Putting the Pieces Together for Our Children

A Child Well-Being Report of Community Indicators in Miami-Dade County 2008

The Children's Trust

The Children's Trust

Because All Children are Our Children

The Children's Trust is a dedicated source of revenue created by voter referendum in 2002 to improve the lives of children and families in Miami-Dade County by making strategic investments in their future.

The Children's Trust places a strong emphasis on accountability and documenting the impact of funded investments. We also encourage creative approaches to coordinating, integrating and funding services across and within the areas of health, safety, and early childhood and youth development. Collectively, we seek to:

- **Build** parenting skills, provide parents with information and referral services and increase community and parental responsibility for all our children.
- **Improve** school readiness and the quality of early childhood care and education.
- **Support** development of family support networks to strengthen families, prevent child abuse and neglect, and increase family literacy.
- **Increase** knowledge of and convenient access to health and mental services.
- **Improve** access to services for children with special needs and their families.
- **Increase** the availability of quality after-school and summer programs that support positive youth development and leadership.
- **Support** programs targeted to increase school success and prevent juvenile violence and crime.

Our Vision: The Children's Trust will become the recognized leader in planning, advocating and funding quality services to improve the lives of children and their families.

Putting the Pieces Together for Our Children:
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Message from the CEO

An **introduction** to ***Putting*** the ***Pieces Together*** for ***Our Children: A Child Well-Being Report*** of ***Community Indicators*** in ***Miami-Dade County 2008***

Modesto E. Abety
President and CEO

The well-being of children, youth and families is critical to the growth and success of our community. Well-being encompasses those factors that influence the likelihood that a child will grow to be a well-educated, economically secure, productive and healthy adult. The Children's Trust, in collaboration with the Urban Institute and Child Trends, presents this 2008 update report of community indicators on this important topic. The report adds an important resource for use in data-informed community planning and needs assessment regarding how Miami-Dade's children and their families are faring over time and compared with others in our state and nation.

Putting the Pieces Together for Our Children examines 37 selected indicator areas related to Community and Family Characteristics; Child Health and Healthcare; Child Safety; Early Childhood Education and Development; Youth Behavior and Development; and Education and School Engagement. It updates, reorganizes and expands upon The Children's Trust 2003 publication *Multi-Year Trend Analysis and Update of Selected Indicators of Child Well-Being*. Discussion includes information about why each factor is important—what research tells us about its relationship to child development and future success, trends over time, relation to state and national figures, and important differences across geography, race/ethnicity and gender.

The easily accessible format heightens awareness of important children's issues to broad audiences and provides a record of community needs, disparities and trends. The aim is to stimulate meaningful discussion and support advocacy for needed improvements among policymakers, health and human services providers and administrators, funders, parents and the public.

Whether you are a parent, researcher, policymaker, funder, grant writer, service provider or an advocate for children and families, all community residents can use this report to direct strategic planning efforts and coalition building, guide policy development, direct allocation of resources, set goals for improvement and promote community responsibility for positive change. Our hope is that as a community we can better focus our activities and leadership in child and family-friendly investments and policy decisions.

All the information contained in this report came via the sources listed at the end of the document. The Children's Trust will continue to provide Miami-Dade County with meaningful statistical data and research to inform planning and investments for children, youth and families. This will include developing a website where this information will be electronically available. We will seek to achieve data sharing agreements with key partners so information can be kept fresh and updated.

In the ensuing pages you will see areas we must address to ensure all our children begin life healthy and have opportunities to grow strong in safe families and neighborhoods and lead productive lives. In some areas Miami-Dade compares favorably to state and national norms; others require more focused and targeted efforts. We have much more to do for our children. The following page offers highlights from each section of the report, providing a glimpse of what is included and some areas where we must accomplish much more.

COMMUNITY AND FAMILY CHARACTERISTICS

- Miami-Dade's child population is concentrated in the north and selected areas of the south of the county.
- We are among the most racially and ethnically diverse counties in the United States. Almost 70 percent of children are foreign-born or have at least one foreign-born parent. The same proportion speaks a language other than English at home.
- Nearly 40 percent of all children live in households headed by an unmarried person, a percentage that continues to rise and exceeds the percentage for Florida and the nation.
- Families with children in Miami-Dade are slightly more likely to face poverty than families in Florida and the nation, and incomes of single-parent families are typically less than half that of married-couple families.

CHILD HEALTH AND HEALTHCARE

- There are striking geographic disparities in where women receive adequate prenatal care.
- Racial disparities in infant mortality show black non-Hispanic infants with the highest death rates. Infant mortality rates for Hispanics and Haitians are increasing in Miami-Dade County.
- Immunization rates for young children are improving, and on par with state and national averages.
- Fewer children in Miami-Dade are covered by health insurance than in the state or the nation.
- Female high school students are more likely to report depression and suicidal thoughts than male students.
- The likelihood of being overweight has increased among high school students, with male Hispanic students most likely to be overweight. Meanwhile, students in Miami-Dade County trail the nation in reported levels of physical exercise and activity.

SAFETY

- Child mortality rates are declining, but many children and youth continue to die from preventable causes, such as motor vehicle accidents, homicide and accidental drowning. Older youth are more likely to be hospitalized for an unintentional injury.
- Homicide rates for Miami-Dade youth are increasing and concentrated in specific geographic areas.
- The documented rates of child abuse and neglect, as well as children in out-of-home placements are lower in Miami-Dade than in the State of Florida.
- The overall rate of documented domestic violence offenses also has declined steadily since the late 1990s.
- Incidents of physical fights in schools have declined since 1997, yet fighting still affects a third of students. Student perception of gang activity in public high schools has increased.

EARLY CHILDHOOD EDUCATION AND DEVELOPMENT

- One-quarter of Miami-Dade's 1,325 licensed child care providers are accredited, representing more than 40% of the total available child care slots in the county.
- Preschool enrollment for children ages 3 and 4 is higher than in the state and the nation.
- The percentage of Miami-Dade kindergartners "ready" for school is below the state average.

YOUTH BEHAVIOR AND DEVELOPMENT

- The rate of cigarette smoking among public high school students has declined by nearly half since 1997. Furthermore, reported marijuana and cocaine use is decreasing. However, nearly one in five Miami-Dade County high school students reported they binge drink.
- Youth arrests have declined, but there are significant geographic disparities in where arrested youth live. Most delinquency arrests are for felony offenses.
- One in three public high school students reported being sexually active in 2005; nearly three-quarters of those students reported using condoms, while only one in twenty used birth control pills. The percentage of all births to teenage mothers has fallen steadily over the years. However, Miami-Dade County has one of the highest rates of adults and children living with HIV/AIDS in the country.

EDUCATION AND SCHOOL ENGAGEMENT

- Public school enrollment fell slightly in the past decade, and more than one in four Miami-Dade County students attend private school or a public school choice program (i.e., charter, magnet and other special choice programs).
- Almost a quarter of Miami-Dade public school students have limited English proficiency, and more than one in 10 have special education needs.
- Almost one in five public high school students missed 21 or more days of school; however, the rate of suspensions has dropped considerably over the past few years.
- Nine in 10 parents of elementary students attend at least one school activity during the year.
- Math and reading test scores of third and tenth grade students have improved over the past five years.
- More than half of public schools in Miami-Dade earned a performance grade of "A" or "B" for the 2006-07 school year, with a quarter receiving a "C" grade.
- Only 6 of 10 Miami-Dade County public high school students graduate within four years of starting high school.

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Population

Miami-Dade County's **child population** is **more concentrated** in the **north** and **selected areas** of the **south.**

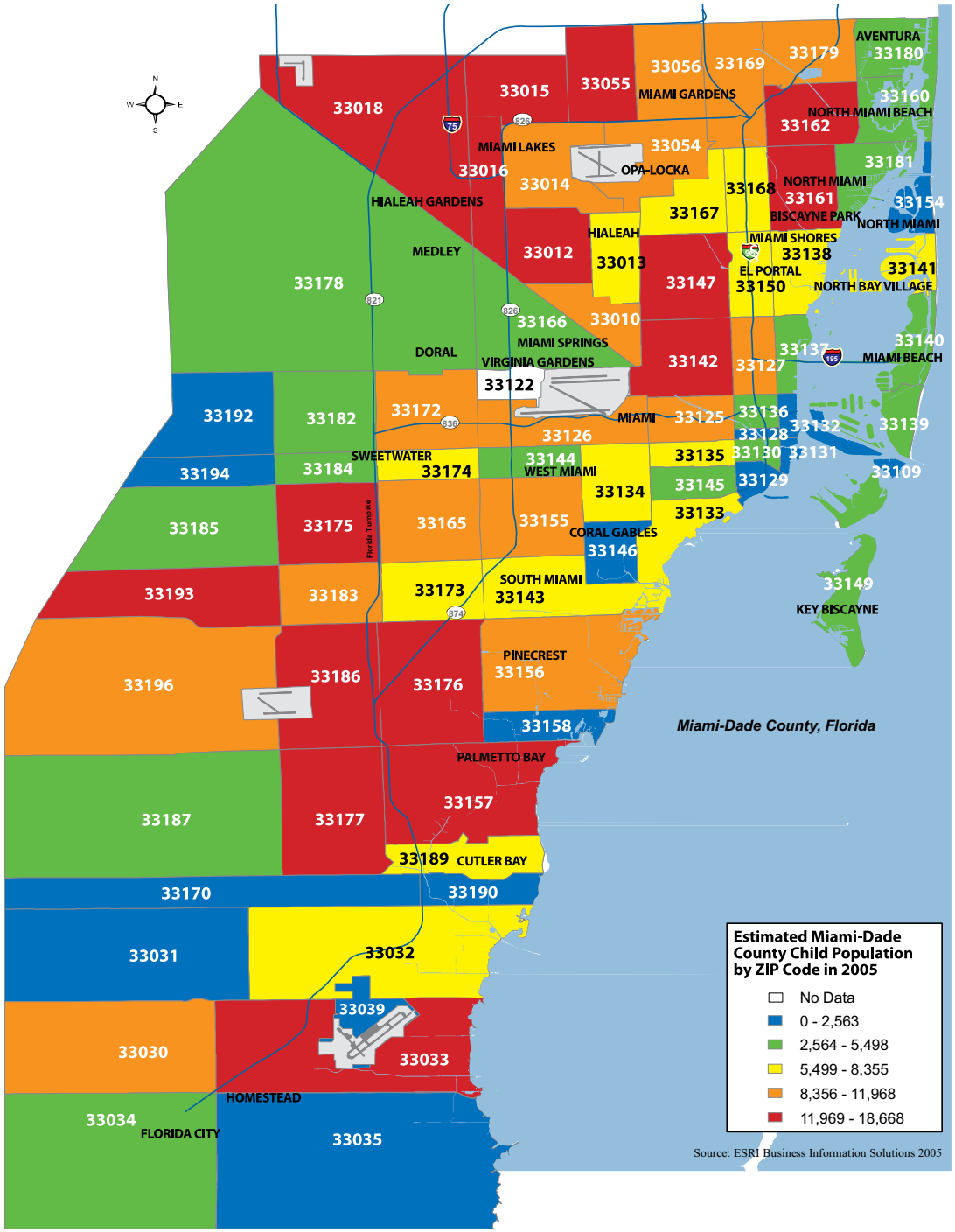
Child Population

According to the 2006 American Community Survey, of the 2.4 million people living in Miami-Dade County nearly a quarter (24 percent) were children under the age of 18. This proportion is slightly higher than that for Florida (22 percent) and just under that for the nation (25 percent).

The county's total population has grown by 6.6 percent since 2000 with the child population increasing by 2.7 percent from 560,100 children in 2000 to 575,000 in 2006. The youngest age group, birth to 4 years, accounts for 28 percent of the children, up from 26 percent in 2000. The share of children ages 5 to 14 dropped from 57 to 54 percent of the total child population in 2006, while the youth group (ages 15 to 17) increased slightly to18 percent.

The map depicts the distribution of Miami-Dade County's estimated child population in 2005 by ZIP code. Families with children tend to be more concentrated in the north of the county and selected areas of the south.

Estimated Miami-Dade County Child Population by ZIP Code in 2005



Diversity

Miami-Dade County is among the **most** racially and ethnically **diverse counties** in the **United States.**

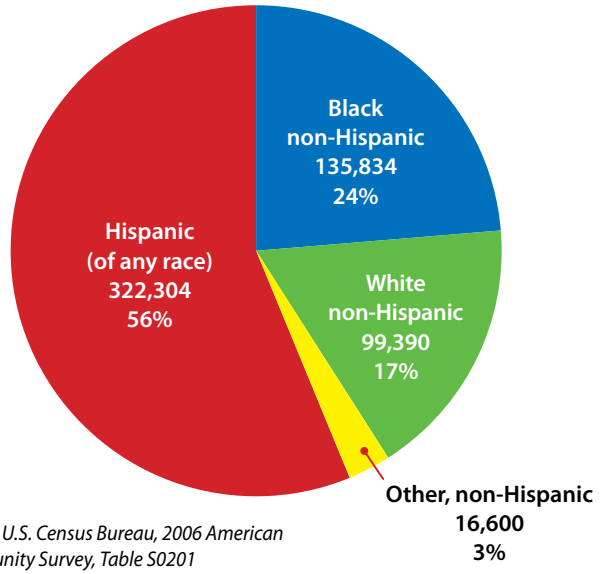
Racial and Ethnic Composition

Racial and ethnic identity is not only associated with differences in language and culture, but also can be related to disparities in health, school performance and other aspects of child well-being.[1]

Miami-Dade County is home to one of the largest Hispanic communities in the United States, so it stands to reason the county's child population is predominantly Hispanic.[2] In 2006, more than half (56 percent) of the children in Miami-Dade County were Hispanic, nearly a quarter (24 percent) of all children were black non-Hispanic and 17 percent were white non-Hispanic; Asians, Native Americans and multiracial children together accounted for less than 3 percent. Additionally, Haitian children comprise nearly 7 percent of the child population.

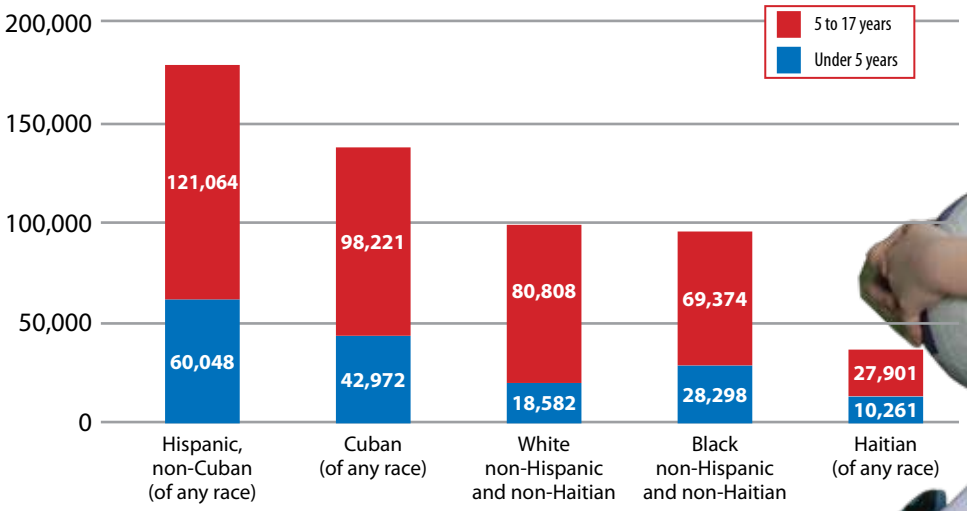
Ancestry refers to a person's ethnic origin or descent and represents a self-classification. In 2006, a third (767,000) of all Miami-Dade residents identified themselves as Cuban. At 5 percent (115,000), Haitian ethnicity was the second most frequently claimed, followed by Colombian (102,000) and Nicaraguan (100,000), each at 4 percent of the total county population. The two largest ethnic groups in the county contrast markedly in terms of the proportion of their child population: 18 percent of Miami-Dade's Cuban ethnic population are under the age of 18 (141,193 children), while 33 percent of the Haitian ethnic population are children (38,162 children).

Children in Miami-Dade County by Race/Ethnicity, 2006



Source: U.S. Census Bureau, 2006 American Community Survey, Table S0201

Children by Age within Major Race and Ethnic Origin Groups
Miami-Dade County, 2006



Source: U.S. Census Bureau, 2006 American Community Survey, Table S0201, and calculations by author
Notes: An additional 16,600 children are identified as another race, or two or more races, and not included in this chart.

Immigration and Language

Almost 70 percent of **children** in Miami-Dade County are **foreign-born** or have at least **one foreign-born parent.** The same proportion speaks a **language other than English** at home.

Immigrant Children and Children with Immigrant Parents

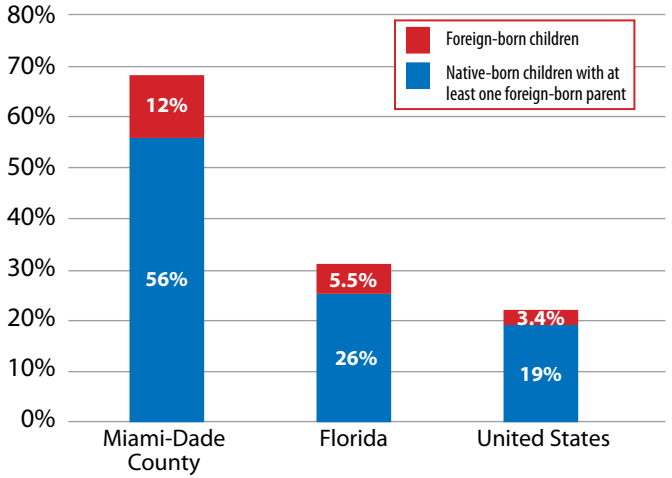
Many immigrant children face significant challenges in integrating into American life. They are more likely than native-born children to live in poverty, have poorer health and have parents with little education. Native-born children of immigrant parents often face similar challenges, including economic hardship and decreased access to public benefits.[3]

Immigrant children are more prevalent in Miami-Dade County than in Florida and the United States. In 2006, 12 percent of all Miami-Dade children living with their parents were born outside of the United States, compared with only 5.5 percent in Florida and 3.4 percent in the nation.[4] Another 56 percent of Miami-Dade children living with their parents were native-born but have at least one immigrant parent.

Language Spoken at Home and English Proficiency

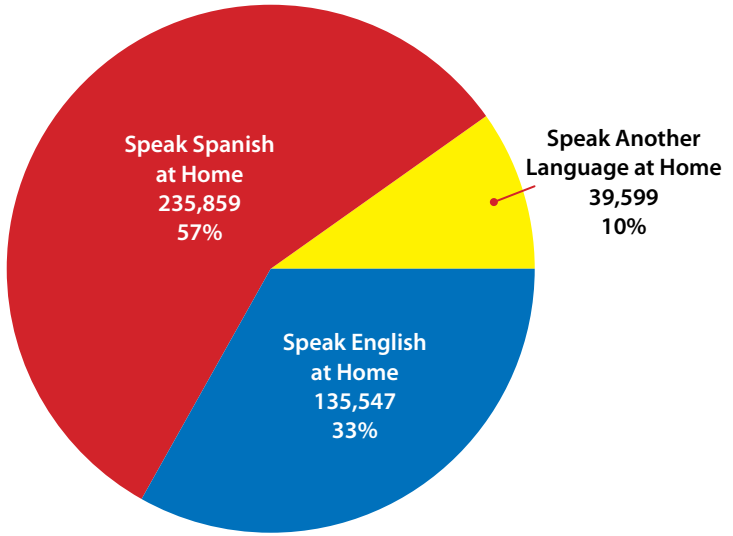
Given that more than two of every three children living with their parents in Miami-Dade are either foreign-born or have at least one immigrant parent, it is not surprising that in 2006, 57 percent of all children ages 5 to 17 spoke Spanish at home and 10 percent spoke a language other than Spanish or English at home. In comparison, only 26 percent of all children ages 5 to 17 in Florida and 20 percent of all children nationwide speak a language other than English in their home. Many Miami-Dade children are bilingual; based on parental judgment of English proficiency only 4.4 percent of children who speak a language other than English in their homes do not speak English well or do not speak English at all.

Children in Families by Their Own and Parents' Place of Birth, 2006



Source: U.S. Census Bureau, American Community Survey, Table C05009
Notes: These percentages include only "own children," who are defined as never married children under age 18 living with a biological, step- or adoptive parent who is the head of household.

Children Ages 5 to 17 by Language Spoken at Home—Miami-Dade County, 2006



Source: U.S. Census Bureau, 2006 American Community Survey, Table B16004

Nearly **40 percent of all children** in Miami-Dade County live in **households headed** by an **unmarried person.**

Family Structure

Family Structure

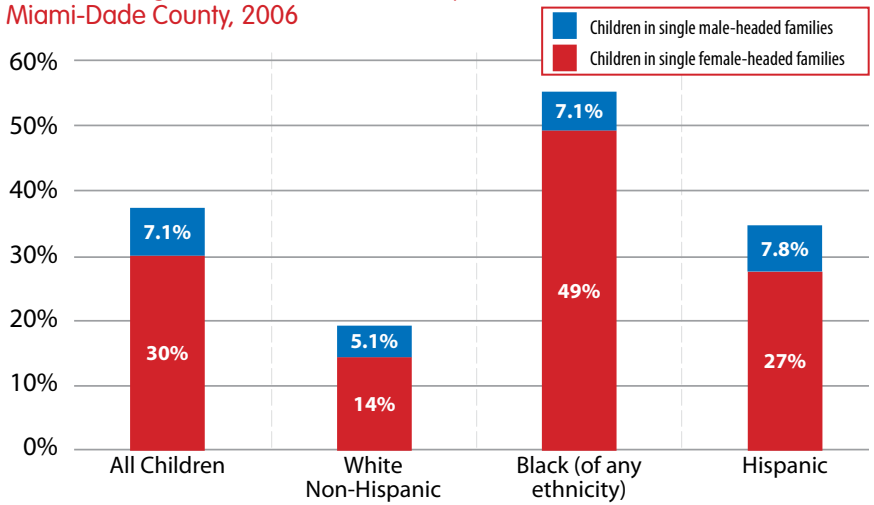
Mothers and fathers both play important roles in their child's development. Living with only one parent is related to a greater likelihood of problems with a child's physical and mental health, educational outcomes and behavior.[5]

While most (62 percent) Miami-Dade County children lived in married-couple families in 2006, 30 percent lived in single-mother families and 7.1 percent lived in single-father families. Another 1 percent of children lived in non-family settings—that is, with a person or persons not related to the child. Miami-Dade County has a lower rate of children living in married-couple families than either the State of Florida (65 percent) or the nation (68 percent).

White non-Hispanic children are more likely to live in a married-couple family than black or Hispanic children. In 2006, 56 percent of all black children (of any ethnicity) lived in families headed by an unmarried person, nearly triple the rate for white non-Hispanic children (19 percent), and significantly higher than the rate for Hispanic children (35 percent).

A grandparent served as the head of household in 2006 for 9 percent of children under 18, compared with 6.9 percent in Florida and 6.4 percent nationally. However, only 48 percent of these children in Miami-Dade had a grandparent who was responsible for them, a lower rate than for either Florida or the nation (both at 55 percent). Additionally, three-quarters of children in Miami-Dade who had a grandparent responsible for them also had a parent present in the household.[6]

Children Living in Households Headed by an Unmarried Person
Miami-Dade County, 2006



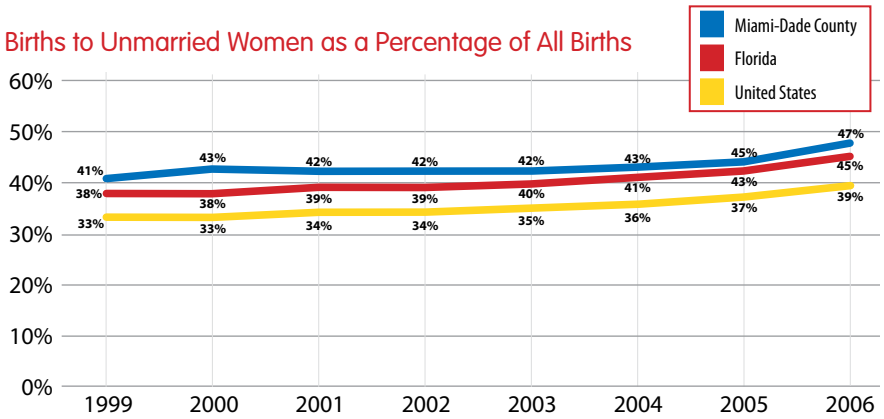
Source: U.S. Census Bureau, 2006 American Community Survey, Table S0901
Notes: The race/ethnicity listed refers to that of the child.

Unwed Mothers and New Family Index

In 2006, 33,739 babies were born to mothers living in Miami-Dade County. Between 1999 and 2006, births to unmarried mothers in the county increased from 41 to 47 percent of births, exceeding the rates of those in Florida (45 percent) and the nation (39 percent) in 2006. The highest percentages of births to unwed mothers were concentrated in the north (Miami Gardens and Liberty City) and central (Allapattah and East Little Havana) parts of the county, with additional concentrations in the far south (Homestead and Florida City).

Encouragingly, in 2005 two-thirds of babies from single births to first-time mothers (67 percent) were born into situations conducive to forming new families, up from 62 percent in 1997. This refers to the New Family Index and includes mothers who were at least 20 years old, had at least a high school education and named a father on the birth certificate (regardless of marital status).

Births to Unmarried Women as a Percentage of All Births



Source: Florida Department of Heath, Office of Vital Statistics and the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System

Income

Incomes of **single-parent families** are typically **less than half** that of **married-couple families.**

Labor Force Participation and Median Family Income

Income disparities account for a substantial portion of the negative effects associated with growing up in single-parent families. Moreover, among all family structures, higher income is associated with positive outcomes for children, including better health, higher academic achievement and greater financial well-being in adulthood.[7]

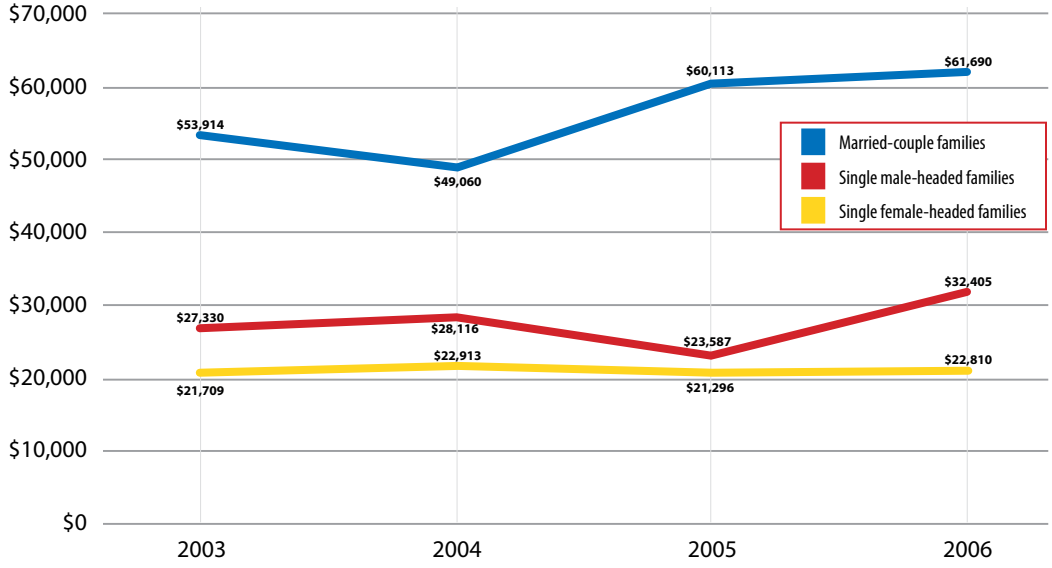
Most families with children in Miami-Dade County are working families who depend on earnings for a portion of their income. In 2006, 71 percent of Miami-Dade families with children under 18 had all resident parents (one, if a single parent; two, if a couple) in the labor force, percentages that parallel those for Florida and the nation. In Miami-Dade, 64 percent of married-couple families with children under 18 were dual-earners while 33 percent only had one parent in the labor force; 86 percent of single parents with children under 18 were in the labor force, either employed or looking for a job.[8]

The median income for all families with children in Miami-Dade County was $45,940 in 2006, less than the median income for families with children in both Florida ($52,180) and the United States ($56,319). Among Miami-Dade families with children, the median incomes of male and female single-parent families ($32,405 and $22,810, respectively) were much less than married-couple families ($61,690).

Single-parent family income has fluctuated relative to married-couple income over the years. Female single-parent family income has dipped since 2003 from 40 percent of married-couple income to 37 percent in 2006. Male single-parent family income was at 53 percent of married-couple family income in 2006, up slightly from 51 percent in 2003.

Partially as a result of having lower incomes, families with children in Miami-Dade County were more likely to receive public assistance than families in Florida and the United States. In 2006, more than a quarter (27 percent) of Miami-Dade children lived in families that received cash assistance income, supplemental security income (SSI) or food stamps, compared with Florida (18 percent) and the nation (19 percent).[9]

Median Income of Families with Children by Family Structure—Miami-Dade County



Source: U.S. Census Bureau, American Community Survey, Table P103 (2003) and Table B19126 (2004-2006)
Notes: Median income divides the income distribution into two equal groups, one having incomes above the median and the other having incomes below the median.

Poverty

Overall, **families with children** in Miami-Dade County are **slightly more likely** to **face poverty than** families in **Florida** and the **nation.**

Poverty

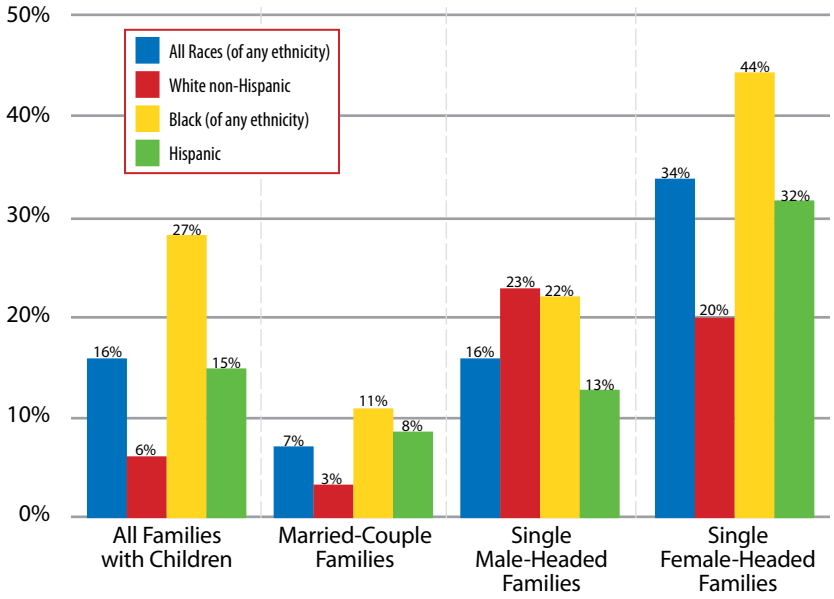
Children living in poverty are disproportionately exposed to a host of risk factors affecting development, including malnutrition, abuse, parental depression and low quality child care. Poor children also are more likely to experience poorer physical and mental health, engage in risky behaviors and fare worse academically than children who are not poor.[10]

In 2006, 16 percent of all families with children living in Miami-Dade County earned incomes for the previous year that were below the federal poverty level.[11] The poverty rate for all families with children in Miami-Dade County was higher than in Florida and the nation (14 and 15 percent, respectively).

Female-headed families with children (those headed by an unmarried woman) were far more likely to be poor[12] as compared with married-couple or even male-headed families. In Miami-Dade County in 2006, the poverty rate for all female-headed families with children (34 percent) was nearly five times higher than for married-couple families (7 percent) and twice as high as that for single male-headed households (16 percent). Black and Hispanic families with children were substantially more likely than white families to live in poverty. This disparity is particularly large among single female-headed families with children. In 2006, 44 percent of black and 32 percent of Hispanic female-headed families were poor, while 20 percent of white non-Hispanic female-headed families were poor.

Hispanic families with children (across all family structures) in Miami-Dade County have a poverty rate of 15 percent, which compares favorably with that of Hispanic families in Florida (17 percent) and in the nation (24 percent).

Families with Children Who are Poor by Family Structure and Race/Ethnicity—Miami-Dade County, 2006



Source: U.S. Census Bureau, 2006 American Community Survey, Tables B17010, B17010H, B17010B, B17010I
Notes: "Families with children" refers to families with one or more children under the age of 18 who are related to the head of household and are living in the household. "Poor" refers to incomes below the federal poverty level.

Endnotes

Community and Family Characteristics

[1] Interagency Forum on Child and Family Statistics (2002). *America's Children: Key National Indicators of Well-Being*. www.childstats.gov

[2] Due to constraints of the population estimates data source, racial compositions of children are based on the population ages 19 and under.

[3] Hernandez, DJ (1999). Children of immigrants: Health, adjustment, and public assistance. In DJ Hernandez (Ed.), *Children of immigrants: Health adjustment and public assistance* (pp.1-18). Washington, DC: National Academy Press. www.nap.edu/books/0309065453/html

[4] Data on nativity of children and their parents represents only "own" children. An "own" child is defined as a "never-married child under 18 years who is a son or daughter of the householder by birth, marriage (a stepchild) or adoption." US Census Bureau (2002). Census 2000 summary file 3 technical documentation.

[5] Child Trends (2002). *Charting parenthood: A statistical portrait of fathers and mothers in America*. Washington, DC: Child Trends. www.childtrends.org/files/ParenthoodRpt2002.pdf; Brown, SL (2004). Family structure and child well-being: The significance of parental cohabitation. *Journal of Marriage and the Family*, 66(2): 351-67.

[6] US Census Bureau, 2006 American Community Survey, Table B10002.

[7] The Urban Institute (2006). *Parents and children facing a world of risk: Next steps towards a working families agenda*. www.urban.org/UploadedPDF/311288_parents_and_children.pdf; Brooks-Gunn, J and Duncan, G (1997). The effects of poverty on children. *The Future of Children,* 7(2): 55-71. www.futureofchildren.org/information2826/information_show.htm?doc_id=72165

[8] US Census Bureau, 2006 American Community Survey, Table B23007.

[9] US Census Bureau, 2006 American Community Survey, Table B09010.

[10] National Center for Children in Poverty (1999). Poverty and brain development in early childhood. Columbia University, Mailman School of Public Health. www.nccp.org/publications/pub_398.html; Dahl, G & Lochner, L (2005). *The impact of family income on child achievement*. Institute for Research on Poverty. Discussion paper #1305-05. www.irp.wisc.edu/publications/dps/pdfs/dp130505.pdf; Mather, M & Adams, D (2006). *A KIDS COUNT/PRB report on Census 2000: The risk of negative child outcomes in low-income families*. KIDS COUNT & Population Reference Bureau. www.prb.org/pdf06/RiskNegOut_Families.pdf

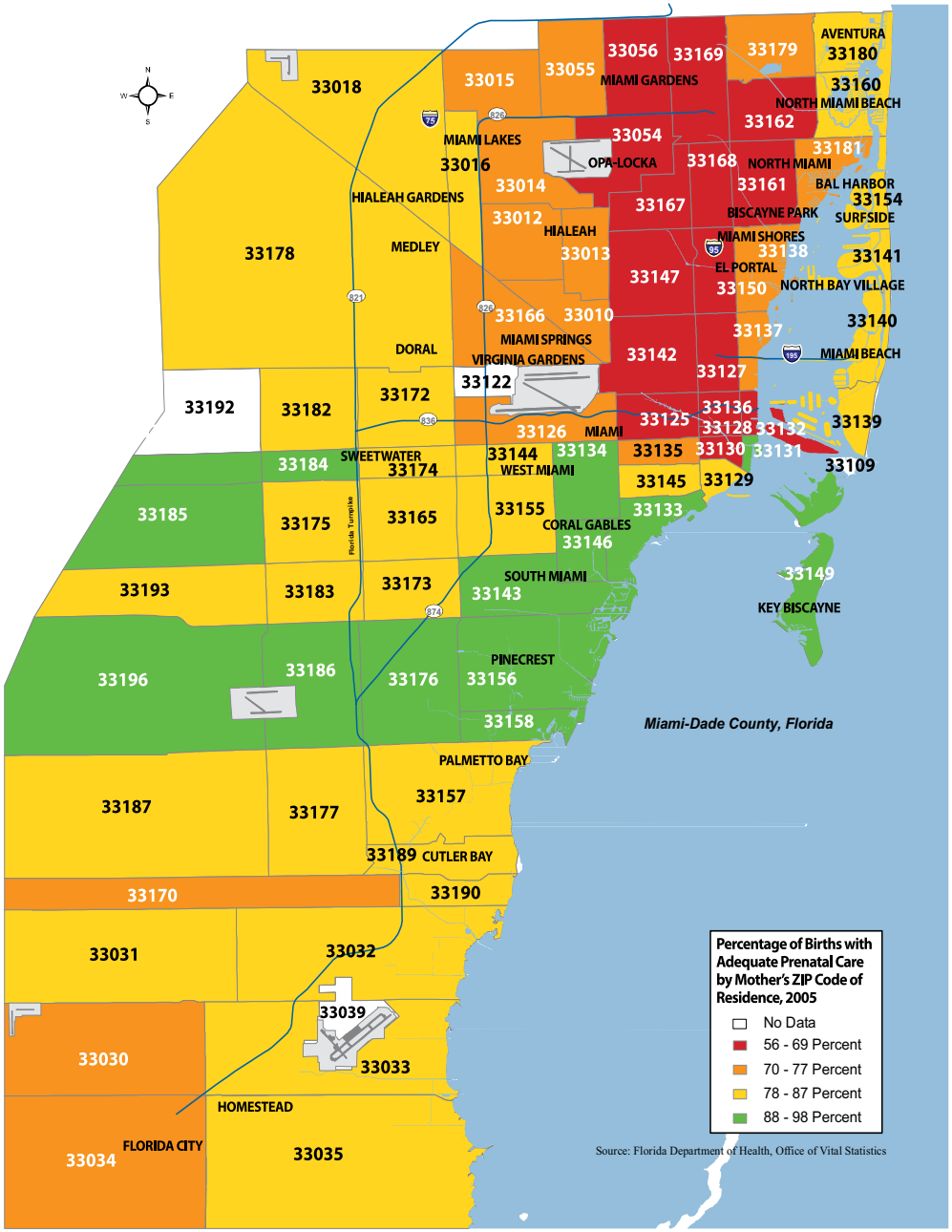
[11] In this paragraph, "families with children" refers to families with one or more related children, that is, persons under the age of 18 who are related to the head of household and are living in the household.

[12] Following the Office of Management and Budget's (OMB's) Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to detect who is poor. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family or unrelated individual is classified as being "below the poverty level." Poverty definitions are available at: www.census.gov/hhes/www/poverty/definitions.html

Prenatal Health

Striking geographic **disparities exist** that identify areas of Miami-Dade County **where mothers** are **most and least likely** to **receive adequate prenatal care.**

Percentage of Births with Adequate Prenatal Care by Mother's ZIP Code of Residence, 2005



Notes: The ZIP code used is that of the mother's residence at time of baby's birth.

Adequacy of Prenatal Care

Adequate prenatal care is essential for the healthy and successful development of babies. This care provides educational and nutritional information for new parents, as well as helps identify mothers who should be closely monitored for medical conditions that may leave the mother and child at risk.[13]

Experts consider prenatal care to be adequate if a woman has both a prenatal care visit in the first trimester and the recommended number of total visits through her pregnancy.[14] The share of births to mothers who receive adequate, or better than adequate, prenatal care in Miami-Dade County remained in the 75 to 78 percent range for the period 1999 to 2006. In 2006, 76 percent of babies were born to Miami-Dade mothers who received at least adequate prenatal care. Another 14 percent reported an intermediate level of care, and 9.3 percent of mothers fell into the worst category of inadequate or no prenatal care. In contrast, Florida births to mothers receiving adequate or better prenatal care dropped from 76 to 72 percent for the period 1999 to 2006, while the percentage of mothers receiving inadequate or no prenatal care climbed from 10 to 15 percent during this same time period.

Mothers living in areas in northern Miami-Dade County and the far south were less likely to receive the recommended levels of adequate prenatal care. More than one out of five children born to mothers living in ZIP code 33136 (Overtown) did not receive adequate prenatal care during their mothers' pregnancy in 2005 – about twice the county average. In 20 other ZIP codes, located mainly along the I-95 corridor from East Little Havana and Overtown to the Broward County line, between 10 and 20 percent of babies were born to mothers who received inadequate or no prenatal care.

Nutritional deficiency places pregnant women and their babies at risk for poor development. Low income mothers, infants and children are eligible for the Women, Infants and Children Supplemental Feeding Program (WIC) to meet their basic nutritional needs. In 2006, more than 97,000 individuals were eligible for WIC services in Miami-Dade County, of which 65 percent (63,100) received services. Miami-Dade County's rate of WIC-eligible families served has increased since 2001 when it was 57 percent. Comparatively, the State of Florida's rate of WIC-eligible families served increased from 57 to 64 percent during the same time.[15]

Infant Mortality and Low Birth Weight

Black non-Hispanic infants face the **highest mortality rates**; infant mortality rates for **Hispanics** and **Haitians** are **increasing** in Miami-Dade County.

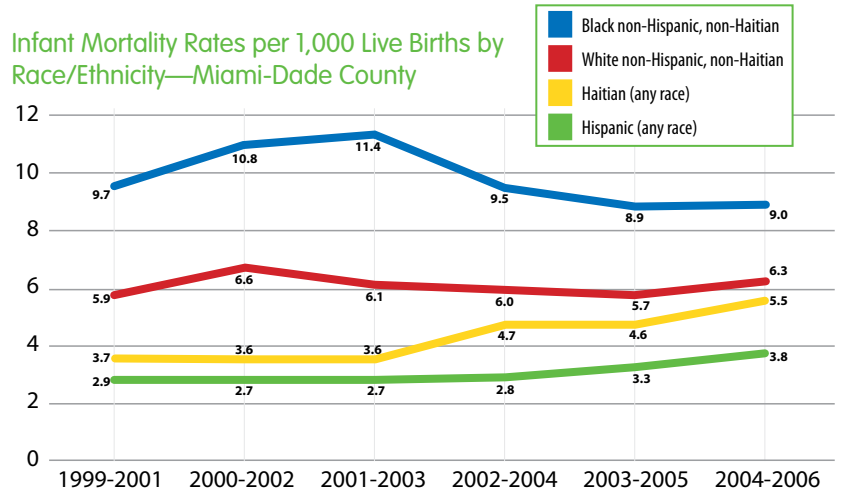
Infant Mortality

Infant mortality (deaths to children less than a year old) is largely preventable. The risk of infant death is reduced with adequate health care and nutrition during pregnancy and preventive health care after birth. Smoking or abusing other substances during pregnancy can lead to a higher risk of infant mortality.[16]

In 2006 there were a total of 218 infant deaths in Miami-Dade County. Using three-year averages, the county's overall infant mortality rate increased slightly between 1999 and 2006, from 5.6 to 5.7 deaths per 1,000 live births.[17] During this same time period the county experienced an increase in low birth weight babies, from 7.9 to 8.6 percent of single births.[18] Low birth weights increase the risk of complications and infant death. Still, Miami-Dade's 2004-2006 average rate of infant mortality remains lower than Florida's (7.1 deaths per 1,000 live births), as well as the nation's, currently at 6.9 deaths per 1,000 live births.

Non-Hispanic, non-Haitian black infants in Miami-Dade County have the highest mortality rates of any racial or ethnic group, more than twice that of Hispanics. Between 1999 and 2006, the average infant mortality rate for blacks decreased from 9.7 to 9 deaths per 1,000 live births, after peaking at 11.4 around 2002. In contrast, the mortality rate for white non-Hispanic infants has remained stable around six deaths per 1,000 live births, while the lower infant mortality rates for Hispanics and Haitians have been on the rise. From 1999 to 2006, average infant mortality for Haitians has increased from 3.7 to 5.5 deaths per 1,000 live births, and for Hispanics the infant mortality rate has increased from 2.9 to 3.8 deaths per 1,000 live births.

Infant Mortality Rates per 1,000 Live Births by Race/Ethnicity—Miami-Dade County



Source: Florida Department of Health, Office of Vital Statistics
Notes: To reduce the variability from small numbers of cases, infant mortality rates are calculated as three-year averages.

Immunization rates for young children in Miami-Dade County are **improving**, and **on par** with **state** and **national averages.**

Immunizations

Immunizations and Vaccine-Preventable Diseases

Regular, up-to-date vaccinations can protect children from a host of preventable diseases, including diphtheria, tetanus, pertussis, polio, measles, mumps, rubella and hepatitis B.[19]

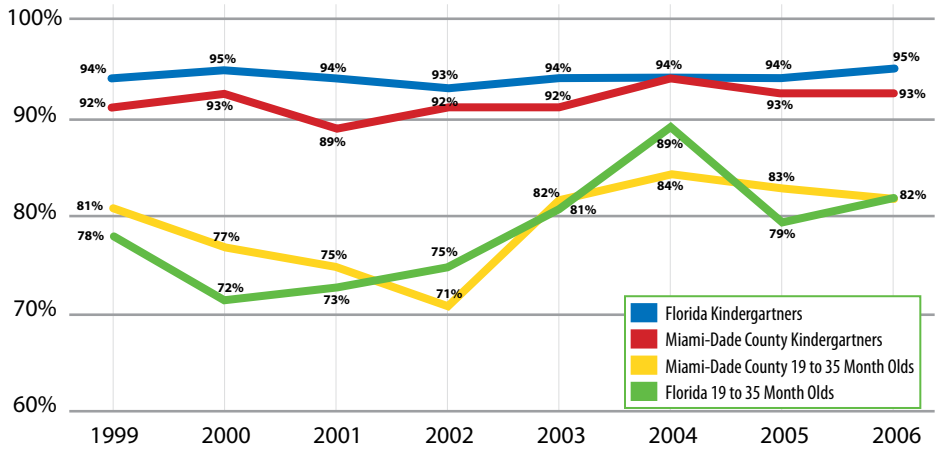
Increasing numbers of young children in Miami-Dade County have received all vaccines recommended for universal administration; these vaccines protect against many major preventable childhood diseases. The 4:3:1:3:3 combination immunization rate[20] for children ages 19 to 35 months increased from a low of 71 to 82 percent between 2002 to 2006. The county immunization rate was slightly higher than the national rate in 2006 (81 percent), and on par with the State of Florida's immunization rate. Similar to the trend in Miami-Dade County, the state and national immunization rates generally have been on the rise over the past decade.

Immunization levels for Miami-Dade kindergartners have fluctuated around 93 percent over the past decade, with a low of 89 percent in 2001; in 2006 the rate was 93 percent.

Similarly, kindergarten immunization levels for the State of Florida have hovered around 94 percent over the entire time period.

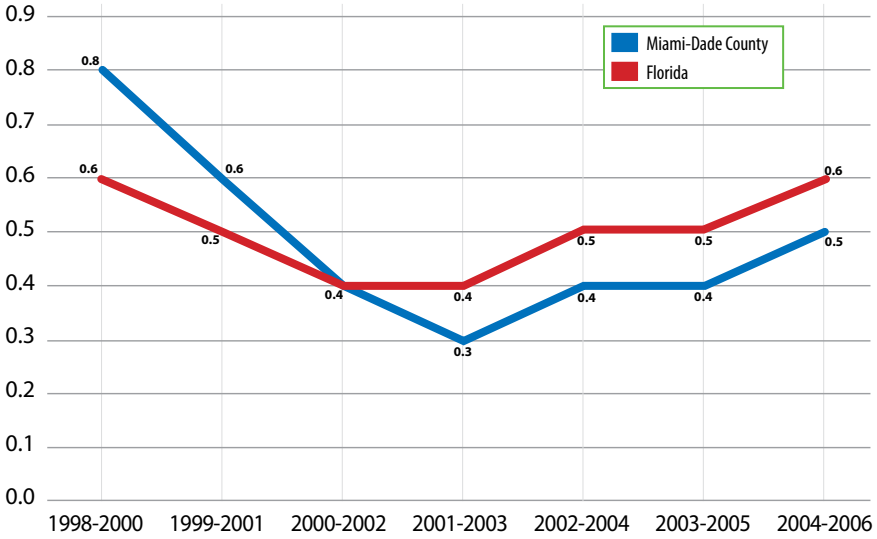
The movements in immunization levels have been accompanied by a corresponding decrease in the occurrence of vaccine-preventable diseases among the targeted age group population within the county. Starting around 2002, the average vaccine-preventable disease rate for Miami-Dade County fell below the state average, decreasing from 0.8 to 0.3 disease occurrences per 100,000 total population from 1998 to 2003, but slowly climbing since then to a current rate of 0.5.[21] This trend also holds true for the State of Florida, which had a low vaccine-preventable disease rate of 0.4 around 2002, but currently is at 0.6 per 100,000 total population.

Percentage of Young Children Who Are Immunized



Source: Centers for Disease Control and Prevention, National Immunization Survey for children ages 19 to 35 months, and Florida Department of Health, Bureau of Immunization for kindergarten students.
Notes: For children ages 19 to 35 months, combined series vaccination (4:3:1:3:3) includes four or more doses of diphtheria/tetanus/acellular pertussis (DTaP) vaccine, three or more doses of polio vaccine, one or more dose of measles/mumps/rubella (MMR) vaccine, three or more doses of Haemophilus influenzae type b (Hib) vaccine, and three or more doses of hepatitis B (Hep B) vaccine.

Vaccine-Preventable Disease Rate per 100,000 of Vaccine-Targeted Age-Group



Source: Florida Department of Health, Bureau of Epidemiology
Notes: Rates calculated for entire population. Diseases include diphtheria for all ages; Haemophilus influenzae type b under age 5; mumps, rubella, polio, tetanus and pertussis under age 7; and hepatitis B and measles under age 19. To reduce the variability from small numbers of cases, rates were calculated as three-year averages.

Health Insurance

Fewer children in Miami-Dade County **are covered** by health insurance, **compared** with **state and national averages.**

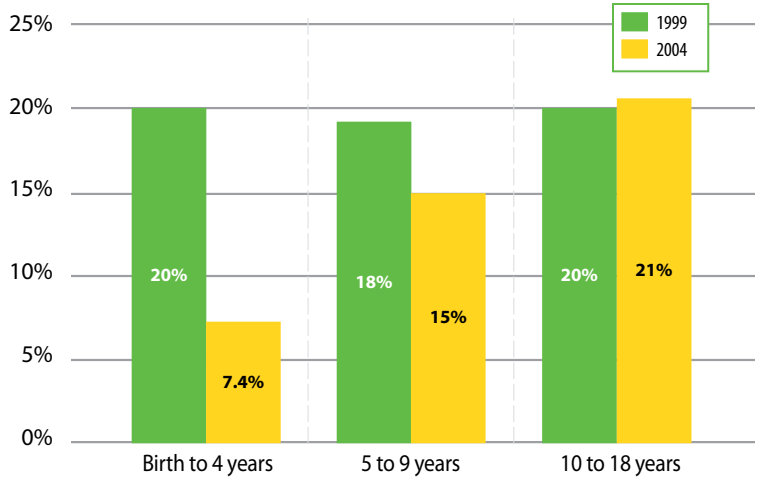
Health Insurance Rates

Children with health insurance are much more likely to have access to healthcare providers, receive the care they need, have their prescriptions filled, have a usual place for care (or medical home) and receive preventive well-child check-ups.[22] *Access to healthcare can influence children's physical and emotional health, growth and development, as well as their capacity to reach their full potential as adults.*[23]

Without health insurance, many families cannot afford the cost of basic medical treatment for their children. Children in Miami-Dade County are less likely to have health insurance than children in Florida or in the United States overall. In 2004, 16 percent of children under age 19 in the county lacked health insurance, compared with 12 percent in Florida and in the United States.[24]

With Florida's enactment of KidCare, the federal State Children's Health Insurance Program (SCHIP), the overall uninsured rate among Miami-Dade children fell from 20 to 16 percent between 1999 and 2004. This translates to more than 17,000 additional children who became insured, but still left more than 100,000 children without health insurance in 2004. This reduction was not consistent for all age groups, however. Uninsured children from birth to 4 years of age decreased from 20 to 7.4 percent; yet the rate of uninsured children 10 to 18 years of age increased slightly, from 20 to 21 percent.

Percentage of Children Without Health Insurance
Miami-Dade County

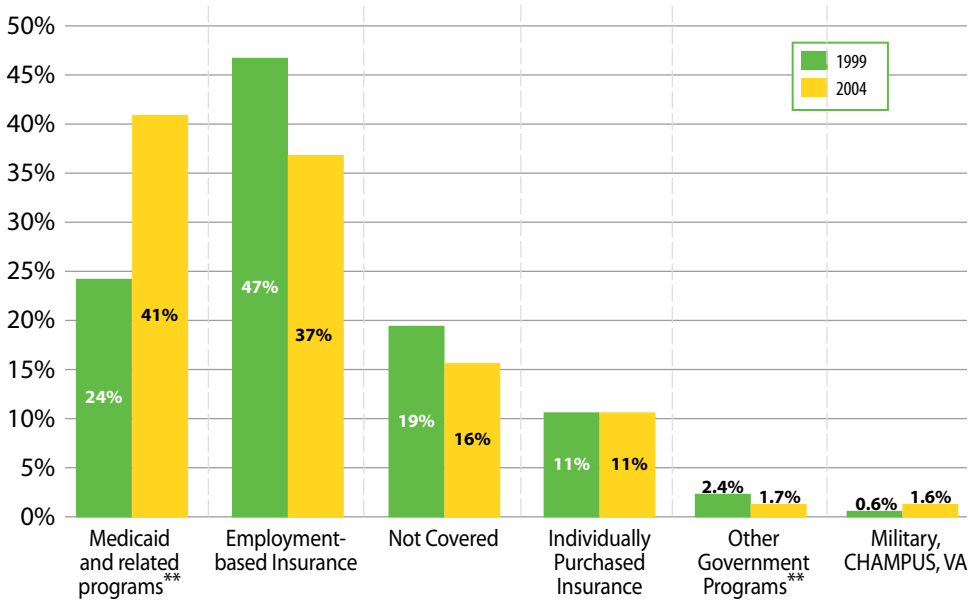


Source: Comparative FIndings from the 1999 and 2004 Florida Health Insurance Studies, 2005, Table2, data for District 17 (Miami-Dade County)

While KidCare enrollment at the state level peaked in 2004, following that year a series of state legislative changes imposed more restrictions, resulting in a significant drop in enrollment through 2005. In 2002, dental care was added to KidCare coverage, and in 2006, 49 percent of enrolled children statewide used dental services, varying from 20 percent of children 1 to 4 years to 60 percent of children 5 to 9 years.[25]

Sources of health care coverage for children shifted significantly between 1999 and 2004. Many parents have seen a decline in employer-sponsored health insurance as rising costs to employers result in premium increases or cuts in coverage. Over this time period, the proportion of Miami-Dade children covered under employment-based insurance decreased from 47 to 37 percent, while the percentage of children covered by Medicaid, KidCare and related programs increased from 24 to 41 percent.

Percentage of Children Under Age 19 by Source of Health Insurance
Miami-Dade County



Source: Comparative Findings from the 1999 and 2004 Florida Health Insurance Studies, 2005, Table 10, data for District 17 (Miami-Dade County)
Notes: These sources of health insurance are not mutually exclusive. Some people have more than one type of coverage.
*** Medicaid-related programs include Medipass, Medikids and Healthy Kids. Other government programs include Children's Medical Service and Medicare for the disabled and those with end-stage renal disease.*

Female high school students are **more likely** to **report depression** and **suicidal thoughts** than male students.

Youth Mental Health

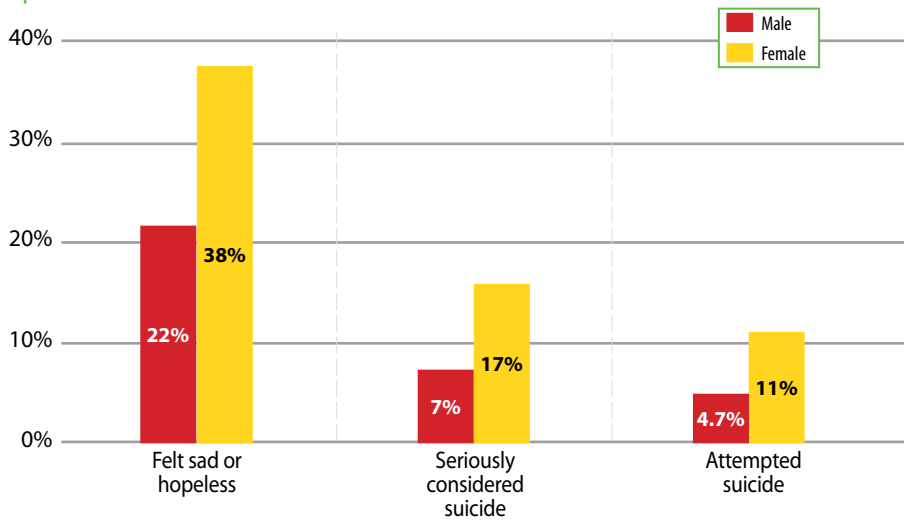
Depression and Suicide Attempts

Depression or suicidal thoughts can indicate serious mental illness requiring intervention and treatment. Lower incidence among males may also be explained by an inability to recognize or an unwillingness to report such feelings.[26]

In 2005, 38 percent of female public high school students in Miami-Dade County felt so sad or hopeless in the past 12 months that they stopped performing some of their normal activities, while 22 percent of male high school students reported feeling that way.

Female students (17 percent) were also more than twice as likely as male students (7 percent) to have seriously considered committing suicide during the 12 months prior to the survey. More than 11 percent of female public high school students reported attempting suicide at least once in the past 12 months, compared with 4.7 percent of males. The rates of attempted suicide in the county were comparable to those in the state and the nation.

Percentage of Miami-Dade County Public High School Students Who Felt Depressed or Suicidal—2005



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System
Notes: Students who felt "sad or hopeless" are those who felt that way almost every day, for two weeks or more in a row, during the past 12 months, such that they stopped doing some usual activities.

Youth Weight

The **likelihood** of being **overweight increased** among Miami-Dade **high school students** between 1999 and 2005. **Male Hispanic** high school **students** are **most likely** to be **overweight.**

Overweight Students

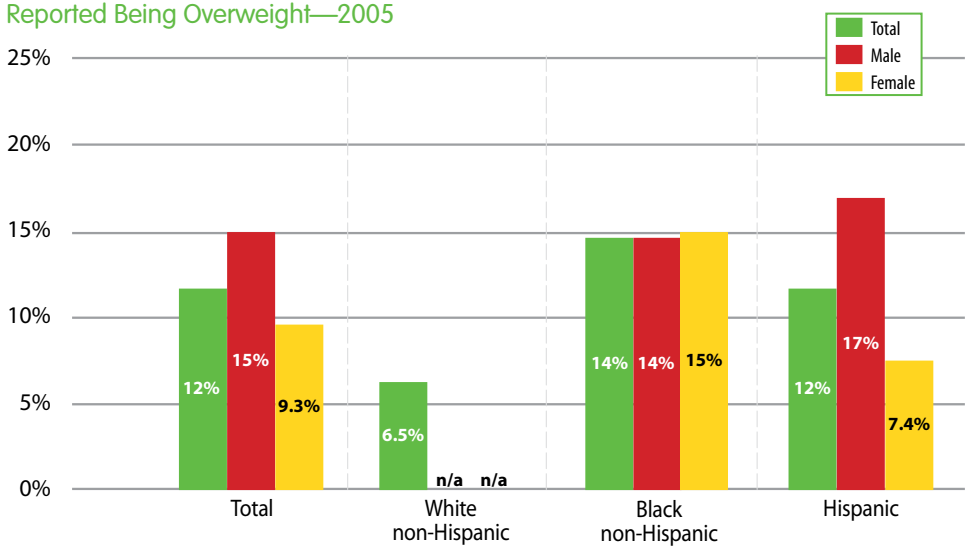
Overweight children are more likely to develop physical health problems in adulthood, such as type 2 diabetes and cardiovascular diseases.[27]

The percentage of public high school students in Miami-Dade County who reported being overweight has increased slightly, rising from 11 to 12 percent between 1999 and 2005, but remains lower than the national rate of 13 percent. Increases in the percentage of overweight students in the county reflect the larger trend of growing child obesity across the United States.[28]

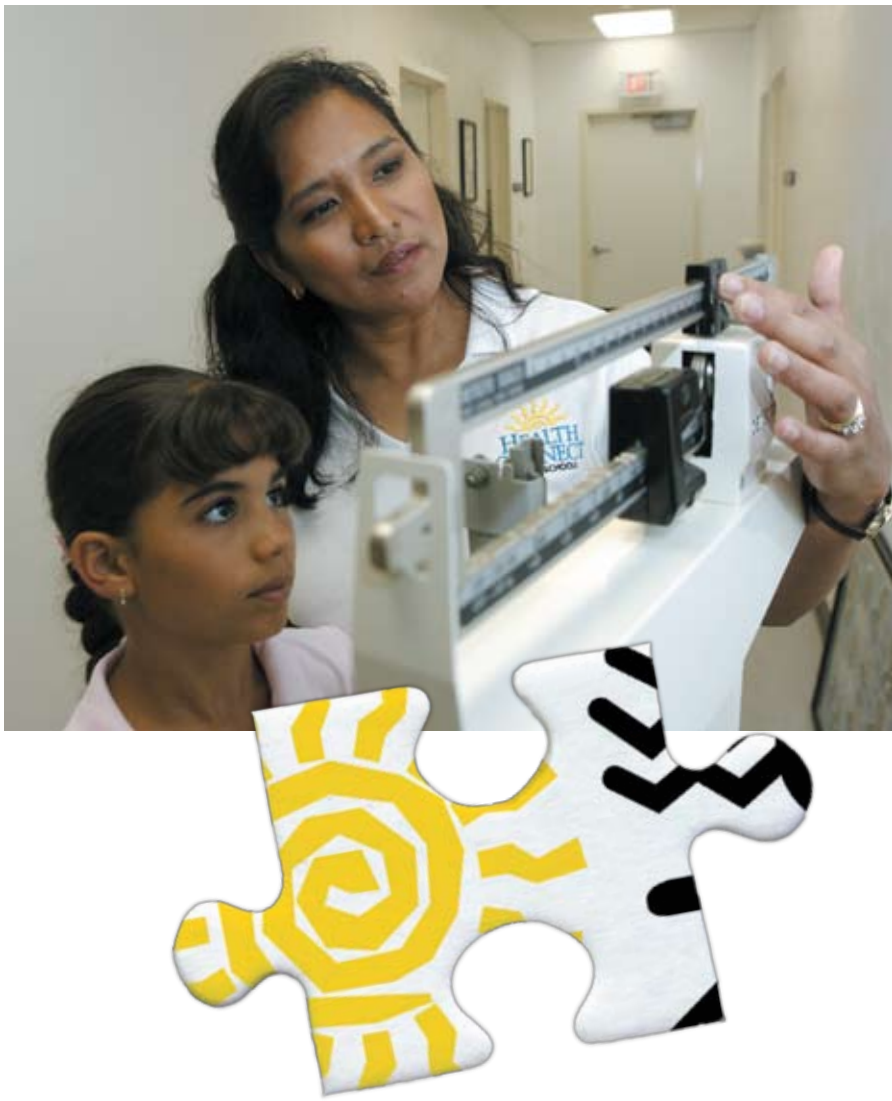
Male high school students in Miami-Dade County were more likely than female students to be overweight in 2005 (15 versus 9.3 percent, respectively). Black non-Hispanic and Hispanic students were twice as likely to be overweight (14 and 12 percent) than white non-Hispanic students (6.5 percent).

Using healthy behaviors to lose weight or to keep from gaining weight is a positive way to address weight problems. In 2005, half of all Miami-Dade public high school girls and 28 percent of high school boys said they ate less food, consumed fewer calories or ate foods low in fat to control their weight.[29] Not all dieting can be considered healthy, however, as some young people, particularly adolescent females, are susceptible to eating disorders associated with poor body image.[30]

Percentage of Miami-Dade County Public High School Students Who Reported Being Overweight—2005



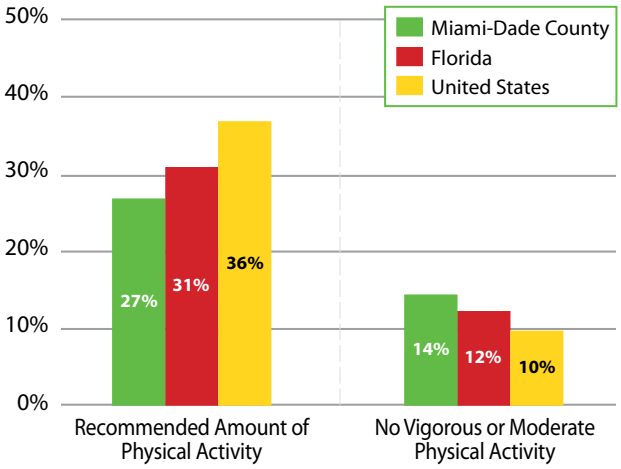
Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System
Notes: Overweight is defined as being at or above the 95th percentile of the 2000 Centers for Disease Control and Prevention's Body Mass Index (BMI) cutoff points, by age and sex. Insufficient data to calculate rates by sex for white non-Hispanics whites.



Physical Activity

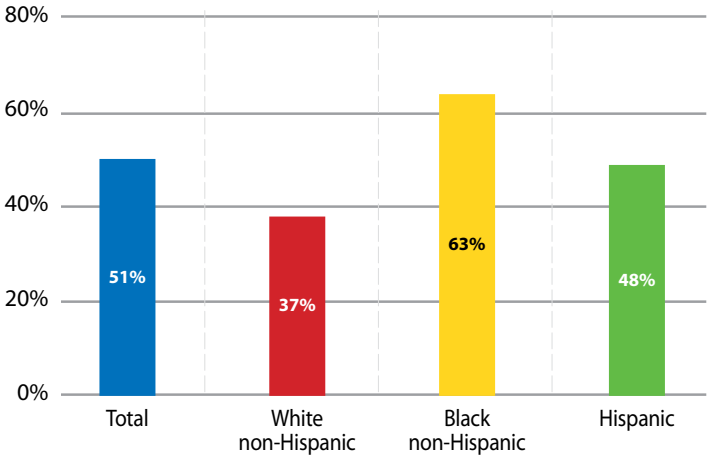
Students in Miami-Dade County **trail** the **nation** in **physical exercise.**

Percentage of Public High School Students by Level of Physical Activity—2005



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System
Notes: Students engaged in the recommended amount of physical activity were physically active for 60 minutes or more per day, on five or more of the past seven days. Students not participating in any vigorous or moderate physical activity did not do so in the past seven days.

Percentage of Miami-Dade County Public High School Students Who Watched Television for Three or More Hours per Average School Day by Race/Ethnicity—2005



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System

Physical Activity

Exercising regularly is associated with short- and long-term benefits, such as strengthening bones, controlling weight, increasing mental health and decreasing the risk of diseases like diabetes and hypertension.[31] Current physical activity recommendations encourage youth to exercise for 60 minutes per day, five days per week.[32]

When compared with high school students in the nation as a whole, students in Miami-Dade County were less likely to engage in the recommended amount of physical activity or any kind of vigorous physical activity. In 2005, only 27 percent of students in Miami-Dade County exercised at the current recommended levels, compared with 31 percent of all students in Florida and 36 percent of students in the United States. Males were much more likely than females to report meeting the recommended levels of activity (34 versus 20 percent, respectively, in 2005). Students in the county also were less likely to engage in any vigorous physical activity, with 14 percent reporting that they had not participated in any vigorous or moderate physical activity, compared with 12 percent of students in the state and 10 percent nationwide.

In addition to exercise, playing on a sports team was less common for students in Miami-Dade in 2005 (46 percent), compared with Florida (51 percent) and the nation (56 percent).[33] Males were more likely than females to report playing on a sports team, though that gender gap appears to be narrowing.

Watching Television

Watching television excessively reduces time available to engage in after-school programs, intellectual activities and exercise, and is associated with lower academic test scores.[34]

In 2005, about half (51 percent) of all Miami-Dade County high school students reported watching three or more hours of television on an average school day, a decrease from the 1999 level of 58 percent. High school students in the county are more likely to watch television excessively than the average for students in Florida (41 percent) and the nation (37 percent).

Black high school students in Miami-Dade County are substantially more likely than white or Hispanic students to watch excessive amounts of television. Almost two-thirds (63 percent) of black non-Hispanic high school students watched television for three or more hours on an average school day in 2005. Hispanic students were the second most likely to watch three or more hours of television (48 percent), followed by white non-Hispanic students (37 percent).

Endnotes

Child Health and Healthcare

[13] National Institute of Child Health and Human Development. Care before and during pregnancy: Prenatal care. Accessed April 20, 2008. www.nichd.nih.gov/womenshealth/research/pregbirth/prenatal_care.cfm; Maternal and Child Health Bureau, Health Resources and Services Administration, US Dept. of Health and Human Services. A healthy start: Begin before baby's born. Accessed April 20, 2008. www.mchb.hrsa.gov/programs/womeninfants/prenatal.htm

[14] This indicator reflects adequacy as defined by the Adequacy of Prenatal Care Utilization Index, also known as the Kotelchuck Index. The level of adequacy is determined by the month in which prenatal care began, the number of visits given the gestational age of the baby at birth and the recommended number of visits given the timing of prenatal care initiation.

[15] Florida Department of Health, WIC & Nutrition Services' WIC Potentially Eligible Population (2006). FloridaCHARTS.com. Accessed December 20, 2007. www.floridacharts.com/charts/domain2.aspx?Domain=03

[16] US Dept. of Health and Human Services (2006). Fact sheet: Preventing infant mortality. Accessed April 20, 2008. www.hhs.gov/news/factsheet/infant.html; National Center for Health Statistics (2002). Deaths: Leading causes for 2000. *National vital statistics reports*, 50(16). www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_16.pdf

[17] Infant mortality rates are typically reported as three-year averages to smooth year-to-year fluctuations.

[18] Low birth weight is less than 2,500 grams (5.5 pounds).

[19] National Immunization Program of the Centers for Disease Control and Prevention (2005). Parents guide to immunization: Why immunize? Accessed April 20, 2008. www.cdc.gov/vaccines/pubs/parents-guide/default.htm

[20] As of November 1, 1999, all children born in the US should be receiving 12-16 doses of vaccine by age 2 years to be protected against 10 vaccine-preventable childhood diseases. Centers for Disease Control and Prevention, National Center for Health Statistics and National Immunization Program sets recommendations based on currently available vaccines. 4:3:1:3:3 refers to four or more doses of diphtheria/tetanus/acellular pertussis (DTaP) vaccine, three or more doses of polio vaccine, one or more dose of measles/mumps/rubella (MMR) vaccine, three or more doses of *Haemophilus influenzae* type b (Hib) vaccine, and three or more doses of hepatitis B (Hep B) vaccine.

[21] Rates are reported as three-year averages to smooth variability and increase reliability given the low occurrence of vaccine-preventable diseases.

[22] Olson, LM, Tang, SS, and Newacheck, P (May 2005). *The importance of continuous health insurance for children's access to care*. Presented at: Pediatric Academic Societies annual meeting in Washington DC.

[23] Schoen, C and DesRoches, C (2000). Uninsured and unstably insured: The importance of continuous insurance coverage. *Health Services Research*, 35(1).

[24] Duncan, RP, Porter, CK, Garvin, CW and Hall, AG (2005). *Comparative findings from the 1999 and 2004 Florida health insurance studies*. Department of Health Services Research, Management and Policy, University of Florida, Table 8 (Miami-Dade County and Florida uninsured rates). http://ahca.myflorida.com/medicaid/quality_management/mrp/projects/fhis2004/PDF/fhis_comparison_report_aug2005.pdf; National rate from the 2005 Current Population Survey Annual Social and Economic Supplement.

[25] Nogle, J and Shenkman, E (2007).*Florida KidCare evaluation report 2006*. Institute for Child Health Policy, University of Florida. www.healthykids.org/documents/evaluation/institute/2007/tab_n.pdf

[26] Surgeon General of the United States (1999). Children and Mental Health, chapter 3 in *Mental Health: A Report of the Surgeon General*. Accessed April 20, 2008. www.surgeongeneral.gov/library/mentalhealth; Shaffer, D and Craft, L (1999). Methods of adolescent suicide prevention. *Journal of Clinical Psychiatry*, 60(2): 70-74.

[27] Gidding, S, Rudolph L, Daniels, S, Rosenbaum, M, vanHorn, L and Marx, G (1996). Understanding obesity in youth. American Heart Association Medical/Scientific Statement. Accessed April 20, 2008. http://circ.ahajournals.org/cgi/content/full/94/12/3383

[28] US Dept. of Health and Human Services (2001). *The Surgeon General's call to action to prevent and decrease overweight and obesity*. Rockville, MD: US Dept. of Health and Human Services, Public Health Service, Office of the Surgeon General. www.surgeongeneral.gov/topics/obesity/calltoaction/CalltoAction.pdf

[29] Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.

[30] Martin, L and Milot, A (2007). *Assessing the diet, exercise, body image, and weight of adolescents: A guide for out-of-school time program practitioners*. Child Trends Research to Results Brief Publication #2007-06. www.childtrends.org/Files/Child_Trends-2007_03_14_RB_TeenDietandOST.pdf

[31] Centers for Disease Control and Prevention (2005). *Physical activity and the health of young people*. www.cdc.gov/HealthyYouth/physicalactivity/pdf/facts.pdf

[32] Recommended levels are defined as 60 minutes of activity per day, for five of the seven previous days. For details, see US Dept. of Health and Human Services and US Dept. of Agriculture (2005). *Dietary guidelines for Americans*. Accessed April 20, 2008. www.healthierus.gov/dietaryguidelines

[33] Defined as having played on a sports team within the last 12 months. Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.

[34] Page, RM and Hammermeister, J (1996). Psychosocial and health-related characteristics of adolescent television viewers. *Child Study Journal*, 26(4): 319-31; Beaton, AE, Mullis, IVS, Martin, MO, Gonzalez, EJ, Kelly, DL, and Smith, TA (1996). *Mathematics achievement in the middle school years: IEA's third international mathematics and science study.* Chestnut Hill, MA: Center for the Study of Testing, Evaluation, and Educational Policy, Boston College. http://isc.bc.edu/timss1995i/TIMSSPDF/BMathAll.pdf

Older youth are more likely to be **hospitalized** for an **unintentional injury.**

Injuries to Children

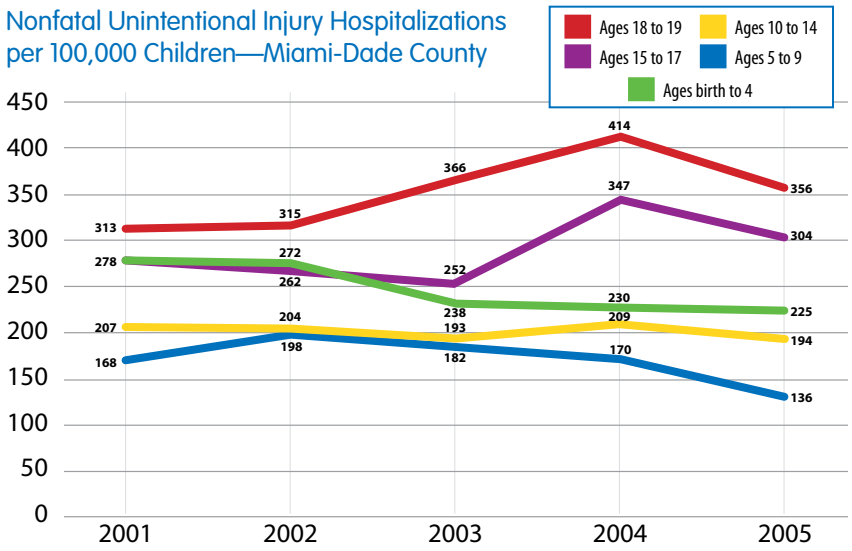
Nonfatal Unintentional Injury Hospitalizations

Unintentional injuries are preventable. Increased outreach to parents, children and youth regarding consumer and traffic safety issues may help decrease the number of injuries and hospitalizations.[35]

Youth ages 15 to 17 and 18 to 19 had much higher and increasing rates of hospitalization for nonfatal unintentional injuries than did younger children. The hospitalization rate for youth ages 18 to 19 increased from 313 to 356 hospitalizations per 100,000 youth from 2001 to 2005. For teens 15 to 17, the rate increased from 278 to 304 hospitalizations per 100,000. Hospitalization rates for children under 15 declined over the same time.

Hospitalization rates were higher for youth in The Hammocks and Country Walk, Florida City and Homestead (ZIP codes 33196, 33034 and 33030) than in the rest of Miami-Dade County. Youth under 18 living in these areas had hospitalization rates twice the three-year county average of 216 hospitalizations per 100,000 population over the period 2003 to 2005.

Nonfatal Unintentional Injury Hospitalizations per 100,000 Children—Miami-Dade County

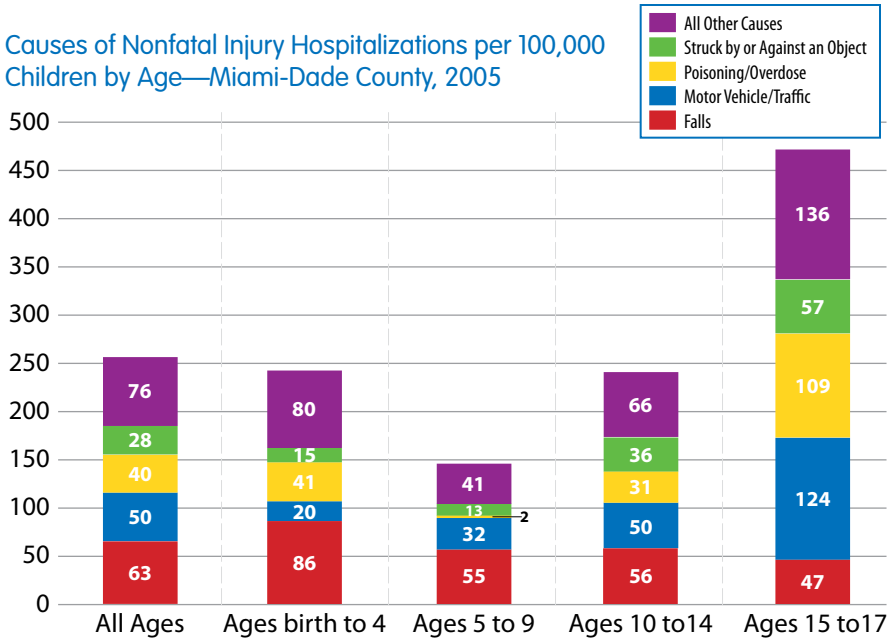


Source: Hospital Discharge Data, State of Florida, Agency for Health Care Administration, as summarized by the Miami-Dade County Injury Surveillance maintained at http://dadehealth.org/injury/INJURYsurveillancedata.asp

Causes of Nonfatal Injury Hospitalizations

Falls and motor vehicle or traffic accidents are the two leading causes of nonfatal injury hospitalizations for children ages birth to 17. While the hospitalization rate for fall injuries generally decreases as children grow older, the opposite is true for hospitalization rates due to motor vehicle or traffic accidents which increase with age. A substantial number of nonfatal injuries that resulted in hospitalizations also were caused by being struck by an object or from poisoning/overdose (both accidentally and, for children ages 10 to 17 only, self-inflicted).

Causes of Nonfatal Injury Hospitalizations per 100,000 Children by Age—Miami-Dade County, 2005



Source: Hospital Discharge Data, State of Florida, Agency for Health Care Administration, as summarized by the Miami-Dade County Injury Surveillance maintained at http://dadehealth.org/injury/INJURYsurveillancedata.asp

Child Mortality

Child mortality rates are **declining,** but many **children** and **youth** continue to **die** from **preventable causes,** such as **motor vehicle accidents, homicide** and **accidental drowning.**

Child Mortality

Mortality rates for all children under age 19 in Miami-Dade County have declined since 1999. The three-year average mortality rate for teens ages 15 to 18 in the county declined from 55 to 48 deaths per 100,000 youth from 1999 to 2006. Mortality rates for younger children are lower and declining also. For children ages 1 to 4 the mortality rate declined from 35 to 27 deaths per 100,000 children over this same time. Children ages 5 to 14 have the lowest mortality rates of all, currently at 14 deaths per 100,000 children. Child mortality rates for all three age groups in the county are below the comparable rates for children in the State of Florida.

Causes of Death

Four of the leading causes of death for children ages 1 to 18 in Miami-Dade County are preventable. Accidental drowning was the leading cause of all deaths for Miami-Dade children ages 1 to 4, responsible for 45 deaths between 2000 and 2006. Cancer was the second most frequent cause of death for this age group (25), with motor vehicle accidents the third most frequent cause (23). Motor vehicle accidents were the leading cause of death for children ages 5 to 14, responsible for 70 deaths in this age group between 2000 and 2006. Cancer was the second leading cause (53 deaths), followed by homicide (26) and accidental drowning (24). Motor vehicle accidents were also the leading cause of death for youth ages 15 to 18, at 174 deaths between 2000 and 2006, nearly twice the second highest cause (homicide), which accounted for 98 deaths. The next highest known causes of death—cancer and suicide—were responsible for far fewer deaths. For the period 2000-2006, firearms were used in 81 percent of Miami-Dade children's homicides, paralleling national figures.[36]

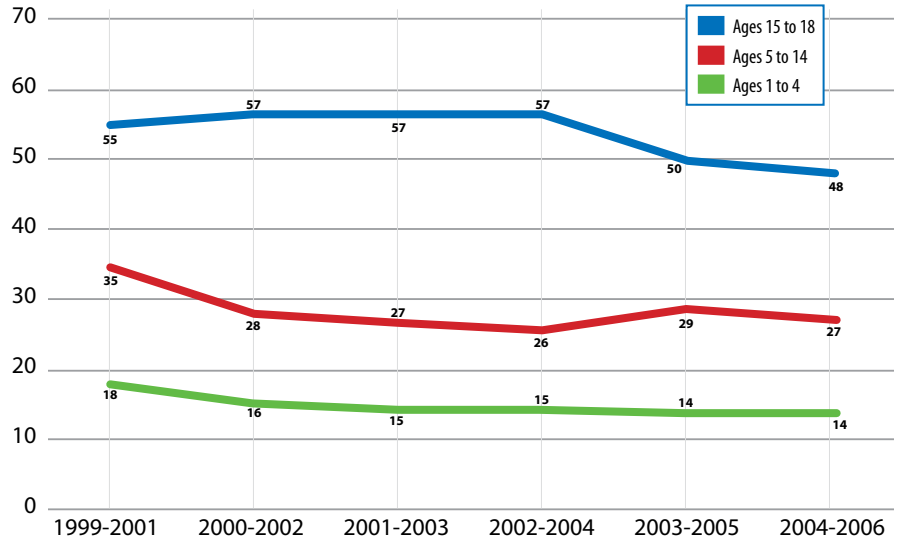
Accidental Deaths

Accidental deaths due to unintentional causes are a subset of child mortality rates.

Using three-year averages, the rate of deaths due to accidents among teens ages 15 to 18 in Miami-Dade County rose from 23 to 24 deaths per 100,000 youth between 1999 and 2006; the rate peaked around 2003 at 27 deaths per 100,000 youth. In the State of Florida, the accidental death rate has remained steady at 34 deaths per 100,000 teens ages 15 to 18. For children birth to 4 years and 5 to 14 years, the average 2006 accidental death rates in Miami-Dade have fallen over the years and now stand at 11 and 4.7 deaths per 100,000 children, respectively. Both these rates are below the statewide average of 21 accidental deaths per 100,000 children ages birth to 4, and 6.3 accidental deaths per 100,000 5 to 14 year olds.

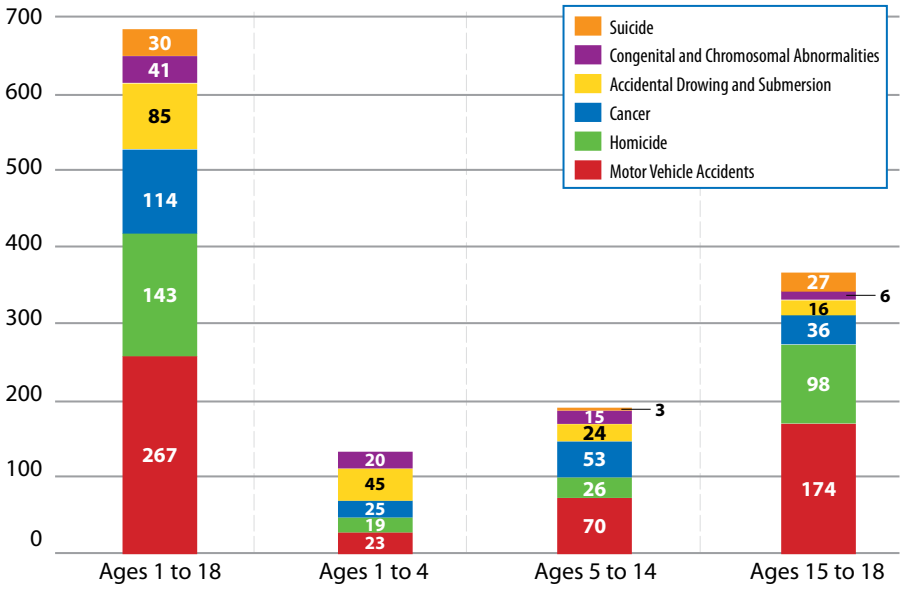
As noted previously, motor vehicle accidents are a primary cause of children's nonfatal, unintentional hospitalizations as well as deaths. Wearing a seat belt can greatly reduce the risk of fatalities in motor vehicle accidents, and self-reported seat belt use has increased steadily among public middle and high school students. In Miami-Dade County, the percentage of high school students who never or rarely wore seat belts when someone else was driving fell from 22 percent in 1997 to 15 percent in 2005; for middle school students the percentage of students who never or rarely wore seat belts when someone else was driving fell from19 percent in 1997 to 14 percent in 2005. However, Miami-Dade youth were slightly less likely to wear seat belts than were high school students in Florida and the nation overall.[37]

Child Mortality Rates per 100,000 Children by Age—Miami-Dade County



Source: Florida Department of Health, Office of Vital Statistics; Florida Legislature's Office of Economic and Demographic Research.
Notes: To reduce the variability from small numbers of cases, child mortality rates are calculated as three-year averages.

Number of Children's Deaths by Age and Top Causes of Death (Total for 2000-2006)—Miami-Dade County



Source: Florida Department of Health, Office of Vital Statistics
Notes: Deaths that could not be classified into a major category were not included in the rankings.

Youth Murder

Homicide rates for Miami-Dade County **youth** are **increasing** and have been **concentrated** in **specific geographic areas.**

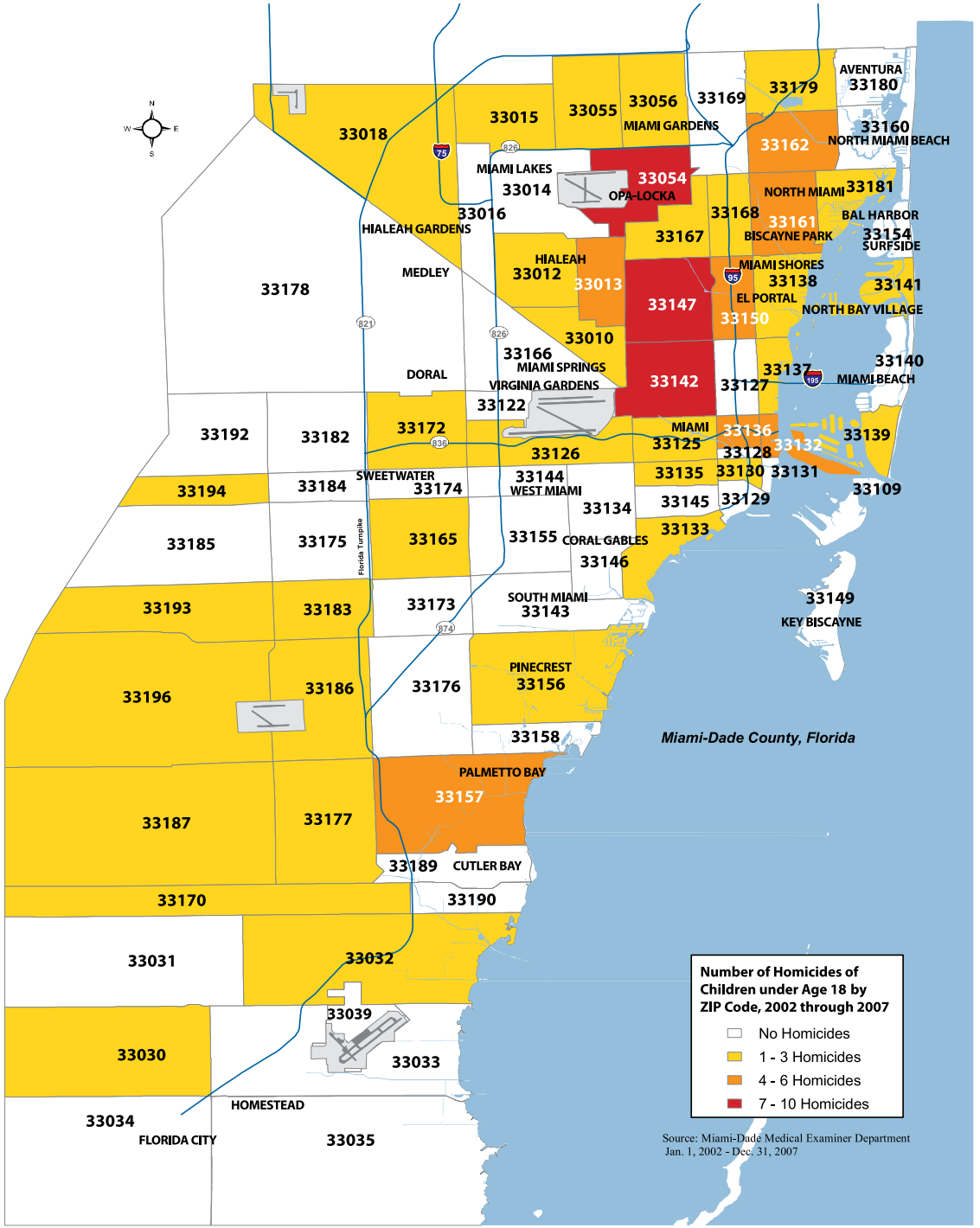
Homicides

Aside from the obvious risks of being a direct victim of violence, children who witness crime and violence are more likely to experience social and emotional problems such as aggression, stress and withdrawal, as well as delinquency and low school achievement.[38]

In 2006, there were 35 homicides of children and youth under the age of 19 in Miami-Dade County, more than double the 16 homicide victims the year before. Using three-year averages to smooth the year-to-year variability, the homicide rate for victims ages 15 to 18 in Miami-Dade County increased from 6.9 to 12 homicides per 100,000 youth between 1999 and 2006. The county's 2004-2006 average rate of 12 homicides per 100,000 youth ages 14 to 18 is considerably higher than that of the state (7.5 homicides per 100,000 youth). The 2004 national rate for teens ages 15 to 19 was 9.3 homicides per 100,000 youth.[39] For children birth to age 14, the homicide rate is much lower and does not fluctuate much, the 2004-2006 average rate is 1.6 per 100,000 children birth to age 14 in Miami-Dade County and 1.9 for the State of Florida.

Over the past six years, homicides of all children under the age of 18 in Miami-Dade County have been concentrated in the northern part of the county, and specifically in ZIP codes 33142, 33147 (Liberty City) and 33054 (Opa-Locka).

Number of Homicides of Children under Age 18 by ZIP Code, 2002 through 2007



Violence and Abuse in the Home

The documented rate of **child abuse and neglect** is considerably **lower in Miami-Dade County** than in the **State of Florida.** The **overall rate of** documented **domestic violence offenses** also has **declined steadily** since the late 1990s.

Child Abuse, Neglect or Threatened Harm

Children suffering from abuse or neglect are susceptible to many negative outcomes, ranging from minor injury to severe brain damage and even death. Victims may develop interpersonal problems and exhibit violent behavior.[40]

Children in Miami-Dade County are less than half as likely to be documented victims of abuse or neglect compared to children elsewhere in the state. The child victimization rate (reported and verified cases of child abuse, neglect or threatened harm per 1,000 child population) in Miami-Dade County was 13 during the 2005-06 state fiscal year, compared with 30 in the state.[41] The national child victimization rate was 12 per 1,000 in 2005.[42]

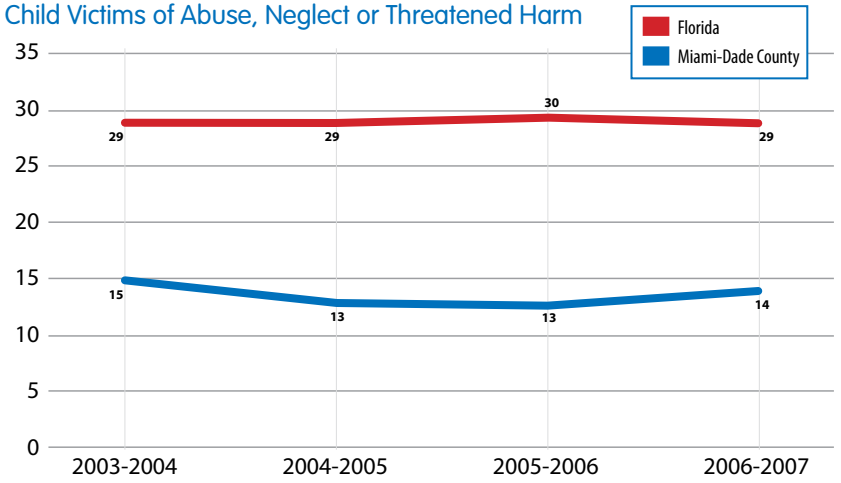
Domestic Violence

Domestic violence often occurs where children are present. Children exposed to traumatic events during childhood are hindered in their ability to grow and develop. Their verbal, motor and cognitive skills may also be negatively affected.[43]

The overall rate of domestic violence offenses[44] has declined steadily in Miami-Dade County and the State of Florida since 1997; in Miami-Dade the 5.4 rate of reported offenses per 1,000 population is below the Florida rate of 6.3. Despite this overall reduction in domestic violence offenses, the rates for the most serious offenses have remained steady within Miami-Dade County over this time. In 2006, despite having 13% of the state's population, Miami-Dade County accounted for 19% (35) of all domestic-related homicides and 22% (518) of all forcible rape, sodomy and fondling in the State of Florida.

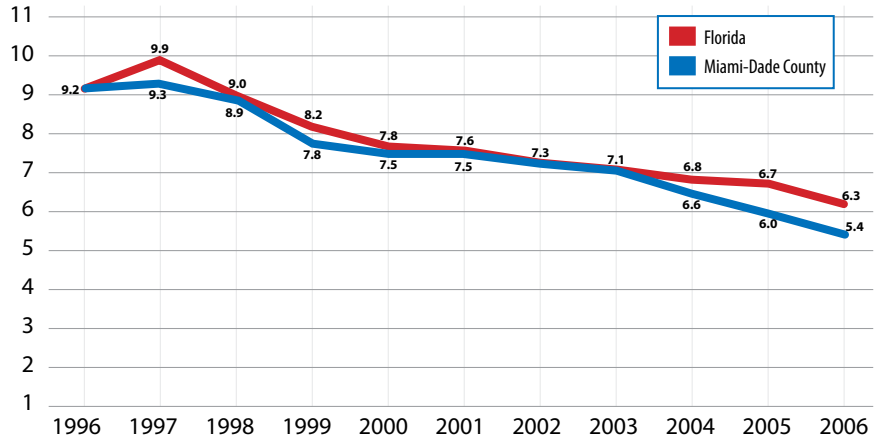
In communities with high concentrations of immigrant populations such as Miami-Dade County, rates of reporting both child abuse and domestic violence may be negatively affected by the numerous cultural, economic, legal and practical factors that combine to prevent immigrant children and intimate partners who are abused from seeking help either because they are unaware of available services or want to avoid contact with governmental and law enforcement agencies because of perceived consequences.[45]

Rate per 1,000 Child Population of Unduplicated Child Victims of Abuse, Neglect or Threatened Harm



Source: Florida Department of Children and Families, Child Welfare Annual Statistical Data Tables
Notes: Rates are by fiscal year (July - June).

Rate per 1,000 Population of Total Domestic Violence Offenses



Source: Florida Department of Law Enforcement, Florida Uniform Crime Report (computer program)
Notes: Domestic violence crimes include: murder, manslaughter, forcible rape, forcible sodomy, forcible fondling, aggravated assault, aggravated stalking, simple assault, simple stalking, threat/intimidation.

Children Under Protective Supervision

The rate of **children in out-of-home placements** in Miami-Dade County is **lower than** that of the **State of Florida.**

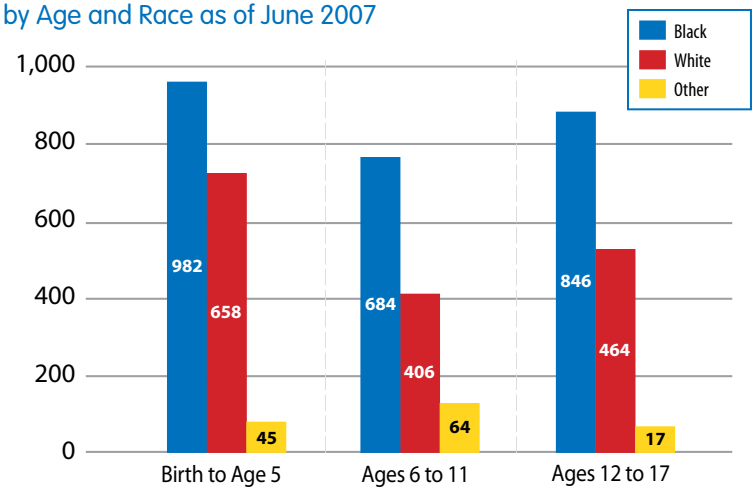
Out-of-Home and In-Home Care

Children who spend extensive time in out-of-home care fare poorly on virtually every predictor for making a successful transition to adulthood when they exit the system without a permanent family.[46]

In June 2007, Miami-Dade County reported 3,040 children under the age of 18 in out-of-home care (foster care or relative care). Another 1,126 children remained in their homes, but were under protective supervision with monitored care. Black children accounted for 60 percent of all children under protective supervision (both out-of-home and in-home care) in the county—a disproportionate representation as they comprise only 24 percent of all children in the county.

The rate of out-of-home placements is the number of children who experience such unsafe environments due to neglect, abuse or abandonment that they must be removed from their homes. In Miami-Dade County the 2007 rate of out-of-home placements was 5.3 per 1,000 children (or 3,040 children in total), comparing favorably with the Florida rate of 6.9 (27,543 children) and the 2005 national rate of 7.0 (513,000 children).[47]

Children Under Protective Supervision in Miami-Dade County by Age and Race as of June 2007



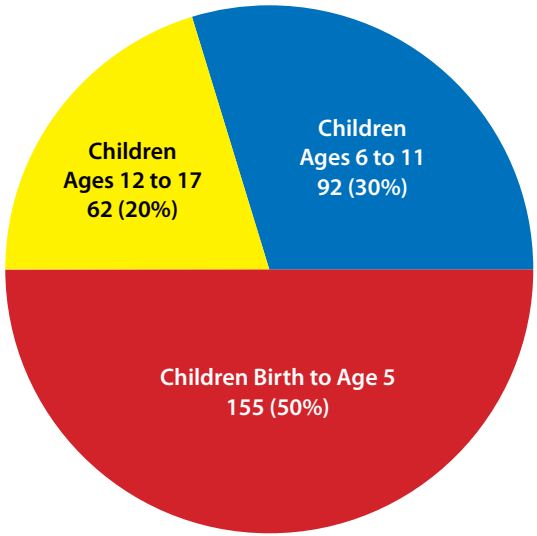
Source: Our Kids of Miami-Dade/Monroe

Family Permanency

For children to achieve family permanency they should be kept as little time as necessary in state care. Of those children in out-of-home care as of June 2007, the median time already spent in foster care ranged from 10 months for children no older than 5 years, to 14 months for children between the ages of 6 and 11, and 36 months for children ages 12 through 17.

Adoption provides a permanent family for children removed from their homes. In Miami-Dade County, 309 children previously under protective supervision were adopted during the fiscal year ending June 2007. Of these adoptions, half were children ages birth to 5, 30 percent were children ages 6 to 11, and 20 percent were children ages 12 to 17.

Adoptions of Miami-Dade Children Previously Under Protective Supervision by Age—July 2006 through June 2007



Source: Our Kids of Miami-Dade/Monroe

School Safety

Incidents of **physical fights** involving school students have **declined since 1997,** yet **fighting** still **affects** a **third** of **students. Student perception** of **gang activity** in public high schools has **increased.**

Physical Fighting

Fighting in school disrupts the school environment and inhibits student learning. Carrying weapons heightens the dangers of physical conflicts.

Although incidents of fighting have decreased in Miami-Dade County high schools, a third of students said they had been involved in a physical fight in or out of school in 2005.[48] Reported incidents of fighting in Miami-Dade public schools fell from 45 fights per 1,000 students in school year 1999-2000 to 35 incidents per 1,000 students in 2005-06. Despite the decline, rates of fighting in the county's public schools have remained consistently above the average rates for the state.

Physical fights and conflicts become more serious when they involve weapons. The rate of Miami-Dade County high school students reporting they carried a weapon in the past 30 days declined from 18 to 13 percent between 1997 and 2005, a rate lower than students in the State of Florida (15 percent) and the nation (19 percent).[49]

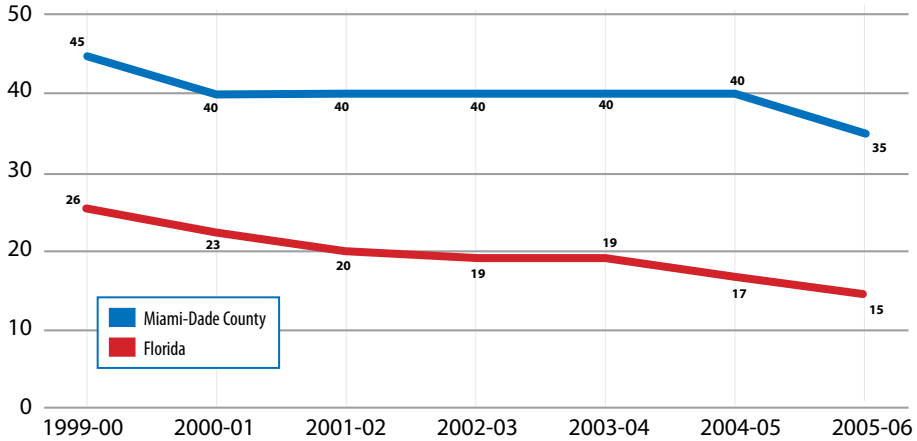
Gangs at School

Gang activity and other threatening or violent activity disrupts the positive school environment. Schools should be a place where all students have the ability to learn and feel safe.

Between school years 2002-03 and 2004-05, the share of high school students in Miami-Dade County Public Schools reporting gang violence as a problem at their school decreased from 18 to 14 percent, but rose again to 17 percent for the 2005-06 school year. Middle school students were more likely than high school students to report that gang violence was a problem in their school—23 percent compared with 17 percent in 2005-06.[50] The percentage of public high school staff reporting that gang violence limited their ability to do their job mirrored students' perception of gang violence, falling from 10 to 7 percent between 2002-03 and 2004-05, then rising to 8 percent in 2005-06.

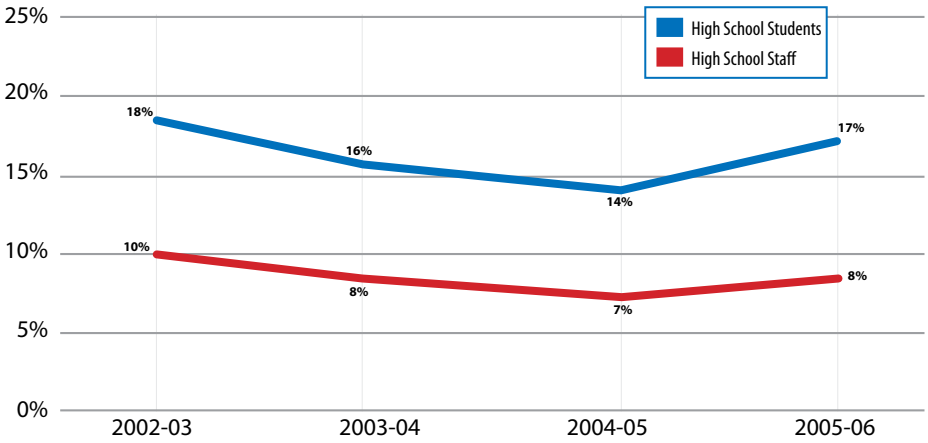
Personal safety at school or while traveling to or from school remains a major concern for many high school students. In 2005, 7 percent of high school students indicated they did not go to school one or more days in the last month because they felt unsafe. This was a significant improvement, however, over 2001 when 11 percent reported taking such action.[51]

Reported Incidents of Fighting per 1,000 Students in Miami-Dade County Public Schools



Source: Florida Department of Education, Division of K-12 Public Schools and Student Achievement, Bureau of Student Assistance, Statewide Report on School Safety and Discipline Data.

Percentage of Miami-Dade County Public High School Students and Staff Who Report Gangs Are a Problem at School



Source: Miami-Dade County Public Schools, School Climate Survey
Notes: Students were asked if gangs were a problem at school while staff were asked if gangs limited their ability to do their job.

Endnotes

Child Safety

[35] Hatcher, J and Scarpa, J (2002). *Encouraging teens to adopt a safe, healthy lifestyle: A foundation for improving future adult behaviors*. Child Trends Research Brief. www.childtrends.org/Files//Child_Trends-2002_06_01_RB_TeenLifestyle.pdf

[36] National figures from Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

[37] National Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.

[38] Reich, K, Culross, PL, and Behrman, RE (2002). Children, youth, and gun violence: Analysis and recommendations. *Future of Children*, 12(2): 5-23. www.futureofchildren.org/usr_doc/tfoc_12-2b.pdf

[39] National figures from Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

[40] National Research Council (1993). Understanding child abuse and neglect. Accessed on April 20, 2008. www.nap.edu/openbook.php?record_id=2117&page=R1

[41] Abuse is defined as maltreatment, which includes both actual harm and threatened harm. The child victimization rate is based on an unduplicated count of victims of child abuse and neglect as reported to the child abuse hotline and determined, after investigation, to be verified or have some indication of maltreatment.

[42] U.S. Dept. of Health and Human Services, Administration for Children and Families (2005). Child maltreatment 2005. Accessed April 20, 2008. www.acf.hhs.gov/programs/cb/pubs/cm05/table3_2.htm

[43] Fantuzzo, J and Mohr, W (1999). Prevalence and effects of child exposure to domestic violence. *The Future of Children*, 9(3), 21-32.

[44] Domestic violence is defined as a criminal offense resulting in physical injury or death of one family or household member by another who is or was residing in the same dwelling unit. Persons who have a child together regardless of whether they are married or reside together are also covered by the domestic violence law. Domestic violence crimes include: murder, manslaughter, forcible rape, forcible sodomy, forcible fondling, aggravated assault, aggravated stalking, simple assault, and simple stalking.

[45] Shetty, S and Kaguyutan, J (2002). Immigrant victims of domestic violence: Cultural challenges and available legal protections. VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Accessed April 20, 2008. http://new.vawnet.org/category/Main_Doc.php?docid=384

[46] Annie E. Casey Foundation (2004). *KIDS COUNT Data Book 2004, Moving Youth From Risk to Opportunity*. www.aecf.org/upload/PublicationFiles/DA0000K218.pdf

[47] National data from Adoption and Foster Care Reporting and Analysis System (AFCARS). Accessed April 20, 2008. www.acf.hhs.gov/programs/cb/stats_research/index.htm#afcars

[48] National Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.

[49] National Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.

[50] Research Services (2006). School climate surveys: District results for 2005-06. Office of Accountability and System-wide Performance, Miami-Dade County Public Schools. http://drs.dadeschools.net/ClimateSurvey/2005-06/Climate_Report_2006.pdf

[51] National Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System.

Licensed Child Care Providers

One-quarter of Miami-Dade County's **1,325 licensed child care providers** are **accredited,** representing **more than 40%** of the **total** available **child care slots.**

Child Care Licensing and Accreditation

The availability of quality child care is even more important with the increase in single-parent and working-two-parent families. Accreditation establishes standards for quality curriculum, facilities, nutrition, staffing, administration, teaching practices and relationships among teachers and parents, as well as helps parents identify facilities and homes meeting those standards.

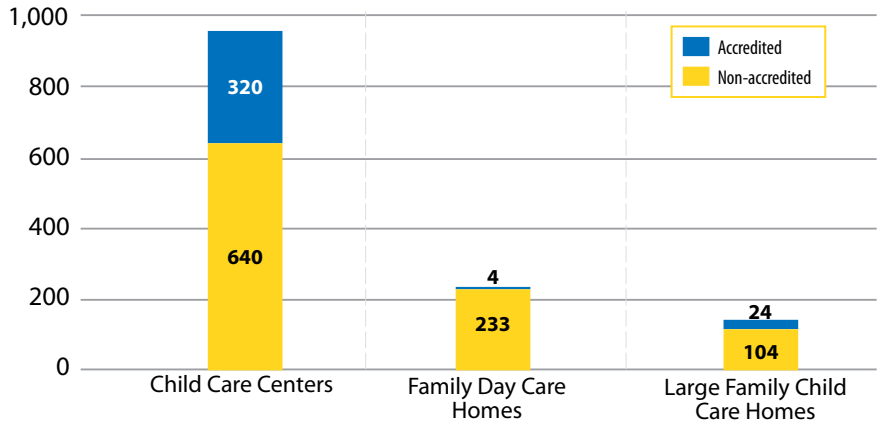
Currently Miami-Dade County has 1,325 licensed child care providers of which 960 are child care centers, 237 are family day care homes (up to six young children ages birth to 5 years), and 128 are large family child care homes (up to 12 children). Together these providers offer about 94,000 "slots" for the estimated 192,000 children under the age of 6 in the county.[52]

Accreditation is much more likely to occur within child care centers than family child care homes. One-third of all child care centers (320) are accredited, representing 41 percent of all child care slots. This compares with 7.7 percent of all family day and large family child care homes (28) that are accredited, representing just 9 percent of all family care slots.

The number of accredited child care providers in Miami-Dade County has nearly tripled over the past five years, from 110 in 2002 to 320 in 2008. Miami-Dade County has the largest number of accredited child care providers in the state, and the second highest percentage of accredited providers in Florida (after Palm Beach County with 27 percent of its child care providers accredited).[53]

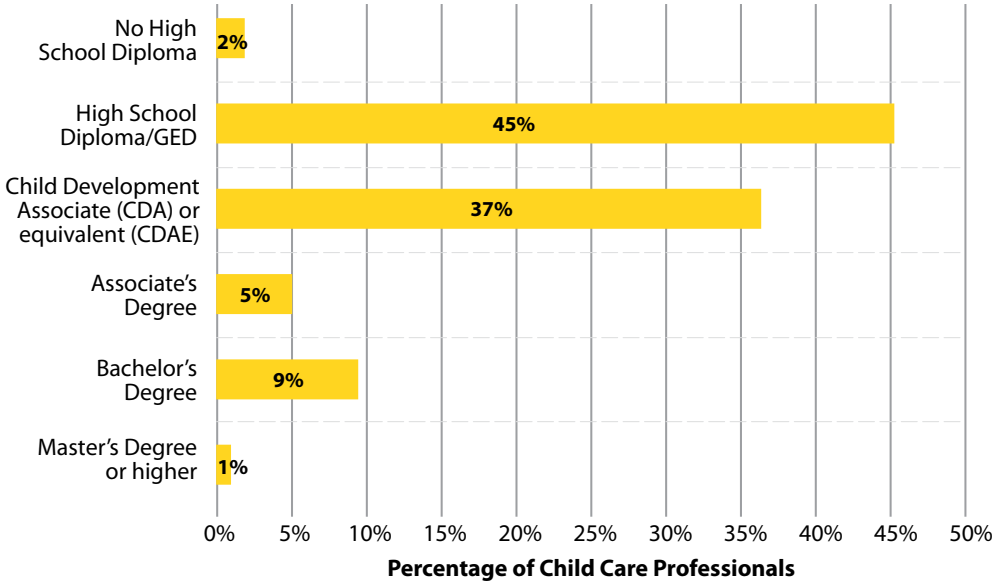
About 7,800 child care professionals work directly with children in Miami-Dade County's licensed child care centers. Nearly half (48 percent) of these professionals have a high school diploma or less; another 37 percent have a child development associate or equivalent (CDA or CDAE) credential. The remaining 15 percent of child care professionals have an associate's, bachelor's or graduate degree.

Licensed and Accredited Child Care Providers in Miami-Dade County—March 2008



Source: Florida Department of Children and Families, Child Care Licensing Program
Notes: Family Day Care Homes have a capacity of up to 6 young children (birth-5); Large Family Child Care Homes have a capacity of up to 12 children.

Highest Education Level Attained by Child Care Professionals—Miami-Dade County, January 2008



Source: Florida Department of Children and Families, Child Care Licensing Program
Notes: Approximately 7,800 child care professionals work directly with children in Miami-Dade County.

Early Childhood Education

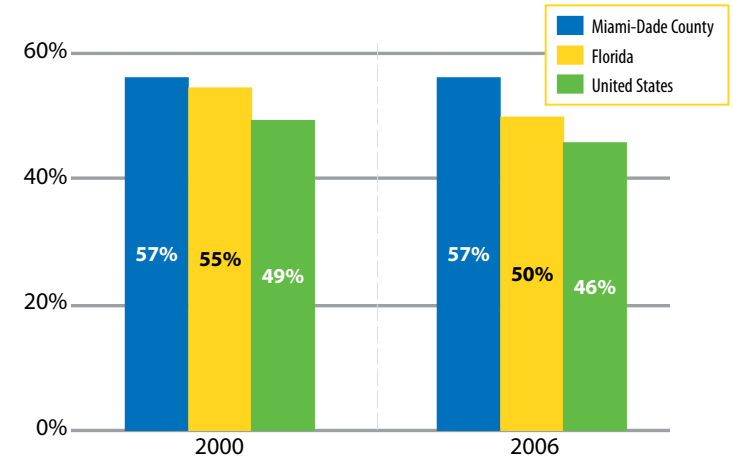
Preschool enrollment for children **ages 3** and **4** is **higher in Miami-Dade County** than in the **State of Florida** and the **United States.**

3- and 4- Year-Olds Enrolled in School

Early childhood education is vital in preparing children to succeed in school. Children who attend preschool and prekindergarten are better equipped for elementary school and consistently perform better as they progress through school.[54]

The percentage of children ages 3 and 4 enrolled in public or private nursery school or preschool is higher in Miami-Dade County than in the State of Florida and the United States. More than half (57 percent) of the 64,400 young children ages 3 and 4 in the county were enrolled in preschool or prekindergarten programs in 2006, compared to 50 percent in the state and 46 percent in the nation. Preschool enrollment has remained constant in the county over the past six years, while in the state and nation the share of young children ages 3 and 4 enrolled in school has declined.

Percentage of Children Ages 3 and 4 Enrolled in School



Source: U.S. Census Bureau, Decennial Census for 2000, and 2006 American Community Survey
Notes: School refers to either public or private and includes nursery school and preschool.

Prekindergarten Programs

Returns on investments in early childhood development programs are well documented. Children who attend high quality prekindergarten programs are less likely to be held back a grade, less likely to need special education and more likely to graduate high school. They are less involved in crime and delinquency and, as adults, are less likely to become dependent on welfare.[55]

Early learning and child care support services available to Miami-Dade children include School Readiness child care subsidies; Voluntary Prekindergarten (VPK); and Head Start/Early Head Start. School Readiness is a financial assistance program for eligible families providing financial assistance to help pay a portion of tuition costs for parents earning low incomes. About 20,000 children ages birth to 5 and their families in Miami-Dade County benefit from School Readiness subsidies.

Having launched in 2005, VPK programs are available to every Florida 4-year-old for free. Parents have a choice of either three hours of instruction/structured activities per day during the school year (540 hours total) or 300 hours of summer programming. About 15,000 children, or 48 percent of children age 4 in Miami-Dade County, were served by VPK programs during FY 2006-07. This is less than the statewide average of 54 percent.[56]

Head Start /Early Head Start is a comprehensive federal-to-local program providing early care and education, health, nutrition and family support services to families at or below the federal poverty level at no cost. In Miami-Dade County, Head Start served 6,200 children ages 3 and 4, with an additional 400 infants and toddlers (birth to 3 years) served through Early Head Start in 2007.[57] In 2006, an estimated 15,000 children ages 3 and 4 lived in poverty in Miami-Dade County and were eligible for Head Start.

The percentage of **Miami-Dade Kindergarteners "ready"** for **school falls below** the **state average.**

Children Ready for School

School Readiness

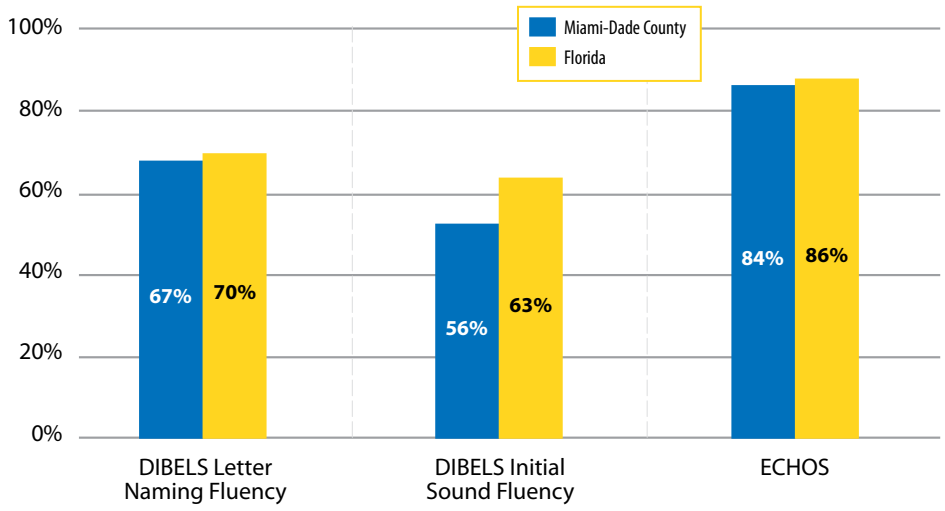
School readiness refers to a child's ability to adjust to the demands of school. More than basic abilities in language and math, children need to be healthy and acquire broader underlying cognitive, social and emotional skills to continue to learn. They are expected to interact with others positively, pay attention, remember lessons taught, follow a teacher's directions, finish tasks and practice independently what they have learned. For many children, school readiness begins during early child care and preschool where both formal and informal learning and socialization take place.

Kindergarten readiness assessments can provide one indication of early school success. Florida uses the Florida Kindergarten Readiness Screener (FLKRS), introduced in the 2006-07 school year. The assessment consists of two separate measures: the Early Childhood Observation System (ECHOS) and the Dynamic Indicators of Basic Early Literacy Skills (DIBELS). In addition, the Indicadores Dinámicos del Exito en la Lectura (IDEL)/Letter Naming Fluency is administered to students whose principal language is Spanish.

The ECHOS, a general developmental progress monitoring assessment that provides a uniform method for observing and measuring the progress of young readers, measures benchmarks in seven domains. DIBELS measures the growth and development of two specific early literacy skills (letter naming and initial sounds), and IDEL measures beginning reading skills in Spanish-to-English Language Learners. These instruments are used to assess all new kindergarten students for school readiness within their first 30 days in public school.

The percentage of Miami-Dade kindergartners "ready" for school, as measured by FLKRS, fell below the state average on each of the three tests administered at the start of the 2006-07 school year. The largest differential—7 percentage points—was registered in DIBELS Initial Sound Fluency (ability to identify the beginning sound of words): 44 percent of Miami-Dade entering kindergartners scored moderately or seriously below grade level and in need of additional or substantial intervention, compared with the statewide average of 37 percent.

Percentage of Public School Kindergartners "Ready" for School—Fall 2006



Source: Florida Department of Education, Florida 2006-07 No Child Left Behind (NCLB) Report
Notes: To be considered "ready" on the two probes of the Dynamic Indicators of Basic Early Literacy Skills (DIBELS), Letter Naming Fluency and Initial Sound Fluency, the student must score Above Average or Low Risk. To be considered "ready" on the Early Childhood Observation System (ECHOS), the student must score Consistently Demonstrating or Emerging/ Progressing.

Endnotes

[52] Master Facilities and Homes List for Miami-Dade County, March 31, 2008. Florida Department of Children and Families, Child Care Licensing Program.

[53] Early Learning Coalition of Miami-Dade/Monroe (September 2007). Performance Management Report.

[54] Barnett, WS (2002). Early childhood education. In A. Molnar (Ed.), *School reform proposals: The research evidence* (pp.1-26). Greenwich, CT: Information Age Publishing.

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[56] Early Learning Coalition of Miami-Dade/Monroe (September 2007). Performance Management Report.

[57] Miami-Dade County Community Action Agency (2007). Unpublished data.

Tobacco Use

The rate of **cigarette smoking** among public **high school students** in Miami-Dade County has **declined by nearly half** since 1997.

Cigarette Smoking

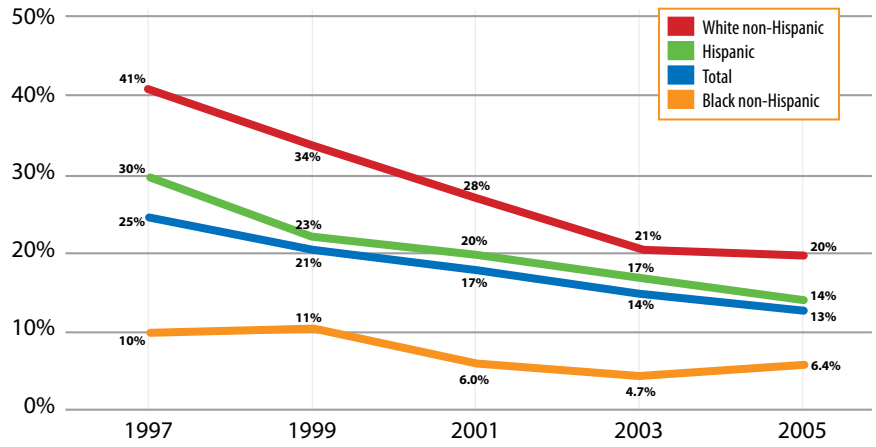
Cigarette use is an addictive behavior typically established in adolescence that can lead to death from tobacco-related illnesses in adulthood.[58]

Current cigarette use, defined as having smoked cigarettes within the last 30 days, has decreased substantially within the last decade. Between 1997 and 2005, the percentage of public high school students in Miami-Dade County who reported they smoked cigarettes declined by nearly half, from 25 percent to 13 percent. This decline may be due in part to Florida's anti-smoking Truth Campaign, launched in 1997 to reduce adolescent tobacco use through youth-based advertising and advocacy.[59] In 2005, current cigarette use was less common in Miami-Dade County than it was in Florida and the nation (13 percent versus 17 percent and 23 percent, respectively). In a 2006 survey, 4 percent of Miami-Dade middle school students reported smoking cigarettes in the past 30 days.[60]

Black non-Hispanic high school students in Miami-Dade County were much less likely to have smoked in the last 30 days (6.4 percent) than white non-Hispanic (20 percent) and Hispanic students (14 percent).

The percentage of students who reported having ever smoked cigarettes also declined substantially, from 63 percent in 1997 to 42 percent in 2005. Of those who were current smokers in 2005, more than half (54 percent) reported they had tried to quit smoking at some point during the last 12 months.

Percentage of Miami-Dade County Public High School Students Who Reported Smoking Cigarettes



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System
Notes: This indicator measures the percentage of students who smoked cigarettes on one or more of the past 30 days.

Alcohol Use

Nearly **one of five** Miami-Dade County **public high school students** reported they **binge drink.**

Binge Drinking

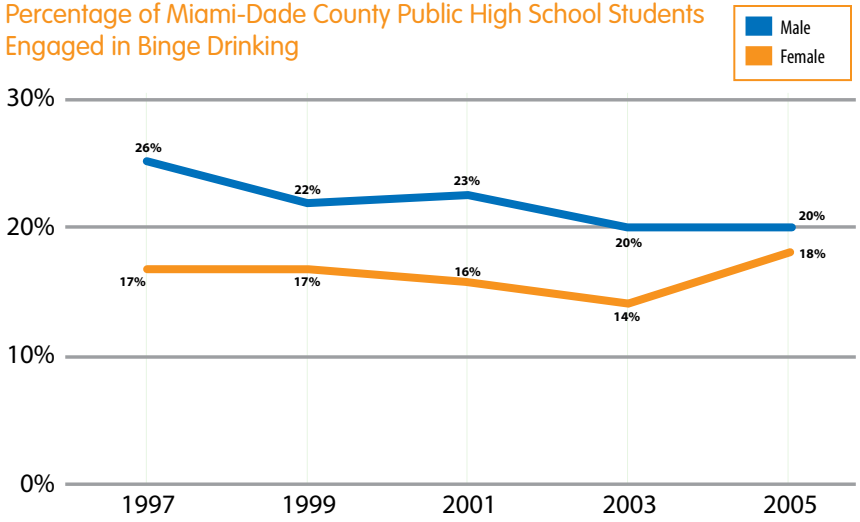
Binge drinking (having five or more drinks within a couple of hours) and other alcohol use place youth at a higher risk for developing health problems, experiencing alcohol dependence in adulthood and engaging in risky behaviors.[61] Nationally, alcohol is related to a third of all traffic deaths among youth ages 15 to 20.[62]

In 2005, 19 percent of public high school students in Miami-Dade County reported binge drinking in the previous month. While binge drinking among high school students was less common in the county than for the state or the nation as a whole (21 and 26 percent, respectively), the tendency still affected a significant portion of students.

Rates of binge drinking were similar for males and females in 2005 (20 percent and 18 percent, respectively), a departure from previous years when females were significantly less likely to binge drink. This gender difference has disappeared due to steady declines in male binge drinking and an increase between 2003 and 2005 in female binge drinking.

Black non-Hispanic students were less than half as likely to report binge drinking (10 percent) as white non-Hispanic (26 percent) and Hispanic students (22 percent). Estimates from a survey in 2006 indicate middle school students in Miami-Dade County are about half as likely (9.4 percent) as high school students to report binge drinking in the previous month.[63]

Percentage of Miami-Dade County Public High School Students Engaged in Binge Drinking



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System
Notes: Binge drinking, also called episodic heavy drinking, is defined as having five or more drinks of alcohol in a row, within a couple of hours, on one or more of the past 30 days.

Illegal Drug Use

Marijuana and **cocaine** use is **decreasing** among Miami-Dade County public **high school students.**

Marijuana

While some consider marijuana less harmful than other illicit drugs, marijuana use is associated with negative short-term effects, including memory problems and anxiety attacks, as well as possible long-term consequences, such as a weakened immune system, respiratory problems and cognitive deficits.[64]

Between 1999 and 2005, current marijuana use (defined as having smoked marijuana one or more times in the past 30 days) among public high school students in Miami-Dade County declined by a third, from 19 percent to 13 percent. White non-Hispanic high school students are much more likely to be current marijuana users (21 percent) than Hispanic (12 percent) or black non-Hispanic students (11 percent).

As with binge drinking and cigarette smoking, marijuana use is lower among high school students in Miami-Dade than in the state and the nation, with rates of 13 percent versus 17 and 20 percent, respectively.

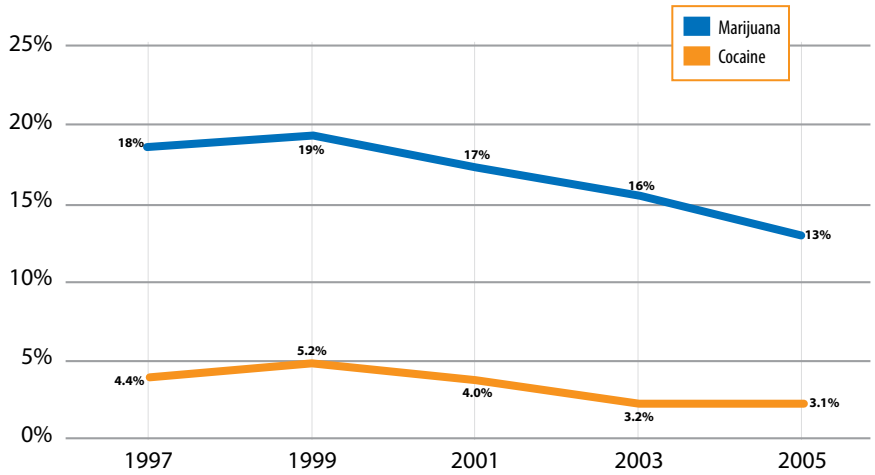
Estimates from a 2006 survey indicate Miami-Dade County middle school students are about a third as likely (3.6 percent) as high school students to report using marijuana in the past 30 days.[65]

Cocaine

Students who use illicit drugs like cocaine are more likely to engage in risky and delinquent behaviors, fare worse in school and have poorer relationships with family and friends.[66] *Illicit drug use is also linked to a range of serious physical and mental health problems.*

Since 1999, cocaine use has become less common among Miami-Dade County public high school students. Current use of cocaine (powder, crack or freebase one or more times in the past 30 days) by high school students declined from 5.2 percent in 1999 to 3.1 percent in 2005. This is similar to the 2005 rates for Florida (3.6 percent) and the nation (3.4 percent).

Percentage of Miami-Dade County Public High School Students Who Currently Use Marijuana or Cocaine



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System
Notes: This indicator measures the percentage of students who used marijuana or cocaine one or more times during the past 30 days.

Youth Arrests

Youth arrests have **declined,** but significant **geographic disparities** are **obvious** when **identifying where** most **arrested youth live** in Miami-Dade County.

Youth Arrest Bookings

The major risk factors associated with youth delinquency and violence that often lead to arrest include gang membership among family members or friends, higher levels of negative school-based peer behaviors, disconnection from school and work, and family characteristics such as poor parenting skills, larger family size, home discord, child maltreatment and antisocial parents.[67]

The number of total youth arrests (under 18 years of age)[68] in Miami-Dade County has decreased consistently in recent years, from 14,821 arrests in 2000 to a low of 10,553 in 2006, a 29 percent decline during this time period. Three-fourths of arrests are of youths age 15 and over. In 2006, only 25 percent of youths arrested in Miami-Dade were under age 15, while teens age 17 accounted for 28 percent of all arrests. At the state and national levels, 29 and 32 percent of all youth arrests, respectively, were of young people under the age 15.[69]

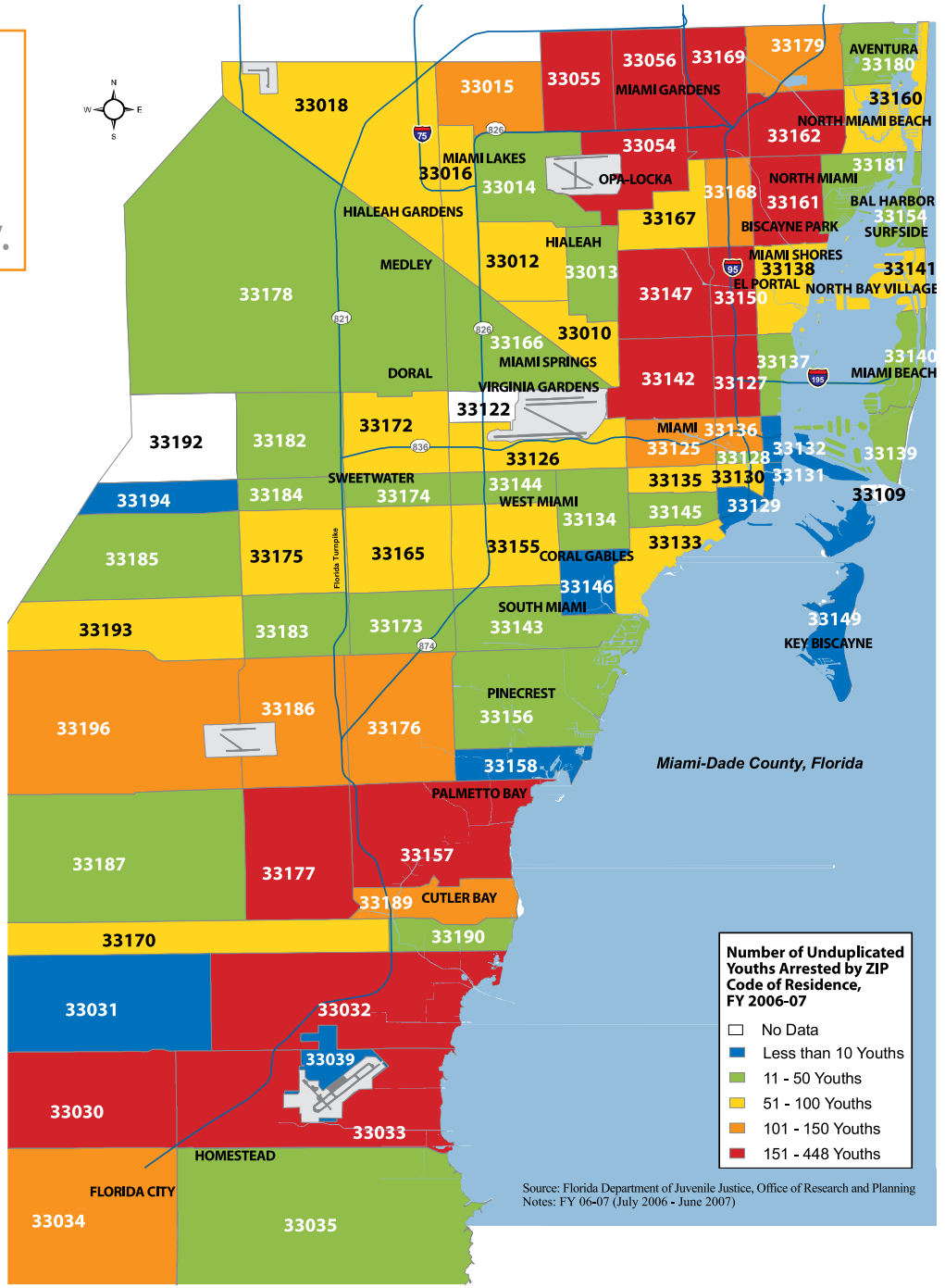
The ethnic groups with the largest share of youth arrests in 2006 were African Americans (39 percent of all arrests), Cubans (17 percent) and Haitians (9 percent). Female arrests account for about 22 percent of all youth arrests each year in Miami-Dade County, which is much lower than state and national levels, in which females accounted for about 30 percent of all youth arrests in 2004.[70]

Juvenile Delinquency Offense Referrals

Despite a 3 percent increase in the youth population (ages 10 through 17), the number of unduplicated youths under the age of 18 in Miami-Dade County referred for a delinquent offense decreased from 10,158 in fiscal year 2000-01 (July to June) to 6,950 in 2006-07, a drop of 32 percent. In 2006, this represents a delinquency referral rate of 26 per 1,000 Miami-Dade youths, which compares favorably with the state's delinquency referral rate of 48 per 1,000 youths.

Although youths arrested come from all parts of Miami-Dade County, the largest numbers of arrested youths in fiscal year 2006-07 (July to June) lived in ZIP codes 33142 and 33147 (Liberty City). These two ZIP codes each had more than 400 arrested youths, substantially higher than any other Miami-Dade County ZIP codes. Other areas with high numbers of arrested youths (more than 150 arrests) in 2006-07 were within the cities of Miami, North Miami, Opa-Locka and Miami Gardens, as well as some areas in the far south, within Homestead, Florida City, Goulds and Richmond Heights.

Number of Unduplicated Youths Arrested by ZIP Code of Residence, FY 2006-07



Source: Florida Department of Juvenile Justice, Office of Research and Planning
Notes: FY 06-07 (July 2006 - June 2007)

Youth Crime

Most Miami-Dade **youth arrested** for **delinquency** are **detained** for **felony offenses.**

Seriousness and Types of Crime

Youth crime poses high costs to both individuals and society as a whole, and is linked to negative outcomes in the future, such as a greater likelihood of committing crimes as an adult.[71]

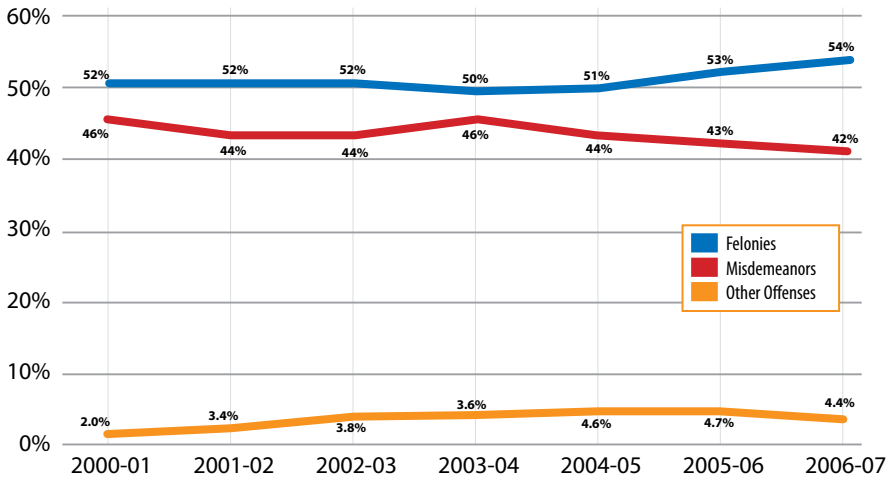
A majority of Miami-Dade youth (under the age of 18) arrested for delinquency are detained for felony offenses.[72] Furthermore, the proportion of felony offenses has been increasing since 2003-04, from 50 to 54 percent in 2006-07. Statewide, the trend for the same time period has been from 38 to 41 percent of arrested youths who were detained for felony offenses.[73] Arrests for misdemeanor offenses have declined to 42 percent of all youths arrested in Miami-Dade County; much of this decrease is attributable to a drop in arrests for misdemeanor theft.

The types of youth crimes committed have remained relatively unchanged over the years. Crimes against persons (including assaults, robbery and homicide) comprised the largest share of offenses for which youth were arrested – 36 percent in 2006-07. Property crimes (including burglary, theft and grand larceny) accounted for 32 percent of offenses, while drug-related offenses were responsible for 10 percent of the youths arrested.

Nearly half (49 percent) of youths arrested for delinquent behavior in 2006-07 were involved with one of four types of crime: Misdemeanor assault/battery (14 percent), burglary (13 percent), aggravated assault/battery (12 percent) or misdemeanor theft (10 percent).[74]

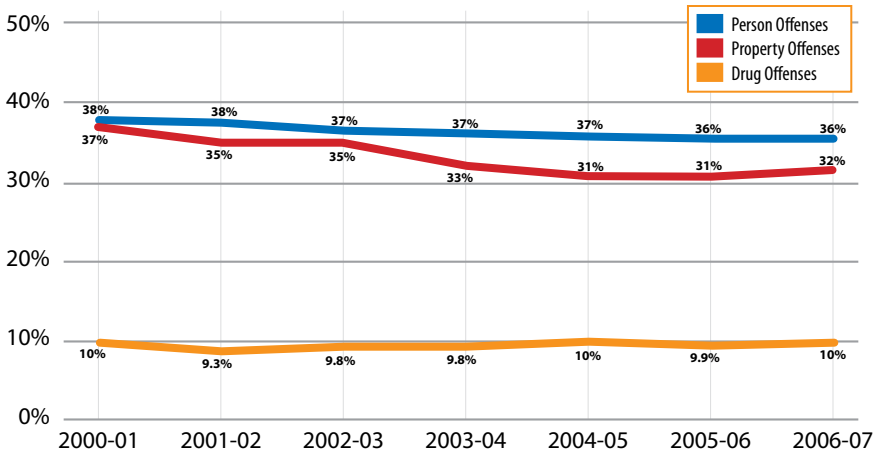
Although schools should be a safe haven for students, criminal activity remains a problem in public schools. The violent crime rate (which includes assault) during the 2005-06 school year at public high schools in Miami-Dade County was 4.8 reported crimes per 1,000 students, compared with 3.8 reported crimes per 1,000 students for the state. High school violent crime rates have decreased in both Miami-Dade County and Florida since 2000-01.[75]

Percentage of Youth Arrests by Offense Seriousness—Miami-Dade County



Source: Delinquency Profiles: 2004-05 and 2006-07, Office of Research and Planning, Florida Department of Juvenile Justice
Notes: Youth are under the age of 18. Fiscal years are July through June. Other offenses include violations of probation, cases reopened, and cases transferred from other counties.

Percentage of Offenses Charged to Youth by Type of Crime—Miami-Dade County



Source: Delinquency Profiles: 2004-05 and 2006-07, Office of Research and Planning, Florida Department of Juvenile Justice
Notes: Youth are under the age of 18. Fiscal years are July through June. Person offenses include assault, robbery, murder, attempted murder and sexual battery; property offenses include burglary, petty theft, grand larceny, auto theft and arson.

Sexual Activity

One in three public high school **students** in Miami-Dade County were **sexually active** in 2005. **Nearly three-quarters** of those students reported **using condoms,** while only **one in twenty** used **birth control pills.**

Sexual Activity

Youth who are sexually active are at risk of contracting sexually transmitted diseases (STDs) and becoming pregnant.[76]

For each survey year since 1997, a little more than a third of all public high school students in Miami-Dade County reported they had been sexually active, defined as having had intercourse within the past three months. The 36 percent rate for 2005 was similar to that for Florida and the nation. The likelihood of sexual activity increases substantially with age, from a little over a quarter in ninth grade (29 percent) to nearly half in 12th grade (49 percent).

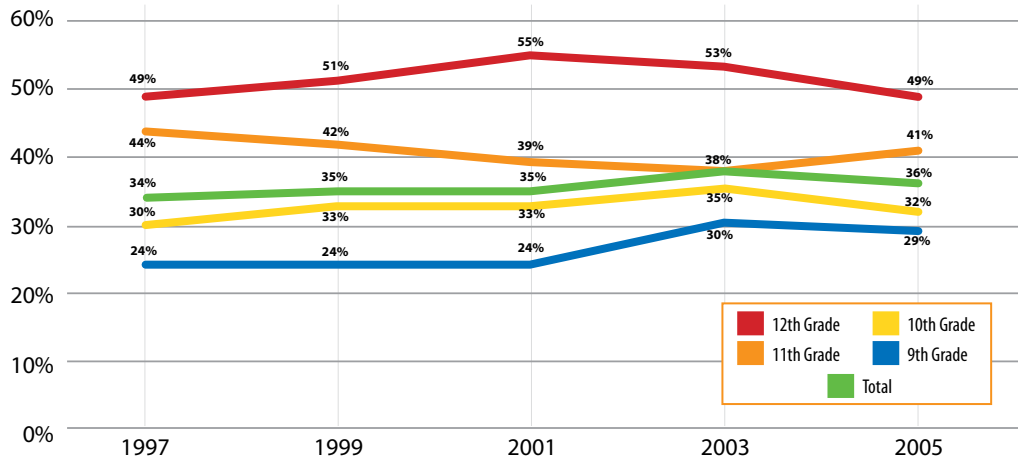
Condom and Birth Control Use

Although only abstinence fully protects youth from STDs and unwanted pregnancies, effective and consistent use of contraceptives can reduce the risk of these negative outcomes for sexually active youths.[77]

The majority of sexually active public high school students in Miami-Dade County used condoms during their last sexual intercourse, while very few used birth control pills.[78] In 2005, 72 percent of sexually active students used condoms during sexual intercourse, an increase from 62 percent in 1997. The trend is consistent with the decrease in sexually transmitted diseases reported in the next section. Compared to state and national averages, condom use in 2005 was more common among sexually active youths in Miami-Dade County than in Florida (67 percent) and the nation (63 percent). In addition, condom use was more common among sexually active 9th grade students than sexually active 12th grade students (77 percent and 63 percent, respectively).

Birth control pill use was much less prevalent than condom use, with just 5.2 percent of sexually active teens reporting in 2005 that they (or their partner) had taken birth control pills before last sexual intercourse. This is substantially lower than for Florida (13 percent) and the nation (18 percent). Those in the 12th grade were more likely to use birth control pills than younger students, but still only 10 percent of sexually active 12th grade students used this method of birth control.

Percentage of Miami-Dade County Public High School Students Who Reported Being Sexually Active



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System
Notes: This indicator measures the percentage of students who had sexual intercourse with one or more people during the past three months.

Sexual Health

Miami-Dade County has **one of** the **highest rates** of **adults and children** living with **HIV/AIDS** in the **country.**

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs), including HIV/AIDS, are a major health consequence of unprotected sexual activity. Although the percentages of sexually active teens are similar between the United States and western European countries, STD rates are much higher in the United States.[79]

In 2005, young women ages 15 to 19 in Miami-Dade County were nearly five times as likely to report and seek treatment for cases of STDs as young men the same age. Between 1996 and 2005, the rates of reported cases for young women decreased slightly and varied considerably from year to year.[80] In 2005, 1,658 STD cases in Miami-Dade County were reported per 100,000 young women. During the same time period, the rates of reported cases of STDs decreased for young men from 481 to 338 cases per 100,000 males ages 15 to 19. The differences in rates between women and men may be at least partially a result of young men being less aware of their health status or less willing to report these conditions and seek treatment.

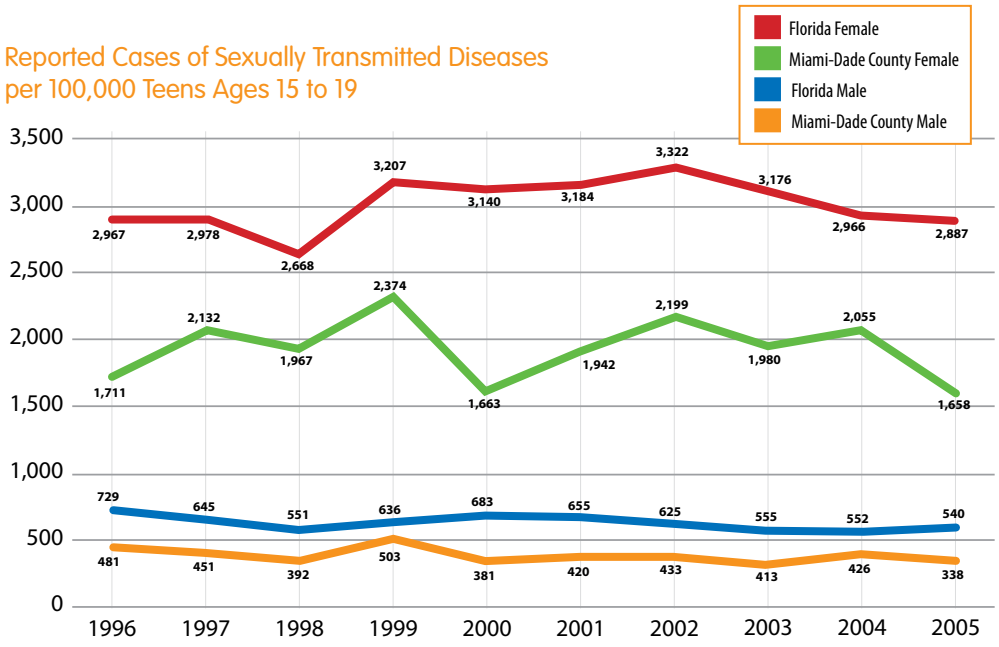
HIV/AIDS Cases

The high rate of AIDS cases in Miami-Dade County and the region causes particular concern. With 47 AIDS cases per 100,000 persons in 2006, Miami-Dade County has one of the highest rates in the nation and much higher than Florida's 26 cases per 100,000 persons. Those neighborhoods with the highest number of people living with HIV or AIDS are located in Liberty City, Little Haiti, South Beach and North Miami.[81]

The CDC-designated Miami metropolitan statistical area (which includes Miami-Dade, Broward and Palm Beach counties) ranked third in the nation in the cumulative number of AIDS cases for adults and adolescents 13 years and older. Miami-Dade County alone accounted for 30,532 reported AIDS cases through the end of 2007, more than half of all reported cases throughout the designated metropolitan statistical area. The metropolitan area also had the second highest cumulative number (990) of reported pediatric AIDS cases (children under age 13) among all regions in the country, behind only New York (2,887 cases).[82]

By the end of 2007, Miami-Dade County's cumulative pediatric HIV (not AIDS) cases numbered 177; the cumulative count of pediatric AIDS cases numbered 506, of which 86 percent were black non-Hispanic, 10 percent Hispanic, and 4 percent white non-Hispanic children. Children with HIV/AIDS overwhelmingly (98 percent) become exposed to the disease through their mother.[83]

Reported Cases of Sexually Transmitted Diseases per 100,000 Teens Ages 15 to 19



Source: Florida Department of Health, Division of Disease Control
Notes: Sexually transmitted diseases include syphilis, chlamydia, and gonorrhea.

Teen Births

The percentage of all **births to teenage mothers** in Miami-Dade County has **fallen steadily** over the years.

Teen Births

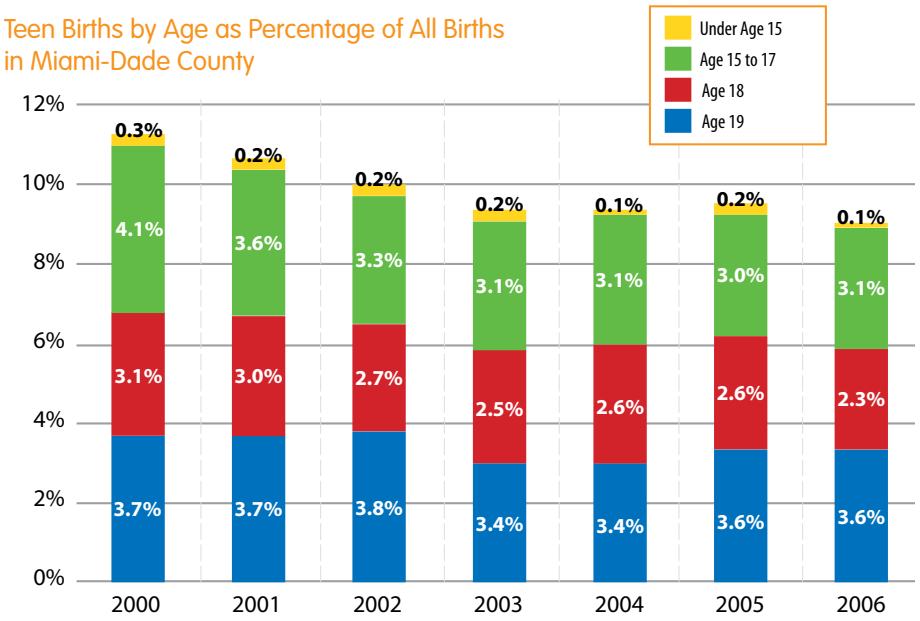
Children born to teenage mothers tend to have poorer outcomes, including lower academic achievement and worse behavior problems than children of older mothers.[84]

Births to teenage mothers (ages 19 and under) as a percentage of all births in Miami-Dade County decreased from 11 to 9 percent between 2000 and 2006, with most of the decline related to teens ages15 to 18. Of the 3,059 teenage births in 2006, more than 500 births (16 percent) were the mother's second or third child, less than the State of Florida's 18 percent rate for teen-repeat births. One-third (35 percent) of teen births in 2006 were to a mother under the age of 18.

In Miami-Dade County the birth rate for females ages 15 to 19 has fallen from 46 to 36 births per 1,000 young females over the years 2000 to 2006. The county's 2006 birth rate for teens ages 15 to 19 is below both the Florida and United States rates of 44 and 42 per 1,000 young females, respectively.[85]

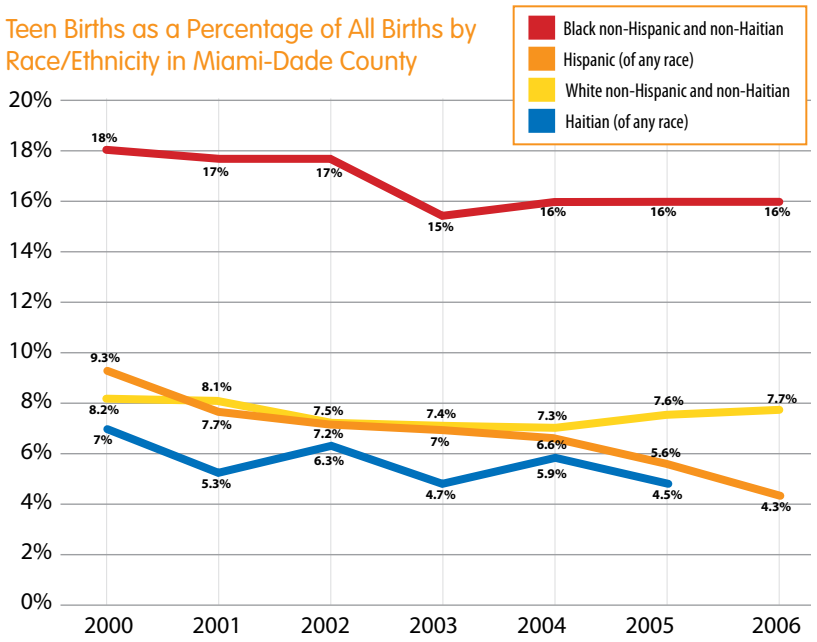
Black non-Hispanic and non-Haitian teens have the highest percentage of teenage births; however, their rate decreased from 18 to 16 percent of all births within their race/ethnicity from 2000 to 2006. For this same time period, births to white non-Hispanic and non-Haitian teens dropped from 9.3 to 4.3 percent of all births within their race/ethnicity. The percentage of births to Hispanic teens remained in the range of 8 percent of all Hispanic births. Among Haitians, the rate of births to teenage mothers dropped from 7 to 4.5 percent of all Haitian births from 2000 to 2005.

Teen Births by Age as Percentage of All Births in Miami-Dade County



Source: Florida Department of Heath, Office of Vital Statistics

Teen Births as a Percentage of All Births by Race/Ethnicity in Miami-Dade County



Source: Florida Department of Heath, Office of Vital Statistics
Notes: 2006 data for Haitian teen births is not currently available.

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[68] Note that juvenile arrests represent the number of bookings processed at the Juvenile Services Department and NOT the number of juveniles processed during the year. The figures in this section, Youth Arrest Bookings, contain duplicates of the number of juveniles arrested during the year since some juveniles are arrested more than once during the same year.

[69] Florida Department of Juvenile Justice, Office of Research and Planning. Delinquency Profiles for FY 2004-05 and FY 2006-07. Accessed April 20, 2008. www.djj.state.fl.us/Research/Delinquency_Profile/index.html; Snyder, HN (December 2006). Juvenile arrests 2004. OJJDP Juvenile Justice Bulletin. Washington, DC: U.S. Dept. of Justice, Office of Juvenile Justice and Delinquency Prevention. www.noys.org/Juvenile%20Arrests%202004.pdf; Miami-Dade County Juvenile Services Department.

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[71] Jonson-Reid, M (2004). Child welfare services and delinquency: The need to know more. *Child Welfare*, 83(2): 157-173.

[72] The unit of analysis used in this section is the unduplicated count of youth arrested during a fiscal year. This is determined by selecting only the most serious offense for any specific offender during a fiscal year.

[73] Florida Department of Juvenile Justice, Office of Research and Planning. Delinquency Profiles for FY 2004-05 and FY 2006-07. Accessed April 20, 2008. www.djj.state.fl.us/Research/Delinquency_Profile/index.html

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[78] Refers to condom use during last sexual intercourse and birth control pill use before last sexual intercourse.

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[80] Reported cases are those that have been diagnosed, and do not include individuals who may have STDs but have not sought diagnosis and treatment.

[81] Miami-Dade County Health Department (December 2007). HIV/AIDS surveillance monthly report. www.dadehealth.org/downloads/Dec-2007.pdf

[82] Centers for Disease Control and Prevention (2007). Cases of HIV infection and AIDS in the United States and dependent areas, 2005. HIV/AIDS Surveillance Report, Volume 17, Revised Edition, Table 15. www.cdc.gov/hiv/topics/surveillance/resources/reports/2005report/pdf/table15.pdf; Miami-Dade County Health Department (2007). HIV/AIDS surveillance monthly report. www.dadehealth.org/downloads/Dec-2007.pdf

[83] Miami-Dade County Health Department (December 2007). HIV/AIDS surveillance monthly report. www.dadehealth.org/downloads/Dec-2007.pdf

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[85] County and state teen birth rate calculations based on birth data from Florida Department of Health, Office of Vital Statistics, and population estimates by The Florida Legislature, Office of Economic and Demographic Research. National birth rates from Hamilton BE, Martin JA, and Ventura SJ (2007). Births: Preliminary data for 2006. *National Vital Statistics Reports*, 56 (7). Hyattsville, MD: National Center for Health Statistics. www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_07.pdf

School Enrollment and Mobility

Public school enrollment fell slightly in the **past decade,** and **more than one in four** Miami-Dade County students **attend private school** or a **public school choice program.**

School Enrollment

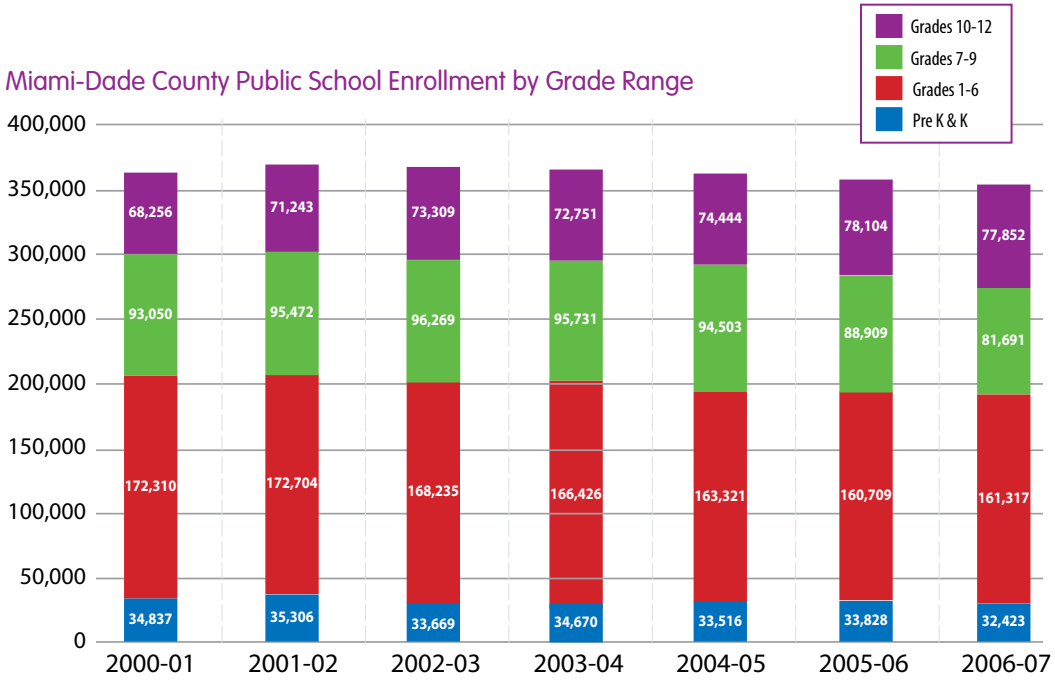
Miami-Dade parents have a variety of educational choices for their 425,000 school-age children. In 2006-07, about 16 percent of the enrolled children attended one of 413 private schools, a rate that has held steady throughout the years. Most parents in the county chose private schools for their prekindergarten children (60 percent). For the remaining grades, the rates ranged from 11 to 18 percent.[86]

After significant increases throughout the late 1990s, public school enrollment in Miami-Dade County dipped from 368,453 students in the 2000-01 school year to 353,283 students in 2006-07, a 4 percent drop. Declining enrollment over this period was largely due to an 8 percent decrease in students in grades one through nine. In contrast, enrollment in grades 10 through 12 was about 14 percent higher than at the beginning of the decade. Counter to the overall pattern of declining enrollment, the number of public school students increased in the Aventura, North Miami Beach and Kendall West ZIP codes, generally due to new schools being opened in these areas.[87]

The racial and ethnic composition of children in Miami-Dade County Public Schools is more Hispanic (61%), black non-Hispanic (27%), and other non-Hispanic (3%), and less white non-Hispanic (9%) than that of the county.

In 2006-07, 18 percent of Miami-Dade public school students attended a school choice program, including magnet schools, charter schools, controlled choice and satellite learning centers.[88] Charter schools accounted for 38 percent of these nontraditional schools and 30 percent of the students (57 schools with 19,106 children).

Miami-Dade County Public School Enrollment by Grade Range



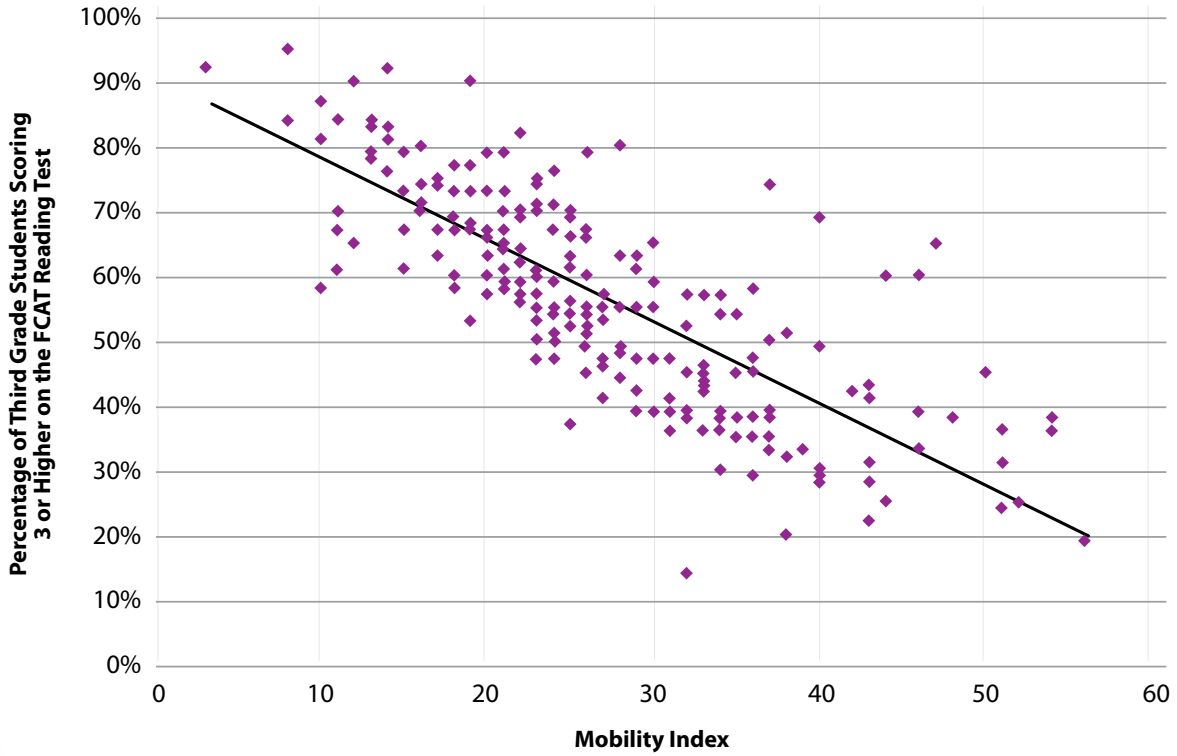
Source: Florida Department of Heath, Office of Vital Statistics

Student Mobility

Student relocations are associated with lower standardized test scores, even when controlling for background characteristics such as socioeconomic status, with multiple school changes more disruptive than a single change.[89]

Enrollment counts for a school are recorded at a single point in time, but many children attend more than one school during the school year. Miami-Dade County Public Schools tracks student mobility by dividing the number of students who move in and out of a school during the school year by the total number of students who attended that school at any point throughout the year. In the 2005-06 school year, the district-wide score on the mobility index was 29, suggesting that, on average, three out of 10 students in a given school changed schools during one academic year. In 2003-04, the latest year available with individual school calculations, the mobility index for individual elementary schools ranged from three to 56. Higher elementary school mobility is strongly associated with lower FCAT third grade reading scores. Mobility levels as measured by this index accounted for 72 percent of the reading proficiency differences among elementary schools.

Relationship between Student Mobility and Third Grade FCAT Reading Results—Miami-Dade County, 2003-04



Source: Miami-Dade County Public School Profiles for the mobility index; Florida Department of Education for the FCAT results
Notes: A mobility index of 30 suggests that, on average, 3 of 10 students in a given school changed schools during the academic year. A score of 3 or higher on the FCAT indicates a student is proficient in specified subject area. The trendline suggests that for every one point increase in the mobility index, the percentage of students proficient on the FCAT decreases by 1.26 points.

Language and Exceptional Student Education

Almost a quarter of Miami-Dade public school **students** have **limited English proficiency,** and **more than one in 10** have **special education needs.**

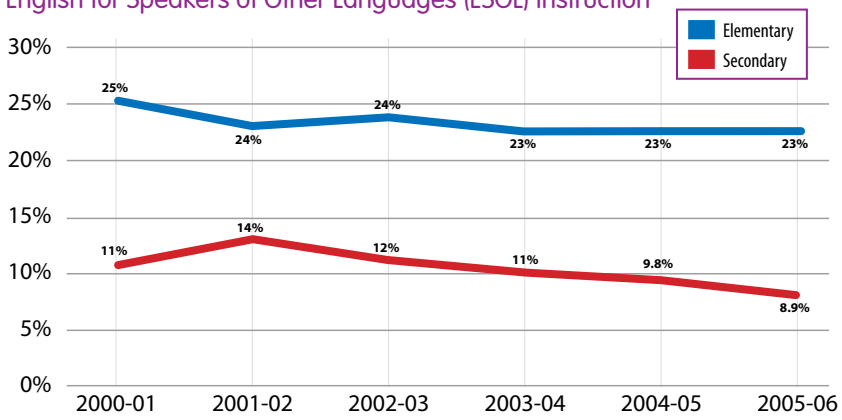
Limited English Proficiency

Students with limited English proficiency may have a more difficult time with school performance and standardized achievement assessments because of language barriers.[90]

The percentage of elementary and secondary students with limited English proficiency in Miami-Dade County Public Schools, as measured by the number of students enrolled in English for Speakers of Other Languages (ESOL) instruction, decreased slightly between the 2000-01 and 2005-06 school years. Declines in shares of students receiving ESOL instruction occurred in both elementary and secondary schools, with the larger decrease of 2.5 percentage points in the county's secondary schools. Elementary students continued to have the highest percentage of students with limited English, 23 percent in 2005-06.

Schools with higher percentages of elementary school students with limited English proficiency tended to be in the northwest and central part of the county. In 2004-05, about half of the public school students in two ZIP codes (33010 and 33130) located in Hialeah and Little Havana had limited English proficiency.[91]

Percentage of Miami-Dade County Public School Students Enrolled in English for Speakers of Other Languages (ESOL) Instruction



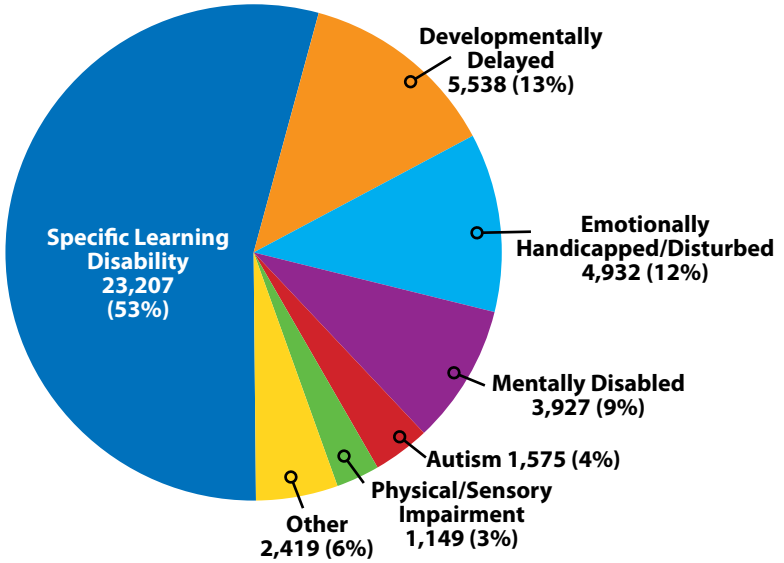
Source: Miami-Dade County Public Schools Statistical Abstract

Special Education

Children with physical, emotional, developmental, behavioral or chronic medical conditions experience impairment in their sensory, cognitive, motor, emotional and/or behavioral functioning. Such children require support, ongoing intervention and/or accommodation by others in order to participate in an age-appropriate fashion in education, social or physical activity, and to reach their potential.[92]

Miami-Dade County Public Schools designs curriculum to support exceptional students with a variety of special education needs. Exceptional students, not including gifted students, accounted for about 12 percent of all public school students in the 2005-06 school year, a slight increase from 11 percent in 2001-02, reflecting an additional 11,000 exceptional education students. The needs of these students vary widely. Of the students identified as exceptional in 2005-06, more than half (53 percent) received special instruction for a specific learning disability and 13 percent were identified as developmentally delayed. Furthermore, students diagnosed with autism increased by 40 percent from 1,124 students in 2000-01 to 1,575 students in 2005-06, when this group made up approximately 4 percent of the total exceptional student population.

Exceptional Student Enrollment by Condition in Miami-Dade County Public Schools, 2005-06



Source: Florida Department of Education, Education Information and Accountability Services
Notes: Gifted students are excluded from the total.

Almost one in five high school students in Miami-Dade County **missed 21 or more days of school;** still, the rate of **suspensions** has **dropped** considerably **over the past few years.**

Absenteeism and Student Suspensions

School Attendance

Attendance is a vital component to a student's education. Students with higher rates of absenteeism tend to have poorer academic achievement.[93]

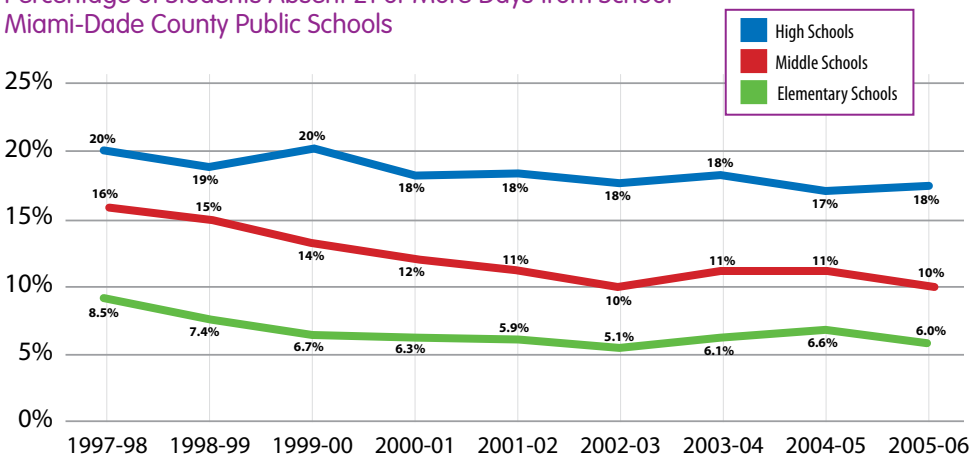
About 6 percent of Miami-Dade public elementary students missed 21 or more days of school during the 2005-06 school year, down from 8.5 percent in 1997-98. The 2005-06 rate for elementary students fell below Florida's rate of 7.2 percent, for the sixth consecutive year. Middle school students in Miami-Dade have a higher level of absences (10 percent), similar to the rate of all middle school students in Florida. However, good progress has been made in reducing middle school student absenteeism, with rates steadily dropping from 1997-98 through 2002-03 and leveling out since then. Older students exhibited the highest rates of chronic absenteeism. Almost one in five public high school students (18 percent) in Miami-Dade County missed 21 or more days of school, compared to only 16 percent of all high school students in Florida. This rate has shown some improvement since the late 1990s.

In-School and Out-of-School Suspensions

Suspensions are given to students for various types of inappropriate or disruptive behavior. Effective discipline in schools is critical to ensure academic success and to provide a safe learning environment. Schools with a focus on effective discipline practices have achieved decreased discipline problems (office referrals and school suspensions) over the course of several academic years, with simultaneous improvements in student academic performance, as measured by standardized tests of reading and mathematics skills.[94]

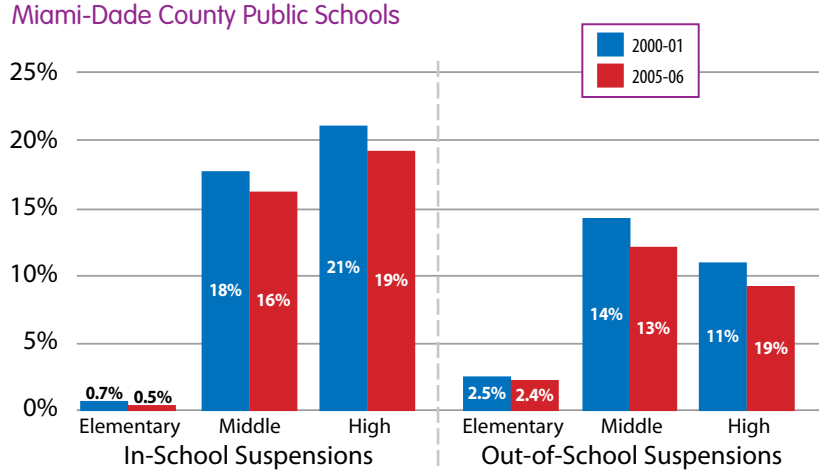
The rate of in-school and out-of-school suspensions at Miami-Dade County Public Schools declined across elementary, middle and high schools from 2000-01 to 2005-06. School officials suspended very few elementary school students, but gave in-school suspensions to 16 percent of middle school and 19 percent of high school students in the 2005-06 school year. Out-of-school suspensions are less common. About 12 percent of middle school students and 9 percent of high school students were suspended out-of-school in 2005-06.

Percentage of Students Absent 21 or More Days from School
Miami-Dade County Public Schools



Source: Florida Department of Education, Florida School Indicators Report

Percentage of Students with In-School and Out-of-School Suspensions
Miami-Dade County Public Schools



Source: Florida Department of Education, School Environmental Safety Incident Reporting (SESIR) System

Parent Involvement in Schools

Nine in 10 parents of elementary students **attend at least one** school activity **during the year.**

Parent Involvement

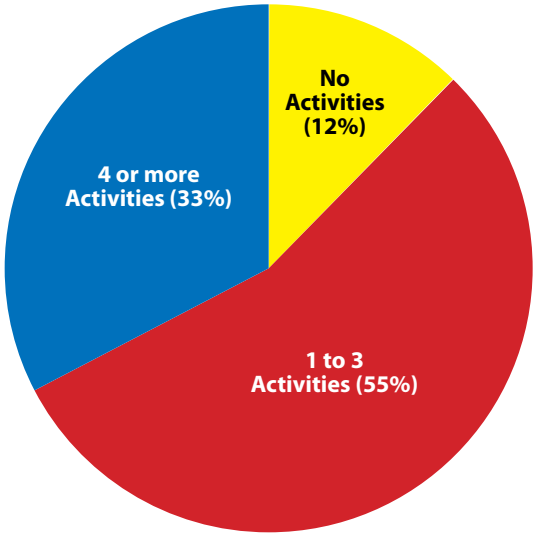
Parent involvement is a strong predictor of student achievement, regardless of ethnic or racial background or socioeconomic status. Students whose families are involved in their education typically achieve higher grades and test scores, complete more homework, have better attendance, exhibit more positive attitudes and behaviors, graduate at higher rates, and are more likely to enroll in postsecondary education programs.[95]

Family activities and parenting skills can support student success in schooling. Families can become involved in children's education in many ways, including volunteering in the classroom and on field trips, attending school activities and events, and engaging in at-home learning activities such as supervising homework and helping with classroom assignments.

In 2004-05, about 60 percent of elementary school parents responded to a survey question about their involvement in schools. Of the parents who answered, about 12 percent reported attending no elementary school activities. Over half (55 percent) attended one to three activities and a third of parents participated in four or more school activities. Parents in elementary charter schools were more involved by this measure than those from traditional elementary schools. Half of elementary charter school parents attended four or more activities and only 4 percent reported attending no events at all.

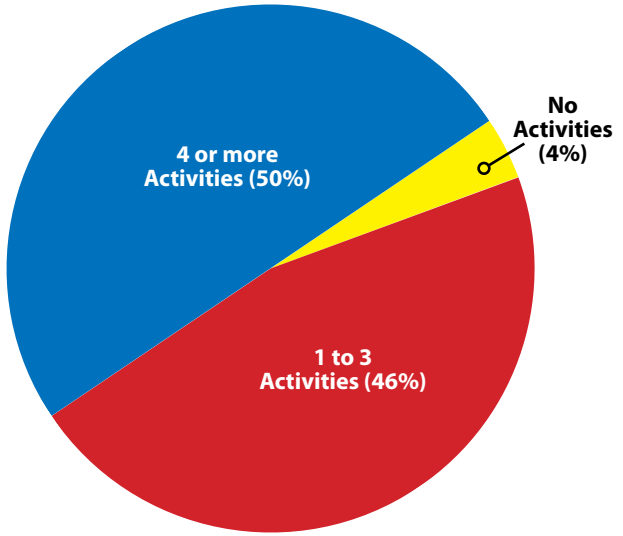
In 2005, The Parent Academy opened as an initiative of Miami-Dade County Public Schools to help parents become full partners in their children's education through the development of skills, knowledge and confidence. Courses offered vary based on parental interests, and have included early childhood development, parenting skills, health and nutrition, and technology. For the 2005-06 school year, 19,447 certificates of completion were issued. In the following year, 55,023 certificates were issued, a nearly 3-fold increase.[96] Similarly, the number of Miami-Dade public schools with active Parent Teacher Associations (PTAs) rose from 241 at the end of the 2005-06 school year to 265 at the end of the 2006-07 school year. For this same time period, PTA membership increased from 52,540 to 55,952.[97]

Number of School Activities Parents Attended for Miami-Dade County Elementary Schools, 2004-05



Source: Miami-Dade County Public Schools, Department of Research Services, School Climate Survey

Number of School Activities Parents Attended for Miami-Dade County Charter Elementary Schools, 2004-05



Source: Miami-Dade County Public Schools, Department of Research Services, School Climate Survey

Student Achievement

Math and **reading test scores** of **third** and **tenth grade students** have **improved** over the **past five years.**

Standardized Tests

Assessing student achievement through standardized tests is one component to track student learning and performance over time and across schools and localities.

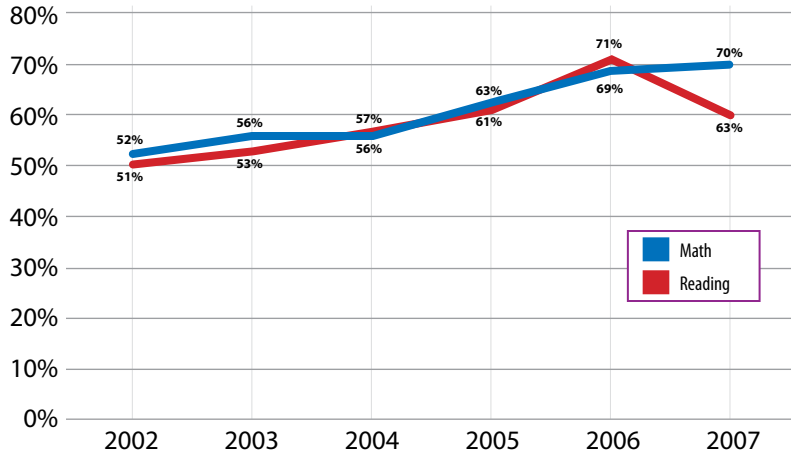
The Florida Comprehensive Assessment Test (FCAT), based on the state curriculum framework for math, reading and writing, assesses whether students meet academic achievement standards under the federal No Child Left Behind Act. The percentage of public school third and tenth graders scoring 3 or above on the FCAT has improved steadily since 2002. A score of 3 or higher on the FCAT indicates a student is proficient in the specified subject area. The share of third graders who were proficient in math increased from 52 to 70 percent between 2002 and 2007, while those proficient in reading rose from 51 to 63 percent. However, Miami-Dade County percentages remained lower than those for all Florida third graders, which were 74 and 69 percent proficient in math and reading, respectively. These gaps have narrowed in recent years, with test score differences decreasing from a 9 percentage point difference to a 5-point difference in reading, and from a 7 percentage point difference to a 4-point difference in math between 2002 and 2007.

While tenth graders' scores also improved, their relative proficiency level, as measured by FCAT scores in math and reading, was lower than that of the county's third graders. Miami-Dade County 10th graders showed the greatest improvement in math scores, with the percentage of students proficient in grade-level math increasing from 44 to 57 percent between 2002 and 2007. Results on the reading test rose slightly, but remained low. Only 27 percent of all tenth graders were proficient in reading in 2007. Tenth graders who do not score 3 or higher on their first attempt have several more opportunities to pass before graduation. Miami-Dade tenth graders did not perform as well on the math and reading tests as did tenth graders around the state. In 2007, 65 percent of Florida's tenth graders were proficient in math and 34 percent were proficient in reading.

Tenth grade students performed better on the essay-format writing FCAT. The share of 10th graders who were proficient in writing remained above 70 percent over the last six school years. Although the share of students proficient in writing decreased by 5 percentage points from 79 to 74 percent between 2005 and 2006, some of the decline reversed in 2007 when 77 percent of students were proficient in writing. Unlike math and reading, the percentage of Miami-Dade County 10th graders who demonstrated proficiency in writing was comparable to that of tenth graders in Florida overall, where 79 percent earned a passing score in 2007.

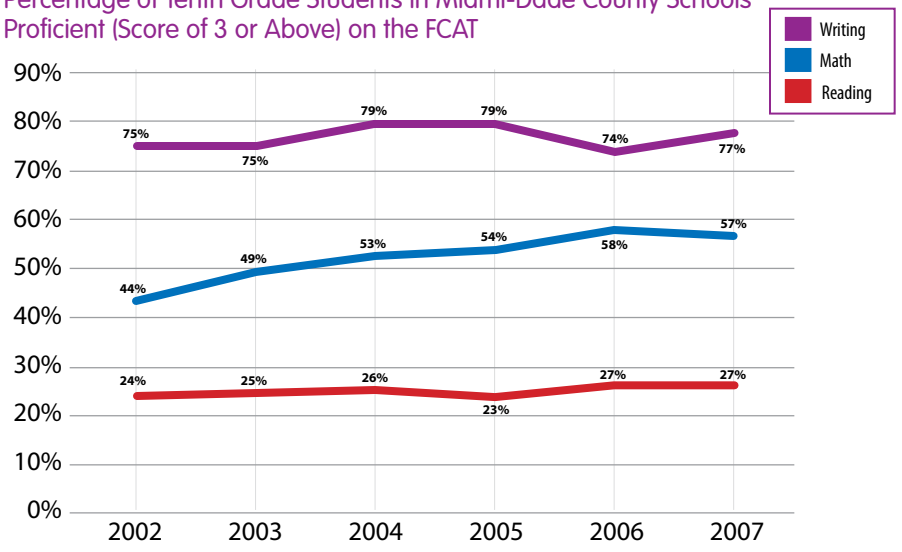
For high school students intending to pursue higher education, SAT scores are a nationally comparable measure of student achievement. In 2006, an estimated 63 percent of Miami-Dade public school graduates took the SAT.[98] Students scored an average of 461 and 466 on the math and verbal sections, respectively, in 2006. The county SAT averages remained below the average scores of public school students in Florida and the United States in both 2001 and 2006. Florida public school students in 2006 scored an average of 497 on the math and 496 on the verbal sections, while public school students in the United States scored an average of 518 on the math and 503 on the verbal sections.[99]

Percentage of Third Grade Students in Miami-Dade County Schools Proficient (Score of 3 or Above) on the FCAT



Source: Florida Department of Education, Division of Accountability, Research, and Measurement
Notes: FCAT is the Florida Comprehensive Assessment Test.

Percentage of Tenth Grade Students in Miami-Dade County Schools Proficient (Score of 3 or Above) on the FCAT



Source: Florida Department of Education, Division of Accountability, Research, and Measurement
Notes: FCAT is the Florida Comprehensive Assessment Test.

School Quality

More than half of the **public schools** in Miami-Dade County **earned a performance grade of "A" or "B"** for the 2006-07 school year, with a **quarter receiving a "C" grade.**

School Grades

Public schools can vary greatly in quality, impacting student skills and knowledge, employment readiness, and readiness for higher education. Grading public schools helps determine whether schools are moving students forward year by year. Raising standards and maintaining appropriate levels of accountability across schools will improve student performance.

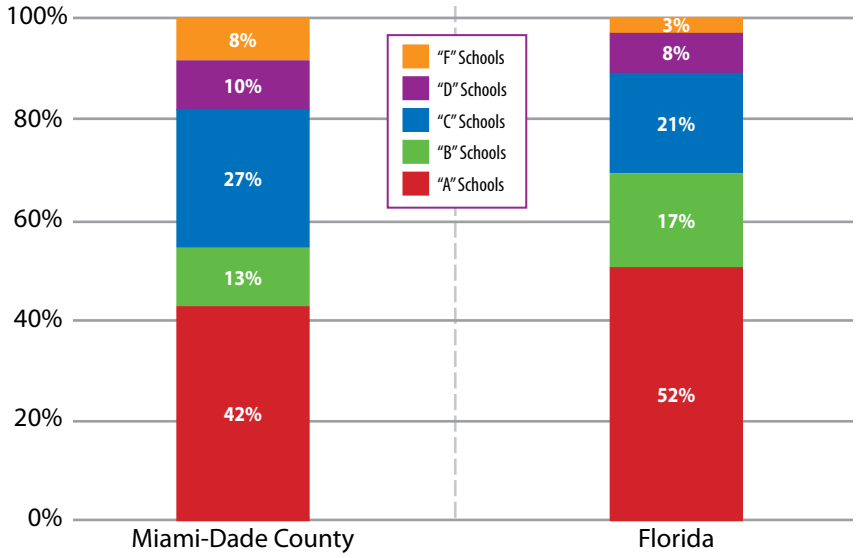
One means of measuring school quality is Florida's school grading system, using a point system to compare how well students from public schools and school districts progress toward meeting the achievement goals of the Sunshine State Standards. The criteria for grading have changed several times since the system was introduced in 1998-99. Currently, the system assigns every public school a performance grade primarily based on students' results on the Florida Comprehensive Achievement Test (FCAT), but the grade also reflects the test participation rate of the school's students, whether students are making annual learning gains and, in particular, whether the test scores of its lowest performing students are improving.[100]

More than half (55 percent) of the public schools in Miami-Dade County earned a performance grade of "A" or "B" for the 2006-07 school year, with another 27 percent receiving a "C." In Florida, almost 70 percent of schools earned an "A" or "B" grade.

The percentage of schools with a "C" or better grade varies greatly by school level in both Miami-Dade County and Florida. During the 2006-07 school year, 90 percent of elementary schools, 71 percent of middle schools, and only half of high schools in Miami-Dade County received a grade of "C" or better. At all levels, the percentage of Florida schools earning a "C" or better exceeded results in Miami-Dade County, but the gap widens for higher grades. High schools showed the largest difference, where two-thirds of Florida high schools had a "C" or better compared to half of Miami-Dade's high schools.

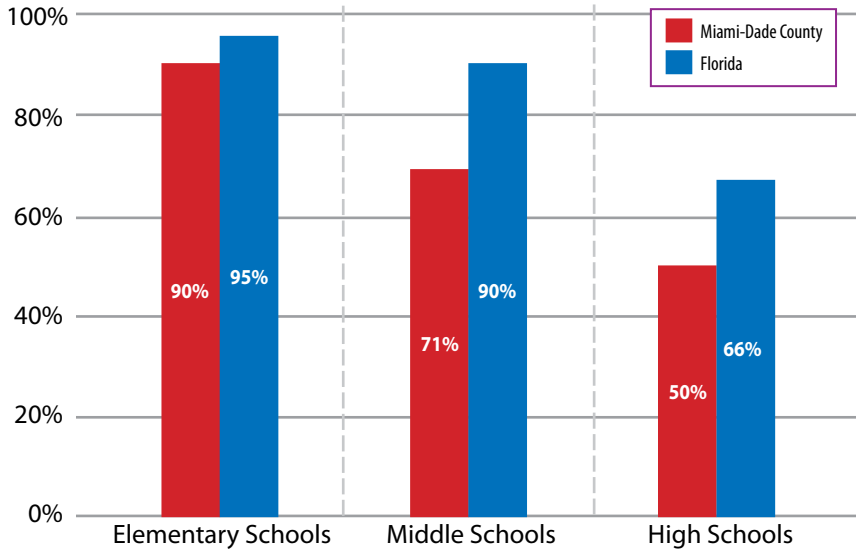
In Miami-Dade County the percentage of schools achieving a grade of "C" or higher increased from 57 percent in 1999-2000 to 80 percent in the 2006-07 school year. Over this same time period, all Florida schools achieving a "C" or better increased from 84 to 87 percent.

Percentage of Public Schools by Florida's Performance Grading System, 2007



Source: Florida Department of Education, School Accountability Reports
Notes: 334 Miami-Dade County Public School System schools, including charter schools, received a performance grade in 2007.

Percentage of Public Schools Receiving a Performance Grade of "C" or Better, 2007



Source: Florida Department of Education, School Accountability Reports

Six of 10 Miami-Dade County **high school students graduate** within **four years.**

High School Achievement

More highly educated people earn higher incomes, and high school dropouts are less likely to be employed. A high school diploma offers graduates many opportunities, such as a better job and access to higher education. Over the course of a lifetime, high school graduates earn $117,000 to $322,000 more (and contribute $66,000 to $153,000 more in taxes) per person than high school dropouts.[101] Furthermore, students who drop out of high school are more likely to engage in delinquent behavior.[102]

High School Graduation Rate

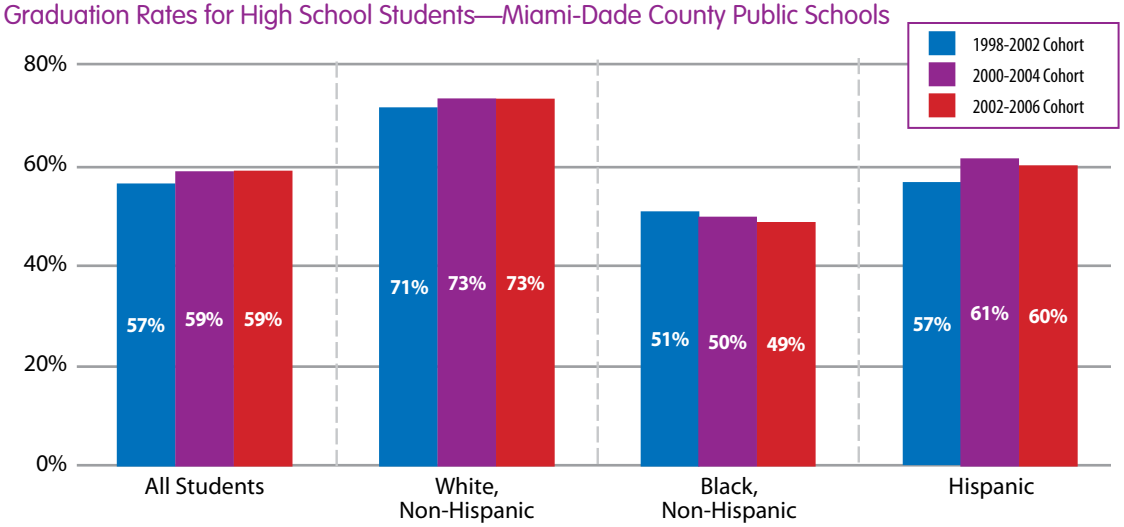
The four-year graduation rate of Miami-Dade public high schools increased from 57 percent for the cohort of students entering the ninth grade in 1998 to 59 percent for the cohort entering in 2002. This includes students receiving an academic diploma, a special education diploma or a GED certificate.[103]

Graduation rates for white non-Hispanic students were appreciably higher than those for black non-Hispanic and Hispanic students. The graduation rate for white non-Hispanic students increased from 71 to 73 percent between the 1998 and 2002 cohorts, and the rate for Hispanic students grew from 57 to 60 percent. However, black non-Hispanic students experienced a decrease in graduation rates from 51 to 49 percent.

High School Dropout Rate

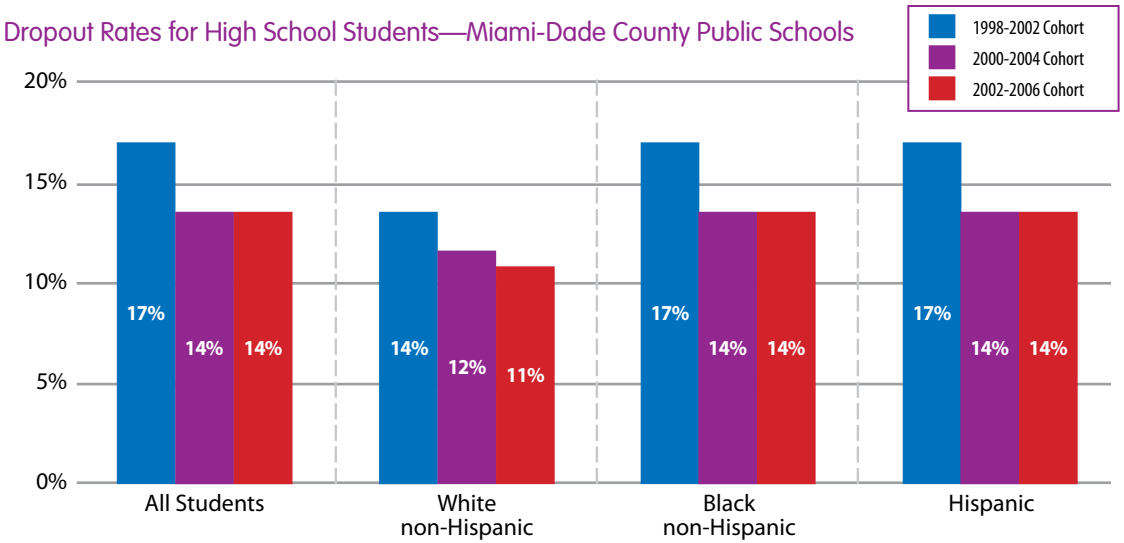
The four-year dropout rate for Miami-Dade County public high schools decreased from 17 percent for the cohort of students entering the ninth grade in 1998 to 14 percent for the cohort entering in 2002.[104] While the high school dropout rate fell among all racial and ethnic groups, the rate for Hispanic and black non-Hispanic students remained higher than for white non-Hispanic students.

Graduation Rates for High School Students—Miami-Dade County Public Schools



Source: Miami-Dade County Public Schools, Research Services, Dropout and Graduation Rates 2005-06 Research Brief

Dropout Rates for High School Students—Miami-Dade County Public Schools



Source: Miami-Dade County Public Schools, Research Services, Dropout and Graduation Rates 2005-06 Research Brief

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[86] Office of Independent Education and Parental Choice, Florida Department of Education (2007). *Private school annual report*, 2006-07. Tallahassee, FL: Florida Department of Education. www.floridaschoolchoice.org/information/private_schools/annual_reports/06-07.pdf

[87] ZIP code data refer to enrollment changes from 2001-02 to 2004-05, the latest year available at the time of analysis for individual school data, and are from the Miami-Dade County Public School Individual School Profiles. http://oada.dadeschools.net/DSProfiles/0607Profiles.asp

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[92] Children with disabilities statement adopted by The Children's Trust Board of Directors. www.thechildrenstrust.org/images/content/FundedPrograms/03-08/CWD_definitions_and_categories-031208.pdf

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[97] The Parent Academy, Miami-Dade County Public Schools. Unpublished data, received September 2007.

[98] The 2006 rates of SAT participation for Florida (63 percent) and the United States (48 percent) are only available for all students, not just public school students. Florida Dept. of Education (August 2007). *SAT trends Florida and the nation*. Tallahassee, FL: Florida Dept. of Education, Research and Evaluation. www.fldoe.org/evaluation/pdf/sat_2007.pdf

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[100] For the exact criteria for each school grade and a summary of the changes in school grade criteria, see Florida Dept. of Education (2007). Grading Florida public schools 2006-2007. Florida School Grades. Tallahassee, FL: Florida Dept. of Education. http://schoolgrades.fldoe.org/pdf/0607/School_Grades_07_PressPacketComplete.pdf

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[102] Snyder, HN and Sickmund, M (2006). *Juvenile offenders and victims: 2006 national report*. Washington, DC: U.S. Dept. of Justice, Office of Juvenile Justice and Delinquency Prevention.

[103] The number of graduates includes first-time enrollees for a given year plus students who enrolled throughout the 4-year time period. The denominator is the above minus students who: transfer to private schools or home schooling; move out of the area or were deceased; and those who left to enroll in an adult education program.

[104] The dropout rate is defined as the percentage of students who have been identified, using the appropriate withdrawal code, as having dropped out of school. The denominator is the year-round student enrollment. Students who leave school and immediately enroll in a GED program are not counted as dropping out.

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Miami-Dade County Juvenile Services Department: juvenile crimes.

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State of Florida, Agency for Health Care Administration: hospitalizations.

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