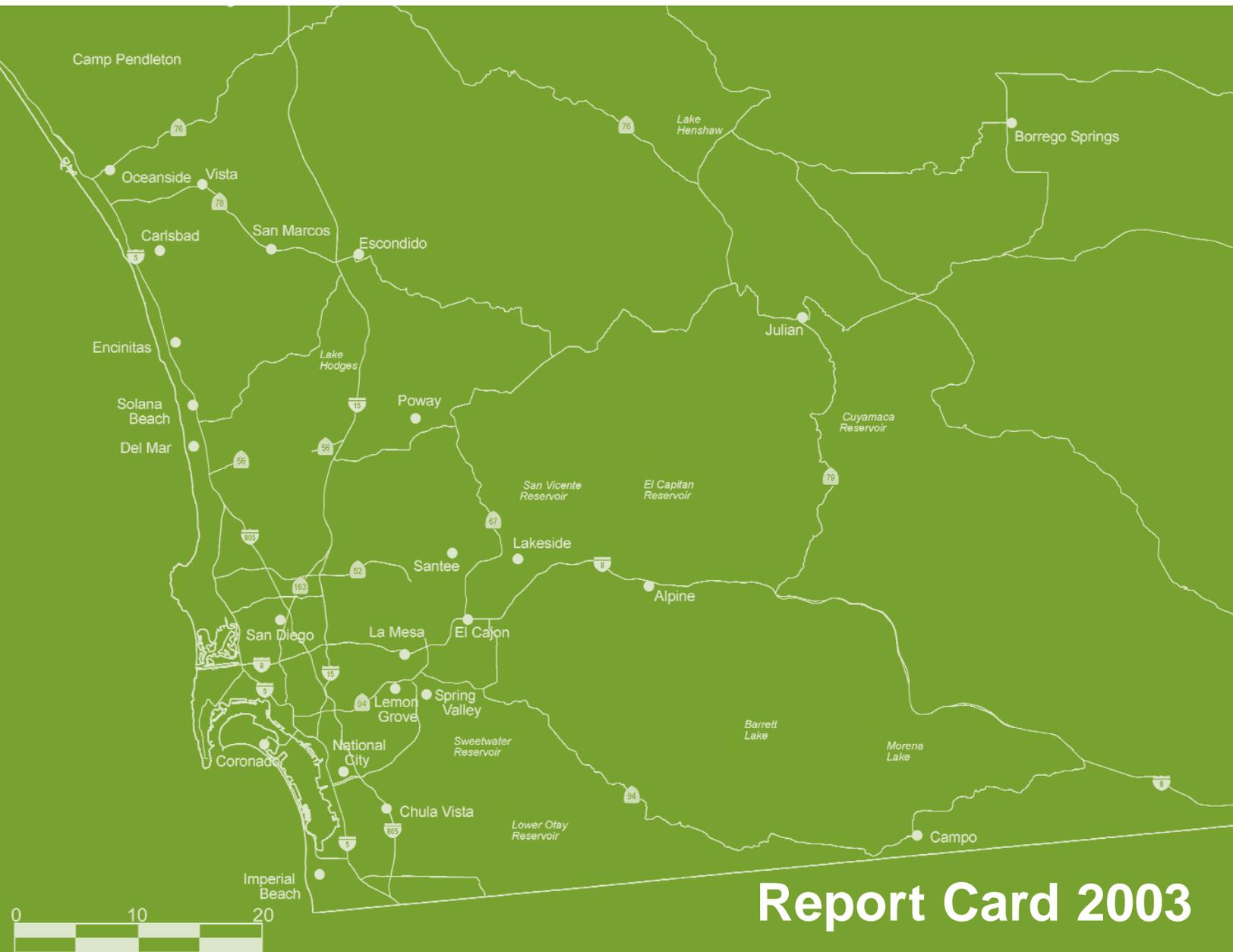




SAN DIEGO COUNTY CHILD AND FAMILY HEALTH AND WELL-BEING



**San Diego County Child and Family
Health & Well-Being
Report Card 2003**



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EXECUTIVE SUMMARY

The 2003 Report Card is the fifth in an annual series of reports that provides a snapshot of the overall health and well-being of San Diego's children and families. The future of the Report Card lies in modern technology, and this year we have moved to a solely electronic version. The new address on the County web site is www.sdcountyreport-card.org. The Report Card is a powerful information tool and monitoring system that can be used by policymakers, advocacy organizations, community members and service providers to inform discussions about issues related to the children and families in our community.

The County Board of Supervisors initiated the development of the Report Card in order to monitor the impact of several changes that began in 1998. These changes include: welfare reform, the movement to Medi-Cal managed healthcare, and the creation of the San Diego County Health and Human Services Agency. With the help of Children's Hospital and Health Center, the Alliance Healthcare Foundation, and other community organizations, the San Diego County Child and Family Health & Well-Being Report Card was created.¹ Five years after its inception, the vast majority of data trends captured reflect conditions that are either improving or remain unchanged.

The San Diego community continues to use these data in decision-making processes, including resource allocation decisions, so that efforts to help improve the health and well-being of children are effectively leveraged across public, non-profit and private sectors. In doing this, progress on behalf of children can be achieved and sustained even during these economically challenging times.

The Report Card consists of measures that monitor the overall health and well-being of children and families and is organized around five outcomes:

- Economic Security
- Good Health
- Appropriate Access to Services
- A Safe Environment
- Educational Achievement

RESULTS

The following measures show overall improvement over the most recent 3- to 5-year period.

- Children in Poverty
- CalWORKs Assistance
- Teen Births
- Immunizations in Young Children (HHSA survey)*
- Child Abuse/Neglect
- Youth Offenders
- Violent Crime Victimization (Ages 0-11)
- Violent Crime Victimization (Ages 12-17)
- Unintentional Injury Hospitalizations and Deaths of Children and Youth
- Motor Vehicle Injury and Death Due to Alcohol (Ages 0-15)*
- High School Dropouts
- Stanford-9 Reading Scores (3rd grade)
- Stanford-9 Reading Scores (8th grade)

The following measures are areas of concern because the trend has been in a negative direction.

- Unemployment
- Self-Inflicted Non-Fatal Hospitalized Injuries Among Youth (Ages 13-18)**
- Motor Vehicle Injury and Death Due to Alcohol (Ages 16-20)**

For many measures, the trend has been holding steady and there is little or no indication of change.

- Low Birthweight
- Youth Who Reported Attempting Suicide
- Subsidized Child Care
- Immunizations in Young Children (CDC survey)
- Health Insurance for Children and Youth (United Way)
- Domestic Violence
- School Attendance
- Stanford-9 Reading Scores (11th grade)
- High School Seniors Taking the SAT

The following measures are new or revised, so it is too early to determine if there is improvement or not.

- Dental Care Services for Cavity and/or Emergency Treatment
- Youth Who Reported Cigarette Use
- Youth Who Reported Alcohol Use
- Youth Who Reported Marijuana Use
- Health Insurance for Children and Youth (CHIS data)

* Measure shows "notable" improvement (greater than 5%), but the trend is not statistically significant.

** Measure is "notably" worse (greater than 5%), but the trend is not statistically significant.



INTRODUCTION

UNDERSTANDING THIS REPORT CARD

In order to effectively use this Report Card, it is important to understand what is being reported. The following provides background information to help. It is important to keep in mind that although the best data available were used, all data have limitations. For example, there temporarily may be more reports of domestic violence after there has been a high profile domestic violence case in the news. This increased attention could potentially cause an increase in the number of reports. It may not mean there actually was a change in the true underlying level of domestic violence in the County.

The measures in the Report Card reflect a broad definition of health and well-being and can be used to monitor progress toward achieving the following outcomes: Economic Security, Good Health, Appropriate Access to Care, A Safe Environment and Educational Achievement. In addition to specific data, each section includes information about why the outcome and measures are important gauges of the overall health and well-being of San Diego County's children and families.

Please note that some Report Card measures have been modified from previous Report Cards to reflect input from stakeholders and expert advisors in order to better represent the true underlying level of health and well-being in our County. In some cases, data sources have been changed to reflect improvements in the data collection systems. Data for 2002 were not yet available for all measures at the time this report was developed. This includes several measures for which data come from biennial surveys, for which new results will not be available until 2003 or later.

The data over time are displayed in trend charts. These data are also provided in Summary Table I (see page 9). When possible, trend charts contain up to 10 years of data. However,

some sources provided fewer than 10 years of data and others did not have annual data available (or have only recently begun to furnish annual data). When it is noted that a measure increased or decreased "significantly" over time, it is because the change can be considered statistically significant.

When available, state and/or national comparison data for the most current year are presented to help the reader understand how San Diego County is doing in comparison to California and/or the nation. These comparisons are also displayed in Summary Table II (see page 11). San Diego County compares favorably to the state and/or nation in most categories shown.

Graphs are also provided by race/ethnicity over time when available. The availability of race/ethnicity data determined which comparisons could be made.

When data are available to allow comparisons across the different Health and Human Services Agency geographic service regions, regional maps are provided. ZIP code level data are available for nine of the measures. The geographic analyses were performed as multi-year averages, which explains why the overall County rates that appear in the maps often do not match the County rate in the trend charts.

Most of the data are in the form of rates. A rate is a measure of some event or condition per certain number of a population, during a specific time period. Using a rate allows the reader to compare across time, geographic areas and different groups while adjusting for differences in population sizes. A percent is also a type of rate. The actual or estimated raw numbers of the events or conditions for the current San Diego County data are also provided.

The San Diego County and sub-regional population estimates for 2000-2002 used in this Report Card have been revised to reflect the results of the 2000 Census. At the time this analy-

sis was conducted, however, revised population estimates for the 1990's were not available and so the old forecast numbers are still used for these years. In general, the population estimates from the Census were lower than those previously forecast and, consequently, rates derived from Census 2000 populations are usually higher than would be the case using the old numbers. The overall trends, however, would not be affected and any difference in results would not be notable.

BACKGROUND ABOUT SAN DIEGO COUNTY, CALIFORNIA, AND THE NATION

Population

San Diego County is the third most populated county in California and the sixth most populated county in the United States. The State of California is the most populated state in the nation.

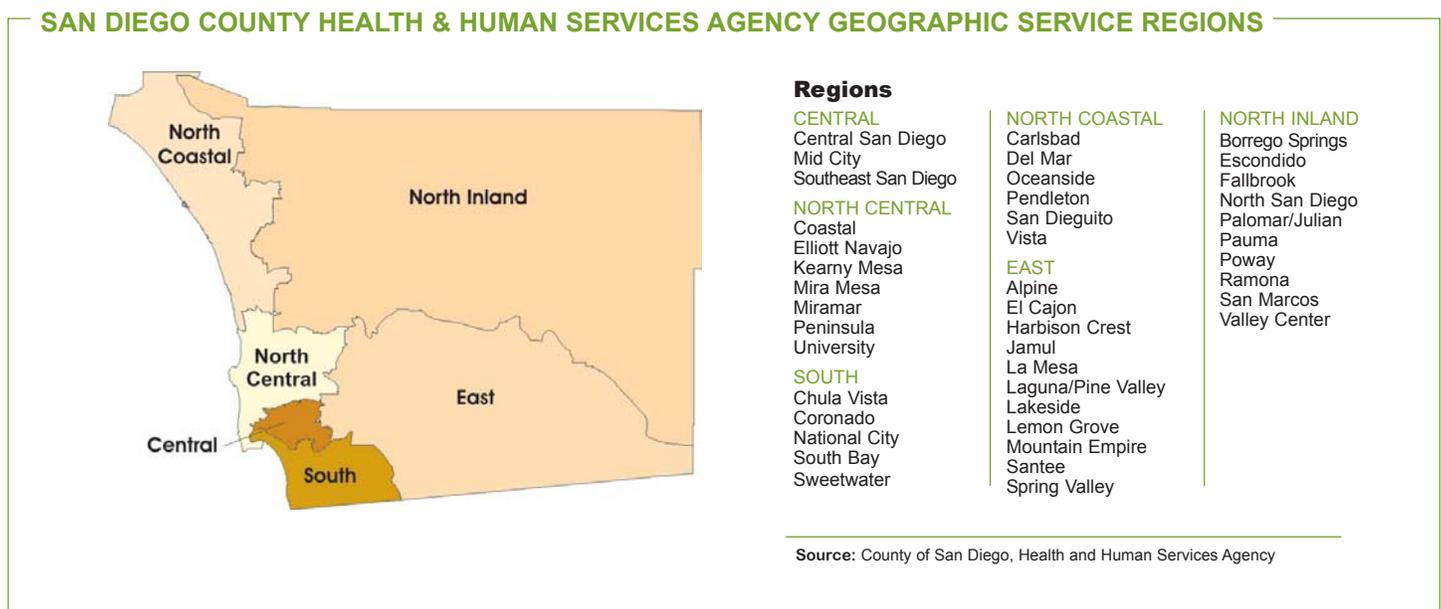
Based on the 2000 Census, the estimated population of San Diego County was 2.8 million with approximately 723,700 people (26%) age 17 or younger. Within the entire State of California there were an estimated 34 million people. Over 9 million (27%) of these people were ages 17 or younger. In the nation, the total population was estimated at 281 million, of which approximately 72 million (26%) were age 17 and younger.

Race/Ethnicity

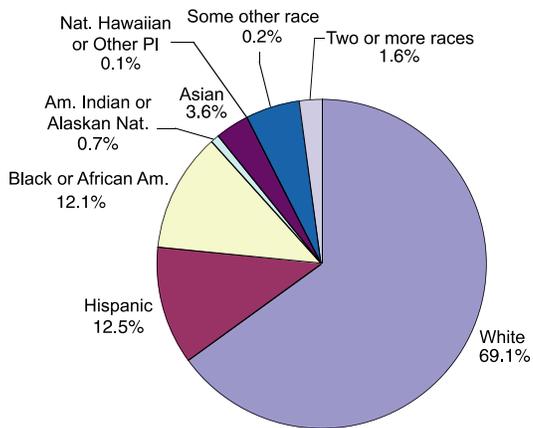
The race/ethnicity composition of San Diego County, California and the Nation can be viewed in the charts on the next page. The race/ethnicity composition under 18 years of age is also provided. For complete race/ethnicity data, see the SANDAG web site (www.sandag.org).

Geographic Boundaries

The County of San Diego Health and Human Services Agency has divided the county into six geographic service regions as shown in the map below. These six areas are based on groupings of ZIP codes. The communities listed under each region fall approximately within the listed region.

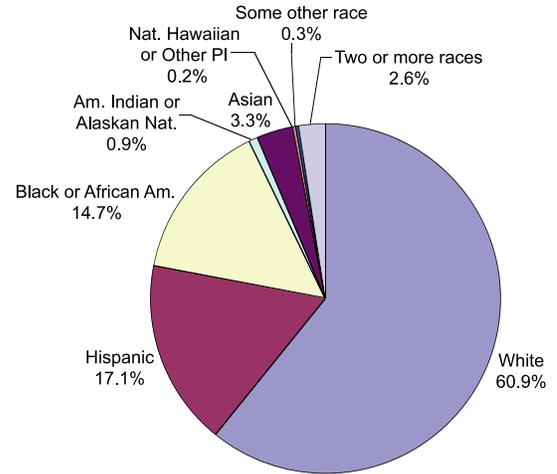


UNITED STATES POPULATION BY RACE/ETHNICITY



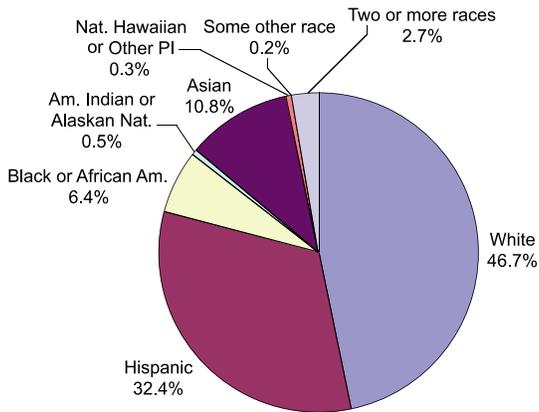
Source: U.S. Census Bureau, Census 2000

UNITED STATES POPULATION UNDER 18 BY RACE/ETHNICITY



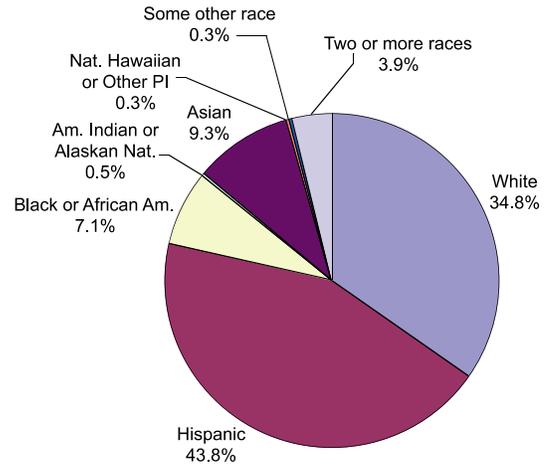
Source: Annie E. Casey Foundation, KIDS COUNT, Census 2000

CALIFORNIA POPULATION BY RACE/ETHNICITY



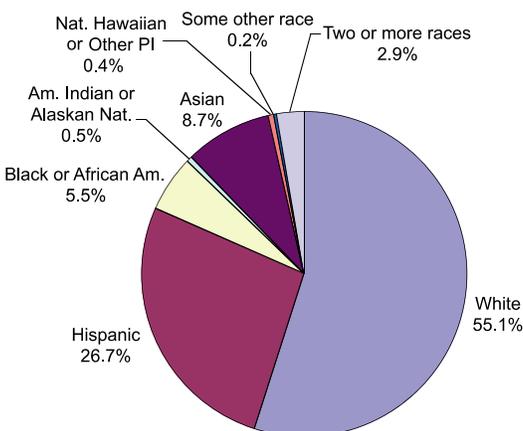
Source: State of California, Department of Finance, Census 2000

CALIFORNIA POPULATION UNDER 18 BY RACE/ETHNICITY



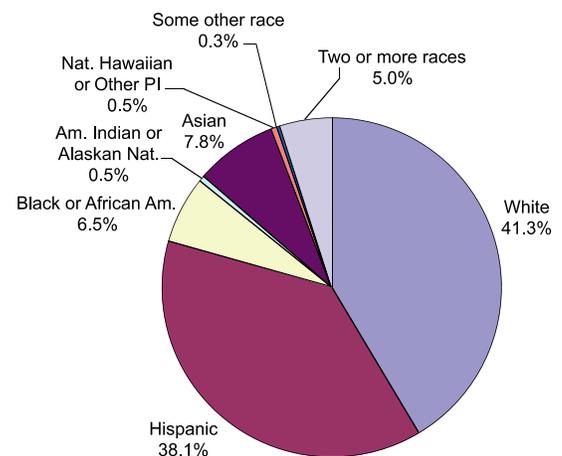
Source: Annie E. Casey Foundation, KIDS COUNT, Census 2000

SAN DIEGO COUNTY POPULATION BY RACE/ETHNICITY



Source: State of California, Department of Finance, Census 2000

SAN DIEGO COUNTY POPULATION UNDER 18 BY RACE/ETHNICITY



Source: Annie E. Casey Foundation, KIDS COUNT, Census 2000

Child and Family Health and Well-Being 2003

REPORT CARD SUMMARY TABLE I ANNUAL COMPARISONS

Economic Security	1995	1996	1997	1998	1999	2000	2001	2002
· Percent unemployed	6.4	5.3	4.2	3.5	3.1	3.0	3.2	4.3
· Percent of children and youth living in poverty	22.7		22.0	20.3	17.6	16.5	14.8	
· Rate of children and youth receiving CalWORKs assistance (per 1,000) [Ⓒ]	193.3	185.7	168.7	139.3	112.2	91.5	80.6	74.5
Good Health								
· Percent of babies with low birthweight	5.6	5.8	5.8	6.0	5.9	6.0	6.0	
· Rate of teen births (per 1,000 girls ages 15-17)	37.7	36.9	30.9	29.0	28.0	24.4	22.3	
· Percent of youth who reported they attempted suicide in the previous 12 months (YRBS survey) [¥]	10.0		9.5		9.2		10.5	
Rate of youth (ages 13-18) hospitalized for self-inflicted non-fatal injuries (per 10,000)	7.9	8.6	7.6	8.2	8.2	9.9		
· Percent of youth who reported substance use in past 30 days (CHKS survey)**								
- cigarette use					15.5		11.4	
- alcohol use					33.2		27.4	
- marijuana use					13.5		12.6	
· Percent of households with a child (ages 1-18) that used dental care services for cavity and/or emergency treatment in the past 12 months								27.4
Appropriate Access to Services								
· Percent of households with children (ages 0-12) that reported adequate access to childcare						70.1	70.9	69.1
· Percent of young children who are adequately immunized (19-36 months)	68.9 [†] 74.8 [○]	73.6 [†] 75.7 [○]	79.6 [†] 79.0 [○]	77.1 [†] 79.5 [○]	87.0 [†] 76.6 [○]	86.4 [†] 77.5 [○]	no survey [†] 80.8 [○]	84.8 [†] 79.0 [○]
· Percent of children and youth with health insurance					85.9 [△]	88.8 [△]	88.5 [□] 88.7 [△]	85.4 [△]
A Safe Environment								
· Rate of substantiated cases of child abuse/neglect (per 1,000)				18.4	18.3	16.4 [*]	15.6	14.5
· Rate of domestic violence reports (per 1,000 households)		27.6	25.0	21.3	20.6	20.5	20.5	20.9
· Rate of court cases filed against youth offenders (per 1,000 ages 10-17)	23.1	22.5	23.5	23.3	20.5	18.1	18.0	19.0

Note: Children and Youth are ages 0-17 unless otherwise noted.

Ⓒ Fiscal or school year

¥ Surveyed high school students in San Diego Unified School District only - data available biennially (Youth Risk Behavior Survey)

** Surveyed 7th, 9th and 11th graders in 33 of 42 school districts in San Diego County - data available biennially (California Healthy Kids Survey)

□ California Health Interview Survey reported by UCLA

△ United Way of San Diego County

† HHS Survey

○ CDC Survey

* Change in definition from previous years

Child and Family Health and Well-Being 2003

REPORT CARD SUMMARY TABLE I ANNUAL COMPARISONS, CONT.

A Safe Environment, cont.	1995	1996	1997	1998	1999	2000	2001	2002
· Rates of violent crime victimization of children and youth (per 10,000)								
- ages 0-11					7.8	9.0	7.0	5.9
- ages 12-17					85.3	72.9	71.3	67.1
· Rates of unintentional injury hospitalizations and deaths of children and youth (per 100,000 ages 0-18)	387.6	354.4	352.5	347.1	341.6	355.6	314.7	
· Rate of children and youth injured or killed in alcohol-related motor vehicle crashes (per 100,000)								
- ages 0-15		26.5	24.7	27.2	22.4	28.8	22.7	
- ages 16-20		263.9	225.9	235.2	246.3	234.2	255.2	

Educational Achievement								
· Percent of high school students who drop out annually (grades 9-12) [¢]	4.0	3.0	2.9	2.7	2.4	2.2	2.0	2.3
· Percent of students attending school per day (K-12) [¢]	93.5	93.4	93.7	93.9	94.5	94.1	93.8	94.5
· Percent of students scoring above the 50th percentile on the Stanford-9 reading test [¢]								
- grade 3				45	50	54	54	55
- grade 8				52	54	56	56	57
- grade 11				41	41	43	41	42
· Percent of seniors who have taken the SAT (college entrance test) [¢]	42.8	44.1	43.3	43.8	43.5	41.6	41.5	41.4

Note: Children and Youth are ages 0-17 unless otherwise noted.

¢ Fiscal or school year

Child and Family Health and Well-Being 2003
REPORT CARD SUMMARY TABLE II
COMPARISONS OF THE COUNTY, STATE, AND NATION

MEASURE	San Diego County	California	U.S.	Year of Data
Economic Security				
· Percent unemployed	4.3	6.7	5.8	2002
· Percent of children and youth living in poverty	14.8	17.7	16.4	2001
· Rate of children and youth receiving CalWORKs assistance (per 1,000) [¢]	74.5	100.8	NA	2001/02
Good Health				
· Percent of babies with low birthweight	6.0	6.3	7.7	2001
· Rate of teen births (per 1,000 girls ages 15-17)	22.3	24.4	24.2	2001
· Percent of youth who reported they attempted suicide in previous 12 months (YRBS survey) [¥]	10.5	NA	8.8	2001
Rate of youth (ages 13-18) hospitalized for self-inflicted non-fatal injuries (per 10,000)	9.9	9.3	NA	2000
· Percent of youth who reported substance use in past 30 days (CHKS survey)** - cigarette use	11.4	NA	NA	2001
- alcohol use	27.4	NA	NA	
- marijuana use	12.6	NA	NA	
· Percent of households with a child (ages 1-18) that used dental care services for cavity and/or emergency treatment in the past 12 months	27.4	NA	NA	2002
Appropriate Access to Services				
· Percent of households with children (ages 0-12) that reported adequate access to child care	69.1	NA	NA	2002
· Percent of young children who are adequately immunized (ages 19 up to 36 months)	84.8 [†]	NA	NA	2002
	79.0 [○]	77.5 [○]	78.5 [○]	2002
· Percent of children and youth with health insurance	88.5 [□]	90.4 [□]	NA [□]	2001
	NA [±]	NA [±]	NA [±]	
A Safe Environment				
· Rate of substantiated cases of child abuse/neglect (per 1,000)	14.5	NA	NA	2002
· Rate of domestic violence reports (per 1,000 households)	20.9	NA	NA	2002
· Rate of court cases filed against youth offenders (per 1,000 ages 10-17)	19.0	NA	NA	2002

Note: Children and Youth are ages 0-17 unless otherwise noted.

¢ Fiscal or school year

¥ Surveyed high school students in San Diego Unified School District only - data available biennially (Youth Risk Behavior Survey)

** Surveyed 7th, 9th and 11th graders in 33 of 42 school districts in San Diego County - data available biennially (California Healthy Kids Survey)

□ California Health Interview Survey reported by UCLA

± United Way of San Diego County

† HHS Survey

○ CDC Survey

Child and Family Health and Well-Being 2003

REPORT CARD SUMMARY TABLE II COMPARISONS OF THE COUNTY, THE STATE, AND THE NATION, CONT.

MEASURE	San Diego County	California	U.S.	Year of Data
A Safe Environment, cont.				
· Rates of violent crime victimization of children and youth (per 10,000)				
- ages 0-11	5.9	NA	NA	2002
- ages 12-17	67.1	NA	NA	2002
· Rates of unintentional injury hospitalizations and deaths of children and youth (per 100,000 ages 0-18)	314.7	267.4	NA	2001
· Rate of children and youth injured or killed in alcohol-related motor vehicle crashes				
- ages 0-15	22.7	23.9	NA	2001
- ages 16-20	255.2	208.7	NA	2001

Educational Achievement				
· Percent of high school students who drop out annually (grades 9-12) [¢]	2.3	2.7	NA	2001/02
· Percent of students attending school per day (K-12) [¢]	94.5	NA	NA	2001/02
· Percents of students scoring above the 50th percentile on the Stanford-9 reading test [¢]				
- grade 3	55	47	NA	2001/02
- grade 8	57	49	NA	2001/02
- grade 11	42	37	NA	2001/02
· Percent of seniors who have taken the SAT (college entrance test) [¢]	41.4	37.3	NA	2001/02

Note: Children and Youth are ages 0-17 unless otherwise noted.

¢ Fiscal or school year



OUTCOMES & MEASURES



ECONOMIC SECURITY

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, child care, and transportation.

The three measures of Economic Security used in the Report Card are:

1. Percent Unemployed
2. Percent of Children and Youth Living in Poverty
3. Rate of Children and Youth Receiving CalWORKs Assistance

1. Percent Unemployed

Why is the percent unemployed important?

The economic security of a family depends not just on the circumstances of the family but also on the employment oppor-

tunities available in the broader community; the unemployment rate helps to gauge this opportunity. This measure represents the annual average of the percent of the civilian labor force each month that has been looking for but unable to find employment.

San Diego Percent & Number

In 2002, 4.3% of the civilian labor force was unemployed. This was an estimated 63,000 people.

San Diego County Measure by Race/Ethnicity

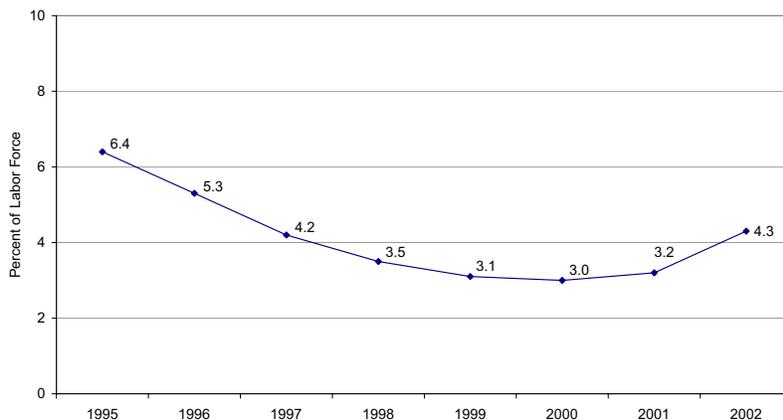
No race/ethnicity data were available.

San Diego County Measure by Region

No geographic data were available.

SAN DIEGO COUNTY TREND

Average Percent of People Unemployed in San Diego County, 1995-2002



Unemployment Decreased Significantly from 1995 to 2000, but Increased Significantly Since Then

2002 COMPARISON DATA

San Diego County - 4.3%

California - 6.7%

United States - 5.8%

Source: State of California, Employment Development Department, Labor Market Information Division

2. Percent of Children and Youth Living in Poverty

Why is the percent of children and youth living in poverty important?

Children and youth living in poverty are vulnerable to “problems regarding their health, emotional well-being, school readiness and achievement and their employability as adults.” Poverty correlates with parents not being married, having lower levels of education and being younger parents.² In 2001, 25% of

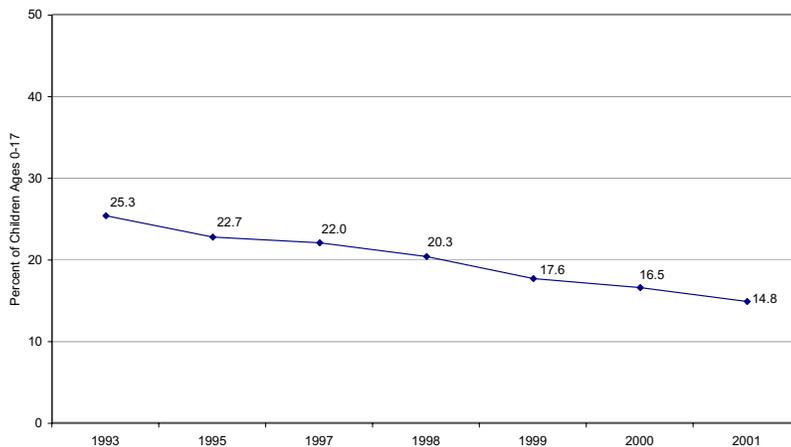
all births in San Diego County were to unmarried women and 24% were to mothers who had not completed high school. The Federal poverty level was defined as income below \$14,255 for a family of two adults and one child in the year 2001.

San Diego County Percent & Number

It is estimated that 14.8% of children and youth ages 0-17 were living in poverty in 2001. This was an estimated 108,855 children and youth.

SAN DIEGO COUNTY TREND

Percent of Children Living in Poverty in San Diego County: 1993, 1995, and 1997- 2001



Percent of Children in Poverty Decreased Significantly

2001 COMPARISON DATA

San Diego County - 14.8%

California - 17.7%

United States - 16.4%

Note: County-level estimates of the poverty rate were only released by the Census every other year until 1998.

Source: SANDAG and U.S. Census Bureau

San Diego County Measure by Race/Ethnicity

No race/ethnicity data were available.

San Diego County Measure by Region

No geographic data were available.

3. Rate of Children and Youth Receiving CalWORKs Assistance

Why is the CalWORKs assistance rate important?

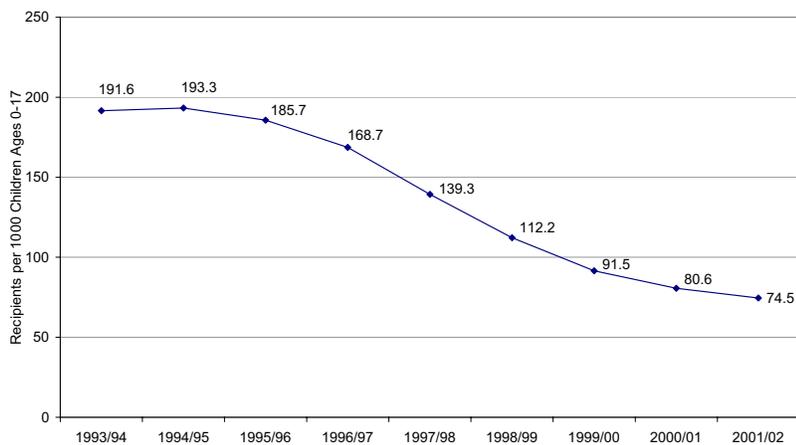
CalWORKs is California's welfare to work program. The goal of CalWORKs is to help recipients become more self-sufficient by increasing their ability and incentive to work and earn income.

San Diego County Rate & Number

In fiscal year 01/02, the rate of children and youth ages 0-17 receiving CalWORKs assistance was 74.5 per 1,000 children and youth ages 0-17. This was 55,330 children and youth.

SAN DIEGO COUNTY TREND

Average Monthly Rate of Children Receiving CalWORKs in San Diego County: Fiscal Years 1993/94 - 2001/02



The Rate of Children and Youth on CalWORKs has Decreased Significantly since 1994/95

2001/02 COMPARISON DATA

San Diego County - 74.5
 California - 100.8
 United States - NA

Note: Results for 1999/00 through 2000/01 that appear in this figure are slightly different than the results that appeared for these same years in the 2002 Report Card. This is because the population estimates were revised to reflect the results of the 2000 Census.

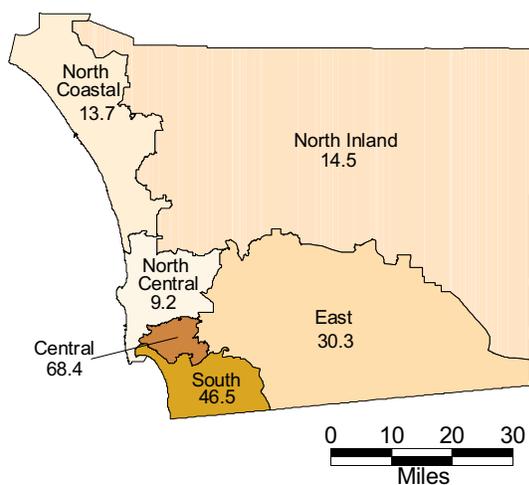
Source: County of San Diego Health and Human Services Agency, Policy and Program Support

San Diego County Measure by Race/Ethnicity

No race/ethnicity data were available.

RATE OF CALWORKS HOUSEHOLDS IN SAN DIEGO COUNTY BY HEALTH AND HUMAN SERVICES AGENCY REGIONAL AREAS 1999/00-2001/02 THREE YEAR AVERAGE

Rate of Households Receiving CalWORKs was Significantly Higher in the Central Region, but Rates Continue to Decline in All Regions



Average Quarterly Rate per 1,000 Households in each Region

- 9.2 - North Central
- 13.7 - North Coastal
- 14.5 - North Inland
- 30.3 - East
- 46.5 - South
- 68.4 - Central

Overall County Rate 28.7

Note: Rates do not include households with invalid zip codes (less than 1% of households).

Source: County of San Diego, Health and Human Services Agency, Policy and Program Support



GOOD HEALTH

The good health of San Diego County's children and families is one of its most important assets. In communities, health is a product of many factors and many segments of the community can contribute to and share responsibility for its protection and improvement.³

The five measures of Good Health used in the Report Card are:

1. Percent of Babies with Low Birthweight
2. Rate of Teen Births
3. Rate of Suicide Attempts
 - Percent of Youth Who Reported Attempting Suicide
 - Rate of Youth Hospitalized for Self-Inflicted Non-Fatal Injuries
4. Percents of Youth Who Reported Substance Use (cigarette, alcohol, and marijuana use)
5. Percent of Surveyed Households with a Child (ages 1 - 18) in which Cavities and/or Emergency Treatment were Main Reasons for Having Dental Care

1. Percent of Babies with Low Birthweight

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

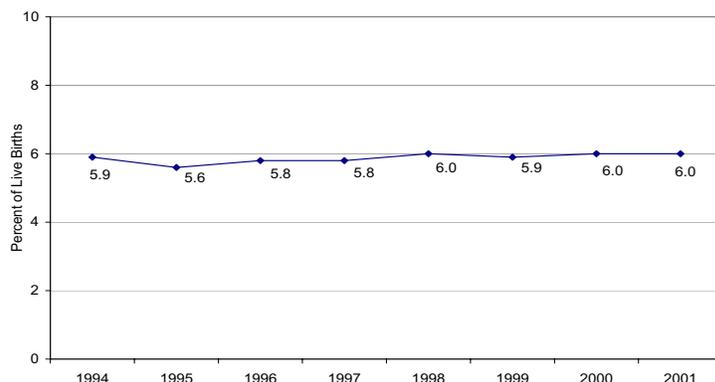
Babies born weighing less than 5 1/2 pounds (2,500 grams) are considered low birthweight. Related to being born prematurely (less than 37 weeks gestation), low birth weight is considered an important national and community health status indicator. Low birth weight is associated with long-term disabilities, such as cerebral palsy, autism, mental retardation, vision and hearing impairments, and other developmental disabilities. Although many of the causes of low birthweight and prematurity are unknown, low birthweight is known to correlate with the use of tobacco, drugs and alcohol by pregnant women.

San Diego County Percent and Number

The percent of babies with low birthweight in 2001 was 6.0%; the number of low birthweight births was 2,644.

SAN DIEGO COUNTY TREND

Percent of Babies Born with Low Birthweight (<2,500 grams) in San Diego County: 1994-2001



Low Birthweight has Stayed About the Same

2001 COMPARISON DATA

San Diego County - 6.0%

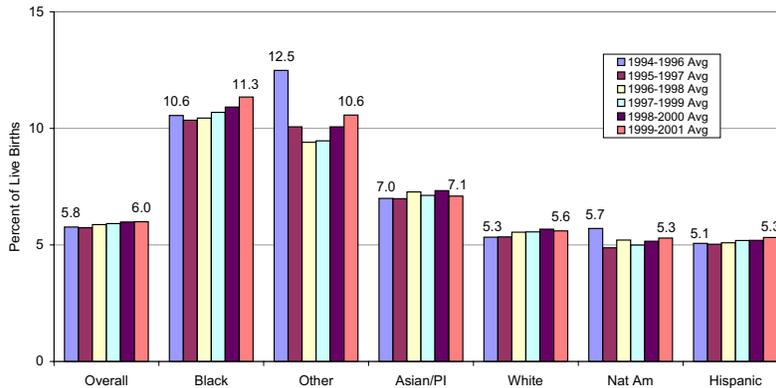
California - 6.3%

United States - 7.7%

Source: County of San Diego, Health and Human Services Agency, Children, Youth & Families; State of California Department of Health Services, Center for Health Statistics, Vital Statistics Section, Birth Statistical Master Files

SAN DIEGO COUNTY MEASURE BY RACE/ETHNICITY

Percent of Babies Born With Low Birthweight (<2,500 grams) by Race/Ethnicity in San Diego County: 1994 to 2001 Three Year Averages

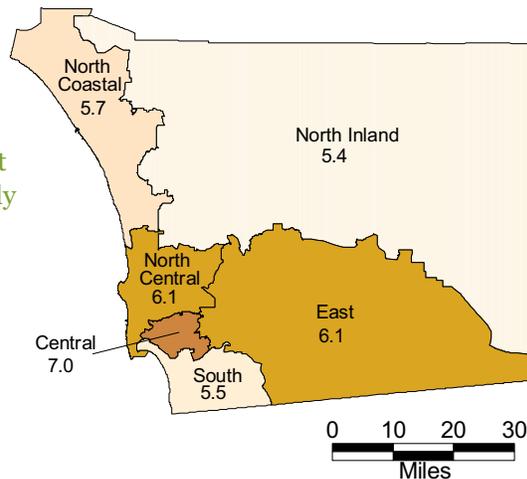


Percent of Low Birthweight Births was Significantly Higher for Blacks

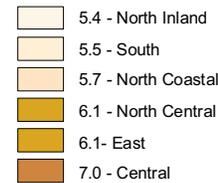
Source: County of San Diego, Health and Human Services Agency, Children, Youth & Families; State of California, Department of Health Services, Center for Health Statistics, Vital Statistics Section, Birth Statistical Master Files

PERCENT OF BABIES BORN WITH LOW BIRTHWEIGHT IN SAN DIEGO COUNTY BY HEALTH AND HUMAN SERVICES AGENCY REGIONAL AREAS: 1999-2001 THREE YEAR AVERAGE

Percent of Low Weight Births was Significantly Higher in the Central Region



Average Percent of Low Birthweight Births in each Region



Overall County Rate 6.0

Note: Low Birthweight is less than 2,500 grams (5 1/2 lbs.)

Source: County of San Diego, Health and Human Services Agency, Children, Youth & Families; State of California, Department of Health Services, Center for Health Statistics, Vital Statistics Section, Birth Statistical Master Files

2. Rate of Teen Births

Why is the teen birth rate important?

Early childbearing has consequences for both the mother and child. Teenage parents and their children often face a lifetime of disadvantages, such as poverty, lower education levels and poorer health.⁴

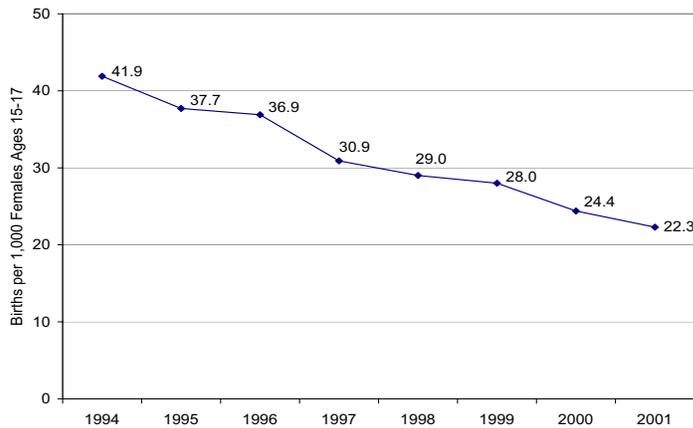
Teenage pregnancy correlates with teens: 1) who do poorly in school and/or use alcohol or drugs; 2) whose parents have low levels of education, are poor, are not married and were teen parents themselves; and 3) who live in low income communities where people move frequently.⁵

San Diego County Rate and Number

The rate of births to teens ages 15-17 in 2001 was 22.3 per 1,000 girls. This was 1,223 births.

SAN DIEGO COUNTY TREND

Rate of Births to Teens Ages 15-17 in San Diego County: 1994-2001



Teen Birth Rate has
Decreased Significantly

2001 COMPARISON DATA

San Diego County - 22.3

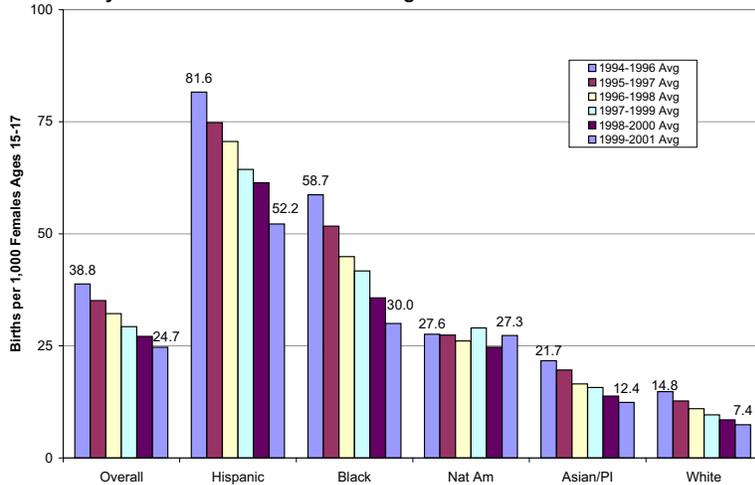
California - 24.4

United States - 24.2

Source: County of San Diego, Health and Human Services Agency, Children, Youth & Families; State of California Department of Health Services, Center for Health Statistics, Vital Statistics Section, Birth Statistical Master Files

SAN DIEGO COUNTY MEASURE BY RACE/ETHNICITY

Rate of Births to Teens Ages 15 - 17 by Race/Ethnicity in San Diego County: 1994 to 2001 Three Year Averages



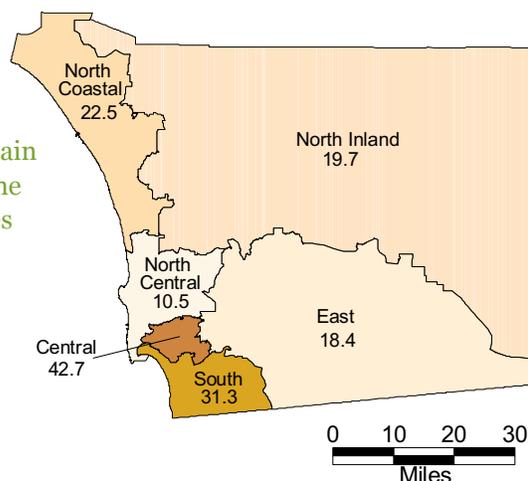
The Teen Birth Rate was
Significantly Higher for Hispanics

The Rate of Teen Births has
Declined Significantly for all
Groups except Native Americans

Source: County of San Diego, Health and Human Services Agency, Children, Youth & Families; State of California Department of Health Services, Center for Health Statistics, Vital Statistics Section, Birth Statistical Master Files; San Diego County population forecasts used in rate calculations were obtained from SANDAG

RATE OF BIRTHS TO TEENS AGES 15-17 IN SAN DIEGO COUNTY BY HEALTH AND HUMAN SERVICES AGENCY REGIONAL AREAS: 1999-2001 THREE YEAR AVERAGE

Rate of Teen Births Remain
Significantly Higher in the
Central Region, but Rates
Continue to Decline in
All Regions



Average Rate of Teen Births per 1,000
Teen Girls Ages 15-17 in each Region

- 10.5 - North Central
- 18.4 - East
- 19.7 - North Inland
- 22.5 - North Coastal
- 31.3 - South
- 42.7 - Central

Overall County Rate 24.3

Note: Rates do not include births with invalid zip codes (less than 1% of births).

Source: County of San Diego, Health and Human Services Agency, Children, Youth & Families; State of California, Department of Health Services, Center for Health Statistics, Vital Statistics Section, Birth Statistical Master Files

3. Rate of Suicide Attempts

- Percent of Surveyed San Diego Unified Students Who Reported They Attempted Suicide in the Past Year
- Rate of Youth Hospitalized for Self-Inflicted Non-Fatal Injuries

Why is attempted suicide important?

Adolescence is one of the most challenging times of a person's life. It is the time of physical, mental and social transition from childhood to adulthood. Emotional and mental health

Special Note: The data presented below on youths reporting suicide attempts came from the Youth Risk Behavior Survey which is conducted every two years with a random sample of approximately 1,800 9th to 12th grade students in San Diego Unified School District. Seventy-eight percent of those requested to participate did so. The survey requires parental permission and is self-administered, private, anonymous and voluntary.

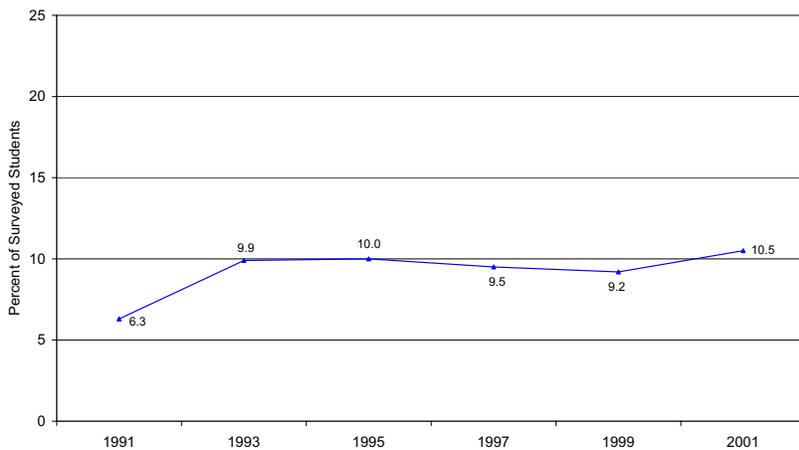
issues are common during this time of tremendous change, which is reflected at one extreme by the percentage of students that say they have attempted suicide.

San Diego Unified School District Percent and Number

The percent of surveyed high school students in 2001 who reported they had attempted suicide at least once in the past year was 10.5.

SAN DIEGO UNIFIED SCHOOL DISTRICT TREND

Percent of Surveyed Students that Reported a Suicide Attempt Among San Diego City High School Students: 1991-2001



Although not a Statistically Significant Change, the Percent Reporting Attempted Suicide Remains Higher than the National Rate

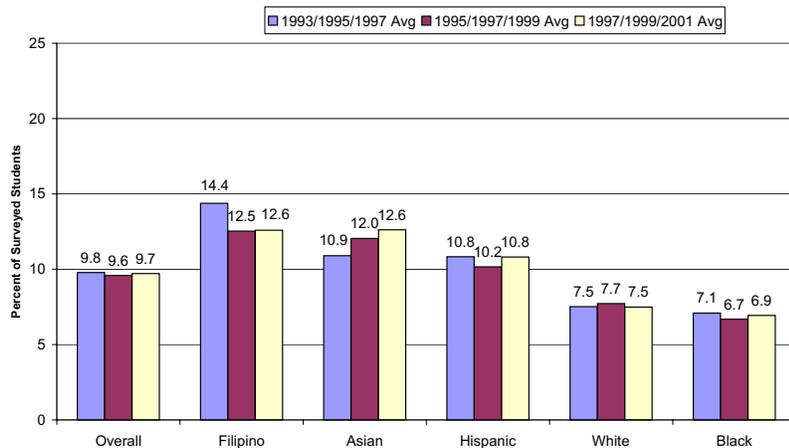
2001 COMPARISON DATA

San Diego Unified - 10.5%
California - NA
United States - 8.8%

Note: Although appears to be increasing, the sample size is too small to draw conclusions on a trend for this measure.
Source: San Diego City Schools, Educational Services Division; Centers for Disease Control and Prevention, Youth Risk Behavior Survey

SAN DIEGO UNIFIED SCHOOL DISTRICT MEASURE BY RACE/ETHNICITY

Percent of Surveyed Students that Reported a Suicide Attempt Among San Diego City High School Students by Race/Ethnicity: 1993 to 2001 Three Survey Averages



Filipinos and Asians had the Highest Rates of Reporting Attempted Suicide

Source: San Diego City Schools, Educational Services Division, Comprehensive Health, Physical Education and Wellness; Centers for Disease Control and Prevention, Youth Risk Behavior Survey

San Diego Unified School District Measure by Region
No geographic data were available.

Youth Hospitalized for Self-Inflicted Non-Fatal Injuries

The rate of youth ages 13 to 18 years hospitalized for self-inflicted, non-fatal injuries is a new measure in the Report Card. In 2000, this rate was 9.9 per 10,000 youth in San Diego County, the highest it has been since 1991. Although every self-inflicted injury reported here might not have been a youth attempting suicide, this measure is part of a continuum in the reporting of suicide attempts.

Suicide Number

There were 11 suicides of youth ages 15-19 in 2001 in San Diego County. This suicide number is relatively small, therefore, calculating a rate to monitor overall health and well-being would be potentially misleading. Decreases and increases over time generally would not be truly statistically significant.

4. Percents of Youth Who Reported Substance Use

- cigarette use
- alcohol use
- marijuana use

Why are the percents of substance use by youth important?

The main threats to adolescents' current and long-term health and well-being are their health risk behaviors. Three of the most common, as well as serious, health risk behaviors are the use of cigarettes, alcohol and marijuana. Youth substance use correlates with poor school performance, antisocial behavior and interpersonal problems with peers and parents.⁶

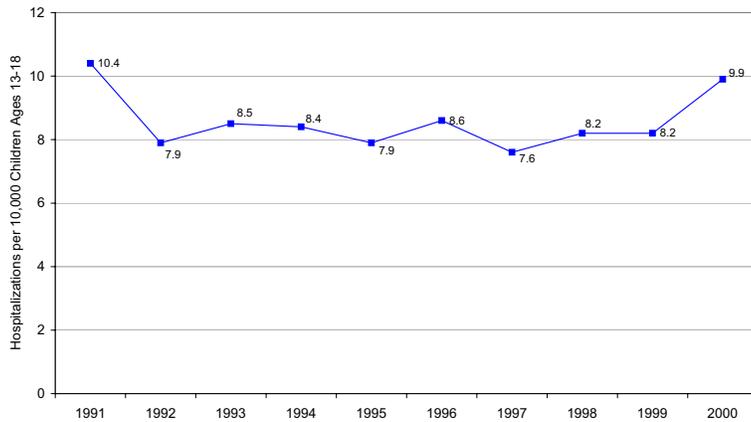
Cigarette and marijuana use are defined as smoking cigarettes or marijuana on one or more of the past 30 days. Alcohol use is defined as having had at least one drink of alcohol on one or more of the past 30 days.

San Diego County Percents

In 2001, 11.4% of surveyed students reported cigarette smoking, 27.4% reported alcohol use, and 12.6% reported marijuana use.

SAN DIEGO COUNTY SCHOOL DISTRICTS TREND

Self-Inflicted Non-Fatal Hospitalized Injuries Among Youth Ages 13-18: 1991-2000



Self-Inflicted, Non-Fatal Hospitalized Injuries Have Increased Notably Among Youth Ages 13-18

2000 COMPARISON DATA

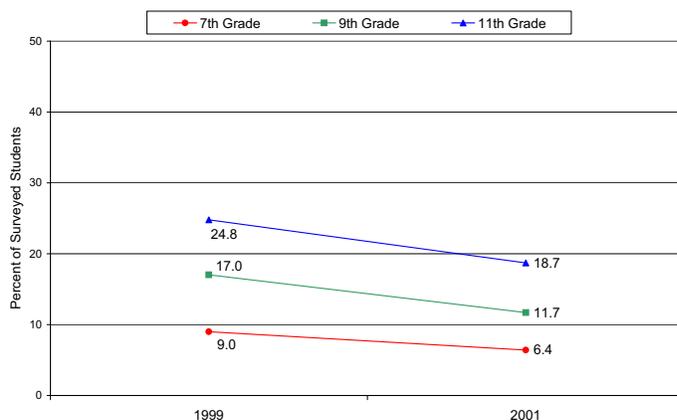
- San Diego County - 9.9%
- California - 9.3%
- United States - NA

Source: California Department of Health Services, Epidemiology and Prevention for Injury Control

Special Note: The data presented below on youths reporting substance use came from the California Healthy Kids Survey which is conducted every two years with a sample of over 20,000 students in 33 of the 42 school districts in San Diego County. The survey requires parental permission and is self-administered, private, anonymous and voluntary. This is a different data source than what was reported in prior Report Cards.

SAN DIEGO COUNTY SCHOOL DISTRICTS TREND

Percent of 7th, 9th, and 11th Grade Surveyed Students Who Reported Smoking Cigarettes in the Past 30 Days: 1999-2001



Too Early to Report a Trend

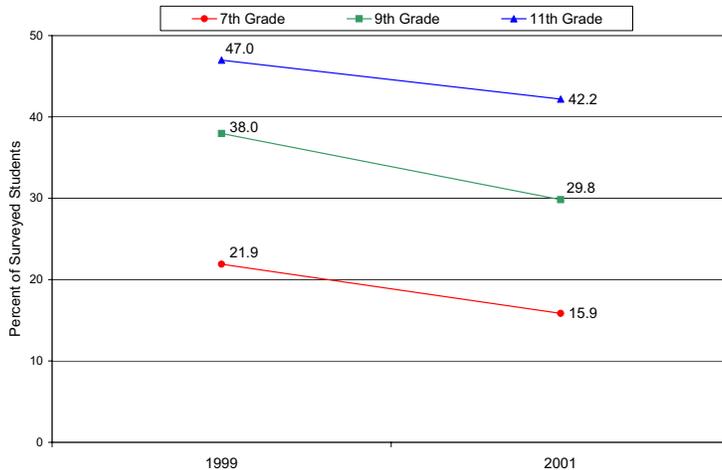
NO COMPARISON DATA AVAILABLE

- San Diego - 11.4% (overall average)
- California - NA
- United States - NA

Source: San Diego County Office of Education, Safe Schools Unit; California Department of Education/WestEd, California Healthy Kids Survey

SAN DIEGO COUNTY SCHOOL DISTRICTS

Percent of 7th, 9th, and 11th Grade Surveyed Students Who Reported Drinking Alcohol in the Past 30 Days: 1999-2001



Too Early to Report a Trend

NO COMPARISON DATA AVAILABLE

San Diego - 27.4% (overall average)

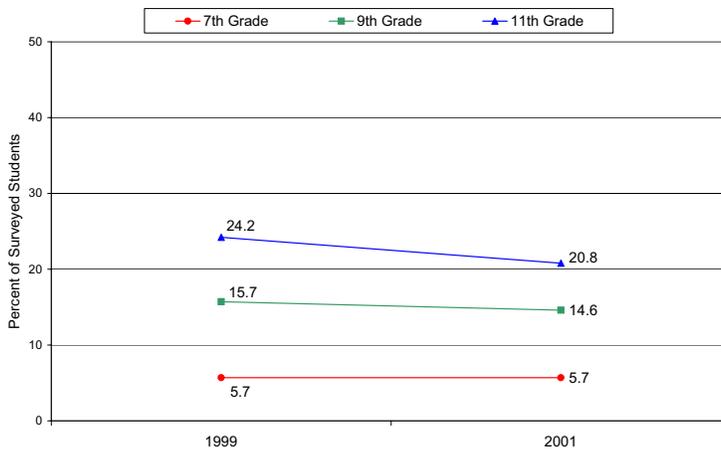
California - NA

United States - NA

Source: San Diego County Office of Education, Safe Schools Unit; California Department of Education/WestEd, California Healthy Kids Survey

SAN DIEGO COUNTY SCHOOL DISTRICTS

Percent of 7th, 9th, and 11th Grade Surveyed Students Who Reported Marijuana Use in the Past 30 Days: 1999-2001



Too Early to Report a Trend

NO COMPARISON DATA AVAILABLE

San Diego - 12.6% (overall average)

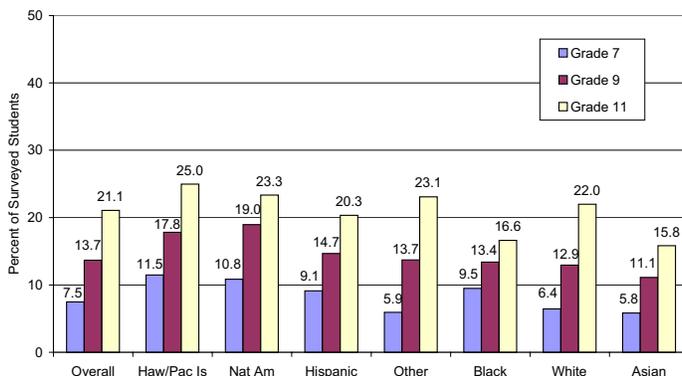
California - NA

United States - NA

Source: San Diego County Office of Education, Safe Schools Unit; California Department of Education/WestEd, California Healthy Kids Survey

SAN DIEGO COUNTY SCHOOL DISTRICTS MEASURE BY RACE/ETHNICITY

Percent of Surveyed Students Who Reported Smoking Cigarettes in the Past 30 Days by Race/Ethnicity: 1999 to 2001 Two Survey Average

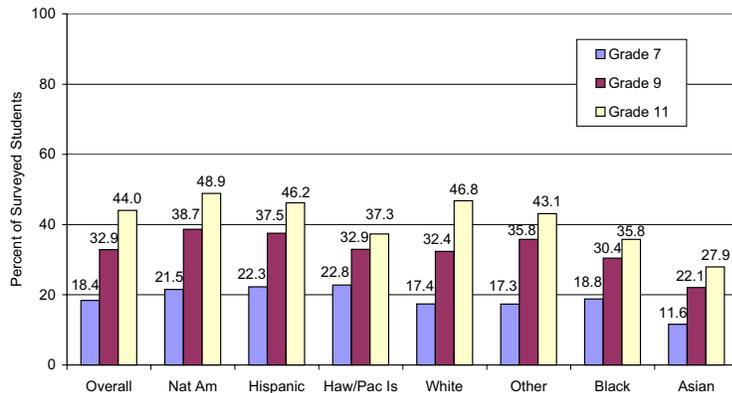


Hawaiian/Pacific Islanders and Native Americans Reported High Rates of Cigarette Smoking for all Grades

Source: San Diego County Office of Education, Safe Schools Unit; California Department of Education/WestEd, California Healthy Kids Survey

SAN DIEGO COUNTY SCHOOL DISTRICTS MEASURE BY RACE/ETHNICITY

Percent of Surveyed Students Who Reported Drinking Alcohol in the Past 30 Days by Race/Ethnicity: 1999 to 2001 Two Survey Average

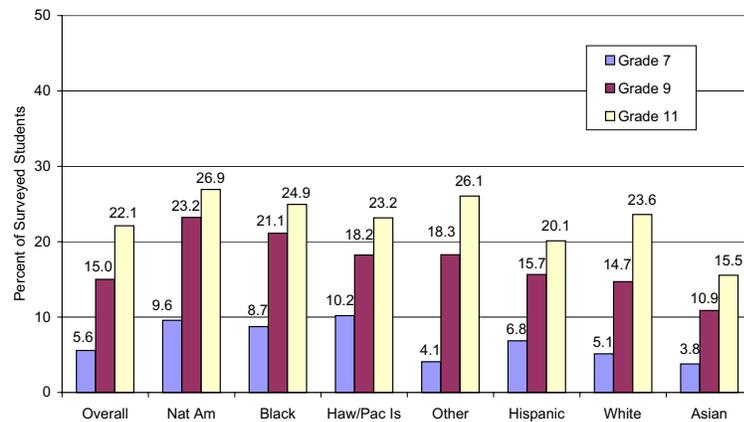


Native Americans and Hispanics Reported High Rates of Alcohol Use for all Grades

Source: San Diego County Office of Education, Safe Schools Unit; California Department of Education/WestEd, California Healthy Kids Survey

SAN DIEGO COUNTY SCHOOL DISTRICTS MEASURE BY RACE/ETHNICITY

Percent of Surveyed Students Who Reported Marijuana Use in the Past 30 Days by Race/Ethnicity: 1999 to 2001 Two Survey Average



Native Americans, Blacks and Hawaiians/Pacific Islanders Reported High Rates of Marijuana Use for all Grades

Source: San Diego County Office of Education, Safe Schools Unit; California Department of Education/WestEd, California Healthy Kids Survey

San Diego County Measure by Region

No geographic data were available.

5. Percent of Households with a Child Age 1-18 that used Dental Care Services for Cavity and/or Emergency Treatment in the Past 12 Months

Why is oral health important?

Tooth decay is one of the most prevalent and untreated diseases of children. For many children, tooth decay severely interferes with eating, sleeping, speaking, learning and playing.⁷

San Diego County Percent and Number

The San Diego chapter of the United Way conducts an annual telephone survey of randomly selected persons living throughout San Diego County. Overall, almost one-fifth (18%) of households surveyed in 2002 with children ages 1 through 18 indicated their children had not received any dental care services during the past 12 months (about three quarters did receive services and responses for 6% were unknown/missing). Not needing dental care was the most frequent reason mentioned for not receiving children's dental care, however, other reasons cited were could not afford dental care and lacked dental insurance. **Of surveyed households, 27.4% indicated they had used dental services for the purpose of cavity and/or emergency dental treatment for their child.** This is an estimated 100,191 households countywide. Treatment to address emergencies and/or cavities reflects treatment for dental disease and are not reasons related to preventive care, such as regular check-ups or cleaning.



APPROPRIATE ACCESS TO SERVICES

Having access to child care and health care services is critical to the overall well-being of our community. In the U.S. in 2002 it was estimated that 59% of mothers with children under 6 years old, and 75% of mothers with children between the ages of 6 and 17 were employed.⁸ Many of these families need child care. All children need access to health insurance coverage and appropriate health services.

The three Appropriate Access to Services Measures used in the Report Card are:

1. Subsidized Child Care
2. Percent of Young Children Who Are Adequately Immunized
3. Percent of Children and Youth with Health Insurance

1. Publicly Funded Subsidized Child Care

Why is access to publicly funded subsidized child care important?

The availability of child care is one of the critical success factors for families in both getting and keeping jobs. Low-income families face particular challenges in obtaining quality child care that is affordable. Families with incomes less than 75% of the California State median income are potentially eligible for subsidized child care programs. However, there are many more children who financially qualify and are in need than there are spaces available for them. In 2000, it was estimated that 172,772 children were financially eligible to receive such child care. Although all may not want or need subsidized child care, it is estimated that currently there are only subsidized spaces for one out of ten eligible children. Families can apply for subsidized child care through the Centralized Eligibility List (CEL) and various agencies across the county.⁹

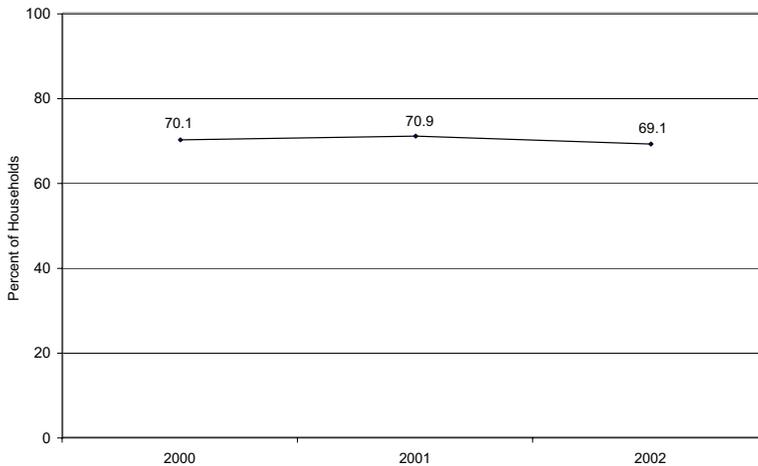
Data from the San Diego chapter of the United Way annual telephone survey of randomly selected persons living throughout the county provide proxy data that are reported on page 25. Results for six child care access and satisfaction questions are in the Outcomes & Community Impact Report. These data show that access to adequate child care is linked to family income as well.

San Diego County Percentages

Of households in the United Way survey that reported they had children ages 0-12 and needed child care, 69.1% reported they were able to access all child care they needed in 2002; 59.4% of households with annual income under \$40,000 were able to get all the child care they needed.

SAN DIEGO COUNTY TREND

Percent of Households with Children Ages 0-12 that Reported Adequate Access to Childcare: 2000-2002



Remained About the Same

NO COMPARISON AVAILABLE

San Diego County - 69.1%

California - NA

United States - NA

Source: United Way of San Diego – Outcomes & Community Impact Program

2. Percent of Young Children Who Are Adequately Immunized

Why is the percent of young children immunized important?

One of the best known, simplest and most effective ways to keep children healthy is to immunize them. Young children are particularly vulnerable to vaccine-preventable diseases if their shots are not kept up-to-date.

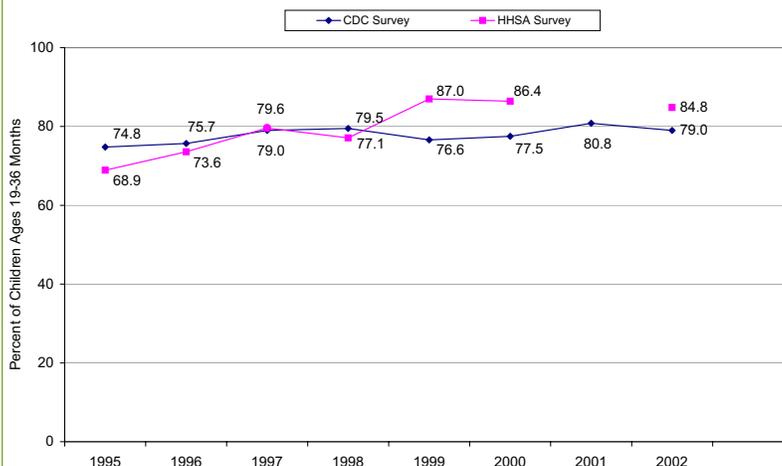
This measure represents the percent of children ages 19 to 36 months who are adequately immunized for their age and is based on survey data. The measure is specific to the 4:3:1 series (DTP, Polio, MMR/MCV) that the child should have completed. Two different surveys were conducted to estimate the percent of children adequately immunized. One survey was done by the HHSA San Diego Immunization Program and the other by the federal Centers for Disease Control and Prevention (CDC). The HHSA survey was not conducted in 2001.

San Diego County Percent

In 2002, 79.0% of young children were adequately immunized for their age based on the CDC survey. In 2002, 84.8% of young children were adequately immunized for their age based on the HHSA San Diego Immunization Program Survey.

SAN DIEGO COUNTY TREND

Percent of Young Children Who Are Adequately Immunized
San Diego County: 1995-2002



Immunization Rates have Increased Notably, Based on the HHSA Survey

2002 COMPARISON HHSA SURVEY

San Diego County - 84.8%

California - NA

United States - NA

2002 COMPARISON CDC SURVEY

San Diego County - 79.0%

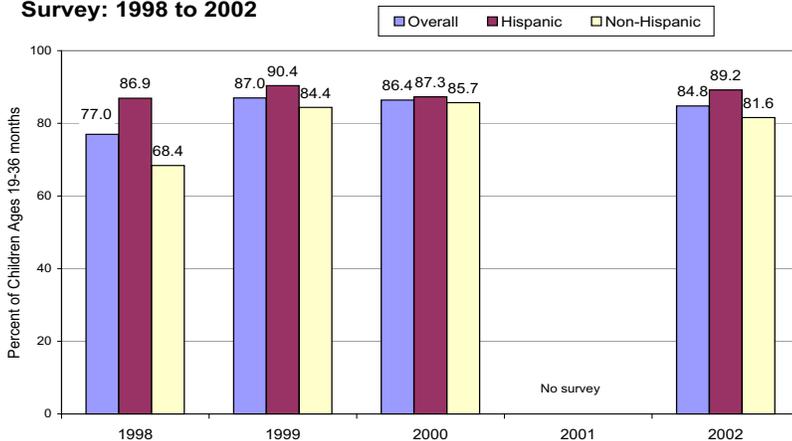
California - 77.5%

United States - 78.5%

Note: Both sources of data are for infants ages 19-36 months who have been immunized for the series 4-DTP, 3-Polio, 1-MMR/MCV. The CDC Survey results for 1995-97 that appeared in the 2002 Report Card are slightly different than the results that appear here. This is because the statistical methodology for estimating vaccination coverage rates was changed by CDC in 1998 to facilitate valid statistical analyses due to the survey's complex design. An HHSA Survey was not conducted in 2001 due to funding constraints.
Source: County of San Diego, Health and Human Services Agency, Infant Immunization Initiative, Immunization Program Random Digit Dialing Survey; Centers for Disease Control and Prevention, National Immunization Random Digit Dialing Survey

SAN DIEGO COUNTY MEASURE BY ETHNICITY

Percent of Young Children who are Adequately Immunized by Hispanic Ethnicity, HHSA San Diego Immunization Program Survey: 1998 to 2002



Hispanics had Significantly Better Immunization Coverage

Note: Data are for infants ages 19 – 36 months who have been immunized for the series 4-DTP, 3-Polio, 1-MMR/MCV in San Diego Survey.
Source: County of San Diego, Health and Human Services Agency, Infant Immunization Initiative, Immunization Program Random Digit Dialing Survey

San Diego County Measure by Region

No geographic data were available.

3. Percent of Children and Youth with Health Insurance

Why is the percent of children and youth with health insurance important?

Having health insurance is one of the best predictors of having access to medical care. In general, compared to children with health insurance, uninsured children are less likely to have a usual source of medical care and are less likely to receive the preventive and acute health care services that they need.¹⁰

The information presented below is based on calculations from two different organizations that used two different surveys over different time periods.

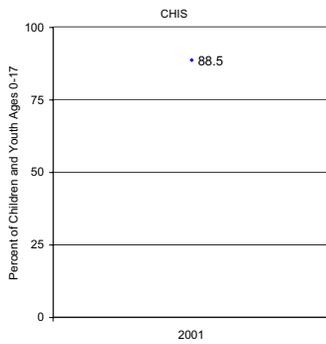
San Diego County Percent and Number

The California Health Interview Survey is conducted biennially statewide by the University of California at Los Angeles (UCLA) and asks respondents about health insurance coverage at the time of the interview. The first year these data were collected was 2001. Based on these data from UCLA, 88.5% of children ages 0-17 had health insurance coverage in 2001. Based on Census 2000 population data, this is estimated to be 640,440 children and youth.

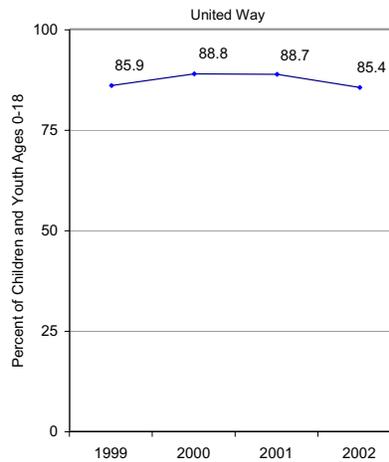
The San Diego chapter of the United Way conducts an annual telephone survey of randomly selected persons living throughout San Diego County. Based on data from this survey, 85.4% of respondents reported that all the children ages 0-18 living in their household were currently covered by health insurance. United Way estimates that this is equivalent to 680,477 children. Both the race/ethnicity specific data and geographic data presented below are based on data from the 2002 United Way survey.

SAN DIEGO COUNTY TREND

Percent of Children and Youth with Health Insurance in San Diego County: 2001



Percent of Households with Children and Youth with Health Insurance in San Diego County: 1999-2002



Remained About the Same

2001 COMPARISON CHIS

San Diego County - 88.5%
 California - 90.4%
 United States - NA

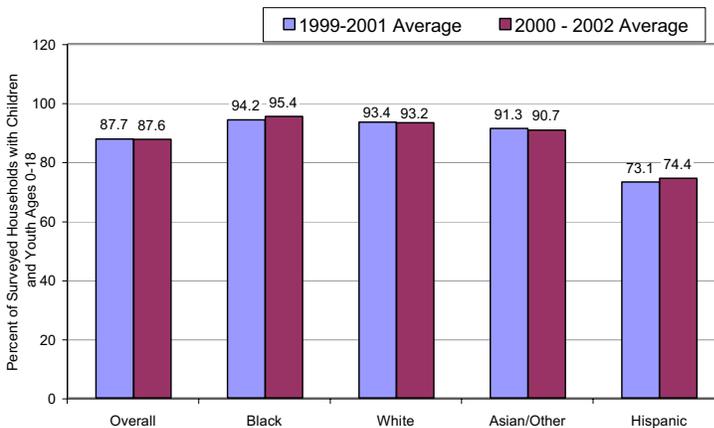
NO COMPARISON UNITED WAY SURVEY

San Diego County - 85.4%
 California - NA
 United States - NA

Note: The CA Health Interview survey (CHIS) was first conducted in 2001.
Source: CA Health Interview Survey – UCLA Center for Health Policy Research; United Way of San Diego County, Outcomes & Community Impact Program

SAN DIEGO COUNTY MEASURE BY RACE/ETHNICITY

Percent of Households with Children and Youth with Health Insurance by Race/Ethnicity in San Diego County: 1999 to 2002 Three Year Average of United Way Data

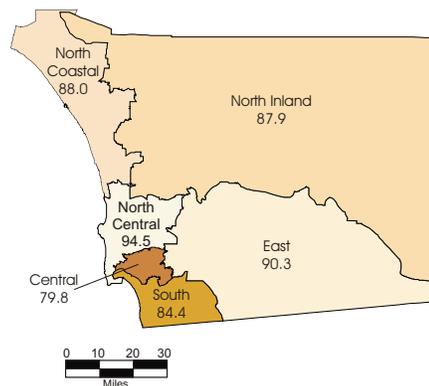


Rate of Health Insurance Coverage was Significantly Lower for Hispanics

Source: United Way of San Diego County, Outcomes & Community Impact Program

PERCENT OF HOUSEHOLDS WITH CHILDREN AND YOUTH WITH HEALTH INSURANCE IN SAN DIEGO COUNTY BY HEALTH AND HUMAN SERVICES AGENCY REGIONAL AREAS: 2000-2002 THREE YEAR AVERAGE OF UNITED WAY DATA

The Central Region had the Lowest Rate of Health Insurance



Estimated Percent of Households with Insured Children in each Region

- 94.5 North Central
- 90.3 East
- 88.0 North Coastal
- 87.9 North Inland
- 84.4 South
- 79.8 Central
- Overall County Rate 87.6

Note: Includes insurance provided by employer, purchased privately, Medi-Cal, Healthy Families, Medicare, or Champus.

Source: United Way of San Diego County, Outcomes & Community Impact Program



A SAFE ENVIRONMENT

The safety of a community is an important element of the health and well-being of its residents. Safety includes protection from both physical and emotional harm and extends from within the home into the community.

Children who are exposed to or who are victims of violence, other abuse, or of neglect “often experience problems down the road involving juvenile crime, poor academic performance, drug and alcohol abuse, domestic violence and other social ills.”⁴ In addition, children are especially vulnerable to unintentional injuries, the leading cause of death for children and youth under age 18.

The five measures of A Safe Environment used in the Report Card are:

1. Rate of Substantiated Cases of Child Abuse/Neglect
2. Rate of Domestic Violence Reports
3. Rate of Court Cases Filed Against Youth Offenders
4. Rates of Violent Crime Victimization of Children and Youth
5. Rates of Unintentional Injuries and Unintentional Injury Deaths in Children and Youth
 - overall
 - due to alcohol-related motor vehicle crashes

1. Rate of Substantiated Cases of Child Abuse/Neglect

Why is the rate of substantiated child abuse/neglect cases important?

Child abuse/neglect in a family often reflects a variety of underlying problems in the family. It correlates with “poverty, having children at too early an age, drug or alcohol abuse by the parents, a lack of child care or supervision for the children and a lack of community support for the parents.”¹

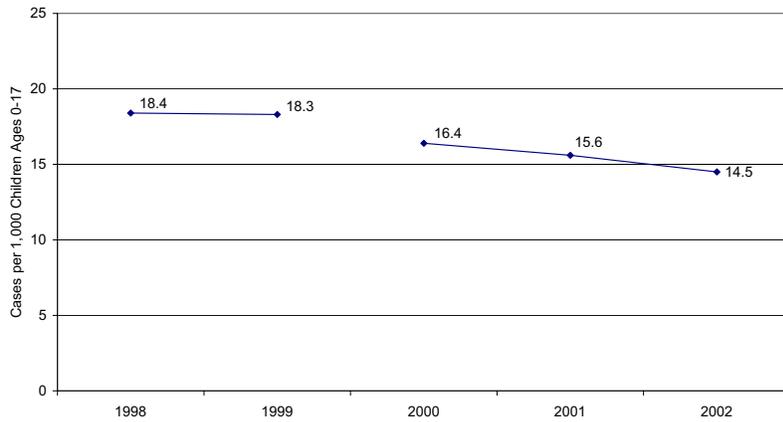
Child abuse/neglect is considered to be a “substantiated case” when a social worker has investigated a report and determines that some type of abuse/neglect did occur.

San Diego County Rate and Number

In 2002, the rate of substantiated cases was 14.5 per 1,000 children ages 0-17; the number of cases was 10,912. Starting in late 1999, the criteria for substantiated child abuse/neglect cases were narrowed, meaning more evidence was required for a report to be considered substantiated. This likely explains much of the decrease seen in cases between 2000 and the two previous years.

SAN DIEGO COUNTY MEASURE BY TREND

Rate of Substantiated Cases of Child Abuse/Neglect in San Diego County, 1998-2002



Decreased Significantly

NO COMPARISON DATA AVAILABLE

San Diego County - 14.5

California - NA

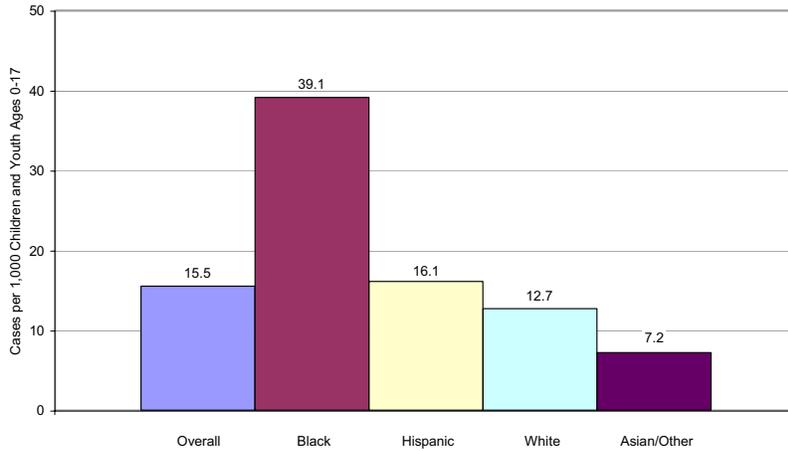
United States - NA

Note: Results for 2000 through 2002 that appear in this figure are slightly different than the results that appeared for these same years in the 2002 Report Card. This is because the population estimates were revised to reflect the results of the 2000 Census.

Source: County of San Diego, Health and Human Services Agency, Children's Services

SAN DIEGO COUNTY MEASURE BY RACE/ETHNICITY

Rate of Substantiated Cases of Child Abuse/Neglect by Race/Ethnicity in San Diego County: 2000 to 2002 Three Year Average

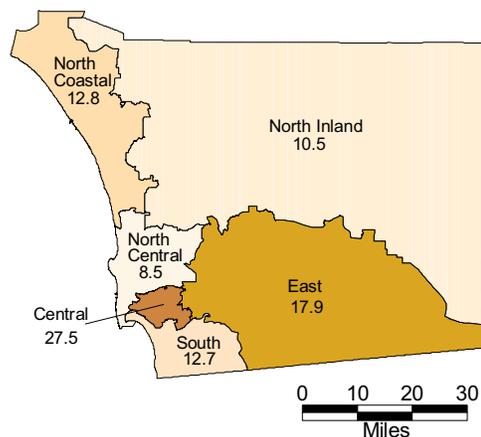


Rate of Child Abuse/Neglect was Significantly Higher for Blacks

Source: County of San Diego, Health and Human Services Agency, Children's Services

RATE OF SUBSTANTIATED CASES OF CHILD ABUSE/NEGLECT IN SAN DIEGO COUNTY BY HEALTH AND HUMAN SERVICES AGENCY REGIONAL AREAS: 2000-2002 THREE-YEAR AVERAGE

The Rate of Child Abuse was Significantly Higher in the Central Region



Average Rate of Substantiated Cases per 1,000 Children & Youth Ages 0-17 in each Region

- 8.5 - North Central
- 10.5 - North Inland
- 12.7 - South
- 12.8 - North Coastal
- 17.9 - East
- 27.5 - Central

Overall County Rate 15.5

Note: Rates have been rounded and do not include cases with invalid or unknown zip codes (3% of cases).
Source: County of San Diego, Health and Human Services Agency, Children's Services

2. Rate of Domestic Violence Reports

Why is the rate of domestic violence reports to law enforcement important?

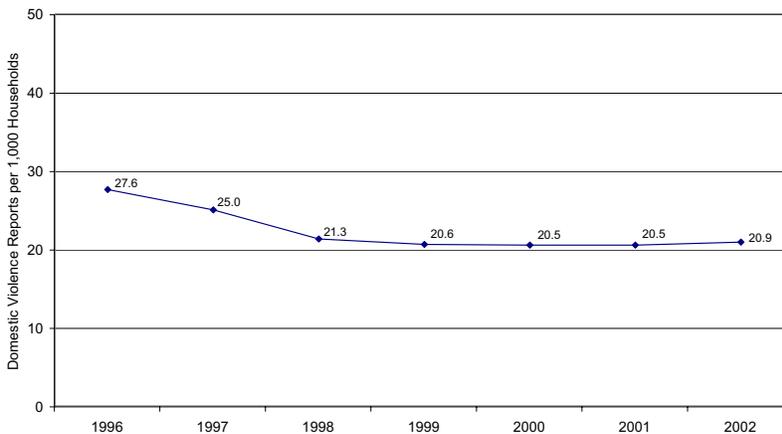
A healthy community starts with safe homes. The victims of domestic violence are often women with children in the home. Children who witness domestic violence suffer intense stress and develop problems as noted in the introduction to this section. Domestic violence in families correlates with families having very low income, children in the families being abused and use of alcohol or drugs by the perpetrators.¹¹ Domestic violence is defined as an actual or threatened act of physical or sexual violence, or psychological/emotional abuse where the perpetrator and victim have a current or discontinued relationship to each other. For example the victim is a spouse, girlfriend, boyfriend, cohabitant or other intimate partner.

San Diego County Rate and Number

In 2002, there were 20.9 reports of domestic violence per 1,000 households; the number of reports was 21,195.

SAN DIEGO COUNTY MEASURE BY TREND

Rate of Domestic Violence Reports in San Diego County: 1996-2002



Remained About the Same

NO COMPARISON DATA AVAILABLE

San Diego County - 20.9

California - NA

United States - NA

Note: Results for 2000 through 2002 that appear in this figure are slightly different than the results that appeared for these same years in the 2002 Report Card. This is because the population estimates were revised to reflect the results of the 2000 Census.

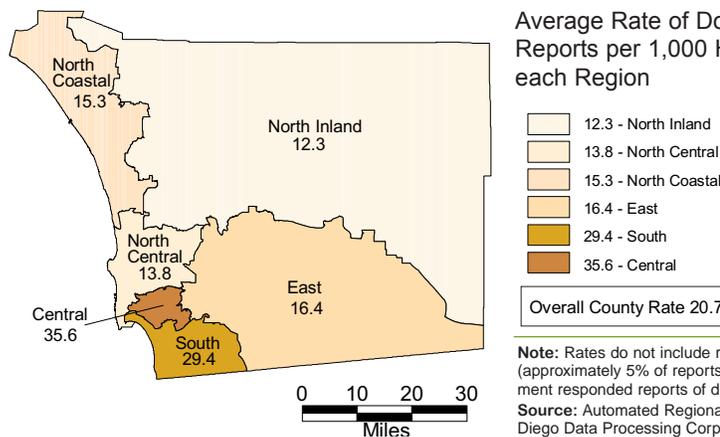
Source: Automated Regional Justice Information System (ARJIS), San Diego Data Processing Corporation

San Diego County Measure by Race/Ethnicity

No race/ethnicity data were available.

RATE OF DOMESTIC VIOLENCE REPORTS IN SAN DIEGO COUNTY BY HEALTH AND HUMAN SERVICES AGENCY REGIONAL AREAS 2000-2002 THREE YEAR AVERAGE

Central Region had a Significantly Higher Rate of Domestic Violence Reports, but has Decreased Since the 2000 Report Card



Average Rate of Domestic Violence Reports per 1,000 Households in each Region

- 12.3 - North Inland
- 13.8 - North Central
- 15.3 - North Coastal
- 16.4 - East
- 29.4 - South
- 35.6 - Central

Note: Rates do not include reports with invalid zip codes (approximately 5% of reports). Rates represent law-enforcement responded reports of domestic violence.

Source: Automated Regional Justice Information System, San Diego Data Processing Corporation

3. Rate of Court Cases Filed Against Youth Offenders

Why is the rate of court cases filed against youth important?

Juvenile crime affects not only youth, but creates an unsafe environment for the entire community. Juvenile crime correlates with the presence of poverty, child abuse and neglect, exposure to violence, and lack of parental monitoring.⁴

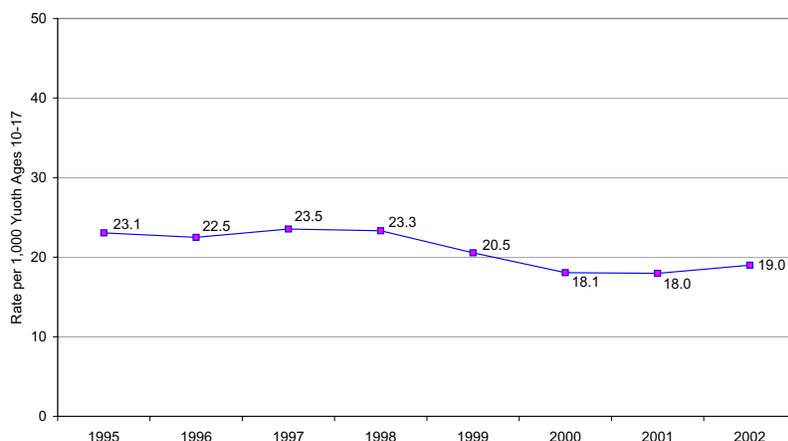
One way to measure juvenile crime is to look at the number of cases involving youth ages 10-17 which are filed in court. The types of offenses reported below are felonies, misdemeanors, and other offenses (e.g. violation of probation, curfew violation, and truancy).

San Diego County Rate and Number

In 2002, the rate of cases filed in court was 19.0 per 1,000 children and youth ages 10-17; the number of cases filed was 6,151. The types of cases in 2002 were distributed as follows: misdemeanors 2,777 (45%), felonies 2,556 (42%), and other 818 (13%).

SAN DIEGO COUNTY MEASURE BY TREND

Rate of Court Cases Filed Against Youth Offenders in San Diego County: 1995-2002



The Rate of Court Cases Filed Against Youth Offenders has Decreased Significantly

NO COMPARISON DATA AVAILABLE

San Diego County - 19.0

California - NA

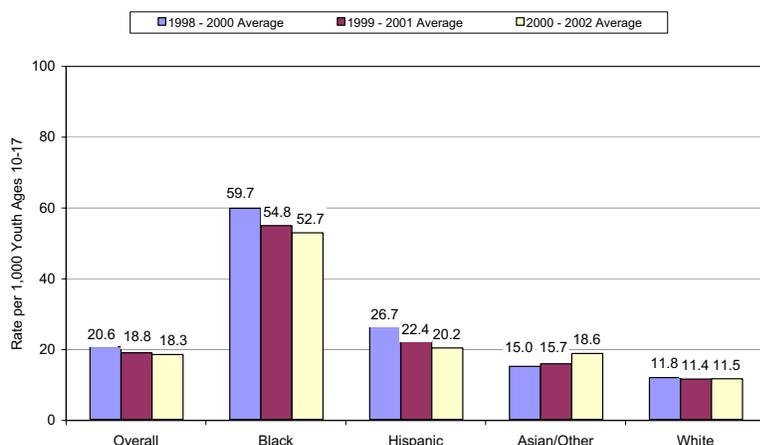
United States - NA

Note: Results for 2000 through 2002 that appear in this figure are slightly different than the results that appeared for these same years in the 2002 Report Card. This is because the population estimates were revised to reflect the results of the 2000 Census.

Source: County of San Diego, Probation Department

SAN DIEGO COUNTY MEASURE BY RACE/ETHNICITY

Rate of Court Cases Filed Against Youth Offenders by Race/Ethnicity in San Diego County: 1998 to 2002 Three Year Averages



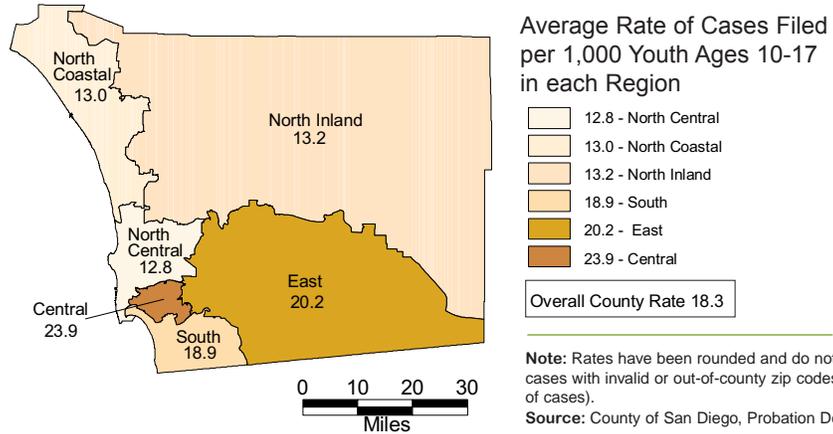
Rate of Cases Filed Against Adolescents was Significantly Higher for Blacks but is still Declining

Asian/Other Increased

Source: County of San Diego, Probation Department

RATE OF COURT CASES FILED AGAINST YOUTH OFFENDERS IN SAN DIEGO COUNTY BY HEALTH AND HUMAN SERVICES AGENCY REGIONAL AREAS 2000-2002 THREE-YEAR AVERAGE

Central Region had a Significantly Higher Rate of Cases Filed Against Youth Offenders but has Decreased Since the 2000 Report Card



Note: Rates have been rounded and do not include cases with invalid or out-of-county zip codes (8.2% of cases).
Source: County of San Diego, Probation Department

4. Rates of Violent Crime Victimization of Children and Youth

- children ages 0-11
- youth ages 12-17

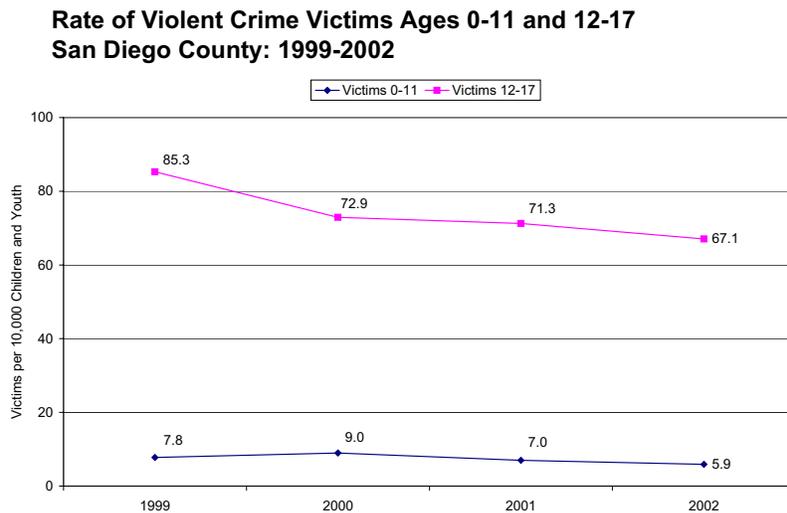
Why are the rates of violent crime victimization important?

Violent crime victimization of a child or youth is a very disturbing event. This measure includes the violent crimes of homicide, rape, sexual assault, aggravated assault and robbery (by force or threat). The data presented below is for two different age groups: children 0-11 and youth 12-17. The numbers for children are much smaller and the circumstances of the crime are different; usually the perpetrator is an adult family member or caretaker. For youth, the numbers are larger and the perpetrator generally is another youth whom they know. There were 12 homicide victims ages 0-17 in 2002.

San Diego County Rates and Numbers

In 2002, there were 5.9 victims of violent crime per 10,000 children ages 0-11 and 67.1 per 10,000 youth ages 12-17. This represents a total of 1,894 victims ages 0-17.

SAN DIEGO COUNTY MEASURE BY TREND



The Rate of Children and Youth Victims has Decreased Significantly

NO COMPARISON DATA AVAILABLE

San Diego County - 5.9 and 67.1
California - NA
United States - NA

Note: Data for 1999 was updated and data for 1997 and 1998 were omitted because they were determined to be incomplete. Results for 2000 through 2002 that appear in this figure are slightly different than the results that appeared for these same years in the 2002 Report Card. This is because the population estimates were revised to reflect the results of the 2000 Census.

Source: Automated Regional Justice Information System (ARJIS), San Diego Data Processing Corporation

5. Rates of Unintentional Injury Hospitalizations and Deaths of Children and Youth

- Overall unintentional injury hospitalizations and deaths
- Injuries or deaths due to alcohol-related motor vehicle crashes

Why are the rates of overall unintentional injuries/deaths and alcohol-related motor vehicle crash injuries/deaths important?

The most common types of accidents that result in hospitalized injuries, or deaths due to unintentional injuries, include motor vehicle crashes, drowning, suffocation, fire, and poisoning. Many more unintentional injuries do not result in death but are costly in terms of suffering and short-term and long-term disability. Most of these injuries are preventable.

Alcohol-related motor vehicle crash injuries reflect not only a very preventable type of injury, but also may gauge the level of

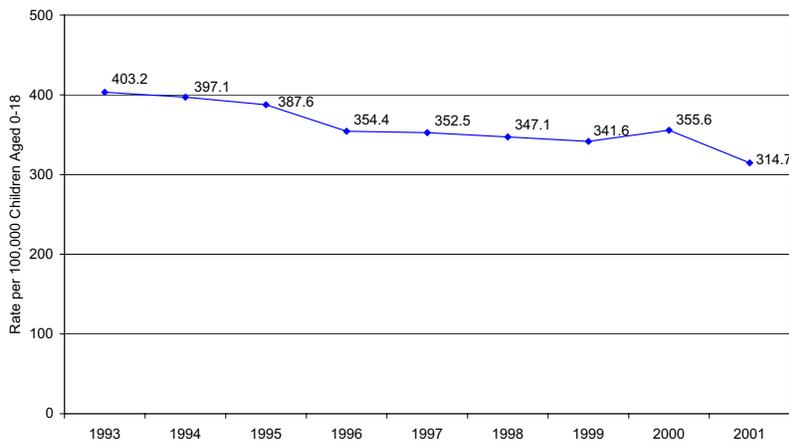
alcohol and drug abuse in the community. Often, fatal crashes involving teenage drivers are found to be alcohol or drug-related. The Highway Patrol and other law enforcement agencies record information about injuries.

In 2001, 314.7 per 100,000 children ages 0-18 died or were hospitalized as a result of unintentional injuries. There were 2,398 hospitalizations and 47 deaths.

In 2001, the rate for injuries, as reported by law enforcement, or deaths due to driving while under the influence of alcohol was 22.7 per 100,000 children ages 0-15 and 255.2 per 100,000 youth ages 16-20. These rates represent a total 63 serious injuries and 20 deaths for the entire age group 0-20 related to driving under the influence.

SAN DIEGO COUNTY MEASURE BY TREND

Rate of Unintentional Injury Hospitalizations and Deaths of Children and Youth in San Diego County: 1993-2001



Rate of Unintentional Injury Hospitalizations and Deaths Has Decreased Significantly

2001 COMPARISON OVERALL INJURIES AND DEATHS

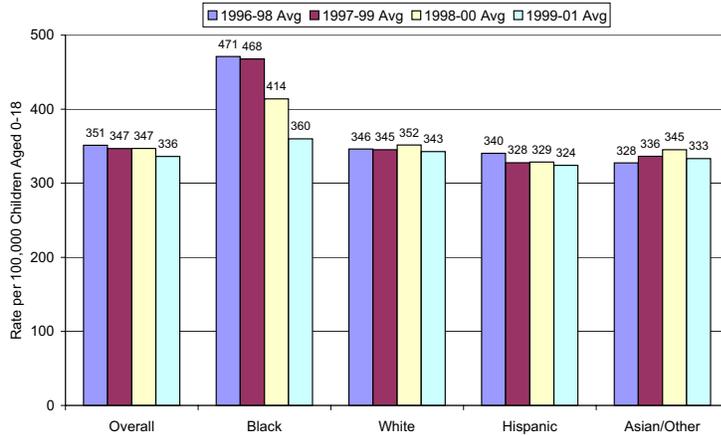
San Diego County - 314.7
 California - 267.4
 United States - NA

Note: The result for 2000 that appears in this figure is slightly different than the result that appeared for 2000 in the 2002 Report Card. This is because the population estimates were revised to reflect the results of the 2000 Census.

Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services; California Department of Health Services, Office of Statewide Health Planning and Development, Hospital Discharge Data set; California Department of Health Services, Center for Health Statistics, Vital Statistics Section, Death Statistical Master Files

SAN DIEGO COUNTY MEASURE BY RACE/ETHNICITY

Rate of Unintentional Hospitalized Injuries and Deaths in Children and Youth in San Diego County by Race/Ethnicity: 1996 to 2001 Three Year Averages



Unintentional Injury Hospitalizations and Deaths Have Decreased Significantly for Blacks and Hispanics

Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services; California Department of Health Services, Office of Statewide Health Planning and Development, Hospital Discharge Data set; California Department of Health Services, Center for Health Statistics, Vital Statistics Section, Death Statistical Master Files

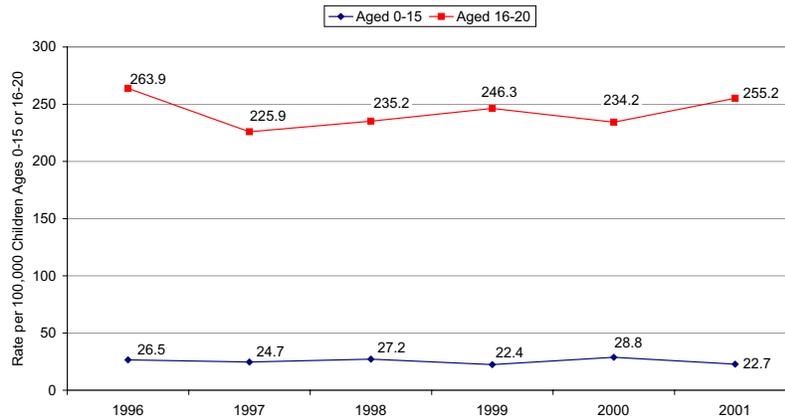
Unintentional Injuries Measure by Region.

No geographic data were available.

Special Note: Previous editions of the Report Card provided a measure on alcohol/drug-related motor vehicle crashes. In this edition the measure is only alcohol-related motor vehicle crashes, which is why the rates will not be comparable to those previously published. Additionally, this measure now includes victims of all alcohol-related motor vehicle crashes, regardless of who was at fault.

SAN DIEGO COUNTY MEASURE BY TREND

Rate of Children and Youth Aged 0-15 and 16-20 Injured or Killed in Alcohol-Related Motor Vehicle Crashes in San Diego County, 1996-2001



Motor Vehicle Injuries and Deaths due to Alcohol Have Decreased Notably for Children (0-15) but Increased Notably for Youth (16-20)

2001 COMPARISON ALCOHOL-RELATED 0-15

San Diego County - 22.7
California - 23.9
United States - NA

2001 COMPARISON ALCOHOL-RELATED 16-20

San Diego County - 255.2
California - 208.7
United States - NA

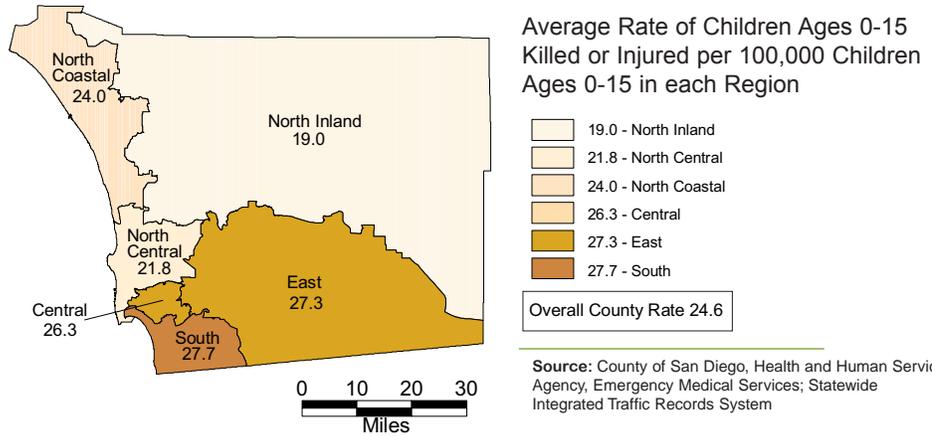
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services; Statewide Integrated Traffic Records System

San Diego County Measure by Race/Ethnicity

No race/ethnicity data were available for alcohol-related motor vehicle crash injury rates.

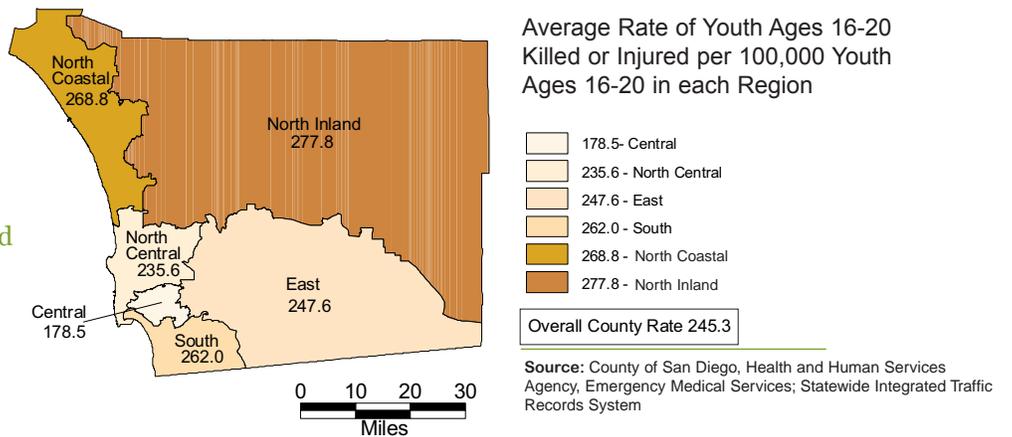
**RATE OF CHILDREN AGES 0-15 KILLED OR INJURED IN ALCOHOL-RELATED MOTOR VEHICLE CRASHES IN SAN DIEGO COUNTY BY HEALTH & HUMAN SERVICES AGENCY REGIONAL AREAS: 1999-2001
THREE YEAR AVERAGE**

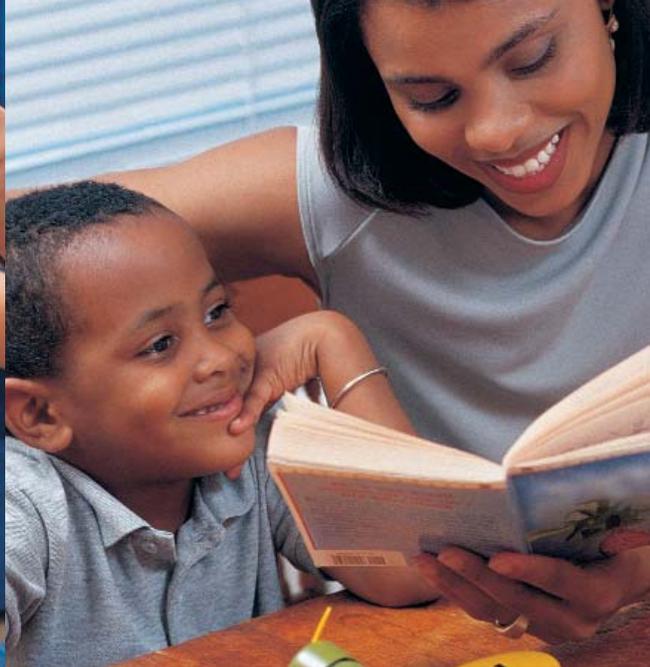
Alcohol-Related Motor Vehicle Crash Injuries and Deaths for Children were Highest in South Region



**RATE OF YOUTH AGES 16-20 KILLED OR INJURED IN ALCOHOL-RELATED MOTOR VEHICLE CRASHES IN SAN DIEGO COUNTY BY HEALTH & HUMAN SERVICES AGENCY REGIONAL AREAS: 1999-2001
THREE YEAR AVERAGE**

Alcohol-Related Motor Vehicle Crash Injuries and Deaths for Youth were Highest in North Inland and North Coastal Regions





EDUCATIONAL ACHIEVEMENT

Educating children is one of the most important tasks we do as a community. Educational achievement reflects many aspects of a child's well-being. School problems correlate with poverty, dysfunctional families, substance abuse, behavior problems and early sexual activity and pregnancy.¹² In the 2001/02 school year, 43% of students in San Diego County public schools were enrolled in the free and reduced price meal program. Families with incomes below 185% of the federal poverty level qualify for this program, which was \$33,485 per year for a family of four in the 2002 guidelines.

The four measures of Educational Achievement used in the Report Card are:

1. Percent of Students Who Drop Out of High School Annually
2. Percent of Students Attending School Per Day

3. Percent of Students Taking the Stanford-9 Reading Test Who Scored At or Above the 50th National Percentile Rank (for Grades 3, 8 and 11)
4. Percent of Public School Seniors Who Have Taken the SAT (College Entrance Test)

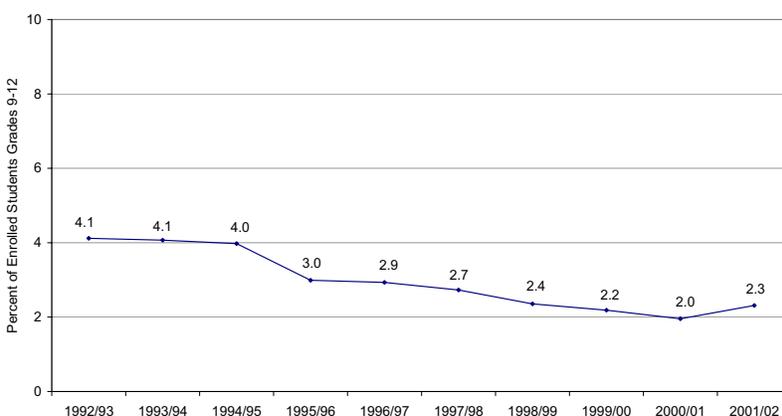
1. Percent of Students Who Drop Out of High School Annually

Why is the percentage of high school students who drop out each year important?

An incomplete education compromises a young person's future economic success and well-being. High school dropout is the percent of those enrolled in grades 9-12 who leave school each year. Dropping out of high school correlates with families who have lower incomes.

SAN DIEGO COUNTY MEASURE BY TREND

Percent of High School Students Who Drop Out of School Annually From San Diego Public Schools: 1992/93-2001/02



Dropout Percent has Decreased Significantly Since 1994/95

2001/02 COMPARISON DATA

San Diego County - 2.3%
 California - 2.7%
 United States - NA

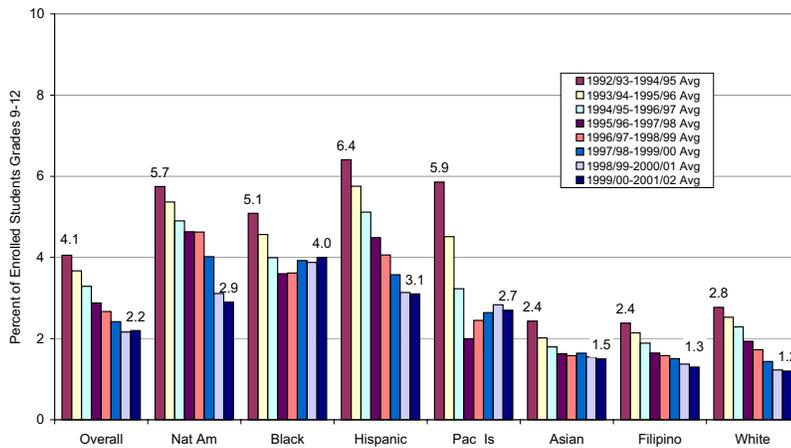
Source: California Department of Education, Educational Demographics Office, California Basic Educational Data System

San Diego County Percent and Number

In the 2001/02 school year, 2.3% of students dropped out of public high schools. This is estimated to be 3,327 students.

SAN DIEGO COUNTY MEASURE BY RACE/ETHNICITY

Percent of High School Students Who Drop Out of School Annually by Race/Ethnicity: 1992/93 to 2001/02 Three Year Averages



Native Americans, Blacks, and Hispanics had Higher Rates for School Dropout

There has been a Significant Decrease for all Groups but Less so for Blacks

Source: California Department of Education, Educational Demographics Office, California Basic Educational Data System

San Diego County Measure by Region

No geographic data were available.

2. Percent of Students Attending School Per Day

Why is the percent of students attending per day important?

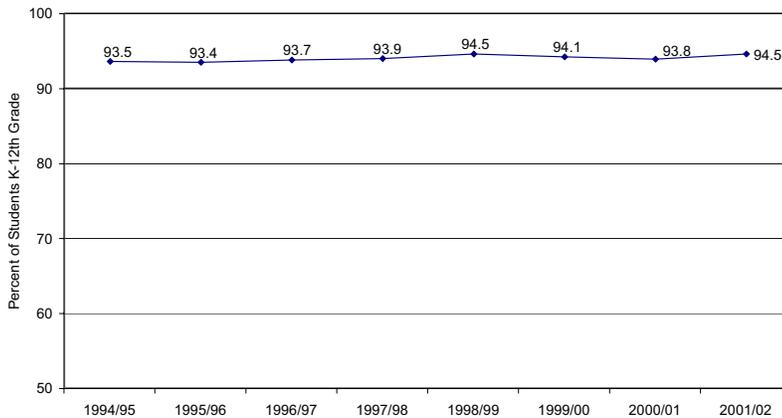
Regular school attendance helps to promote a student's likelihood of academic achievement. Students with attendance problems are more likely to drop out of school before graduating.

San Diego County Percent and Number

The average percent of students attending school per day in San Diego County public schools, grades K-12, for the 2001/02 school year was 94.5%. This is estimated to be 467,250 students per day in attendance. This means on average each day about 28 students will be present in a typical classroom of 30 students.

SAN DIEGO COUNTY MEASURE BY TREND

Percent of Public School Students Attending School Per Day Grades K-12 in San Diego County: 1994/95-2001/02



Percent Attending School Daily has Remained About the Same

NO COMPARISON DATA AVAILABLE

San Diego County - 94.5%

California - NA

United States - NA

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

San Diego County Measure by Race/Ethnicity

No race/ethnicity data were available.

San Diego County Measure by Region

No geographic data were available.

3. Percent of Public School Students Taking the Stanford-9 Reading Test Who Scored At or Above the 50th National Percentile Rank (for Grades 3, 8 and 11)

Why is the percent of students scoring at or above the 50th national percentile rank important?

Reading is one of the most important skills needed to do well in life. There are many factors which determine a child's ability to read; these include the child's physical and mental health, family support, language, and schooling. About 23% of students in San Diego County public schools are "English Learners," meaning they have limited English abilities.¹³

This measure compares San Diego County students to a nationally representative group of students. If San Diego County

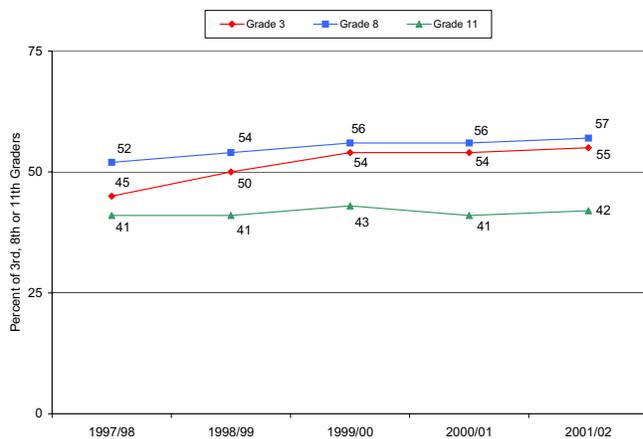
students scored the same as the national group, 50% of the students would be above the 50th percentile rank and 50% would be below. If San Diego County students did not do as well, then less than 50% would be above the 50th percentile and more than 50% would be below. If they did better, then more than 50% would be above the 50th percentile rank and less than 50% would be below it.

San Diego County Percents and Numbers

In the 2001/02 school year, 55% of 3rd grade students, 57% of 8th grade students, and 42% of 11th grade students in San Diego County scored at or above the 50th national percentile rank. This is estimated to be 19,999, 19,336 and 11,911 students respectively.

SAN DIEGO COUNTY MEASURE BY TREND

Percent of Public School Students Scoring At Or Above the 50th National Percentile Rank in Reading on the Stanford-9 Test in San Diego County: 1997/98-2001/02



Reading Scores for Grades 3 and 8 Increased Significantly but Remained about the Same for Grade 11

2001/02 COMPARISON DATA 3RD GRADE

San Diego County - 55%

California - 47%

2001/02 COMPARISON DATA 8TH GRADE

San Diego County - 57%

California - 49%

2001/02 COMPARISON DATA 11TH GRADE

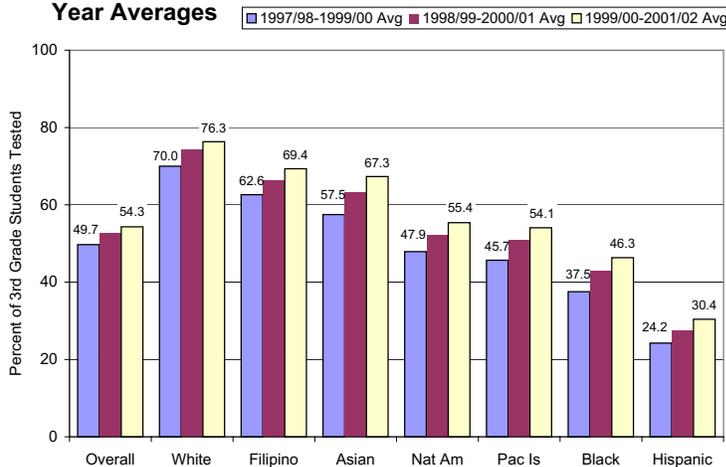
San Diego County - 42%

California - 37%

Source: California Department of Education, Standardized Testing and Reporting Program

SAN DIEGO COUNTY MEASURE BY RACE/ETHNICITY

Percent of 3rd Grade Students Scoring At Or Above the 50th National Percentile Rank in Reading on the Stanford-9 Test by Race/Ethnicity in San Diego County: 1997/98 to 2001/02 Three Year Averages

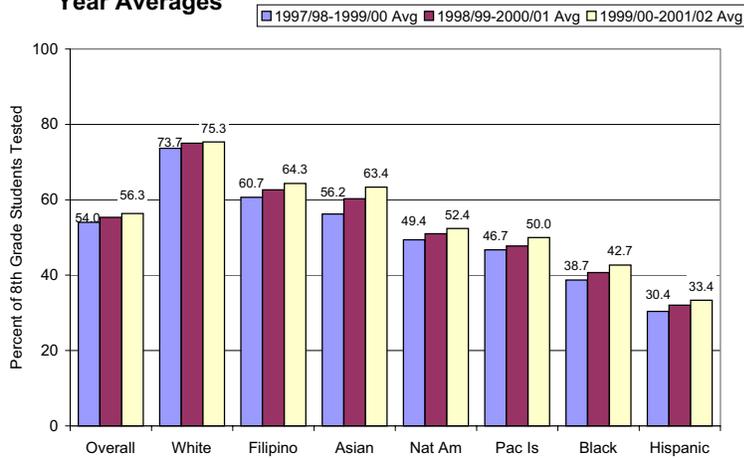


Although all Groups are Improving, Hispanics and Blacks had Significantly Lower Reading Scores in 3rd grade

Source: California Department of Education, Standardized Testing and Reporting Program

SAN DIEGO COUNTY MEASURE BY RACE/ETHNICITY

Percent of 8th Grade Students Scoring At Or Above the 50th National Percentile Rank in Reading on the Stanford-9 Test by Race/Ethnicity in San Diego County: 1997/98 to 2001/02 Three Year Averages

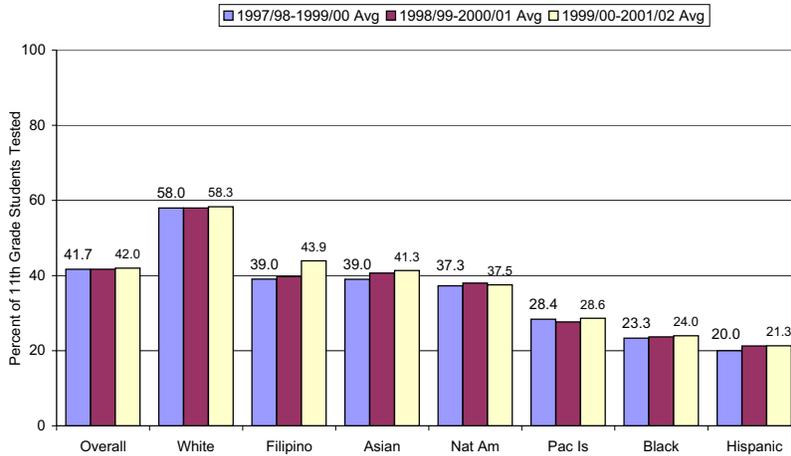


Although all groups are improving, Hispanics and Blacks had significantly lower Reading Scores in 8th grade

Source: California Department of Education, Standardized Testing and Reporting Program

SAN DIEGO COUNTY MEASURE BY RACE/ETHNICITY

Percent of 11th Grade Students Scoring At Or Above the 50th National Percentile Rank in Reading on the Stanford-9 Test by Race/Ethnicity in San Diego County: 1997/98 to 2001/02 Three Year Averages



Hispanics, Blacks and Pacific Islanders had Lower Reading Scores in 11th grade

Little Improvement in Any Group Except Asian and Filipino

Source: California Department of Education, Standardized Testing and Reporting Program

4. Percent of Public School Seniors Who Have Taken the SAT (College Entrance Test)

Why is the percent that have taken the SAT important?

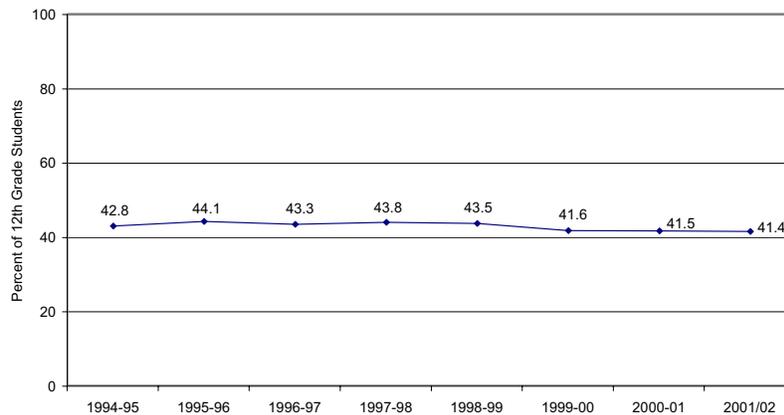
The Scholastic Assessment Test (SAT) is one measure of a student's academic achievement and helps gauge the number of students who are college bound. Data presented below are for public schools in San Diego County.

San Diego County Percent and Number

The percent of public school seniors in the 2001/02 school year who had taken the SAT was 41.4% and the number was 12,619 students.

SAN DIEGO COUNTY MEASURE BY TREND

Percent of Public High School Seniors that Took the SAT in San Diego County: 1994/95-2001/02



The Percent Taking the SAT has Stayed About the Same

2001/02 COMPARISON DATA

San Diego County - 41.4%

California - 37.3%

United States - NA^b

Source: California Department of Education, Educational Demographics Office, California Basic Educational Data System

San Diego County Measure by Race/Ethnicity

Race/Ethnicity data are not presented due to a large number of students who identified themselves as "other" when asked to describe their race/ethnicity or did not respond to this question at all.

San Diego County Measure by Region

No geographic data were available.

^bData for the nation are not comparable since it includes public and private high school seniors, while County and State data include only public high school seniors.



APPENDIX



DEFINITIONS & DATA SOURCES

ECONOMIC SECURITY

1. 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 and Youth 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 and Youth Receiving CalWORKs

Assistance: Average monthly number of children ages 0-17 who are receiving CalWORKs (public assistance) per 1,000 children ages 0-17 per state fiscal year.

Sources: County of San Diego, Health and Human Services Agency, Policy and Program Support; State of California, Department of Social Services, Research and Development Division.

GOOD HEALTH

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

Sources: County of San Diego, Health and Human Services Agency, Children, Youth & Families; State of California, Department of Health Services, Center for Health Statistics, Vital Statistics Section, Birth Statistical Master Files.

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

Sources: County of San Diego, Health and Human Services Agency, Children, Youth & Families; State of California, Department of Health Services, Center for Health Statistics, Vital Statistics Section, Birth Statistical Master Files.

3. Percent of San Diego Unified School District Youth Who Reported They Attempted Suicide: Percent of 9-12 grade students surveyed that reported an attempted suicide one or more times during the past 12 months.

Sources: San Diego City Schools, Educational Services Division, Comprehensive Health, Physical Education, and Wellness; Centers for Disease Control and Prevention (Youth Risk Behavior Survey).

Rate Hospitalized for Self-Inflicted Injuries: The rate of youth (ages 13-18 years) hospitalized for self-inflicted, non-fatal injuries.

Source: California Department of Health Services, Epidemiology and Prevention for Injury Control.

4. Percent of Youth that Reported Substance Use:

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

Alcohol Use: Percent of high school students surveyed that reported they had 1 or more drinks of alcohol on one or more of the past 30 days.

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

Source: San Diego County Office of Education, Safe Schools Department, California Healthy Kids Survey. 7th, 9th and 11th graders in 33 of 42 school districts in San Diego County. Data available biennially.

5. Percent of Households that Used Dental Services for Cavity and/or Emergency Treatment:

Percent of surveyed households with a child age 1-18 that reported that their child had dental treatment for cavities and/or emergency treatment during the past 12 months.

Source: Outcomes & Community Impact Program, United Way of San Diego.

APPROPRIATE ACCESS TO SERVICES

1. Publicly-Funded Subsidized Child Care: Estimated number of children currently eligible for subsidized child care programs. Estimate based on families reported income.

Source: San Diego County Child Care and Development Planning Council. Meeting the Child Care Needs of San Diego County Families. January 2000.

Percent of Households with Children Ages 0-12 that Reported Adequate Access to Child Care: Percent of surveyed households with children under 12 that reported a need for child care and that they were able to obtain all the child care needed.

Source: Outcomes & Community Impact Program, United Way of San Diego.

2. Percent of Young Children Who Are Adequately Immunized: Percent of surveyed children that were up-to-date on 4:3:1 series (DTP, Polio, MMR/MCV) between 19 and 36 months of age.

Sources: County of San Diego, HHSA, Infant Immunization Initiative, Immunization Program Random Digit Dialing Survey; Centers for Disease Control, National Immunization Survey. The HHSA Survey uses a larger sample size than the CDC Survey.

3. Percent of Children and Youth with Health

Insurance: Average percent of children and youth ages 0-17 that have private or government health insurance including employment provided, privately purchased, Medicare, Healthy Families, Champus, and Medi-Cal. Percent of surveyed households with children 0-18 reporting all children in household currently covered by medical insurance.

Source: California Health Interview Survey, Center for Health Policy Research, University of California, Los Angeles; Outcomes & Community Impact Program, United Way of San Diego.

SAFE ENVIRONMENT

1. Rate of Substantiated Cases of Child Abuse/Neglect: Annual number of children ages 0-17 determined by a social worker to have been a victim of child abuse/neglect per 1,000 children ages 0-17 per year.

Source: County of San Diego, Health and Human Services Agency, Children's Services.

2. Rate of Domestic Violence Reports: Annual number of law enforcement responded domestic violence cases and calls per 1,000 households.

Source: Automated Regional Justice Information System (ARJIS), San Diego Data Processing Corporation.

3. Rate of Court Cases Filed Against Youth Offenders: Number of delinquency petitions filed in juvenile court per 1,000 children ages 10-17 per year.

Source: County of San Diego, Probation Department.

4. Rates of Violent Crime Victimization of Children and Youth: Number of victims (ages 0-11 and 12-17) of violent crimes (homicide, sexual victimization, robbery by force, and aggravated assault) per 10,000 children ages 0-11 and 12-17, respectively, per year.

Source: Automated Regional Justice Information System (ARJIS), San Diego Data Processing Corporation.

5. Rates of Unintentional Injury Hospitalizations and Deaths of Children and Youth (Overall): 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.

Due to Alcohol-Related Motor Vehicle Crashes: The number of children and youth ages 0-15 and 16-20 killed or recorded by law enforcement as injured in motor vehicle crashes related to alcohol per 100,000 children and youth ages 0-15 and 16-20, respectively, per year.

Sources: County of San Diego, Health and Human Services Agency, Emergency Medical Services; State of California, Department of Health Services, Office of Statewide Health Planning and Development, Hospital Discharge Data set; State of California, Department of Health Services, Center for Health Statistics, Vital Statistics Section, Death Statistical Master Files; State of California, Department of California Highway Patrol, Information Services Unit; Statewide Integrated Traffic Records System.

EDUCATIONAL ACHIEVEMENT

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

Source: California Department of Education, Educational Demographics Office, California Basic Educational Data System.

2. Percent of Students Attending School Per Day: Average percent of public school students enrolled in kindergarten through 12th grade that attend 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. Percent of Students Taking the Stanford-9 Test that Scored At or Above the 50th National Percentile Rank in Reading (for Grades 3, 8, and 11): Percent of public school students that took the Stanford Achievement Test (SAT-9) who scored at or above the 50th national percentile rank in reading.

Source: California Department of Education, Standardized Testing and Reporting Program.

4. Percent of Public High School Seniors that Have Taken the SAT (College Entrance Test): Percent of public high school seniors that have taken the SAT (Scholastic Assessment Test) either as a junior or senior.

Source: California Department of Education, Educational Demographics Office, California Basic Educational Data System.

DEMOGRAPHIC AND POPULATION DATA

San Diego County and California Population and Race/Ethnicity Statistics.

Sources: San Diego Association of Governments (SANDAG); State of California, Department of Finance; US Census Bureau, Census 2000.

Note: All population estimates for 2000 - 2002 have been revised to reflect the 2000 Census. However, at the time this analysis was conducted, revised population estimates for the 1990's were not yet available and so the old forecast numbers are still used for those years.



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REFERENCES

1. Simmes DR, Blaszcak MR, Kurtin PS, Bowen NL, and Ross RK (2000): Creating a Community Report Card: The San Diego Experience. *American Journal of Public Health*, 90(6): 880-2.
2. Betson, David M., Michael, Robert T. (1997, Summer/Fall). Why So Many Children Are Poor. *The Future of Children, Children, and Poverty*. Center for the Future of Children, The David and Lucile Packard Foundation, Los Altos, CA: 7(2):25-39.
3. Institute of Medicine. Durch JS, Bailey LA and Stoto MA (eds.). 1997. *Improving Health in the Community: A Role for Performance Monitoring*. Washington D.C.: National Academy Press.
4. The National League of Cities, National School Boards Association, Joe DiMaggio Children's Hospital, Youth Crime Watch of America. (1999). *Ten Critical Threats to America's Children: Warning Signs for the Next Millennium: A Report to the Nation*. Alexandria, VA.
5. Kirby, D. (1997). *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
6. Lowinson, J., Ruiz, P., Millman, R., Langrod, J. (1997). *Substance Abuse, A Comprehensive Textbook*. Baltimore, MD: Williams & Wilkin.
7. California Center for Health Improvement (2000). *Field Lessons: Strategies to Support California's Children and Families First Act. Promoting Oral Health in Young Children: A Prop 10 Opportunity 1(2): 1*.
8. United States Department of Labor, Bureau of Labor Statistics. *Employment Characteristics of Families in 2002 Table 5 2001-2 annual averages*.
<http://.stats.bls.gov/news.release/pdf/famee.pdf>
9. San Diego County Child Care and Development Planning Council. *Meeting the Child Care Needs of San Diego County Families*. January 2000
10. Center for Disease Control and Prevention. (1995). *Health Insurance Coverage and Receipt of Preventive Health Services-United States, 1993*. *Morbidity and Mortality Weekly Report* 44:219-225.
11. O'Campo, P. (1998). *Abuse Against Women by Their Intimate Partners*. Perinatal and Women's Health Issue Summary 5. Baltimore, MD.: Women's and Children's, Health Policy Center, Johns Hopkins University.
12. Mendel, R.A. (1995). *Prevention or Pork? A Hard-Headed Look at Youth Oriented Anti-Crime Programs*. Washington, DC: American Youth Policy Forum.
13. California Department of Education, Educational Demographics Unit, Data Quest.

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