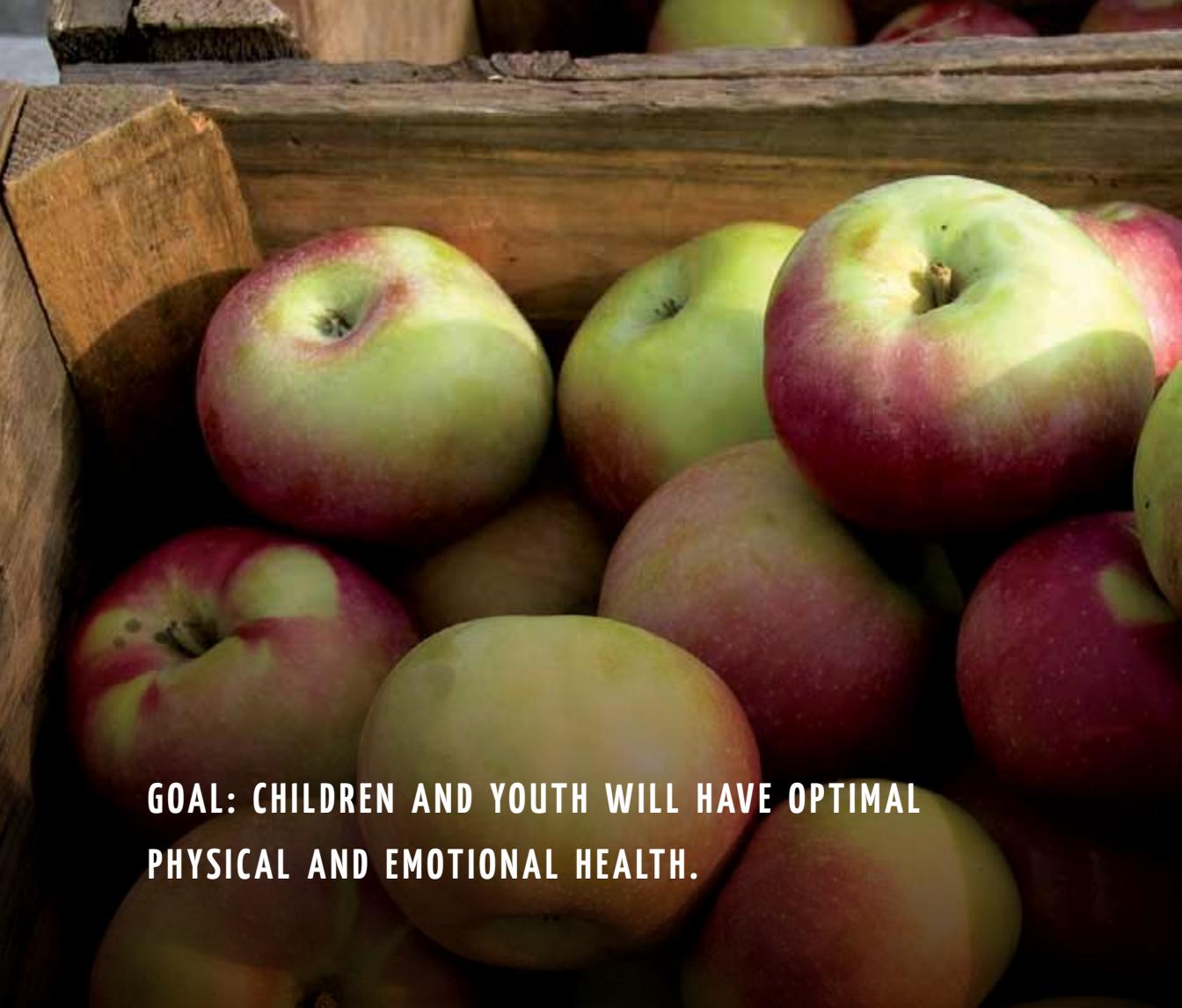


### LOCAL DETAILS FOR ECONOMIC SECURITY

For statewide and local details regarding the American Recovery and Reinvestment Act of 2009, visit [http://www.recovery.ny.gov/About/Fact\\_Sheets.htm](http://www.recovery.ny.gov/About/Fact_Sheets.htm).

*“True individual freedom cannot exist without economic security and independence. People who are hungry and out of a job are the stuff of which dictatorships are made.”*

— Franklin D. Roosevelt (11)



**GOAL: CHILDREN AND YOUTH WILL HAVE OPTIMAL  
PHYSICAL AND EMOTIONAL HEALTH.**

**OBJECTIVES:**

- 1: Children and youth will be born healthy.
- 2: Children and youth will be free from preventable disease and injury.
- 3: Children and youth will have nutritious diets.
- 4: Children and youth will be physically fit.
- 5: Children and youth will be emotionally healthy.
- 6: Children and youth will be free from health risk behaviors (e.g., smoking, drinking, substance abuse, unsafe sexual activity).



## OBJECTIVES:

- 7: Children and youth will have access to timely and appropriate preventive and primary health care.
- 8: Children with special health care needs will experience an optimal quality of life.
- 9: Children and youth with service needs due to mental illness, developmental disabilities and/or substance abuse problems will have access to timely and appropriate services.

## STATUS OF PHYSICAL AND EMOTIONAL HEALTH IN NEW YORK

The Touchstones Physical and Emotional Health section touches on three high-priority health issues: asthma, health insurance and obesity. Each impacts the quality of life both in the present and in the future. Asthma and obesity are chronic conditions that require daily management of symptoms and both are significantly affected by the outside environment. Health insurance is important to ensure access to preventive and health care services for New Yorkers of all ages.

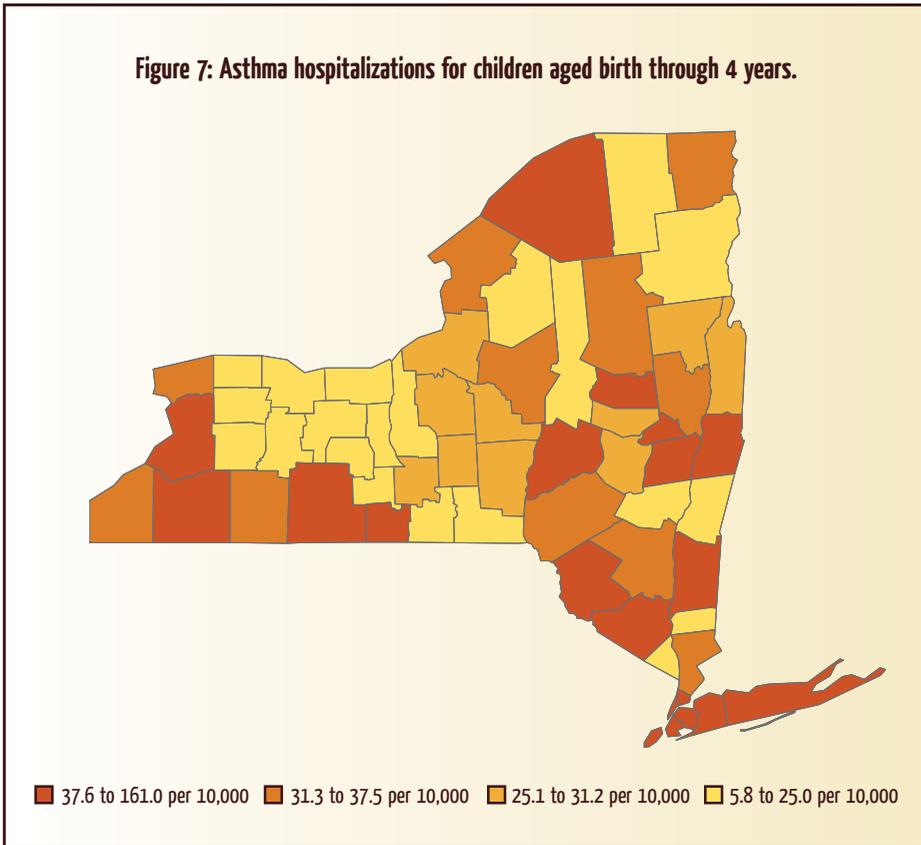
### *Asthma*

Asthma, a controllable chronic disease, is a significant public health problem in New York State. More than 1.1 million adults and 370,000 children living in New York have asthma (1). While New York's comprehensive asthma programs have contributed to a 23 percent reduction in asthma hospitalization over the past decade, its hospitalization rates are still higher than national rates for all children and youth age groups (1).

Without effective management, asthma can have serious negative consequences for the health and functioning of involved children. Effective management includes control of exposure to environmental factors that trigger exacerbations, adequate pharmacological treatment, continual monitoring of the disease, and patient (or parent) education (2). Traditionally, high asthma hospitalization rates have been an indication of problems with access to or utilization of primary health care that provides such management.

In New York State, in 2005-2007, infants and preschool children (ages 0-4 years) were hospitalized for asthma at more than twice the rate of children in the 5 through 14 age group (4). Recently however, asthma-related hospitalizations have declined for the children aged birth through 4 years—from 71.0 per 10,000 in 1999-2001 to 58.8 in 2005-2007. The rate for children aged 5 through 14 declined from 24.4 per 10,000 in 1999-2001 to 21.8 in 2005-2007. Children living in New York City are substantially more likely to be hospitalized for asthma than are children living in the Rest of State. In 2005-2007, hospitalizations for children aged birth through 4 years were 84.6 per 10,000 in New York City compared with 35.8 in the Rest of State. Among children aged 5 through 14 years, the rate varied from 37.1 in New York City to 10.8 in the Rest of State (3).

The New York Public Health Council identified access to primary health care as a priority area for public health action. By increasing access to primary health care, it sought to reduce the number of hospitalizations for asthma for children ages birth through 14 years to no more than 29.0 per 10,000 by the year 2006 (4). The data show that this goal has been achieved for the children aged 5 through 14 years old but not for



Data Source: New York State Council on Children and Families, Kids' Well-being Indicators Clearinghouse, 2009.  
Data provided by New York State Department of Health.

the youngest children. The New York State Asthma Plan 2006–2011 includes working toward seamless, evidence-based, patient/family centered asthma care. The plan is intended to promote an increased understanding of asthma, as well as identify ways to effectively treat and manage asthma.

### *Public Health Insurance Programs*

The New York Child Health Insurance Plan (S-CHIP) named Child Health Plus, is intended to help children have access to health coverage and a medical home. S-CHIP is not Medicaid. It is a national program that is jointly administered by state and federal governments where the families pay co-payments (co-pays) to the government or private insurance company administering the program. In June 2009, New York became eligible to receive \$64 million in federal funding to support the expansion of New York's health insurance program for children (5).

The expansion of Child Health Plus was part of the 2007–08 State Budget, which increased the income eligibility for the program from 250 to 400 percent of the federal poverty level. Since the expansion to 400 percent of the federal poverty level in September 2008, an additional 22,000 children have been enrolled (5). The New York Department of Health has also reduced barriers to enrollment and increased outreach in communities, making it easier for families to get and keep their coverage.

Another cost-saving program is the Elderly Pharmaceutical Insurance Coverage (EPIC) Program, a New York State program that helps seniors pay for their prescription drugs. More than a quarter-million EPIC enrollees are saving an average of 90 percent of the cost of their medicines (6). Most enrollees have Medicare Part D or other drug coverage, and use EPIC to lower their drug costs even more by helping them pay the deductibles and co-payments required by their other drug plan. EPIC also helps members pay for Medicare Part D premiums.

## *Obesity*

Obesity is a significant health issue for children nationwide. Nationwide rates of childhood obesity are soaring. About 12 percent of children ages 2 to 5 are obese compared with 17 percent of children ages 6 to 11, and 18 percent of children ages 12 to 19 (7, 8). Currently, in the statewide Women, Infants and Children (WIC) program there are 15.2 percent of children aged birth to four years old who are at risk for being overweight (9). In an effort to promote healthy weight among children, schools in New York will begin to send home reports on each student's Body Mass Index (BMI),



### What are the EPIC eligibility requirements?

- Must be a New York State resident 65 or older with an annual income under \$35,000 (single) or \$50,000 or less (married).
- Must also join a Medicare Part D plan (with limited exceptions).
- Seniors with a Medicaid spend-down are eligible, but those with full Medicaid benefits are not.

For more details, visit [www.nyhealth.gov/epic](http://www.nyhealth.gov/epic).

which is a calculation of the child’s height and weight. The Physical Education section of the student’s report card will include the BMI.

The issue of obesity is not limited to children and is a life-long health risk. In fact, research shows that 57 percent of adults in New York are overweight and obese. We also know that 41.5 percent of pregnant women were overweight or obese before pregnancy (9). Table 2 displays the percentage of adults who are overweight or obese by county(ies) (10). It is important for children to develop healthy weight management

**Table 2. Adults who are overweight or obese (with a BMI of 25 or more) by region, 2003**

Location	% Overweight or Obese
Albany	54.0
Allegany, Wyoming	57.4
Broome	60.3
Cattaraugus, Chautauqua	64.4
Cayuga, Seneca, Wayne	59.2
Chemung, Schuyler, Tioga	63.3
Chenango, Madison	62.0
Clinton, Essex, Franklin	56.7
Columbia, Greene	58.8
Cortland, Tompkins	51.6
Delaware, Otsego, Schoharie	61.0
Dutchess, Putnam	57.1
Erie	57.5
Fulton, Montgomery	61.2
Genesee, Orleans	64.2
Hamilton, Herkimer	62.9
Jefferson, Lewis, StLawrence	67.7
Livingston, Ontario	60.5
Monroe	59.3

Location	% Overweight or Obese
Nassau	52.1
Niagara	60.1
Oneida, Oswego	61.7
Onondaga	59.5
Orange	60.4
Rensselaer	59.1
Rockland	55.8
Saratoga	58.6
Schenectady	60.7
Steuben, Yates	58.7
Suffolk	57.0
Sullivan, Ulster	57.1
Warren, Washington	60.2
Westchester	53.6
Bronx	62.7
Kings (Brooklyn)	58.6
New York (Manhattan)	42.3
Queens	57.6
Richmond (Staten Island)	57.7

Data Source: 2003 Expanded Behavior Risk Factor Surveillance Survey New York State Department of Health.



and for adults to serve as role models since being overweight and or obese is an underlying cause for diabetes, cardiovascular and cerebrovascular diseases. Exercise, balanced nutrition and a healthy body image are strategies for addressing the public health issue of obesity throughout the lifecycle (11).

For low-income children, the nutritional content of school breakfast and lunch is very important as these meals support learning readiness and early eating habits. New York State's Farm to School program also helps link farmers with school districts, providing youth with fresh fruits and vegetables. Nutritional standards, which have not changed in 15 years, are debated regularly, especially in light of the Child Nutrition Act, which comes up for reauthorization every five years. Healthier lifestyles that promote increased activity, such as Healthy Steps to Albany, can also support children and decrease obesity.

Furthermore, the recent attention paid to the potential elimination of trans fat from restaurant menus and discussion about a "soda tax" signify that the importance of healthy nutrition and weight status is not just for children but all members of society.

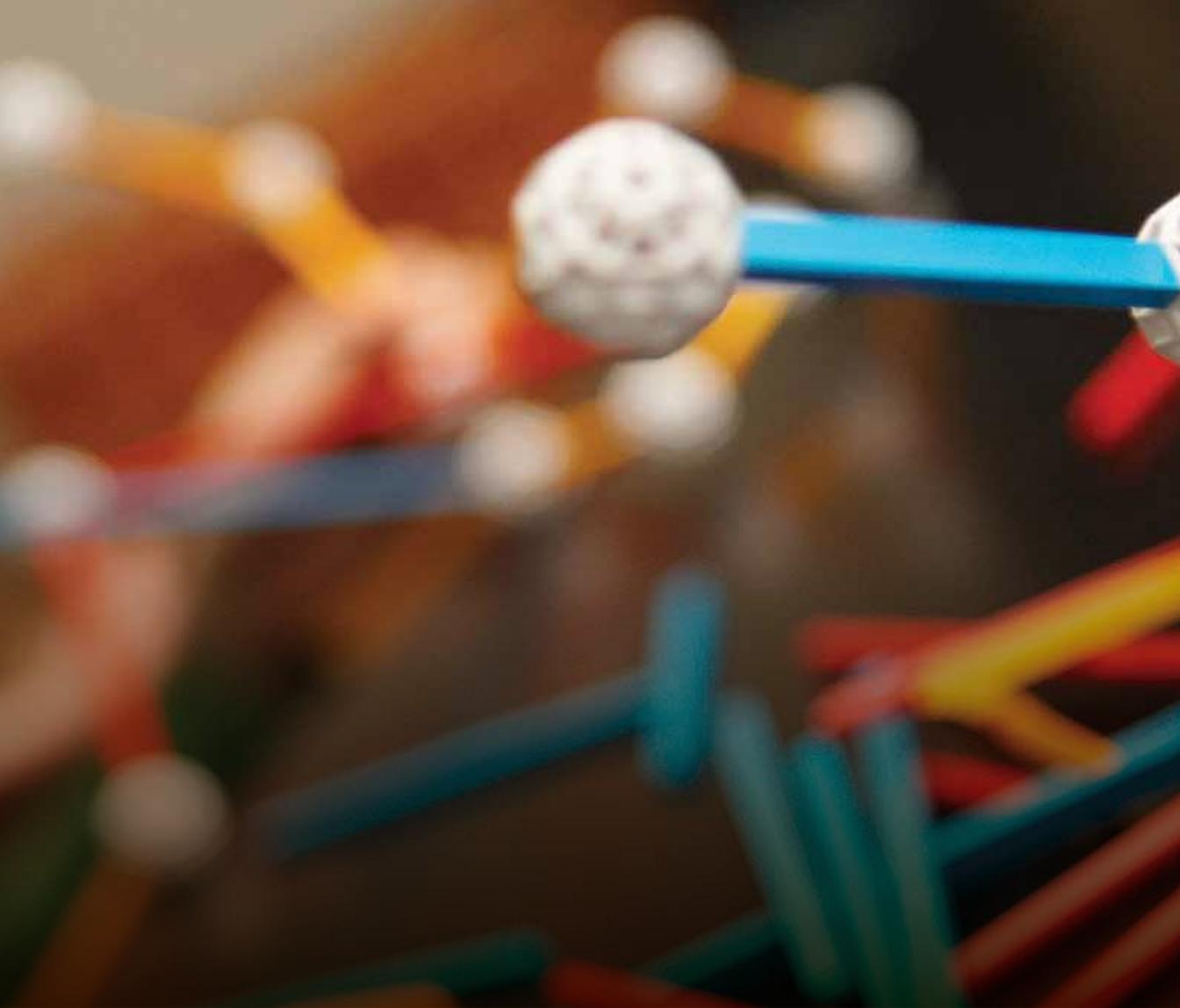
## LOCAL DETAILS FOR HEALTH

For statewide and local details regarding the American Recovery and Reinvestment Act of 2009, visit [http://www.recovery.ny.gov/About/Fact\\_Sheets.htm](http://www.recovery.ny.gov/About/Fact_Sheets.htm).

*“Wellness must be a prerequisite to all else. Students can not be intellectually proficient if they are physically and psychologically unwell.”*

*— Ernest Boyer (12)*





**GOAL: CHILDREN WILL LEAVE SCHOOL PREPARED TO LIVE, LEARN AND WORK IN A COMMUNITY AS CONTRIBUTING MEMBERS OF SOCIETY.**

**OBJECTIVES:**

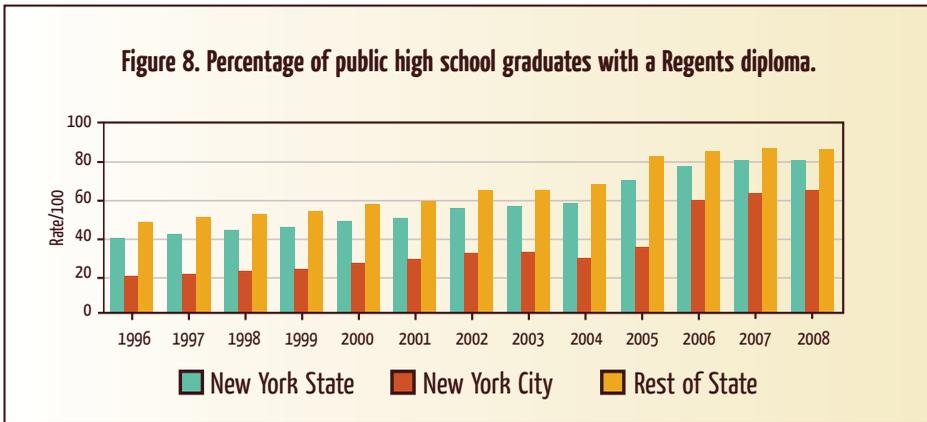
1. Children will come to school ready to learn.
2. Students will meet or exceed high standards for academic performance and demonstrate knowledge and skills required for lifelong learning and self-sufficiency in a dynamic world.
3. Students will be educated in a safe, supportive, drug-free and nurturing environment.
4. Students will stay in school until successful completion.

## STATUS OF EDUCATION FOR NEW YORK STUDENTS

### *High School Graduates*

#### **Graduates with Regents Diploma**

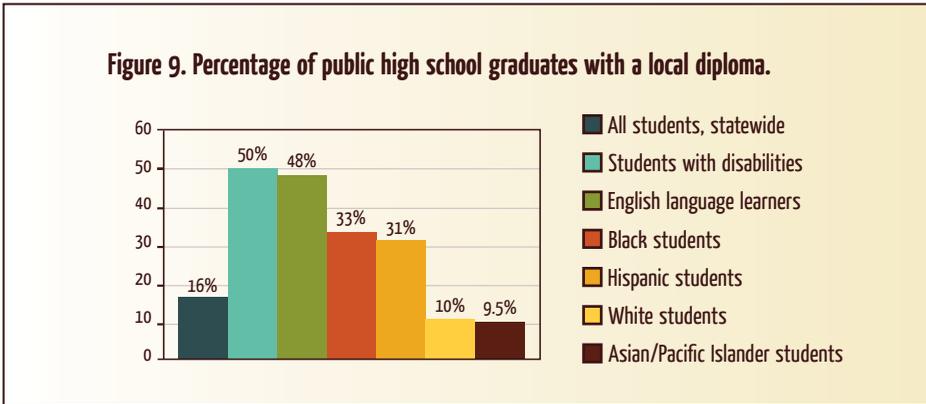
Educational attainment is strongly related to future earnings and an educated workforce is essential to a healthy state economy. For the 2007/08 school year, 79.9 percent of New York State’s public high school graduates received Regents diplomas. In New York City, 64.7 percent of public high school graduates received a Regents diploma, compared to 86.4 percent in Rest of State. However, this disparity in the percentage of Regents diplomas being awarded between New York City and Rest of State has decreased since the school year 1996/97, as shown in the bar graph below (1).



Data Source: New York State Council on Children and Families, Kids’ Well-being Indicators Clearinghouse, 2009. Data provided by New York State Education Department.

#### **Graduates with a Local Diploma**

New York State general education students, beginning with students who entered ninth grade in fall of 2008 (school year 2008/09), will no longer have the opportunity to receive a local diploma instead of a Regents Diploma under current regulations. The percentage of students who graduated in June 2008 and received a local diploma instead of a Regents diploma are presented in Figure 9 by different groups that highlight the disparities that exist in the New York public school system (2).



Data Source: New York State Education Department

### Impact of Phasing Out the Local Diploma

The New York State Board of Regents is considering several issues related to the impact of phasing out the local diploma. The disparities among graduates with the Regents diploma and those with the local diploma are being examined alongside identified statewide, district and individual-based strategies needed to bring all graduates to the skill level necessary for the Regents diploma (2).

### Proficiency Testing

New York State has instituted new higher standards for all students in four content areas: the English language arts (ELA), mathematics, science and social studies. To measure students’ achievement of these standards, the state adopted new assessments during the 1998/99 school year and then realigned the tests in 2005-06 to reflect curricula changes. From school years 1998-99 through 2004-05, students were assessed in grades 4 and 8 only. Since the 2005-06 school year, students are assessed in grades 3 through 8. English language arts, mathematics and science are the three areas used to determine accountability for schools and districts. The assessments are based on State learning standards for these content areas and grade levels. The Kids’ Well-being Indicators Clearinghouse includes these indicators as well as social studies testing data.



*Student test scores for these assessments are converted to four performance levels:*

**Level 1:** **Not Meeting Learning Standards:** Student performance does not demonstrate an understanding of the content expected in the subject and grade level.

**Level 2:** **Partially Meeting Learning Standards:** Student performance demonstrates a partial understanding of the content expected in the subject and grade level.

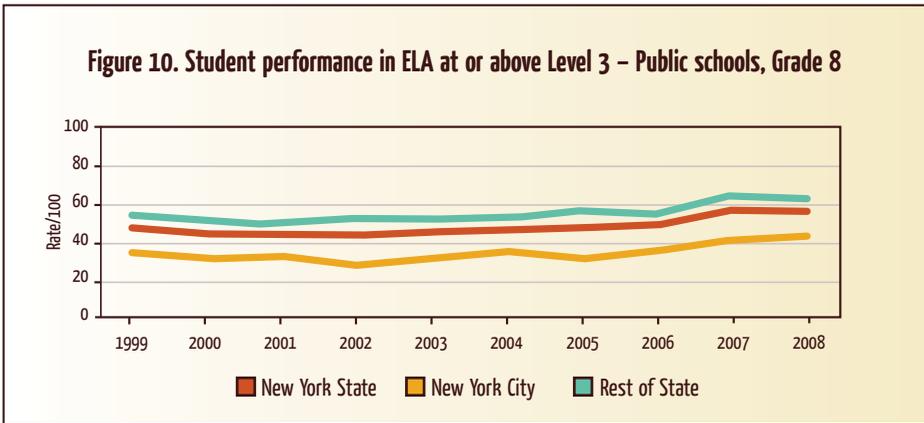
**Level 3:** **Meeting Learning Standards:** Student performance demonstrates an understanding of the content expected in the subject and grade level.

**Level 4:** **Meeting Learning Standards with Distinction:** Student performance demonstrates a thorough understanding of the content expected in the subject and grade level.

Students are considered to be proficient if they are achieving at a level 3 or 4.

## *English Language Arts*

The percentage of students meeting proficiency in English language arts showed an increase for all grades except grade 8 at the State, New York City and the Rest of State level from 2006/07 to 2007/08. The overall State showed a slight decrease for grade 8 (57.2% to 56.2%). New York City's percentage increased slightly (42.1% to 43.0%). The Rest of State level showed a slight decrease in grade 8 from 2006/07 to 2007/08 (65.2% to 63.1%). Overall, the percentage of students meeting proficiency on the English language arts exams tends to be lower as the grade level increases (1).

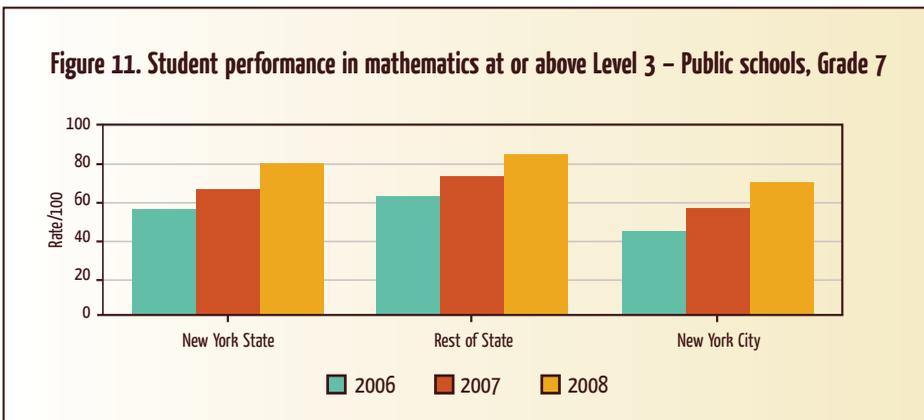


Data Source: New York State Council on Children and Families, Kids' Well-being Indicators Clearinghouse, 2009. Data provided by New York State Education Department.

*This trend line was created using the Graph Builder on the KWIC website. For step-by-step instructions, please watch our short video tutorial featuring the Graph Builder tool located on the KWIC site.*

### Mathematics

The percentage of students meeting proficiency in mathematics increased for all grades at the State, New York City and the Rest of State level from 2005/06 to 2006/07 and from 2006/07 to 2007/08. The largest increases were seen at the upper grade levels. The Rest of State students showed the largest increase in test scores from 2006/07 to 2007/08 in grade 7 (72.2% to 84.2%) and the smallest increase in grade 4 (83.2% to 86.2%). New York City students showed the largest increase in grade 8 (45.9% to 59.7%) and the smallest increase in grade 3 (82.5% to 87.2%). Statewide, students



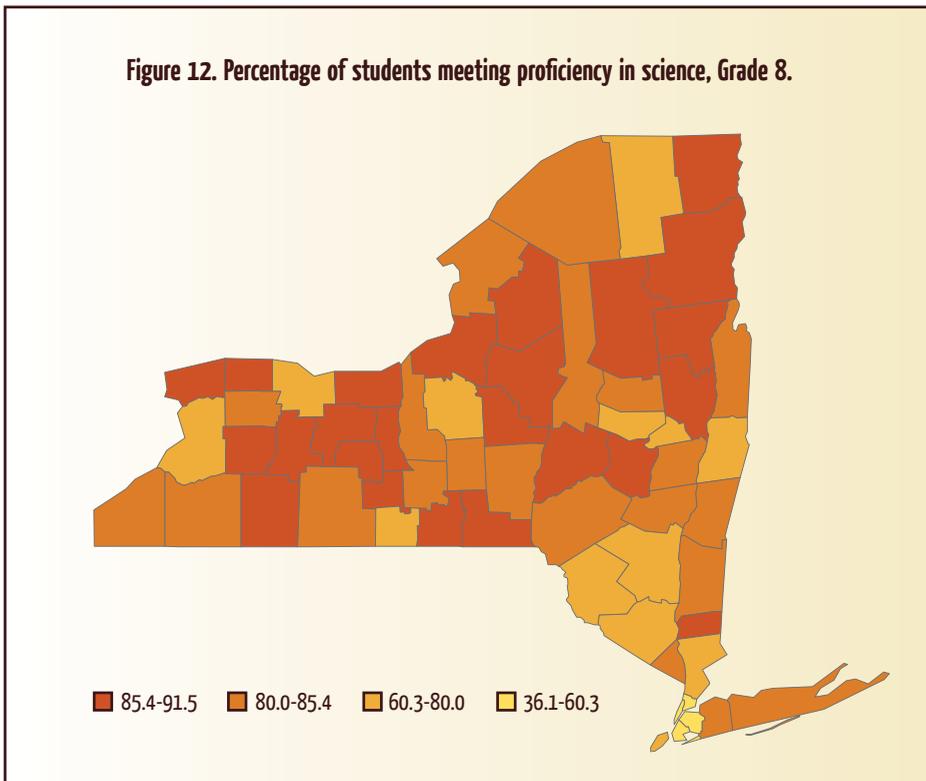
Data Source: New York State Council on Children and Families, Kids' Well-being Indicators Clearinghouse, 2009. Data provided by New York State Education Department.

showed the largest increase in grade 7 (66.6% to 79.0%) and the smallest increase in grade 4 (80.0% to 83.9%) (2). Overall, the percentage of students meeting proficiency on the mathematics exams tends to be lower as the grade level increases, so it is good to see the upper grades making the largest gains.

## Science

In New York State, science assessments are currently given in grades 4 and 8. The test administered to grade 4 students assesses knowledge and skills gained in kindergarten through grade 4 in science. The test administered to grade 8 students assesses knowledge and skills gained in grades 5 through 8 in scientific inquiry, living environment, and physical setting.

In grade 4, the percentage of students meeting the proficiency decreased at the State, New York City and the Rest of State level from the 2005/06 school year to 2006/07 school year. Results were somewhat improved from the 2006/07 school year to 2007/08



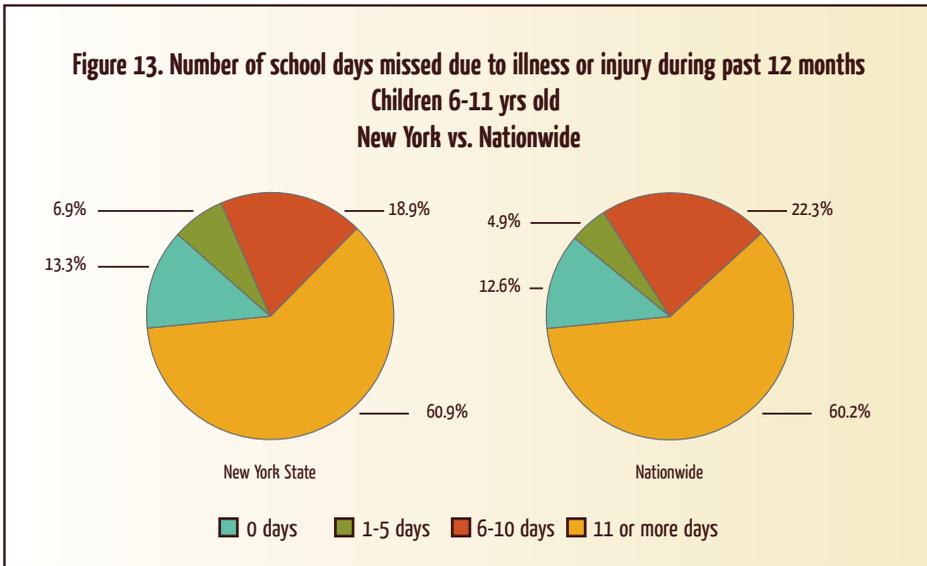
Data Source: New York State Council on Children and Families, Kids' Well-being Indicators Clearinghouse, 2009.  
Data provided by New York State Education Department.

school year for grade 4, with the State percentage remaining relatively stable (85.3% to 85.2%), the New York City percentage increasing slightly (73.1% to 74.2%), and the Rest of State decreasing just slightly (92.1% to 91.4%). The percentage of students meeting proficiency in science increased for grade 8 at the State, New York City and the Rest of State level from 2005/06 to 2006/07 school years and from 2006/07 to 2007/08 school years. Figure 12 presents school year 2007/08 science test data for New York counties (1).

### *Social Studies*

New York State social studies assessments are currently given in grades 5 and 8. The grade 5 social studies test assesses knowledge and skills gained in grades Kindergarten through 4 in New York State history, United States history, world history, geography, economics, civics, citizenship, and government. The grade 8 social studies test assesses knowledge and skills gained in grades 7 and 8 in United States history, geography, and economics. In grade 4, the percentage of students meeting proficiency decreased at the State, New York City and Rest of State level from the 2005/06 school year to 2006/07 school year. Results from the 2006/07 school year to 2007/08 school year for grade 4 students, however, increased at the State, New York City and the Rest of State level. The percentage of students meeting proficiency in social studies increased for grade 8 at the State, New York City and the Rest of State level from 2005/06 school year to 2006/07 school year and from 2006/07 school year to 2007/08 (1).





Data source: 2007 National Survey of Children's Health, Child and Adolescent Health Measurement Initiative of the Data Resource Center for Child and Adolescent Health, U.S. Department of Health and Human Services.

## *Chronic Absenteeism*

Research is clear about the connection between time on task and academic performance, so tracking the number of days missed in a school year for each student is an important indicator. Figure 14 shows the number of school days missed due to illness or injury during a 12-month period for children age 6-11 years only in New York and nationwide. New York has 6.9 percent of its students missing 11 days or more while the national percentage is lower at 4.9 percent (3). Research on asthma and other chronic diseases, homelessness and truancy all point to the need to engage the family and children for a smooth re-entry to classroom routines and the complement of extracurricular services, such as hands-on chronic illness management skill learning, housing and other social services and remedial school or trade work for the older youth (4).

Data collection and surveillance efforts that monitor this risk indicator for school districts would be highly beneficial. The National Association of School Boards recommends building partnerships with community groups to help school staff address the myriad of factors that can contribute to high levels of absenteeism among young children, including poor communication with parents, insufficient monitoring of attendance, chronic illness, high mobility, parents who do not value education or feel welcome in school, poverty, and high levels of violence in the community (5).

### *Literacy Level*

The literacy skills acquired in childhood serve us into adulthood, influencing our earnings, our ability to carry out daily activities such as reading recipes or driving a car, our parenting skills, and our health literacy for taking care of our bodies and our family's medical needs. The quality of the local education system and each family's literacy status is very important to how children learn and the extent of their vocabulary and comprehension.

Adult Basic Prose Literacy is an important indicator that is an estimate of the percentage of adults in each county that have basic prose literacy skills and can read and understand English at a basic level for daily functioning. In this current economic climate, New York cannot afford to leave any adults behind. New York needs each and every individual to work to his/her full potential. Individuals with lower literacy levels are disproportionately represented in the unemployed.



*“Teachers open the door,  
but you must enter  
by yourself.”*

— *Chinese Proverb (6)*

In Table 3 we have published 2003 estimates from the National Center for Education Statistics for each county in New York of the percentage of adults who lack basic prose literacy (7). The “below basic” level includes adults who are unable to read and understand any written information in English and those having great difficulty with reading. They have few basic skills and are able to do no more than the simplest and most concrete literacy skills such as signing a form or totaling a bank deposit entry (8). Fifty-one percent of adults at the below basic prose literacy level were not in the labor force in 2003, while 35 percent were employed full time (7). In New York State, 22 percent of adults lack basic prose literacy skills. Four of the 5 New York City boroughs make up the counties with the highest levels

## LOCAL DETAILS FOR EDUCATION

For information on statewide and local details regarding the American Recovery and Reinvestment Act of 2009, visit [http://www.recovery.ny.gov/About/Fact\\_Sheets.htm](http://www.recovery.ny.gov/About/Fact_Sheets.htm).



of adults lacking the basic level of prose literacy. Two rural counties, Franklin and Sullivan, tie for the fifth highest rank (15%). Rest of State, which includes Long Island and upstate counties, has an estimated 11 percent of the adult population lacking basic prose literacy skills. To learn more about this indicator and additional data, visit the National Center for Education Statistics <http://nces.ed.gov/NAAL/estimates/>.

**Table 3. Percentage of adults who lack basic prose literacy by county, 2003.**

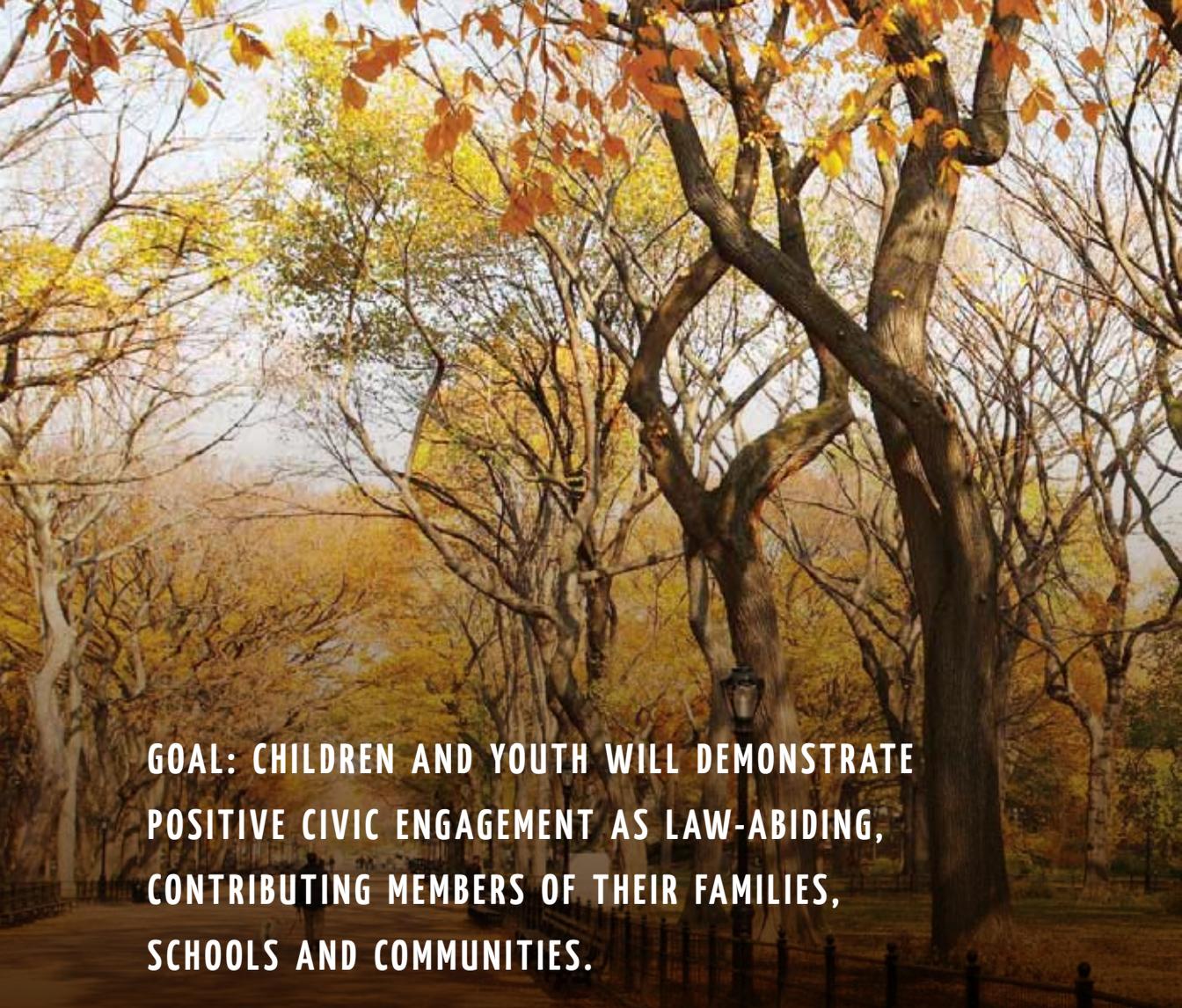
Location	Population size <sup>1</sup>	Percent lacking basic prose literacy skills <sup>2</sup>
New York	15,058,111	22
Albany County	234,901	8
Allegany County	38,332	12
Bronx County	992,848	41
Broome County	157,625	11
Cattaraugus County	65,069	12
Cayuga County	63,355	12
Chautauqua County	108,170	12
Chemung County	69,230	9
Chenango County	40,950	12
Clinton County	62,317	13
Columbia County	50,118	11
Cortland County	37,933	11
Delaware County	37,942	12
Dutchess County	220,856	11
Erie County	742,988	12
Essex County	30,594	12
Franklin County	37,140	15
Fulton County	43,739	12
Genesee County	47,441	11
Greene County	37,379	13
Hamilton County	4,485	10
Herkimer County	51,707	11
Jefferson County	83,163	12
Kings County	1,920,828	37
Lewis County	21,188	14
Livingston County	48,368	8
Madison County	53,953	10
Monroe County	570,771	13
Montgomery County	39,271	13
Nassau County	1,066,667	10
New York County	1,298,332	25

Location	Population size <sup>1</sup>	Percent lacking basic prose literacy skills <sup>2</sup>
Niagara County	174,989	13
Oneida County	180,375	13
Onondaga County	358,340	10
Ontario County	81,092	7
Orange County	271,534	11
Orleans County	32,826	13
Oswego County	96,354	12
Otsego County	48,705	11
Putnam County	77,814	9
Queens County	1,821,652	46
Rensselaer County	121,229	9
Richmond County	362,385	14
Rockland County	222,130	12
Saratoga County	167,825	8
Schenectady County	116,037	10
Schoharie County	25,130	11
Schuyler County	15,482	11
Seneca County	27,611	9
St. Lawrence County	83,449	13
Steuben County	78,927	11
Suffolk County	1,143,100	14
Sullivan County	57,521	15
Tioga County	41,251	10
Tompkins County	76,280	10
Ulster County	140,778	11
Warren County	52,600	10
Washington County	48,042	13
Wayne County	73,443	8
Westchester County	732,449	13
Wyoming County	32,266	13
Yates County	18,835	11

<sup>1</sup> Estimated population size of persons 16 years and older in households in 2003.

<sup>2</sup> Those lacking Basic prose literacy skills include those who scored Below Basic in prose and those who could not be tested due to language barriers.

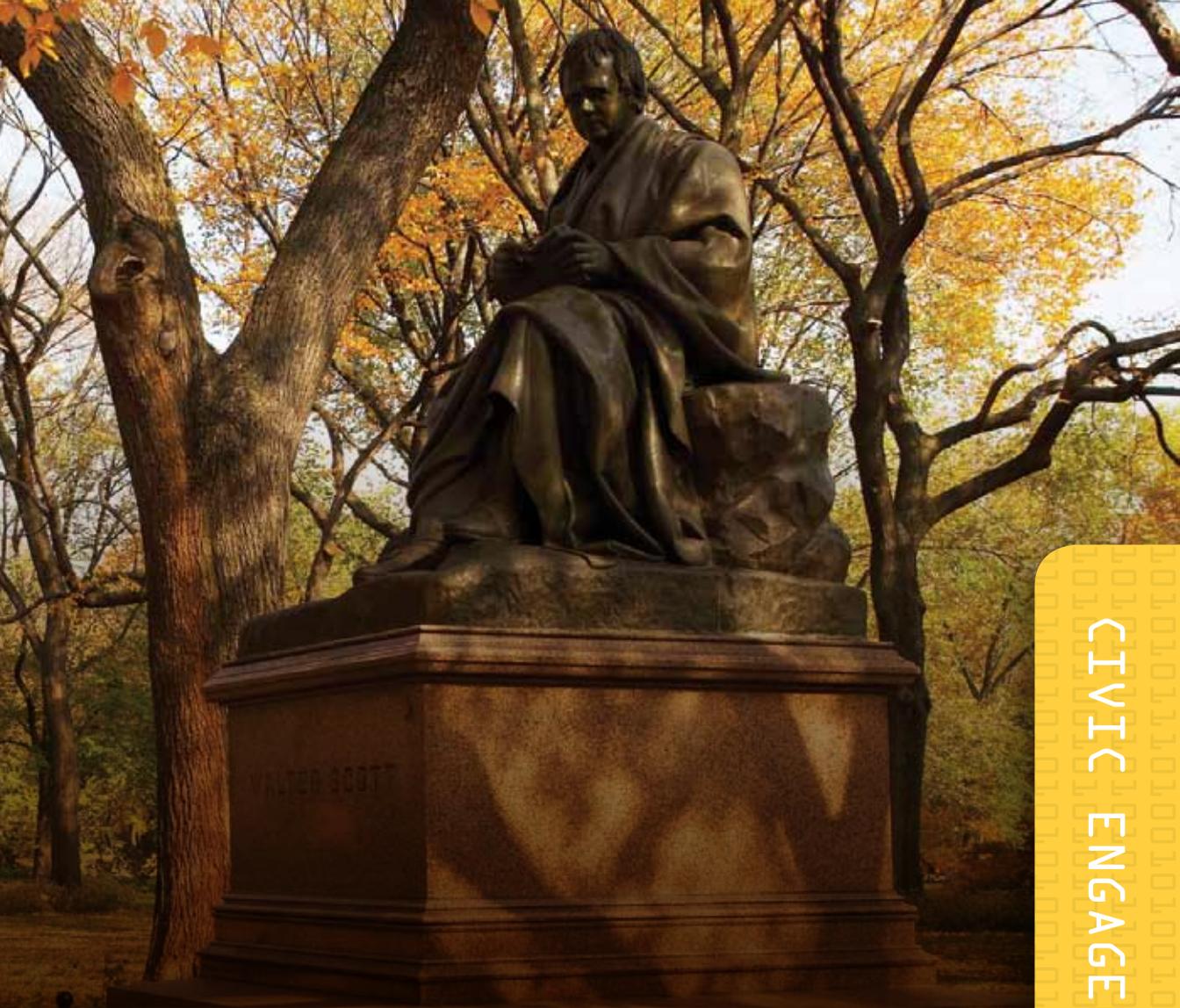
**SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy**



**GOAL: CHILDREN AND YOUTH WILL DEMONSTRATE POSITIVE CIVIC ENGAGEMENT AS LAW-ABIDING, CONTRIBUTING MEMBERS OF THEIR FAMILIES, SCHOOLS AND COMMUNITIES.**

**OBJECTIVES:**

- 1: Children and youth will assume personal responsibility for their behavior.
- 2: Youth will demonstrate ethical behavior and civic values.
- 3: Children and youth will understand and respect people who are different from themselves.
- 4: Children and youth will participate in family and community activities.



**OBJECTIVES:**

- 5: Children and youth will have positive peer interactions.
- 6: Children and youth will make constructive use of leisure time.
- 7: Youth will delay becoming parents until adulthood.
- 8: Children and youth will refrain from violence and other illegal behaviors.

## STATUS OF CIVIC ENGAGEMENT IN NEW YORK

This section is meant to highlight the degree to which families and communities are preparing our youth for the challenges ahead in adulthood, as well as the extent youth are partaking in experiences and building skills that are integral to a successful transition to adulthood. Given this emphasis, this section, formerly entitled Citizenship, has been renamed Civic Engagement.

### *Youth Volunteer Rates*

There appears to be a resurgence in volunteering nationwide, particularly among three age groups: teenagers 16-19 years old; adults 45-64 years old; and adults 65 years and older (1). Since 1989, the rate of volunteering among teenagers nationally has doubled, suggesting positive growth in civic engagement. For the period of 2006-08, the volunteer rate among teenagers in New York was 18.3 percent. This is below the national teen volunteer rate of 25.6 percent (1).

The New Yorkers Volunteer initiative builds on the foundation of President Obama's United We Serve national effort and is intended to promote volunteer opportunities for teens as well as all New Yorkers. The New York State Commission on National and Community Service can assist organizations through its interactive New Yorkers Volunteer website, which is designed to help individuals find opportunities to volunteer and to enhance the recruitment capabilities of community organizations (2). Visit the New Yorkers Volunteer website: <http://www.newyorkersvolunteer.ny.gov/Home.aspx>

### *Transition to Young Adulthood*

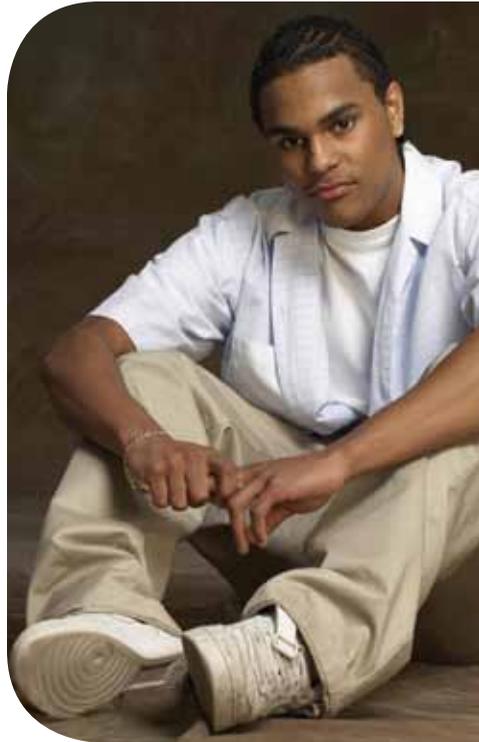
An important indicator measure that reflects the extent youth have difficulty navigating what most would consider a successful transition to adulthood is the percent of youth who are 18 to 24 years of age who are not presently enrolled in school and are not currently working, and have no degree beyond a high school diploma or General Equivalency Diploma (GED). This measure is often referred to as an indicator of disconnected youth. Fifteen percent of youth nationally and 14 percent statewide are considered disconnected youth (3).

On the other hand, the 55 percent of New York's young adults ages 18 to 24 enrolled in college or who have completed college compares well with the national rate of 42 percent (4). This indicator reflects positively on the number of undergraduate college opportunities in New York State. However, there are changes in college attainment when we look at the share of young adults ages 25 to 29 with a bachelor's degree or higher: nationally the rate is 27 percent, while New York State is 36 percent (3). The proposed New York State Higher Education Loan Program (NY HELPs) would create

a student loan and loan forgiveness program which would provide low-interest loans to New York State residents who enroll full-time at a college or university in New York State (4).

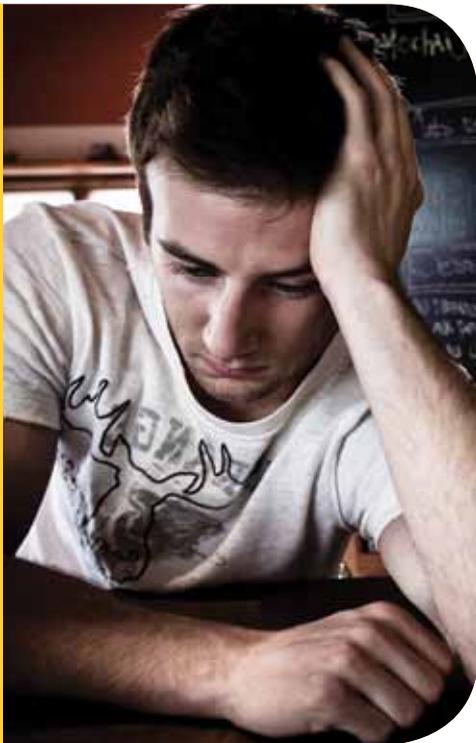
Over a person's lifetime, a college education is proven to increase income. Yet, the current recession has hit people with some college and college degrees equally as hard as people with a high school degree or less in New York, with the unemployment of college educated adults increasing 117 percent from February 2008 to February 2009, the fastest rise of all the unemployment numbers (5). In an effort to address the unemployment crisis, New York took full advantage of the opportunities provided at the federal level to increase worker training and placement in green industries through U.S. Department of Labor Employment and Training Administration grant applications funded by the American Recovery and Reinvestment Act (6).

Last year the New York State Department of Labor noted that younger workers aged 16 to 24 years old have had an unemployment rate more than twice as high as the overall average (5). In years past, a young person's education and part-time work experience were assumed to provide the foundation for a successful transition to college or to a skills-based trade job. However, given changes in the nature of the work available requiring higher skills and more schooling coupled with decreased jobs available leaves an employment situation negatively impacted by the recent economic downturn. Recent reports had at least six job seekers for every job opening during the summer of 2009 (7). Policy makers have discussed innovations within the educational pipeline to address both building workforce skills and more stringent educational requirements, such as increasing opportunities for service-learning while in school and eliminating the local diploma, respectively (8).



## *Arrests of Young Adults 16 – 21 years old*

Index crimes form the traditional quick view of crimes as established by the FBI more than 75 years ago. They are classified as the most serious offenses, and are the crimes referred to in newspaper headlines that accompany the annual release of national data, usually in terms such as “crime is up” or “crime dips by 5 percent.” Violent index crimes include murder, non-negligent manslaughter, forcible rape, robbery, and aggravated assault. Property index crimes are burglary, larceny, and motor vehicle theft. A distinction is made between violent and property crimes because their arrest trends generally differ. A young adult arrest is recorded in the jurisdiction where the arrest



occurs (which may not be the jurisdiction where the crime occurred), and only the most serious offense that was committed during a crime incident or multiple crime incidents is counted. Some people try to relate arrest numbers with crime numbers of the same type, but this can be misleading. For example, many persons who commit crimes are never arrested; a single arrest can involve multiple crime incidents, such as when the arrest of a burglar reveals that he is responsible for a number of burglaries over a period of months; and more than one person can be arrested for the same crime incident, such as when one burglary is committed by a pair of people working as a team.

Arrests of young adults ages 16 through 21 years for violent crimes dropped 5.3 percent in 2008 as compared with 2000. Arrests for property crimes rose 13.1 percent during this same time period. This resulted in a decrease in the proportion of arrests

accounted for by violent crimes, from 39.6 percent in 2000 to 35.4 percent in 2008. The rate of violent crime arrests per 10,000 youth dropped from 108.5 in 2000 to 97.1 in 2008, while the property crime arrest rate rose from 165.6 to 177.0 during the same time period. The population of young adults ages 16 through 21 years increased by 5.8 percent between 2000 and 2008 (9).

Community indicators, such as the number of young adult arrests for the use, possession or sale of drugs (public narcotic intoxication) and for driving while intoxicated (DWI),

*“Everyone thinks of changing the world, but no one thinks of changing himself.”*

— Tolstoy (10)

are not direct measures of the population's behavior, but are instead measures of the performance of community service systems that generate them. Indicator data produced by public service or social control agencies are affected by policy shifts, resource fluctuations, degrees of centralization and standardization, local reporting practices and local service delivery differences. For example, the rate of young adult drug arrests are a direct measure of the law enforcement response to young adults and drug use and an indirect measure of young adult drug use in the population. It carries the same weight for the young adult arrest rate for driving while intoxicated as a direct measure of law enforcement response to underage drinking and drunk driving and as an indirect measure of young adult alcohol use in the population. It should be noted that arrests of young adults ages 16 through 21 years are handled by the adult criminal court system in New York State.

Regular use of controlled substances is strongly related to poor health, mental health, educational attainment and other social problems for young adults. In 2008, the rate of drug arrests per 10,000 youth ages 16 through 21 was 202.6 in 2008 in New York State. This arrest category includes illegal substances and arrests for use, possession or sale of drugs (public narcotic intoxication). This arrest rate was almost 4 times higher in New York City (376.4 per 10,000) than in Rest of State (87.8 per 10,000). In 2008 there were 33,059 young adult arrests for drug offenses statewide. This represents a decrease of 22.7 percent from the 42,773 reported in 2000. The majority of drug arrests occurred in New York City (73.9 percent), but the Rest of State region has been accounting for a larger share since 2001 (from 17.9 percent in 2000 to 26.1 percent in 2008). This reflects the growth in young adult drug arrests in Rest of State (up 12.3 percent between 2000 and 2008) while New York City reported a 30.4 percent decline during the same period (9).

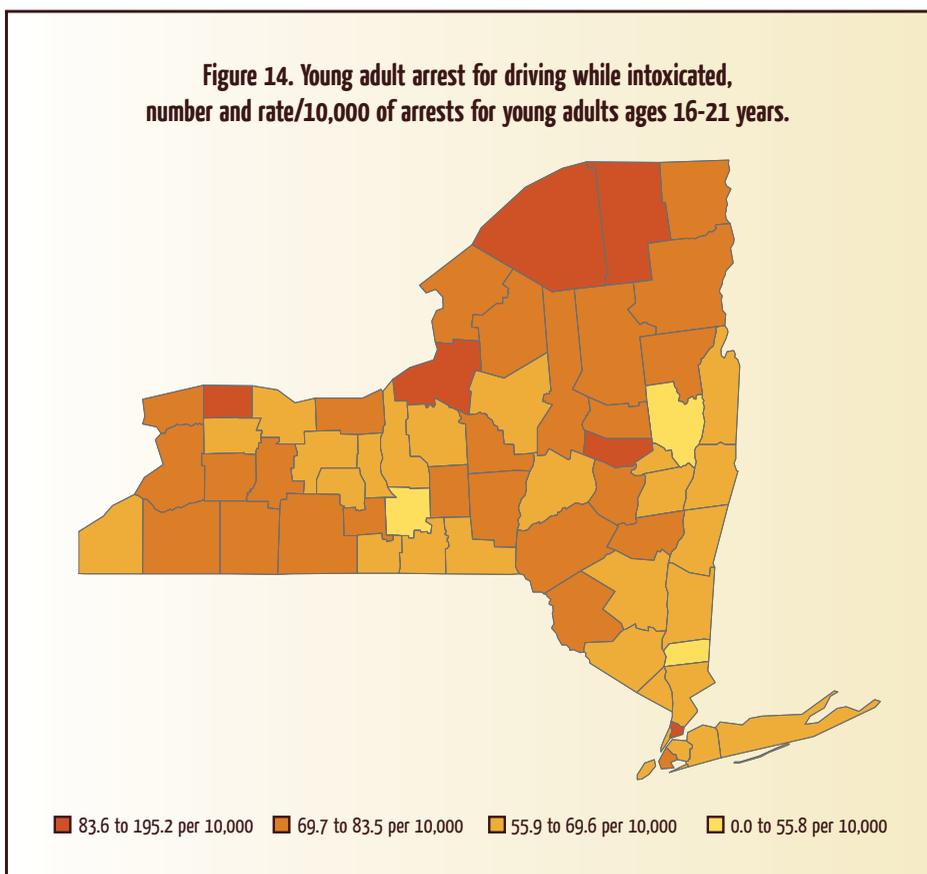
Sweeping reforms of the Rockefeller Drug Laws is a recognition that addiction is a chronic illness that is better addressed through treatment and not incarceration. For the first time since 1973, judges will now be given authority to administer drug treatment programs, new offenders will no longer be subject to mandatory sentencing, and some who are now imprisoned will be eligible for sentencing review. The law strikes a careful

and appropriate balance to ensure that non-violent addicted offenders get the treatment they need while predatory kingpins get the punishment they deserve.

Also under these reforms, collaboration between the addiction field and the corrections system will strengthen with treatment within the prison system. This collaboration is just one aspect of the work now under way through the Addictions Collaborative to Improve Outcomes for New York (ACTION) Council. The ACTION Council, established by an Executive Order, brings together leaders from 20 state agencies, directed to address the impact of addiction in the public health, safety, education and welfare fields.

The use of alcohol impairs vision, cognitive judgment, coordination and motor skills and can inhibit short-term memory and the ability to concentrate. Even at a very low blood alcohol content such as .02-.03 alcohol impairs the ability to attend and respond to complex stimuli such as road and traffic conditions, speed, traffic control devices,

**Figure 14. Young adult arrest for driving while intoxicated, number and rate/10,000 of arrests for young adults ages 16-21 years.**



Source: NYS Council on Children and Families, Kids' Well-being Indicators Clearinghouse (KWIC), 2009. Data provided by New York State Division of Criminal Justice Services.

lane position, pedestrians, other vehicles and roadway signs (11). Youth have less driving experience than adults and that, compounded with alcohol, puts youth at an increased risk of auto accidents, injury and death.

Almost half (30) of the counties in New York have shown an increase in young adult drunk-driving arrest numbers since 2000. Statewide, there were 999 or 17.2 percent more DWI arrests in 2008 than in 2000, with a commensurate rise in the overall statewide rate of arrest (41.8 per 10,000 in 2008 from 37.8 in 2000). It is clear from Figure 14 that underage drinking and driving is found throughout the entire state, where the legal drinking age is 21 (9). However, almost 10 times as many 2008 DWI arrests occurred in the Rest of State (6,154) as in New York City (666). The proportion of this gap in arrests is larger than would be expected simply from the difference in relative population numbers where the youth population of Rest of State is 1.5 times larger than the size of the New York City youth population.

Several factors contribute to the elevated rate of Rest of State arrests. Young adults in New York City have more access to public transportation and fewer of them acquire drivers' licenses as a result. Young adults living in the Rest of State region have more access to cars and more of them have drivers' licenses, which may be obtained beginning at age 16. Young adults in more rural parts of the state with no public transportation often drive further distances to reach their destinations than do their peers in New York City. With underage drinking present everywhere, it can be said that, collectively, the Rest of State young adults are more exposed to DWI activity than their New York City counterparts.

### *At-risk Alcohol Consumption*

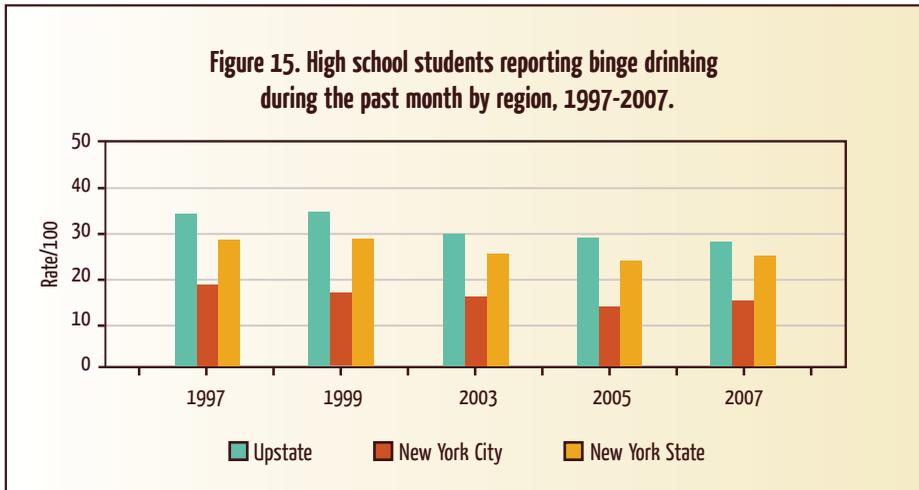
This noted increase in young adult DWI arrests mirrors increases in alcohol-related deaths, heavy drinking<sup>1</sup> and episodes of binge drinking<sup>2</sup> among college students. In a recent study of college students aged 18-24 years, binge drinking rose from 42 percent to 45 percent in a seven-year period while alcohol related deaths also rose (1440 deaths in 1998, 1825 deaths in 2005) (12).

<sup>1</sup> Heavy drinking is defined differently for males and females. For males, it is defined as more than two drinks per day in the past month. For females, heavy drinking is defined as more than one drink per day in the past month.

<sup>2</sup> Binge drinking is defined as having drunk in the past month and had five or more drinks per drink occasion.



In New York, teenagers surveyed in public high schools (grades 9-12) reported a decrease in binge drinking over a ten-year period ( 28.7% in 1997 and 24.9% in 2007) (13). New York City students and their counterparts in the Rest of State also experienced a decrease in underage binge drinking, as shown in Figure 15.



Data Source: New York State Department of Health, Community Health Data Set, 2009. Data provided by New York State Education Department, Youth Risk Behavior Survey, 2007.

The young adult cohort, aged 18-24, is most at-risk for heavy drinking and binge drinking in New York State. The 8.5 percent of heavy drinkers in the 18-24 year old age group in almost double the next age group of 25-34 year olds with 4.6 percent heavy drinkers. For binge drinking, the young adult rate is again the highest, 28.6 percent, with a rate of 21.4 percent for the 25-34 years olds (14).

These statewide data also show a racial disparity for both binge and heavy drinking with Whites having double the binge drinking rate (16.2%, 6.8%, respectively) and almost triple the heavy drinking (6.1%, 2.1%, respectively) rate of African-Americans (14). New York State adults report 14.1 percent are binge drinking and 4.8 percent are heavy drinkers. New York City adults report slightly lower rates; 12.4 percent binge drinking and 4.3 percent heavy drinking. The adults in the Rest of State report slightly higher rates of binge drinking (15.2%) and heavy drinking (5.2%).

Research-based programmatic developments to address student at-risk drinking are in place. Colleges work closely with their surrounding communities, using measures such as increased police patrols in problem neighborhoods and raising student awareness of their responsibilities as community residents. The studies found reductions in heavy drinking and a decrease in the number of off-campus incidents involving students (15). High schools have developed a prevention and intervention program for students with

**Table 4. Adults ages 18 and older at-risk for heavy and binge drinking by region, 2003**

Location	Heavy	Binge
<b>New York State</b>	<b>4.8%</b>	<b>14.1%</b>
<b>New York City</b>	<b>4.3%</b>	<b>12.4%</b>
Bronx	3.1%	9.5%
Kings (Brooklyn)	3.8%	11.5%
New York (Manhattan)	7.6%	16%
Queens	2.8%	11.8%
Richmond (Staten Island)	5.6%	15%
<b>Rest of State</b>	<b>5.2%</b>	<b>15%</b>
Albany	8.3%	14.5%
Allegany, Wyoming	9.2%	20%
Broome	5.6%	13.2%
Cattaraugus, Chautauqua	4.9%	17.2%
Cayuga, Seneca, Wayne	4.5%	13.1%
Chemung, Schuyler, Tioga	5.9%	16.3%
Chenango, Madison	7.5%	15.8%
Clinton, Essex, Franklin	6.4%	20.4%
Columbia, Greene	4.1%	13%
Cortland, Tompkins	7.4%	18%
Delaware, Otsego, Schoharie	7.1%	17.2%
Dutchess, Putnam	4.4%	15.2%

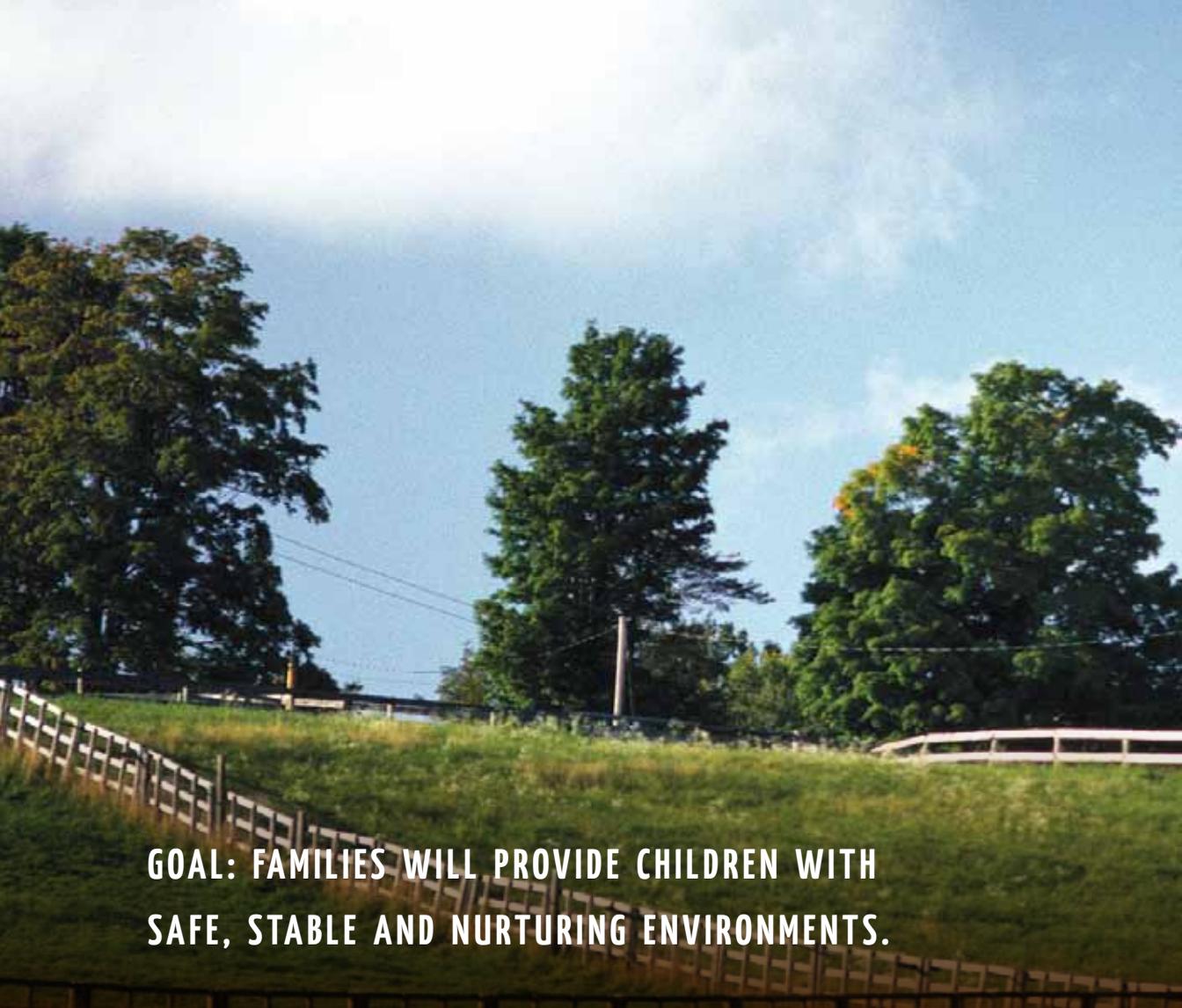
Location	Heavy	Binge
Erie	9.1%	19.2%
Fulton, Montgomery	5.6%	17.3%
Genesee, Orleans	5%	16.4%
Hamilton, Herkimer	4.6%	17%
Jefferson, Lewis, StLawrence	5.2%	18%
Livingston, Ontario	5%	14.3%
Monroe	5.2%	16.9%
Nassau	3.2%	10.8%
Niagara	6.5%	15.8%
Oneida, Oswego	6.5%	17.1%
Onondaga	6.3%	18.5%
Orange	3.9%	12.8%
Rensselaer	4.6%	16.8%
Rockland	4.7%	11.9%
Saratoga	4.7%	16.3%
Schenectady	5.7%	12.3%
Steuben, Yates	7.1%	16%
Suffolk	4.1%	16.2%
Sullivan, Ulster	4.1%	14.6%
Warren, Washington	5.6%	14.2%
Westchester	2.5%	12.1%

Data Source: 2003 Expanded Behavior Risk Factor Surveillance Survey New York State Department of Health.

alcohol and drug policy violations utilizing community referrals or in-house counselors have both been shown to be effective in reducing underage drinking episodes (16). Recent policy recommendations in the U.S. Surgeon General’s Call to Action against underage drinking highlight fostering changes in society that engage parents, schools, communities, all levels of government, all social systems that interface with youth, and youth themselves in a coordinated national effort to prevent and reduce underage drinking and its consequences (17).

**LOCAL DETAILS FOR CIVIC ENGAGEMENT**

For statewide and local details regarding the American Recovery and Reinvestment Act of 2009, visit [http://www.recovery.ny.gov/About/Fact\\_Sheets.htm](http://www.recovery.ny.gov/About/Fact_Sheets.htm).



**GOAL: FAMILIES WILL PROVIDE CHILDREN WITH SAFE, STABLE AND NURTURING ENVIRONMENTS.**

**OBJECTIVES:**

- 1: Parent/caregivers will provide children with a stable family relationship.
- 2: Parent/caregivers will possess and practice adequate child-rearing skills.
- 3: Parent/caregivers will be literate.
- 4: Parent/caregivers will be positively involved in their children's learning.



## OBJECTIVES:

- 5: Parent/caregivers will have the knowledge and ability to access support services for their children.
- 6: Parent/caregivers will provide their children with households free from physical and emotional abuse.
- 7: Parent/caregivers will provide their children with households free from alcohol and other substance abuse.

## STATUS OF FAMILIES IN NEW YORK

The Touchstones Family goals and objectives represent an ideal view of parenthood, emphasizing the important role of family in a child's development and education. Communities and schools offer many different family-friendly programs that support positive healthy family development, such as library story hours, school websites with homework assignments, and parenting education classes. This section seeks to describe New York families facing hardship and suffering, while highlighting policies and programs addressing these families' multiple needs.

Families come in all different shapes and sizes. The latest Census numbers show that five percent of children live in households where grandparents have primary care — giving responsibility for their grandchildren nationwide, and in New York four percent of children have such living arrangements (1). This caregiving arrangement is often referred to as kinship care, which is done informally or formally where grandparents are legally considered the foster parents of the children. These kinship care relationships, formally recognized or not, are important to the children, as family connections are maintained and school and peer relationships are kept intact. Yet research has shown these increased responsibilities place increased stress on grandparents in terms of their personal health and finances (2).

Programs that are able to offer practical support for grandparents, such as respite care, parenting education and information on how to work with the local social services department, have proven to be helpful (2). In addition to the emotional benefits to the children in kinship care settings, the cost to the state and taxpayers is lower than in regular formal foster care licensed homes (2, 3). The New York State Office of Children and Family Services (OCFS) continues to fund Kinship Caregiver Programs to provide critical services to children and caregivers in kinship families.

*“The family. We were a strange little band of characters trudging through life sharing diseases and toothpaste, coveting one another’s desserts, hiding shampoo, borrowing money, locking each other out of our rooms, inflicting pain and kissing to heal it in the same instant, loving, laughing, defending, and trying to figure out the common thread that bound us all together.”*

— Erma Bombeck (4)

A group of parents who may benefit from better-supported kinship caregivers are parents who are incarcerated. According to research estimates from Arizona and Hawai'i, parents of minor children comprise between 56 and 76 percent of the incarcerated population (5). Often, the incarcerated parent has been contributing, albeit illegally, to the family's income or, as with many women in prison, were the sole caregiver for their children before incarceration. The experience of having a parent in prison can be akin to losing a parent to death, according to research on children of incarcerated parents (6). The subsequent support and mental health needs required for both the children left behind and the caregiver are not often met in full. Programs that serve families of incarcerated adults offer a multitude of services, such as counseling, housing, educational advocacy, youth development activities and other assistance.

When children are not able to live with other family members (e.g., a grandparent), a foster care family or group living situation is arranged. Once children are entered into the formal legal system of state guardianship, the parents have a limited amount of time to reunify with their children. This is the case for all parents, whether they are incarcerated or not. However, this poses particular challenges for incarcerated parents. There are time limits for the safe and healthy family reunification.

This is an obstacle for incarcerated parents, given the physical challenges involved with parent-child visitation, court appearances and their ability to improve parenting skills and provide adequate housing for their children. While a prison sentence may be considered proof of a bad decision, it may not be reflective of the incarcerated parents' emotional attachment and positive bonding with their children. It has been noted that positive outside opportunities are important to the rehabilitation of prisoners, and the possibility to reunify with their children can be a major motivating factor for incarcerated parents (6).

Timely reunification and the expedition of children's discharge from foster care was a fundamental objective of the landmark Adoption Assistance and Child Welfare Act of 1980. Further, the Adoption and Safe Families Act (ASFA) of 1997 allows states to



use federal funds to provide family reunification services for the first 15 months after a child enters foster care. This legislation also reduces the number of months that a child may remain in foster care without a permanency hearing, from 18 to 12 months, and requires states to file for termination of the rights of parents of children who have spent 15 of the most recent 22 months in foster care. The New York State Permanency Bill, Chapter 3 of the Laws of 2005, significantly impacts Family Courts, local districts and voluntary agencies and provides children placed out of their homes with more timely and effective judicial and administrative reviews in order to promote permanency, safety and well-being.

The Governor's Children's Cabinet and its Sub-committee on Children of Incarcerated Parents are working to delineate the number of incarcerated parents and locations where their children reside in New York. The sub-committee is exploring the use of statewide video-conferencing to assist with parent-child visitation and court appearances, and to support involvement of the incarcerated parents in their children's educational meetings. Advocates for children of incarcerated parents would like to see expanded judicial discretion for cases involving incarcerated parents with regard to the family reunification time limits. This would be particularly helpful to these families, since a recent study of incarcerated women found that their average time incarcerated was 3.2 years while the ASFA guidelines for the termination of parental rights is for children who have spent 15 of the last 22 months in foster care (7).

### *Child Abuse and Neglect*

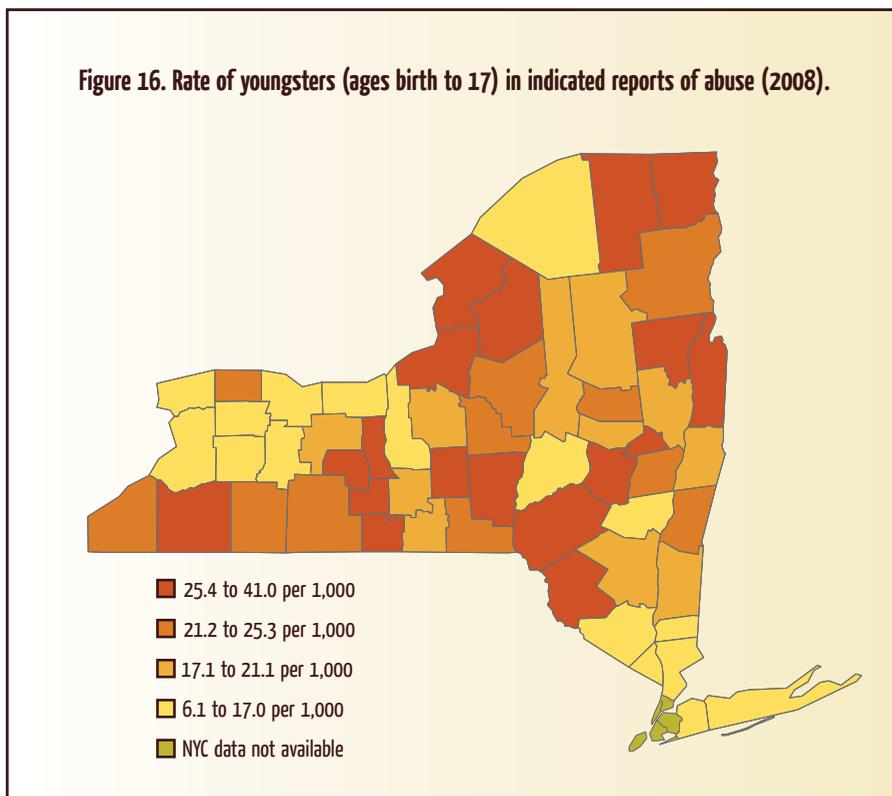
Child abuse and maltreatment represent an impairment or imminent danger of impairment of a child's physical, mental or emotional condition due to the failure of a parent, guardian or other person legally responsible for the child to exercise a minimum degree of care toward the child. This can involve the failure to provide a minimum degree of care regarding a child's basic needs, such as food, clothing, shelter, medical care, education, or proper supervision or guardianship. It can also involve the parent or other legally responsible person's use of excessive corporal punishment, the abuse or misuse of drugs or alcohol, and abandonment of a child.

Children may suffer from child abuse and maltreatment regardless of their socioeconomic status, race or ethnic backgrounds. There are considerable short- and long-term negative consequences related to child abuse and maltreatment, including adverse health, poor educational attainment and muted social and behavioral development. Research shows persistent stress resulting from child maltreatment for young children can disrupt early brain development and impair development of the nervous and immune response systems (8). It is, however, difficult to distinguish the extent to which these effects are caused by the child's experience with abuse and neglect, the disruptions that often accompany service interventions (such as multiple residential placements), or the presence or absence of other factors in the child's developmental

experiences (9). Research has yet to fully understand the resiliency and inner strength found in many children and families faced with multiple hardships and inconsistencies in care (9, 10).

The rate of child abuse and maltreatment has increased across the state, with a greater rate of increase seen in New York City (from 13.1 to 17.2 per 1,000 children birth to 17 years) than in the Rest of State (13.6 to 16.5 per 1,000 children birth to 17 years). In 2008, the number of unique children and youth in indicated reports of child abuse and maltreatment was 79,356. In 2000, the number of unique children in indicated reports of child abuse and maltreatment totaled 63,075 (11).

It is estimated that New York government spends as much as \$2.5 billion each year to treat the damages of child abuse, as seen in alcohol and drug abuse in later life, increased Medicaid costs, incarceration, foster care, prostitution and more (12). Child abuse can be prevented and several programs to reduce the incidence of child abuse and neglect are already in operation in New York State. Examples of such programs are Healthy Families New York and the Nurse-Family Partnership.



Source: NYS Council on Children and Families, Kids' Well-being Indicators Clearinghouse (KWIC), 2009.  
Data provided by New York State Office of Children and Family Services

## *Foster Care*

Children are placed into foster care for a wide variety of reasons including: safety issues, their families are at least temporarily unable to care for them, specialized care or treatment is needed, or behavioral problems have led to a placement. To minimize



the trauma of placement to children, the court seeks to place children in a foster care setting that is the least disruptive and most family-like, consistent with a child's needs. Decisions are based on the best interests of the child. Children in foster care make up a majority of those in out-of-home care in New York State.

In 2008, the foster care rate in New York State was 4.5 per 1,000 children birth through 21 years of age. This reflects a decrease from 7.5 per 1,000 children/youth in 2000. The rate of children and youth in foster care in New York City was greater than the rate in the Rest of State. The in-care rate for New York City in 2008 was 6.6 children per 1,000 while in the Rest of State the rate was 2.9 per 1,000. This pattern is consistent with that found in 2000, when 12.9 children per 1,000 were in foster care in New York City, and only 3.7 per 1,000 children and youth in the Rest of State were in foster care (11).

Children are discharged from foster care when the court is satisfied that a permanency plan is sufficient to ensure the children's safety and well-being. Children are discharged from foster care to a variety of caregivers, including parents, relatives, adoptive parents, as well as themselves. Reunification of children with their families is the preferred permanency option whenever that can be safely achieved. In those cases where reunification is not appropriate, adoption is viewed as the ideal permanent legal option for children because it provides the greatest degree of permanence. Adoption, however, may not be a realistic or appropriate option. Alternative permanency placements may not provide the same level of permanency available through adoption but frequently facilitate continuity of family ties, which may be in children's best interests.

In New York State, 16,186 children and youth or 33.7 percent of all children who were in foster care at any time during the calendar year were discharged from foster care in 2007. The number of children discharged in 2007 was lower than the number discharged in 2000, and the percentage is also trending downward as well (11).

### *Domestic Homicide in New York State*

Killings within families are heinous, shocking and often brutal in nature. In 2007, 17 percent of all homicides in New York State involved a victim who had a domestic relationship with the offender (13). This occurred more often in the Rest of State than in New York City (21% compared to 15%, respectively) (13). Statewide, intimate partners accounted for 53 percent of domestic homicides while children comprised 27 percent. In New York City, intimate partners accounted for 58 percent of the domestic homicides, with children representing almost 22 percent. In the Rest of State, intimate partners were 48 percent and children comprised 32 percent of all domestic homicides. Table 5 has details for each county.

This fall, New York passed an omnibus domestic violence law reform package that addresses the complex challenges faced by survivors of domestic violence in family court and the workforce, as well as holds the offenders accountable while on probation or parole. This legislation requires education and training on the dynamics of domestic violence for court-appointed lawyers of children to make appropriate recommendations for their clients to the court. For more details on the omnibus legislation, visit the New York State Office for the Prevention of Domestic Violence (OPDV) at [www.opdv.state.ny.us](http://www.opdv.state.ny.us).

Affirming the connection between domestic violence and child abuse, New York State Office of Children and Family Services made funding available to enhance existing successful domestic violence prevention and child protective service collaborations as well as start new programs. As a result of these efforts, child protective service workers are learning more about domestic violence dynamics, philosophies and appropriate interventions for victims of domestic violence and their children, while domestic violence workers are learning more about child protective service mandates and responsibilities. These important programs allow domestic violence advocates to participate in home visits and cross training, and to work jointly with child protective service caseworkers to develop safety plans with battered spouses and their children, enhancing child and parent safety.

#### **LOCAL DETAILS FOR FAMILY**

For statewide and local details regarding the American Recovery and Reinvestment Act of 2009, visit [http://www.recovery.ny.gov/About/Fact\\_Sheets.htm](http://www.recovery.ny.gov/About/Fact_Sheets.htm).

Table 5. Total homicide and domestic homicide victims, by county, 2007

Location	Total Homicides		Domestic Homicides					
	All Victims		Intimate Partner		Child		Other Family	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>New York State</b>	<b>800</b>	<b>100.0</b>	<b>72</b>	<b>100.0</b>	<b>36</b>	<b>100.0</b>	<b>27</b>	<b>100.0</b>
Bronx	130	16.3	9	12.5	3	8.3	3	11.1
Kings	213	26.6	16	22.2	5	13.9	4	14.8
New York	69	8.6	2	2.8	1	2.8	2	7.4
Queens	72	9.0	11	15.3	4	11.1	5	18.5
Richmond	12	1.5	4	5.6	3	8.3	0	0.0
<b>New York City</b>	<b>496</b>	<b>62.0</b>	<b>42</b>	<b>58.3</b>	<b>16</b>	<b>44.4</b>	<b>14</b>	<b>51.9</b>
<b>Rest of State</b>	<b>304</b>	<b>38.0</b>	<b>30</b>	<b>41.7</b>	<b>20</b>	<b>55.6</b>	<b>13</b>	<b>48.1</b>
Albany	5	0.6	—	—	—	—	—	—
Allegany	1	0.1	—	—	—	—	—	—
Broome	4	0.5	—	—	2	5.6	—	—
Cattaraugus	1	0.1	—	—	—	—	—	—
Cayuga	—	—	—	—	—	—	—	—
Chautauqua	1	0.1	—	—	—	—	—	—
Chemung	3	0.4	—	—	2	5.6	—	—
Chenango	3	0.4	—	—	1	2.8	—	—
Clinton	1	0.1	—	—	—	—	—	—
Columbia	1	0.1	—	—	1	2.8	—	—
Cortland	—	—	—	—	—	—	—	—
Delaware	1	0.1	—	—	—	—	—	—
Dutchess	14	1.8	—	—	1	2.8	1	3.7
Erie	57	7.1	—	—	—	—	3	11.1
Essex	—	—	—	—	—	—	—	—
Franklin	1	0.1	—	—	—	—	1	3.7
Fulton	1	0.1	—	—	—	—	—	—
Genesee	—	—	—	—	—	—	—	—
Greene	1	0.1	—	—	—	—	—	—
Hamilton	—	—	—	—	—	—	—	—
Herkimer	1	0.1	1	1.4	—	—	—	—
Jefferson	2	0.3	1	1.4	1	2.8	—	—
Lewis	—	—	—	—	—	—	—	—
Livingston	—	—	—	—	—	—	—	—
Madison	2	0.3	2	2.8	—	—	—	—

Location	Total Homicides		Domestic Homicides					
	All Victims		Intimate Partner		Child		Other Family	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Monroe	53	6.6	6	8.3	—	—	1	3.7
Montgomery	1	0.1	1	1.4	—	—	—	—
Nassau	24	3.0	2	2.8	—	—	2	7.4
Niagara	3	0.4	—	--	1	2.8	—	—
Oneida	10	1.3	1	1.4	1	2.8	—	—
Onondaga	24	3.0	3	4.2	1	2.8	3	11.1
Ontario	2	0.3	—	--	1	2.8	—	—
Orange	9	1.1	1	1.4	2	5.6	—	—
Orleans	1	0.1	—	—	—	—	—	—
Oswego	—	—	—	—	—	—	—	—
Otsego	1	0.1	—	—	—	—	—	—
Putnam	3	0.4	2	2.8	1	2.8	—	—
Rensselaer	3	0.4	—	—	—	—	1	3.7
Rockland	1	0.1	—	—	—	—	—	—
Saratoga	—	—	—	—	—	—	—	—
St Lawrence	1	0.1	—	—	—	—	—	—
Schenectady	5	0.6	—	—	—	—	—	—
Schoharie	—	—	—	—	—	—	—	—
Schuyler	—	—	—	—	—	—	—	—
Seneca	—	—	—	—	—	—	—	—
Steuben	2	0.3	—	--	2	5.6	—	—
Suffolk	30	3.8	5	6.9	1	2.8	1	3.7
Sullivan	—	—	—	—	—	—	—	—
Tioga	—	—	—	—	—	—	—	—
Tompkins	—	—	—	—	—	—	—	—
Ulster	3	0.4	2	2.8	—	—	—	—
Warren	2	0.3	—	—	1	2.8	—	—
Washington	3	0.4	—	—	—	—	—	—
Wayne	1	0.1	1	1.4	—	—	—	—
Westchester	22	2.8	2	2.8	1	2.8	—	—
Wyoming	—	—	—	—	—	—	—	—
Yates	—	—	—	—	—	—	—	—

Data Source: Fernandez-Lanier, A. and Gilmer, JA. (December 2008) Domestic Homicide in New York State, 2007, New York State Division of Criminal Justice Services.



**GOAL 1: NEW YORK STATE COMMUNITIES WILL PROVIDE CHILDREN, YOUTH AND FAMILIES WITH HEALTHY, SAFE AND THRIVING ENVIRONMENTS.**

**OBJECTIVES:**

- 1: Communities will be economically sound.
- 2: The environment will be free of pollutants (e.g., air and water quality will meet healthful standards).
- 3: Neighborhoods will be crime free.
- 4: Adequate housing will be available.
- 5: Adequate transportation will be available.



**GOAL 2: NEW YORK STATE COMMUNITIES WILL PROVIDE CHILDREN, YOUTH AND THEIR FAMILIES WITH OPPORTUNITIES TO HELP THEM MEET THEIR NEEDS FOR PHYSICAL, SOCIAL, MORAL AND EMOTIONAL GROWTH.**

**OBJECTIVES:**

- 1: Communities will make available and accessible formal and informal services (e.g., child care, parent training, recreation, youth services, libraries, museums, parks).
- 2: Adults in the community will provide youth with good role models and opportunities for positive adult interactions.
- 3: Communities will provide opportunities for youth to make positive contributions to community life and to practice skill development.

## STATUS OF COMMUNITIES IN NEW YORK

The Touchstones Community section offers goals for the infrastructure of towns and cities as well as the fabric of communities that people build with each other. Infrastructure refers to the building blocks of a community that include affordable housing, accessible parks and recreation areas, and public transportation, in addition to good water quality, public libraries, and emergency service coverage. These items, taken together, create a community where children and families want to live and can thrive.

### *Housing*

The current economic downturn is impacting our communities in many ways, with foreclosures becoming more prevalent. Federal Reserve Bank of New York 2008 statistics indicate that New York has a 16 percent share of sub-prime mortgages and 8.9 percent of the Alternate-A<sup>1</sup> mortgages in foreclosure in the USA (1). Furthermore, the New York State Banking Department posted first quarter 2009 county foreclosure filings ranked as a percentage of the state filings (2). Suffolk, Queens, Kings, Nassau and Erie ranked as the top five counties with foreclosures. The top twenty counties include most of the counties in the Hudson Valley, New York City, Western New York and Long Island regions. Hamilton, Lewis and Otsego counties had no foreclosure filings in the first quarter of 2009. Foreclosures are higher in urban and suburban counties where the population is concentrated.

*“Yes, our greatness as a nation has depended on individual initiative, on a belief in the free market. But it has also depended on our sense of mutual regard for each other, of mutual responsibility. The idea that everybody has a stake in the country, that we’re all in it together and everybody’s got a shot at opportunity. Americans know this. We know that government can’t solve all our problems – and we don’t want it to. But we also know that there are some things we can’t do on our own. We know that there are some things we do better together.”*

— Barack Obama (3)

<sup>1</sup> Alternate-A paper mortgages are considered riskier than “A” paper mortgages yet less risky than sub-prime mortgages.

Table 6. Quarterly county foreclosure filings ranked as a percentage of the state filings, 2009.

County Name	1Q 2009 Total Filings	Percent of Total State Filings	% change from 1Q 2008 to 1Q 2009
Suffolk	1,773	16.1%	-15.1%
Queens	1,748	15.9%	-35.4%
Kings	1,150	10.4%	-39.9%
Nassau	939	8.5%	-25.7%
Erie	838	7.6%	81.0%
Monroe	678	6.2%	-20.8%
Westchester	629	5.7%	-16.8%
Bronx	580	5.3%	-16.2%
Richmond	500	4.5%	-32.2%
Orange	398	3.6%	79.3%
New York	242	2.2%	7.1%
Dutchess	206	1.9%	96.2%
Onondaga	154	1.4%	-23.8%
Albany	140	1.3%	-54.1%
Rockland	136	1.2%	-55.8%
Putnam	106	1.0%	-32.5%
Broome	76	0.7%	2.7%
Ulster	73	0.7%	-34.8%
Wayne	68	0.6%	1.5%
Rensselaer	62	0.6%	0.0%
Livingston	52	0.5%	477.8%
Schenectady	52	0.5%	-48.5%
Ontario	49	0.4%	206.3%
Niagara	35	0.3%	-83.6%
Saratoga	31	0.3%	-77.4%
Cayuga	27	0.2%	-22.9%
Cortland	24	0.2%	71.4%
Sullivan	22	0.2%	-60.7%
Genesee	21	0.2%	-41.7%
Chemung	18	0.2%	63.6%
Wyoming	18	0.2%	157.1%
Warren	15	0.1%	-21.1%

County Name	1Q 2009 Total Filings	Percent of Total State Filings	% change from 1Q 2008 to 1Q 2009
Clinton	14	0.1%	55.6%
Greene	13	0.1%	225.0%
Montgomery	12	0.1%	-42.9%
Steuben	12	0.1%	-33.3%
Columbia	11	0.1%	57.1%
Oneida	9	0.1%	-57.1%
Yates	9	0.1%	200.0%
Washington	8	0.1%	-61.9%
Essex	6	0.1%	100.0%
Herkimer	6	0.1%	100.0%
Orleans	6	0.1%	-85.0%
Tioga	6	0.1%	20.0%
Delaware	5	0.0%	25.0%
Franklin	5	0.0%	-28.6%
Chautauqua	4	0.0%	-81.8%
Fulton	4	0.0%	-81.8%
Chenango	3	0.0%	-50.0%
Jefferson	3	0.0%	0.0%
Madison	3	0.0%	-66.7%
Saint Lawrence	3	0.0%	-70.0%
Seneca	3	0.0%	-40.0%
Allegany	2	0.0%	-83.3%
Cattaraugus	2	0.0%	-90.9%
Oswego	2	0.0%	-98.0%
Schoharie	2	0.0%	-33.3%
Schuyler	2	0.0%	-33.3%
Tompkins	2	0.0%	-80.0%
Hamilton	0	0.0%	-100.0%
Lewis	0	0.0%	-100.0%
Otsego	0	0.0%	-100.0%
<b>Grand Total</b>	<b>11,017</b>	<b>100.0%</b>	<b>-23.4%</b>

Data Source: New York State Banking Department and RealtyTrac®, April, 2009.

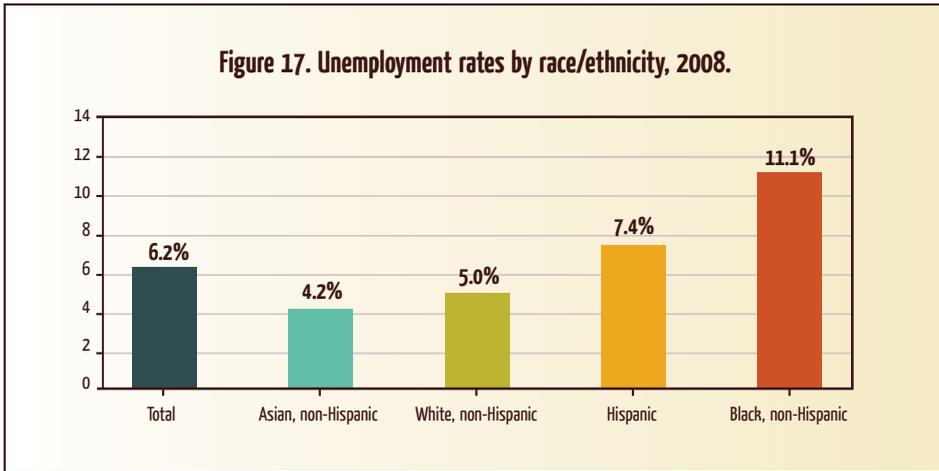
A hidden impact of the foreclosure increase is that children are forced to move out of their school districts, which can disrupt their education and impede their academic success. It has been estimated that approximately 106,500 New York children will be impacted by the foreclosure crisis (4). The McKinney-Vento Education of Homeless Children and Youth Act, an existing federal law that mandates schools maintain enrollment for children and youth who lose their homes and provide additional supports so children can continue to achieve in the classroom, received an influx of funding from the American Recovery and Reinvestment Act of 2009 (5). New York State received \$6.1 million for eligible services to improve the identification of homeless children and youth and to support them in enrolling, attending and succeeding in school. It is expected that a portion of this funding will support children who have been impacted by foreclosure.

Clearly, this current economic crisis has demonstrated that all parts of the economy are connected and that individuals' financial knowledge is essential to the overall economic future of our communities. It is important to build this knowledge among our youngest community members since we have learned that improving students' financial understanding and capabilities results in their achieving higher wages and increased savings on a regular basis (6). In an effort to build students' financial knowledge, New York State requires all students entering grade 9 and thereafter to earn a half-unit of credit in economics or its equivalent. On a national level, the Financial Literacy and Education Commission works to promote financial literacy by reaching youth in non-traditional ways, such as through video games, pod-casts and community service. For more information about the commission, visit: [www.mymoney.gov/pdfs/ownership.pdf](http://www.mymoney.gov/pdfs/ownership.pdf) (7).

## *Unemployment*

The rate of unemployment in an area is a significant indication of the state of the economy in that community and the opportunities for gainful employment. Civilian unemployment is defined as adults 16 years of age and older who were not employed but were able, available and actively looking for work during the week including the 12th day of a given month. Individuals who were waiting to be recalled from a layoff and individuals waiting to report to a new job within 30 days are also considered unemployed.

For the calendar year 2008, the annual average unemployment of the New York State resident civilian labor force was approximately 526,700 or 5.4 percent (8). In New York City, the unemployment rate was 5.5 percent with 218,800 unemployed, and the balance of the state had a rate of 5.4 percent with 307,900 unemployed (8). It is important to note African-Americans and Hispanic workers in New York State had a higher unemployment rate over a similar period in the last year as depicted in Figure 17 (9).

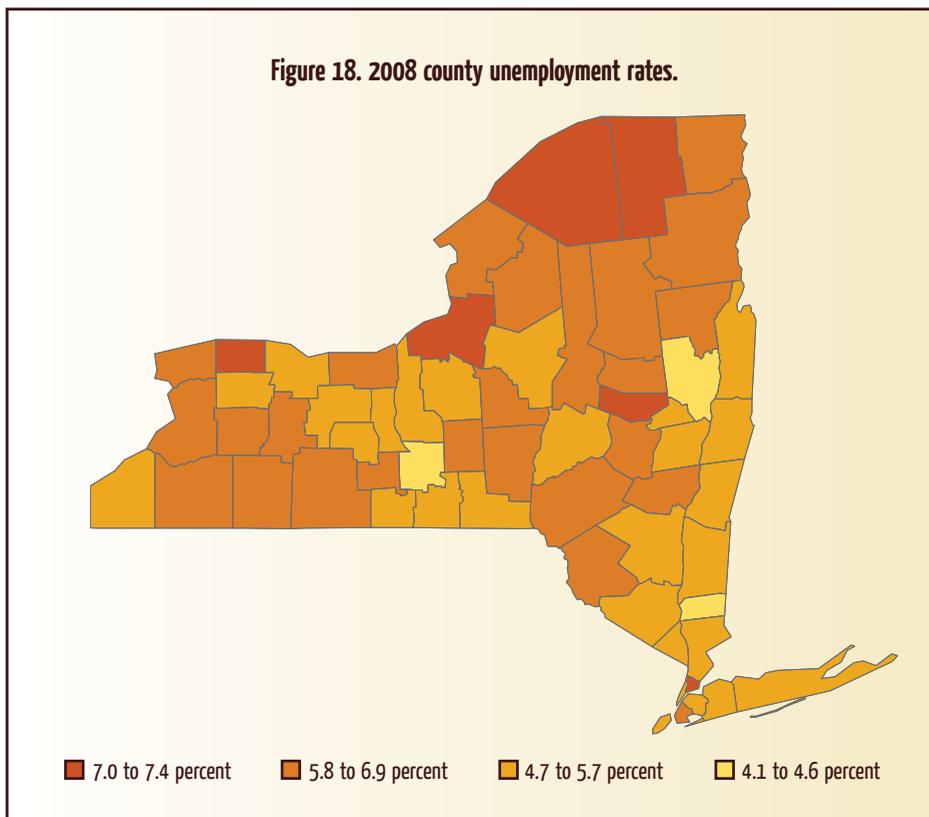


Data Source: New York State Department of Labor, 2009.

The rising unemployment rate can impact negatively on children, families and their communities (10, 11). Like foreclosures, unemployment can lead to housing loss, resulting in displacement from school and friends for children as well as increased stress for the whole family. In an effort to offset the detrimental effect of unemployment on families and communities, New York took full advantage of the opportunity provided at the federal level to increase unemployment benefits. Additionally, considerable measures have been taken to make the public aware of safety net resources and increased eligibility limits for a variety of support services. The Working Families website was designed specifically to support low-income families and individuals by providing practical information about where to find affordable housing and avoid foreclosure, nutrition programs, tax filing assistance, job placement services, and more family resources. Information about program descriptions, eligibility requirements, benefits, and how to apply for support can be found at: <http://www.otda.state.ny.us/main/workingfamilies/default.asp>.

The creation of new jobs and the improvement of skills in the potential employment pool are critical factors in addressing the rising rate of unemployment in New York. The New Economy Jobs Plan, which capitalizes on federal stimulus funding, especially for clean energy, will drive economic recovery and make New York more efficient and competitive for the future. Similarly, the American Recovery and Rehabilitation Act of 2009 monies have been instrumental in improving job skills among New York's disconnected youth, ages 14 through 24 years. Specifically, an expanded number of summer employment opportunities were targeted for youth in foster care, juvenile justice facilities and homeless and runaway shelters. This allowed youth to build and enhance job skills while providing an economic stimulus to the communities where they live.

**Figure 18. 2008 county unemployment rates.**



Data Source: New York State Council on Children and Families, Kids' Well-being Indicators Clearinghouse, 2009.  
Data provided by New York State Department of Labor.

## *Criminal Activity*

Crime is another aspect of community that is often used to gauge safety. The number of property and violent offenses reported or otherwise known to the police are the best official indicators of criminal activity in a community. Property index crimes include burglary, larceny and motor vehicle theft. Violent index crimes include murder, non-negligent manslaughter, forcible rape, robbery and aggravated assault. A distinction is made between violent and property offenses because crime trends for these two categories generally differ.

Statewide there were 463,184 violent and property index crimes reported to the police in 2008. Approximately 17 percent of these crimes statewide involved violent index offenses. In 2008, 63 percent of the violent index crimes and 39 percent of property index crimes in the state were reported in New York City. This represents a decrease

since 2000, when the city comprised 72 percent of the state's violent index crime and 44 percent of the state's property index crime (12).

The state as a whole experienced declines in the numbers of reported property offenses in 2008; 29 percent fewer property index crimes were reported in New York City and 12 percent fewer property index crimes were reported in the Rest of State, compared with 2000 (12).

### *Recycling and Community*

The old adage of “reduce, reuse and recycle” has gone mainstream with schools having students pick up litter on the side of roads as community service, youth organizations collecting recyclables for charity, and reusable water bottles for sale in most communities. A cleaner environment has become a priority for all communities and recycling has become another service that is offered to residents. In the more than two decades since the 1982 Bottle Bill was passed, New Yorkers have recycled 6,371,028 tons of glass, plastic and aluminum beverage containers. The average annual redemption rate was 73.4 percent and for the last year on record, 2005-06, it was 67.8 percent. In that year, New Yorkers returned 3,922,294,600 containers for \$196,114,730, leaving behind \$93,234,918 or \$4.78 for every man, woman and child in New York (13).

#### LOCAL DETAILS FOR COMMUNITY

For more information on your community and the impact of the American Recovery and Rehabilitation Act, please visit: [http://www.recovery.ny.gov/About/Fact\\_Sheets.htm](http://www.recovery.ny.gov/About/Fact_Sheets.htm).

When the Bottle Bill was passed in 1982, non-carbonated drinks like iced teas, sport drinks and bottled water made up a small fraction of the beverage market. Today, non-carbonated water makes up more than 23 percent of the market. The intended impact of the bill was to increase successful recycling of glass, plastics and cans and keep the unclaimed deposits for a state fund dedicated to public awareness about the environment and recycling efforts. For more information on the updated Bottle Bill, visit: <http://www.dec.ny.gov/chemical/8500.html>.





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Commission on Quality of  
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