

**San Diego County
Child and Family
Health & Well-Being**

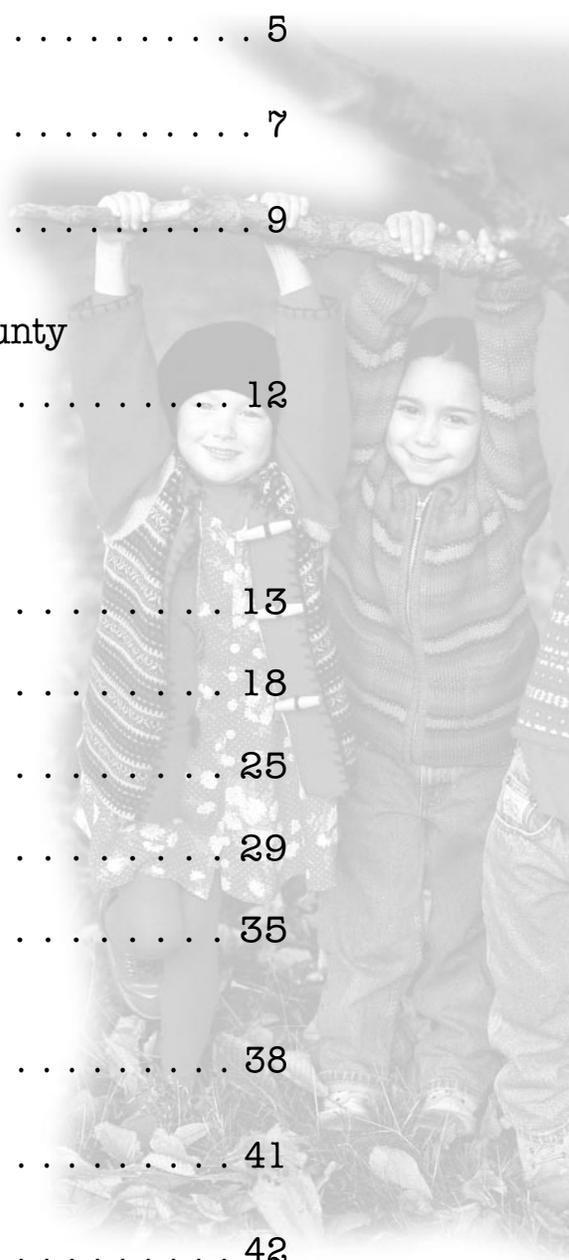


Report Card
1999



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Dear Friends,

San Diego County faces the challenges and opportunities presented by welfare reform, transitioning to Medi-Cal managed care, integrated service delivery from a restructured health and human services agency designed to provide better outcomes for children and families. Because of these substantial changes, we need information about the impacts on San Diego County's children and families.

To help understand the impact of these changes, the San Diego County Board of Supervisors, the County Health and Human Services Agency, Children's Hospital and Health Center, and the Alliance Healthcare Foundation developed the very first San Diego County Child and Family Health & Well-Being Report Card. Its goal is to track and trend identified health and well-being indicators. Baseline data collected on indicators in the Report Card were presented to the Board of Supervisors in June 1999.

To develop the Report Card, we evaluated other community report cards from around the country. We also brought together community stakeholders to help determine the most important local issues effecting the health and well-being of San Diego children and families. This work led to a Report Card with five broad areas of interest: safety, economics, education, health, and access to services. These areas are further defined by twenty-nine specific measures. This version of the Report Card includes historical trends, some of which begin prior to the dates of the significant changes in the delivery of public health and human services.

Our work does not end with the production of the first Report Card. San Diego County will lead the country in its efforts to link Report Card measures to performance measures for the County Health and Human Services Agency. This is a bold move towards developing true public accountability.

Other public and private programs may also use the information from the Report Card to monitor and manage their effectiveness. Our goal is to continuously improve the effectiveness and efficiency of programs and services for all children and families in the San Diego region.

Sincerely,

Ruth Lyn Riedel, Ph.D.



Alliance Healthcare Foundation

Paul S. Kurtin, M.D.



*Children's Hospital and Health Center
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County of San Diego Health and Human Services Agency

Introduction

With direction from the San Diego County Board of Supervisors, the Health and Human Services Agency (HHSA) and Children's Hospital's Center for Child Health Outcomes have jointly created the very first ever Child and Family Health and Well-Being Report Card for San Diego County. This project was made possible by the generous support of the Alliance Healthcare Foundation.

This Report Card has the potential to serve as a powerful information tool that can be used by policymakers, advocacy organizations, community members, and service providers to supply the data needed for informed discussions on issues related to the children and families in our county.

This first Report Card of San Diego County's children and families represents a baseline of the current health and well-being status of the County. We like to think of this Report Card as a living document. It is truly a work in progress. As such, we value all of your comments and suggestions as we begin work to release the next Report Card. Please send all correspondence to the address given on the inside back cover of this report.



What is the Report Card?

The Report Card is a way to measure and document the health and well-being of the children and families in San Diego County during a time when many changes are taking place. These changes have to do with welfare reform, managed care, and the way San Diego County provides health and human services to the community.

The Report Card is made up of scientifically based and / or consensus-derived measures that, when put together, form a population-based, data-driven monitoring system. The primary goal of this monitoring system is to track and trend identified child and family health and well-being indicators during a time of sweeping changes in both public policy (e.g. welfare reform) and the systems serving this population (e.g., a restructured HHSA). The Report Card measures reflect a broad definition of health and well-being and have been categorized into one of the five following areas: Economics, Health, Access to Services, Safety, and Education.

It is important to remember when you read the following pages that the measures used for this first report are not static. Rather, they can be adapted over time to reflect additional health and well-being issues, shifts in population demographics, changes in the systems serving children and families, or improvements in our ability to collect and report on new data.

Who was involved?

Many people and organizations participated in the development of this Report Card, including three main advisory groups, the Child Well-Being Subcommittee of the Social Services Advisory Board, the Scientific Advisory Committee, and the Technical Advisory Committee. In addition to having help from these groups, we gathered extensive input from over 40 community groups. We are indebted to all of these people and groups for their help, support, and invaluable insight. (Please see Appendix 2 for a list of the many groups and participants.)

Next steps

One of the main next steps for the upcoming 2000 Report Card will be to provide regional data when it is available. In addition, we will be working on finding the most appropriate benchmarks to use when charting our progress over time. The Report Card will be produced on an annual basis.



Development of the First Report Card

In August 1997, the County of San Diego Board of Supervisors directed the Health and Human Services Agency (HHS) to submit a proposal to the Alliance Healthcare Foundation to develop the Report Card. The foundation agreed to fund the project, and it began in January 1998. The project was divided into two phases: the first phase was to identify the specific measures that would be used, and the second phase was to implement the data collection process and produce this first report.



The purpose of Phase I was to develop a list of health and well-being measures to be used in the report card. To do so, project staff progressed through the following series of key steps:

Phase 1

1. Reviewed scientific and programmatic literature for measures that other communities used in similar reports.
2. Drafted a preliminary list of measures based on this review.
3. Obtained input from the Child Well-Being Subcommittee of the Social Services Advisory Board regarding the measures.
4. Convened a technical advisory group to identify and evaluate sources of data, assessed the feasibility of collecting the data, and solicited suggestions on additional measures to include.
5. Developed a revised list of measures based on the feedback received from the advisory groups.
6. Obtained input from leaders of community-based organizations, Board of Supervisors advisory boards, and community residents regarding the usefulness of the information and whether modifications and/or additions to the list were needed.
7. Finalized the measures; assured data reliability and validity, as well as technical feasibility.
8. Obtained approval from the County of San Diego Board of Supervisors for the final selected measures.

All of the selected measures met the following five inclusion criteria: meets a broad definition of health and well-being, reports on issues related to children and/or families, data are currently available and will continue to be collected, data are easily collected in a reliable and valid way, and provides meaningful information that is locally relevant.

Phase 2

The purpose of Phase II was to collect the data needed on all of the approved measures and produce this first report. Project staff progressed through the following key steps:

1. Reviewed and enhanced data sources
2. Developed agreements with the directors of community programs and businesses (e.g., San Diego Association of Governments, County Office of Education, and others) to make data available for use in this report
3. Collected historical, current, and comparison data for each measure
4. Produced the first Report Card



How to Use This Report Card

This Report Card has the potential to serve as a powerful information and decision making tool. Yet it is important to first understand how to use and interpret this Report Card. The following information provides important context for reading and using this report.

Data

All of the data used for this report already existed. We did not collect any new data. It was supplied to us by a variety of organizations ranging from local agencies to state and national organizations. For a detailed definition of each of the measures and the data sources used for this report, please see Appendix I.



This Report Card is organized into five sections, Economics, Health, Access to Services, Safety, and Education. Each section begins with an introduction of why that topic is important to the overall health and well-being of San Diego County's children and families. It is followed by the latest data available for each specific measure. Bar graphs are provided to illustrate trends and comparisons. Most of the data in the bar graphs are in the form of a rate. Using a rate, rather than a raw number, allows us to put the information into context and adjust for population differences across time. We close with state and/or national comparison data to lend further context.

To include measures that were the most meaningful to our community, both the selection of the measures and the definitions were tailored to meet the unique needs and perspectives of stakeholders throughout the county. As such, exact state and/or national comparison data were not always available. For example, we draw from several sources of data to calculate the average monthly number of children identified as homeless. There is no comparison data available, as this indicator was calculated using a special survey done in the County. Although selection of this type of measure sacrifices comparability, it gives us a better idea of what is going on in our County. When available, we have presented state and/or national comparison data to help the reader understand how San Diego County is doing in comparison to California and/or the nation.

For further detailed information on data sources, how the numbers were calculated, and other technical/ methodological facts, please see the County of San Diego's web site at <http://www.co.san-diego.ca.us/cnty/cntydepts/health/services/rptcard/techsupp.html> for a complete technical report.

When historical data were available for at least two years they were included. Looking at trends across time can point to areas of need for improving services and to services that are already effective.

Limitations

The data are not without limitations. Care must be taken when interpreting the results. Following are some of the considerations that must be taken into account when interpreting the data presented in this report.

- Provisional county-level data are provided for some measures to provide the most timely information. However, the numbers may change when these data are finalized. All provisional data are noted as such.



- When comparison data on California are presented, San Diego County data are included in the calculation of the rates.
- Descriptive statistics are the primary form of analysis used for this Report Card as it is meant to be a broad overview or "snapshot" of each of the selected five areas of health and well-being.
- Rates based on fewer than five events were not calculated or presented because they are unstable.

Report Card Measures



Economics

- Average percent unemployed
- Percent of children living in poverty
- Rate of children receiving CalWORKs assistance
- Percent of parents in CalWORKs that are working or involved in work-related activities
- Rate of children receiving food stamps
- Rate of children identified as homeless



Health

- Infant mortality rate
- Percent of babies born with low birthweight
- Rate of births to teenagers (ages 15 to 17)
- Rate of youth suicides
- Rate of hospitalization of children & youth for mental illness

Adolescent Health Risk Behaviors:

- Cigarette use
- Alcohol binge drinking
- Marijuana use



Access to Services

- Number of subsidized child care spaces
- Average wait time for publicly funded outpatient alcohol and drug treatment services for adolescents
- Average wait time for publicly funded non-emergency outpatient mental health services for children and youth
- Percent of children that are adequately immunized
- Percent of children with health insurance



Safety

- Rate of delinquency petitions filed in juvenile court
- Rate of child and youth homicides
- Rate of children living in out-of-home placement due to abuse/neglect
- Number of domestic violence reports
- Rate of unintentional injuries and deaths due to unintentional injuries of children and youth
- Rate of children and youth killed or injured in alcohol/drug-related motor vehicle crashes



Education

- Annual percent of students that drop out of high school
- Percent of students attending school daily
- School suspension rate
- School expulsion rate

Background Information on San Diego County and California

Population

San Diego County is the second largest county in California and the fourth most populated county in the United States. The state of California is the most populated state in the nation.

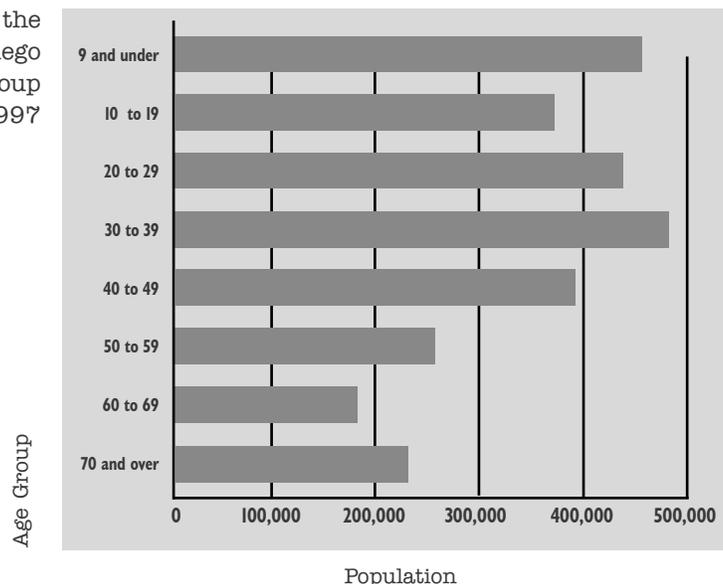
In 1997, the estimated population of San Diego County was 2.7 million with approximately 750,000 people age 18 or younger. Within the entire state of California in 1997, there were almost 33 million people. 9.6 million of these people were ages 18 or younger.

Race/Ethnicity

The racial/ethnic diversity of San Diego County in 1997 was 61% White, 24% Hispanic, 9% Asian or Pacific Islander, 6% African American, and 0.6% Native American. In California for that year, the population was 52% White, 29% Hispanic, 11% Asian or Pacific Islander, 7% African American, and 0.6% Native American.

Among the San Diego County population who were age 18 or younger in 1997, 49% were White, 34% Hispanic, 9% Asian or Pacific Islander, 7% African American, and 0.5% Native American. Among the California population who were age 18 or younger in 1997, 41% were White, 40% Hispanic, 11% Asian or Pacific Islander, 8% were African American, and 0.5% Native American.

Distribution of the Population of San Diego County by Age Group 1997



Note: 1997 data are presented because 1998-99 data are not yet complete.

Economics



The economic security of a community is largely dependent on a productive work force and the opportunities to earn income within that community. Economic security is a key determinant of a family's health and well-being. It helps determine a family's ability to secure adequate food, housing, health care, and child care. The number of families who are unable to earn an adequate income to feed or shelter their children is an important indication of the economic health and well-being of the entire community.

The six measures of economics used in the report are:

1. Average Percent Unemployed
2. Percent of Children Living in Poverty
3. Rate of Children Receiving CalWORKs Assistance
4. Percent of Parents in CalWORKs That Are Working or Involved in Work-Related Activities
5. Rate of Children Receiving Food Stamps
6. Rate of Children Identified as Homeless

When comparison data were available, they are included for the most recent time period available.

1. Average Percent Unemployed

Why is the percent unemployed important?

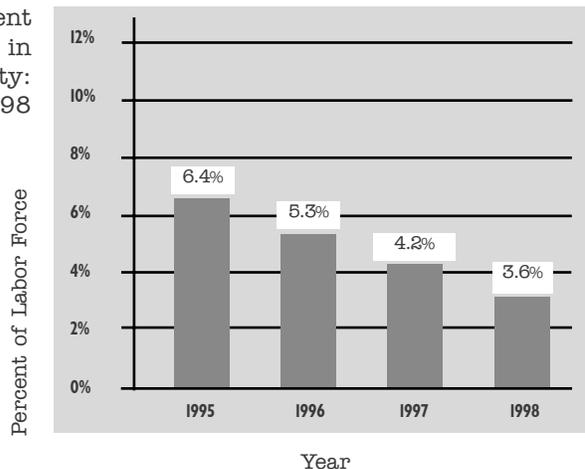
Employment indicates a productive and healthy economy. The opportunities for employment and the ability to earn an adequate income are central to the current and future health and well-being of families in San Diego County. In measuring the economic health of the region, it is important to know what percent of the labor force has not been able to find employment.

San Diego Percent

In 1998, an average of 3.6% of the civilian labor force was unemployed.

Overall San Diego County Trend

Average Percent Unemployed in San Diego County: 1995-1998



Comparison

In 1998, an average of 5.9% of the civilian labor force in California was unemployed. In the United States, 4.5% of the civilian labor force was unemployed in 1998.

San Diego County Trend by Race/Ethnicity

No current race/ethnicity data were available.

2. Percent of Children Living in Poverty

Why is the percent of children living in poverty important?

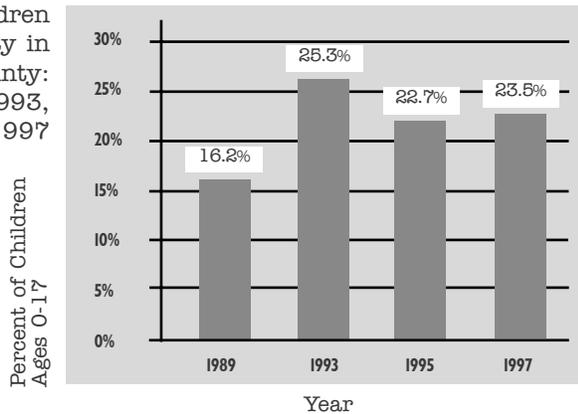
Children living in poverty are vulnerable to lack of nutrition, inadequate and unsafe housing and insufficient health care. Poverty can also have negative effects on the intellectual and developmental growth of a child. The percent of children in San Diego County that live in poverty not only tells us about the current economic status of our children, it provides us with an indication of the future economic health and prosperity of the region.

San Diego County Percent

In 1997, it is estimated that nearly a quarter (23.5%) of children ages 0-17 were living in poverty.

Overall San Diego County Trend

Percent of Children Living in Poverty in San Diego County: 1989, 1993, 1995 & 1997



Comparison

In 1997, 26.4% of children in California were living in poverty and 19.9% of children were living in poverty in the United States.

San Diego County Trend by Race/Ethnicity

No race/ethnicity data were available.

3. Rate of Children Receiving CalWORKs Assistance

Why is the CalWORKs aid recipient rate important?

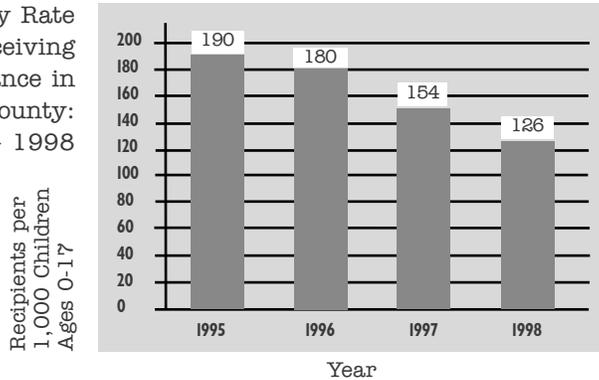
CalWORKs is California's new welfare to work program. This program became effective on January 1, 1998. The goal of CalWORKs is to help recipients become more self-sufficient by increasing their ability and incentive to earn income.

San Diego County Rate

In 1998, the average monthly rate of children ages 0-17 receiving CalWORKs assistance was 126 per 1,000.

Overall San Diego County Trend

Average Monthly Rate of Children Receiving Public Assistance in San Diego County: 1995 - 1998



Comparison

The most recent time period for which California comparison data were available was 1997. In 1997, the average monthly rate of children ages 0-17 receiving public assistance in California was 186 per 1,000.

San Diego County Trend by Race/Ethnicity

No race/ethnicity data were available.

4. Percent of Parents in CalWORKs That Are Working or Involved in Work-Related Activities

Why is the percent of parents in CalWORKs that are working important?

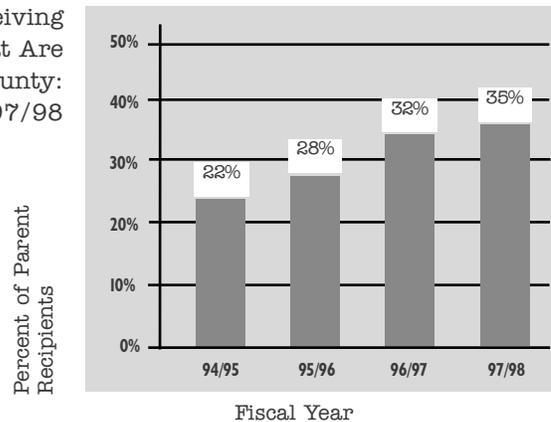
One measure of the effectiveness of the CalWORKs program in improving the earning potential of parents receiving aid is the *proportion of parents that are working or participating in work-related activities*. Within this measure, parents are given credit for any of the following: unsubsidized or subsidized employment, unpaid community service, job searching, participating in on-the-job training, receiving treatment for mental health or substance abuse, or attending vocational or remedial education classes.

San Diego County Percent

In fiscal year 1997/98, 35% of parents in CalWORKs were working or involved in work-related activities.

Overall San Diego County Trend

Percent of Parents Receiving
Public Assistance That Are
Working in San Diego County:
Fiscal Years 1994/95-1997/98



Comparison

No comparison data were available

San Diego County Trend by Race/Ethnicity

No race/ethnicity data were available.

5. Rate of Children Receiving Food Stamps

Why is the rate of children receiving food stamps important?

One indication that families are not earning enough to sustain themselves is their need for government issued food stamps. Food stamps are used by low-income families to purchase the food they need to maintain an adequate level of nutrition. The proportion of children in San Diego County who receive food stamps also tells us about the earning power of families in this region.

San Diego County Rate

An average of 67 per 1,000 children ages 0-17 were receiving food stamps each month during the first quarter of 1999 (January through March). For an historical comparison, the number of children receiving food stamps in July 1997 was 135 per 1,000 children ages 0-17 (no other historical trend data were available).

Comparison

In fiscal year 1997, a monthly average of 195 per 1,000 children received food stamps in California.

6. Rate of Children Identified as Homeless

Why is the rate of homeless children important?

The health and well-being of a child is of great concern when that child becomes homeless. Homelessness can cause a child to suffer emotionally, physically, and developmentally. It is important for us to find ways to identify how many children are homeless in San Diego County and then to determine why families become homeless.

Children whose families were living in an emergency shelter, using a hotel/motel voucher, or seeking shelter through public programs were counted as homeless.

San Diego Rate

An average of 3 per 10,000 children ages 0-17 were identified as homeless on one day per month during the winter of 1998-99 (November through February). No historical trend data were available.

Comparison

No comparison data were available.



Health

The good health of San Diego County's children and families is one of its most important assets.

The eight measures of health used in this report are:

1. Infant Mortality Rate
2. Percent of Babies with Low Birthweight
3. Rate of Births to Teenagers
4. Rate of Youth Suicides
5. Rate of Hospitalization of Children and Youth for Mental Illness



Adolescent Health Risk Behaviors:

6. Cigarette Use
7. Alcohol Binge Drinking
8. Marijuana Use

When comparison data were available, they are included for the most recent time period available.

1. Infant Mortality Rate

Why is the infant mortality rate important?

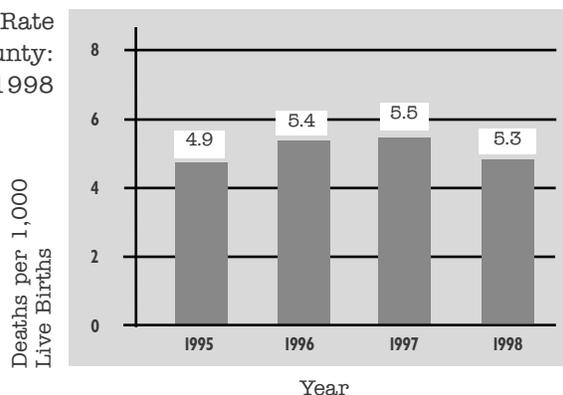
Infant mortality is a tragic event that is sometimes preventable. The infant mortality rate (IMR) is widely used to gauge how well a community is meeting the needs of pregnant women and young children and is a sensitive index of any community's social and economic development. It is also a marker of access to medical care, and prenatal care in particular. Infant mortality is the number of babies who die before reaching their first birthday.

San Diego County Rate

The 1998 infant mortality rate was 5.3 per 1,000 live births.

Overall San Diego County Trend

Infant Mortality Rate
in San Diego County:
1995-1998

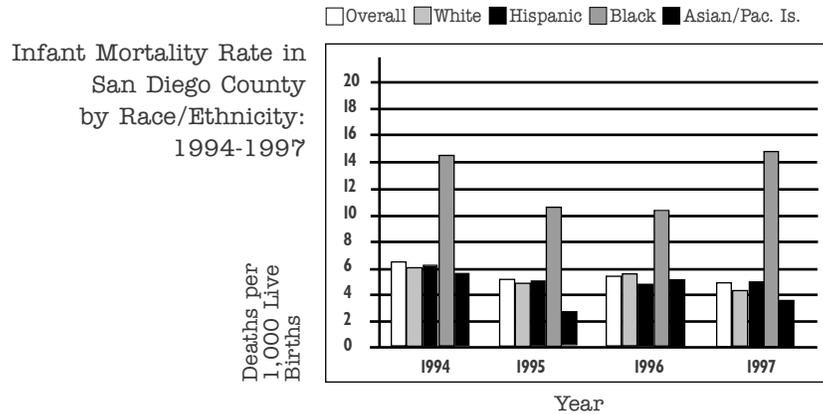


(Note: The 1998 rate is based on provisional data.)

Comparison

The most recent time period for which state and national data were available was 1997. The 1997 IMR for California was 5.9 per 1,000 live births while the national average was 7.1 per 1,000 live births.

San Diego County Trend by Race/Ethnicity



(Note: Data for Native Americans are not shown because numbers were too small to calculate reliable rates. Race/ethnicity data were not yet available for 1998.)

2. Percent of Babies with Low Birthweight

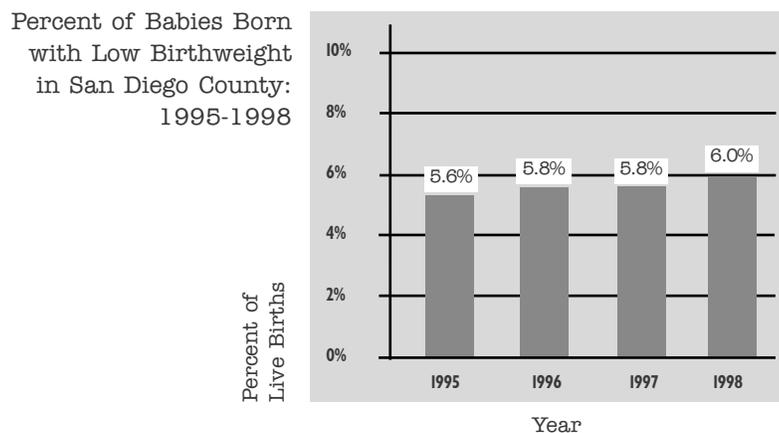
Why is the percent of babies born with low birthweight important?

Babies born weighing less than 5 1/2 pounds (2,500 grams) are considered low birthweight (LBW). LBW is a complicated problem closely related to being born prematurely (less than 37 weeks gestation). It is associated with an increased risk of infant mortality. Low birthweight can also lead to a variety of developmental problems and childhood disorders.

San Diego County Percent

The percent of babies with low birthweight in 1998 was 6.0.

Overall San Diego County Trend

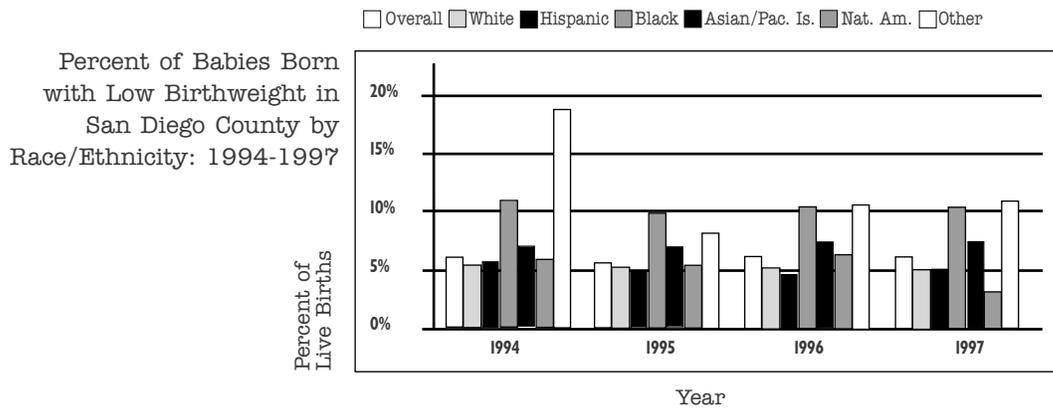


(Note: The 1998 percentage is based on provisional data.)

Comparison

The most recent time period for which state and national comparison data were available was 1997. In 1997, 6.1% of California babies were born with low birthweight. In 1997, the national figure was 7.5% of babies.

San Diego County Trend by Race/Ethnicity



(Note: Race/ethnicity data were not yet available for 1998)

3. Rate of Births to Teenagers

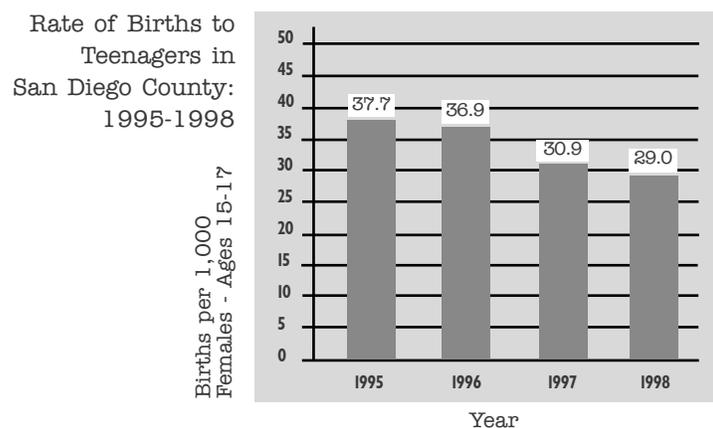
Why is the teen birth rate important?

Early childbearing may have several social, medical, and financial consequences for both the mother and child. Teenage mothers are more likely to live in poverty, have poor birth outcomes, and have decreased employment/career opportunities.

San Diego County Rate

In 1998, 29.0 per 1,000 teenage girls ages 15-17 gave birth.

Overall San Diego County Trend

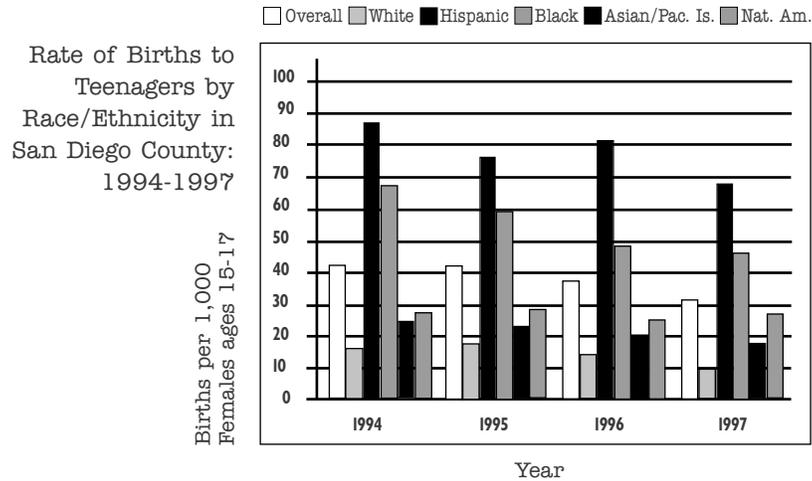


(Note: The 1998 rate is based on provisional data.)

Comparison

The most recent time period for which comparison data was available for California and the United States was 1997. In 1997, the teen birth rate for California was 35.7 per 1,000 female 15-17 year olds while it was 32.1 for the nation.

San Diego County Trend by Race/Ethnicity



(Note: Race/ethnicity data were not yet available for 1998.)

4. Rate of Youth Suicides

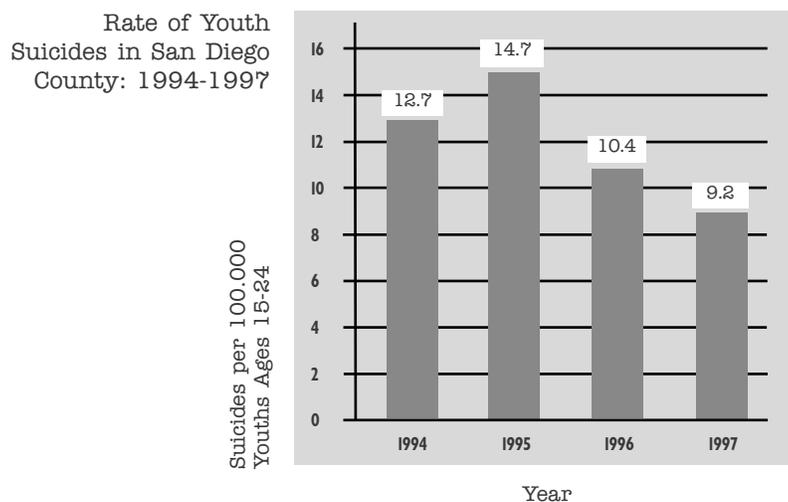
Why is the rate of youth suicides important?

Some of the more common risk factors for the acts of both suicide and homicide include access to firearms, family management/parenting issues, drug and alcohol use, impaired self-esteem, and exposure to unhealthy/violent interpersonal relationships.

San Diego County Rate

In 1997, 9.2 per 100,000 people between the ages of 15-24 committed suicide.

Overall San Diego County Trend



Comparison

The 1997 youth suicide rate for California was 9.3 per 100,000 persons 15-24 years old.

San Diego County Trend by Race/Ethnicity

Rates were not calculated by race/ethnicity due to small numbers

5. Rate of Hospitalization of Children and Youth for Mental Illness

Why is the rate of mental illness hospitalizations important?

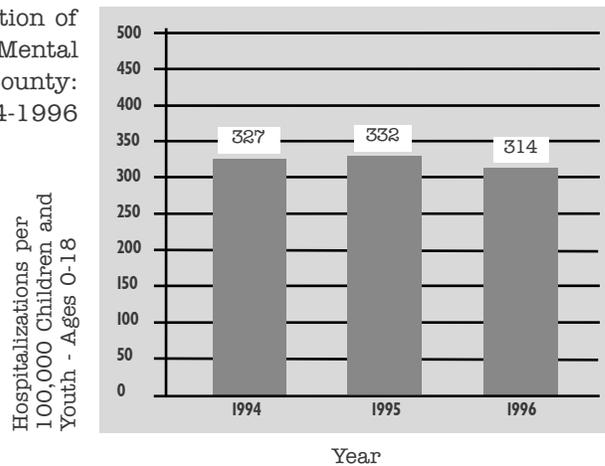
Children and youth have a variety of problems that can be treated with mental health services. Hospitalizations for mental illness represent one treatment option/service that is available.

San Diego County Rate

In 1996, there were 314 hospitalizations for mental illness per 100,000 children and youth ages 0-18.

Overall San Diego County Trend

Rate of Hospitalization of Children and Youth for Mental Illness in San Diego County: 1994-1996

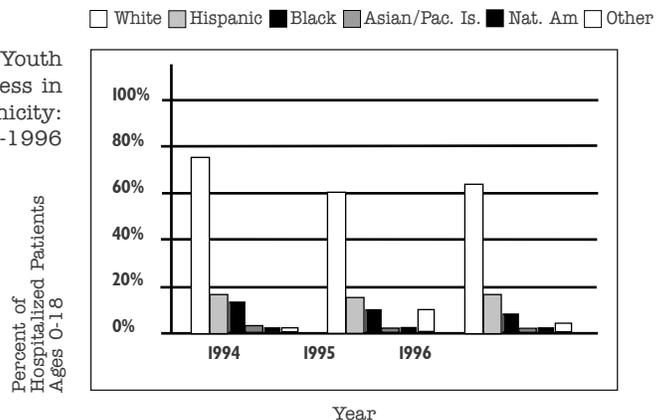


Comparison

No comparison data were available.

San Diego County Trend by Race/Ethnicity

Percent of Children and Youth Hospitalized for Mental Illness in San Diego County by Race Ethnicity: 1994-1996



Adolescent Health Risk Behaviors:

6. Cigarette Use

7. Alcohol Binge Drinking

8. Marijuana Use

Why is substance use/abuse by adolescents important?

The main threats to adolescents' current and long term health and well-being are primarily the risky behaviors in which they sometimes engage. Substance use/abuse has an enormous detrimental effect on the health and well-being of individuals, families, and communities. Three of the most common health risk behaviors are the use of cigarettes, alcohol, and marijuana. Health risk behaviors that begin in adolescence may extend into adulthood and can lead to problems throughout life.

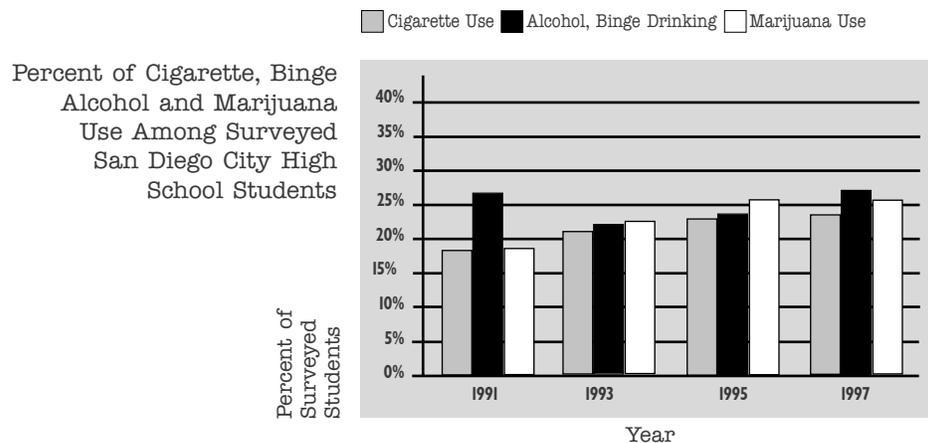
San Diego City Schools biennially conduct a survey of students enrolled in grades 9-12 in order to monitor these behaviors among students.

Cigarette use is defined as the percent of students surveyed that reported they smoked cigarettes on one or more of the last 30 days. Alcohol binge drinking is defined as the percent of students surveyed that reported they had 5 or more drinks of alcohol in a row within two hours on one or more of the last 30 days. Marijuana use is defined as the percent of students surveyed that reported they had used marijuana one or more times during the last 30 days.

San Diego County Percentages

In 1997, 24.2% of surveyed students reported cigarette usage, 27.1% reported engaging in alcohol binge drinking, and 26.4% reported marijuana usage.

Overall San Diego County Trend



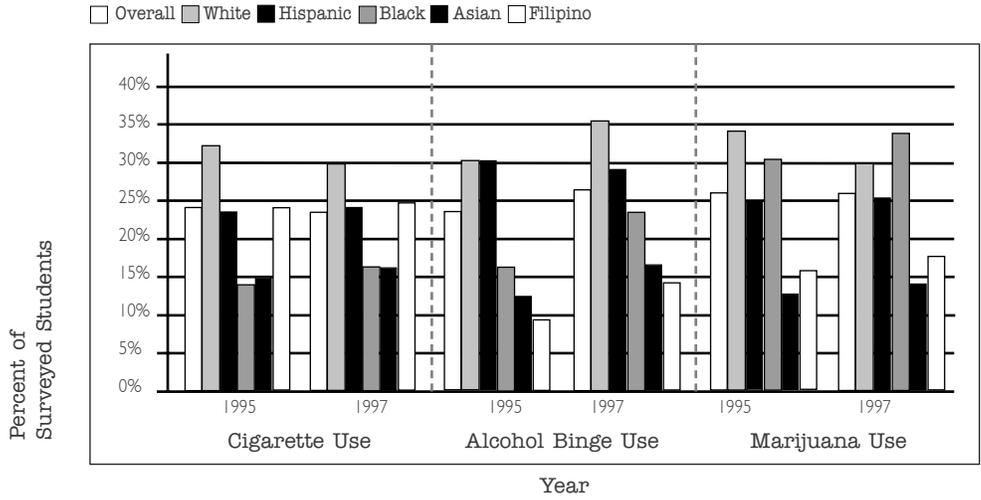
Comparison

Among California students who were surveyed in 1997, 26.6% reported cigarette use, 27.5% reported having engaged in binge drinking, and 26.1% reported marijuana use.

Amongst students nationwide who were surveyed in 1997, 36.4% reported cigarette use, 33.4% reported having engaged in alcohol binge drinking, and 26.2% reported marijuana use.

San Diego County Trend by Race/Ethnicity

Percent of Cigarette, Binge Alcohol and Marijuana Use Among San Diego City High School Students by Race/Ethnicity



[Note: The two most recent surveys (1995 and 1997) included more race/ethnic categories than those used previously (1991 and 1993, not shown).]



Access to Services



Having access to health and social services is critical to the overall well-being of children and families. As the County's Health and Human Services Agency has restructured and changed the way it does business, one of its primary goals has been to make sure its customers are being provided timely, reliable, family-centered, effective, and high quality services. Two of the measures in this area, wait times for mental health services and wait times for alcohol/drug treatment services, are directly related to the agency and monitor levels of essential service availability. The County runs some of these programs and others are operated by organizations that have contracted with the County to provide services.

The five access to services measures that were used in this report are:

1. Number of Subsidized Child Care Spaces
2. Average Wait Time for Publicly Funded Outpatient Alcohol and Drug Treatment Services for Adolescents
3. Average Wait Time for Publicly Funded Non-Emergency Outpatient Mental Health Services for Children and Youth
4. Percent of Children That Are Adequately Immunized
5. Percent of Children with Health Insurance

When comparison data were available, they are included for the most recent time period available.

1. Number of Subsidized Child Care Spaces

Why is access to subsidized child care important?

The availability of child care is one of the most critical success factors in both getting and keeping a job for working families. However, low-income families face special challenges in acquiring access to affordable quality child care. Low income families can get help through subsidized child care programs. Subsidized child care means that all or most of the costs of child care are paid with public funds.

This measure includes both subsidized child care spaces (including part-time preschool programs) in licensed centers and the number of children served through the County's alternative payment program. There are three alternative payment programs in San Diego County: one is operated by the County's Child Care Section, one by the YMCA Childcare Resource Service, and another by Child Development Associates.

San Diego County Numbers

In January 1998, there were an estimated 12,768 subsidized child care spaces and 5,202 children served through the alternative payment programs for a grand total of 17,970 subsidized spaces. This is the number of children ages 0-12 that were served by child care subsidies. No historical trend data were available.

Comparison

No comparison data were available.

2. Average Wait Time for Publicly Funded Outpatient Alcohol and Drug Treatment Services for Adolescents

Why is timely access to publicly funded outpatient alcohol and drug treatment services for youth important?

Publicly funded alcohol and drug treatment services can play an important role in improving the life and future of young people who are using these substances. In addition, this treatment improves the lives of the youths' families, friends, and community.

San Diego County Number

There was no wait time for publicly funded non-residential alcohol and drug treatment services for adolescents (aged 12-17) throughout 1997 and 1998. No historical trend data were available.

Comparison

No comparison data were available.

3. Average Wait Time for Publicly Funded Non-Emergency Outpatient Mental Health Services for Children and Youth

Why is timely access to publicly funded non-emergency outpatient mental health services important?

Providing mental health treatment on demand is a high priority item for the Health and Human Services Agency.

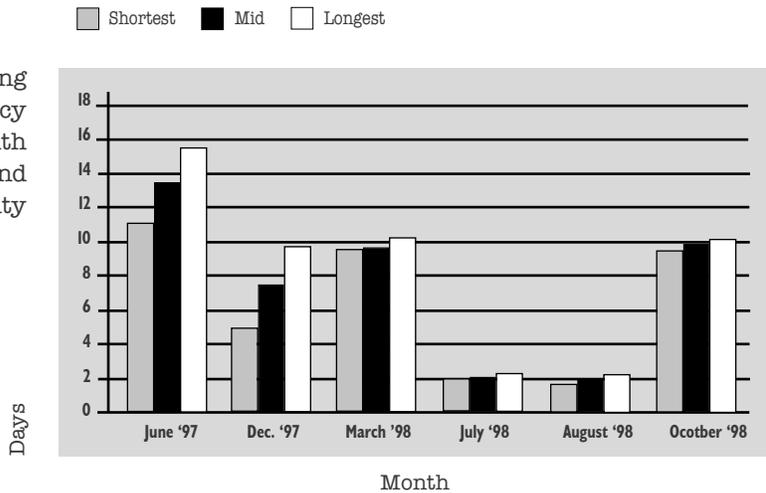
San Diego County Number

In 1998, the average waiting time between initial call and a scheduled appointment for non-emergency outpatient publicly funded mental health services for children and youth (up to age 17) was 6 days.

The graph following shows the average range of waiting time (in days) from June 1997 to October 1998 among programs providing this service.

Overall San Diego County Trend

Average Range of Waiting Time for Non-emergency Outpatient Mental Health Services for Children and Youth in San Diego County



Comparison

No comparison data were available.

San Diego County Trend by Race/Ethnicity

No race/ethnicity data were available.

4. Percent of Children That Are Adequately Immunized

Why is the immunization coverage of children important?

One of the best known, simplest, and most effective ways to keep children healthy is to immunize them. Young children are vulnerable to vaccine preventable diseases if their shots are not kept up-to-date. Access to immunizations is one of the cornerstones of preventive health and represents overall access to primary health care.

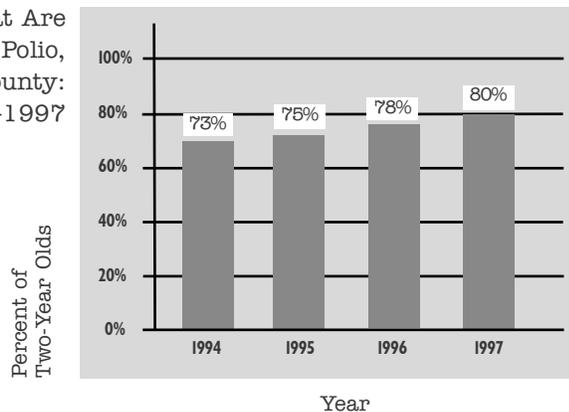
This measure represents the annual percent of children that are adequately immunized for their age and is based on survey data. The measure is specific to the 4:3:1 series (DTP, Polio, MCV) which the child should have completed by the age of two years.

San Diego County Percent

In 1997, 80% of children were adequately immunized for their age.

San Diego County Trend

Percent of Children That Are Adequately Immunized (DTP, Polio, MCV Series) in San Diego County: 1994-1997



Comparison

In 1997, 76% of children in California and 78% of children in the United States were adequately immunized for their age.

San Diego County Trend by Race/Ethnicity

No race/ethnicity data were available.

5. Percent of Children with Health Insurance

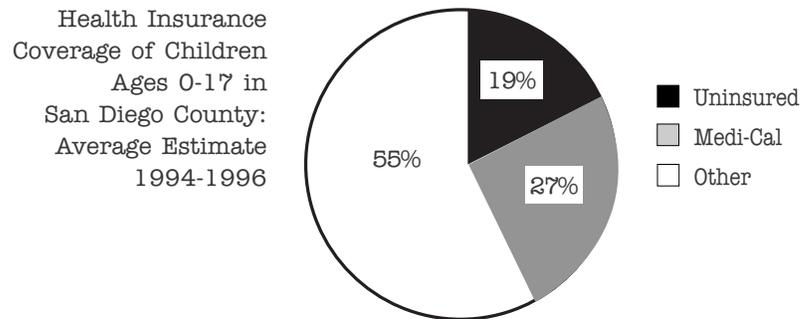
Why is the percent of children with health insurance important?

Having health insurance is one of the best predictors of having access to medical care. Compared to children with health insurance, uninsured children are less likely to have a regular source of medical care and are less likely to receive the preventive and acute health care services that they need. Primary care is often provided in the Emergency Room.

Included in this measure are children covered by Medi-Cal for their health care.

San Diego County Percent

An average of 81% of children were insured during the years 1994-1996.



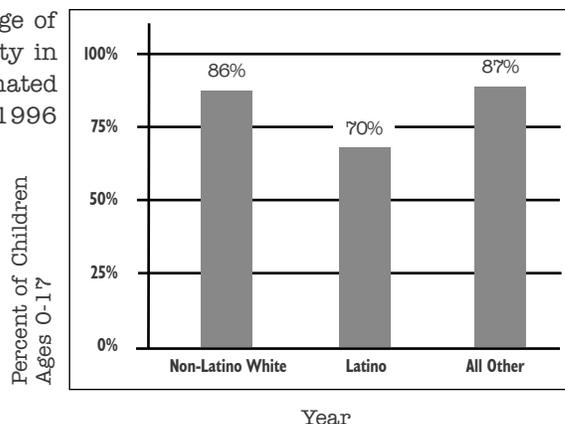
(Note: Other includes commercial and government forms of health insurance. Percentages do not add to 100 due to rounding)

Comparison

No comparison data were available.

San Diego County Trend by Race/Ethnicity

Health Insurance Coverage of Children by Race/Ethnicity in San Diego County: Estimated Average 1994-1996



Safety



The safety of a community is an important measure of the health and well-being of its residents and of their quality of life. Safety includes protection from both physical and emotional harm and extends from the home into the community at large. Children are especially vulnerable to unintentional injuries (the leading cause of death and disability for children ages 0-17) and rely on the availability of safe environments and the supervision of care-givers as well as other responsible adults. Children exposed to violence, abuse, or neglect can experience both physical and emotional harm and are at an increased risk for the development of problem behaviors during their lives.

The six measures of safety used in this report are:

1. Rate of Delinquency Petitions Filed in Juvenile Court
2. Rate of Child and Youth Homicides
3. Rate of Children Living in Out-of-Home Placement Due to Abuse/Neglect
4. Number of Domestic Violence Reports
5. Rate of Unintentional Injuries and Deaths Due to Unintentional Injuries of Children and Youth
6. Rate of Children and Youth Killed or Injured in Alcohol/Drug Related Motor Vehicle Crashes

When available comparison data are presented for the most recent time period.

1. Rate of Delinquency Petitions Filed in Juvenile Court

Why is the rate of delinquency petitions filed in juvenile court important?

This measure of juvenile crime not only tells us about the safety of our county, it also reflects social conditions that are faced by our children and young people. Certain risk factors have been associated with involvement in juvenile crime including failure in school, behavioral problems, a history of abuse or neglect, use of drugs or alcohol, possession of a firearm, and gang membership. Many factors including law enforcement, intervention services, and rehabilitative services impact the level of juvenile crime.

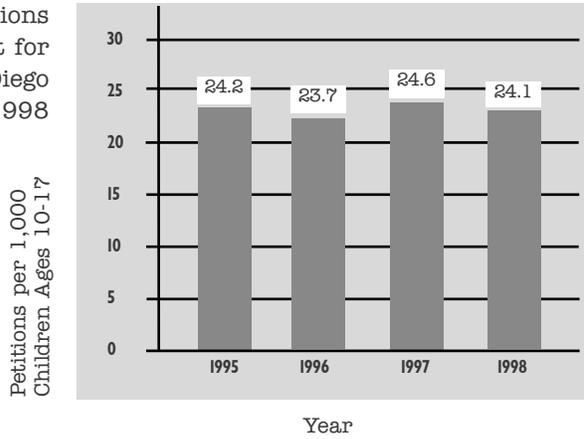
One way to measure juvenile crime is by the number of delinquency petitions filed in juvenile court. Petitions are filed for offenses that include felonies, misdemeanors, and probation violations. The rate of delinquency petitions filed in juvenile court is specific to children who are 10-17 years of age.

San Diego County Rate

In 1998, the rate of delinquency petitions filed in juvenile court was 24.1 per 1,000 children ages 10-17.

Overall San Diego County Trend

Rate of Delinquency Petitions
Filed In Juvenile Court for
Children in San Diego
County: 1995-1998



Comparison

No comparison data were available.

San Diego County Trend by Race/Ethnicity

No race/ethnicity data were available.

2. Rate of Child and Youth Homicides

Why is the rate of child and youth homicide important?

The violent death of a child or young person is one of the most disturbing crimes to occur in society. Each case invariably compels us to ask how such a tragedy could have been prevented. Younger children may be the victims of child abuse while older youths may be involved in illegal activities, such as substance abuse or gang activities that expose them to danger. Understanding the circumstances that may have led to a child's homicide is important for our community.

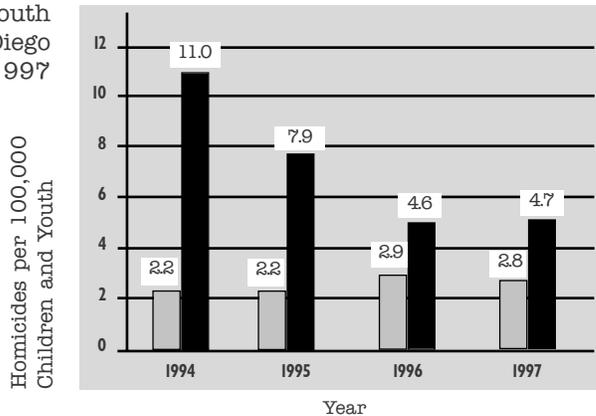
San Diego Rate

In 1997, 2.8 per 100,000 children ages 0-9 died of homicide and 4.7 per 100,000 youth ages 10-19 were homicide victims in San Diego County.

Overall San Diego County Trend

Rate of Child and Youth
Homicides in San Diego
County: 1994-1997

Ages 0-9
Ages 10-19



Comparison

In 1997, 2.2 per 100,000 children ages 0-9 died of homicide and 10.6 per 100,000 youths ages 10-19 were homicide victims in California.

San Diego County Trend by Race/Ethnicity

Rates were not calculated by race/ethnicity due to small numbers.

3. Rate of Children Living in Out-of-Home Placement Due to Abuse/Neglect

Why is the rate of children living in out-of-home placement due to abuse/neglect important?

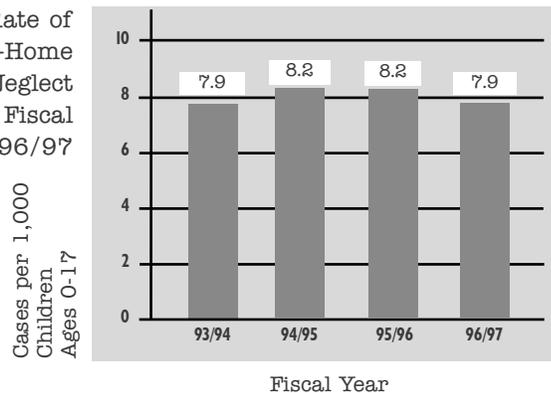
Many times, children are placed in out-of-home care because the risk of abuse or neglect makes it impossible for them to remain safely with their families. An out-of-home placement includes placement in a relative's home, in the home of a non-relative, or a group home. Child abuse/neglect in a family may be the result of several factors affecting parents. These factors may include stress due to economic conditions, alcohol and/or drug abuse, lack of social support, or the parent's own history of maltreatment. The rate of children being placed in care outside their own homes is reflective of these parental factors. The child welfare policies and services that exist within a community also effect the rate.

San Diego County Rate

Each month in fiscal year 1996/97, an average of 7.9 per 1,000 children ages 0-17 were living out of their homes due to abuse/neglect.

Overall San Diego County Trend

Average Monthly Rate of
Children Living in Out-of-Home
Placement Due to Abuse/Neglect
in San Diego County: Fiscal
Years 93/94-96/97



Comparison

No comparison data were available.

San Diego County Trend by Race/Ethnicity

No race/ethnicity data were available.

4. Number of Domestic Violence Reports

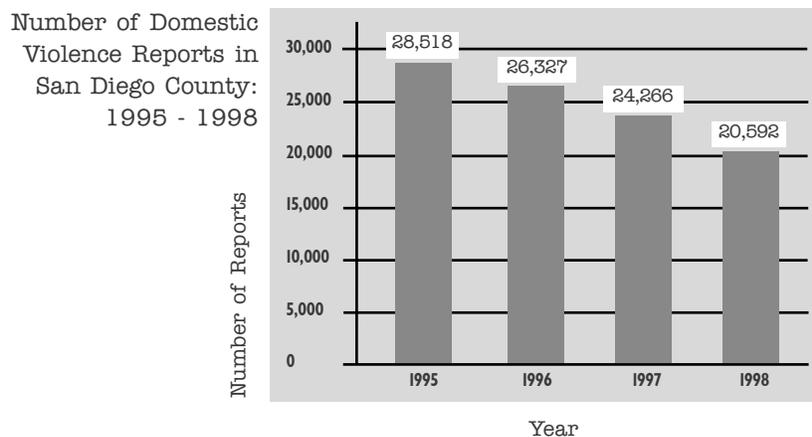
Why is the number of domestic violence reports important?

Domestic violence adds to the burden of crime within a community and can effect an individual's sense of personal safety. Domestic violence is defined as an actual or threatened act of physical or sexual violence, or psychological/emotional abuse. The perpetrator and victim have a current or discontinued relationship to each other such as parents, spouses, siblings, girlfriends, boyfriends, cohabitants, or other intimate partners. The victims of domestic violence are often young women. Children who witness or experience abuse in their homes suffer intense stress that may lead to long-term physical and emotional problems.

San Diego County Number

In 1998, there were 20,592 reports of domestic violence to law enforcement.

Overall San Diego County Trend



Comparison

No comparison data were available.

San Diego County Trend by Race/Ethnicity

No race/ethnicity data were available.

5. Rate of Unintentional Injuries and Death Due to Unintentional Injuries of Children and Youth

Why is the rate of unintentional injuries and deaths due to unintentional injuries important?

Unintentional injury is the leading cause of death and disability in children ages 0-17. The leading causes of injury death include motor vehicle crashes, drowning, suffocation, fire, and poisoning. Many more unintentional injuries do not result in death but are costly in terms of the morbidity and possible long term disability suffered by injured children. Risk of injury is lowered when environments are made safer and safety precautions are employed such as car restraints, smoke

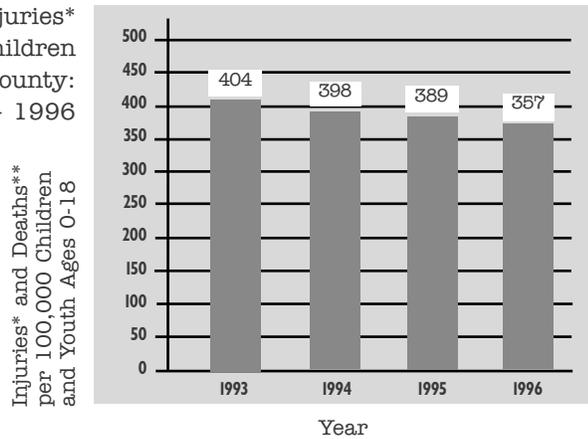
detectors, protective fencing around pools, safety gear in recreational and sports activities, and adequate supervision.

San Diego County Rate

In 1996, 357 per 100,000 children and youth ages 0-18 died or were hospitalized as a result of unintentional injuries.

Overall San Diego County Trend

Rate of Unintentional Injuries* and Deaths** among Children and Youth in San Diego County: 1993 - 1996



* Injuries requiring hospitalization

** Deaths due to unintentional injuries

Comparison

In 1996, 297 per 100,000 children and youth ages 0-18 in California died or were hospitalized as a result of unintentional injuries.

San Diego County Trend by Race/Ethnicity

No race/ethnicity data were available.

6. Rate of Children and Youth Killed or Injured in Alcohol/Drug-Related Motor Vehicle Crashes

Why is the rate of children and youth killed or injured in alcohol/drug-related motor vehicle crashes important?

The death or injury of a child in an alcohol or drug-related motor vehicle crash is frequently preventable. A substantial number of fatal crashes involving teenage drivers are found to be alcohol or drug-related. Younger children are also at risk. Alcohol or drug impaired drivers are less likely to ensure that child passengers are restrained in seat belts or car safety seats. Drivers under the influence of alcohol or drugs may also endanger children who are present on the roadway as pedestrians, bicyclists, or passengers in other vehicles.

San Diego County Rate

In 1997, 37.6 per 100,000 children and youth ages 0-18 were killed or injured in alcohol/drug-related motor vehicle crashes. For an historical comparison, there were 41.3 per 100,000 such injuries and deaths in 1996. No other historical trend data were available.

Comparison

No comparison data were available.



Education



Educating our children is one of the most important things we do in society. Education can provide children with the knowledge to make informed choices in their lives. It also gives individuals the opportunity to enhance their creativity and build social skills and understanding. Education is a key indicator of a person's ability to live a healthy and productive life. In a broader sense, the education of every child improves the economic status and quality of life for the entire community.

1. Annual Percent of Students That Drop Out of High School
2. Percent of Students Attending School Daily
3. School Suspension Rate
4. School Expulsion Rate

When comparison data were available, they are included for the most recent time period available.

1. Annual Percent of Students That Drop Out of High School

Why is the percentage of high school dropouts important?

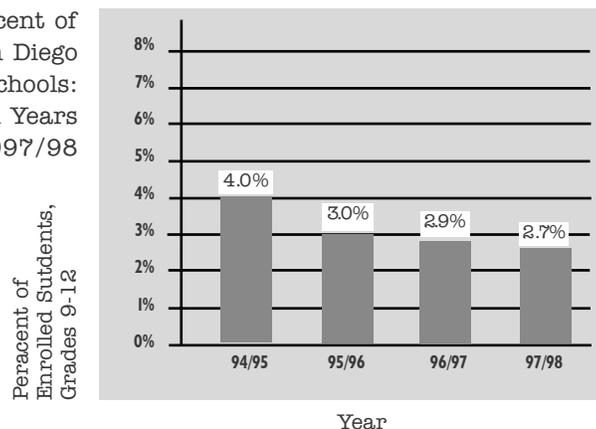
In an increasingly competitive and technologically advanced workplace, youth who do not complete high school are at an increased risk of having limited job opportunities, and as such, are more likely to live in poverty. An incomplete education compromises a young person's future economic success and well-being.

San Diego County Percent

In the 1997/98 school year, dropouts as a percent of enrollment (grades 9-12) in San Diego County public schools was 2.7%

Overall San Diego County Trend

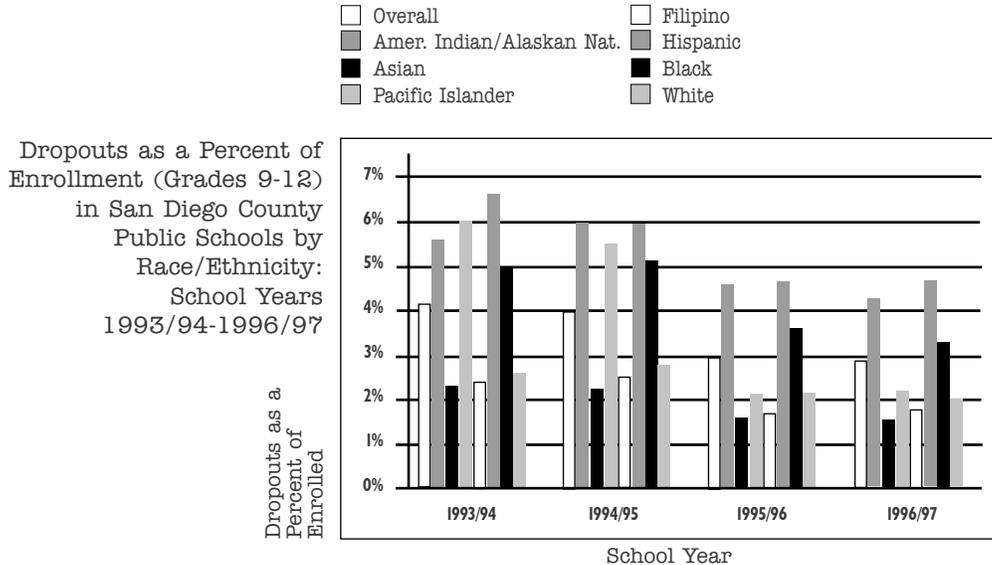
Dropouts as a Percent of Enrollment in San Diego County Public Schools: School Years 1994/95-1997/98



Comparison

In the 1997/98 school year, dropouts as a percent of enrollment (grades 9-12) in California public schools was 2.9%.

San Diego County Trend by Race/Ethnicity



(Note: Race/ethnicity data were not yet available for the 1997/98 school year)

2. Percent of Students Attending School Daily

Why is the daily school attendance percent important?

In order for a student to learn, he or she needs to attend school regularly. Frequent absences may be an indicator of such issues as physical, mental, social and/or emotional problems. Students with attendance problems are more likely to drop out of school before graduating.

San Diego County Percent

The annual average percent of students attending school daily in San Diego County public schools, grades K-12, for the 1997/98 school year was 93.9%.

This means that approximately 94% of students attend school each day in San Diego County. On average, two students will be absent out of a typical classroom of 30 students each day.

Comparison

No comparison data were available.

3. School Suspension Rate

Why is the rate of students suspended important?

Suspension is one method used to keep schools safe. It is defined as the removal of a disruptive student from the regular classroom for a specified period of time. Suspension from his or her classroom can be used as a learning opportunity for the suspended student. It is an official action initiated by a teacher or principal in response to infractions of behavior consistent with the Education Codes. An example of such an infraction is harassment.



San Diego County Rate

The suspension rate in San Diego County public schools, grades K-12, in the 1997/98 school year was 70.0 students per 1,000. These data mean that 7% of San Diego County public school students were suspended in 1997/98. No historical trend data were available.

Comparison

No comparison data were available.

4. School Expulsion Rate

Why is the rate of students expelled from school important?

The expulsion of a disruptive student is sometimes necessary to maintain a safe and supportive learning environment for all students. School expulsions are official actions initiated by a principal or superintendent in response to violations of behavior, including but not limited to harassment, acts of hate or violence, threats, and intimidation.

San Diego County Rate

The expulsion rate in San Diego County public schools, grades K-12, for the 1997/98 school year was 3.2 students per 1,000. These data mean that less than one percent of students were expelled from school in 1997/98. No historical trend data were available.

Comparison

No comparison data were available.

Appendix 1: Definitions and Data Sources

Economics

1. Average Percent Unemployed: Average percent of the civilian labor force that is unemployed per year

Sources: State of California, Employment Development Department, Labor Market Information Division; United States Department of Labor, Bureau of Labor Statistics

2. Percent of Children Living in Poverty: Percent of children ages 0-17 living below the federal poverty level

Sources: San Diego Association of Governments; United States Census Bureau

3. Rate of Children Receiving CalWORKs Assistance: Average monthly number of children ages 0-17 that are receiving CalWORKs (public assistance) per 1,000 children ages 0-17 per year

Sources: San Diego County Health and Human Services Agency, Policy, Strategy and Program Development; State of California, Department of Social Services, Information Services Bureau

4. Percent of Parents in CalWORKs That Are Working or Involved in Work-Related Activities: Percentage of parents receiving CalWORKs (public assistance) that are in unsubsidized or subsidized employment, doing community service (unpaid), job searching, participating in on the job training, in mental health or substance abuse treatment, or receiving vocational training, remedial education or high school/GED education

Source: San Diego County Health and Human Services Agency, Policy Strategy and Program Development

5. Rate of Children Receiving Food Stamps: Average monthly number of children ages 0-17 issued food stamps during the first quarter of 1999 per 1,000 children ages 0-17

Sources: San Diego County Health and Human Services Agency, Policy, Strategy and Program Development; United States Department of Agriculture, Food and Nutrition Service

6. Rate of Children Identified as Homeless: Average number of children ages 0-17 (per 10,000 children ages 0-17) whose family was living in an emergency shelter, using a hotel/motel voucher, or seeking shelter and not obtaining it on one day per month during the winter of 98/99

Sources: San Diego County Department of Housing and Community Development; United Way of San Diego INFOLINE; San Diego Health and Human Services Agency, Child, Youth and Family Health Assessment and Planning

Health

1. Infant Mortality Rate: Deaths of infants less than 1 year old per 1,000 live births per year

Sources: San Diego County Health and Human Services Agency, Child, Youth and Family Health Assessment and Planning; California Department of Health Services, Center for Health Statistics; Centers for Disease Control and Prevention, National Center for Health Statistics

2. Percent of Babies Born with Low Birthweight: Percent of live born infants weighing less than 2,500 grams (5 1/2 lbs.) at birth

Sources: San Diego County Health and Human Services Agency, Child, Youth and Family Health Assessment and Planning; California Department of Health Services, Center for Health Statistics; Centers for Disease Control and Prevention, National Center for Health Statistics

3. Rate of Births to Teenagers: Number of births to teenagers 15-17 years old per 1,000 females ages 15-17 per year

Sources: San Diego Health and Human Services Agency, Child, Youth and Family Health Assessment and Planning; California Department of Health Services, Center for Health Statistics; Centers for Disease Control and Prevention, National Center for Health Statistics

4. Rate of Youth Suicides: Number of self-inflicted, intentional deaths among youth ages 15-24 per 100,000 youth ages 15-24 per year

Source: California Department of Health Services, Center for Health Statistics

5. Rate of Hospitalization of Children and Youth for Mental Illness: Number of hospitalizations for mental illness diagnoses among children and youth ages 0-18 per 100,000 children and youth ages 0-18 per year

Source: California Department of Health Services, Office of Statewide Planning and Development, Hospital Discharge Dataset

Adolescent Health Risk Behaviors

6. Cigarette Use: Percent of students surveyed that reported they smoked cigarettes on one or more of the last 30 days

7. Alcohol, Binge Drinking: Percent of students surveyed that reported they had 5 or more drinks of alcohol in a row, within 2 hours on one or more of the last 30 days

8. Marijuana Use: Percent of students surveyed that reported they had used marijuana one or more times during the last 30 days

Sources: San Diego City Schools, Educational Services Division, Comprehensive Health, Physical Education and Wellness; Centers for Disease Control and Prevention

Access to Services

1. Number of Subsidized Child Care Spaces: Number of child care spaces for which subsidy was available

Source: San Diego County Child Care Planning and Development Council

2. Average Wait Time for Publicly Funded Outpatient Alcohol and Drug Treatment Services for Adolescents: Average wait time (days) for publicly funded outpatient alcohol and drug treatment services for adolescents (aged 12-17)

Source: San Diego County Health and Human Services Agency, Alcohol and Drug Services

3. Average Wait Time for Publicly Funded Non-Emergency Outpatient Mental Health Services for Children and Youth: Average wait time (days) between initial call and scheduled appointment for publicly funded non-emergency outpatient mental health services for children and youth (ages up to 17)

Source: San Diego County Health and Human Services Agency, Mental Health Services

4. Percent of Children That Are Adequately Immunized: Percentage of surveyed children that were up-to-date on 4:3:1 series (DTP, Polio, MCV) at age 2 years

Sources: San Diego County Health and Human Services Agency, Infant Immunization Initiative; Centers for Disease Control's National Immunization Survey

5. Percent of Children with Health Insurance: Average percent of children ages 0-17 that have private or government health insurance (employment provided, privately purchased, Medicare, or Champus), Medi-Cal, or no health insurance coverage

Sources: Center for Health Policy Research, University of California, Los Angeles; United States Census Bureau, Current Population Survey

Safety

1. Rate of Delinquency Petitions Filed in Juvenile Court: Number of delinquency petitions filed in juvenile court per 1,000 children ages 10-17 per year

Source: Office of the District Attorney, San Diego County

2. Rate of Child and Youth Homicides: Number of homicides of children and youth ages 0-9 and 10-19 per 100,000 children and youth ages 0-9 and 10-19, respectively, per year

Source: California Department of Health Services, Center for Health Statistics

3. Rate of Children Living in Out-of-Home Placement Due to Abuse/Neglect: Average monthly number of children ages 0-17 living in out-of-home placement as a result of abuse/neglect per 1,000 children ages 0-17 per year

Source: State of California Health and Welfare Agency, Department of Social Services, Foster Care Information System

4. Number of Domestic Violence Reports: Annual number of law enforcement responded reports of domestic violence

Sources: State of California, Department of Justice, Criminal Justice Statistics Center; San Diego Association of Governments

5. Rate of Unintentional Injuries and Death Due to Unintentional Injuries of Children and

Youth: Number of unintentional injuries (requiring hospitalization) and deaths due to unintentional injuries among children and youth ages 0-18 per 100,000 children and youth ages 0-18 per year

Sources: San Diego County Health and Human Services Agency, Emergency Medical Services; California Department of Health Services, Office of Statewide Planning and Development Hospital Discharge Dataset; California Department of Health Services, Center for Health Statistics

6. Rate of Children and Youth Killed or Injured in Alcohol/Drug Related Motor Vehicle Crashes:

Number of children and youth ages 0-18 killed or injured in motor vehicle crashes related to drugs or alcohol per 100,000 children and youth ages 0-18 per year

Sources: San Diego County Health and Human Services Agency, Emergency Medical Services; Statewide Integrated Traffic Records System

Education

1. Annual Percent of Students That Drop Out of High School: Percent of those enrolled in grades 9-12 that have dropped out of school during one school year

Source: San Diego County Office of Education; California Department of Education, Educational Demographics Unit, California Basic Educational Data System

2. Percent of Students Attending School Daily: Average percent of students, kindergarten through 12th grade, attending school each instructional day in one school year

Source: San Diego County Office of Education; California Department of Education, California Basic Educational Data System

3. School Suspension Rate: Number of students suspended per 1,000 students enrolled in kindergarten through 12th grade in one school year

Source: San Diego County Association of California School Administrators

4. School Expulsion Rate: Number of students expelled per 1,000 students enrolled in kindergarten through 12th grade in one school year

Source: San Diego County Office of Education

Demographic and Population Data

San Diego County and California Population and Race/Ethnicity Statistics

Sources: San Diego Association of Governments; State of California, Department of Finance

Appendix 2: Acknowledgments

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Community Input Groups

Alcohol and Drug Services Advisory Board	HHSA Senior Staff
ASCA Region 18 School District Superintendents	Latino Health Council
Being Alive San Diego	McAllister Institute
Catholic Charities	Mental Health Advisory Board
Center for Child Protection	Neighborhood House
Center for Social Services	New Beginnings Council
Child Abuse Coordinating Council	Professional and Consumer Advisory Board
Child Care Planning and Development Council	Healthy San Diego
Children's Initiative Executive Board	San Diego Black Health Services Association
Children's Initiative General Meeting	San Diego Health Coalition of Children and Youth Board
CHIP Steering Committee	San Diego Unified School District
Commission on Children, Youth, and Families	San Diego Youth and Community Services
Community Action Board	San Diego Regional Center Board
Community Collaboratives	Social Advocates for Youth
Consensus Organizing Institute	Social Services Advisory Board
County Health Programs Data Analyst Group	South Bay Community Services
El Cajon Community Focus Group	Southern Indian Health Center Speakers Bureau
Health Services Advisory Board	Union of Pan Asian Communities
Heartbeat Consortium	Youth Collaborative: Escondido
Hemophilia Association	
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