



San Diego County Report Card on Children and Families

Executive Summary



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The 2007 *San Diego County Report Card on Children and Families* is the continuation of a series of annual reports that provide a summary of the overall health and well-being of our county's children, youth, and families. These reports have been produced annually since 1999 by the County of San Diego Health and Human Services Agency. Starting this year, the *Report Card* will be produced biennially by The Children's Initiative, a nonprofit child advocacy agency in San Diego. Building upon previous report cards and reflecting best practice from around the country, The Children's Initiative has introduced changes in content and formatting.

This *Report Card* has been produced through a public/private partnership that includes the County Board of Supervisors, Health and Human Services Agency, The California Endowment, the Charles Stewart Mott Foundation, the McCarthy Family Foundation, and the Parker Foundation. The study and selection of health indicators has been guided by a Leadership Advisory Oversight Committee, comprised of local and national experts in the fields of health, education, child care, child welfare, juvenile justice, and injury and violence prevention. The data research and analysis has been overseen by a Scientific Advisory Review Committee, consisting of data analysts, statisticians, epidemiologists, and data managers from these same fields of study.

For this *Report Card*, 25 indicators were selected to measure the health and well-being of children and families. A nationwide scan of report cards was conducted to investigate what indicators and what data sources are used by other communities. From this scan and the prior *Report Card*, an expanded list of potential indicators was developed. The Children's Initiative applied nationally recognized criteria used in results-based accountability projects in order to select indicators. In plain words, we examined each indicator and asked: Do we have reliable and consistent data? Does the indicator communicate to diverse audiences (e.g., families, communities, policy makers)? And does the indicator say something of importance about the desired outcome? Using this decision model, we retained some previous indicators, put some aside for data development, and are introducing new ones.

Indicators that are newly reported in this *San Diego County Report Card* are: prenatal care, breastfeeding initiation, obesity, juvenile arrests, youth driving under the influence of drugs or alcohol, and childhood mortality.

Other indicators were modified. The juvenile probation measure now reflects the number of sustained petitions (true finds), rather than all petitions filed, to make the indicator more closely reflect how many juveniles will be formally placed on probation. The indicator for oral health now is the percent of children who have never seen a dentist, again, closer to the issue of concern. The most significant modification has been for school attendance. Previously, county *Report Cards* reported on Average Daily Attendance (ADA); however, this number does not tell if students are missing school days to a degree that may negatively affect their educational success. To gather data on this cohort of at-risk students, The Children's Initiative established agreements with each school district in order to obtain the information, and we are pleased to present this indicator for the first time.

In addition to reporting the current status of the indicators and the trends in the last few years, the *Report Card* for 2007 introduces two new types of information: national best practices for prevention and intervention, and recommendations for action specific to San Diego County. This information was added to enhance the *Report Card's* capability as a tool for policy development, targeted prevention and intervention, community education, and future research.

Summary of Trends

Positive trends and comparisons are shown for three out of the four indicators for infants and toddlers. One trend, low birth weight, is of concern.

- **The percent of mothers receiving prenatal care.** The trend is increasing, although we are shy of the national objective.
- **Low birthweight birth.** The trend is moving in the wrong direction. In San Diego, as elsewhere in the nation, the proportion of babies born at low and very low birth weight is increasing.
- **Breastfeeding initiation.** The trend is improving gradually. San Diego County rates are better than the state average and exceed the national objective.
- **Births to teens.** The trend was improving, but progress has leveled off in the last three years. Our rate is better than the state and national averages.

For preschool age children, we are doing well on both indicators. The challenge for this age group is to collect more data and better measure their progress toward healthy development and school readiness.

- **Immunization.** The trend is gradually improving in San Diego County, but there is still work to be done. San Diego is currently slightly above the state average, but still below the national objective.
- **Early child care and education.** Two years of data are represented. The San Diego rate is above the state and national averages.

Among school age children, there is some progress; yet of concern, too many are overweight and/or missing too many days of school.

- **Oral health.** While the trend is improving, more than one in eight of our preschool and school age children have never had a dental visit.
- **School attendance.** Since this is the first year of collecting this data, no trend can be determined. Currently 27% of students in grades K-5 attended school less than 95% of the time in school year 2006-07.
- **School achievement.** The trend for achievement in English Language Arts for third graders improved slightly, but not in a substantial way (from 39% to 42%). Our county is slightly above the state average.
- **Obesity.** The trend is maintaining. With 30% of fifth and seventh graders testing overweight, we are falling far short of the national objective of 5%.

Our adolescents are doing better than ever in some areas. Yet many of our youth remain at risk for school failure, car crashes, delinquency, substance abuse, depression, and suicide.

- **School attendance.** Since this is the first year of collecting this data, no trend can be determined. Currently 24% of students in grades 6 to 12 attended school less than 90% of their school days in school year 2006-07.
- **School achievement.** The trend for achievement in English Language Arts scores among eighth and eleventh graders is improving and remains slightly above state averages. Of concern is that achievement rates drop off between eighth and eleventh grade.
- **Substance abuse.** The trend in use of alcohol, cigarettes, and marijuana continues to decline, with San Diego County students reporting lower levels of use than the national average and comparable to state rates.
- **Youth suicide.** No trend data was available. About 11% of students reported having made one or more suicide attempts within the past 12 months. The data indicate that middle school students are at greatest risk.
- **Juvenile crime.** The overall trend is improving over time, although arrest rates did increase slightly in 2006; the first increase in eight years. Misdemeanor arrest rates continued to decline.
- **Juvenile probation.** The trend is increasing. The number of sustained juvenile court petitions ("true finds") has been steadily increasing over time, even though overall arrest rates are declining.

- **Youth DUI arrests.** The trend is maintaining. The number of arrests of 16-20 year olds remains steady.
- **Motor vehicle crashes involving youth DUI.** The trend is maintaining. The rate of alcohol- and drug-related crashes among drivers ages 16-20 has remained at essentially the same level and worse than the state average for that age group.

Our community and family indicators are generally improving. Of concern, is lack of substantial progress in reducing poverty and mortality. These two broad indicators may point to underlying problems in the health and safety net of our community.

- **Poverty.** The trend is maintaining. While the percent San Diego County children living in poverty is lower than the state and the nation averages, we are not making substantial progress in reducing the proportion of our children who live in poverty.
- **Health coverage.** The trend is improving. By 2005, 93% of San Diego's families reported that their children had health coverage. San Diego County was on par with the state average, and well above the national rate.
- **Domestic violence.** The trend is improving. The rate of domestic violence reports is declining in San Diego County, although it remains above the state average.
- **Child abuse and neglect.** The trend is improving. The rate of substantiated reports has been slowly declining in recent years, but remains higher than the state average.
- **Violent crime victimization of children.** The trend is maintaining. Of concern is that after declining steadily from 1999-2003, the rate of victimization for youth ages 12-17 has returned to the highest rate since 1999.
- **Unintentional injury and death.** The trend is improving. The rate of non-fatal unintentional injuries to children has been decreasing and San Diego County's childhood injury rates have been slightly below the state average.
- **Child mortality.** The trend is maintaining. The rates of mortality for children ages 1-4 decreased slightly from 2000-02 and increased slightly 2002-04. This pattern was reversed for children ages 5-14.

Recommendations for Action

Based on what works and what San Diego County has done so far, the top ten recommendations for local action are presented here. These recommendations were developed in collaboration with local leaders from the public and private sectors.

Overall, our top recommendations for action in San Diego County include:

1. **Low Birthweight:** Develop a interconception (between births) care initiative to provide augmented services for 24 months to the highest-risk, lowest-income women who have had a prior low birthweight birth, miscarriage, or infant death.
2. **Oral Health:** Expand capacity in the “dental care safety net,” including placement of dentists in community clinics, mobile dental services, and prevention services in early care and education settings, elementary schools and after school programs.
3. **School Attendance:** Start supportive interventions at the fifth absence including connecting with parents, assessing the child’s issues and concerns and providing immediate individualized intervention services.
4. **School Achievement:** Develop a standardized, county-wide kindergarten entrance assessment of school readiness, including a plan for immediate intervention when children lack basic pre-reading skills.
5. **Obesity:** Expand healthy nutrition classes and education at community clinics, WIC centers, early care and education settings, and community centers.
6. **Juvenile Probation:** Expand Juvenile Diversion services with law enforcement throughout San Diego County and with high school and middle school suspension and expulsion boards.
7. **Driving Under the Influence (DUI):** Provide education to parents about the dangers of “social host” parties for youth and enact a liability law that imposes civil penalties and harsh fines on adults who provide alcohol to youth.
8. **Poverty:** Expand services such as financial planning, education, job placement, and skill training to poor and low-income families.
9. **Child Abuse and Neglect:** Expand participation in parent support groups and parenting classes through incentives such as child care, store certificates, and meal provision.
10. **Childhood Mortality:** Implement the recommendations of the Child Death Review Team and take action to further prevent deaths.



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