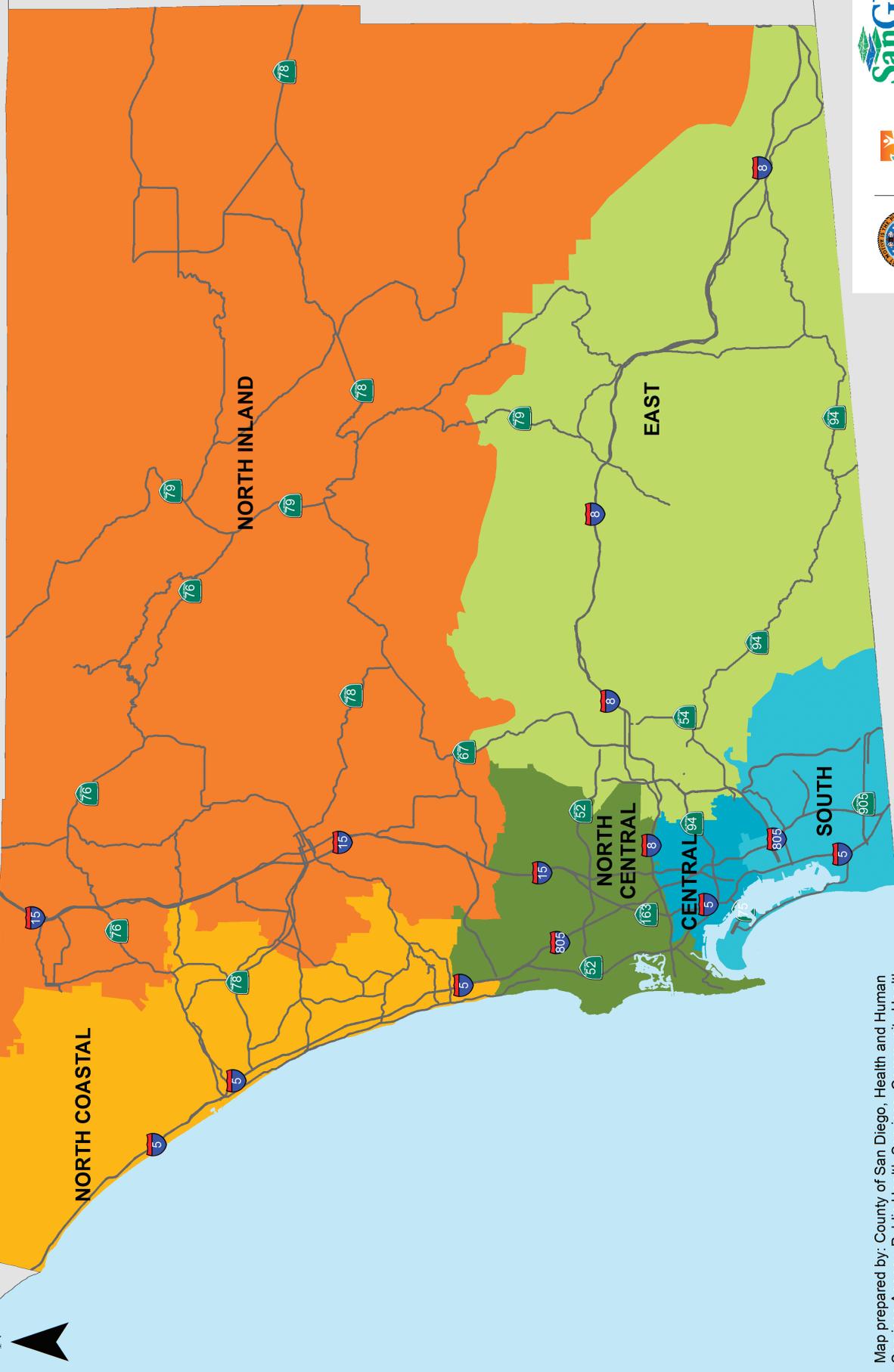


Live Well San Diego
Report Card on
Children, Families,
and Community
2021

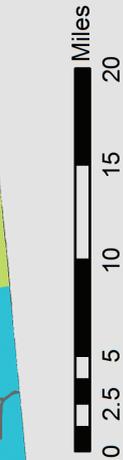


LIVE WELL
SAN DIEGO

County of San Diego Health and Human Service Agency (HHSA) Service Regions



Map prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 05/2018.
 Contact Maria Peña or Leslie Ray, 619.285.6525.
LiveWellSD.org



Logos for SanGIS (We Have San Diego Central), Live Well San Diego, and the official seal of the County of San Diego.

***Live Well San Diego* Report Card on Children, Families, and Community**

2021 Edition

Produced in partnership with the County of San Diego Board of Supervisors

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The *Live Well San Diego* Report Card is available in electronic format at www.thechildrensinitiative.org



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EXECUTIVE SUMMARY

While report cards are valuable tools used to measure and monitor the health and well-being of populations, measuring the status of health and well-being during a pandemic is not without reservations and limitations.

As of this publication, since the pandemic started, nationally more than one million lives have been lost to COVID-19 and more than 80 million adults and children have contracted COVID-19. In California, more than 89,000 individuals have lost their lives to COVID-19, and in San Diego County, there have been more than 5,200 deaths related to COVID-19. While loss of life is the ultimate tragedy, COVID-19 has impacted every aspect of life, causing loss of employment and housing, disruption of schooling, increased food insecurity, isolation, anxiety, and depression.

Around the world and across the United States, the pandemic has caused incredible economic consequences resulting in considerable hardships for untold millions of individuals and families. Tens of millions of people in the United States have lost their jobs and their livelihoods, as businesses were shuttered, occupations were suspended, travel was restricted, schools were halted and reconfigured, and child care became unavailable. These actions resulted in an unprecedented number of households falling significantly behind in paying their mortgages and rent, experiencing food insecurities, and either sinking or falling deeper into poverty. The combination of the negative health consequences of COVID-19 (i.e., death and/or chronic illness) and devastating economic impacts contributed to increased feelings of instability, anxiety, and depression. In addition, the pandemic elevated existing public health inequities and disparities among certain racial and ethnic groups. In particular, COVID-19 unequally effected Latino and African American communities, which experienced a greater proportion of infection and/or deaths. In addition, individuals and families already living with a small safety net or no safety net were disproportionately affected by the economic and social impacts of COVID-19.

The 2021 *Live Well San Diego* Report Card on Children, Families, and Community represents the collection and analysis of as much available data as possible to continue to monitor how our children, youth, and families are faring in the fields of health, education, safety, and well-being. However, the long-term effects of COVID-19 on children and families are not yet fully represented in the most current data. It is anticipated that it will take several years to see the true impact of COVID-19 reflected in the health, education, and well-being data. Additionally, as with all other aspects of society, the pandemic interrupted or halted the collection of data on several indicators that would normally be reported in the *Live Well San Diego* Report Card. Specifically, childhood immunization, obesity, youth driving under the influence, and specific years of school attendance and school achievement were not available for this Report Card. This was due to a variety of factors, such as: students did not take annual achievement tests in California in school year 2019–20, attendance in 2019–20 school year was not consistently collected as students were on web-based platforms and/or participating in hybrid learning models, and as the County of San Diego was focused on a rapid COVID response, they were unable to conduct their triennial immunization survey. Despite these limitations, now more so than ever, the tracking of health and well-being outcomes is crucial to understanding how the pandemic has affected and continues to affect our communities.

This 2021 *Live Well San Diego* Report Card on Children, Families, and Community continues to build toward the vision of *Live Well San Diego* to create a region that is building better health, living safely, and thriving for all residents in San Diego County. This report documents the status of health, safety, and well-being of children, families, and communities in San Diego County, California.

The *Live Well San Diego* Report Card is produced and disseminated biennially by the Children’s Initiative, a nonprofit child advocacy agency in San Diego. The 2021 *Live Well San Diego* Report Card on Children, Families, and Community is the 8th in this series of report cards prepared by the Children’s Initiative. To generate this report, the Children’s Initiative works with government leaders, professionals in children’s services, community organizations, schools, and foundations in a community-wide results-based accountability process. This allows us to show data trends, highlight effective practices, and make specific recommendations for actions that can “turn the curve” to accelerate improvement in outcomes. This Report Card advances the *Live Well San Diego* vision of healthy, safe, and thriving communities by describing data trends, national best practices, and local recommendations for action.

The *Live Well San Diego* Report Card process relies on advice and expertise from a public-private group of stakeholders. Funders include: County of San Diego Health and Human Services Agency, the Donald C. and Elizabeth M. Dickinson Foundation, and BQuest Foundation. A Leadership Advisory Oversight Committee comprised of national experts and influential local leaders in the fields of: health, education, child care, child welfare, juvenile justice, human services, and injury and violence prevention guides its development. The Leadership Advisory Oversight Committee is integral to the selection of indicators, identification of San Diego efforts, and development of recommendations for action. In addition, a Scientific Advisory Review Committee comprised of data and research experts from these same fields ensures the validity, reliability, and quality of data used for all indicators and aids in trend analysis and data interpretation. Presentations to community-based organizations, school leaders, health providers, government bodies, youth groups, and other stakeholders provide opportunities to share information from the *Live Well San Diego* Report Card and to obtain feedback on what matters to communities.

This edition of the *Live Well San Diego* Report Card uses specific child and adult measures across 24 indicators. The indicators align with *Live Well San Diego* and measure health, safety, and thriving across the life-span. Using results-based accountability methods, each indicator was selected to meet specific criteria: Are the data reliable and consistent? Does the indicator communicate to diverse audiences (e.g., families, communities, policy makers)? Does the indicator say something of importance about the desired outcome? Guided by the Leadership Advisory Oversight Committee and Scientific Advisory Review Committee, the Children’s Initiative used this decision model to select indicators that reflect some of the most important aspects of the lives of children and families for which reliable data are available.

As in the past, the *Live Well San Diego* Report Card describes the current status of the indicators and trends over the last ten years (when data are available). For each indicator, it provides a list of evidence-based and best practices for prevention and intervention. In addition, recommendations specific to San Diego County are provided in three action areas—policy, programs and services, and family and community—for each indicator topic. This edition includes “feature pages” that highlight emerging concerns associated with the COVID-19 pandemic.

Building on the Live Well San Diego Framework

Live Well San Diego is a multi-sector approach to health, safety, and wellness for individuals and the whole community. Based on a regional vision adopted by the San Diego County Board of Supervisors in 2010, it aligns the efforts of County Government, community partners, and individual residents. Progress toward the shared *Live Well San Diego* vision is measured within 5 Areas of Influence and by the “Top 10 *Live Well San Diego* Indicators” (Figure 1). Each of the *Live Well San Diego* Report Card indicators is marked with a symbol representing one of the 5 Areas of Influence.

Figure 1



The *Live Well San Diego* vision is based on growing understanding about what affects health and well-being across the life course. Health starts at home, school, and work, where we live, learn, work, and play. “Social determinants of health” such as poverty, racism, insufficient food, and inadequate housing may affect our lifelong health even more than medical care. The vision of *Live Well San Diego* is also about ensuring that everyone has the opportunity to make choices that allow them to live a long, healthy life regardless of their income, education, or racial/ethnic background. It is designed to help all San Diego County residents be healthy, safe, and thriving.

Summary of Trends

As shown in the *Live Well San Diego* Report Card summary table, although many trends are improving, too many are static or moving in the wrong direction. This section summarizes the conclusions for the indicator trends.

Birth to Three (Infants and Toddlers)

The first three years of life set the foundation for lifelong health and well-being. The trend for early prenatal care in San Diego County continues to improve. The trend in births to teens shows consistent positive improvements, parallel to trends at the state and national levels. While San Diego remains consistently above the state and national average, the trend for breastfeeding is static.

Ages 3 to 6 (Preschool)

To fully understand the issues of preschool age children, we need more information and additional indicators. With only two reliable indicators for this age group, San Diego, the state, and the nation need to collect more data to better measure young children’s progress toward healthy development and school readiness. The early care and education trend is moving in the wrong direction, with less than half of our 3- and 4-year olds enrolled in preschool or other early education settings. While lack of year-to-year data makes it difficult to plot a trend for childhood immunization, percentages among toddlers shows substantial improvement for San Diego County, and remain above the state and national average.

Ages 6 to 12 (School Age)

Parents, schools, and communities need to work together to improve health and boost achievement among school age children. The indicator of school attendance for grades K–5 shows fluctuations over time but is moving in the wrong direction. Due to the COVID-19 pandemic, the English-Language Arts/Literacy testing for school year 2019–20 was suspended. While the impacts of the pandemic limited the number of students who participated in the English-Language Arts/Literacy testing for school year 2020–21, the percentage of students who met or exceeded English-Language Arts/Literacy standards in 3rd grade was 41% in 2020–21 and 55% in 2018–19. The trend in oral health is moving in the wrong direction, with more children under 12 who have not had a dental visit in the prior year or ever.

Ages 13 to 18 (Adolescence)

While many factors such as remote and hybrid learning associated with the COVID-19 pandemic affected school attendance, the trend is moving in the wrong direction, with more students in middle and high school who missed more than 18 school days in 2020–21. The COVID-19 pandemic has also limited the number of students who participated in the English-Language Arts/Literacy testing for school year 2020–21. Although no trend can be assessed due to the suspension of testing in the school year 2019–20 and limited student participation in the school year 2020–21, the percentage of students who met or exceeded English-Language Arts/Literacy in 8th grade was 48% in 2020–21 and 55% in 2018–19; among 11th graders, the percentage was 58% in 2020–21 and 60% in 2018–19. Survey results with limited student participation due to the pandemic, show declines in use of alcohol, marijuana, and e-cigarettes/vaping for 7th, 9th, and 11th graders. However, substance use increases with each grade level. In addition, about one in six high school students reported that they had considered attempting suicide.

The trends for juvenile crime and probation continues to improve. The trend in obesity is moving in the wrong direction for adolescents ages 12–17, with more than one-fourth of adolescents ages 12–17 overweight or obese. While the trend is improving for youth driving under the influence, the trend is static for non-fatal crashes.

Community and Family (Cross Age)

Prior to the COVID-19 pandemic, the economic situation of San Diego families was improving, with fewer children and families living in poverty. Yet too many children live in families that face challenges in securing safe and affordable housing, food, and other basic needs. The number of children and adults participating in CalFresh has increased in recent years. COVID-19 pandemic factors are greatly associated with the increase in the number of eligible children and adults enrolled in the CalFresh program in 2021. While the rate of child abuse and neglect continues to decline, the trends in domestic violence and victims of violent crime are static. The trend for non-fatal unintentional injuries is also static. Mortality rates for children ages 1–4 and 5–14 are improving; however, mortality rates for youth ages 15–19 are moving in the wrong direction. The infant mortality rate is static, similar to the trend for California and the United States.

Adult Indicators

Indicators for adults are aligned with child-related measures and appear across the other sections of this report. Several indicators focus specifically on adult health and well-being, with one moving in the wrong direction, two improving, and two static. The trend in the percentage of adults who are obese is worsening, moving in the wrong direction. The trend for adult smoking is improving. In 2020, the percentage of adults smoking in San Diego County was below the state average. The adult poverty rate is also improving. The San Diego County rate of poverty for people ages 18–64 is generally below the state and national levels. The trends in adult oral health and health coverage are static.

Live Well San Diego Report Card on Children, Families, and Community, 2021

REPORT CARD SUMMARY TABLE

Table Key:

-  Trend is improving.
-  Trend is static.
-  Trend is moving in wrong direction.

Live Well San Diego Areas of Influence



Indicator		San Diego County	California	United States
Birth to Age 3 (Infants and Toddlers)				
 Percentage of mothers receiving early prenatal care		87.2	85.8	NA
 Percentage of mothers who initiated breastfeeding of newborn in hospital		95.4	93.6	NA
 Birth rate per 1,000 females ages 15–17 years		3.5	4.6	6.3
Ages 3–6 (Preschool)				
 Percentage of young children (ages 19–35 months) who completed the basic immunization series	NA	NA	NA	NA
 Percentage of children ages 3–4 enrolled in early care and education		49.4	48.0	47.3
Ages 6–12 (School Age)				
 Percentage of children under age 12 who had not visited a dentist in more than one year or ever		20.8 ¹	19.2 ¹	NA
 Percentage of adults ages 18–65 who had not visited a dentist in more than one year or ever		27.6	34.1	NA
 Percentage of elementary school (K–5) students who did not attend school at least 95% of school days		32.4	NA	NA
 Percentage of students in grade 3 who met or exceeded standard in English-Language Arts/Literacy	NA	41	40	NA
Ages 13–18 (Adolescence)				
 Percentage of middle and high school students (grades 6–12) who did not attend school at least 90% of school days		18.6	NA	NA

Indicator		San Diego County	California	United States	
Percentage of students who met or exceeded standard in English-Language Arts/Literacy	Grade 8	NA	48	47	NA
	Grade 11	NA	58	59	NA
Percentage of adolescents ages 12–17 who are overweight or obese (85th percentile and above for body mass index)		↓	28.5 ¹	31.5 ¹	NA
Percentage of adults ages 18 and older who are obese		↓	24.3	28.5	NA
Percentage of students who reported use of cigarettes in prior 30 days	Grade 7	NA	0	NA	NA
	Grade 9	NA	1.0	NA	NA
	Grade 11	NA	1.0	NA	NA
Percentage of students who reported use of e-cigarettes or other vaping in prior 30 days	Grade 7	NA	2.0	NA	NA
	Grade 9	NA	3.0	NA	NA
	Grade 11	NA	6.0	NA	NA
Percentage of students who reported use of alcohol in prior 30 days	Grade 7	NA	2.0	NA	NA
	Grade 9	NA	4.0	NA	NA
	Grade 11	NA	11.0	NA	NA
Percentage of students who reported use of marijuana in prior 30 days	Grade 7	NA	1.0	NA	NA
	Grade 9	NA	3.0	NA	NA
	Grade 11	NA	8.0	NA	NA
Percentage of adults age 18 and older who reported smoking		↑	4.6	6.5	NA
Percentage of students (grades 7, 9, 11) who reported they considered attempting suicide in prior 12 months	Grade 7	NA	13.0	NA	NA
	Grade 9	NA	15.0	NA	NA
	Grade 11	NA	16.0	NA	NA
Number of arrests for felony and misdemeanor offenses among youth ages 10–17		↑	2,183	NA	NA
Number of sustained petitions (“true finds”) in juvenile court among youth ages 10–17		↑	914	NA	NA

Indicator		San Diego County	California	United States		
Number of DUI arrests among youth under age 21	↑	484 ²	NA	NA		
Rate of non-fatal crashes involving drivers ages 16–20 under the influence of alcohol or drugs per 100,000 population	→	50.9 ³	NA	NA		
Community and Family (Cross Age)						
Percentage of children ages 0–17 living in poverty	↑	13.6	16.8	17.5		
Percentage of adults ages 18–64 living in poverty	↑	10.5	11.6	12.1		
Number of children ages 0–18 receiving CalFresh	↑	168,190 ⁴	NA	NA		
Number of adults age 19 and older receiving CalFresh	↑	298,882 ⁴	NA	NA		
Percentage of children ages 0–17 without health coverage	NA	NA	NA	NA		
Percentage of adults ages 18–64 without health coverage	→	10.4	8.9	NA		
Rate of domestic violence reports per 1,000 households	→	15.3	12.1	NA		
Rate of substantiated cases of child abuse and neglect per 1,000 children ages 0–17	↑	4.5	6.8	NA		
Rate of violent crime victimization per 10,000 children or youth						
		Ages 0–11	→	8.0	NA	NA
		Ages 12–17	→	24.9	NA	NA
Rate of non-fatal unintentional injuries per 100,000 children ages 0–14	↑	165.2 ³	NA	NA		
Mortality rate per 100,000 children						
		Ages 1–4	↑	10.8	NA	NA
		Ages 5–14	↑	8.3	NA	NA
		Ages 15–19	↓	46.5	NA	NA
Infant mortality rate per 1,000 live births	→	3.2	3.9	5.4		

Table notes:

- NA means that data are not available to show the trend or a data point for the specific year, or comparison for geographic area (San Diego County, California, or United States).
- Table key and direction of arrows represent graph trends within this Report Card.
- Unless otherwise noted, data are for year 2020, school year 2020–21, California Health Interview Survey 2020, or U.S. Census Bureau American Community Survey 2020.

¹ Data for combined years 2019–20

² Data for 2018

³ Data for 2019

⁴ Data for 2021

Recommendations for Actions

Meaningful change toward the *Live Well San Diego* vision will require a collective effort in which all of us work together. The findings in the *Live Well San Diego* Report Card tell us there is much more to be done to ensure all people have equal opportunity to enjoy good health, well-being, and have the highest possible quality of life.

To promote optimal health and development, a continuum of services and supports are needed from prenatal through young adulthood. Children and youth need safe, stable, and nurturing homes and communities. They also need institutions such as schools, courts, health care settings, and human services organizations to operate in accordance with best practices, be effective, and assure equity.

The *Live Well San Diego* Report Card includes specific local recommendations in three categories: 1) Policy, 2) Programs and Services, and 3) Family and Community. These are based on strategies that are informed by research and are recommended by subject matter experts.

These recommendations support the four strategic approaches of *Live Well San Diego* (shown in Figure 1), which focus on how to work together to improve outcomes for all. Overall, this edition calls for more specific engagement and strategic action. More of the policy recommendations include emphasis on asking local governments and contractors to enforce existing laws, making services more culturally and linguistically accessible, and funding the expansion of evidence-based programs. In programs and services, the Report Card calls for more partnerships, more consistent and effective training, and more trauma-informed services, as well as measurement of performance and outcomes.

In particular, the *Live Well San Diego* Report Card includes greater emphasis on actions that can be taken by one individual in the community or by a volunteer community group (e.g., faith community, parent association). The recommendations encourage better use of community settings such as schools, community centers, libraries, places of worship, and Live Well Centers to support families in meeting concrete needs (e.g., provide basic needs such as food, clothing, and diapers), gaining skills in parenting and benefiting from peer-support from others with lived experience.

To help our county be a healthy, safe, and equitable place to live, leadership and action are needed from individuals, organizations, and public agencies. Partners include government entities, service providers, community and faith-based organizations, businesses and other employers, school districts, law enforcement and first responders, and military and veterans' organizations. Together we can change how we work, learn, live, and play, and thereby offer each other greater equity, improved health, increased safety, and lives in which we thrive.

Understanding and Using the 2021 Live Well San Diego Report Card on Children, Families, and Community

The Report Card Process

The *Live Well San Diego* Report Card series is based on a unique approach that engages a broad array of stakeholders in a results-based accountability (RBA) process. RBA uses a data-driven, decision-making process to help communities move beyond talking about problems to a focus on results and toward action to solve problems. Based on the RBA model and a “turn-the-curve” approach developed by Mark Friedman, this series of reports includes: data trends, evidence-based and best practices, and specific local recommendations to accelerate progress. This work in San Diego County has become a nationally recognized report card model.

The *Live Well San Diego* Report Card is produced and disseminated biennially by the Children’s Initiative, a nonprofit child advocacy agency in San Diego. This is the 8th edition in a series of report cards prepared by the Children’s Initiative and partners. The Children’s Initiative works with government leaders, professionals in children’s services, community organizations, schools, and foundations in a community-wide RBA process. The Children’s Initiative calls upon and utilizes advice and expertise from a diverse group of stakeholders, including subject matter and data experts in the areas of juvenile justice, education, and health, as well as government executives, community-based organizations, parents, and youth.

The process also incorporates the advice and expertise of a broad array of San Diego County stakeholders concerned with the well-being of children and youth, including: a) public agency and government officials, b) subject matter experts in education, health, justice, and other fields, c) providers and community-based organizations, and d) parents and youth. The Children’s Initiative staff and consultants meet regularly with educators, physicians, law enforcement, family advocates, and others to discuss the data, the trends, and what works.

A robust and influential Leadership Advisory Committee comprised of national experts and local leaders in the fields of health, education, child care, child welfare, juvenile justice, and injury and violence prevention guide the development of the *Live Well San Diego* Report Card. The Leadership Advisory Committee is integral to the selection of indicators and content of feature boxes, and the development of specific recommendations.

In addition, the research and analysis has been overseen by the Scientific Advisory Review Committee, comprised of statisticians, epidemiologists, and program-data managers from these same fields to ensure the validity, reliability, and quality of data used for all indicators. County staff with responsibility for data presented are directly involved in the preparation of the *Live Well San Diego* Report Card. This group has knowledge of particular methods for program-specific data, as well as a broad understanding of the trends in their fields. They review data files, graphs, and graph analysis.

Selecting and Aligning Indicators

The *Live Well San Diego* Report Card indicators align with *Live Well San Diego* and measure health, safety, and thriving across the life-span. This edition uses specific child and adult measures across 24 indicators.

Guided by the Leadership Advisory and Scientific Review Committees, the Children’s Initiative uses nationally recognized criteria for RBA efforts to select indicators that reflect some of the most important aspects of the lives of children and families for which reliable data are available. Each indicator was selected to meet specific criteria, and each relates to a series of questions: Are the data reliable and consistent? (data power); Does the indicator communicate to diverse audiences (e.g., families, communities, policy makers)? (communication power); Does the indicator say something of importance about the desired outcome? (proxy power).

The Children’s Initiative staff and advisory committees specifically selected the indicators in this report to have strong data and communication power, and to reflect broadly on a given topic. While the total group of 24 indicators reflects a broad array of concerns, they do not represent all the results that are important to families and communities. For example, we do not have data that permit use of indicators on mental health, transportation, or recreation.

Progress toward the shared *Live Well San Diego* vision is measured within 5 Areas of Influence and by the “Top 10 *Live Well San Diego* Indicators” (Figure 1). The four strategic approaches of *Live Well San Diego* focus on how to collectively work to achieve success. To emphasize the alignment of the Report Card, each indicator is marked with a symbol representing one of the 5 Areas of Influence.



Health – Enjoying good health and expecting a full life



Knowledge – Learning throughout the lifespan



Standard of living – Having enough resources for a quality life



Community – Living in a clean and safe neighborhood



Social – Helping each other live well

Reporting on Evidence-Based Models and Best Practices

Research into program effectiveness offers an opportunity to understand what works to improve health, safety, and well-being. For each indicator topic, the *Live Well San Diego* Report Card provides a list of evidence-based and best practices for prevention and intervention. These lists are generated from annual review of evidence-based and best practices from across the United States as reported in professional journals, on federal websites, and by other authoritative sources. An effort has been made to offer comprehensive lists of evidence-based and best practices. These sections are not, however, intended to be exhaustive or complete lists of possibilities.

Key sources and references from our extensive literature and resource reviews can be found online.

(Visit www.thechildrensinitiative.org/publications.)

Understanding the Data

For each indicator, graphs are prepared to show trends over time, using ten years of data, when available. As in prior editions, this report describes whether the trends are improving, static, or moving in the wrong direction. No tests have been done to determine the statistical significance of changes. We consider the overall direction of the trend, the starting and ending points, and recent shifts in the trend. Notably, a one-year change in a specific rate may be the result of factors such as a temporary environmental change, a change in the data sample, a small data sample, or some other extraneous influence, and it may not represent a true change in the direction of the trend.

The most recent data available at the time of report production are used for each edition. Depending on the type and source of information, the most recent data available for this edition may be for 2018, 2019, 2020, or 2021. School related data are generally provided for school year 2020–21. Most graphs use calendar years to track the trend; however, some are for school years. When possible, comparison data are presented to assist in understanding how our county is doing compared to California or United States averages.

Data are presented in percentages and rates, reflecting the norms and standards for a particular data source. Using these standardized measures facilitates a more accurate way to look at trends or make comparisons. A percentage is the most easily understood comparison and is used whenever appropriate. Rates per 1,000, 10,000, or 100,000 people are used when the incidence of a condition is low. When reliable population denominators are not available, graphs show the number of events. For example, we report the number of youth DUI arrests, youth with sustained petitions in juvenile court, and juvenile crime arrests, as well as the number of individuals receiving nutrition assistance through SNAP/CalFresh.

Most graphs show data on a scale of 0–100, 0–50, or 0–25, depending on the level of the trend. However, for some the scale has been modified to better show year-to-year variations. When that occurs, the graph is marked with the words “note scale.”

Informational boxes for each indicator highlight additional data by County of San Diego Health and Human Services Agency (HHSA) regions, gender, age, race/ethnicity, or other factors. Most informational boxes show numbers that illuminate and come from the same source as the trend data. Where an alternative source is used, it is identified.

Notes on Geographic, Demographic, and Racial/Ethnic Data

San Diego is a large county, stretching 65 miles from north to south and 86 miles from east to west, covering 4,261 square miles—slightly smaller than the state of Connecticut. It borders Orange and Riverside Counties to the north; the agricultural communities of Imperial County to the east; the Pacific Ocean to the west; and the state of Baja California, Mexico, to the south. With an elevation that goes from sea level to 6,500 feet, our county includes beaches, deserts, and mountains. Our communities incorporate urban, suburban, and rural neighborhoods. San Diego County comprises 18 incorporated cities, 17 unincorporated communities, and 18 federally recognized American Indian/Native American groups (from four indigenous tribes) and more Indian reservations than any other county in the United States.

The San Diego Association of Governments (SANDAG) reports on population estimates, which are used here. The county’s total population on January 1, 2020, was estimated at 3,343,349, and it is the second most populous county in the state, after Los Angeles County. The median age is 35 years, making it a relatively young population overall.

The 805,046 children under age 18 represent 24% of the population of San Diego County (SANDAG estimate 2020). The population of children is distributed similarly to the overall population in terms of race/ethnicity, with just less than half (46%) being white, non-Hispanic. The population under 18 is distributed throughout urban, suburban, and rural areas.

San Diego County is an ethnically diverse community. Data on race and ethnicity are not uniformly available for indicators and are shown only in select informational boxes. According to the 2020 SANDAG estimates, the overall population consists of: 46% non-Hispanic white; 34% Hispanic; 11% Asian, Hawaiian, or other Pacific Islander; 5% African-American/black; 3% other (including two or more races); and less than 1% Native American or Alaskan Native.



Birth to Age 3 (Infants and Toddlers): EARLY PRENATAL CARE

Why is this important?

Early and regular prenatal care is associated with healthier babies, and lower risk of premature births and low-birthweight babies. Prenatal care from a qualified health professional is vital to ensure the health of a woman and her baby. Optimal care includes comprehensive medical services with health promotion and education, along with psychosocial supports and linking to nutrition and social services, as needed. Starting prior to pregnancy, preconception care is recommended to reduce health risks even earlier.

What is the indicator?

This indicator—the percentage of mothers receiving early prenatal care—reflects the proportion of women who receive prenatal care beginning in the first three months (referred to as the first trimester) of pregnancy. Prenatal care information is recorded on the birth certificate and reported as part of local, state, and federal vital statistics.

What is the trend?

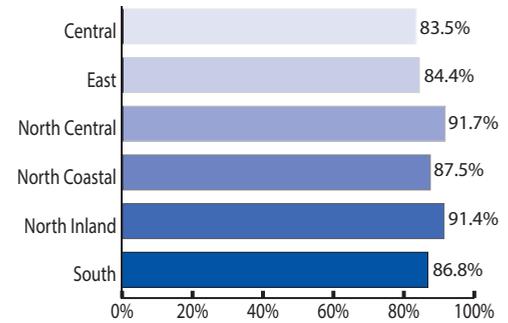
The trend is improving. The percentage of mothers receiving early prenatal care in San Diego County continues to increase and remains consistently higher than the state average.

Number of babies born in San Diego County in 2020

37,159

Source: San Diego County HHS, Maternal, Child, and Family Health Services, 2020.

The percentage of mothers who receive early prenatal care varies by region, from 83% to nearly 92%.

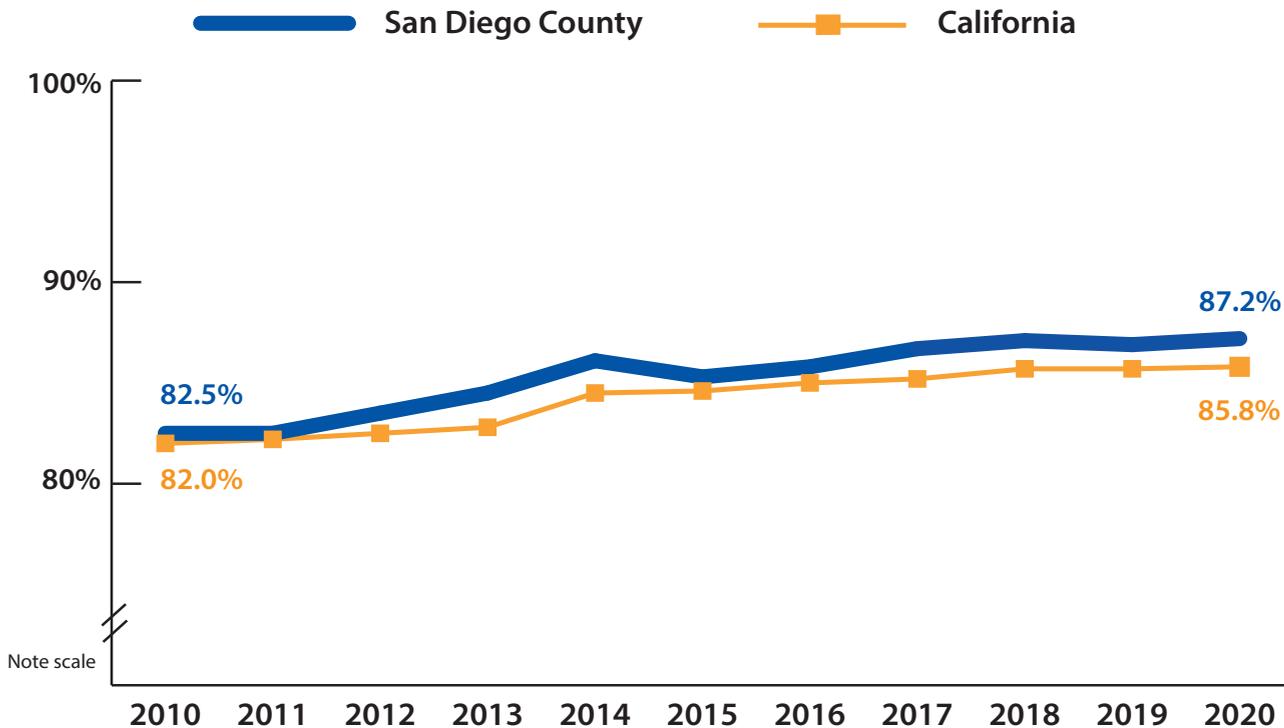


Source: San Diego County HHS, Percentage of Mothers Receiving Early Prenatal Care, By Region, San Diego County, Three-Year Average, 2018-2020.

Babies of mothers who do not receive prenatal care are three times more likely to have a low birthweight and five times more likely to die than babies born to mothers who do receive prenatal care.

Source: Office on Women's Health in the U.S. Department of Health and Human Services, 2019.

Percentage of Mothers Receiving Early Prenatal Care, San Diego County and California, 2010-2020



What strategies can make a difference?

Women’s use of prenatal care is affected by financial barriers (e.g., lack of health insurance), the context of care (e.g., lack of cultural competence, biased treatment by health providers), and access to care (e.g., transportation, difficulties obtaining an appointment, inconvenient hours). In addition, personal attitudes and behaviors (e.g., lack of understanding about the importance of prenatal care, ambivalence about a pregnancy) may be barriers to early prenatal care. What works best is early, continuous, and high quality care that is appropriate for a woman’s risks, needs, and culture.

These evidence-based and best practices are used across the country to increase use of early prenatal care:

- Provide coverage for comprehensive care (e.g., the California Comprehensive Perinatal Care Services Program), which combines health education and risk counseling along with medical care.
- Expedite the health coverage enrollment process for uninsured women who become pregnant.
- Increase outreach efforts to support women under age 20 with enrollment in health coverage and connection with a prenatal provider.
- Expand access to affordable health coverage for women (e.g., Affordable Care Act, Medi-Cal, and private plans with maternity coverage).
- Use evidence-based approaches (e.g., Centering Pregnancy, JJ Way, HealthConnect One Community-Based Doula Program) to provide high quality, relationship-centered health care and social support services.
- Provide evidence-based, in-person and hybrid-model home visiting programs in the prenatal period, particularly for women with higher medical and social risks.
- Offer support with transportation options (e.g., vouchers for public transportation, ridesharing, community networks).
- Ensure that prenatal care services are accessible by public transportation, and provide flexible service hours.
- Provide prenatal services that are culturally and linguistically appropriate (e.g., Black Legacy Now, Black Infant Health Program).

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy	Programs & Services	Family & Community
<ul style="list-style-type: none">• Use prenatal care services data by zip code to identify areas in need of more outreach and increased access.• Support reimbursement rates that incentivize prenatal providers who offer Comprehensive Perinatal Care Services.	<ul style="list-style-type: none">• Expand evidence-based home visiting services during and after pregnancy for high-risk pregnant women (e.g., teens, women with underlying health conditions, and women with limited education).• Increase access to culturally and linguistically appropriate services.	<ul style="list-style-type: none">• Develop advocacy strategies to request community clinics and doctors to provide flexible service hours, including evenings and weekends.• Develop community collaborations to provide transportation for pregnant women to attend medical appointments and other necessary services.



Birth to Age 3 (Infants and Toddlers): BREASTFEEDING

Why is this important?

Breastfeeding is among the most effective and cost-effective preventive health practices, and it offers many health benefits for both babies and mothers. For babies, it provides the ideal nutrition and enhances immunity to disease. Breastfeeding also decreases the rate and severity of diarrhea, respiratory infections and ear infections. Breastfeeding is associated with healthy development and reduced risk of lifelong chronic health problems such as cardiovascular disease and obesity. Benefits for the mother include quicker recovery from pregnancy, and lower risk of breast, ovarian, and uterine cancer. While not possible for all new mothers, breastfeeding costs less than formula, and breastfeeding mothers miss less work due to child illness.

What is the indicator?

This indicator—the percentage of mothers who initiate breastfeeding of newborn in hospital—estimates what proportion of infants receive any breast milk. Recommendations call for 6 to 12 months of breastfeeding, but local data on continuation rates are not available. These data are collected on newborn screening forms and reported by the California Department of Health Services, and include virtually all births in California (military hospitals and home births are excluded).

What is the trend?

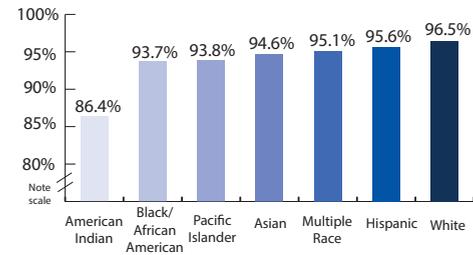
The trend is static. The percentage of mothers who initiate breastfeeding in San Diego County remains consistently higher than the state average.

Number of mothers
initiating breastfeeding in
San Diego County in 2020

30,792

Source: California Department of Public Health, Maternal, Child and Adolescent Health, 2020.

Breastfeeding rates vary by race and ethnicity.

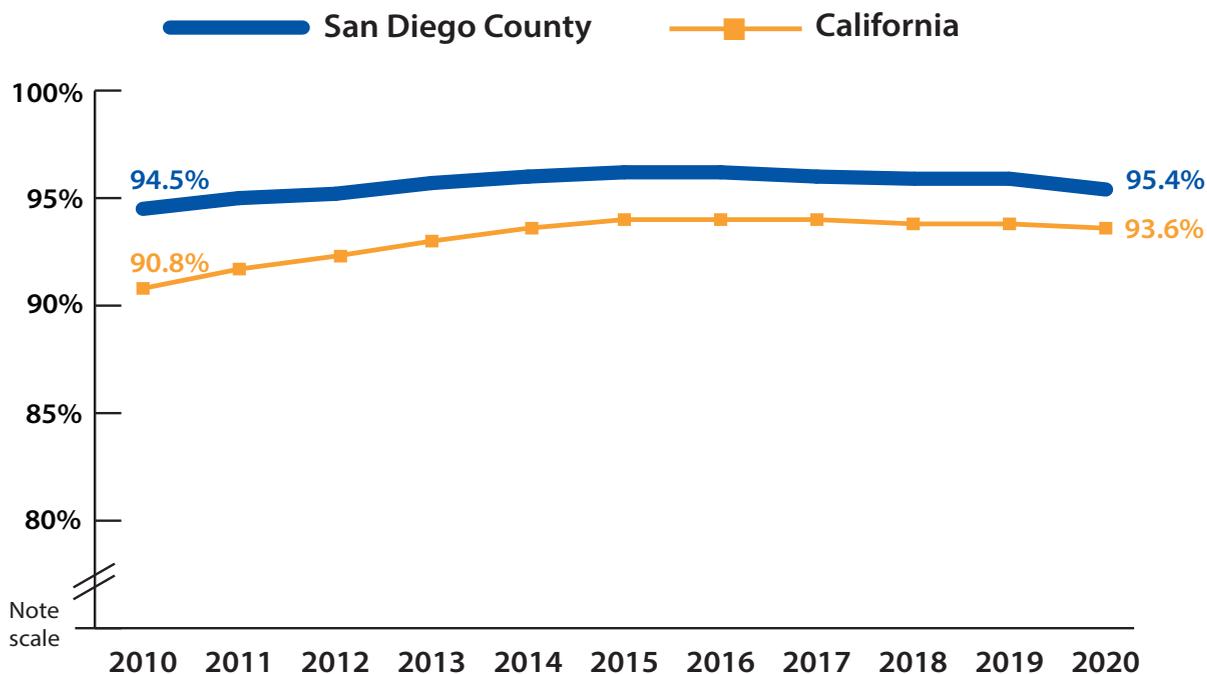


Source: California Department of Public Health, Percentage of Mother's Initiating Breastfeeding in Hospital, By Race/Ethnicity, San Diego County, Two Year Average 2019-2020.

While many US women initiate breastfeeding immediately after birth, only 25% of infants are exclusively breastfeeding at the recommended six months of age.

Source: Centers for Disease Control and Prevention, 2020.

Percentage of Mothers Who Initiated Breastfeeding of Newborn in Hospital, San Diego County and California, 2010-2020



What strategies can make a difference?

Across the nation, public and private leaders have worked to increase public awareness of the importance of breastfeeding. Education is important, but not enough. Women need knowledge before giving birth, and support, training, and equipment following birth. Hospital practices have a significant impact on women’s ability to initiate breastfeeding and exclusively breastfeed (e.g., use no formula). Mothers who receive in-hospital support are more likely to continue breastfeeding at home. Lack of workplace support and public accommodations (space) for breastfeeding remain as major barriers to continuation of breastfeeding beyond the initial weeks of infant life. While exclusive breastfeeding is recommended for the first six months of life, any breastfeeding can be beneficial.

These evidence-based and best practices are used across the country to increase breastfeeding:

- Support health promotion of breastfeeding and provide education both before and following birth (e.g., add lactation consultants to prenatal clinic staff as well as hospitals).
- Enroll eligible families in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which offers incentives, education, and support for breastfeeding.
- Assist women in securing needed equipment (e.g., breast pumps) at low or no cost.
- Provide ongoing breastfeeding support, particularly from trained and experienced lactation consultants, and home visiting program staff.
- Provide culturally and linguistically appropriate information for mothers.
- Limit marketing and free distribution of breast-milk substitutes (i.e., formula).
- Implement and enforce federal laws in alignment with WHO guidelines that protect breastfeeding in public and require workplace supports, including requirements for employers to provide reasonable, though unpaid, break time and a clean and private place, other than a restroom, for a mother to express milk.
- Ensure that all birthing hospitals and centers encourage breastfeeding through programs such as the “Baby-Friendly” hospital policies, which support mothers in learning how to breastfeed and promote exclusive use of breast milk.
- Eliminate provider bias and unequal treatment by race or ethnicity and income in breastfeeding promotion and education.
- Use the Business Case for Breastfeeding “toolkit” from the US Department of Health and Human Services.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy	Programs & Services	Family & Community
<ul style="list-style-type: none">• Require all government and public education workplaces to implement the federal law that requires appropriate and adequate space and break time for breastfeeding.• Mandate government agencies and County contractors to prioritize, set annual goals, and enroll eligible families in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).	<ul style="list-style-type: none">• Broadly disseminate culturally and linguistically appropriate informational materials related to breastfeeding support (e.g., coverage for lactation consultants, breast pumps, and workplace laws) in city and County buildings, hospitals and health care settings, and Live Well Centers.• Develop enrollment strategies to ensure immediate WIC enrollment for all eligible pregnant women as part of their first prenatal visit.	<ul style="list-style-type: none">• Acquire and distribute culturally and linguistically appropriate educational materials and equipment (e.g., breast pumps) in community settings such as libraries, community centers, and places of worship.• Educate women about the extensive benefits of WIC, the eligibility requirements, and the process of enrolling.



Birth to Age 3 (Infants and Toddlers): BIRTHS TO TEENS

Why is this important?

While teen pregnancy continues to decline, the United States rate is one of the highest among industrialized countries. Teenage girls and boys are not developmentally, physically, or psychologically ready for pregnancy and parenting. Teen mothers are less likely to receive prenatal care and more likely to continue unhealthy behaviors, placing themselves and their babies at risk for health problems. The children of teen parents are more likely to have health problems, developmental delays, and lower academic achievement. Teen mothers and fathers are less likely to receive a high school diploma and become economically self-sufficient families. Teen parenthood places two generations at risk.

What is the indicator?

This indicator—the birth rate per 1,000 females ages 15–17 years—monitors trends in births to teens ages 15–17. Reliable data are available annually from birth certificates and reported as part of local, state, and federal vital statistics. Obtaining reliable data on the number of teens who become pregnant or are sexually active is impossible.

What is the trend?

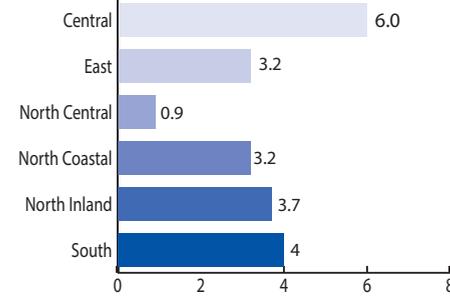
The trend is improving. Since 2010, the rate of births to teens in San Diego County continues to decline. This is consistent with and parallel to reductions in teen births at the state and national levels.

Number of babies born to girls age 15-17 in San Diego County in 2020

196

Source: San Diego County HHSA, Maternal, Child, and Family Health Services, 2020.

Birth rates per 1,000 among girls ages 15–17 vary by region and community.

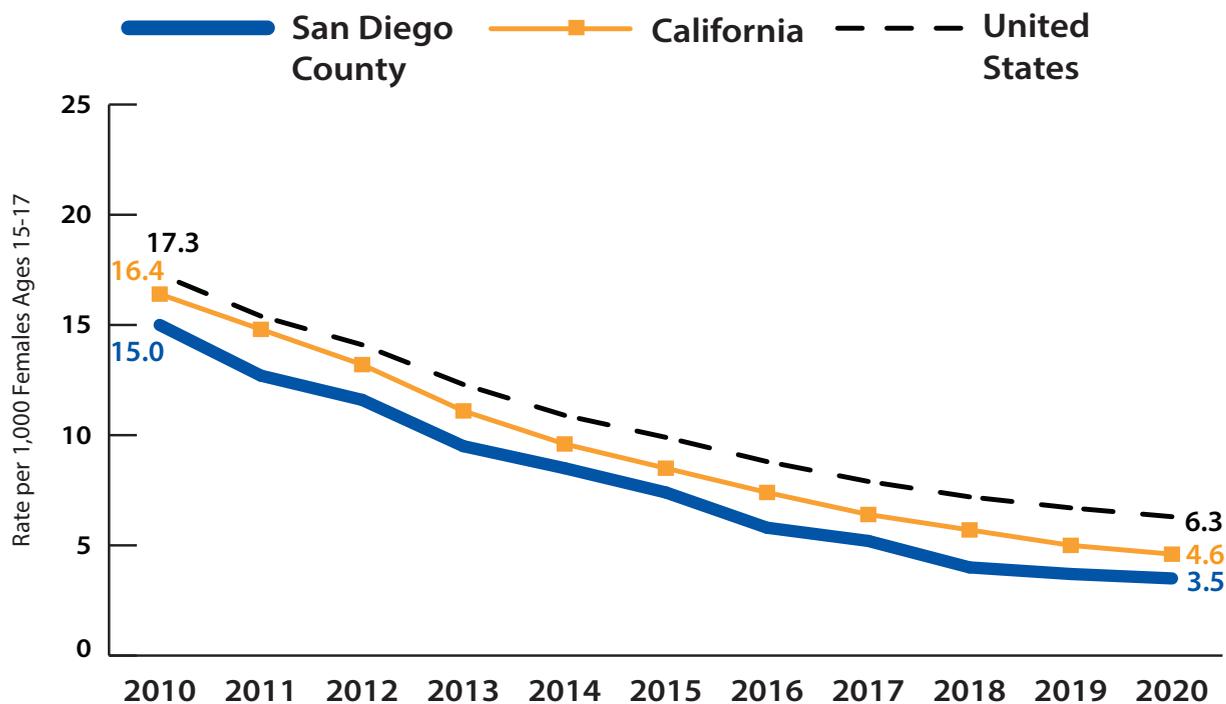


Source: San Diego County HHSA. Birth Rate per 1,000 Teens Ages 15-17, By Region, San Diego County, Three-Year Average, 2018-2019-2020.

The children of teen mothers are more likely to experience lower school achievement, high school drop out, increased health problems, entry into the justice system, teen pregnancy, and unemployment.

Sources: Centers for Disease Control and Prevention; and Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy, 2021.

Birth Rate per 1,000 Females Ages 15-17, San Diego County, California, and United States, 2010-2020



What strategies can make a difference?

Reducing teen pregnancy requires a combination of supports and services. Best practices must be broad-based and across systems that include: comprehensive life skills and reproductive health education, early prevention services and activities, and support for teen and family engagement and communication.

These evidence-based and best practices are used across the country to decrease teen births:

- Teach comprehensive life skills and reproductive health education in schools through use of age-appropriate and evidence-based curricula for sex and STD/HIV education programs.
- Combine and coordinate services such as school programs, reproductive health services, family life skills, social work, and health education interventions.
- Expand screening for Adverse Childhood Experiences and provide trauma-informed services to intervene with youth who have experienced sexual abuse and other maltreatment or trauma.
- Promote strong positive family engagement. Engage parents and youth to promote positive communication and healthy relationships.
- Offer access to comprehensive and confidential adolescent health services, including education about contraceptive methods and family planning services on or near school campuses.
- Connect to expanded learning programs, mentoring, and employment opportunities to engage teens after school and on weekends, as well as other programs to engage youth during the summer and school breaks.
- Support teen parents' efforts to continue in school, which helps them become more self-sufficient and helps reduce subsequent pregnancies.
- Involve male teens in discussion and education; a significant factor in the reduction of teen pregnancy is increased education and information for male teens.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Support evidence-based reproductive health and sex education programs for both male and female adolescents in schools, community clinics, and community settings.
- Allocate funding for culturally and linguistically appropriate adolescent health services on or near school campuses.

Programs & Services

- Develop plans and strategies to increase recruitment and participation of high school students in expanded learning programs.
- Provide access to free or low-cost long-acting reversible contraceptives (LARCs) and counseling services for girls.

Family & Community

- Host community events on weekends and evenings that engage parents and youth in positive communication and healthy relationships.
- Ensure the availability of culturally and linguistically appropriate teen-pregnancy prevention materials in community settings such as expanded learning programs, parks and recreation centers, libraries, and community centers.



Ages 3–6 (Preschool): IMMUNIZATION

Why is this important?

Childhood immunizations are highly safe and cost-effective when children receive vaccines according to the recommended schedule. Childhood immunization is essential, as it helps provide immunity before children are exposed to potentially life-threatening diseases. Vaccinations protect children from serious diseases, which can result in paralysis, hearing loss, or death. Children and adolescents who are not adequately immunized put others at risk for illness and death. Access to safe and effective recommended childhood vaccinations is vital for the health of our children. Up-to-date immunization is key to preventing disease.

What is the indicator?

This indicator—the percentage of young children (ages 19–35 months) who have completed the basic recommended childhood immunization series (i.e., 4:3:1:3:3:1:4)—monitors use of recommended vaccines in the first three years of life. While the basic series of vaccines is due by age 24 months, no data exist to track children precisely at that age. These data are from the Immunization Survey conducted every third year by the County of San Diego Health and Human Services Agency.

What is the trend?

No San Diego County trend can be determined, as COVID-19 factors postponed the data collection process and data are not available from the most recent Immunization Survey. Since 2009, however, substantial improvements have been made in the percentage of young children who completed the basic immunization series.

Percentage of young children completing basic series of vaccines by 3rd birthday in San Diego County, 2016–17
80.6%

Source: San Diego County HHS, Epidemiology and Immunization Services Branch, 2016–2017.

Vaccines provide protection against serious diseases for pregnant women and their babies. Pregnant women are recommended to get the flu vaccine at any time during pregnancy and the Tdap vaccine, ideally between 27 and 36 weeks.

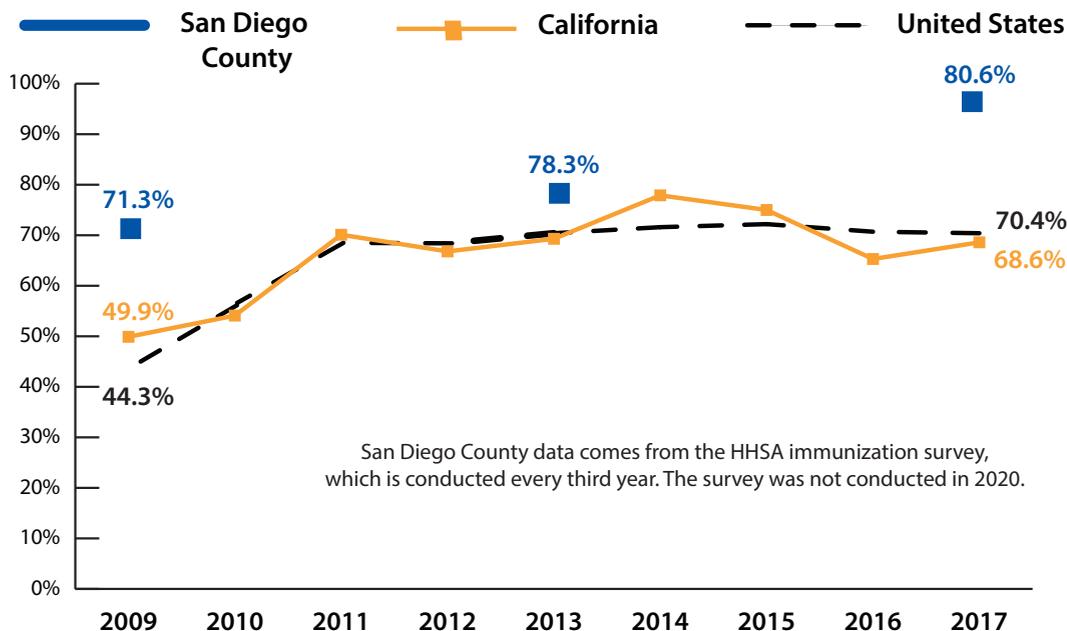
Source: US Department of Health and Human Services, 2021.

Immunizations save lives and protect future generations.

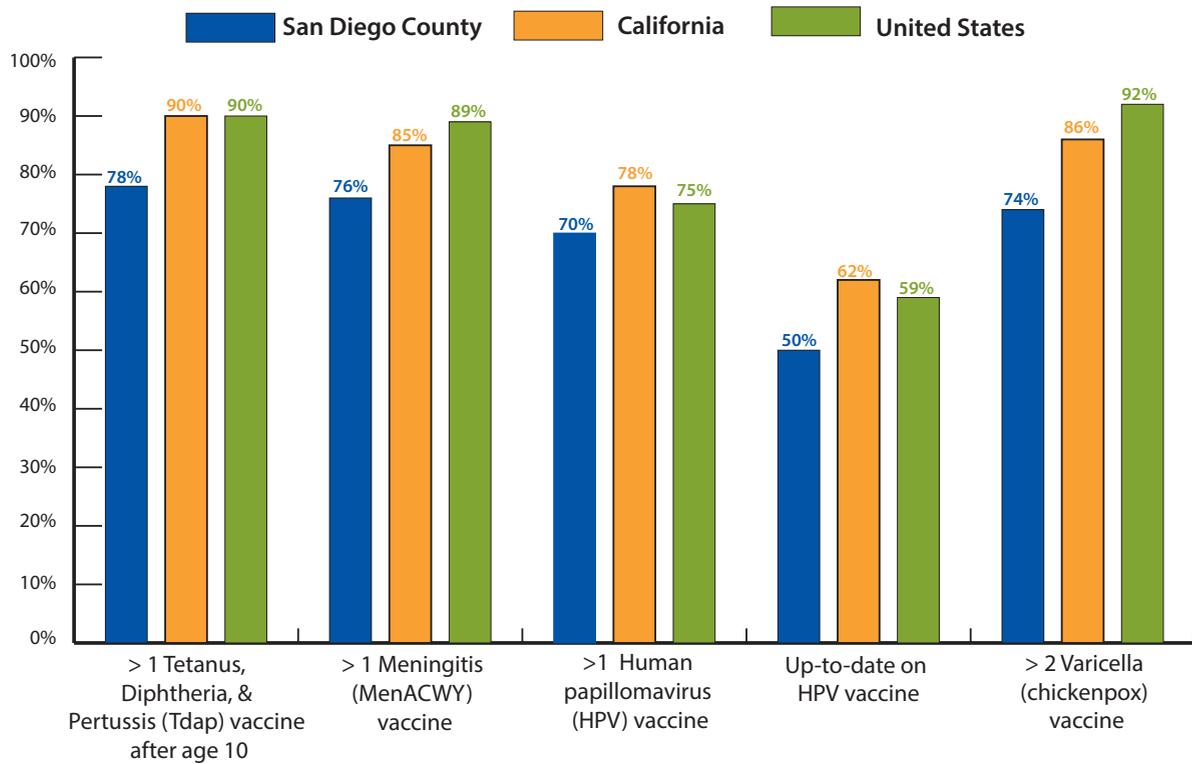
Vaccines have reduced and, in some cases, eliminated many diseases (e.g. polio, tetanus, smallpox) that killed or severely disabled people.

Source: US Department of Health and Human Services, 2021.

Percentage of Young Children (Ages 19–35 months) Who Completed the Basic Immunization Series, San Diego County, California, and United States, 2009–2017



Percentage of Adolescents (Ages 13-17 years) Who Received Recommended Vaccines, San Diego County, California, and United States, 2020



Immunization levels are important across the life span. In this publication, the main immunization indicator focuses on the basic series for infants and toddlers. Yet, immunizations for adolescents are also a priority. Recommendations for vaccination of adolescents have been adopted by the federal Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and American Medical Association (AMA).

The recommended schedule of vaccinations for adolescents includes vaccines to protect against: Tetanus-Diphtheria-Pertussis (Tdap), meningococcal disease (meningitis - MenACWY), and human papillomavirus (HPV). Most of these vaccines are recommended for 11- to 12-year olds. The HPV vaccinations are recommended to start at ages 11–12, continuing at ages 14 and 15 as a two- or three-shot series depending on the health status of the adolescent. The meningitis MenACWY vaccine is recommended at ages 11–12, with a booster shot recommended at age 16. The influenza (flu) vaccine is recommended every year for everyone 6 months and older.

The graph shows that the majority of San Diego County teens have received the Tdap, MenACWY, varicella, and initial HPV vaccination. However, only half of San Diego County teens are up-to-date on HPV vaccinations. Note that estimates are likely underestimates due to data limitations, such as low and/or lack of participation in the San Diego Immunization Registry (i.e., military population).

What strategies can make a difference?

High immunization rates are critical for the health of children, families, and communities. Maintaining population-wide “herd” immunity is the key to preventing disease and protecting the more vulnerable (e.g., infants not yet immunized). Achieving high immunization rates for each new cohort of children requires ongoing awareness, acceptance, financing, and access. Success depends upon public-private partnerships involving health professionals who administer vaccines, policy makers, vaccine manufacturers, and, of course, families who voluntarily participate in immunization programs. Exemption laws and provider attitudes and behaviors make a difference in immunization coverage rates.

These evidence-based and best practices are used across the country to increase immunization rates:

- Implement community-wide and targeted campaigns and education to inform parents about the importance of immunizing, the value of adolescent vaccines, and the risk of vaccine-preventable disease among even adults and seniors.
- Provide access to vaccines through pediatricians, family physicians, local health departments, community clinics, pharmacies, and other locations.
- Contact and provide intensive support and information for families whose children are not up-to-date on recommended vaccines, including those who refuse and/or have limited access.
- Employ data and geographic mapping to identify clusters of under-immunized children and focus outreach efforts in those areas.
- Educate parents about the importance and safety of childhood vaccines from birth to age 21.
- Implement laws and regulations limiting immunization exemptions.
- Inform health providers about the importance and acceptability of giving vaccines, even if a child is mildly ill or during an office visit that is not a well-child visit.
- Assure an adequate supply of affordable vaccines, including sufficient funding for the federal Vaccines for Children program.
- Encourage providers to participate in immunization registries.
- Regularly collect immunization data and conduct surveys to monitor who is up-to-date.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- In partnership with school districts and HHSA, monitor and annually report on immunization exemptions by region or school district.
- Require that the HHSA collect and report immunization survey data every other year.

Programs & Services

- Develop an incentive program for health providers to participate in the California Immunization Registry (CAIR2) to increase levels of participation.
- In partnership with school districts, HHSA, and health providers, provide access to free and low-cost vaccines at community centers, schools, businesses, Live Well Centers, and libraries.

Family & Community

- Use community settings (e.g., libraries, community centers) to provide educational materials about the safety and benefits of immunization for young children, adolescents, and adults.
- Use community-based and school wellness councils to promote recommended vaccines among middle and high school students.

Impacts of the Pandemic on Childhood Vaccination Status

Due to the advances in vaccination efforts over the past few decades, the United States has achieved a substantial reduction in the prevalence of the 16 vaccine-preventable diseases for children and adolescents. This reduction has occurred due to the ongoing administration of routinely recommended pediatric vaccines, in accordance with guidance from Centers for Disease Control and Prevention (CDC).

Early in the COVID-19 pandemic, reports documented a decline in pediatric vaccine ordering and administration. Further analysis of data from New York City and Michigan indicated a sharp decline in routine childhood vaccine administration. In 2021, a CDC Morbidity and Mortality Weekly Report (MMWR) reviewed an analysis of immunization information systems (IIS) data from 10 U.S. jurisdictions. These data also indicated a substantial decrease in administered vaccine doses during March–May 2020, compared to the same period during 2018 and 2019. This decline in vaccination status was impacted due, in part, to stay-at-home orders and people avoiding provider offices, for fear of exposure to the SARS-CoV-2 virus.

The June 2021 MMWR reported that after the stay-at-home orders were lifted, the number of vaccine doses administered during June–September 2020 approached pre-pandemic baseline levels. However, vaccinations did not increase to the level that would have been necessary to catch-up those children who did not receive routine vaccinations on time. This lag in catch-up vaccination status could provide a significant public health threat, potentially resulting in vaccine-preventable disease outbreaks.

This phenomenon has a significant impact on public health practice. To mitigate and prevent outbreaks of vaccine-preventable diseases, possible actions that health care providers could take include assessing the vaccination status of all pediatric patients, including adolescents, and contacting those behind schedule to ensure that all children and adolescents are fully vaccinated. Reminder-recall campaigns for provider offices are a good strategy to engage parents of children/adolescents who may be behind schedule on vaccines. In addition, missed opportunity reports built into IIS and electronic medical record systems can identify immunizations that may be co-administered during a visit.

As the data presented for adolescents in San Diego County showed, most teens have received the Tdap, MenACWY, varicella, and initial HPV vaccines. However, estimated coverage rates for San Diego adolescents are lower than those statewide and nationwide. This can be partially explained by different methodologies used to calculate rates (IIS versus population-based phone surveys) and associated caveats with using immunization registry data for such estimates (e.g., not a mandatory reporting state, large non-reporting military population).

Vaccinations must continue, even during the COVID-19 pandemic or other public health threats. This practice is necessary to reduce morbidity and mortality seen from vaccine-preventable diseases.



Ages 3–6 (Preschool): EARLY CARE AND EDUCATION

Why is this important?

Quality early care and education from birth to 5 years is essential for a child’s success in school and life. Early care and education in a quality setting improves school readiness and provides long-term educational and employment benefits. Child care quality is important because most young children spend time in the care of others while their parents work. Quality early care and education also produces economic benefits to society that far exceed the initial investment, particularly investments in children from low-income families.

What is the indicator?

This indicator—the percentage of children ages 3–4 enrolled in early care and education—shows trends in early childhood care and education for San Diego County’s preschool age children who are regularly attending an out-of-home and non-relative early care and education setting. Parents’ reports may reflect use of a child care center, preschool, Head Start program, or family child care setting. The data are collected in the US Census Bureau American Community Survey.

What is the trend?

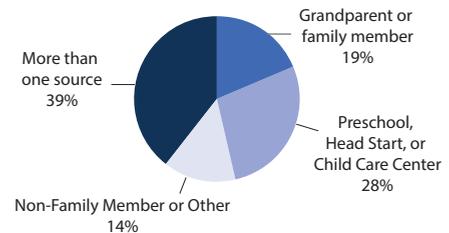
The trend is moving in the wrong direction. The percentage of children ages 3–4 enrolled in early care and education in San Diego County has fluctuated, however the data show a decrease between 2010 and 2020.

Estimated number of San Diego County children ages 3 and 4 enrolled in preschool or other early education setting in 2020

41,199

Source: US Census Bureau, American Community Survey, 2020.

Among families using child care for 10 or more hours per week, nearly 40% must use more than one source of care to meet their needs.



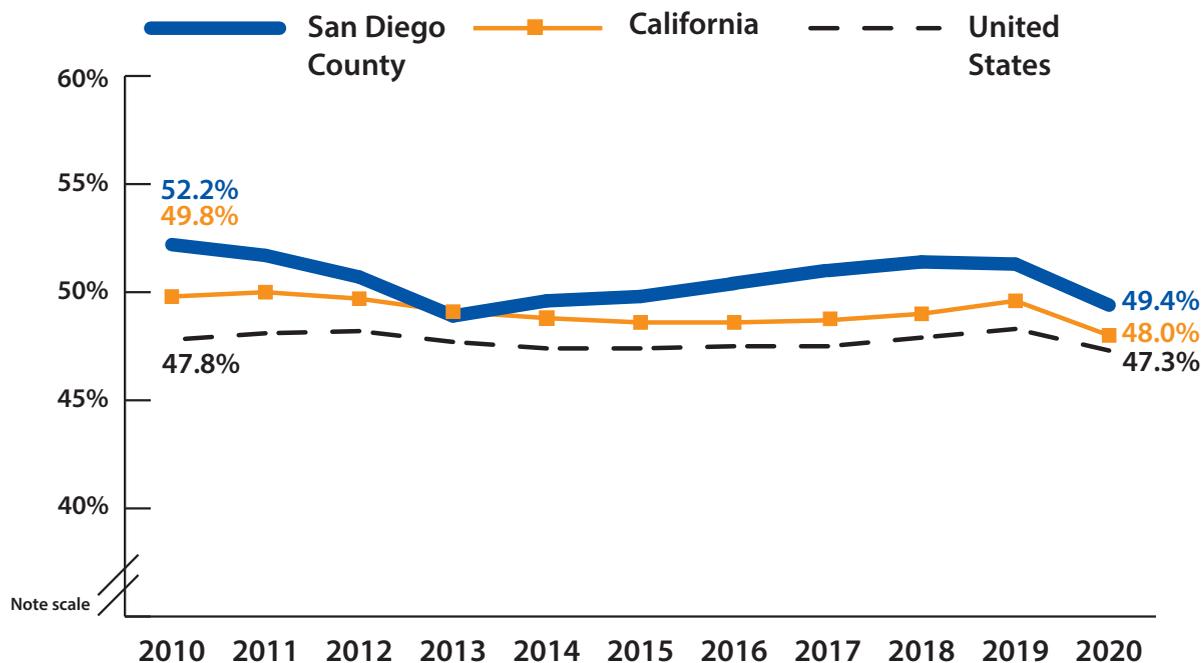
Source: California Health Interview Survey, Percentage of Children by Type of Child Care, San Diego County, Data for 2018-19-20.

Estimated number of San Diego County children ages 3 and 4 enrolled in a publicly funded preschool or early education program in 2020

20,879

Source: US Census Bureau, American Community Survey, 2020.

Percentage of Children Ages 3-4 Enrolled in Early Care and Education, San Diego County, California, and United States, 2010-2020



What strategies can make a difference?

While parents are the first and most important teachers, most young children in the United States spend time in groups in early care and education settings. Early care and education includes child care, preschool/pre-kindergarten (pre-K), and Head Start. Children in high quality early care and learning environments gain more advanced language, are ready for school, and develop better social skills. Low quality early care and education skills can do more harm than good for low-income and higher risk children.

These evidence-based and best practices are used across the country to increase access to quality early care and education:

- Target child care subsidies for low-income families to quality early care and education (i.e., with high quality rating or other demonstrated quality performance).
- Increase access to quality preschool, Head Start, and pre-K programs. Combining programs into a “preschool for all” campaign helps to maximize resources.
- Provide child care resource and referral lines and/or centers that support families in finding affordable, quality services.
- Ensure a comprehensive early childhood education system at the local level that offers parents varied, high quality options to meet families’ needs.
- Provide inclusive child care to serve children with special health care needs and disabilities.
- Implement and publicize a quality rating system (e.g., 1–5 stars) to give families information to identify quality programs and provide incentives to providers that reach high standards.
- Provide career pathways for low-income mothers to train for jobs as assistants, teachers, and other staff in early care and education.
- Train and use child care health consultants and child care mental health consultants to provide supportive services to children in early care and education settings.
- Provide adequate reimbursement rates for early care and education providers.
- Increase the affordability, accessibility, and quality of infant and toddler care.
- Provide no-cost technical assistance and training to family day care homes/centers to ensure good quality care and financial sustainability.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

- | <i>Policy</i> | <i>Programs & Services</i> | <i>Family & Community</i> |
|--|---|--|
| <ul style="list-style-type: none">• Advocate for increased reimbursement rates for early care and education providers from the federal and state governments.• Ensure, at a school district level, that there is a comprehensive early childhood education program (e.g., Universal Pre-K), that offers parents varied, high quality options to meet families’ needs. | <ul style="list-style-type: none">• Provide no-cost early care and education training (e.g., San Diego Quality Preschool Initiative) for family child care home providers.• Develop a local communication plan to educate child care providers about quality rating system and strategies for improving quality. | <ul style="list-style-type: none">• Ensure culturally and linguistically appropriate consumer information is available in community settings such as libraries and community centers on how to choose quality child care.• Host community workshops and trainings on how to become a licensed family child care provider. |

Exposure to Cannabis (Marijuana) Among Young Children

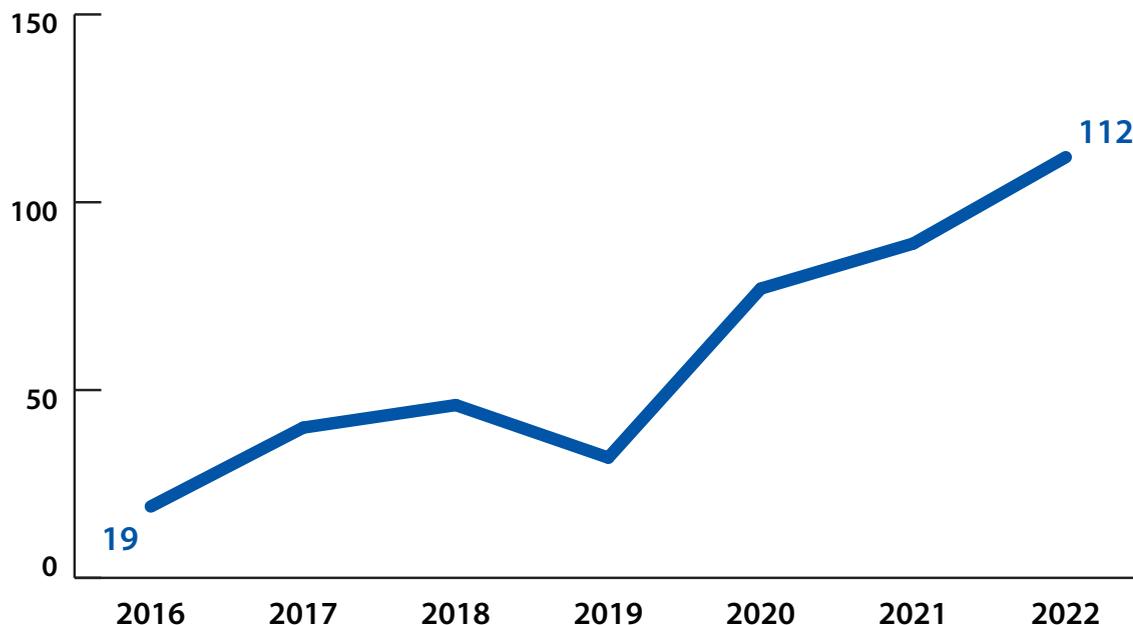
Cannabis (marijuana) is the most widely used drug substance in the United States. Risk of exposure among young children is a serious concern, and cannabis use has become more visible or prevalent with the increasing number of states legalizing its use.

Children can be exposed to cannabis either by breathing secondhand smoke from marijuana or by eating products containing cannabis. Most children who suffer from serious effects and require hospital treatment have been exposed by eating it. Many new marijuana products on the market are tempting to children because they look like bakery products and candies. These edible cannabis products often contain more tetrahydrocannabinol (THC) than marijuana smoke, making them more dangerous to children than secondhand smoke. Local, state, and national data from poison control centers identify edibles as the leading source of cannabis ingestions, causing 80% of all illicit ingestions.

“I don’t know how they got it.” This is the most common statement heard when a young child is admitted to the hospital after unintentional cannabis ingestion, and it is now being heard with alarming frequency. National data from 2014–2018 show an increased trend of cannabis ingestions among children under age six. More recent data suggest that the trend has accelerated. Reports from 52 children’s hospitals across the country show that in the months leading up to the COVID-19 pandemic, cannabis ingestions accounted for 14% of all pediatric illicit drug ingestions in young children under age 5. Data for 2021 show that cannabis ingestion made up 48% of illicit drug ingestions in young children under age 5. Toddlers may be at greatest risk. The average age of a child that ingests cannabis unintentionally is 2 years old.

San Diego County's experience is parallel to national trends. Data from Rady Children’s Hospital indicate that the number of cannabis ingestions among children under age 10 that resulted in a child coming to the hospital rose dramatically in recent years.

Number of THC Ingestions at Rady Children’s Hospital, Children Ages 0–10, San Diego County, 2016–2022



These trends have implications for both the health and the well-being of the child. Over the past decade, calls to Child Protective Services related to cannabis exposure have more than tripled in California.

Why should we be concerned about this trend? The health effects of marijuana can last 24–36 hours in younger children, and effects include: lethargy, vision changes, dizziness, nausea, vomiting, hallucination, anxiety, and cardiac symptoms (e.g., heart palpitations). Compared to adults, children are more likely to suffer from serious side effects, including seizures, coma, and death. One study of young children found that 50% required hospitalization and that 15% were admitted to the pediatric intensive care unit (PICU) as a result of consuming cannabis.

Why is this happening? Researchers across the country are asking this question. An increase in ingestion may or may not be related primarily to state legalization of marijuana. In California, recreational cannabis became legal in 2016, but the dramatic increase in ingestion occurred more recently. One major factor may be the formulation of cannabis products into edibles, which children find appealing, such as gummies, brownies, and candy. The increased likelihood that cannabis is used openly in a home or at a party where children are present may be a factor. Another factor may be more reporting and more instances of families coming to the hospital or calling the poison hotline since cannabis has been made legal.

In January 2020, California enacted a law to require packaging be child tamper resistant and devoid of cartoon advertisements. Such laws are important. Yet child-resistant packaging is only part of the solution when edibles are designed to look like popular candy such as gummy bears. Restrictions on the form of the product, campaigns and education to increase adult awareness of both risks of edibles and of second-hand smoke, use of data from hospitals and poison hotlines to monitor trends, and other actions are needed to avoid children being exposed to these harmful products.



Ages 6–12 (School Age): ORAL HEALTH

Why is this important?

Oral health is essential to good health overall. Dental caries (the disease that causes cavities and tooth decay) is the most common chronic disease of childhood. Untreated cavities cause pain and affect school achievement, sleep, and nutrition. Nationally, about 20% of children ages 5–11 and 13% of adolescents ages 12–19 have untreated cavities. This disproportionality affects children from low-income families, children of color, and/or children with special health care needs.

What is the indicator?

This indicator—the percentage of children under age 12 who had not visited a dentist in more than one year or ever—represents the proportion of children who did not have the recommended annual visit to prevent and treat dental disease and decay. National recommendations from dentists and pediatricians call for children to start dental care at age 12 months and make at least annual visits. These data are routinely reported in the California Health Interview Survey.

What is the trend?

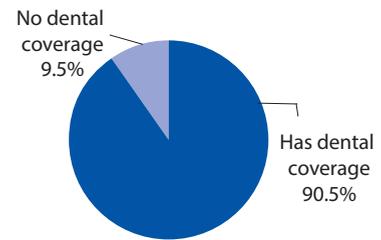
The trend is moving in the wrong direction. While the percentage of children under 12 who had not had a dental visit in the prior year or ever has fluctuated in recent years, the data show an increase between 2013 and 2020. Note that single-year statistics are not available due to small survey sample size.

Estimated number of San Diego County children under age 12 who had not visited a dentist in more than a year or ever, 2019-2020

106,000

Source: California Health Interview Survey, 2019-2020.

Percentage of Children in San Diego County with Dental Coverage, Public or Private, 2020

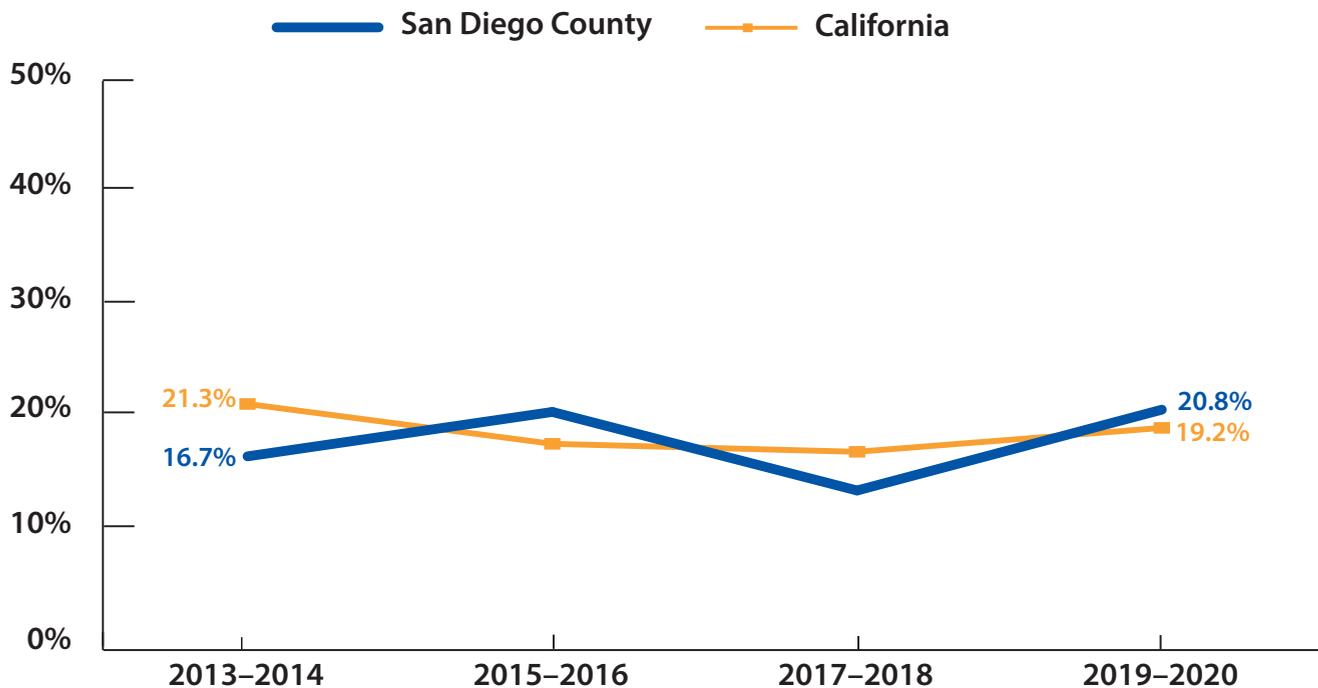


Source: California Health Interview Survey, 2020.

More than half of kindergarteners in California have experienced tooth decay. By third grade, this number rises to over 70%.

Source: California Department of Education, 2021.

Percentage of Children Under Age 12 Who Had Not Visited a Dentist in More Than One Year or Ever, San Diego County and California, 2013–2020





Adult: ORAL HEALTH

Why is this important?

More than one in four adults have untreated tooth decay. Lack of dental care leads to gum disease, tooth loss, and oral cancer. Regular preventive dental care is essential for good oral health. The life course perspective points to the importance of a two-generation approach to oral health. Limited use of dental care by parents is related to inadequate oral hygiene and dental care for children. Additionally, oral health is an important part of prenatal care, as pregnancy may make women more prone to gum disease and cavities, and poor oral health during pregnancy can lead to poor health outcomes for both mother and baby. National data for adults show racial/ethnic and income disparities in untreated dental disease. Other factors associated with missed dental visits include lack of insurance, prior dental experiences, and misinformation.

What is the indicator?

This indicator—the percentage of adults ages 18 to 65 who had not visited a dentist "within more than one year or ever"—represents the proportion of adults who did not have the recommended annual visit to prevent and treat dental disease and decay. These data are routinely reported in the California Health Interview Survey.

What is the trend?

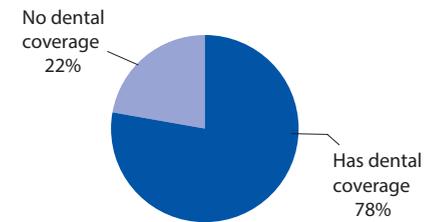
The trend is static. The percentage of San Diego County adults who had not visited a dentist in the prior 12 months or ever has fluctuated and not consistently improved since 2013.

Estimated number of San Diego County adults ages 18-65 who had not visited a dentist within prior 12 months, 2020

555,000

Source: California Health Interview Survey, 2020.

Percentage of Adults in San Diego County with Dental Coverage, Public or Private, 2020

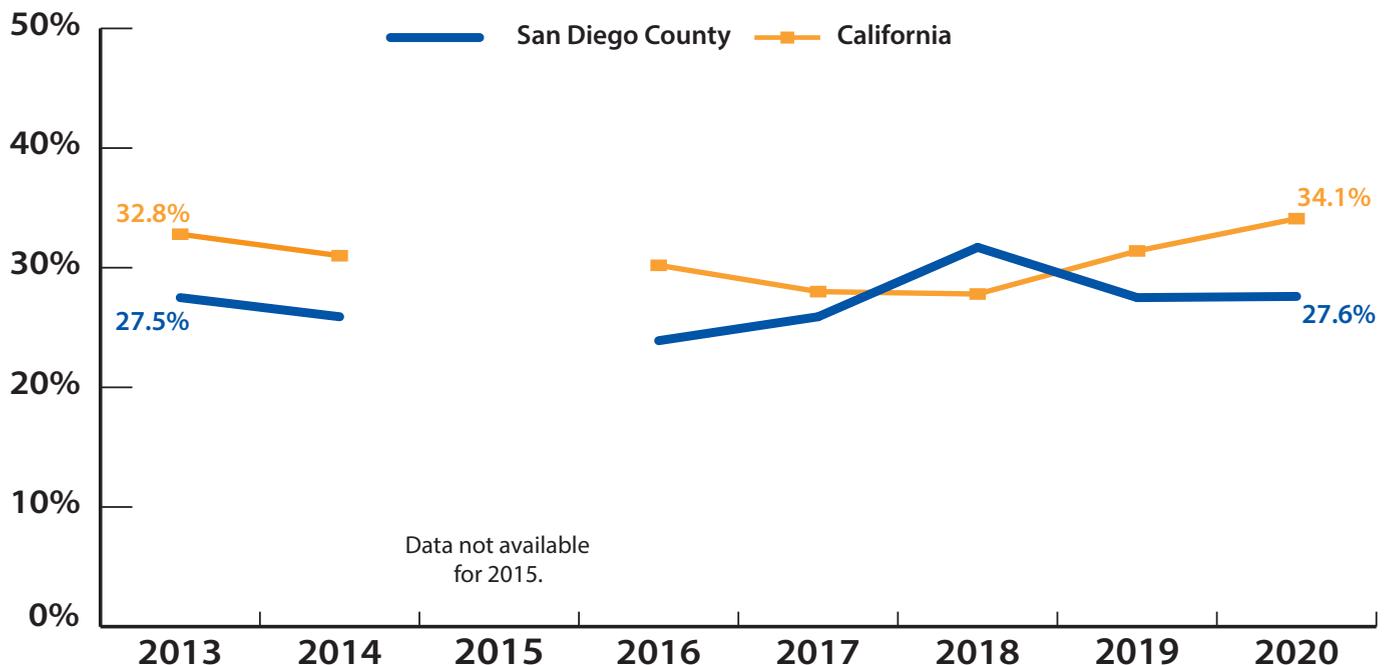


Source: California Health Interview Survey, 2020.

An estimated 79% of women enrolled in Medi-Cal did not receive any dental care during pregnancy. Barriers include failure to refer pregnant women to dental services, limited or lack of dental insurance, and lack of perceived need.

Source: San Diego County Oral Health Coalition Assessment Report, 2019.

Percentage of Adults Ages 18–65 Who Had Not Visited a Dentist in More Than One Year or Ever, San Diego County and California, 2013–2020



What strategies can make a difference?

Good oral health habits and routine dental care “run in the family,” with adults’ attitudes and habits reflected in what children learn and do throughout their lives. Preventing dental caries and promoting oral health are necessary for assuring good overall health among children and adults. Beginning in childhood and continuing throughout life, the key elements for assuring optimal oral health are: sound nutrition, effective “self-care” practices (e.g., brushing and flossing), and access to preventive dental services and treatments through a “dental home”, starting at age 1.

These evidence-based and best practices are used across the country to achieve success in improving the oral health status of children and adults:

- Implement health promotion campaigns that increase awareness of the importance of brushing and flossing (from infancy), as well as preventive dental visits for children and adults.
- Expand access to dental services in low-income and underserved communities (e.g., dental services in community clinics, mobile dental clinics).
- Increase effective use of primary health care providers (e.g., pediatricians, family physicians, nurse practitioners), early childhood education, and community-based organizations to educate parents about the importance of oral health and to connect families to dental care.
- Ensure access to preventive services, including sealants and fluoride varnish, through dental providers, primary care providers, and school-based services. elementary schools, and other community settings.
- Increase availability of teledentistry programs and services.
- Increase both adult and child coverage for dental services, particularly through Medicaid (Medi-Cal/ Denti-Cal) and expand coverage under other publicly subsidized health plans.
- Inform children, adults, and senior citizens about their dental coverage.
- Assure community water fluoridation.
- Promote and conduct oral health assessments or screenings through home visiting, child care, Head Start, WIC, elementary schools, expanded learning programs, and other settings.
- Increase the number of trained dental professionals, including dentists and dental hygienists (e.g., by increasing the number of training slots and offering loan repayment options in exchange for serving in low-income communities).

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Advocate for increase in Denti-Cal reimbursement rates to incentivize dental providers, including specialists, to participate in Denti-Cal, thus expanding access to dental services for Medi-Cal patients.
- Advocate for a wider range of dental procedures be included for provider reimbursement.

Programs & Services

- Develop and implement teledentistry programs that provide virtual dental home services for children, seniors, and vulnerable populations.
- Develop local health promotion campaigns that increase awareness of the importance of brushing and flossing (from infancy) as well as preventive dental visits for children and adults.

Family & Community

- Ensure materials on the Share the Care program, which provides no cost dental services to uninsured children and pregnant women, is available at schools, libraires, community centers and Live Well Centers.
- Organize parents to ask schools and dental clinics to provide mobile dental clinic services for students at school events and in community settings.



Ages 6–12 (School Age): SCHOOL ATTENDANCE

Why is this important?

School attendance is one of the strongest predictors of school achievement or failure. Students who attend school regularly are more likely to graduate from high school and find better employment. Chronic absence can lead to deficits in school achievement, as students in elementary school are learning the basic social and study skills to succeed in school. Children living in poverty are two to three times more likely to be chronically absent. Whether children miss school as a result of illness, truancy, or family vacations, missing many days of school affects learning for all: the students who must catch up on missed learning, the teacher who must reteach the material, and the other students whose educational progress is slowed as a result.

What is the indicator?

This indicator—the percentage of elementary school (K–5) students who did not attend school at least 95% of school days—monitors school attendance based on 95% attendance on the Second Principal Apportionment (P2) reporting date of each district’s school year (not average daily attendance). It includes students who are absent approximately nine days per school year. These 2020–21 school district data represent 76% of the student population in San Diego County.

What is the trend?

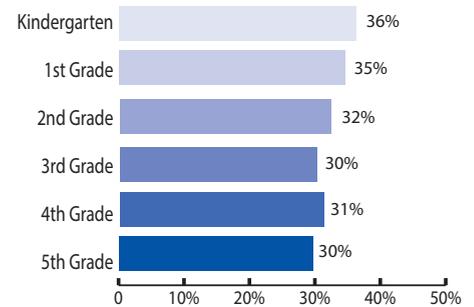
The trend is moving in the wrong direction. The percentage of students in grades K–5 who did not attend at least 95% of school days has fluctuated somewhat but is generally increasing (worsening). Attendance varies by school and district (data not shown).

Number of San Diego County students in grades K-5 enrolled on P2 date, school year 2020-21

165,982

Source: San Diego County school districts reporting on P2 data for 2020-21 school year.

Percentage of Students K-5 Who Attended Less than 95% of School Days, By Grade

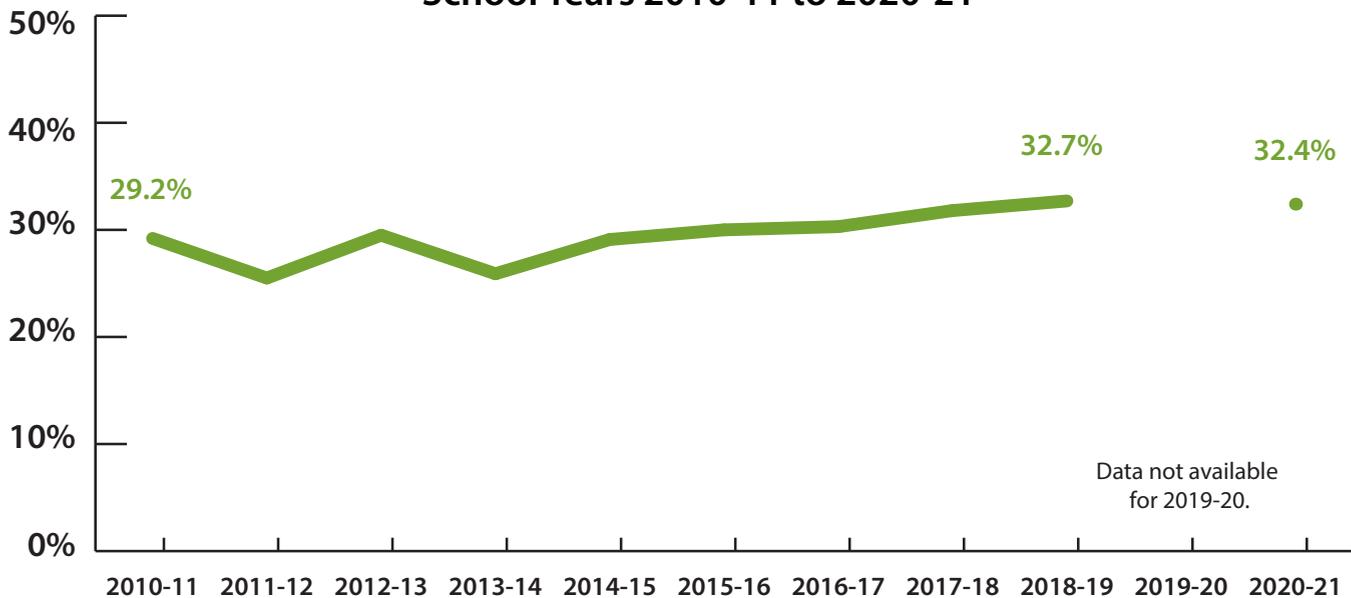


Source: San Diego County school districts reporting on P2 data for 2020-21 school year.

Nearly 54,000 students in grades K-5 attended less than 95% of school days in 2020-21.

Source: San Diego County school districts reporting on P2 data for 2020-21 school year.

Percentage of Elementary School Students (Grades K-5) Who Did Not Attend at Least 95% of School Days, San Diego County, School Years 2010-11 to 2020-21



What strategies can make a difference?

While school attendance may be affected by many factors, such as illness, transportation difficulties, child care, parent illness, or family dysfunction (e.g., poor supervision, parental substance abuse, neglect), focused and coordinated strategies can make a difference. To address frequent absences, schools, parents, community providers, and law enforcement must work together to develop policies, services, and programs that support students and their families.

These evidence-based and best practices are used across the country to improve school attendance:

- Increase parent and community awareness of the importance of regular attendance through education, outreach, and family engagement opportunities.
- Adopt effective, school-based solutions to reduce barriers to attendance (e.g., uniform and clothing closets, walking school buses, and/or mentoring).
- Provide personalized early outreach and interventions that address the specific cause of absenteeism, involving families as partners (i.e., do not wait until absenteeism for a student reaches a serious level).
- Adopt evidence-informed practices and policies to engage and educate parents on the importance of regular attendance through education, outreach, and publicity (e.g., Attendance Works toolkit).
- Develop accurate and daily monitoring of attendance, beginning in kindergarten, with feedback to parents (e.g., using multiple languages, the Internet, e-mail, and other forms of communication).
- Implement evidence-informed and well-communicated attendance policies and practices to create a school climate and practices that promote attendance and family engagement.
- Use community outreach staff to make visits to the homes of families whose children have chronic absenteeism in order to assess family needs and to support parents.
- Target interventions for students with chronic attendance problems, including referrals to a trained professional (e.g., school counselor, social worker, health professional).
- Connect schools, parents, health and mental/behavioral health professionals, and community supports in efforts to reduce absenteeism.
- Keep students safe and supported at school and on their way to and from school, focusing on sustained implementation of evidence-based anti-bullying programs.
- Provide positive reinforcement and acknowledgement for even small improvements (e.g., attendance recognition events, front-of-line privileges at lunch, extra computer time).

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Allocate funding for attendance interventions such as home visits, school site social workers, and positive reinforcement for students with high or chronic absenteeism.
- Implement monthly attendance monitoring systems by school site to monitor attendance, and provide early interventions for chronically absent students.

Programs & Services

- Increase the use of social workers on elementary school campuses, with a focus on serving chronically absent students.
- Provide support to parents and families to minimize barriers to attendance (e.g., uniforms and clothing closets, basic hygiene supplies, walk to school programs, and resources for ride share programs).

Family & Community

- Partner with local businesses to support and promote student attendance by providing incentives for attendance improvement.
- Provide outreach to preschool and kindergarten parents to educate them about the importance of consistent school attendance.



Ages 6–12 (School Age):

SCHOOL ACHIEVEMENT GRADE 3

Why is this important?

Achievement assessments are important tools for measuring students’ academic strengths and areas of improvement, thus helping students, teachers, and parents better understand students’ academic needs. Teachers can use results to improve instruction based on the needs of their students. The data gathered from formal assessments provide teachers with information about individual students, as well as the class as a whole, which guides instruction in helping students gain proficiency across subject areas and assists students in being better prepared for future grades. Other factors that affect school achievement include school climate, parent involvement, socioeconomic status, and teacher performance.

What is the indicator?

This indicator—the percentage of students in grade 3 who have met or exceeded the state standards for English–Language Arts/Literacy—reflects reporting of Common Core Smarter Balanced test results. These data are reported annually by the California Department of Education.

What is the trend?

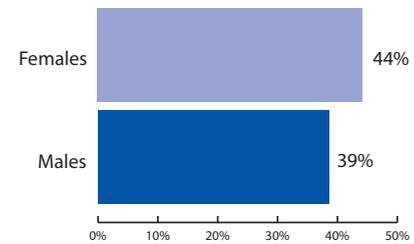
The COVID-19 pandemic has limited the number of students who participated in the English-Language Arts/Literacy testing for school year 2020–21. As a result, no San Diego County trend can be assessed due to limited student participation in 2020–21 and the suspension of testing in the school year 2019–20. The percentage of students who met or exceeded English-Language Arts/Literacy in 3rd grade was 41% in 2020–21 and 55% in 2018–19 (data not shown).

Number of 3rd grade students who participated in English Language Arts/Literacy and Mathematics Common Core Smarter Balanced Assessments in San Diego County 2020-21

4,423

Source: California Assessment of Student Performance and Progress. Data for 2020-21 school year.

Percentage of 3rd Graders Who Met or Exceeded English-Language Arts/Literacy Achievement Standard, By Gender

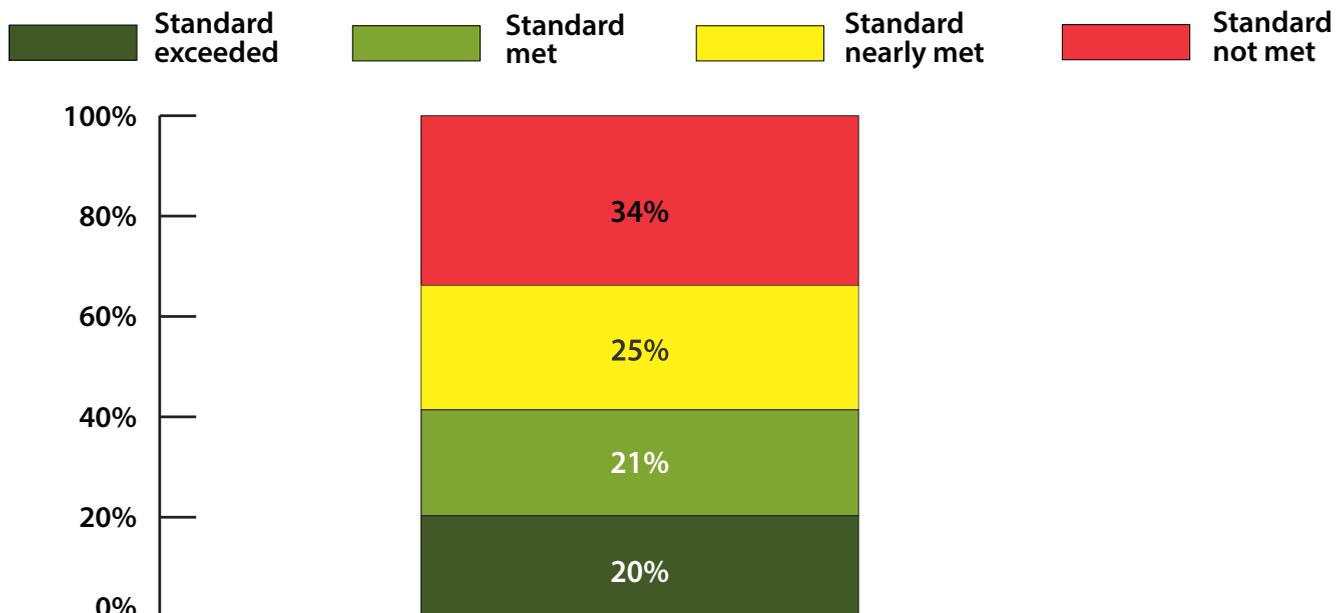


Source: California Assessment of Student Performance and Progress. Data for 2020-21 school year.

59% of 3rd grade students did not meet or exceed the achievement standard in English-Language Arts/Literacy.

Source: California Assessment of Student Performance and Progress. Data for 2020-21 school year.

Percentage of Students in Grade 3 By Test Results in English-Language Arts/Literacy, San Diego County, School Year 2020-21



What strategies can make a difference?

Parents, early care and education providers, schools, and community programs all have a role to play in improving achievement in the early grades. Success in instilling language and reading skills begins with early language experiences and literacy skills incorporated into all areas of a child’s life. Building strong pre-reading and early reading skills, listening to stories, growing vocabulary in conversation with caregivers, and reading age-appropriate books all have value in the critical period from birth to 3rd grade.

These evidence-based and best practices are used across the country to increase proficiency in English-Language Arts:

- Assess children in pre-kindergarten and at school entry to identify those in need of additional supports for early literacy education and skills.
- Provide early literacy support and services for children ages 3–5, based on assessed needs.
- Promote family reading, talking, and singing to infants, toddlers, and preschoolers to build vocabulary and other English-Language Arts skills.
- Limit “screen time,” including computers, television, and video games, ideally with no screen time for children under age 2.
- Ensure use of appropriate pre-reading and reading skills development in early care and education settings, including child care, Head Start, and preschool.
- Provide Supplemental Educational Services to children who require special assistance.
- Offer comprehensive English-language arts instruction (particularly important in grades K, 1, and 2), including: phonics-based instruction, word/language study, small group instruction, and use of interesting and relevant reading materials.
- Use culturally and linguistically appropriate teaching strategies, including opportunities for students to share their cultural heritage and life experiences.
- Expand use of evidence-based programs that support early childhood and family literacy and make books available, such as Raising A Reader or Reach Out and Read.
- Provide appropriate services for parents of young children who do not speak English or who speak English as a second language.
- Develop age, culturally, and linguistically appropriate intervention programs across settings where children are learning, including before and after school, summer, and in-school reading support.
- Promote independent reading and writing at school and at home.
- Encourage reading across the curriculum in schools (e.g., story problems in math).
- Ensure evidence-based high quality professional development for all teachers.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Prioritize and financially support literacy tutoring programs in grades K–3 for low level readers in schools, and expanded learning settings.
- Provide school support services during summer breaks to limit learning loss for grades K–3.

Programs & Services

- Develop literacy support services such as one-on-one and small group tutoring for low level readers in grades K–3 in schools and expanded learning settings.
- Implement evidence-based social and emotional learning (SEL) programs to bolster academic performance.

Family & Community

- Secure and provide book and reading material “giveaways” at community clinics, libraries, neighborhood events, faith-based events, and local businesses.
- Coordinate family reading events on weekends and school holidays at local bookstores, Live Well Centers, community centers, libraries, and other local community settings.

Impacts of the COVID-19 Pandemic on School-Age Children

The COVID-19 pandemic has caused substantial and ongoing interruption in the education of our children and youth. Research has documented decreases in student achievement in foundational skills such as math and reading. Most notably, the achievement gap has continued to grow for our low-income students. Isolation and restrictions have also impacted students' sense of well-being, including both their physical and mental health.

Impact on Education

Almost all school-age children in the county have experienced significant disruptions to their education due to the pandemic.

- The shift to virtual instruction in March 2020, and subsequent restrictions on returning to in-person instruction, severely restricted on-campus learning opportunities for a significant portion of the 2020–21 and 2021–22 school years.
- Access to in-person instruction during those school years was limited further by lengthy absences required for quarantine following exposures, and by home isolation in response to COVID-19 symptoms or a positive test result.
- Access to the supports provided to students through extended day expanded learning programs and childcare has been similarly impacted over the last three school years.
- Disruptions caused by COVID-19 during the last three school years have impaired academic growth and created knowledge and skill deficits.
- The extended periods of isolation also hindered the development of social skills.
- Traumatic losses caused by the pandemic, and/or the constant threat of loss, have eroded students' sense of safety and stability, and their ability to cope with day-to-day stressors.
- Increased rates of absence have become normal. Nationally, rates of chronic absenteeism (missing 10% or more of the school year) and truancy have increased dramatically, as have the rates for school dropout and failing to complete high school with a diploma.
- Access to co-curricular programs (athletics, music, theater, and performing arts programs) was even more limited, as these settings were considered to be higher risk for spreading COVID-19.

Impact on Community Supports

Youth recreation and enrichment opportunities in communities were suspended or scaled back in response to the pandemic. Youth sports programs, recreation centers, performing arts programs, libraries, and parks were closed for months, with restrictions on indoor sports and performing arts in place for more than a year. In response to public health guidance, many families also isolated their children from others, further limiting opportunities for normal interaction and play.

Impact on Families

While it is likely almost all school-age children experienced disruptions to education and limited access to community supports, many children suffered even greater losses.

- A recent national study found that more than 144,000 children experienced the death of a primary caregiver from COVID-19. Hundreds of thousands more lost a loved one.
- Public health requirements that reduced the risk of exposure to COVID-19 placed many families in extreme economic stress, as businesses were forced to close and labor hours were reduced.
- The high cost of housing and rising costs of food, fuel, services, and consumer goods continue to increase family stress and the need for or likelihood of unwanted sacrifices and transitions.

Enduring Impacts

The combination of the previously mentioned factors has resulted in negative impacts for children that are likely to endure unless they are recognized and addressed. For many children, feelings of isolation and loneliness have resulted in increased need for mental health supports, with the Centers for Disease Control and Prevention acknowledging that we are in the midst of a national youth mental health crisis. Sedentary behavior and unhealthy eating have become habitual, leading to increased rates of childhood obesity and related health conditions.

Recommendations

Create Multi-Tiered Systems of Support

Schools must recognize the individual (academic, social-emotional, and wellness) needs of each student, match resources and supports to those specific needs, and monitor and refine their intervention efforts to ensure that needs are being addressed effectively. Schools should develop Multi-Tiered Systems of Support (MTSS). MTSS rely on the development and refinement of systems to collect individual data to understand student needs. They further rely on a leadership team that analyzes the data, constructs strategies, implements plans, and develops internal and external resources.

Multi-Agency Collaboration

Collaboration between the County and community stakeholders and the greater K-12 community increased dramatically in response to the pandemic. Continued engagement and collaboration on countywide and community-oriented strategies to address conditions that affect the health and wellness of children would be immensely valuable.

Home-Based Learning Options and High-Dosage Tutoring

While distance learning was difficult for most students, expanding home-based learning offerings and offering high-dosage tutoring would be valuable for many students.

Food Security During School Closures and Illness

Many children depend on school meals for their only reliable source of nutritious meals. During the pandemic, federal and state rules requiring that students be present at school to receive meals were relaxed to allow parents to pick up meals for their children when they were unable to attend schools. With the return to pre-pandemic rules, advocacy with federal and state decision makers is needed to allow parents to pick up meals for their children when they are too ill to attend school.

Indoor Air Management Systems

Ensuring that mechanical ventilation systems are working effectively has become an important COVID-19 prevention measure, but effective air management has benefits that extend beyond COVID-19 prevention. Effective ventilation systems reduce the spread of airborne contagions, improve indoor air quality (smoke from wildfire and smog), reduce carbon dioxide levels, and reduce energy costs. This reduces the number of employee and student absences, improves learning outcomes, and increases revenue from improved student attendance.

In the coming years there is much work to be done to support students' learning loss, maximize access to multimodal learning, and promote physical and mental health. Through strong relationships and encouragement, adults can help children and youth develop the resiliency they need to persevere and overcome pandemic-related challenges.



Ages 13–18 (Adolescence): SCHOOL ATTENDANCE

Why is this important?

School attendance during the middle and high school grades is a strong predictor of school success or failure. Students who attend school a minimum of 90 percent of the time have a much greater likelihood of academic success and high school graduation. Chronic absenteeism is associated with lower achievement, reduced high school completion, and delinquent behavior. Whether students miss school as a result of illness, family vacations, truancy, or delinquent behaviors, missing too many days of school directly affects learning and life.

What is the indicator?

This indicator—the percentage of middle and high school students who did not attend school at least 90% of school days—monitors school attendance based on 90% attendance on the Second Principal Apportionment (P2) reporting date of each district school year (not average daily attendance). It includes students who are absent approximately 18 days per school year, for any reason. The data shown represent 70% of the middle and high school student population in San Diego County.

What is the trend?

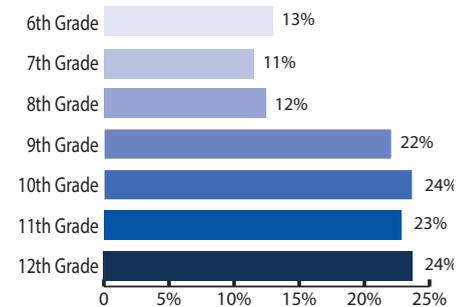
The trend is moving in the wrong direction. The percentage of students in middle and high school who did not attend at least 90% of school days has fluctuated somewhat but is generally increasing (worsening), especially in 2020–21 due to factors associated with the COVID-19 pandemic. Attendance varies by school and district (data not shown).

Number of San Diego County students in grades 6-12 enrolled on P2 date, school year 2020-21

191,276

Source: San Diego County school districts reporting on P2 data for 2020-21 school year.

Percentage of Students Who Attended Less than 90% of School Days, By Grade

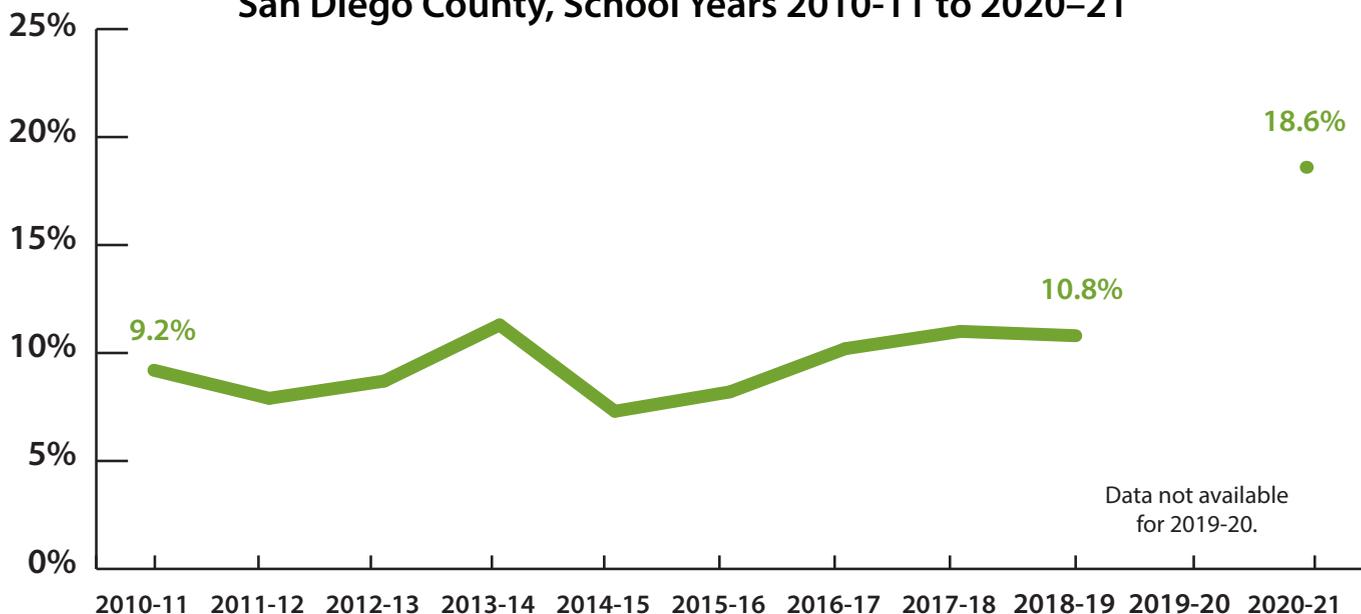


Source: San Diego County school districts reporting on P2 data for 2020-21 school year.

Nearly 36,000 students in grades 6-12 attended less than 90% of school days in 2020-21.

Source: San Diego County school districts reporting on P2 data for 2020-21 school year.

Percentage of Middle and High School Students (Grades 6–12) Who Did Not Attend at Least 90% of School Days, San Diego County, School Years 2010-11 to 2020–21



What strategies can make a difference?

A coordinated and comprehensive set of strategies is needed to reduce poor attendance patterns at the individual and school levels. To address attendance issues with middle and high school students, we must bring together schools, parents, community providers, and law enforcement to develop policies, programs, and supports focused on both prevention and intervention services. As students enter middle and high school, feeling connected and successful at school becomes increasingly important to staying in school and graduating.

These evidence-based and best practices are used across the country to improve school attendance among older students:

- Develop accurate monthly and daily monitoring for attendance, with timely feedback to parents (e.g., using multiple languages, the Internet, e-mail, and other forms of communication).
- Promote parent, community, and school partnerships addressing the importance of regular attendance and parent involvement.
- Increase student success and engagement in learning through targeted interventions such as: career academies, service learning, school-to-work programs, and technical education programs.
- Create a school climate that engages parents as partners in education.
- Adopt proven and effective attendance policies, with a strong communications strategy to engage parents and school staff in their implementation.
- Train staff to identify the early signs of chronic absenteeism and truancy.
- Coordinate district calendars to operate schools on the same days.
- Provide early interventions and provide positive reinforcement (e.g., attendance recognition and incentives).
- Offer home visits to support and engage families and identify unmet needs.
- Adopt effective, school-based solutions to reduce barriers to attendance (e.g., uniform and clothing closets, walking school buses, and mentoring).
- Provide expanded learning programs and workplace service learning opportunities to engage teens after school, in the evening, and on weekends.
- Keep students safe and supported at school and with social media—in particular, by implementing evidence-based anti-bullying and anti-cyber-bullying strategies.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Align and adopt school calendars to operate on the same school days for corresponding elementary, middle and high schools.
- Allocate funding for attendance interventions such as home visits, school site social workers, and positive reinforcement at schools with high chronic absenteeism.

Programs & Services

- Expand opportunities for service learning, career exploration, and college and career education for middle and high school students.
- Use specialized staff to provide personalized early outreach to students who are missing school.

Family & Community

- Develop school and community events on weekends and school holidays to increase parent and family engagement.
- Develop partnerships in the community with schools, parents, and businesses to recognize student achievements and improvements.



Ages 13–18 (Adolescence):

SCHOOL ACHIEVEMENT GRADES 8 & 11

Why is this important?

English-language arts (e.g., reading and writing) and math skills are top predictors of school achievement and success in life. Formal school assessments measure students’ skills and mastery of subject matter. Assessments help gauge students’ progress and, in turn, help students, teachers, and parents understand strengths and areas of improvement. Teachers can use results to improve instruction and help students gain proficiency. Skills in English-language arts help students gain proficiency and prepare for educational achievement and a 21st century career.

What is the indicator?

This indicator—the percentage of students in grades 8 and 11 who have met or exceeded the state standard for English–Language Arts/Literacy—reflects the Common Core Smarter Balanced test results. These data are reported annually by the California Department of Education.

What is the trend?

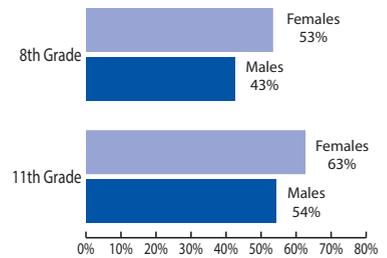
The COVID-19 pandemic has limited the number of students who participated in the English-Language Arts/Literacy testing for school year 2020–21. As a result, no San Diego County trend can be assessed due to limited student participation in 2020–21 and the suspension of testing in the school year 2019–20. The percentage of students who met or exceeded English-Language Arts/Literacy in 8th grade was 48% in 2020–21 and 55% in 2018–19 (data not shown).

Number of students who participated in English Language Arts/Literacy and Mathematics Common Core Smarter Balanced Assessments in San Diego County 2020-21

8th Grade 7,813
11th Grade 14,268

Source: California Assessment of Student Performance and Progress. Data for 2020-21 school year.

Percentage of Students Who Met or Exceeded English-Language Arts/Literacy Achievement Standard, By Gender

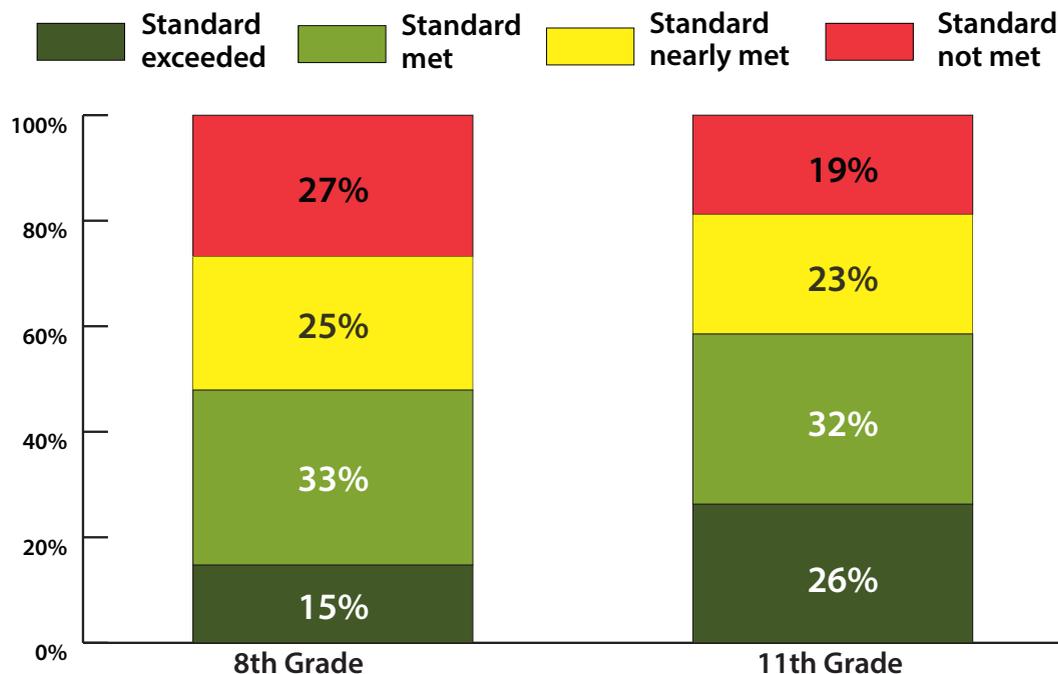


Source: California Assessment of Student Performance and Progress. Data for 2020-21 school year.

52% of 8th grade and 42% of 11th grade students did not meet or exceed the achievement standard in English-Language Arts/Literacy.

Source: California Assessment of Student Performance and Progress. Data for 2020-21 school year.

Percentage of Students in Grades 8 and 11 By Test Results in English-Language Arts/Literacy, San Diego County, School Year 2020-21



What strategies can make a difference?

Identifying and intervening to address learning and achievement problems are critical in upper grades. Distinct from elementary students, older students need more intensive remediation and support when they are behind in English-language arts proficiency. As students enter middle and high school, feeling successful at and connected to school becomes increasingly important to staying in school and graduating.

These evidence-based and best practices are used across the country to increase proficiency in English-language arts among older students:

- Provide support (including mentoring) for the middle school to high school transition, particularly for underperforming students.
- Assess and focus on underlying issues of poor academic performance (e.g., substance abuse, mental health, safety concerns) in partnership with community and health partners.
- Adopt evidence-based and appropriate intervention programs, including before school, after school, and summer programming, and in-school reading support.
- Provide summer, weekend, and evening events that disguise learning for low-performing students (i.e., robotics, duct tape fashion show, computer coding, music production).
- Provide specialized reading training and instructional strategies for teachers and classroom support staff (e.g., Cognitively Guided Instruction).
- Provide reading materials that are interesting to youth, as well as being culturally and linguistically appropriate.
- Expand and target support services to underperforming students, especially 8th and 9th graders (e.g., reading specialists, tutors, one-to-one instruction).
- Promote and support reading and writing at school and at home.
- Improve students' and parents' feeling of connection to school.
- Create opportunities for reading achievement in the community (e.g., contests, awards, library programs).
- Recognize and reward small improvements in reading and language arts skills.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Prioritize funding for tutoring, mentoring, literacy services, and family engagement specialists for underperforming students.
- Increase funding for mental health and substance abuse support and prevention services to middle and high school students.

Programs & Services

- Provide high school transition support programs for underperforming middle school students.
- Expand opportunities for summer, weekend and evening enrichment and academic support programming for students.

Family & Community

- Develop community education campaigns to promote and support reading and writing in the home.
- Partner with local community partners and businesses to host attendance and academic improvement events at local businesses, community centers, libraries, and other community settings.



Ages 6–12 (School Age): CHILD OBESITY

Why is this important?

Healthy weight is important for children’s overall health and well-being throughout life. An estimated 80% of children who are overweight at ages 10–15 will become obese by the age of 25. The causes of excess weight gain in children are both genetic and behavioral. Obesity during childhood can have immediate and long-term health risks, including: type 2 diabetes, high blood pressure, breathing problems (e.g., asthma, sleep apnea), cancer, and heart disease. In addition to physical health risks, being overweight or obese during childhood and adolescence is also linked to increased anxiety, depression, lower self-esteem, and overall quality of life.

What is the indicator?

This indicator – the percentage of adolescents ages 12–17 who are overweight or obese—measures those adolescents at higher risk for health conditions related to their weight and body mass index (BMI). These data are routinely reported in the California Health Interview Survey.

What is the trend?

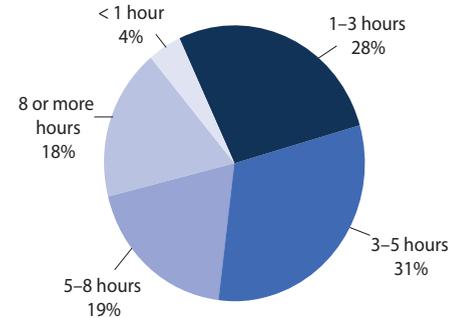
The trend is moving in the wrong direction for adolescents ages 12–17. In San Diego County, the percentage of adolescents ages 12–17 who are overweight or obese remains higher (worse) than in 2013–14.

Number of San Diego County youth ages 12–17 who are overweight or obese, 2019–2020

73,000

Source: California Health Interview Survey, 2019–2020.

An estimated 40% of San Diego County children ages 2–17 spend more than 5 hours per weekend day on sedentary activities.

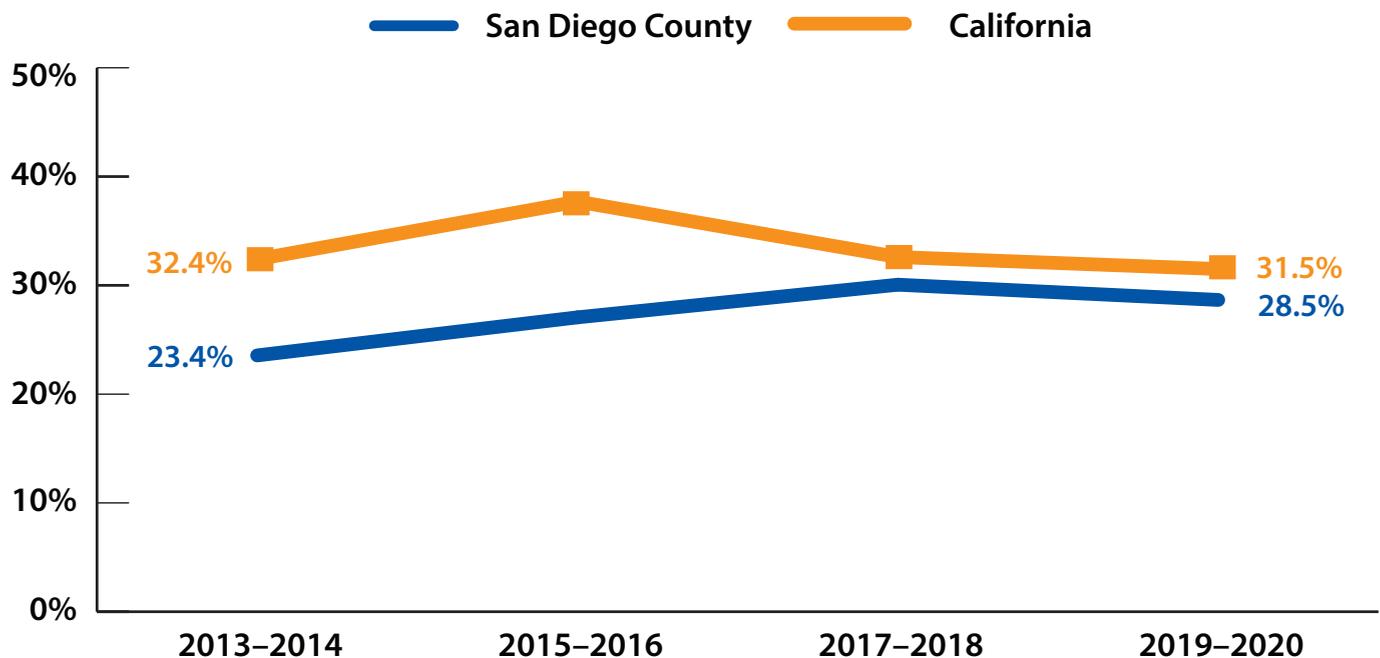


Source: California Health Interview Survey, 2019–2020.

Obesity is a complex disease with many contributing factors. Access to healthy, affordable foods and beverages, and access to safe, convenient places for physical activity can impact obesity.

Source: Center for Disease Control and Prevention, 2021.

Percentage of Adolescents Ages 12–17 Who Are Overweight or Obese (85th Percentile and Above for Body Mass Index), San Diego County and California, 2013–2020





Adult: ADULT OBESITY

Why is this important?

Being over healthy weight can have short- and long-term consequences for adults of any age. More than 40% of US adults are obese. Reflecting both genetic and behavioral factors, having obese parents places a child at increased risk for being overweight or obese throughout life. Obesity is associated with increased risk for adult chronic conditions, including: heart disease, type 2 diabetes, high blood pressure, and cancer. Factors affecting this intergenerational, life course trajectory include trauma and adverse childhood experiences, poor nutrition, and lack of physical activity/exercise. Social determinants linked to obesity include poverty, parental education, residential location, availability of safe recreational areas, and access to nutritious food and health care.

What is the indicator?

The indicator—the percentage of adults ages 18 and older who are obese—measures those adults at higher risk for health conditions related to their weight and body mass index (BMI). These data are routinely reported in the California Health Interview Survey.

What is the trend?

The trend is moving in the wrong direction. While the percentages have fluctuated, both San Diego County and California levels remain higher (worse) than those of 2011.

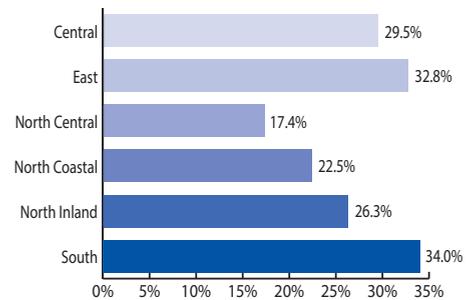
Estimated number of obese adults age 18 and older in San Diego County, 2020

593,000

Source: California Health Interview Survey, 2020.

About 1 out of every 4 adults in San Diego County is obese.

While there is some variation by region, obesity is across communities in San Diego County.

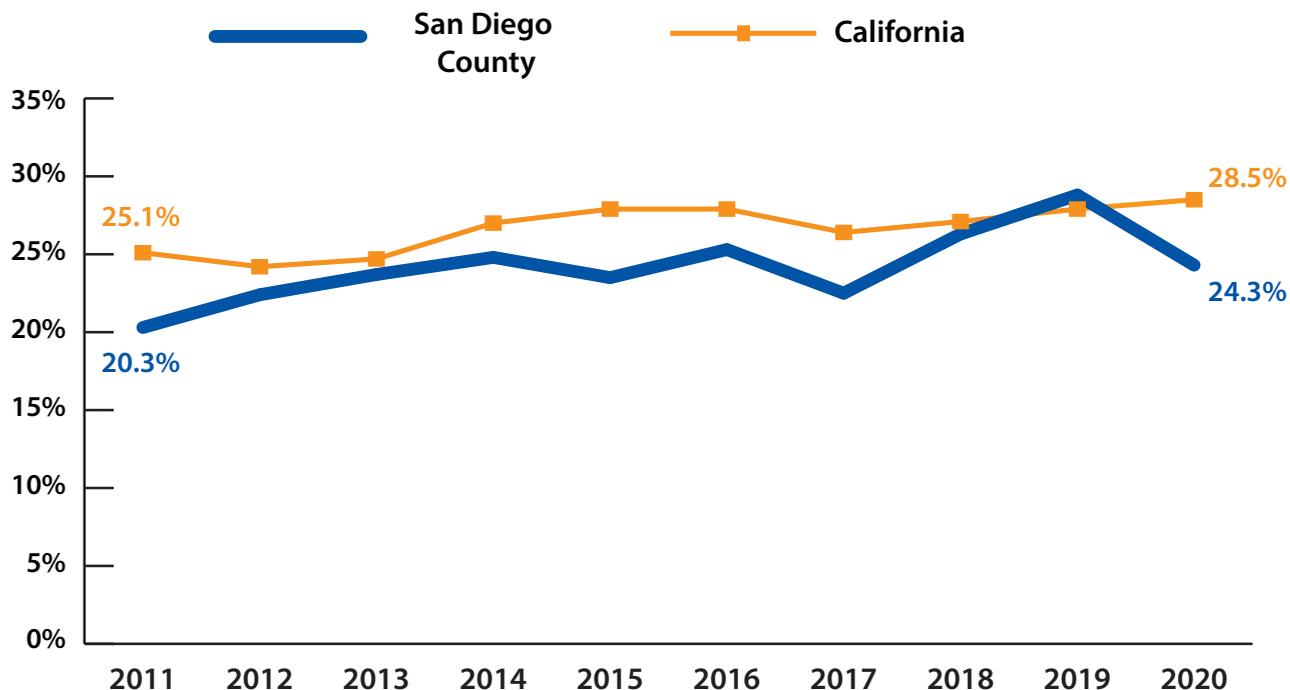


Source: California Health Interview Survey, Three-Year Average 2018-2019-2020.

Obese adults (with BMI of 30 or more) have a weight at least 20% heavier than the ideal for their height.

Source: Centers for Disease Control and Prevention, 2021.

Percentage of Adults Ages 18 and Older Who Are Obese, San Diego County and California, 2011-2020



What strategies can make a difference?

Promoting healthy weight and physical fitness among children is a national priority. National, state, and community-level efforts are underway to promote healthy weight among more children. Most programs and strategies aim to increase the availability of nutritious food, and increase physical activity, healthy lifestyle choices, and access to safe recreation areas. For adults, combinations of interventions to modify diet and lifestyle have been shown to be most effective.

These evidence-based and best practices are used across the country to address weight and obesity issues:

- Increase availability of nutrition education (including advice on shopping and cooking) in community programs.
- Increase the availability and affordability of fresh fruits and vegetables for homes and schools.
- Increase physical activity for all children and adults, at home, at school, and in the community.
- Encourage eligible families to participate in Supplemental Nutrition Assistance Program (SNAP, known as CalFresh in California) and WIC to gain access to healthy food packages.
- Promote tax credits and incentives to develop and expand the availability of farmer's markets, farm-to-school programs, community gardens, and similar projects in low-income communities.
- Provide education and support to increase breastfeeding.
- Offer smaller portion size options in schools and other public settings where meals are served.
- Reduce access to soft drinks, candy, and other foods and drinks high in sugar and calories, including requirements for public vending machines to include healthy options.
- Use fitness, weight, and health assessments in schools (starting in kindergarten) and community-based programs, with interventions and referrals provided as needed.
- Provide extended hours and nighttime lights and security at public parks, sporting complexes, school fields, and community recreation centers.
- Encourage sufficient hours of sleep, beginning with infancy and continuing through adulthood.
- Support students' capacity to walk to and from school (e.g., walking school bus or safe passages).
- Adopt school wellness policies to promote health and reduce obesity.
- Encourage employers to sponsor health education, healthy weight interventions, fitness clubs, and subsidized health club memberships.
- Develop community-level fitness and walking clubs, nutrition classes, and opportunities to garden.
- Make safe drinking water more readily available at school and in other community settings.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Reduce access to soft drinks, candy, and other foods and drinks high in sugar and calories and include requirements for all vending machines to include healthy options in government buildings and school sites.
- Prioritize and provide funding to support local schools to open gyms, playgrounds, and sports fields during non-school hours.

Programs & Services

- Develop and implement adult and youth obesity prevention programs that target all domains of obesity related behaviors (e.g., nutrition/diet, physical exercise, screen time, and sleep).
- Develop school and community partnerships to co-host farmer's markets and school gardens.

Family & Community

- Support community-wide campaigns that increase awareness of obesity prevention behaviors, such as: increase of fruits and vegetables (i.e. "eat the rainbow"), physical activity, and reduced sugar intake/screen time.
- Co-host community health fairs with health care providers, County programs, community-based organizations, and schools to educate the community about healthy lifestyle choices.



Ages 13–18 (Adolescence): SUBSTANCE USE

Why is this important?

The use of tobacco, alcohol, and other drugs can stunt an adolescent’s physical and mental development. Studies show that prolonged use of alcohol and drugs affects academic success, mental health, relationships with others, and employment potential. Nationally, the use of e-cigarettes and vaping are an increasing problem. The misuse of prescription drugs (e.g., OxyContin, Adderall, and Vicodin) also have serious consequences and is likely to continue into adulthood.

What is the indicator?

This indicator—the percentage of students in grades 7, 9, and 11 who reported use of cigarettes, e-cigarettes or other vaping device, alcohol, or marijuana in the prior 30 days—monitors a portion of substance use. These data are collected with the California Healthy Kids Survey, administered biennially to students in grades 7, 9, and 11.

What is the trend?

No San Diego County trend can be calculated due to factors related to the COVID-19 pandemic, (i.e., limited student participation in the survey). However, substance use increases with each grade level.

Percentage of 11th grade students who reported ever using e-cigarettes or other vaping device

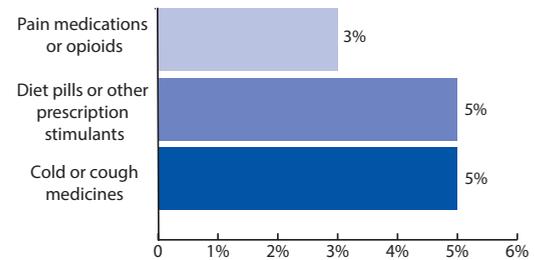
19%

Source: WestEd for the California Department of Education, San Diego County, California Healthy Kids Survey, 2020-2021.

Across grade levels (7, 9, and 11), female students in San Diego County are more likely to report current alcohol or drug use.

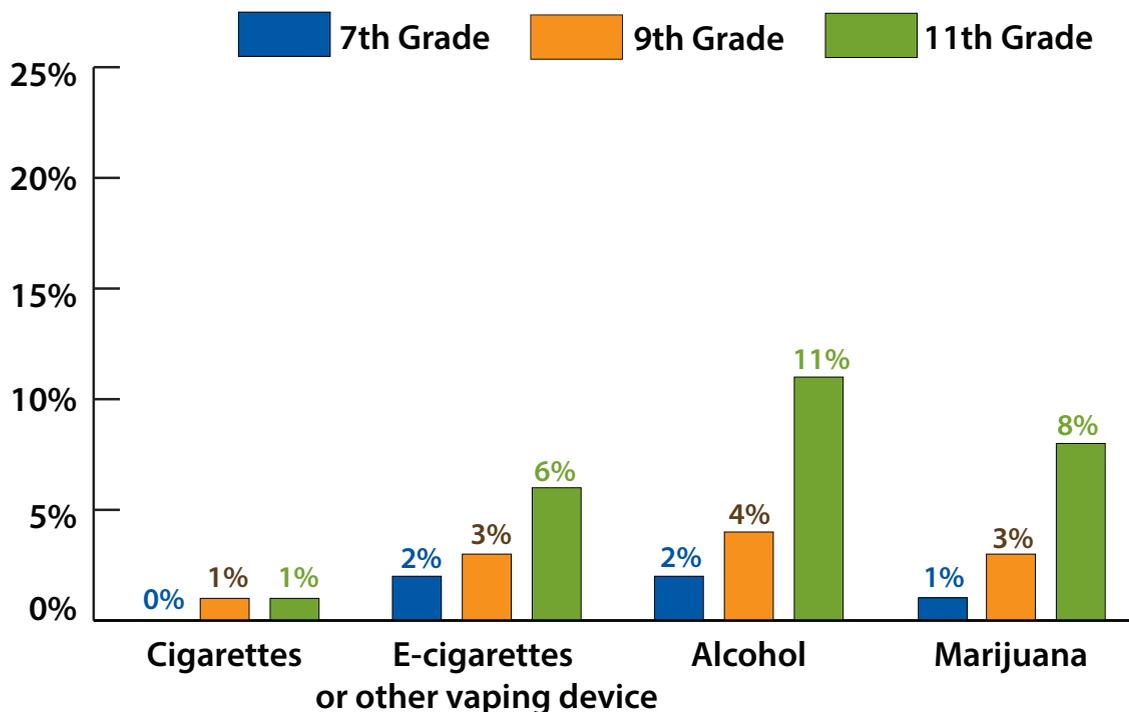
Source: WestEd for the California Department of Education, San Diego County, California Healthy Kids Survey, 2020-2021.

Percentage of San Diego County 9th Grade Students Who Reported Ever Misusing Prescription and Over-the-Counter Medicines, 2020–21



Source: WestEd for the California Department of Education, San Diego County, California Healthy Kids Survey, 2020-2021.

Percentage of Students in Grades 7, 9, and 11 Who Reported Use of Cigarettes, E-cigarettes/vaping, Alcohol, or Marijuana in Prior 30 Days, San Diego County, School Year 2020-21





Adults: SUBSTANCE USE

Why is this important?

Smoking among adults has continuously declined in recent years; yet in 2019, nearly 14 of every 100 US adults aged 18 years or older were smokers. Cigarette smoking is the leading cause of preventable disease and death. Half of adults who continue to smoke will die from smoking-related causes, and millions more suffer from smoking-related diseases such as cancer or heart disease. Smoking contributes to low birthweight and preterm births, and infants exposed to cigarette smoke are more likely to die in the first year of life. Infants and children exposed to secondhand smoke are more likely to have asthma, respiratory infections, and ear infections. Nearly three in four smokers are from lower-income communities. Parental smoking increases the chances of smoking among children and youth.

What is the indicator?

This indicator—the percentage of adults ages 18 and older who reported smoking—reflects one type of substance use. These data show current but not former smokers. The data are routinely collected in the California Health Interview Survey.

What is the trend?

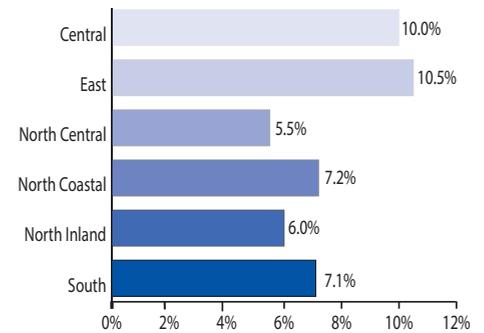
The trend is improving. The percentage of adults smoking in San Diego County continues to decline and is currently better than the state average.

Estimated number of adult smokers in San Diego County in 2020

111,000

Source: California Health Interview Survey, 2020.

Adult smoking varies by region, from 5% to nearly 11%

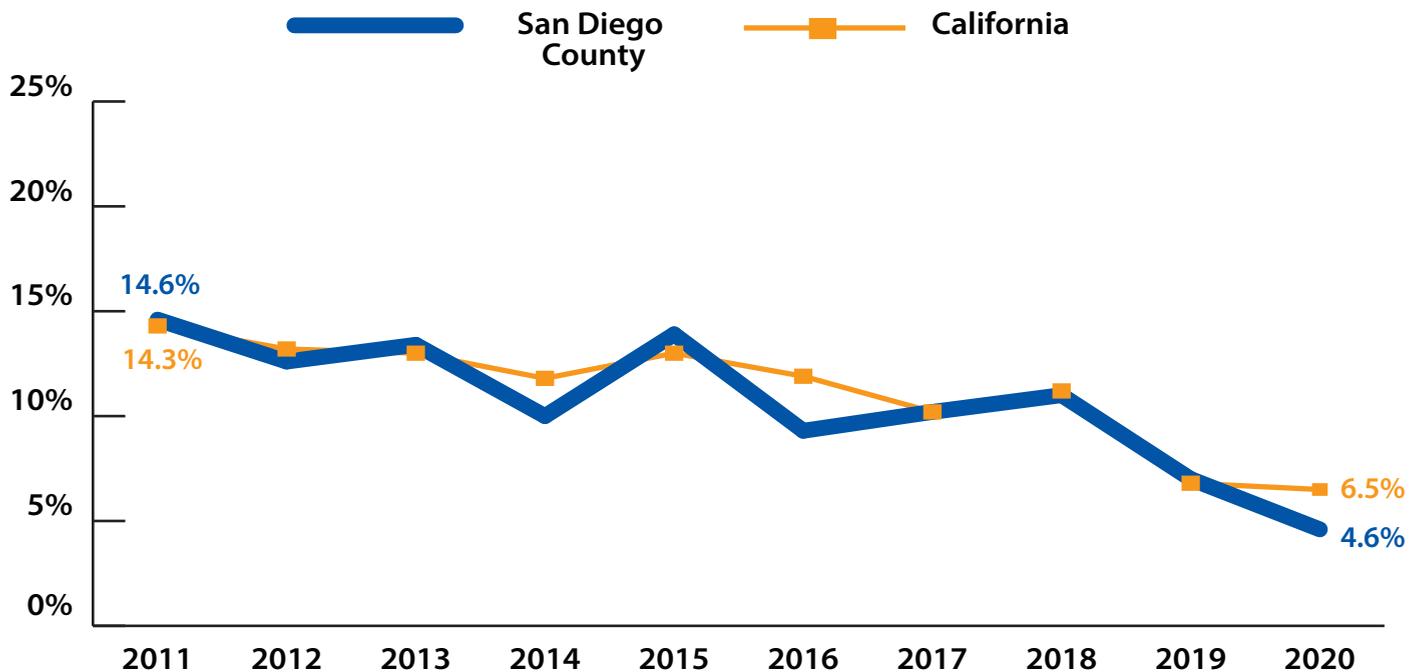


Source: California Health Interview Survey, Three-Year Average 2018-2019-2020.

Life expectancy for smokers is at least 10 years shorter than for nonsmokers.

Source: Centers for Disease Control and Prevention, 2020.

Percentage of Adults Ages 18 and Older Who Reported Smoking, San Diego County and California, 2011–2020



What strategies can make a difference?

Reducing substance use requires both prevention and intervention policies, services, and programs. Substance use treatment services for individuals are most effective when they are available immediately, community-based, and holistic. Education in schools, as well as community settings, is essential. Successful community-level prevention strategies rely on coalitions and agencies to select and implement approaches that have proven effective.

These evidence-based and best practices are used across the country to decrease substance use among youth and adults:

- Use coalitions and partnerships to educate youth, parents, and other adults in the community about the dangers of substance use, the sources of substances, and the trends in use across ages.
- Increase the availability of support groups for users of tobacco, alcohol, and other substances.
- Develop and enforce local ordinances prohibiting the sale of tobacco, e-cigarettes, and alcohol to minors, as well as over-the-counter substances that can be misused (e.g., bath salts, spice).
- Reduce the use of prescription pain medications (e.g., opioids) among youth and adults.
- Work with parents, schools, communities, and businesses to eliminate youth access to tobacco, alcohol, illicit drugs, and non-prescribed medications.
- Increase the availability of community-based drug and alcohol treatment programs—both day and residential treatment—for youth and adults.
- Ensure substance abuse treatment is available, particularly for youth in custody, in foster care, and in transition from detention.
- Use culturally competent and effective substance abuse education for youth and adults.
- Promote youth development and build resistance, resiliency, and problem-solving skills, including how to resist social pressure to use substances.
- Make pharmaceutical smoking cessation aids available free or at reduced cost, particularly for adults who continue to smoke.
- Teach parents the skills they need to improve family communication and bonding through evidence-based programs.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Enforce federal and state regulations concerning the packaging and marketing of e-cigarettes, liquid nicotine, and cannabis edibles that resemble kid-friendly products.
- Increase public funding for substance abuse treatment including day treatment, and residential bed space for youth and adults in local communities.

Programs & Services

- Increase the availability of substance abuse treatment for adults and youth in community settings throughout San Diego County.
- Provide culturally and linguistically appropriate mental health and substance use services for youth and adults in the community setting.

Family & Community

- Organize parents to work with local businesses to eliminate the promotion and access of tobacco, alcohol, and e-cigarettes to youth.
- Host events that promote healthy lifestyles and positive behaviors in community settings (e.g., schools, community centers, libraries).



Ages 13–18 (Adolescence): YOUTH SUICIDE

Why is this important?

Suicide is a major public health concern and among the leading causes of death in the United States. Many youth who attempt suicide are injured or hospitalized as a result of their attempts. Many other youth report suicide attempts and suicidal ideation (contemplation). The most common methods among young people are firearms, suffocation/hanging, and poison or overdose. Beyond the tragedy of death, suicide has a lasting traumatic effect on the family, friends, and community. Suicide is preventable when youth receive support, guidance, and interventions.

What is the indicator?

This indicator—the percentage of students in the grades 7, 9, and 11 who reported they had considered attempting suicide in the prior 12 months—reflects trends among a subset of youth who are students. These data are collected and reported in the California Healthy Kids Survey. The survey monitors well-being and health-risk behaviors among students in San Diego County schools.

What is the trend?

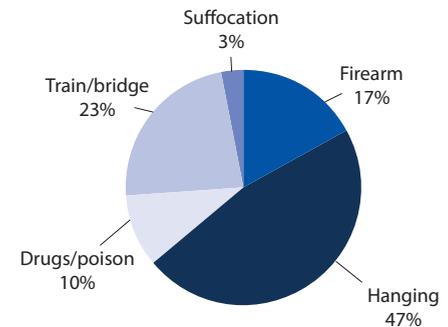
No San Diego County trend can be assessed due to COVID-19 related factors (i.e., limited student participation in the survey and limited school districts collecting this data). However, across all grades, the percentage of students who reported they had considered attempting suicide in the prior year is close to the percentage from the 2018–19 school year.

Number of suicides among youth under age 21 in San Diego County, 2020

35

Source: San Diego County Open Data Portal based on reports from Department of the Medical Examiner, 2020.

Means of suicides among youth in San Diego County by percentage, 2020

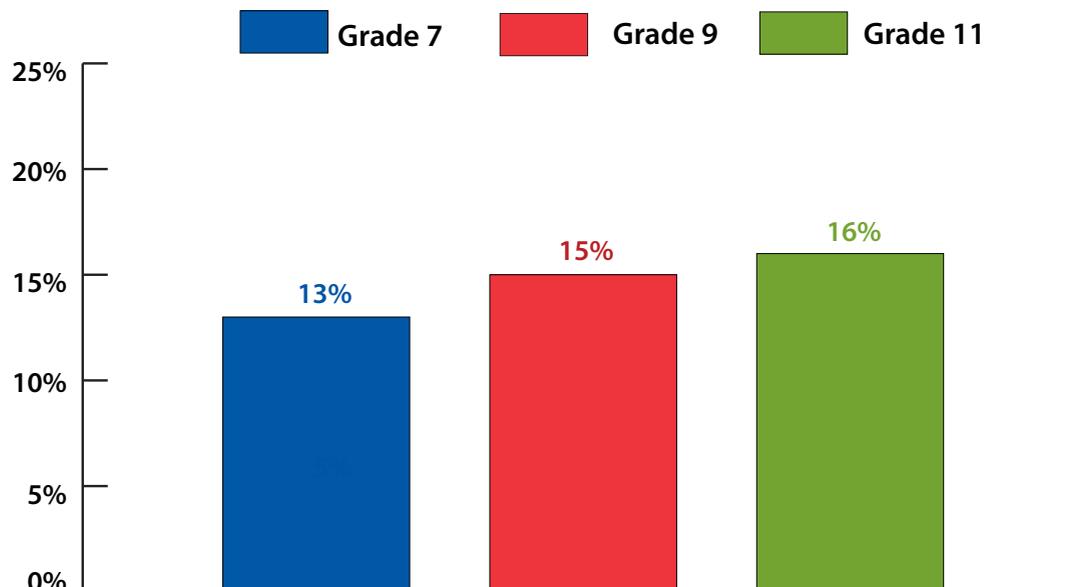


Source: Suicide deaths among youth under age 21 by means/manner of death, San Diego County, 2020. San Diego County Open Data Portal based on reports from Department of the Medical Examiner.

Males accounted for the majority of suicides among youth under age 21.

Source: Suicide deaths among youth under age 21 by gender, San Diego County, 2020. San Diego County Open Data Portal based on reports from Department of the Medical Examiner.

Percentage of Students Grades 7, 9, and 11 Who Reported They Had Considered Attempting Suicide in Prior 12 Months, San Diego County, School Year 2020–21



What strategies can make a difference?

Youth suicide prevention requires the education and engagement of adults and youth, across a range of services and settings. Youth typically do not seek assistance from mental health professionals when they are depressed. Peers, teachers, health professionals, and parents are the people most likely to have contact with a depressed youth and to identify warning signs, and are thus in the best position to intervene early.

These evidence-based and best practices are used across the country to prevent youth suicide:

- Reduce the stigma associated with seeking help for mental/behavioral health problems.
- Engage and educate peers and adult “gatekeepers” (e.g., teachers, school bus drivers, coaches) to recognize the warning signs and risk factors associated with depression and suicide—in particular, by training peers to respond to suicidal statements as an emergency and to tell a trusted adult and to use crisis hotlines.
- Educate families, schools, and community leaders about the signs of depression and suicidal ideation (i.e., thinking or talking about dying or committing suicide).
- Expand school-based programs that promote help-seeking behaviors, teach problem-solving skills, and provide assessment and referrals (e.g., Cognitive Behavioral Intervention for Trauma in Schools).
- Train primary health care providers to screen for signs of depression and suicidal ideation.
- Provide interventions tailored to at-risk youth and families of various cultural and racial/ethnic backgrounds.
- Educate parents and others about eliminating access to lethal means, particularly firearms, which remain a major instrument used by youth who attempt suicide.
- Increase access to mental/behavioral health services appropriate for youth, including outpatient treatment and residential beds for youth.
- Limit access to prescription medications and other substances that may be used in attempting suicide.
- Use the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Preventing Suicide toolkit for high schools.
- Enhance data collection and reporting, specifically school-based student health surveys.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Increase public funding for mental health services, including community-based outpatient treatment and residential beds for youth.
- Ensure school districts use the California Healthy Kids Survey to collect adequate data.

Programs & Services

- Annually train primary health care providers, nurse practitioners, school personnel, and parents about the warning signs and risk factors of depression and suicide and appropriate steps to take when signs are present.
- Develop a youth-led media campaign to eliminate the stigma associated with seeking support for mental health problems.

Family & Community

- Educate parents and caregivers on how to eliminate access for youth to prescription medication and other substances.
- Inform parents and others about eliminating access to lethal means of suicide, particularly firearms.



Ages 13–18 (Adolescence): JUVENILE CRIME

Why is this important?

Being arrested as a juvenile can have immediate and lifelong consequences for youth and their families and negatively affect communities. An arrest record and involvement with the juvenile justice system can affect young people’s educational attainment and relationships with their families, friends, and communities. Depending on the type of crime, it can hinder future employment opportunities and college acceptance. Crime also diminishes the sense of safety for families and communities, and can be costly to victims and their families.

What is the indicator?

This indicator—the number of arrests for felony and misdemeanor crimes among youth ages 10–17—reports on trends in juvenile crime in San Diego County. Arrests for status offenses such as curfew violations or truancy are not included. Only the most serious charge is reported for each arrest. Data are collected by law enforcement, stored in the Automated Regional Justice Information System (ARJIS), and routinely reported by SANDAG.

What is the trend?

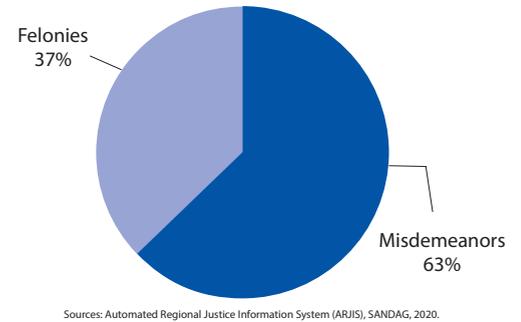
The trend is improving. The number of arrests among youth has dropped dramatically between 2010 and 2020, parallel to a national decline.

Number of juvenile felony and misdemeanor arrests in San Diego County in 2020

2,183

Sources: Automated Regional Justice Information System (ARJIS), SANDAG, 2020.

Juvenile arrests are more likely to be related to misdemeanors.

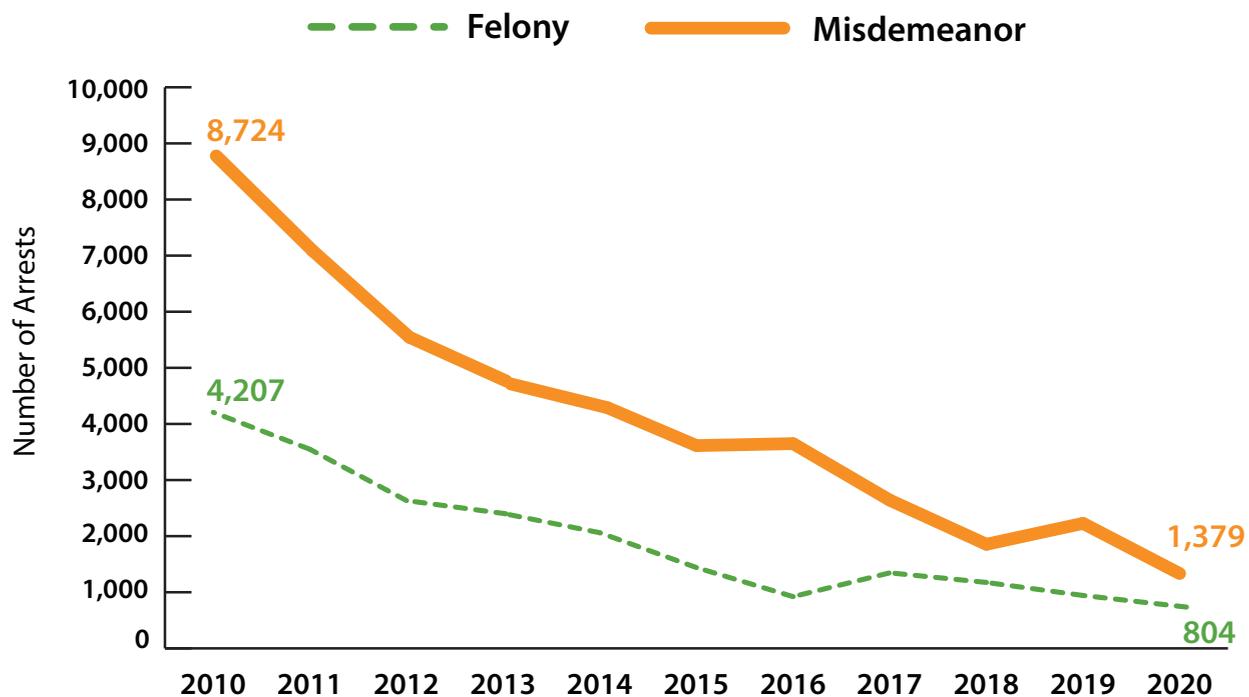


Fewer juvenile felony and misdemeanor arrests in San Diego County in 2020 than in 2019

988

Sources: Automated Regional Justice Information System (ARJIS), SANDAG, 2020.

Number of Arrests for Felony and Misdemeanor Offenses, Youth Ages 10–17, San Diego County, 2010–2020



Ten Most Common Crimes Committed by Juveniles, Ages 10–17, San Diego County, 2020

<i>Crime</i>	<i>Level</i>	<i>Number</i>
Manslaughter/Assault & Battery	Misdemeanor	258
Aggravated Assault	Felony	217
Robbery	Felony	123
Drunk/Liquor Laws	Misdemeanor	119
Petty Theft	Misdemeanor	118
Weapons Offenses	Felony	80
Burglary	Felony	77
Drug Law Violations	Misdemeanor	76
Vehicle Theft	Felony	73
Vandalism	Misdemeanor	52

Both misdemeanor and felony level crimes were among the top 10. The largest number of crimes for which youth were arrested was in the category of manslaughter/assault and battery, followed closely by aggravated assault. The robbery and petty theft categories were also prevalent. Smaller numbers of crimes were committed in categories such as weapons offenses, burglary, vehicle theft, and vandalism.

What strategies can make a difference?

Prevention, early intervention, and appropriate services for offenders are all important to reducing the number of juvenile crimes. Identifying young people when they first begin to experiment with risky behaviors and providing them with services that focus on youth development, resiliency, and leadership can reduce the chances that they will enter or escalate in the juvenile justice system.

These evidence-based and best practices are used across the country to decrease juvenile crime:

- Increase availability of mentoring programs for students in high-crime communities.
- Provide education in problem-solving, anger management, mediation, and conflict resolution.
- Deliver high quality and age-appropriate after school programming for K–12 students.
- Identify and provide early intervention for youth who are truant.
- Expand programs offering life skills training, vocational education, college readiness, career development, internships, and employment opportunities.
- Provide trauma-informed assessments, interventions, and treatment more consistently.
- Improve access to culturally appropriate, community-based mental health and substance abuse services for youth at school and in the community.
- Expand community-based juvenile diversion programs for low-level offenders, in partnership with police and sheriff's departments.
- Use approaches that have been shown to be effective in reducing disproportionate arrests and detention, particularly for youth of color.
- Offer academic support, credit recovery, and tutoring for low performing students.
- Expand prevention programs to connect youth to school, encourage positive behavior, and reduce gang involvement (e.g., Gang Violence Reduction Program).
- Provide appropriate, community-based alternatives to detention.
- Provide tailored programs that connect higher risk youth with mentors who have shared life experience in communities with high crime rates.
- Support successful and safe transitions for youth moving from detention, out-of-home placement, or incarceration back to their families and communities, particularly for teen parents.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Monitor and ensure a unified and consistent implementation of law enforcement diversion services and Alternatives to Detention by all law enforcement jurisdictions in the county.
- Monitor all trancies quarterly and provide early intervention services for at-risk youth.

Programs & Services

- Provide social workers on school campuses with high rates of truancy to work directly with youth who are truant.
- Provide one-on-one and small group mentoring led by adults with lived experience for at-risk youth.

Family & Community

- Engage parents, families, and youth in pro-social activities to increase family engagement and positive youth development.
- Organize academic and tutoring support at libraries and community centers for youth struggling academically.



Ages 13–18 (Adolescence): JUVENILE PROBATION

Why is this important?

Youth who enter the juvenile justice system and have a sustained petition (also known as a “true find”) are placed on probation. Probation is structured supervision to ensure that young people successfully complete their court orders and get back on track. While probation is an important tool, it is costly for the public and often represents failure to address early warning signs of risky behavior and the unmet needs of youth. Entering the juvenile justice system after committing a crime has a negative impact on a young person’s life immediately and in the future.

What is the indicator?

This indicator—the number of sustained petitions (true finds) in juvenile court among youth ages 10–17—reports on the juvenile equivalent of being found guilty in adult court. This indicator includes only sustained petitions for misdemeanor or felony offenses. Status offenses such as curfew or truancy violations are not included here. These data are reported by the San Diego County Probation Department.

What is the trend?

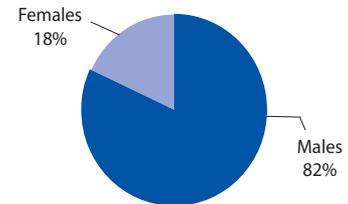
The trend is improving. The number of sustained petitions in juvenile court has decreased steadily since 2010. A combination of improved services and policies contributed to this progress.

Number of youth that received sustained petitions (“true finds”) for misdemeanor or felony offenses in San Diego County in 2020

914

Source: San Diego County Probation Department, 2020.

Males represented 82% of youth who had sustained petitions.



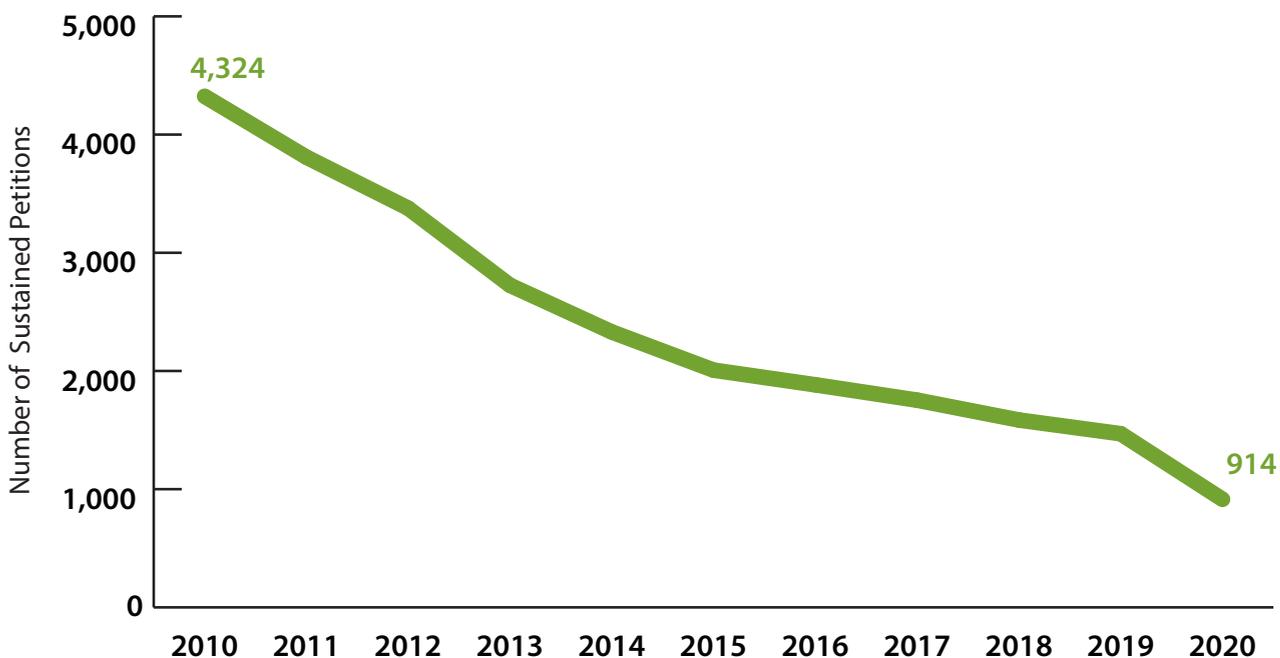
Source: San Diego County Probation Department, 2020.

555

Fewer sustained petitions in San Diego County in 2020 than in 2019

Source: San Diego County Probation Department, 2020.

Number of Sustained Petitions (“True Finds”) in Juvenile Court, Youth Ages 10-17, San Diego County, 2010-2020



What strategies can make a difference?

Holding young people accountable for their actions while supporting them in making better decisions, provides them with an understanding of appropriate boundaries, an opportunity to learn from their mistakes, and the ability to get back on track. Consistent use of evidence-based strategies, from arrest and detention to aftercare and probation completion, are key to success. Providing appropriate interventions, along with consistent and direct community supervision and support, has been found to be effective in preventing increased delinquent behaviors, reducing recidivism, and improving public safety.

These evidence-based and best practices are used across the country to reduce arrests and escalation in the justice system:

- Implement nationally recognized and evidence-based youth development, family engagement, and recidivism reduction models.
- Use nationally recognized juvenile institutional procedures that reflect a rehabilitative and therapeutic approach to peer support, mental health therapy, nutrition, and positive youth development practices.
- Provide trauma-informed mental health evaluations and clinical supervision of providers, substance abuse services, and cognitive behavioral therapy.
- Provide immediate and ongoing access to mental health services and residential mental health and substance abuse prevention bed space for juvenile offenders.
- Provide academic support for reading proficiency, credit recovery, and high school completion for low performing students.
- Provide alternatives to detention, such as community-based supervision with wraparound services, cool beds, emergency foster homes, and day reporting centers.
- Develop comprehensive family-engaged case plans for youth, including comprehensive re-entry and aftercare services.
- Offer job readiness, career and technical education, internships, and subsidized employment for youth on probation.
- Offer no cost parent education and training to improve family communication, youth development, decision-making, and conflict-resolution skills for youth on probation and their families.
- Use lived-experience staff and mentors to work with youth on probation.
- Provide evidence-based practices in restorative justice, such as victim-offender mediation, empathy training, and restitution.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Require robust comprehensive family-engaged case plans for all youth on probation.
- Set annual goals for the County probation office to hire lived-experience staff to work with probation clients.

Programs & Services

- Increase mental health and substance abuse residential bed availability for youth on probation.
- Develop and implement internships and subsidized employment opportunities for youth on probation.

Family & Community

- Build partnerships with businesses and community-based agencies to host events that connect youth on probation with leaders in their communities.
- Host pro-social events on evenings and weekends for youth on probation that support healthy relationship building, positive communication, and community belonging.



Ages 13–18 (Adolescence): YOUTH DUI

Why is this important?

Driving under the influence of alcohol or drugs is a serious hazard to health and safety for youth and the community at large. Youth ages 16–20 are not of legal age to drink, yet they report that it is easy to obtain alcohol. One in 10 high school students has reported drinking and driving. At any level of impairment, youth are more likely to be involved in a vehicle crash. Alcohol and drugs affect judgment, reaction times, and awareness, which makes driving under the influence especially dangerous for teen drivers, whose inexperience already makes them four times more likely to crash than adults. Motor vehicle crashes are the leading cause of death for US teens.

What is the indicator?

This indicator—the number of DUI arrests among youth under age 18 and ages 18–20—measures one aspect of the problem of alcohol- and drug-related collisions. This is a subset of a larger number of youth who engage in DUI but are not caught. These data are reported by the California Department of Motor Vehicles.

What is the trend?

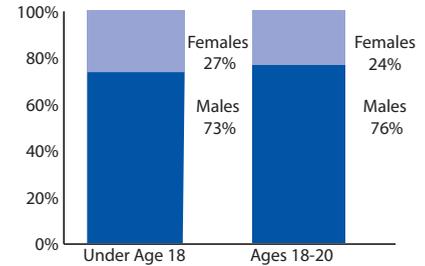
The trend is improving. The number of DUI arrests among youth under 18 and 18–20 years old has declined since 2008.

Number of DUI arrests
among drivers under age 21
in San Diego County in 2018

484

Source: California Department of Motor Vehicles, Driving Under the Influence Management Information System (DUI-MIS), 2018.

DUI Arrests Among Youth, By Age and Gender, San Diego County, 2018



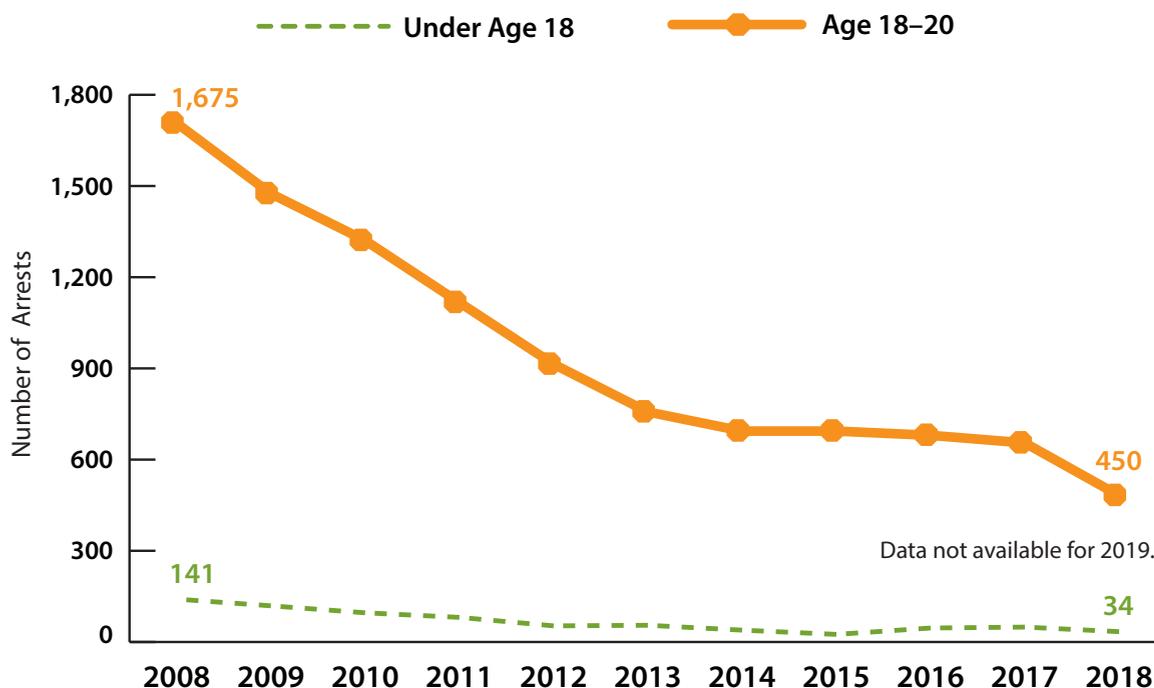
Source: California Department of Motor Vehicles, Driving Under the Influence Management Information System (DUI-MIS), 2018.

Average annual number of
crashes in San Diego County
involving at least one 16–20
year-old driver who had been
drinking or was under the
influence of drugs

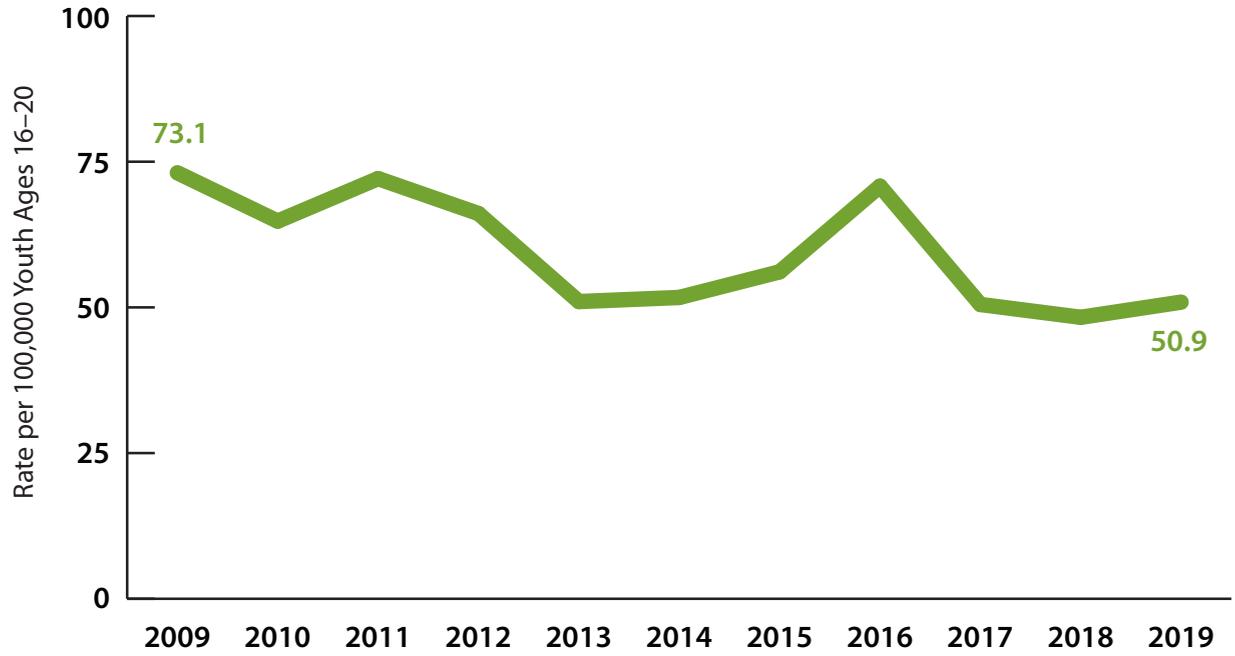
114

Source: San Diego County HHS, Community Health Statistics, Three-Year Average 2017-2019.

Number of DUI Arrests, Youth Under Age 18 and 18–20, San Diego County, 2008–2018



Rate of Non-Fatal Crashes Involving Drivers Ages 16–20 Under the Influence of Alcohol or Drugs, Per 100,000 Population, San Diego County, 2009–2019



The trend in non-fatal crashes is static. While the rate has fluctuated over the years, progress has leveled off in most recent years.

What strategies can make a difference?

Drinking and DUI both are against the law for youth under age 21. Parents, youth, community leaders, and law enforcement all have a role to play in reducing youth DUI and its consequences. A continuum of efforts and interventions is needed to eliminate access to substances, improve driving behaviors, enforce the law, and teach youth to make safe and positive decisions.

These evidence-based and best practices are used across the country to reduce DUI and related crashes:

- Maintain a legal drinking age of 21.
- Enforce existing blood-alcohol level laws (i.e., zero BAC), laws related to the minimum legal drinking age, and zero-tolerance laws for drivers younger than 21 years old.
- Support strategies designed to change social norms regarding the use of alcohol and drugs by youth.
- Eliminate youth access to alcohol and drugs.
- Advocate for and support restrictions on home delivery of alcohol.
- Institute community-based and school-based programs to increase student and parent awareness about the dangers of drinking and driving.
- Educate adults about the risks and liabilities of “supervised” drinking.
- Offer timely, affordable, and high quality driver education and training lasting at least three months.
- Provide school-based instructional programs geared at teaching teens not to ride with alcohol-impaired drivers.
- Implement graduated driver licensing that includes a mandatory waiting period, nighttime driving restriction, at least 30 hours of supervised driving, and passenger restrictions.
- Encourage parents to monitor and restrict what new drivers are permitted to do with vehicles.
- Provide gender-specific services for youth.
- Promote youth development programs and activities to empower youth and build resistance and problem-solving skills.
- Conduct sobriety checkpoints, particularly targeted at communities with the highest incidence of alcohol- and drug-related accidents involving youth and in locations where youth congregate.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Advocate to state and national policy makers for restrictions on home delivery of alcohol and drugs (e.g., cannabis).
- Increase enforcement of social host ordinances throughout San Diego County.

Programs & Services

- Target alcohol prevention programs for older youth.
- Implement youth development programs and activities to empower youth and build resistance and problem-solving skills.

Family & Community

- Host evening, weekend, and holiday activities to promote healthy life choices and family engagement.
- Educate parents on the risks and liabilities of “supervised” drinking and social host ordinances.



Community and Family (Cross Age):

CHILD POVERTY

Why is this important?

Living in poverty affects children’s health, safety, education, and well-being, immediately and in the long term. The more severe the poverty or the more years a child lives in poverty, the greater the impact. Poverty poses serious risks to children and is associated with insufficient food and housing, parental depression or substance abuse, maltreatment, low quality education and child care, and other community and environmental hazards. Adolescents raised in poverty are more likely to engage in risky behaviors, including: smoking, substance abuse, sexual activity, and school dropout. Lower educational attainment and less annual income are also associated with the experience of poverty in childhood.

What is the indicator?

The indicator—the percentage of children ages 0–17 living in poverty—reflects the proportion of children living in households with annual income below federal guidelines for “poverty.” The Federal Poverty Level (FPL) was set at \$26,200 for a family of four in 2020. These data are routinely reported by the US Census Bureau and SANDAG.

What is the trend?

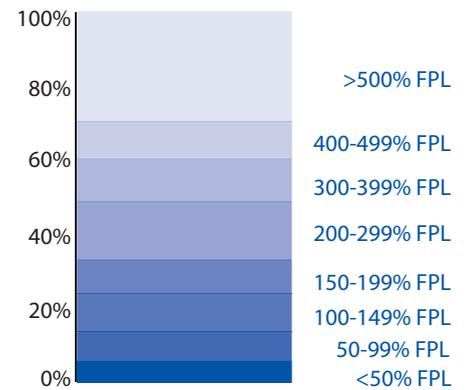
The trend is improving. Since 2012, child poverty declined for San Diego County, California, and the United States. The San Diego County rate of poverty for children ages 0–17 has remained below the state and national levels; however, children are more likely than other age groups to live in poverty.

An estimated
1 in 6
San Diego County children
under age 18 lived in
poverty, 2016-2020

Source: US Census Bureau, American Community Survey, 2016-2020.

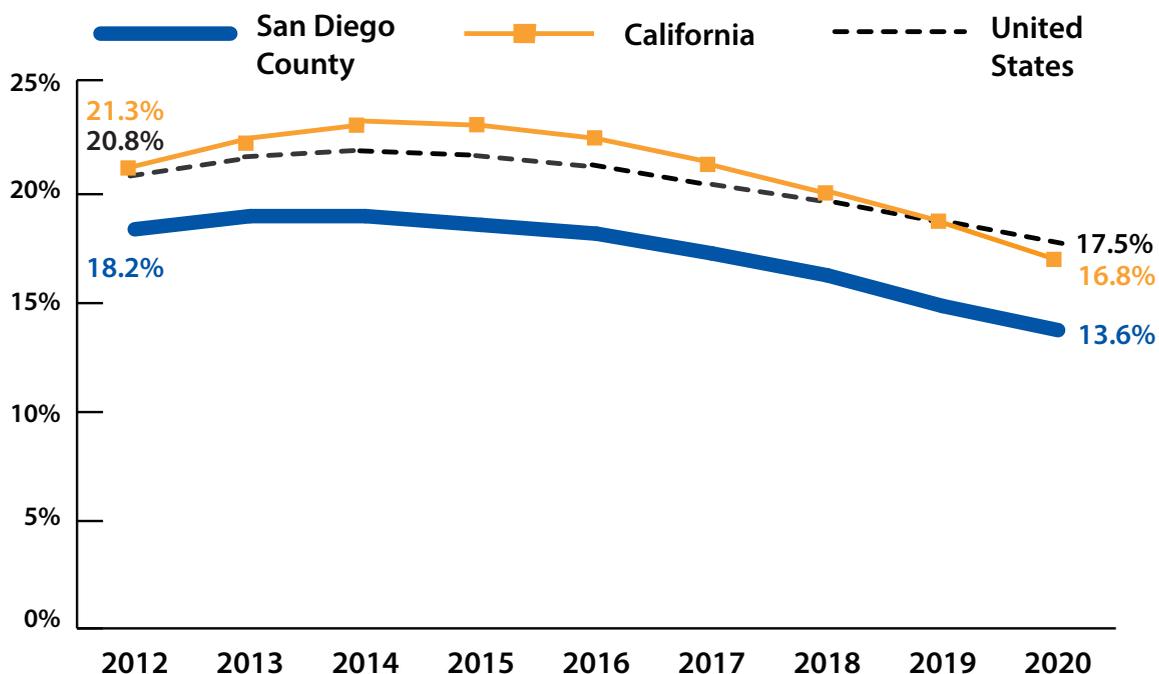
While children in San Diego County live at all income levels, an estimated one-third of children under age 12 live in a low-income household, with income below 200% of the federal poverty level (FPL).

Source: US Census Bureau, American Community Survey, 2020.



Source: US Census Bureau, American Community Survey, Percentage of Children Under Age 12 by Income Level, San Diego County, 2020.

Percentage of Children Ages 0–17 Living in Poverty, San Diego County, California, and United States, 2012–2020





Community and Family (Cross Age):

ADULT POVERTY

Why is this important?

Poverty is a complex social determinant of health caused by systemic factors that can have lifelong negative effects for generations in a family. Poverty occurs when an individual or family lacks the resources to provide life necessities. Adults who are unemployed or work low-paying jobs lack sufficient income to raise them above the poverty level. Poverty is associated with inadequate food and nutrition, housing, and community safety. Poverty and low-income status are related to various adverse health outcomes, including: shorter life expectancy, higher infant mortality rates, mental health conditions, asthma, heart disease, and obesity. Increasing income for low-income households can positively affect outcomes for the family.

What is the indicator?

The indicator—the percentage of adults ages 18–64 living in poverty—reflects the proportion of non-elderly adults living in households with annual income below federal guidelines for “poverty.” The Federal Poverty Level (FPL) was set at \$26,200 for a family of four in 2020. These data are routinely reported by the US Census Bureau and SANDAG.

How are we doing?

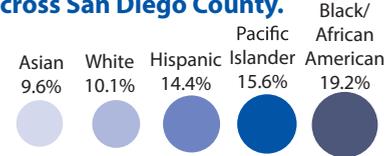
The adult poverty rate is improving, with declines for San Diego County, California, and United States. The San Diego County rate of poverty for people ages 18–64 is below the state and national levels.

Estimated number of San Diego County adults ages 18–64 living in poverty in 2020

216,522

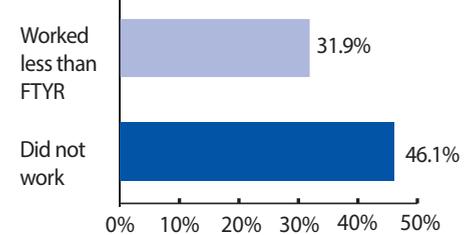
Source: US Census Bureau, American Community Survey, 2020.

Poverty rates vary by race/ethnicity across San Diego County.



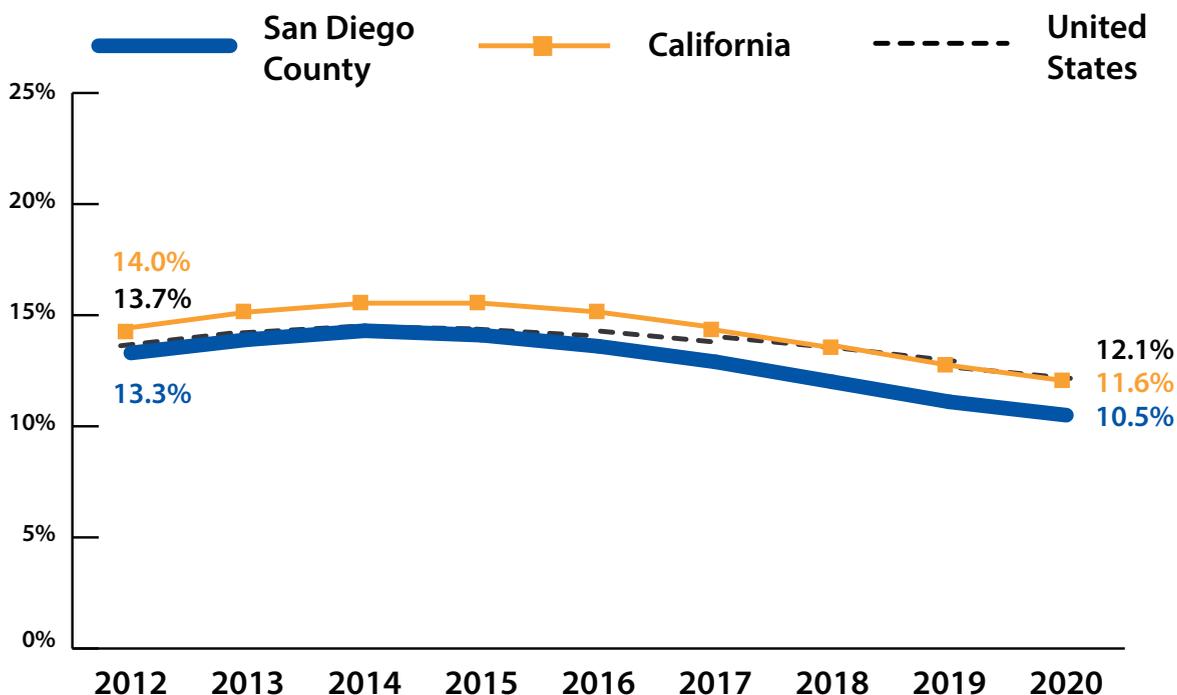
Source: US Census Bureau, American Community Survey, Percentage of Population with Below Poverty Income, By Race/Ethnicity, San Diego County, 2020.

More than 75% of San Diego County adults with incomes below 100% of the federal poverty level (FPL) did not work or worked less than full-time and year round (FTYR) in 2020.

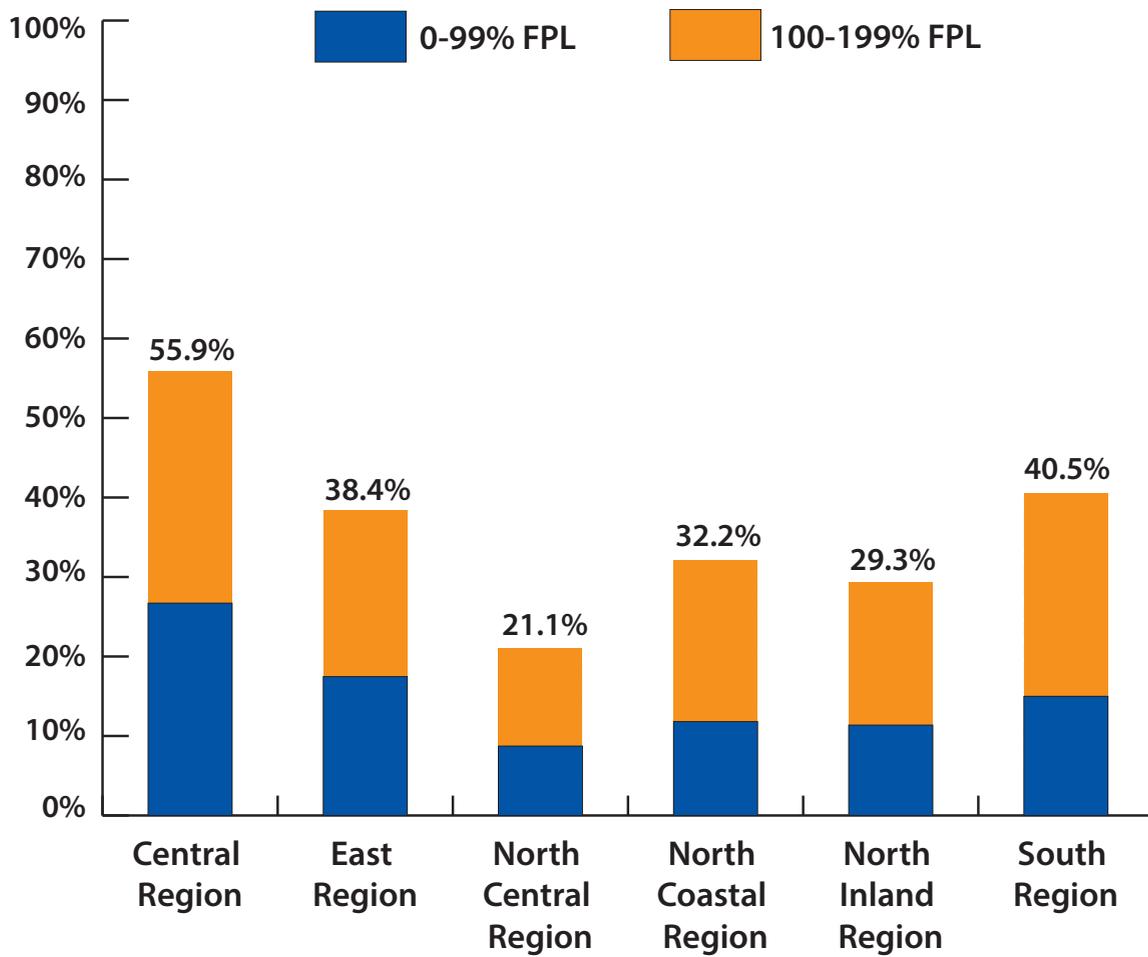


Source: US Census Bureau, American Community Survey, Percentage of Adults Ages 16-64 Years with Income Below 100% FPL, By Work Status, San Diego County, 2020.

Percentage of Adults Ages 18–64 Living in Poverty, San Diego County, California, and United States, 2012–2020



Percentage of Children Under Age 18 in Low-Income Households, By Poverty Level and Region, San Diego County, 2015–2019



Data by region not available for 2020.

Poverty is defined as having income below 100% of the Federal Poverty Level (FPL), and low-income children are those living at or below 200% FPL. The percentage of San Diego County children under age 18 who are low-income varies by region. For the period 2015–19, children and families in the Central Region were much more likely to live with the risks of poverty. In addition, approximately 4 in 10 children in the East and South Regions and 1 in 3 children in the North Coastal Region lived in low-income families.

What strategies can make a difference?

Poverty places families at risk. In San Diego County, the level of income sufficient to meet basic needs such as housing and food is closer to 200% of the FPL. Government programs and subsidies for low-income working families can help families move out of poverty. Assistance with income, housing, job training, food, child care, utilities, and health coverage encourage and reward work by helping families close the gap between wages and basic expenses. Other effective practices address family, cultural, educational, and job-skill factors. The Earned Income Tax Credit (EITC), child tax credits, and other tax credits for low-income families are effective in improving outcomes in terms of health and well-being.

These evidence-based and best practices are used across the country to reduce child and adult poverty:

- Streamline application processes and assist qualified families to enroll in anti-poverty programs such as: child care subsidies, nutrition assistance, cash assistance, and housing assistance.
- Promote benefits from federal and state EITC, child tax credits, and refundable tax credits to eligible families.
- Strengthen collaborations and referrals among agencies providing assistance to low-income families.
- Prioritize housing assistance for pregnant women and families with infants to reduce housing instability, preterm birth, and infant mortality.
- Focus Welfare to Work programs on barriers to employment such as: low education, poor work history, lack of transportation, substance abuse, and domestic violence.
- Encourage employers to remove questions about prior arrests from employment applications (as per the Ban the Box campaign) to reduce the impact of prior arrests or incarceration on employment opportunities.
- Increase levels of educational attainment and reduce the number of high school dropouts.
- Increase adults' access to literacy, post-secondary, and vocational education programs.
- Assist families in opening Individual Development Accounts (IDAs) to help them get bank accounts, save money, and accumulate assets.
- Offer Individual Training Accounts (ITAs), which serve as vouchers that can be exchanged for training at approved learning institutions.
- Implement jobs programs aimed at reducing unemployment and advancing job creation.
- Provide child care at employment education and training sites.
- Increase the minimum wage.
- Offer low-cost job training and GED courses for unemployed and working parents.
- Develop systems to ensure child support is paid by absent parents.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Require all County and City departments, and child and family serving contractors to connect eligible residents and families to child care subsidies, tax credits, and nutrition and housing assistance.
- Establish County annual goals for improving enrollment of tax and savings programs for eligible residents.

Programs & Services

- Train school personnel, counselors, social workers, and community-based organizations to identify and assist eligible families in accessing federal and state EITC, ITAs, and other anti-poverty programs.
- Expand enrollment assistance services to eligible families for federal and state EITC, ITAs, and other public anti-poverty programs.

Family & Community

- Organize community residents, volunteers, and businesses to host local job fairs on weekends and evenings for parents and youth.
- Organize volunteers to develop food distribution drives and food pantries in neighborhoods.



Community and Family (Cross Age): NUTRITION ASSISTANCE

Why is this important?

Adequate nutrition is essential to healthy development and overall health at any age. The federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, provides nutrition assistance to low-income individuals and families. The combined use of Food Stamps and EITC can help a family of four with one minimum-wage earner to reach or surpass the poverty line. Children who receive SNAP do better in school and have lower rates of nutritional and vitamin deficiency. Nutrition assistance also benefits the community: every \$1.00 of SNAP generates \$1.67 in economic activity. Another advantage is the ability to quickly meet nutrition needs in emergency or changing economic situations.

What is the indicator?

This indicator—the number of CalFresh (SNAP) recipients who are children ages 0–18 and adults age 19 and older—tracks how many eligible San Diego County residents are participating in CalFresh. This information is collected through the County of San Diego HHSA.

What is the trend?

The trend is improving. Despite the decline in numbers between 2017–19, the number of children and adults participating in CalFresh has increased in recent years. COVID-19 pandemic factors (i.e., unemployment, food insecurity) are greatly associated with the increase in the number of eligible children and adults enrolled in the CalFresh program in 2021.

Percentage of San Diego County children that experience food insecurity

39%

Source: San Diego Hunger Coalition, 2021.

40% of CalFresh recipients in San Diego County are children under age 18.

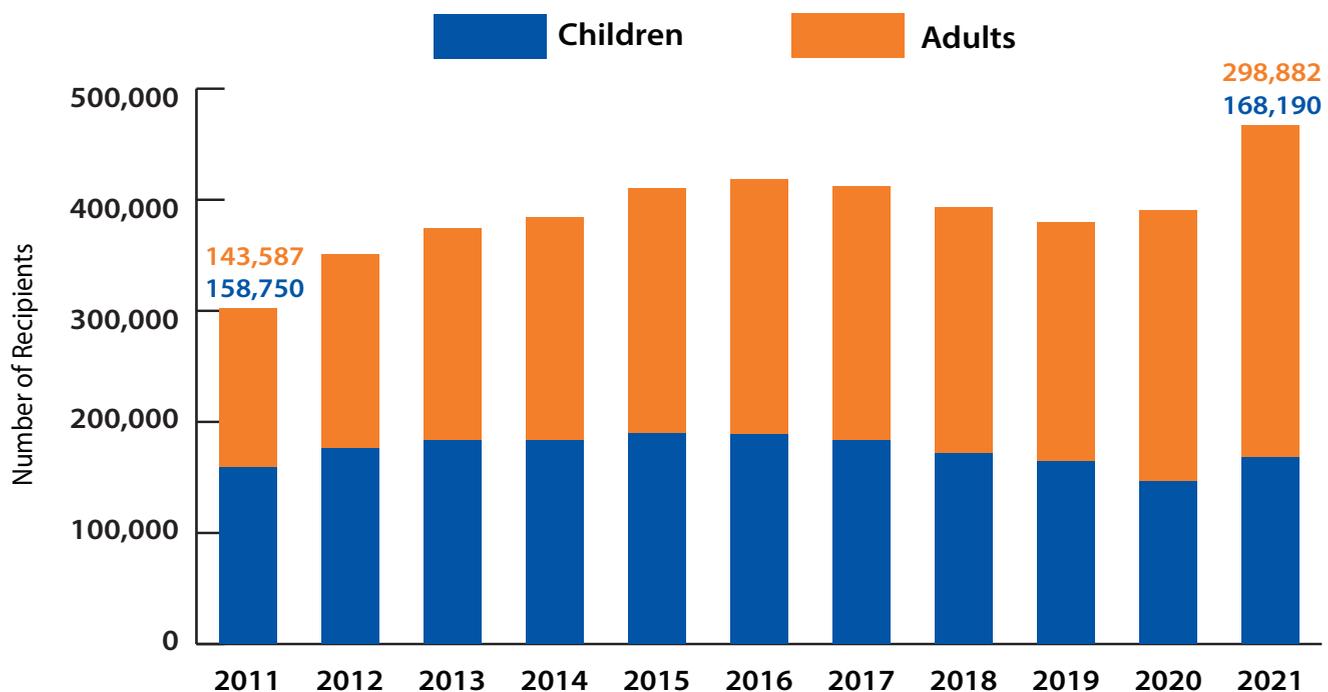
Source: San Diego County HHSA, 2018–2021.

Average daily CalFresh benefit per person

\$7.77

Source: San Diego County HHSA, 2021.

Number of CalFresh (SNAP) Recipients, Children Ages 0–18 and Adults Ages 19 and Older, San Diego County, 2011–2021



What strategies can make a difference?

Nutrition assistance has changed with the times, now more often being electronic (electronic benefit transfer, or EBT) systems supporting better food choices and being used at a wider variety of outlets where food is sold. SNAP/CalFresh offers effective aid to improve the nutritional status of low-income families; however, food insufficiency rates continue to remain high in some communities. Improving the use of nutrition assistance by eligible individuals involves outreach campaigns, interagency strategies, and non-traditional points of access. Increased use of SNAP/CalFresh and the WIC program means better nutrition for families and community economic development.

These evidence-based and best practices are used across the country to increase SNAP/CalFresh participation:

- Adopt direct certification processes (e.g., automatically qualifying for school meals if they receive SNAP).
- Conduct outreach to underserved populations such as military families, Native Americans, immigrants, refugees, seniors, residents in rural communities, and persons with disabilities.
- Provide support in completing applications, with appropriate certification periods and follow-up after application to assure completion.
- Include SNAP eligibility information and prescreening in hotlines and helplines (e.g., 211).
- Simplify the application process, both online and on paper, and advertise the availability of online applications via libraries, food stores, pharmacies, etc.
- Increase partnerships for outreach with schools, food banks, employers, and utility companies.
- Extend hours of application centers (e.g., to evenings and weekends).
- Use multilingual and culturally diverse outreach and enrollment workers in application offices, and in community settings such as schools, community clinics, fast food outlets, and shelters.
- Promote use of SNAP at farmer's markets, in community-supported agriculture, and at other farm-to-consumer venues.
- Encourage food pantries to accept SNAP and assist in SNAP enrollment.
- Offer incentives to SNAP clients, such as providing coupons or vouchers to purchase fruits and vegetables at farmer's markets or other retailers, or giving a certain amount of money back on an EBT card for every dollar spent on fruits and vegetables.
- Provide science-based nutrition education through direct education (e.g., nutrition classes for children and/or adults), indirect education (e.g., brochures, videos), and social marketing.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Advocate to congressional leaders to increase CalFresh household benefits.
- Support simplified recertification processes to ensure eligible families maintain household benefits and to eliminate loss of benefits.

Programs & Services

- Develop and distribute CalFresh eligibility materials in multiple languages to all schools, community clinics, shelters, and health care providers.
- Develop and implement targeted outreach to enroll underserved families, prioritizing military families, Native Americans, refugees, and those living in rural areas.

Family & Community

- Organize local food pantries at schools, community centers, places of worship, and other community hubs.
- Bring together parents and families to develop and expand school and community gardens to increase access to fresh foods.



Community and Family (Cross Age): CHILD HEALTH COVERAGE

Why is this important?

The single greatest barrier to receiving medical care is lack of health coverage. Uninsured children are less likely than their insured counterparts to receive preventive and needed services. For children with chronic health conditions and special needs, lack of coverage can result in more hospitalizations for untreated asthma, vision or hearing problems. Research shows that children with publicly subsidized health coverage (e.g., Medi-Cal) use services in approximately the same amounts and patterns as those who have private insurance.

What is the indicator?

Data are not available to monitor the trend on the percentage of children ages 0–17 without health coverage in San Diego County. Instead, the graph shows children’s coverage by type. These data are routinely reported through the California Health Interview Survey.

What is the trend?

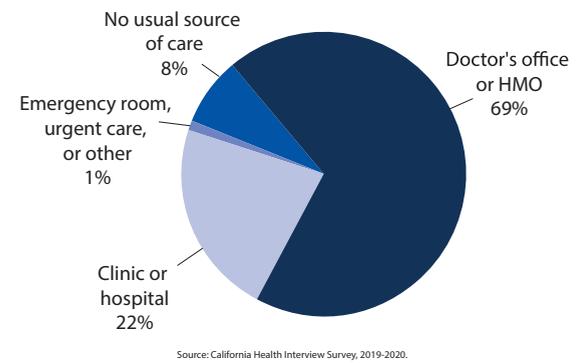
No San Diego County trend is available due to small numbers and lack of reliable data for most recent years. The percentage of children without health insurance is 3% or less. Medi-Cal and other public sources cover 3 in 10 children in San Diego County.

Estimated number of children ages 0–17 who were uninsured in San Diego County, 2020

22,000

Source: California Health Interview Survey, 2020.

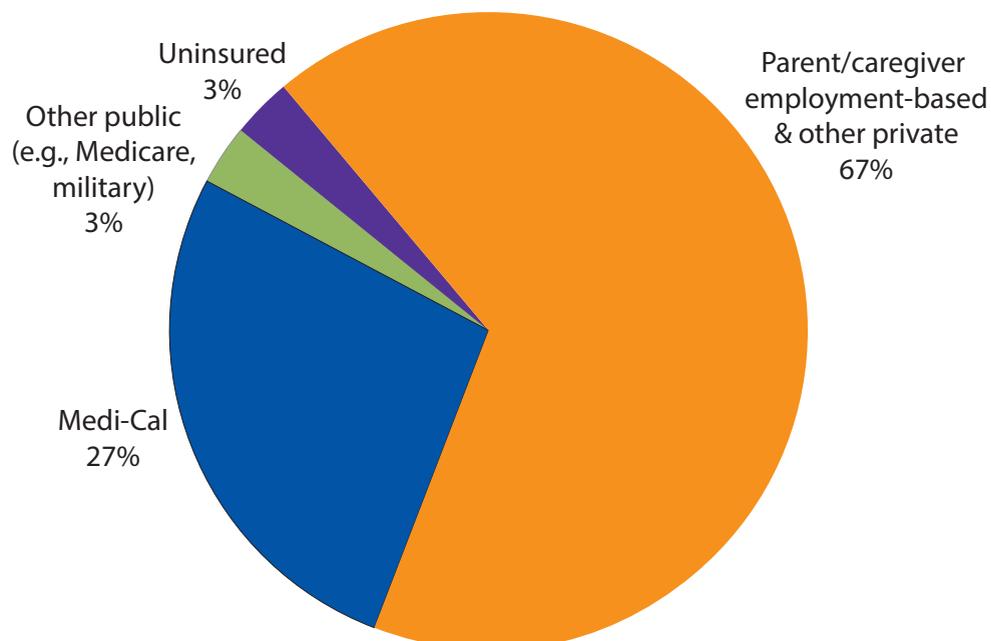
Usual Source of Health Care for Children Ages 0–17 in San Diego County, 2019–2020



9 out of 10 San Diego County children have a usual health care provider, which is linked to receiving preventive health services and overall better health.

Source: California Health Interview Survey, 2019-2020.

Percentage of Children Ages 0–17, By Type of Health Coverage, San Diego County, 2019–2020





Community and Family (Cross Age): ADULT HEALTH COVERAGE

Why is this important?

Lack of health insurance makes a difference for adults, children, and families. Adults without coverage are less likely to have access to health care. When adults go without preventive services or treatments, their health conditions may worsen and lead to higher costs, chronic problems, and premature death. Children’s health is adversely affected when their parents are uninsured. Children with uninsured parents are significantly more likely to have no usual source of primary care (i.e., a medical home) and to have unmet health needs.

What is the indicator?

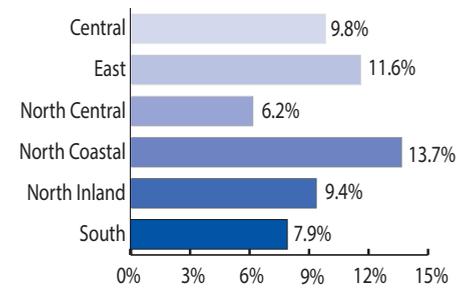
The indicator—the percentage of adults ages 18–64 without health coverage—monitors public and private health coverage. These data are routinely reported through the California Health Interview Survey.

What is the trend?

The trend is static. While progress has slowed since 2016, the percentage of working age adults without health coverage has decreased since 2011.

Estimated number of adults ages 18–64 without health insurance in San Diego County, 2020
209,000
Source: California Health Interview Survey, 2020.

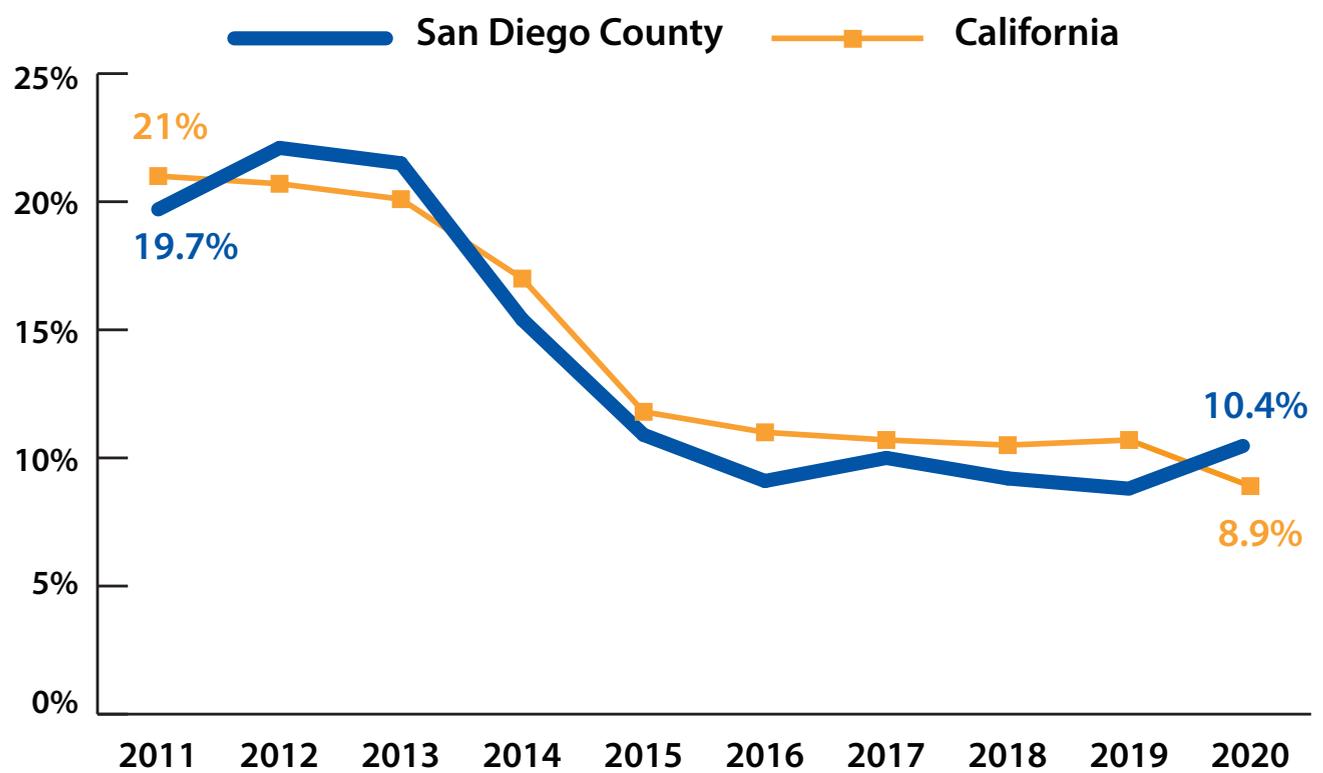
The percentage of adults under age 65 who do not have health insurance in San Diego County varies by region.



Source: California Health Interview Survey, Percentage of Adults Ages 18-64 without Health Coverage, By HHSA Region, 2018-2019-2020.

In San Diego County, adults ages 19–25 were the least likely to have health insurance.
Source: California Health Interview Survey, 2020.

Percentage of Adults Ages 18–64 without Health Coverage, San Diego County and California, 2011–2020



What strategies can make a difference?

Health coverage provides essential health services critical to maintaining health and treating illness and accidents. The Affordable Care Act increased coverage for millions of uninsured adults under age 65, particularly those with low wages living just above the poverty level. Under this program, known as Covered California, more affordable and subsidized health plans offering essential, minimum benefits are available. Medicaid (known as Medi-Cal in California) provides coverage to the poorest children and adults. Most uninsured children with family income below 200% of the FPL are eligible for publicly subsidized coverage.

These evidence-based and best practices are used across the country to increase health coverage for children and adults:

- Simplify and streamline the application process and enrollment policies (e.g., shorter forms, applications by mail or Internet, no asset tests, no application fees, no test of employment).
- Provide automatic eligibility determinations and renewals for health coverage when families complete applications or recertification for other public assistance programs.
- In partnership with community organizations (e.g., 211, Access California, Health Center Partners of Southern California, Family Health Centers), use health navigators (Covered California’s Navigator Program) to assist families through a variety of outreach, education, enrollment, and renewal support services.
- Develop campaigns to promote awareness of available coverage (e.g., social media tools, culturally specific marketing tools, billboards and posters).
- Provide assistance for distribution and completion of applications in schools, homeless shelters, community-based organizations, health care settings, and faith-based settings.
- Ensure that families are informed about the different health coverage policies that might work for them and about affordable health plans that provide adequate coverage for children and adults.
- Provide incentives for schools, employers, and community-based organizations that identify eligible families and support them with enrollment.
- Remove requirements for work or penalties for unemployment.
- Offer additional assistance through community health workers, home visitors, and others.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Expand automatic eligibility determinations and renewals for health coverage when families complete applications or recertification for other public assistance programs.
- Provide government support to ensure that families are educated about the benefits of enrolling in health care coverage and about their coverage options.

Programs & Services

- Ensure that all newborns are enrolled in Medi-Cal or employment-based health coverage prior to leaving the hospital.
- Prioritize outreach for health care enrollment in areas with a high concentration of low-income families.

Family & Community

- Distribute culturally and linguistically appropriate materials about access to and benefits of preventive health services to families.
- Raise awareness and educate parents and families about preventive health care and health care coverage options.



Community and Family (Cross Age): DOMESTIC VIOLENCE

Why is this important?

Domestic violence harms everyone involved, either directly or through exposure to violence. The abused partner may suffer both physical and emotional trauma, as well as post-traumatic stress. Domestic violence typically escalates over time, moving from verbal abuse to emotionally abusive behavior, to physical abuse, and may result in death. Exposed children live in fear, often perform poorly in school, and typically do not participate in normal childhood play and social activities. Children who have these adverse violent experiences—even when the violence is not directed at them—have increased risk of victimization, aggression, problems with social relationships, and lifelong health problems.

What is the indicator?

This indicator—the rate of domestic violence reports per 1,000 households—measures reports of domestic and intimate partner violence made to San Diego County law enforcement agencies. The number of reports is considered to be an under-estimate, as many incidents go unreported. However, police reports are closer to the actual rate of occurrence than arrest rates. These data are routinely reported by ARJIS and the California Department of Justice.

What is the trend?

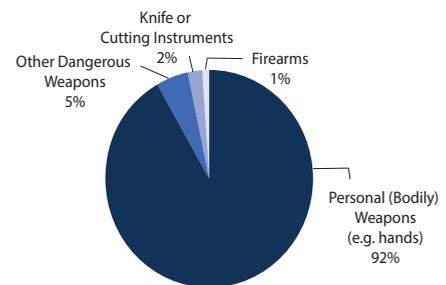
The trend is static for both San Diego County and California. Progress has slowed since 2010.

Number of domestic violence-related calls for assistance in San Diego County in 2020

17,683

Source: California Department of Justice Office of the Attorney General, Percentage of Domestic Violence-Related Calls That Involved a Weapon, San Diego County, 2020.

This graph represents the 65% of domestic violence-related calls that do involve a weapon. Weapons include: hands, knives, guns, and other (e.g., objects to hit with).

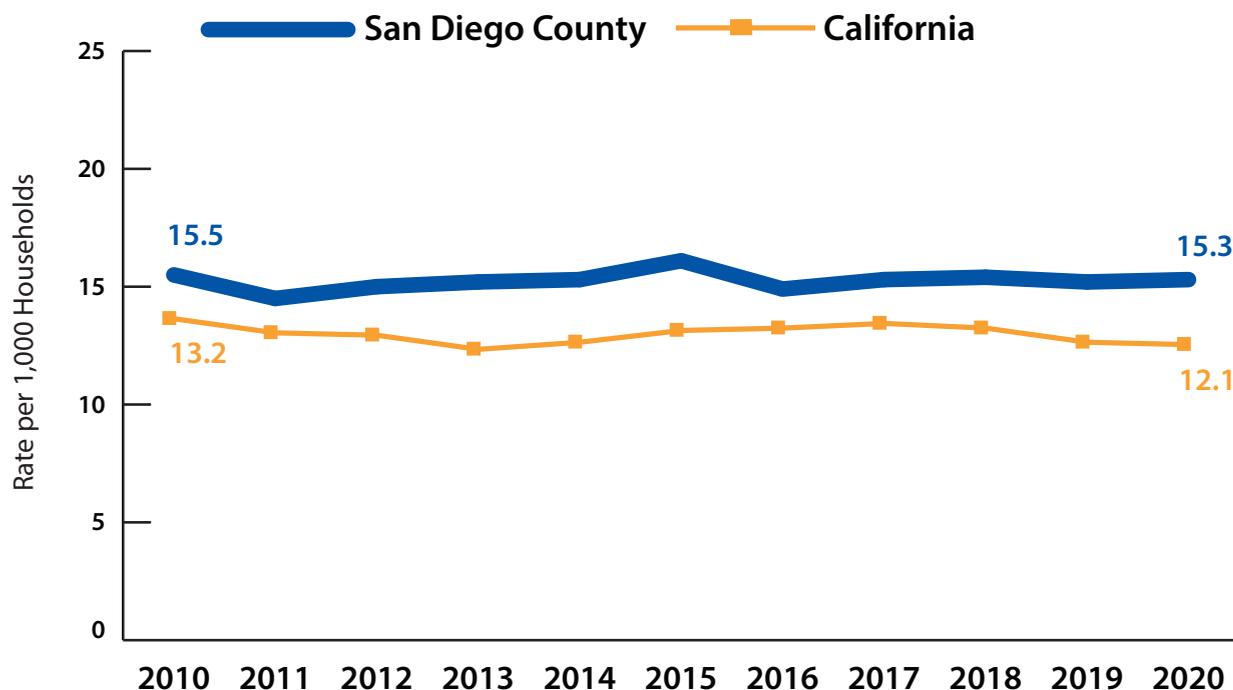


Source: California Department of Justice Office of the Attorney General, Percentage of Domestic Violence-Related Calls That Involved a Weapon, San Diego County, 2020.

Children who witness domestic violence (a form of childhood trauma) are at higher risk for long-term physical (e.g. heart disease, obesity, cancer, diabetes) and mental health problems (e.g. anxiety, depression, substance abuse).

Source: U.S. Department of Health & Human Services, 2019.

Rate of Domestic Violence-Related Calls Per 1,000 Households, San Diego County and California, 2010–2020



What strategies can make a difference?

Domestic violence is preventable. Primary (before the fact) and secondary (after the fact) prevention strategies must both be used. Effective strategies include early screening and identification, trauma-informed services for adult victims and children, and restraints and consequences for perpetrators. Multi-agency, cross-systems efforts are essential.

These evidence-based and best practices are used across the country to reduce the incidence of domestic violence:

- Provide cross-system targeted training on domestic violence, conflict resolution, healthy relationships, self-sufficiency, and related topics for staff who work with at-risk families.
- Link data and cases across child abuse, domestic violence, and court systems to ensure more consistent handling of domestic violence, intimate partner violence, and child abuse cases.
- Implement routine developmental screening in early childhood (i.e., with validated tools by early care and education and health professionals) for early identification of young children exposed to violence and other trauma.
- Educate judges about domestic violence to ensure consistency in sentencing (i.e., prevalence across racial/ethnic and income groups, similar to assault).
- Screen routinely for domestic violence and child abuse in health care settings or during home visits, with follow-up referrals as necessary.
- Regularly update data collection protocols and practices, including cross-system protocols related to domestic violence and intimate partner violence.
- Enforce the removal or submission of firearms among individuals who have been convicted of domestic violence.
- Use school and youth programs to educate young people about how to have healthy relationships and the risk of teen dating violence, and to provide resources to support youth.
- Provide trauma-informed services (e.g., shelters, legal assistance, counseling, case management) for victims and their children.
- Help victims develop and continually update their safety plans.
- Implement risk assessment and management for domestic violence perpetrators.
- Ensure enforcement of perpetrators' mandated treatment, including monitoring of active participation in yearlong violence prevention programs and other terms of probation.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Financially support the expansion of additional therapeutic early care and education programs for children exposed to domestic violence.
- Require the collection and annual report out of data from the Law Enforcement Domestic Violence Supplemental form by zip code to develop target services in relation to children exposed to domestic violence.

Programs & Services

- Implement developmental screenings for early identification of children exposed to violence and other trauma in early care settings and during health care visits.
- Develop cross-systems training with schools, law enforcement, and health care professionals on identification of domestic violence, trauma, and unhealthy relationships.

Family & Community

- Host community meetings to educate residents about the availability of support services for domestic violence victims.
- Support victims in developing safety plans for escaping domestic violence.

Impacts of COVID-19 Pandemic on San Diego Communities

No community was spared from the effects of COVID-19 in San Diego County. From loss of life to unemployment, from food scarcity to isolation, from learning loss to loss of housing, San Diego's children, youth, and families were substantially affected by COVID-19.

Since the start of the COVID pandemic, there have been more than 800,000 confirmed COVID cases, more than 30,000 COVID hospitalizations, and more than 5,000 COVID related deaths in San Diego County. Across our region, residents and families have struggled with basic necessities such as stable housing, access to food, and consistent child care, medical care, and income support. Data from 2-1-1 San Diego showed a 288% increase in call volume since the onset of COVID-19. The three most common needs from callers were access to food, housing, and income support.

The pandemic also led to considerable job losses and business or industry closures throughout San Diego County. Employment sectors in San Diego County hit the hardest, with 89% of job losses, were tourism (52%), education (22%), and retail (15%). In March 2020, after COVID-19-related lockdowns became widespread, the unemployment rate in San Diego County leapt to 15.9% from its pre-pandemic 3.2% (SANDAG, 2021). San Diego's relatively high cost of living, including some of the highest housing costs in the nation, meant that many families who were living paycheck to paycheck pre-pandemic did not have savings to carry them through this financial crisis.

Locally, the County of San Diego, municipalities, hospitals, community clinics, schools, and community-based organizations worked diligently to develop immediate and swift interventions to provide crucial support to residents. They worked across disciplines to build a more coordinated system of support for residents and families. Merging stimulus funding and federal, state, and County efforts provided support to residents throughout the county. Support included rent relief, cash assistance, suspension of evictions, business loans, food distribution, increased testing and vaccination sites, and more.

As stimulus funding became available, immediate needs such as stable and secure housing were identified. Partnerships with state and local governments provided millions of dollars in rental and utility assistance for those in need. For example, in San Diego's South Bay region, the City of Chula Vista leveraged state and federal funds and partnered with nonprofit organization SBCS to distribute more than \$35 million in rental assistance. Of those served in Chula Vista, 74% were reported as living at or below 200% of the Federal Poverty Level, and 63% had at least one minor child residing in the home.

As schools abruptly switched to remote learning, parents struggled to provide the technology and support their children needed to adapt. Community organizations and the San Diego County Office of Education came together to bridge the technology gap and train parents in technology and remote learning methods. Equipping students with necessary technology such as laptops, tablets, and high-speed Internet access became a priority to support students.

The distribution of free and healthy food was expanded in response to increased need. As families faced financial hardship due to unemployment, increased food distributions met the community where they were and shifted to drive-through or walk-through models, following pandemic safety precautions.

Trusted community messengers were deployed to deliver COVID-19 education, testing, and vaccination resources from the start. In an environment of misinformation and confusion, these trusted messengers played a key role in mitigating the pandemic's effects on communities.

Through immediate and sustained action, the County of San Diego, municipalities, hospitals, community clinics, schools, and community-based organizations played a crucial role in stabilizing the most vulnerable of San Diego youth, children, and families. Together these agencies are continuing to work diligently to build stronger and more resilient communities.



Community and Family (Cross Age):

CHILD ABUSE AND NEGLECT

Why is this important?

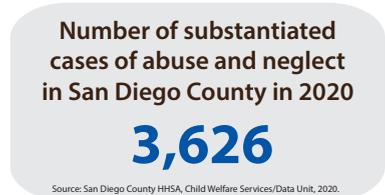
Child abuse and neglect have profound and long-term effects on a child’s physical, mental, cognitive, and emotional development. Physical effects include injury, disability, and even death. Psychological effects include: depression, anger, anxiety, self-harm behaviors, and aggression. Research shows that children who have been abused or neglected often have social and behavioral problems and are less likely to succeed in school. Studies of Adverse Childhood Experiences (ACEs) show that child abuse and neglect can have a lifelong impact on health and well-being, including increased risk of heart disease, obesity, and depression as an adult.

What is the indicator?

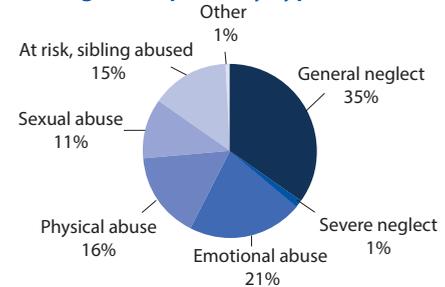
This indicator—the rate of substantiated cases of child abuse and neglect per 1,000 children ages 0–17—shows the trend in reports of child abuse and neglect that are found through investigation to have sufficient evidence to warrant a child welfare services case being opened or having the family referred for services. These data come from reports filed by the County of San Diego Health and Human Services Agency to a statewide database managed by the University of California Berkeley.

What is the trend?

The trend is improving. The rate of substantiated cases of child abuse and neglect in San Diego County has declined continuously since 2010. A combination of improved services and policies contributed to this progress.

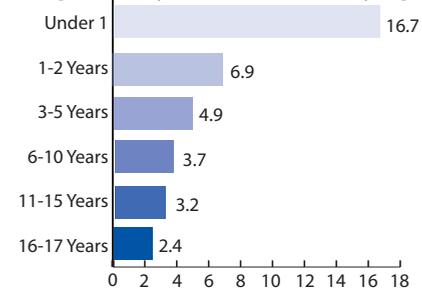


Distribution of Child Abuse and Neglect Reports, By Type, 2020



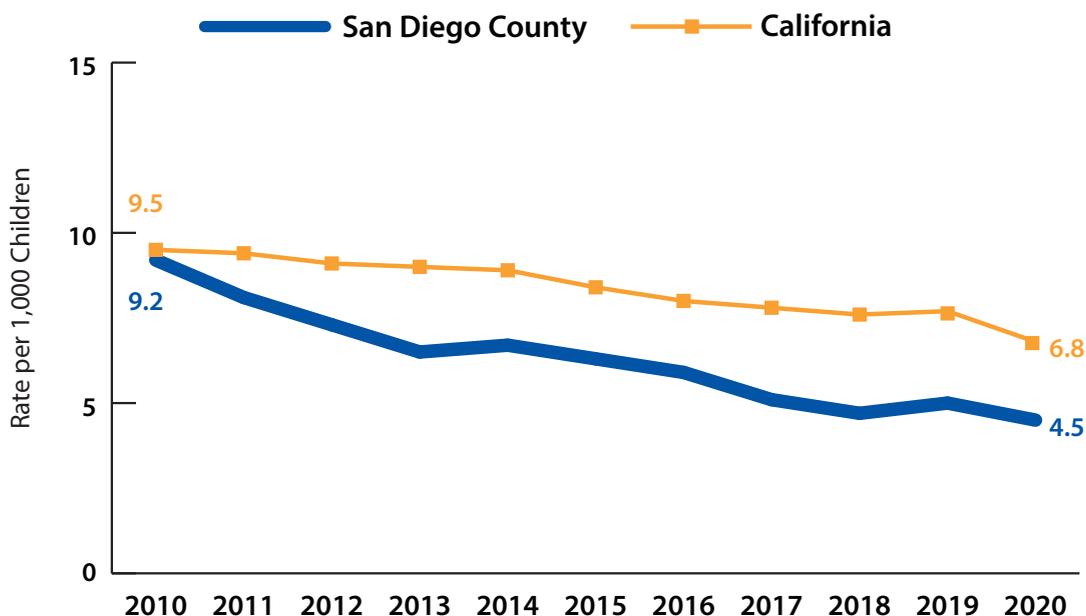
Source: California Child Welfare Indicators Project, University of California at Berkeley, Percentage of Children Ages 0-17 With Substantiated Reports of Child Abuse or Neglect, By Type of Maltreatment, 2020.

Substantiated Cases of Child Abuse and Neglect, San Diego County, Rate Per 1,000, By Age, 2020



Source: California Child Welfare Indicators Project, University of California at Berkeley, 2020.

Rate of Substantiated Cases of Child Abuse and Neglect Per 1,000 Children Ages 0–17, San Diego County and California, 2010–2020



What strategies can make a difference?

Child abuse and neglect are associated with many factors, including: parental history of abuse, substance abuse, unemployment, poverty, domestic violence, anger, isolation, mental health, and stress. Effective interventions must be tailored to individual situations. Using trauma-informed approaches is essential. At the same time, preventing the harm of child abuse and neglect will require countywide, systemic community efforts.

These evidence-based and best practices are used nationally to reduce the incidence of child abuse and neglect:

- Use trauma-informed services in the health, child welfare, mental health, and justice systems to reduce multi-generational abuse.
- Provide interventions to improve parent-child relationships, foster positive parenting skills, fulfill basic needs, and increase social supports for at-risk families.
- Use evidence-based parenting classes and support groups to teach age-appropriate communication and positive discipline from birth (e.g., Incredible Years, Strengthening Families).
- Provide high quality, evidence-based home visiting programs for at-risk families that have been shown to be effective in preventing child abuse and neglect (e.g., Nurse Family Partnership, Healthy Families America).
- Implement evidence-based home visitation models that have been shown to reduce child abuse and neglect among families with identified risk or history of maltreatment (e.g., SafeCare, Child First).
- Implement the Positive Parenting Program (Triple-P), shown to be effective in the prevention of childhood social-emotional and behavioral problems and child maltreatment.
- Train health providers, teachers, and other care providers to recognize signs of abuse and neglect, and provide information regarding the community resources available.
- Use the court to support the use of effective, trauma-informed family interventions designed to reduce abuse and neglect.
- Provide respite care for families facing high-stress and emergency situations.
- Use approaches such as the Period of PURPLE Crying (an evidence-based shaken baby syndrome prevention program) to help parents and other caregivers.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Prioritize and fund prevention programs and services in communities for families struggling with poverty, unemployment, and family stress.
- Invest in evidence-based home visiting programs for at-risk families.

Programs & Services

- Implement evidence-based parent education programs in zip codes with high rates of substantiated child abuse.
- Provide wraparound services to families at risk of child welfare involvement, including services such as counseling, job training, and child development.

Family & Community

- Develop community support groups that provide families access to information on positive parenting skills, substance abuse prevention, mental health support, and increased social support.
- Bring together residents to develop community hubs that provide food, clothing, diapers, and basic necessities for families.



Community and Family (Cross Age):

CHILD VICTIMS OF VIOLENT CRIME

Why is this important?

When children are the victims of violent crime, it often causes trauma and lifelong negative impacts on various aspects of development. Victimized children are at risk of post-trauma impacts such as emotional, behavioral, and academic problems. Unfortunately, crimes are committed against children at every age. Nationally, older adolescents are two to three times more likely than adults to be the victims of assault, robbery, or rape, and younger adolescents are more likely than older adolescents to be victims of any violent crime, particularly assault. Most female victims are attacked by someone they know, typically adult men. The rates and types of crimes vary by age, time of day, and race or ethnicity, yet all are preventable.

What is the indicator?

This indicator—the rate of violent crime victimization per 10,000 children ages 0–11 and 12–17—reflects trends in four types of crime (aggravated assault, robbery, rape or sexual assault, and homicide). These data are from ARJIS and include only those incidents that result in an arrest report.

What is the trend?

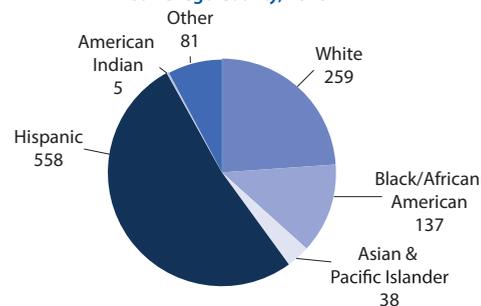
The trend is static. For youth ages 12–17, progress has slowed since 2013 and the rate was unstable in 2020 due to COVID-19. However, for children ages 0–11, the levels remain higher (worse) than those in 2010.

Number of children ages 0–17 who were victims of violent crime in San Diego County, 2020

1,078

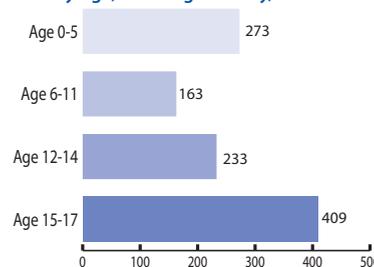
Sources: Automated Regional Justice Information System (ARJIS), SANDAG, 2020.

Child Victims of Violent Crime By Race/Ethnicity, San Diego County, 2020



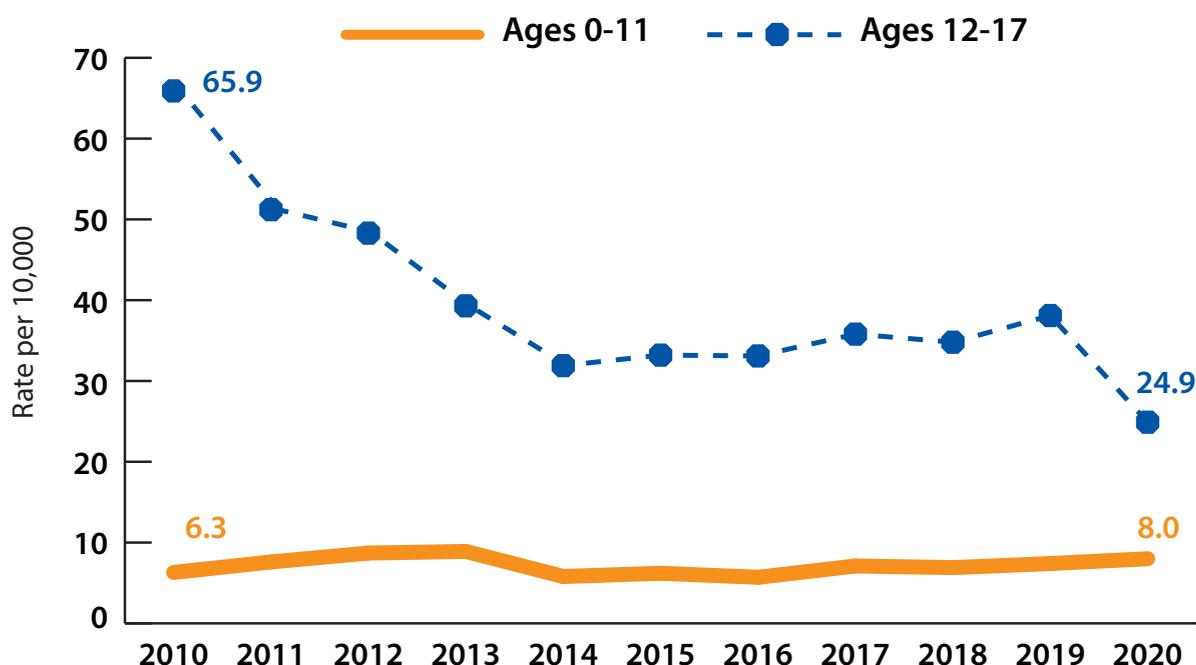
Sources: Automated Regional Justice Information System (ARJIS), SANDAG, 2020.

Number of Child Victims of Violent Crime, By Age, San Diego County, 2020



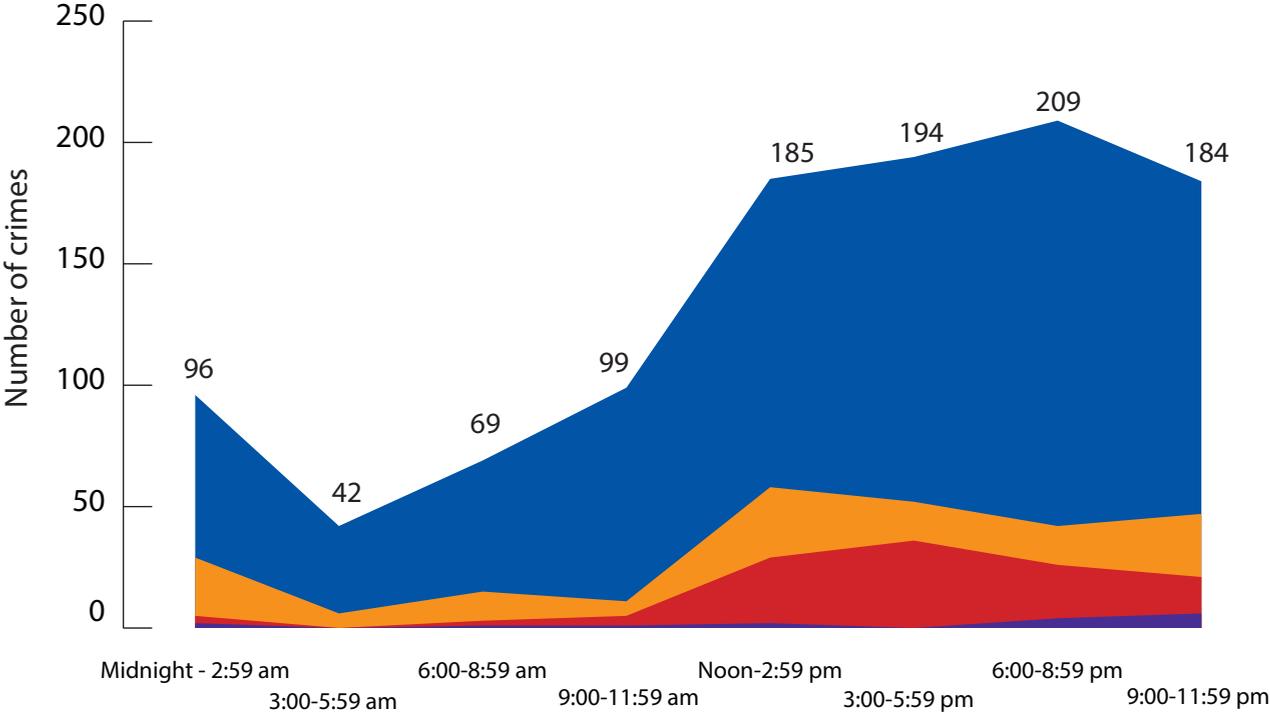
Sources: Automated Regional Justice Information System (ARJIS), SANDAG, 2020.

Rate of Violent Crime Victimization Per 10,000 Children, Ages 0–11 and 12–17, San Diego County, 2010-2020



Number of Violent Crimes with Child Victims Ages 0–17, By Time of Day, San Diego County, 2020

■ Aggravated assault
 ■ Rape
 ■ Robbery
 ■ Homicide



The number of violent crimes committed against children and youth increases dramatically after school, peaking between the hours of 6:00 pm and 9:00 pm. High numbers of crimes continue from the afternoon into the evening until midnight. Note that 13 of the 16 homicides occurred between 6:00 pm and 3:00 am.

What strategies can make a difference?

Reducing all forms of child victimization (e.g., bullying, harassment, hate crimes, and other crimes) has become a nationwide priority. Consistent adult supervision, safe communities, and positive, pro-social behaviors all support the reduction of violent crimes against children. Providing children, youth, and families opportunities for services after school, in the evening, and on weekends has been proven to help keep kids safe.

These evidence-based and best practices are used across the country to reduce violent crime victimization of children and youth:

- Train parents, school personnel, after school staff, youth-serving organizations, health providers, and juvenile justice professionals in the identification and prevention of bullying, racism, intimidation, sexual harassment, and hate crimes.
- Ensure adequate adult supervision of children and youth in non-school hours.
- Increase youth and parent knowledge of and ability to protect against sexual assault and rape.
- Educate parents, caregivers, and youth-serving organizations about Internet safety, including monitoring and restriction of use and Internet controls.
- Support safe passages for children and youth to and from school.
- Implement conflict-resolution programs in schools, after school programs, and youth-serving community organizations.
- Expand programs aimed at reducing gang participation.
- Provide after school and evening activities in high-crime communities, including after school programs, teen centers, job internships, etc.
- Use evidence-based anti-violence and anti-bullying prevention programs such as: Olweus Bullying Prevention, Promoting Alternative Thinking Strategies (known as PATHS), and Resolving Conflict Creatively Program.
- Utilize schools as community hubs, including ball fields, libraries, and other common spaces.
- Provide youth with violence prevention services relating to risk and resiliency factors specific to their gender, sexual identification, race/ethnicity, and age.
- Implement gender-specific services.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Invest in safe passages programs for children and youth to and from school in high-crime communities.
- Mandate annual training on the identification and prevention of bullying, racism, intimidation, sexual harassment, and hate crimes for school staff, youth-serving contractors, and other youth-serving staff.

Programs & Services

- Implement conflict resolution programs for youth in middle and high schools.
- Implement internet safety programs for elementary and middle school students, including: risks of information sharing, location tracking, cyber-bullying, and dangers of social network trolling.

Family & Community

- Help libraries, places of worship, and community centers post information on the availability of free or low-cost school- or community-based supervision options for children and youth.
- Raise awareness and educate parents and families about internet safety, including monitoring use and using tools to restrict or limit access.



Community and Family (Cross Age): UNINTENTIONAL INJURY

Why is this important?

Unintentional injuries are a leading cause of death among children and youth, yet they are largely predictable and preventable. Injuries may be unintentional, but they are not accidents. They can be prevented by changing the environment, behavior, products, social norms, and policies. More children die or become seriously hurt from injuries than from all childhood diseases combined. Childhood injuries can result in children having long-term disabilities, as a result of serious unintentional injuries. Motor vehicle crashes, falls, drowning, burns, poisoning, and suffocation are the most common causes of injury and leading causes of death during childhood and adolescence. Unintentional injury death rates are highest among rural communities, children under 1 year old or older youth, and Native American and Black children.

What is the indicator?

This indicator—the rate of non-fatal unintentional injuries per 100,000 children ages 0–14—shows trends in how many children are injured severely enough to require hospitalization. These data are reported on hospital discharge reports and collected by the County of San Diego Health and Human Services Agency.

What is the trend?

The trend is improving. The rate of non-fatal unintentional injuries that required hospitalization has declined continuously since 2016.

Number of non-fatal unintentional injuries requiring hospitalization among children ages 0-14 in San Diego County, 2019

1,058

Source: San Diego County HHS, Community Health Statistics, 2019.

Leading Causes of Unintentional Injury-related Hospitalizations Among Children, 2019

- Falls
- Poisoning
- Foreign Body
- Struck by Object
- Bites/Stings/Environmental

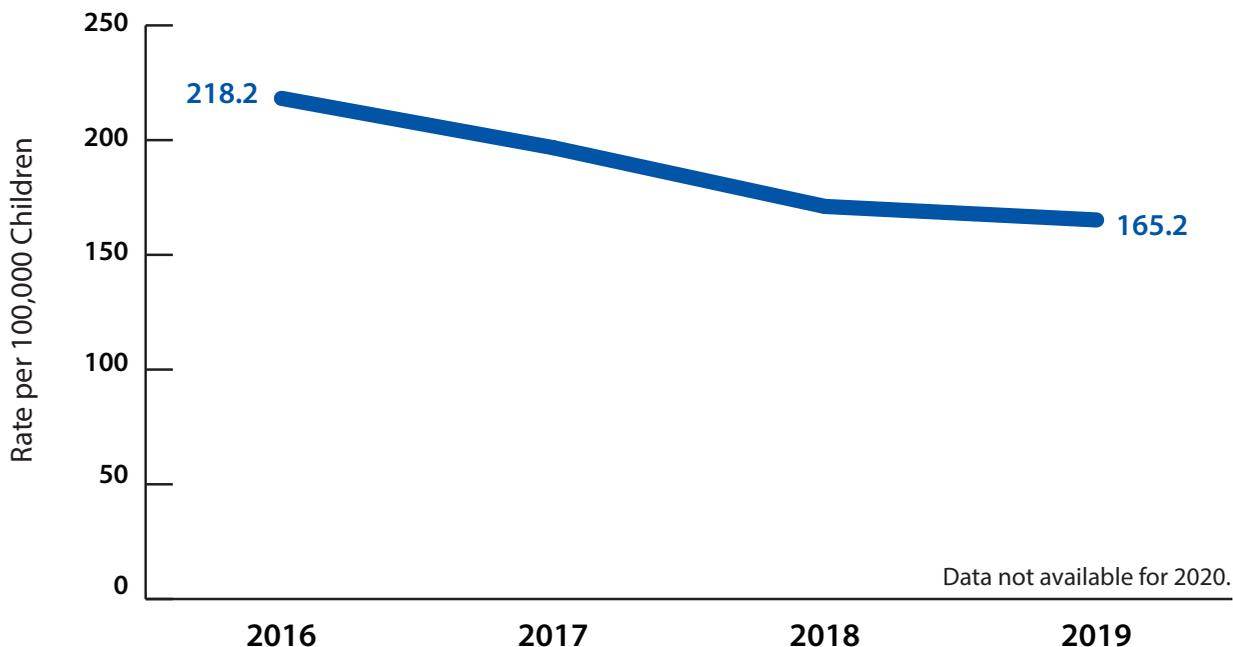
Source: Safe Kids San Diego. Childhood Unintentional Injuries in San Diego County: A Report to the Community, 2022.

Number of non-fatal unintentional injuries requiring emergency department treatment among children ages 0-14 in San Diego County, 2019

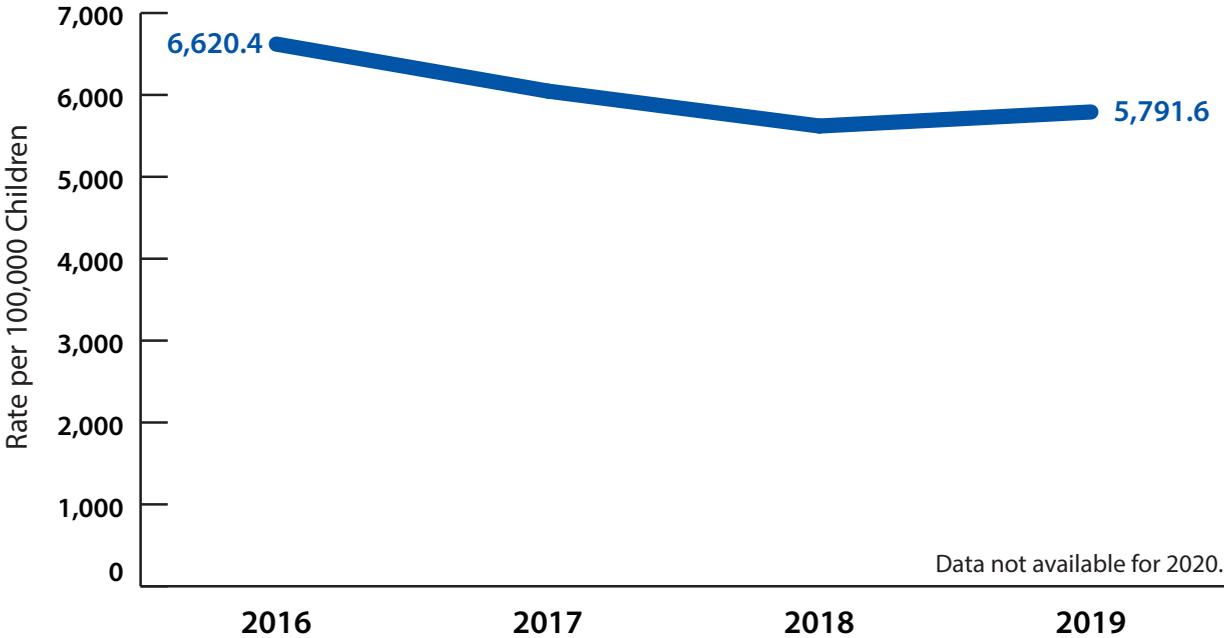
31,897

Source: Safe Kids San Diego. Childhood Unintentional Injuries in San Diego County: A Report to the Community, 2022.

Rate of Non-Fatal Unintentional Injuries per 100,000, Children Ages 0–14, San Diego County, 2016–2019



Rate of Non-Fatal Unintentional Injuries Emergency Department Discharge per 100,000, Children Ages 0–14, San Diego County, 2016–2019



The trend is static. While progress has slowed in recent years, the emergency department discharge rate for non-fatal unintentional injuries has decreased since 2016.

What strategies can make a difference?

Unintentional injuries are the leading cause of death among children. To reduce injuries, it is important that each cause be addressed individually. Specific prevention and intervention approaches are needed for various causes. Legal mandates, enforcement, and public education about safety are the primary strategies for reducing injuries.

The following two categories of evidence-based and best practices are used across the country to reduce unintentional injuries:

Enacting and enforcing legislation and regulations to require:

- Protective restraints such as car seat belts, child safety car seats, and booster seats.
- Smoke detectors, hot water heater controls, and safety gates in rental and owned properties.
- Pool fencing, pool alarms, and self-closing gates.
- Manufacturer safety standards for children's toys and products.
- Use of helmets for all sport recreation activities (motorized and non-motorized) that place children at risk of traumatic brain injury and other head injuries.
- Prohibitions on cell phone use (including hands-free) and texting among youth while driving.

Providing education regarding:

- Water safety and common causes of drowning, including swimming pools, buckets of water, and bathtubs.
- Safe sleep environments for infants (e.g., ABCs of Safe Sleep)
- Home safety such as outlet covers, cabinet locks, safety gates, and hot water heater controls.
- Motor vehicle safety, including proper use of protective restraints such as child car seats, booster seats, and seat belts.
- Parental supervision and child-proofing environments (e.g., securing furniture and televisions to the wall, access to poison, avoiding baby walkers).
- Protective gear such as helmets for biking, skateboarding, snowboarding, skiing, off-road vehicles, and other sports.
- Common causes of burns and scalds, suffocation, and choking.
- Fire protection and prevention, including fire-skills training.
- Hazardous clothing, including flammable sleepwear and suffocation from costumes.
- Firearm safety, including safe gun storage (e.g., Asking Saves Kids, or ASK).
- Signs and symptoms of head injury and appropriate follow-up actions.

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Expand funding for water safety education and swimming lessons in low-income communities.
- Prioritize and increase enforcement of safety regulations: cell phone use while driving; the protective restraints such as car seats; use of protective gear, such as helmets for biking and skateboarding; fencing around pools, and rental property regulations.

Programs & Services

- Expand availability of no cost swimming lessons and water safety for children in low-income communities.
- Provide training on the use of helmets, protective restraints, and burn prevention, and home safety equipment (e.g., helmets, smoke detectors, and gun locks) at no cost to early care and education providers, parents, and schools.

Family & Community

- Organize parents and families to develop water safety education and swimming lessons in communities.
- Develop a local community awareness campaign about unintentional injuries specific to each region.



Community and Family (Cross Age): CHILDHOOD MORTALITY

Why is this important?

Child mortality is one of the most fundamental indicators of a community or country's well-being. Child mortality is related to a variety of health factors (e.g., access to care, safety practices, risk of disease) and socioeconomic conditions (e.g., housing, environmental hazards). The leading causes of death vary by age. Two-thirds of infant deaths occur within a month after birth, primarily due to conditions such as low birthweight, preterm birth, and birth defects. Older children are more likely to die of external causes such as motor vehicle crashes, drowning, suicide, and homicide. Unintentional injuries are a leading cause of death among children and adolescents. Although child mortality has declined overall, health disparities continue to exist by racial/ethnic and socioeconomic status. Many child deaths are preventable.

What is the indicator?

This indicator—the rate of mortality per 100,000 children ages 1–4, 5–14, 15–19—monitors the rates at which children, and youth die. These data are from death certificates and reported as part of local, state, and federal vital statistics.

What is the trend?

While the trend shows year-to-year fluctuations, the trend is improving over time for children ages 1–4 and 5–14. However, the mortality rates for youth ages 15–19 is moving in the wrong direction.

Number of deaths in San Diego County, 2020

Infants under age 1

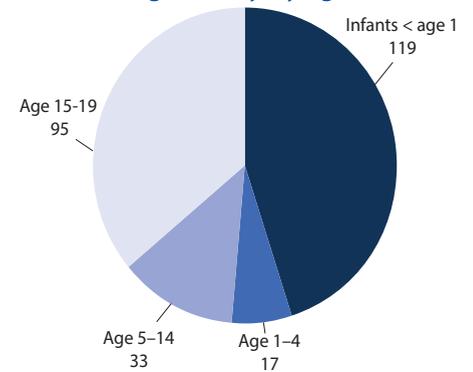
119

Children and adolescents ages 1–19

145

Sources: San Diego County HHSA, Maternal, Child, and Family Health Services and Community Health Statistics, 2020.

Number of Child Deaths, San Diego County, By Age, 2020

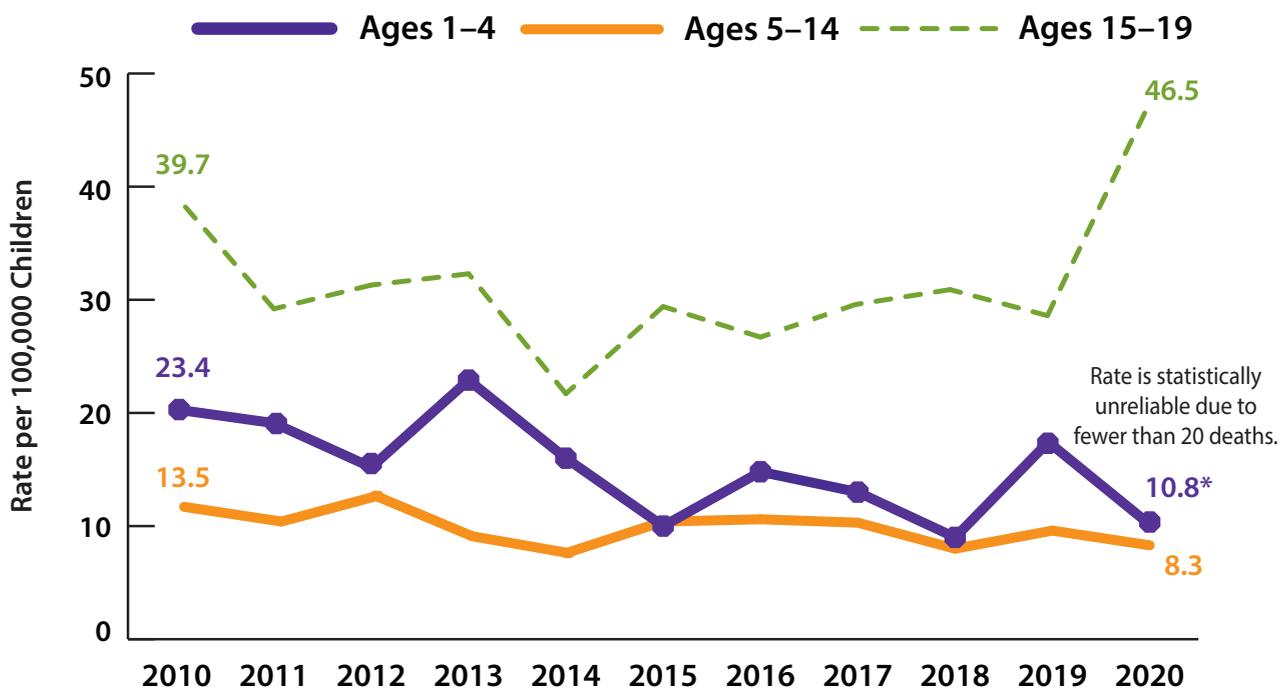


Number of fentanyl-related deaths for ages 15–19 in San Diego County, 2020

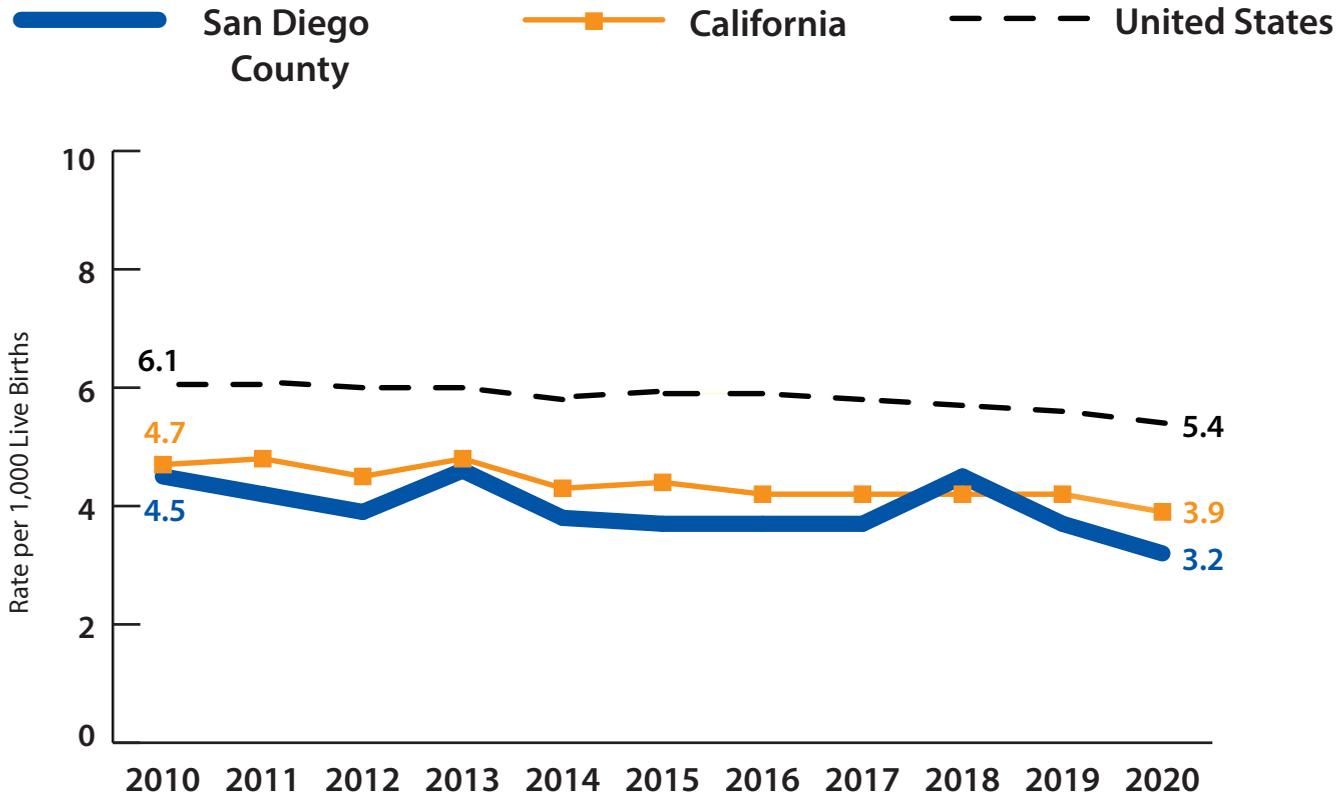
18

Source: San Diego County Open Data Portal based on reports from Department of the Medical Examiner, 2020.

Mortality Rate per 100,000 Children Ages 1–4, 5–14, and 15–19, San Diego County, 2010–2020



Infant Mortality Rate per 1,000 Live Births, San Diego County, California, and United States, 2010–2020



The infant mortality rate is static, not consistently improving in San Diego County. A similar trend is shown for California and the United States. The San Diego County rate is among the lowest in comparison to other states and counties in the nation.

What strategies can make a difference?

Many of the recommendations throughout this Report Card are key to childhood mortality prevention. Infant, child, and adolescent mortality rates reflect an array of risks and conditions, such as: lack of access to health services, poor maternal health, risk of disease, environmental hazards, risky behaviors, housing safety, and other factors. The most common causes of unintentional injury—motor vehicle crashes, falls, drowning, burns, poisoning, and suffocation—are also common causes of death. To respond, communities must develop and implement strategies that are age appropriate and developmentally suitable.

These evidence-based and best practices are used across the country to reduce childhood mortality:

- Ensure access to services and supports for women that can reduce the underlying causes of most infant deaths, including preterm and low-birthweight birth.
- Use interventions (e.g., home visiting, Strengthening Families, Triple P) to reach and intervene with families to reduce the risk of child abuse and neglect.
- Educate parents and children about the risks of drowning at home and in the community.
- Educate parents before they leave the hospital with a newborn about sleeping position (ABCs of Safe Sleep and Back to Sleep) to prevent sudden infant death syndrome and sudden unexplained infant death (SIDS/SUID), as well as about shaken baby syndrome.
- Provide no cost or reduced cost child safety supplies, such as: car seats, booster seats, cribs, helmets, gun locks, and electrical outlet covers.
- Support infant and child death or fatality review teams to identify policies, programs, and risk-reduction interventions that could prevent future deaths.
- Conduct community campaigns on factors that place infants, children, and adolescents at risk of premature death.
- Implement suicide awareness and prevention programs.
- Provide education to parents about the risks of distracted driving (e.g., talking or texting while driving).
- Promote use of immunizations to reduce vaccine-preventable disease such as measles, mumps, rubella, varicella (chickenpox), diphtheria, pertussis (whooping cough), tetanus, polio, HPV, and meningitis.
- Promote gun safety (e.g., safe gun storage, safe surrender programs).

How can we improve the trend in San Diego County?

Based on what is underway and what works, the priorities for action are:

Policy

- Prioritize access to early prenatal care and substance abuse prevention for at-risk pregnant women.
- Ensure strict enforcement of hands-free cell phone laws to reduce the risks of motor vehicle related mortalities.

Programs & Services

- Provide education to parents before they leave the hospital with a newborn about sleeping position (ABCs of Safe Sleep) to prevent SIDS.
- Develop and implement opioid prevention campaign focused on raising awareness and increasing knowledge on the dangers of fentanyl use.

Family & Community

- Organize parents and families to develop community drowning prevention campaigns that increase awareness on water safety and link families to no cost swimming lessons in communities.
- Use community-based networks to provide education to parents about suicide prevention to increase awareness on risk factors such as depression, isolation, self-harm, poor self-esteem, and suicidal ideation.

ACKNOWLEDGEMENTS

The Children’s Initiative would like to thank all of the individuals who gave of their time, expertise, and wisdom in the development, design, and production of this *2021 Live Well San Diego* Report Card. Without their informed guidance and invaluable assistance, this report would not have been possible.

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References, data sources, and technical notes can be found online at www.thechildrensinitiative.org/publications

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