



Children in Our Community: A Report on Their Health and Well-Being



San Mateo County Children's Report
Peninsula Partnership for Children, Youth and Families



peninsula
partnership for children,
youth and families

A Division of Peninsula Community Foundation

**Children in Our Community:
A Report on Their Health and Well-Being**

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A publication of the Peninsula Partnership
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**The Peninsula Partnership wishes
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First 5 San Mateo County distributes Proposition 10 funds into the community to support Preschool For All, Healthy Kids, School Readiness, Early Brain Development and many other early childhood efforts.



The Lucile Packard Foundation for Children's Health is devoted exclusively to promoting, protecting, and sustaining the health and well being of children, with a focus on San Mateo and Santa Clara Counties in Northern California.



Peninsula Community Foundation has been building investment and involvement in the San Francisco Bay Area community since 1964. We develop resources and imaginative programs that make it easy for Peninsula and Silicon Valley residents to connect with causes they care about.



The San Mateo County Office of Education provides a variety of instructional, business, and student programs which enhance the ability of districts to provide quality education. The office demonstrates educational leadership by serving as a link between local districts and the California State Department of Education, and by working with public and private agencies for the benefit of public education.



The San Mateo County Health Department is committed to helping children and their families thrive in San Mateo County and ensuring that all residents have access to quality health services.



The San Mateo County Human Services Agency (HSA) provides social services to the people of San Mateo County and serves as a catalyst for public and private efforts to ensure that all individuals and families become healthy, productive, contributing members of the community.

March 2005

Dear Friends:

Since the 2002 publication of the Children's Report, there is much to celebrate as it relates to children's health and well-being in San Mateo County. More children are reading proficiently by third grade, there are fewer teen births, and juvenile crime is down. Additionally, tremendous progress has been made through the efforts of public and private partners to ensure that more children are enrolled in a health insurance program and soon, that more three- and four-year-olds have access to a high-quality preschool experience.

While there is much to celebrate, there is also cause for concern. One in three adolescent children in the county are considered overweight or obese. Schools continue to face challenges associated with educating an increasingly diverse student population with fewer resources at their disposal. And more and more families are trying to make ends meet in one of the most expensive areas to live in the United States.

The Peninsula Partnership for Children, Youth and Families, operating as a division of Peninsula Community Foundation, believes it is extremely important to shine a light on these and other issues through the 2005 edition of the Children's Report, *Children in Our Community: A Report on Their Health and Well-Being*. The report is organized around four key outcomes related to children's health, safety, success in school and home environment. Additionally, more detailed data on many of the indicators included in this report are available through a new interactive website (www.kidsdata.org).

As Peninsula Community Foundation celebrates its 40th anniversary, we are reminded that great things can happen when philanthropists join with local government, nonprofits and community residents around a common purpose. We hope the information in this report galvanizes all sectors of the San Mateo County community to work together to ensure that our children's future is happy, healthy and bright.

Sincerely,



The Honorable Rose Jacobs Gibson
San Mateo County Board of Supervisors



Sterling K. Speirn, President
Peninsula Community Foundation

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Introduction

A. Background

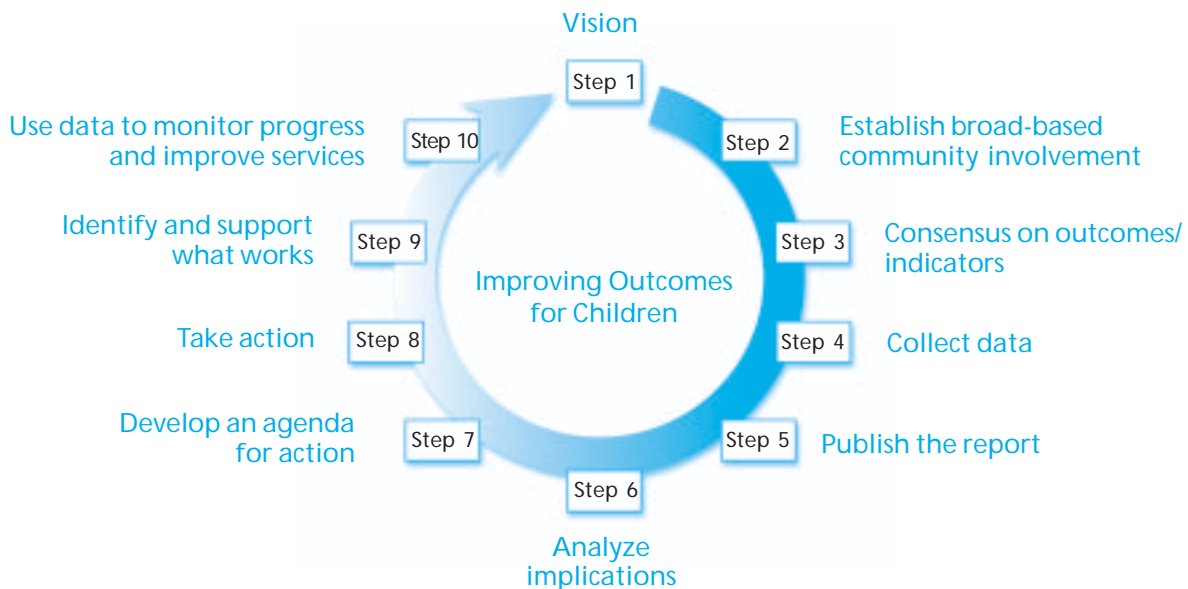
San Mateo County is very fortunate to have leaders and citizens who care deeply for children. In 2000, under the direction of Mary Griffin, former member of the County Board of Supervisors, and through the coordinated efforts of public agencies, community-based organizations, parents, and community members, San Mateo County produced the first report on the status of its children, *Children in Our Community: A Report on Their Health and Well-Being*. Following publication of the 2000 report, a Children's Summit convened more than 350 children's advocates, service providers, educators, parents, foundation leaders, business leaders and public officials to establish a countywide agenda for children. To guide the work of this agenda, the Children's Report Initiative was created in January 2001 under the auspices of the Peninsula Partnership for Children, Youth and Families, operating as a division of Peninsula Community Foundation.

The Children's Report, now in its third edition, is a compilation of the best available data on key indicators that measure progress toward the county's desired outcomes for its children:

- Children Are Healthy
- Children Are Nurtured in a Stable, Caring Environment
- Children Are Succeeding in School
- Children Are Safe

The Children's Report is intended to direct attention to changes in children's health and well-being, to galvanize the community to work together toward common outcomes, and to inform program and policy decisions.

Community Process to Improve Outcomes for Children



Useful definitions:

Outcome: A desired state of well-being for children, families, and communities.

Indicator: A measure, for which data are available, that helps to quantify the achievement of an outcome.

B. Report Framework

The report is guided by the framework of results-based accountability, which involves identifying community outcomes and quantifiable indicators of progress, understanding the data trends, and taking action through effective programs and services (see Community Process Diagram on previous page).

The Peninsula Partnership is committed to steps one through five of the cycle, and functions as a collaborative partner, when appropriate, with other organizations to accomplish steps six through ten.

The outcome areas and indicators included in the Children's Report are guided by what we know about children. Early brain development research tells us that brain connections created during a child's earliest years are directly related to the quality of experiences to which the child is exposed. A child's environment, including such factors as adequate and appropriate nutrition, nurturing and loving care from at least one primary caregiver, verbal stimulation, and protection from hazards like lead and pesticides, are critical for healthy development. There is also an increased understanding of the importance of emotional stability in the early years. Some studies show that a strong emotional foundation is a better predictor of adult success than IQ scores.

Research also shows that the brain undergoes enormous transformation again during the adolescent years. During this time, it is important to provide supports and experiences that help young people develop independence, make healthy choices, and fully participate as community members. Promoting development by fostering the strengths of youth helps build sound and healthy adults. Resiliency characteristics include a commitment to learning, positive values, social competencies, and positive identity.

C. Progress Since 2002

As a result of the Children's Summit in May 2000, three key indicators were identified as needing more action: **child care availability, affordable housing,** and reducing the number of **children self-supervised after school.**

The Child Care Action Campaign was launched as one of the first action-related efforts of the Children's Report

Initiative. Its purpose was to raise awareness about and increase the availability of quality early care and education. Many sectors of the community—government, education, business, foundations, nonprofit organizations, and citizens—endorsed the campaign. Specific accomplishments of the campaign include:

- Raising \$4 million in local, state and federal funds for the San Mateo Compensation and Retention Ensures Stability Program (SaMCARES). This initiative has enabled more than 1,000 early childhood providers to increase their education and receive the State Child Development Permit.
- Creating more than 200 new child care spaces through the SmartKids-Child Care Facilities Expansion Fund. With annual funding of \$1 million dollars from the San Mateo County Human Services Agency and \$350,000 from First 5 San Mateo County, grants are available for the creation or expansion of child care centers and family child care homes through the Child Care Coordinating Council of San Mateo County.
- Establishing the Peninsula Quality Fund for Early Childhood Facilities, providing facility improvement grants and business planning to existing child care centers.
- Developing policies to consider child care needs as part of the San Mateo County Housing Element general plan.
- Advocating for state legislation (Assembly Bill 1326) to implement a child care subsidy plan, which addresses the difficulties that low-income families and providers face in a county with such a high cost of living.

In an effort to sustain and build on these accomplishments, the work of the Campaign will continue through existing projects and initiatives, such as SaMCARES, the land use planning committee, school readiness committee, and public funding advocacy committee, that are part of the Child Care Partnership Council as well as through Preschool For All (described on the following page).

The two other critical issues identified at the Children's Summit, affordable housing and children self-supervised after school, are also being addressed through existing efforts and partnerships. For instance, Peninsula Community Foundation provides support to the work of San Mateo County Housing Nachos, a group of community leaders meeting regularly to reach common ground on action steps they will take to alleviate the housing crisis. The San Mateo County Board of Supervisors also created the Housing Endowment and Trust Fund which has a focus on funding activities that build low-income housing units. The Adolescent Collaborative Action Team is a countywide, multi-agency partnership focused on providing all adolescents in the county with the support, services, and programs needed to achieve self-sufficiency and a positive transition to a healthy, responsible, and productive adult life. In addition, the Lucile Packard Foundation for Children's Health has convened the Preteen Alliance, a broad public-private collaboration to promote the emotional and behavioral health of children ages 9-13 who live in San Mateo and Santa Clara Counties. Supervision after school is a particularly important issue for this age group.

In addition to these efforts, San Mateo County has launched several groundbreaking initiatives, which will dramatically affect children's health and well-being:

The Children's Health Initiative (CHI) was established in January 2001 to provide access to health insurance to the estimated 17,000 uninsured children in San Mateo County. With \$8 million dollars in funding, CHI includes three health insurance programs: Medi-Cal, Healthy Families, and Healthy Kids. The Healthy Kids program is new and locally funded for children whose families earn less than 400% of the federal poverty level, and are ineligible for Medi-Cal or Healthy Families. To date, CHI has contributed to a 66% increase in the number of children enrolled in Medi-Cal, Healthy Families and Healthy Kids, from 20,025 in 2002 to 33,200 in 2004.

The Child Welfare Redesign (CWRD) is a fundamental shift in the basic policies and practices that guide the protection of children from abuse and neglect, and the care of children in out-of-home placements in California. San Mateo County is one of the first counties in the state

to develop and implement a plan to redesign its services in response to the Child Welfare System Improvement and Accountability Act. Major elements of this plan will include a statewide safety assessment system to ensure the consistent assessment of risk in reported cases of abuse and neglect, improvements to child abuse hotline response systems to better enable social workers to screen and refer families for community services, and promote permanent connections for youth and improved transitions to adulthood.

The Early Brain Development (EBD) Initiative was launched in July 2003 with funding from First 5 San Mateo County. Initial funding was provided to the county's Prenatal to Three Initiative to expand and intensify screening, case management, and home visits to Medi-Cal eligible families with newborns. Planning is currently underway for Phase II of the EBD Initiative, with the goal of achieving broader community awareness of the importance of early brain development, and educating caregivers and county residents about practices that promote early brain development.

The Preschool For All (PFA) Initiative vision is that all children ages 3-4 in San Mateo County have access to a voluntary, high-quality preschool experience by the year 2010. Over the next three years, more than \$7.7 million dollars has been committed to PFA from First 5 San Mateo County and First 5 California, while the San Mateo County Board of Supervisors has committed \$1.75 million dollars over the next three years.

D. What's New in 2005

With each edition, the Children's Report production team strives to improve both the look and content of the report. In 2004, the Peninsula Partnership was fortunate to receive funding from the Lucile Packard Foundation for Children's Health to conduct an evaluation of the 2002 report. The purpose of the evaluation was to determine the extent to which the report was serving its intended purpose, who was using the report, and ways in which the format, content, and frequency of publication could be improved. The evaluation consisted of a telephone survey with 31 respondents who were presumed users of the report.

Findings from the evaluation have been used to make several exciting changes to this 2005 edition. For example, respondents to the survey said that the indicators and data were used more than any other section of the report. Therefore, these sections were improved with the addition of important new indicators, such as physical fitness and body weight, and access to health and dental services. Other indicators were combined, including child abuse and foster care, and juvenile felony and weapons-related arrests. Sections of the report that were not cited as being particularly useful, such as information on Exemplary Programs and the Data Development Agenda, were removed.

Respondents to the survey also noted the desire for more detailed data for particular indicators beyond what can be covered in the report. They also expressed interest in being able to access that information online. The Lucile Packard Foundation for Children's Health now has made this possible through the launch of its interactive data website (www.kidsdata.org).

Another important set of findings revealed that while policymakers were identified as one of the most important audiences for the report, they were not necessarily

targeted as such in the report's distribution. Therefore, the Children's Report Management and Data Teams are in the process of exploring ways in which the current version of the report could be modified to reach this important audience.

E. Report Organization

The report begins with an Overview of San Mateo County, which provides relevant demographic and socioeconomic information. The major sections of the report present data on the indicators that measure community progress in four outcome areas: children's health, family environment, success in school, and safety. Each indicator has a brief explanation of what is being measured, and why it is important, as well as a summary of what the data tell us. The report does not offer causal explanations as to why data trends are moving in a particular direction, but provides the basis for ongoing discussion about the causes.



County Overview

Stretching from the Pacific Coast to the San Francisco Bay, bordered on the north by San Francisco and on the south by Santa Clara County, the 442 square miles of San Mateo County are diverse economically, ethnically, and geographically. In 2004, San Mateo County had a total population of 718,154, including 173,992 children and youth ages 0-18. Forty percent of the children and youth were Caucasian, followed by 31% Latino, 19% Asian, 5% Multi-racial, 2% African American, 2% Pacific Islander and 0.4% American Indian.¹ In the 2003-2004 school year, 23% of students in San Mateo County schools were English Learners.²

Of the 20 cities in San Mateo County, the largest are Daly City, San Mateo, Redwood City, and South San Francisco, which together make up 47% of the population. Approximately 9% of the population lives in the unincorporated areas of the county. Rural communities west of the coastal mountains, such as Pescadero, have a large number of low-income working families, many of whom work in the agriculture and fishing industries, and some of whom are undocumented immigrants. East of the mountains are the wealthy suburbs of Silicon Valley, as well as urban centers with densely populated low-income communities.

The economy is diverse, including the computer, biotechnology, airline, and finance industries. The problems for technology companies, however, have persisted and unemployment in the county has increased from an annual rate of 1.6% in 2000 to 5.1% in 2003. In December 2004 the county unemployment rate had declined to 3%, as compared to the state rate of 5.4%.³ Unemployment and economic stress have led to more families on welfare, or CalWORKS. In January 2002, there were 1,718 families on CalWORKS, increasing 33% to 2,288 families receiving CalWORKS in January 2004.⁴

San Mateo County's median income is one of the highest in the nation at \$95,000 in 2004.⁵ However, the county has one of the least affordable housing and rental markets in the nation. In 2004, less than one-in-five households could afford to buy a median-priced home.⁶ The average monthly rent in San Mateo County was \$1,222 for a one-bedroom apartment and \$1,468 for a two-bedroom apartment in 2004.⁷ Programmatic data from county public health nurses indicate that it is not uncommon to see multiple families per household as a means to offset the high cost of housing.

Our county also has a higher proportion of children with working parents — 58% compared to 52% statewide.⁸ Child care costs are among the highest in the state, and finding affordable, quality child care is a serious challenge for families. For a family of three, including a parent, infant, and school-aged child, the estimated monthly child care cost in the county was \$1,535 for 2004.⁹ In 2003, for every licensed child care slot in the county, there were three children estimated to need that slot.¹⁰

Overall, our children and families enjoy a very good quality of life, with declining juvenile crime, increasing access to health insurance, decreasing high school dropout rates, and low rates of child and adolescent deaths. We value our rich ethnic, cultural, linguistic, and geographic diversity. However, the quality of life for everyone in San Mateo County is impacted by the enormous cost of housing, unemployment, and the high cost and shortage of child care. In general, Latino, African American, Asian, and Pacific Islander children still face more barriers to good health and well-being as compared to Caucasian children in the county. These economic and social factors continue to pose the greatest challenges to keeping our children healthy and strong.

San Mateo County Map

1. Atherton
2. Belmont
3. Brisbane
4. Burlingame
5. Colma
6. Daly City
7. East Palo Alto
8. Foster City
9. Half Moon Bay
10. Hillsborough
11. Menlo Park
12. Millbrae
13. Pacifica
14. Pescadero
15. Portola Valley
16. Redwood City
17. San Bruno
18. San Carlos
19. San Mateo
20. South San Francisco
21. Woodside



Outcome 1

Children Are Healthy

Ensuring that children and youth are in good physical condition provides a necessary foundation to becoming successful, healthy, and thriving adults. Health-minded children become health-minded adults. These indicators spotlight how well we are promoting and protecting the health of our children.

For additional data on the indicators in this section, please visit www.kidsdata.org.



Relevant

- Timely Prenatal Care
- Infant Mortality
- Low Birth Weight
- Women Initiating Breastfeeding
- Immunization
- Access to Health and Dental Services
- Teen Sexual Health
- Physical Fitness and Body Weight

Indicators

*Without health, life is not life; it is only
a state of languor and suffering*

Buddha (563 BC- 483 BC)



1. Timely Prenatal Care

Only Caucasian and Asian women met the Healthy People 2010 Objective for timely prenatal care.

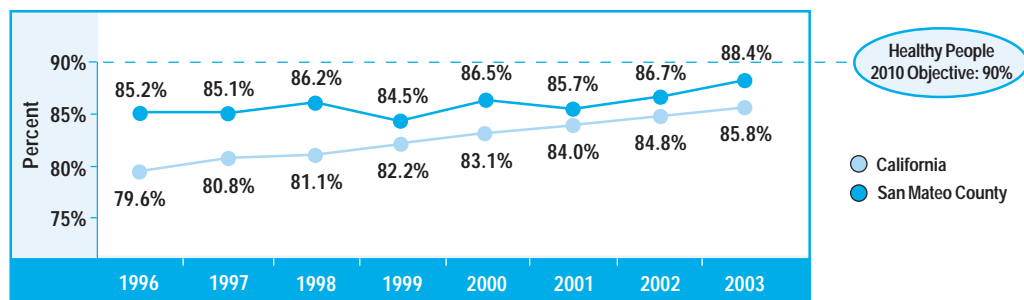
What It Is

Timely prenatal care is measured by the number and percentage of pregnant women who receive prenatal health care during the first trimester of pregnancy.

Why It Is Important

First trimester prenatal care promotes healthy birth outcomes by identifying medical problems, providing pregnancy and delivery education and service referrals, and helping to prevent maternal deaths.

Figure 1.1 — Percentage of Women of All Ages Receiving First Trimester Prenatal Care



Source: State of California, Department of Health Services, Center for Health Statistics, Birth Records, 2004.

Figure 1.2 — Percentage of Women of All Ages Receiving First Trimester Prenatal Care, by Race / Ethnicity, 2003

Race / Ethnicity	Number	Percent
Asian	1,517	93.2
Caucasian	3,792	92.3
Filipina	922	86.2
Latina	2,960	84.9
African American	240	84.5
Pacific Islander	178	72.1

Source: State of California, Department of Health Services, Center for Health Statistics, Birth Records, 2004; obtained from County of San Mateo, Health Department, Public Health Division.

How We Are Doing

The percentage of women receiving timely prenatal care in San Mateo County increased between 1996 and 2003, and has been consistently higher than the state level. The percentages in both the county and the state remained below the Healthy People 2010 Objective of 90%.¹¹ In 2003, 93% of Asian and 92% of Caucasian women received timely prenatal care, and both groups met the Healthy People 2010 Objective. Women of all other races and ethnicities in the county did not meet the objective, with 86% of Filipina, 85% of Latina and African American, and 72% of Pacific Islander women receiving prenatal care during the first trimester of their pregnancies.

2. Infant Mortality

What It Is

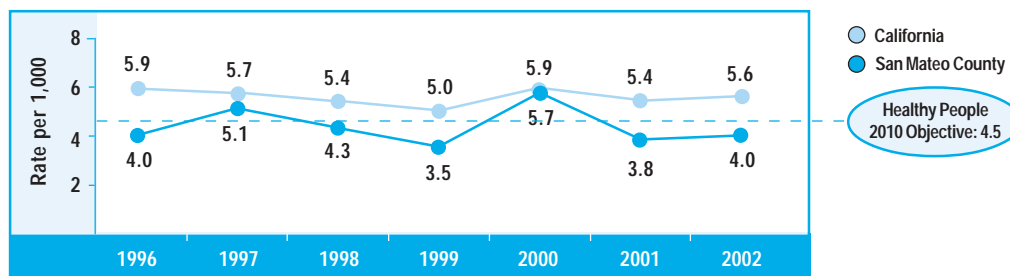
Infant mortality is measured by the number of deaths due to all causes among children under 1 year of age, expressed as a rate per 1,000 live births.

Why It Is Important

The infant mortality rate in the United States has decreased dramatically over the last 30 years, from 20 deaths per 1,000 in 1970 to 6.9 deaths in 2000.¹² This fact shows that many infant deaths are preventable. For example, Sudden Infant Death Syndrome (SIDS) has been reduced through educating parents about the dangers of placing a baby on its stomach to sleep. Infant mortality can be reduced by appropriate infant care, including immunizations, and may be impacted by healthy habits during pregnancy, such as good nutrition and avoidance of tobacco. Infant mortality rates have also been improved by increased availability of specialty neonatal care.

In 2002, the leading cause of infant death in San Mateo County was birth defects.

Figure 2.1 — Infant Mortality Rate per 1,000 Infants



Source: State of California, Department of Health Services, Center for Health Statistics, Death Records, 2004. *Population Source 1996-1999*: State of California, Department of Finance, Race / Ethnic Population with Age and Sex Detail, 1970-2040, Sacramento, CA, December 1998. *Population Source 2000-2002*: State of California, Department of Finance, Race / Ethnic Population with Age and Sex Detail, 2000-2050, Sacramento, CA, May 2004.

Figure 2.2 — Infant Mortality Rate per 1,000 Infants, by Race / Ethnicity, Five Year Average, 1997-2001

Ethnicity	5-Year Rate 1997 - 2001
African American	6.7
Latino	5.8
Asian	3.8
Caucasian	3.5
All Races	4.4

Source: State of California, Department of Health Services, Center for Health Statistics, Death Records, 2004; obtained from County of San Mateo, Health Department, Public Health Division.

How We Are Doing

San Mateo County infant death rates were 4.0 per 1,000 in 2002, as compared to 5.6 in California. Infant mortality in the county has remained fairly stable since 1996, except for a spike in 2000. From 2000-2002, in both the county and the state, the leading cause of death among infants was birth defects, followed by premature births, Sudden Infant Death Syndrome, and pregnancy-related complications.

Infant mortality differs by race / ethnicity in San Mateo County, with African Americans having the highest five-year average rate (6.7), followed by Latinos, Asians, and Caucasian infants. The five-year average mortality rate for African American infants in the county at 6.7 per 1,000 was much lower than the California rate for African American infants at 13.2.¹³

3. Low Birth Weight

Caucasians came closest to meeting the Healthy People 2010 Objective for babies born at healthy birth weights.

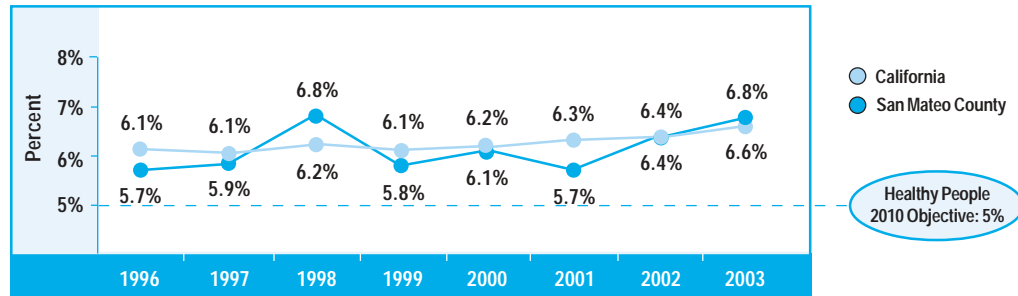
What It Is

Low birth weight is measured by the number of infants born below 2,500 grams or 5.5 pounds, expressed as a percentage of the total number of live births per year.

Why It Is Important

Infant birth weight is directly related to infant survival, health, and development. Low birth weight is a risk factor for a variety of developmental problems, including developmental delays, visual and hearing defects, chronic respiratory problems, autism, and learning difficulties. Babies of very low birth weight (less than 1,500 grams or 3.3 pounds) are especially fragile. Infant birth weight is affected by the presence of multiple gestations, such as twins or triplets, and behavioral and social factors, such as tobacco and drug use, poor nutrition, and stress.

Figure 3.1 — Percentage of Infants Born at Low Birth Weight (below 5.5 pounds)



Source: State of California, Department of Health Services, Center for Health Statistics, Birth Records, 2004.

Figure 3.2 — Percentage of Infants Born at Low Birth Weight (below 5.5 pounds), by Race / Ethnicity, 2003

Race / Ethnicity	Number	Percent
African American	44	15.4
Filipino	97	9.1
Asian	118	7.2
Pacific Islander	15	6.0
Latino	205	5.9
Caucasian	231	5.6

Source: State of California, Department of Health Services, Center for Health Statistics, Birth Records, 2004; obtained from County of San Mateo, Health Department, Public Health Division.

How We Are Doing

In 2003, the percentage of San Mateo County babies born at low birth weight was 6.8%, which did not reach the Healthy People 2010 Objective of 5%. African American, Filipino, and Asian infants had the highest percentages of births at low birth weights, and no racial or ethnic group met the Healthy People 2010 Objective of 5%.

4. Women Initiating Breastfeeding

What It Is

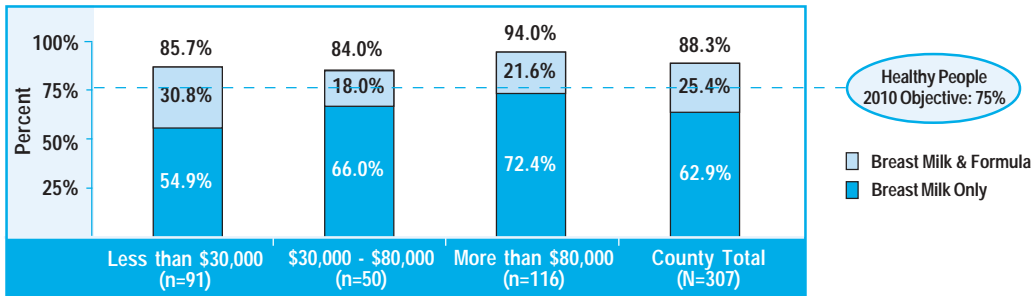
Breastfeeding prevalence is measured by the percentage of women who initiate breastfeeding with their newborn child within a few days following birth. Data are based on the First 5 San Mateo County Family Survey of a random sample of 600 San Mateo County families with children ages 0-5.

Why It Is Important

Breastfeeding offers multiple health advantages to the infant and the mother. Breast milk contains properties that increase immunity, lower the risk of infection, and decrease susceptibility to chronic illness. The American Academy of Pediatrics has found that breastfeeding has a possible protective effect against Sudden Infant Death Syndrome (SIDS). Mothers who breastfeed have fewer postpartum problems and a reduced risk of osteoporosis, ovarian cancer, and breast cancer.

Eighty-eight percent of San Mateo County women reported that they breastfed their newborns, which was well above the Healthy People 2010 Objective of 75%.

Figure 4.1 — Percentage of Women Who Initiate Breastfeeding, by Family Income, 2003



Source: First 5 San Mateo County Family Survey, 2003.

Note: The total survey sample size was 600 families with children ages 0-5, but only respondents with children under the age of 3 were asked the question on breastfeeding; of those, 307 responded to the question. However, there were fewer respondents when the question was disaggregated by income (n=257), as some respondents did not provide income data.

How We Are Doing

In 2003, 88% of San Mateo County mothers reported that they had breastfed their newborn infants within the first few days following birth. By comparison, in 2001, 83% of California mothers initiated breastfeeding.¹⁴ Breastfeeding in San Mateo County varied by income level, with women in higher-income families breastfeeding at higher percentages than women in middle-income and lower-income families. Seventy-two percent of mothers with annual family incomes of more than \$80,000 fed their infants exclusively with breast milk, as compared to 66% of mothers with annual family incomes of \$30,000 to \$80,000 and just 55% of mothers with annual family incomes less than \$30,000.

5. Immunization

In 2003, only 65% of African American children were fully immunized by age 2, as compared to 83% of Caucasian children.

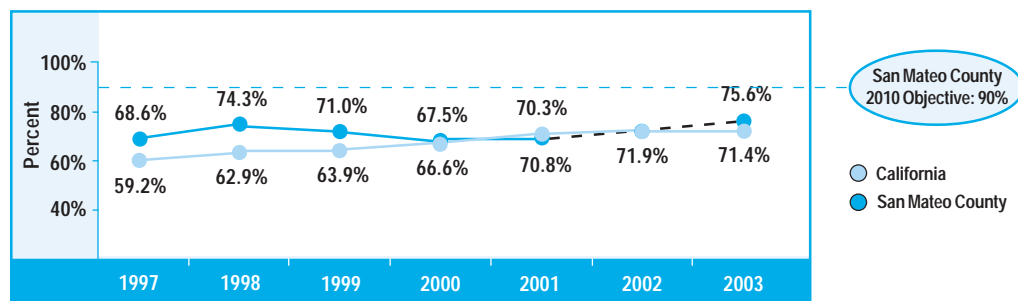
What It Is

Immunization is measured by the number and percentage of children who receive the recommended immunizations by age 2, which is determined at entry into kindergarten.

Why It Is Important

Immunization is a measure of family access to and use of preventive health care. In California, nine different vaccines that provide protection against 13 different organisms are currently recommended, most with multiple doses, between birth and kindergarten. These immunizations prevent, or in some cases reduce, the severity of a number of serious and even fatal diseases, such as measles, chicken pox, diphtheria, tetanus, whooping cough, polio, and influenza. Most immunizations are due before age 2 and are provided during routine well-baby visits.

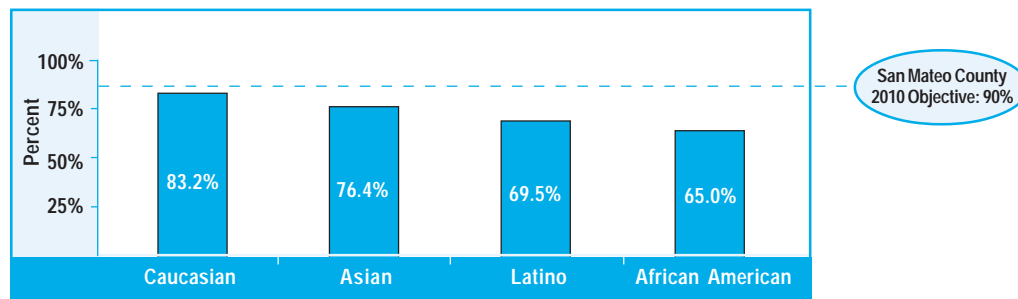
Figure 5.1 — Percentage of Children Fully Immunized by Age 2



Source: County of San Mateo Immunization Program, Kindergarten Retrospective Surveys, 2001. County of San Mateo, Health Department, Public Health Division, *National Immunization Week and Toddler Immunization Month Press Release*, April 2004. State of California, Department of Health Services, Immunization Branch, *California Fact Sheet* (data from Kindergarten Retrospective Surveys), 2004.

Note: San Mateo County data for 2002 were not available.

Figure 5.2 — Percentage of Children Fully Immunized by Age 2, by Race / Ethnicity, 2003



Source: County of San Mateo, Health Department, Public Health Division, Disease Control and Prevention Unit, Annual Kindergarten Retrospective Study, 2003.

Note: Data represents children with complete 4-3-1 (4 DTaP, 3 Polio, 1 MMR). Filipino and Pacific Islanders are included in the Asian category.

How We Are Doing

In 2003, the percentage of San Mateo County children immunized by age 2 was 76%, and remained below the San Mateo County 2010 Objective of 90%. However, the rate of immunization in San Mateo County was higher than that of California (71%) as a whole. The percentage of immunized children varied by race and ethnicity in San Mateo County, with Caucasians having the highest rate in 2003 (83%), followed by Asians (76%), Latinos (70%), and African Americans (65%).

6. Access to Health and Dental Services

What It Is

Access to health and dental care is measured by the percentage of families who indicated they had at least one type of health insurance coverage or dental coverage, as well as by the percentage of children who saw a physician and a dentist in the past year. Data are based on the First 5 San Mateo County Family Survey of a random sample of 600 San Mateo County families with children ages 0-5.

Why It Is Important

A key measure of access to the health care system is whether a child has health insurance. Children who are uninsured often do not see doctors for preventive care, and are more likely to receive care in an emergency room once their medical condition is more advanced and more difficult to treat.

Many pediatricians highlight dental problems as a major health problem among low-income children. Dental and gum problems can be minimized through regular preventive dental services. For very young children, Baby Bottle Tooth Decay can result from the baby being put to bed with a bottle. It is important to educate parents about the risks of this practice and the value of dental care for children to prevent more serious dental problems later in life.

Ninety-five percent of San Mateo County children ages 0-5 had health insurance in 2003.

Figure 6.1 — Percentage of Insured Children and Those Who Saw a Doctor / Dentist in the Past Year, 2003

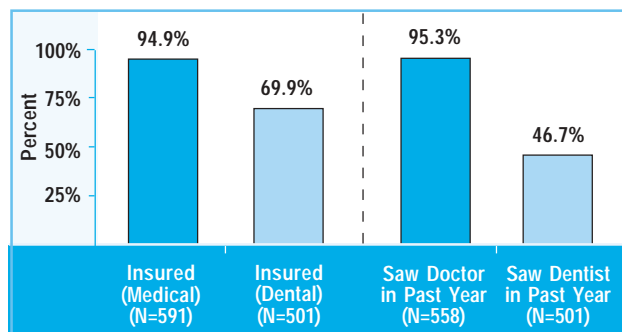
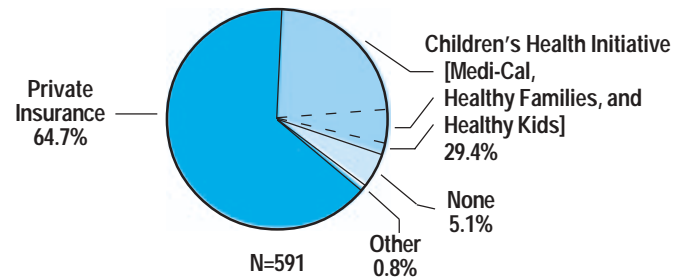


Figure 6.2 — Percentage of Children Ages 0-5 Enrolled in Health Insurance Programs, by Type of Program, 2003



Source: First 5 San Mateo County Family Survey, 2003.

Note: The percentage of respondents who indicated they had visited a doctor / dentist is not a subset of those who indicated they were insured.

How We Are Doing

According to the First 5 Family Survey, 95% of children ages 0-5 were enrolled in a health insurance program in 2003. About 95% of children had seen a doctor at least once during the past year. San Mateo County launched a new Children's Health Initiative (CHI) in January 2003 to offer comprehensive health insurance to the approximately 17,000 local children ages 0-18 who lacked coverage.¹⁵ CHI has contributed to a 66% increase in the number of children enrolled in Medi-Cal, Healthy Families, and Healthy Kids, from 20,025 in 2002 to 33,200 in 2004.¹⁶

As for dental care, almost 70% of children ages 1-5 had dental insurance in 2003, and 47% of children had visited a dentist in the previous year. In 2003, almost 41% of 2-3 year olds who used bottles took their bottle to bed at least some of the time, down from 78% in 2000.¹⁷

7a. Teen Sexual Health: Teen Births

Between 1996 and 2003, the birth rate for teens ages 15-19 decreased by 39%.

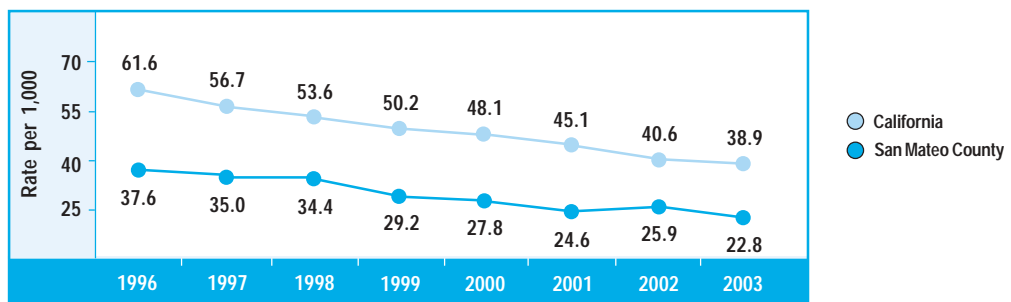
What It Is

Teen births are measured by the number of births to women ages 15-19, expressed as a rate per 1,000 females in that age group.

Why It Is Important

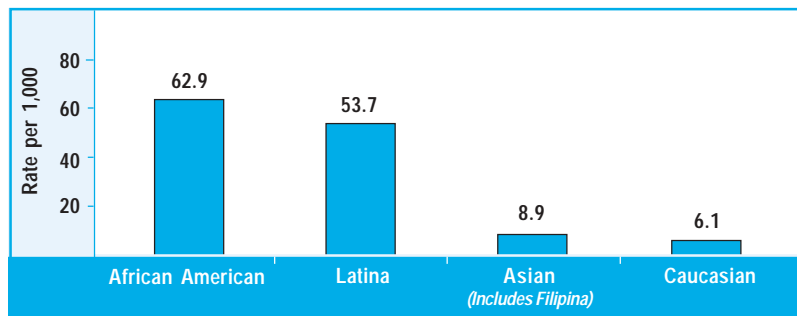
Teen mothers are less likely to complete high school and go on to college than teens who delay childbirth.¹⁸ Only one-third of teen mothers receive a high school diploma and only 1.5% have a college degree by age 30. Teen mothers are also more likely to come from lower-income families and have a lower chance of attaining economic self-sufficiency than teens in general.¹⁹ The children of teen mothers are at greater risk of abuse and neglect, and they are more likely to have academic difficulties.²⁰

Figure 7a.1 — Teen Birth Rate per 1,000 Females Ages 15-19



Source: State of California, Department of Health Services, Center for Health Statistics, Birth Records, 2004. *Population Source 1996-2001*: State of California, Department of Health Services, Center for Health Statistics, Birth Records, 2004. *Population Source 2002-2003*: State of California, Department of Finance, Race / Ethnic Population with Age and Sex Detail, 2000-2050, Sacramento, CA, May 2004.

Figure 7a.2 — Teen Birth Rate per 1,000 Females Ages 15-19, by Race / Ethnicity, 2003



Source: State of California, Department of Health Services, Center for Health Statistics, Birth Records, 2003; obtained from County of San Mateo, Health Department, Public Health Division.

Note: Birth rates for Pacific Islanders could not be shown, as the number of births was too low to reliably calculate a rate.

How We Are Doing

Teen births are steadily decreasing in San Mateo County, in California, and across the nation. In the county, the birth rate for teens ages 15-19 decreased by 39% between 1996 and 2003. In 2003, births to teens in the county were much lower than in California as a whole (23 per 1,000 in San Mateo County, as compared to 39 per 1,000 in California). African American teens in the county had higher birth rates than Latina, Asian, and Caucasian teens. However, in the recent past, the rates of Latina teen births exceeded the rate of other ethnic groups. In 2003, there were six births to teens under the age of 15 in the county.

7b. Teen Sexual Health: Sexually Transmitted Infections

What It Is

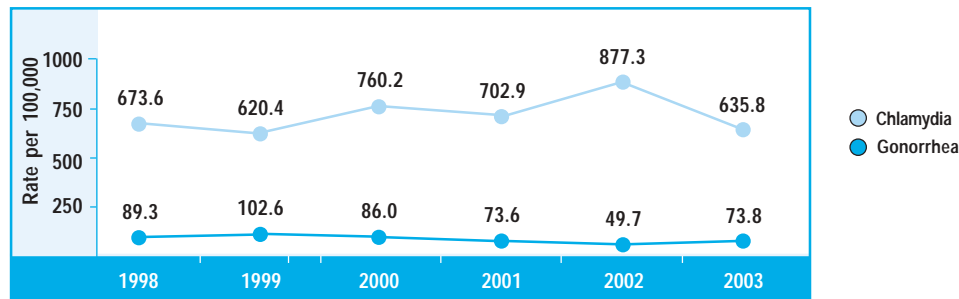
The incidence of Sexually Transmitted Infection (STI) is measured by the number of new cases reported to public health agencies. The rates of chlamydia and gonorrhea for youth ages 15-19 are expressed per 100,000 youth of the same age.

Why It Is Important

Sexually transmitted infections are a reflection of adolescent risk-taking behavior, including unprotected sexual activity, which can also lead to teen pregnancy. If left untreated, some STIs can lead to infertility and death. The incidence of STIs also reflects access to health care, health education, and family planning services. STIs, including chlamydia, gonorrhea, HIV / AIDS, syphilis, and genital herpes, are preventable and some are curable. It is important for teenagers to be educated about how to protect themselves against STIs, and about the importance of diagnosis and treatment.

The rates of chlamydia and gonorrhea among San Mateo County youth are much lower than national rates.

Figure 7b.1 — Rate of Chlamydia and Gonorrhea per 100,000 Teens Ages 15-19



Source: County of San Mateo, Health Department, Public Health Division, Disease Control and Prevention Unit, Confidential Morbidity Reports, AVSS Reporting System, 2004.

How We Are Doing

The rate of chlamydia (636 per 100,000) in San Mateo County was much higher than for gonorrhea (74 per 100,000) in 2003. Between the years of 2002 and 2003, the rate of chlamydia decreased from 877 cases per 100,000 to 636 cases, while the rate of gonorrhea went up from 50 to 74 cases per 100,000. Rates of both diseases are much higher for women than for men. In the United States, for youth ages 15-19 in 2002, there were six times as many cases of chlamydia and more than twice as many cases of gonorrhea reported in women than in men. Amongst San Mateo County children ages 10-14, the number of cases of chlamydia and gonorrhea have been consistently low. Every year, from 1998-2003, there were between 6 and 18 cases of chlamydia and less than five cases of gonorrhea for children ages 10-14.

8. Physical Fitness and Body Weight

More than 40% of Pacific Islander, Latino and African American children are overweight or obese.

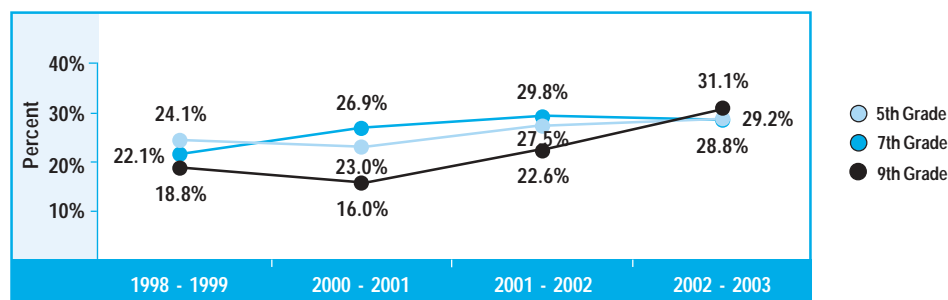
What It Is

Physical fitness is measured by the percentage of 5th, 7th, and 9th graders who pass six out of six fitness standards, as established by the California Physical Fitness Test. The fitness standards measure aerobic capacity, body composition, abdominal strength, trunk extension and upper body strength, and flexibility. Body weight is measured by either skin folds or body mass.

Why It Is Important

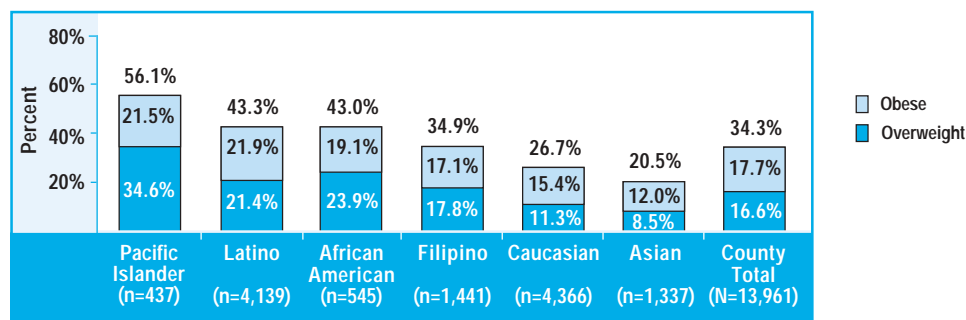
Overweight children face a greater risk of hospitalization, Type 2 diabetes, cardiovascular disease, low self-esteem, and depression.²¹ Further, overweight adolescents have a 70% chance of becoming overweight adults, and this increases to 80% if one or more parents are overweight.²² Children and adolescents may be overweight due to individual, familial, genetic, social, and environmental factors. New research shows that the highest rates of obesity and Type 2 diabetes in the United States are found among people of color and population groups with the highest rates of poverty.²³ The correlation between obesity and poverty is not surprising, considering that diets that have more fats, sugars, and refined grains, such as fast foods, are more affordable than diets based on lean meats, fish, and fresh produce.²⁴

Figure 8.1 — Percentage of 5th, 7th, and 9th Graders Meeting All Six Fitness Standards



Source: State of California, Department of Education, Standards and Assessment Division, California Physical Fitness Report, 2004.
Note: Data for 1999-2000 were not collected. Physical fitness testing must be conducted at least every two years.

Figure 8.2 — Percentage of 5th, 7th, and 9th Graders Who are Overweight or Obese, by Race / Ethnicity, 2000-2001



Source: County of San Mateo, Health Department, Public Health Division, *Obesity Report* (Draft), 2004.

Note: In children and adolescents, the definitions of overweight and obesity are determined by body mass index (BMI), according to age and sex. A BMI equal to or greater than the 95th percentile is considered obese, while a BMI between the 85th and 95th percentiles is considered overweight.

How We Are Doing

San Mateo County children in the 5th, 7th, and 9th grades were more fit in 2002-2003 than they were in 1998-1999, but less than one-third of them met all six of the fitness standards. In 2002-2003, the percentage of 5th, 7th, and 9th graders that achieved the six fitness standards in San Mateo County was higher than children in the same grades across the State of California. Thirty-one percent of San Mateo County 9th graders achieved six of six fitness standards, as compared to 25% of California 9th graders.

According to the 2001 California Physical Fitness Test for all California children, boys were more likely to be considered overweight than girls (32% for boys and 21% for girls), while girls were more likely to be considered unfit (41% for girls and 38% for boys).

In 2000-2001, the highest percentages of overweight and obese children were found among Pacific Islanders, followed by Latinos and African Americans, Filipinos, Caucasians, and Asians. Across California, Latinos had the highest percentage of overweight children, followed by Pacific Islanders.

Thirty-one percent of San Mateo County 9th graders achieved six of six fitness standards.



Outcome 2

Children Are Nurtured in a



Early attachments between children and adults help set the foundation for children's positive self-identity and confidence. Attachments are formed through warm and loving relationships between a child and an adult. Some families face challenges that can strain family stability and the strength of parent-child attachments. We can empower all families by providing support and resource information so that all families can be the best and most important influence for their children.

For additional data on the indicators in this section, please visit www.kidsdata.org.

in a Caring Environment

Stable, Caring Environment

Relevant

- Family Self-Sufficiency Levels
- Housing Affordability
- Children Who Are Self-Supervised

Indicators

Look—look hard—for the small, perhaps awkward, groping, weak attempt to grow...to learn, we all have to make a first movement—however wide of the mark. Only by doing, and correcting, and doing again do we zero in on the target. It is not your responsibility to do the practicing for the other person, but it is your—perhaps sacred, human—responsibility to respect that first, tentative moment—and to nurture that so that the next attempt is better.

Kaleel Jamison (1931-1985)



9. Family Self-Sufficiency Levels

Six of the top 10 growth occupations will pay less than what a single wage earner with two children needs to be self-sufficient.

What It Is

The local self-sufficiency standard, as calculated by the Human Services Agency, is the minimum amount of income needed to meet the basic needs of a three-person family (parent, infant, and school-aged child) in San Mateo County, independent of any forms of public or private assistance.

Why It Is Important

The cost of living is higher in San Mateo County than almost anywhere else in the nation; therefore, the federal poverty level is not an adequate measure of the income needed to meet basic needs in the county. The local self-sufficiency standard is a more realistic measure of the true cost of living because it takes into account the higher costs of necessities, such as housing, child care and food.

Figure 9.1 — Self-Sufficiency Income and Wage for Family of Three (Parent, Infant, and School-Aged Child)

	2002	2003	2004
Monthly Costs			
Rent	\$1,850	\$1,597	\$1,468
Utilities	114	114	114
Food	356	366	371
Transportation	368	363	370
Personal care	58	51	46
Housekeeping supplies	50	48	43
Clothing	261	231	202
Healthcare	169	181	196
Child care	1,657	1,657	1,535
Total Monthly Expenses	\$4,883	\$4,608	\$4,345
Gross Yearly Income Needed	\$70,315	\$66,356	\$62,568
Hourly Wage Needed	\$33.81	\$30.72	\$28.97

This compares to:

- Eligibility for Healthy Kids: \$62,680**
400% Federal Poverty Level
- Eligibility for subsidized child care: \$39,000**
- Eligibility for reduced cost school meals: \$28,990**
185% Federal Poverty Level
- Eligibility for free school meals: \$20,371**
130% Federal Poverty Level
- Federal Poverty Level for Family of 3: \$15,670**

Source: County of San Mateo, Human Services Agency, *Family Income Needed for Self-Sufficiency*, 2004. U.S. Department of Health and Human Services, Federal Register, Vol. 69, No. 30, February 13, 2004, pp. 7336-7338.

How We Are Doing

In San Mateo County, in 2004, the yearly income necessary for a family of three to maintain self-sufficiency was \$62,568 (or \$28.97 an hour), almost four times the federal poverty level of \$15,670 for a family of three. In 2003, it was estimated that more than one-third of San Mateo County families earned household incomes less than the annual self-sufficiency wage.²⁵

Locally, the job market exacerbates the impact that the high cost of living has on lower-income families.²⁶ For instance, trends show that four of the ten occupations with the greatest growth in the county by 2008 are higher-paying, higher-skilled computer jobs, but the other six occupations are lower-paying, lower-skilled service jobs.²⁷

In addition to the challenge posed by lower-wage jobs with few or no benefits, unemployment is a barrier to self-sufficiency, with an annual county rate of 1.6% in 2000, increasing to 5.1% in 2003.²⁸ The monthly rate in December 2004 was 3.0%.²⁹

10. Housing Affordability

What It Is

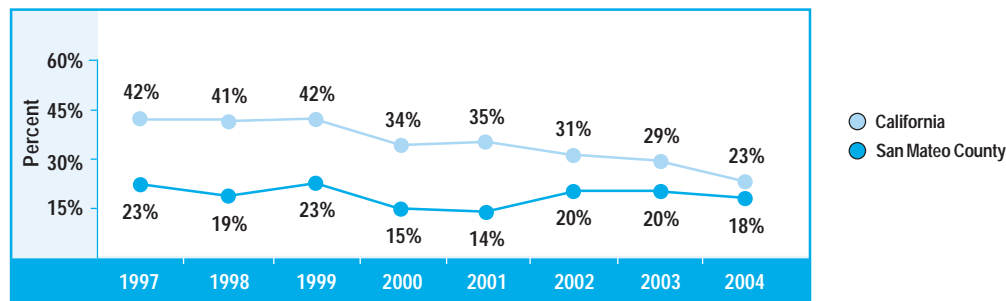
Housing affordability is measured by the Housing Affordability Index (HAI), developed by the National Association of Realtors. The HAI measures the percentage of all households that can afford to buy a median-priced, single-family home. The figures shown below reflect the HAI for January of each year.

Why It Is Important

Because the cost of housing is one of the greatest contributors to the high cost of living in California, housing affordability is one of the biggest challenges faced by families. Housing affordability is a problem for middle-income as well as low-income families. The HAI allows for a comprehensive view of cost of living, affordability, and purchasing power.

In 2004, less than one-in-five San Mateo County households could afford to buy a median-priced home.

Figure 10.1 — Percentage of Households that Can Afford to Purchase a Median-Priced Home



Source: California Association of Realtors, Housing Affordability Index, 2004.

Note: The figures above reflect the Housing Affordability Index for January of each year.

How We Are Doing

San Mateo County has one of the highest median household incomes in the nation at \$95,000 in 2004, according to the United States Department of Housing and Urban Development (HUD).³⁰ However, the price of homes was out of reach for the vast majority of residents, with the 2004 median home price of \$729,000, up from \$523,000 in 2000. HUD defines affordable housing as that which does not require more than 30% of a family's wage. By that measure, San Mateo County has been consistently ranked as less affordable than California or the United States overall. In January 2004, less than one-in-five households could afford to purchase a median-priced home. As for renters, the 2004 average monthly rent in San Mateo County was \$1,222 for a one-bedroom apartment and \$1,468 for a two-bedroom apartment.³¹ According to HUD's affordability formula, an individual would need to earn an annual income above \$48,000 in order to afford the average monthly rent of \$1,222.

11. Children Who Are Self-Supervised

In 2004, 15% of parents reported that their children were self-supervised after school.

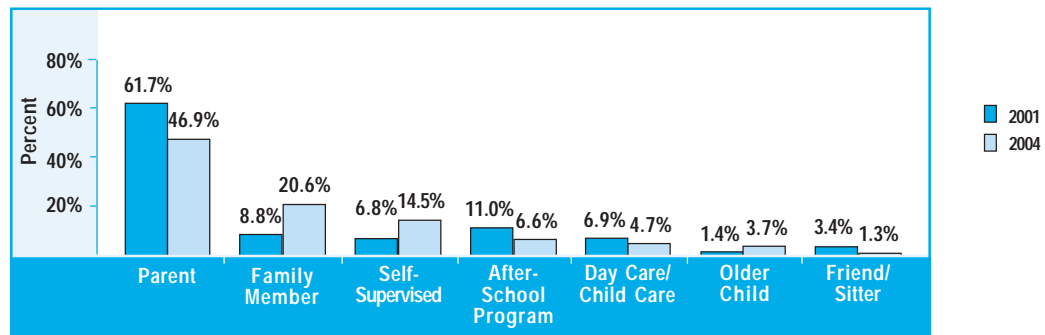
What It Is

Self-supervision is measured by the percentages of children 5-17 years old in different types of after-school supervision, as reported by their parents in the *Community Assessment-Health and Quality of Life in San Mateo County* survey.

Why It Is Important

Research shows that unsupervised teens are more likely to experiment with alcohol, tobacco, drugs, and sexual activity.³² After-school activities can provide children and youth with an environment to explore new skill areas, discover talents, and build self-esteem.³³ Some children and teens, however, go home to an empty house or spend time with their friends after school with no adult supervision.

Figure 11.1 — Percentage of Parents Reporting the Type of After-School Care Arrangements for Their Children Ages 5-17



Source: Healthy Community Collaborative of San Mateo County, *Community Assessment-Health and Quality of Life in San Mateo County*, 2001 and 2004 (draft).

Note: The number of survey respondents was 215 in 2001 and 304 in 2004. The chart does not include the responses of not applicable / not in school.

How We Are Doing

In 2004, more than 67% of surveyed parents indicated that their child was supervised after school by either a non-working parent or another family member. Fifteen percent of parents reported that their child supervised him / herself in 2004, an increase from 7% in 2001.



“If help and salvation are to come, they can only come from the children, for children are the makers of men.”

Maria Montessori (1870-1952)

Outcome 3

Children Are Succeeding in



Schooling or educating children extends beyond classroom walls. It includes everyday experiences that strengthen brain development and thus, contribute to a child's success or failure in school. The selected indicators help us to understand how well we are meeting the challenge of providing children and youth with enriching opportunities to learn and grow.

For additional data on the indicators in this section, please visit www.kidsdata.org.

Relevant Relevant

- School Readiness
- Child Care Availability
- Reading Proficiency
- High School Dropouts
- College Readiness
- Student Access to Pupil Support Services

Indicators

***“Education is a social process.
Education is growth. Education is
not a preparation for life;
education is life itself.”***

John Dewey (1859-1952)



12. School Readiness

In 2003, San Mateo County kindergartners had stronger motor development and cognitive skills than communication and language skills.

What It Is

Led by the Peninsula Partnership, San Mateo County launched a pilot project in 2001 to assess school readiness among kindergartners in eight school districts. The assessment was repeated in 2002 and 2003. An assessment tool was developed with community input and was based on the National Education Goals Panel's five dimensions of school readiness in children:

- Physical Well-Being and Motor Development
- Social and Emotional Development
- Approaches Toward Learning
- Communication and Language Usage
- Cognition and General Knowledge

Local measures of readiness were defined for each of the five dimensions above. As part of the School Readiness Assessment, kindergarten teachers observed children's readiness according to each of these measures, using a four-point scale that included "not yet," "beginning," "in progress," and "proficient."

Why It Is Important

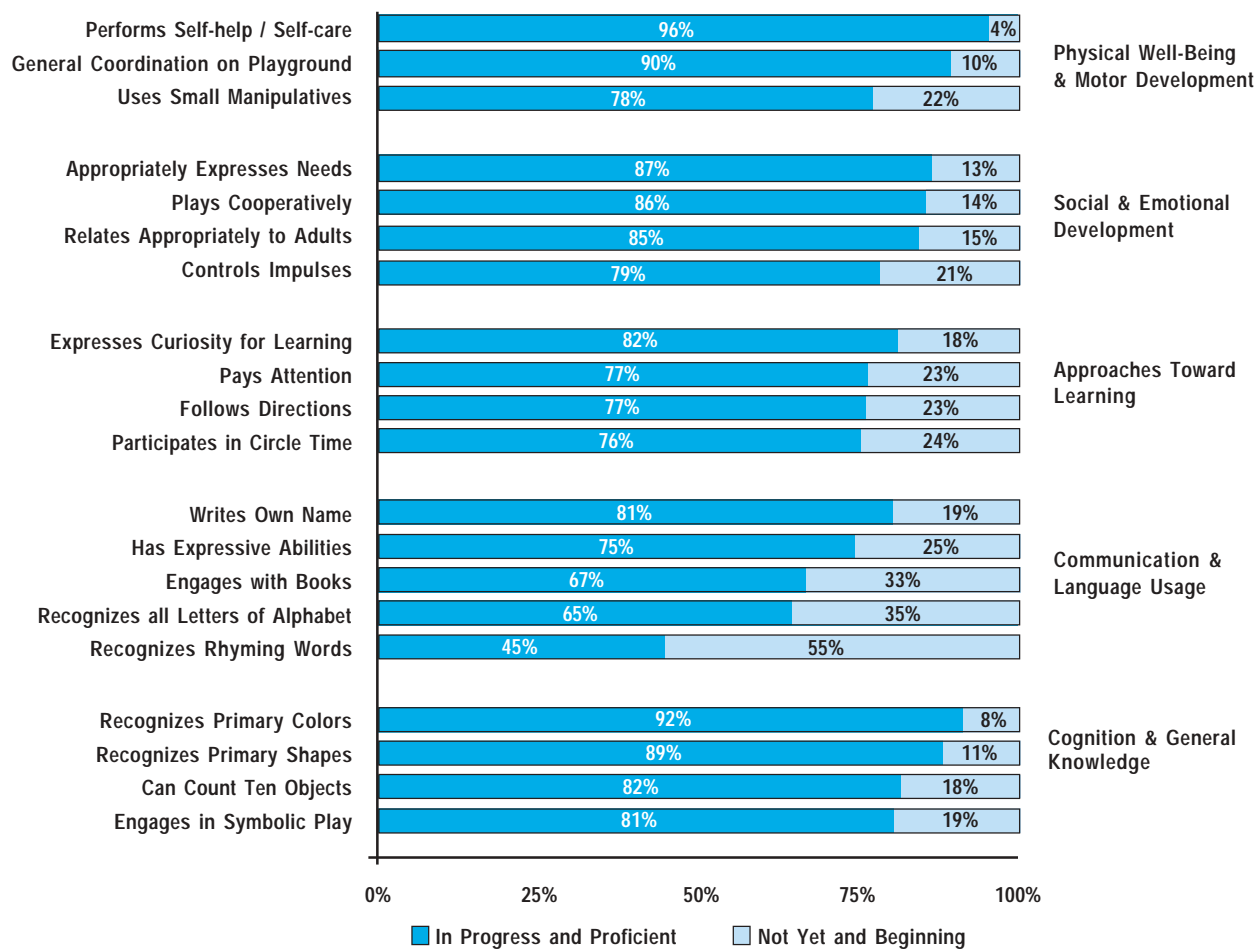
Readiness for school is an essential indicator of children's well-being. While San Mateo County's assessment focuses on children, school readiness can be viewed as not only readiness of children, but the readiness of schools to educate young children, the readiness of parents and families to help prepare children for school, and the overall readiness of communities to help ensure children arrive at school ready to learn. School readiness also indicates a strong foundation for later academic success. Results from the School Readiness Assessment can be used to help monitor county and local trends, identify areas that parents can help prepare their own children for school, strengthen the relationship between elementary schools and preschool / early childhood educators, and improve preschool curricula designed to prepare children for school.

How We Are Doing

Students were most proficient in the areas of cognition and general knowledge, as well as physical well-being and motor development. The greatest percentage of students was observed to be proficient in skills, such as performing basic self-help, recognizing primary colors, general coordination on the playground, and recognizing primary shapes. Students were least proficient in specific measures related to communication and language, such as recognizing rhyming words, knowing all letters of the alphabet, and engaging with books. The assessment revealed that children who were English Learners had lower school readiness scores than their English-proficient peers. However, children who had participated in early education programs, such as preschool or the Peninsula Partnership's *Kickoff to Kindergarten*³⁴ program, had significantly higher school readiness scores than children who had not participated in those programs, regardless of demographic differences between the two groups.

According to the 2003 First 5 San Mateo County Family Survey, the majority of parents with children ages 0-5 had provided activities for their child that would help further development. For instance, between 55% and 63% of parents reported that they had read or shown picture books to their children ages 2-5 at least one or more times a day in the prior week.³⁵ Forty-nine percent of parents had been to the library in the past month. Over 67% of parents reported that they had played with their children one or more times a day in the past week.³⁶

Figure 12.1 — Percentage of Observed Students by Proficiency Level in Key Readiness Skills, 2003



Source: Peninsula Partnership for Children, Youth and Families and Applied Survey Research, *Ready for School? A Report on Skill Levels of San Mateo County Kindergartners*, 2004.

Note: Percentages do not include responses of "don't know" or "not observed."

13. Child Care Availability

For every licensed child care slot in the county, there were three children estimated to need that slot.

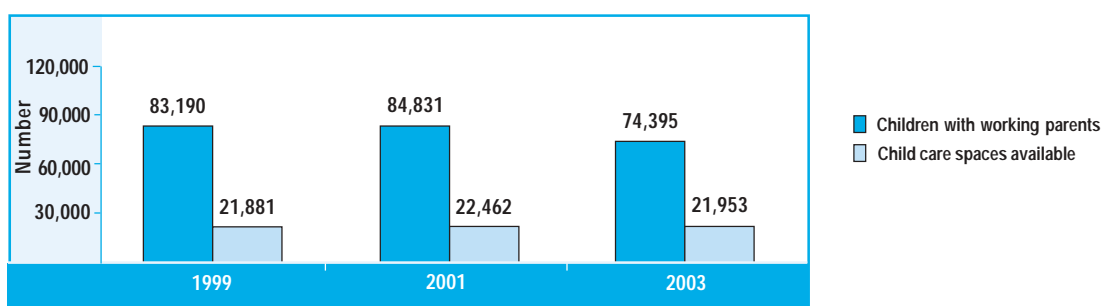
What It Is

One measure of child care availability is the number of children estimated to need care because their parents work full time, compared to the number of available licensed child care spaces. The types of child care arrangements that parents chose are directly affected by their affordability and are shown below by family income level.

Why It Is Important

Quality child care helps children develop social and cognitive skills in preparation for school and life success. Child care, and in particular, subsidized care for low-income families, also provides critical support for working families. Child care choices include informal care by parents, friends, and babysitters as well as formal or licensed care, such as family child care homes and center-based facilities.

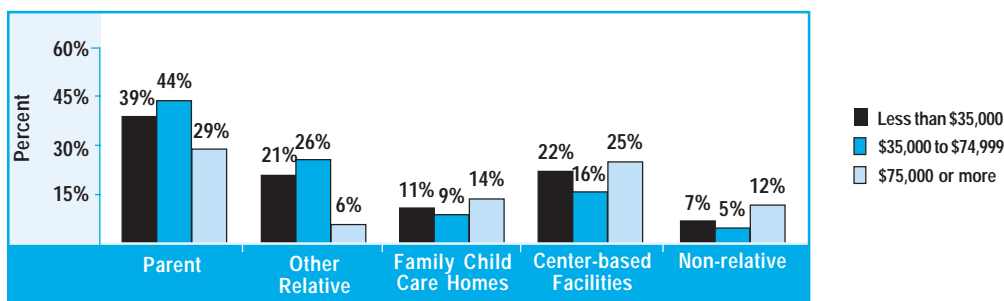
Figure 13.1 — Number of Children Ages 0-13 with Working Parents Versus Number of Licensed Spaces Available



Source: California Child Care Resource and Referral Network, 1999, 2001 and 2003 *California Child Care Portfolio*, 2003.

Note: Children needing care are those with either two parents / guardians or single head of household in the labor force.

Figure 13.2 — Reported Types of Child Care Arrangements of Parents with Children Ages 0-5, by Family Income, 2004



Source: First 5 San Mateo County, David and Lucile Packard Foundation, and Child Care Coordinating Council of San Mateo County, *Preschool For All Supply and Demand Study*, 2004. There were 308 respondents to the question.

How We Are Doing

The supply of licensed child care falls far short of the number of families who are estimated to need it. In 2003, there were 74,395 children ages 0-13 estimated to need child care, but only 21,953 slots to serve those children. In other words, for every licensed child care slot in the county, there were three children estimated to need that slot.

In April 2003, there were 4,622 San Mateo County low-income children who received subsidized child care, but another 2,120 eligible children from 1,514 families were on the waiting list for subsidized care.³⁷

Middle-income families were more likely than either lower-income or higher-income families to rely on informal sources of care, such as a parent or a relative. Higher-income families were more likely to use formalized care arrangements, such as center-based care or family child care homes.

14. Reading Proficiency

What It Is

Reading proficiency is measured by the percentage of third grade students who score at or above the national average (50%) on a standardized test. California's new version of the standardized test is called the California Achievement Test (CAT 6).

Why It Is Important

Reading well is a foundation for doing well in school. One of the most powerful indicators of later academic success is a child's reading level at the end of third grade.³⁸ Strong community literacy and pre-literacy approaches can help young children to be ready to tackle the exciting challenges of learning to read. Early identification of reading difficulties and intervention, with additional resources, are essential to help struggling students come up to grade level in reading.

The percentage of third grade students reading at or above the national average has increased over the last two years.

Figure 14.1 — Percentage of Third Graders Reading at or Above National Average

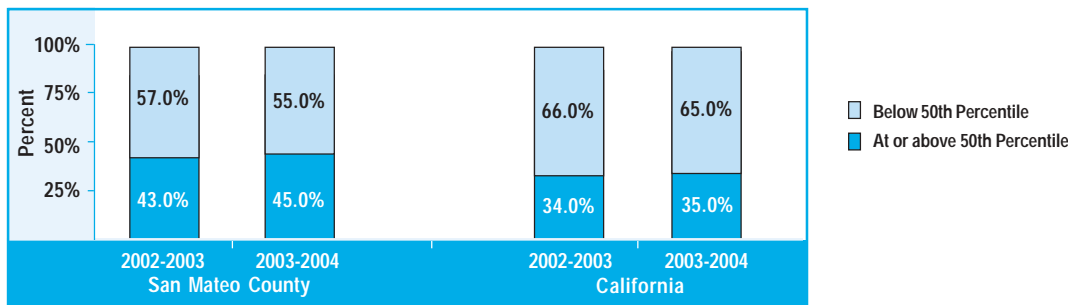
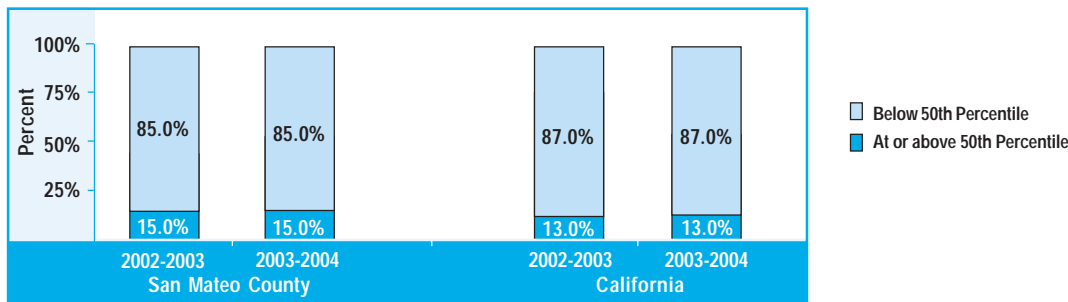


Figure 14.2 — Percentage of English Learners Reading at or Above National Average



Source: State of California, Department of Education, California Standardized Testing and Reporting (STAR: CAT/6), 2004.

How We Are Doing

The percentage of San Mateo County third grade students reading at or above the national average increased from 43% in 2002-2003 to 45% in 2003-2004.³⁹ In 2003-2004, a higher percentage of San Mateo County third grade students (45%) read at or above the national average, as compared to the state (35%).

San Mateo County English Learners scored lower on the CAT 6 than proficient English speakers. In 2003-2004, 15% of San Mateo County English Learners performed at or above the national average, compared to 45% of proficient English speakers. However, San Mateo County English Learners in the third grade performed better than California's English Learners in the same grade (15% and 13%, respectively).

15. High School Dropouts

In San Mateo County, dropout rates were highest for Latino students.

What It Is

The prevalence of high school dropouts is measured by the “four-year derived dropout rate,” which is the percentage of students who are estimated to have dropped out in a four-year period, based on dropout data collected for each grade in a single year. The dropout rate is an estimate, because children who move to a new school and do not order transcripts from their prior school may be considered dropouts rather than transfers.

Why It Is Important

Youth who leave high school prior to graduation are more likely to experience lower earnings and unemployment.⁴⁰ Dropping out of high school may be a result of several risk factors including child abuse, substance abuse, un-addressed learning disabilities, mental health problems, pregnancy, homelessness, and poverty.

Figure 15.1 — Percentage of Students Estimated to Have Dropped Out of High School

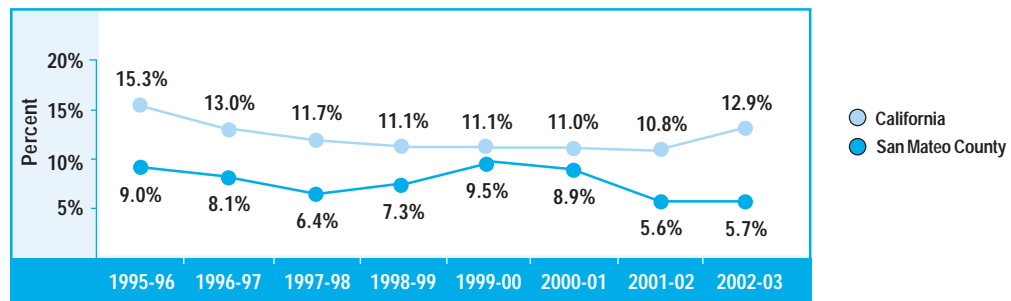
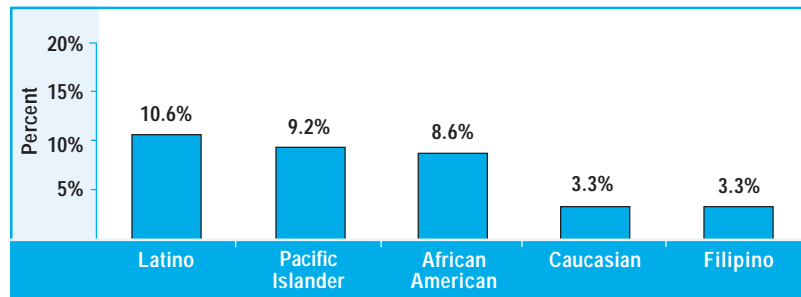


Figure 15.2 — Percentage of Students Estimated to Have Dropped Out of High School, by Race / Ethnicity, 2002-2003



Source: State of California, Department of Education, Educational Demographics Unit, 2004.

Note: The dropout rate for Asians could not be reliably calculated, due to the low number of dropouts among this group.

How We Are Doing

The San Mateo County estimated dropout rate reached a high of 9.5% in 1999-2000, but decreased to 5.7% in 2002-2003. The county rate has been consistently lower than the statewide rate, and the gap between the two rates has been increasing since 1999-2000. In 1999-2000, the San Mateo County rate was 9.5% and the state rate was 11.1%, a difference of 1.6%. By 2002-2003, San Mateo County’s rate was 5.7%, as compared to California at 12.9%, a difference of 7.2%. In the same year, Latino, Pacific Islander, and African American students were two to three times more likely than Caucasian or Filipino students to drop out of school.

16. College Readiness

What It Is

College readiness is measured by the percentage of students who take and complete classes that fulfill entrance requirements at state institutions, such as the University of California (UC) and California State University (CSU).

Why It Is Important

Over an adult's working life, an individual with a Bachelor's degree will earn \$2.1 million, almost twice as much as high school graduates, who will earn \$1.2 million.⁴¹ College graduates are also more likely to have a higher level of savings, more personal and professional mobility, and a higher quality of life for their children.⁴² Higher education is also correlated with good health for the individual and their children, as well as a lower mortality rate for children at certain ages.⁴³ According to a report from the Carnegie Foundation, the benefits of higher education include the tendency to be more open-minded, less prejudiced, and more knowledgeable about the world.⁴⁴

Less than one-in-five Latino, Pacific Islander, and African American high school graduates met UC / CSU entrance requirements.

Figure 16.1 — Percentage of High School Graduates Who Completed College Preparatory Courses

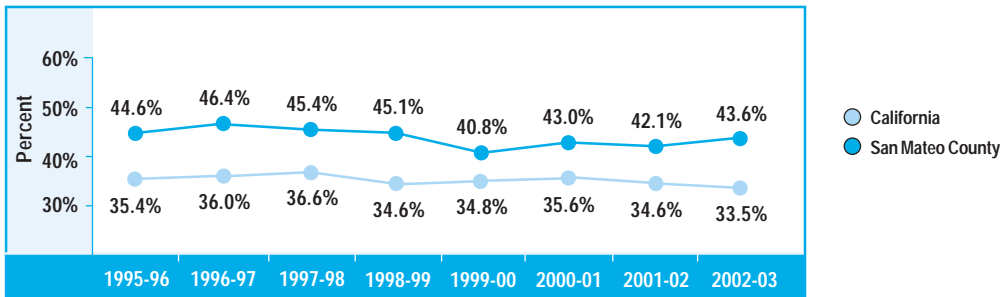
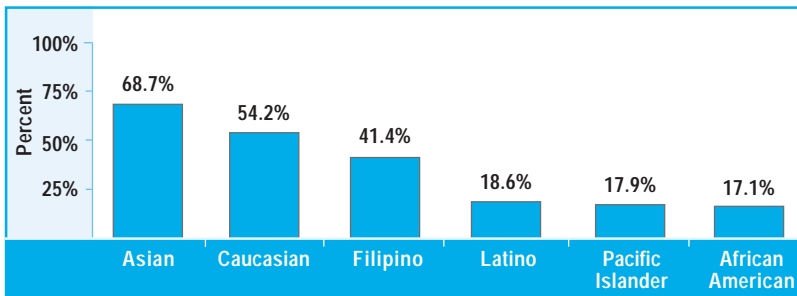


Figure 16.2 — Percentage of High School Graduates Who Completed College Preparatory Courses, by Race / Ethnicity, 2002-2003



Source: State of California, Department of Education, Educational Demographics Unit, 2004.

Note: Percentages could not be reliably calculated for American Indian / Alaska natives, due to their low numbers.

How We Are Doing

San Mateo County consistently ranks above the state in terms of the percentage of students who are prepared for entrance to college. From 1995-2003, between 40%-46% of San Mateo County high school graduates had completed college preparatory classes, as compared to 34%-37% of California high school graduates. While nearly 69% of San Mateo County Asian students met UC / CSU entrance requirements in 2002-2003, only slightly more than half of Caucasians, and less than one-fifth of Latinos, Pacific Islanders, and African Americans met these requirements.

17. Student Access to Pupil Support Services

San Mateo County had more than five times the recommended ratio of one school nurse per 750 students.

What It Is

Access to pupil support services is measured as a ratio of the number of students to the number of school staff, such as counselors, nurses, psychologists, social workers, resource specialists, speech specialists, librarians, and other medical personnel. These school staff members are also known as “pupil services personnel.” They are certificated employees who provide direct services to students, but are not classroom teachers.

Why It Is Important

As the social, academic, and economic demands on children and youth become increasingly complex, a greater number of students are at risk of behavioral problems, peer pressure, drug, alcohol and tobacco abuse, depression, and dropping out of school. The availability of pupil services personnel reflects the school systems’ ability to recognize and intervene when students are experiencing academic, behavioral, or social and emotional challenges. Research further shows that students experience significant improvement in achievement, behavior, and attendance when adequate pupil support services are provided.⁴⁵

Figure 17.1 — Number of K-12 Students Per Pupil Services Personnel, All Types

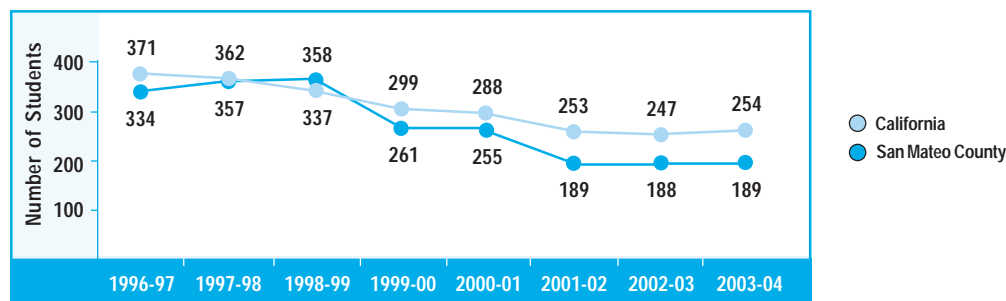


Figure 17.2 — Ratio of Pupil Services Personnel to K-12 Students, by Selected Personnel Type, 2003-2004

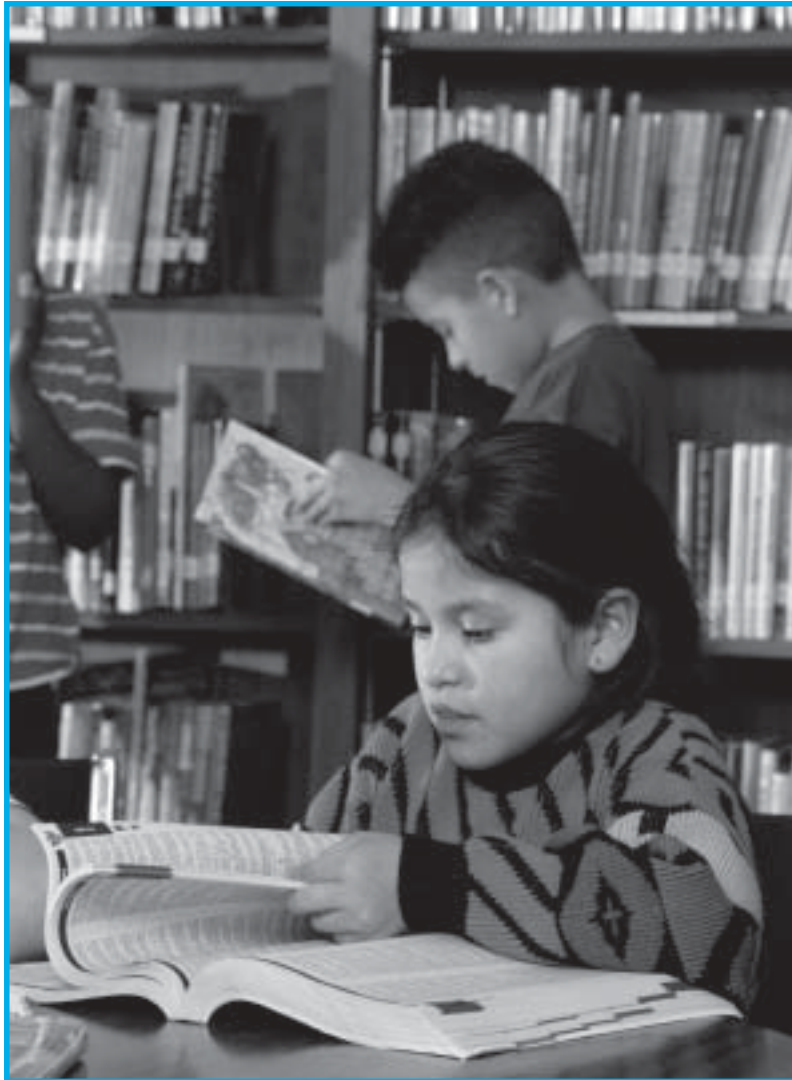
Type of Personnel	San Mateo County	California
Nurses	1:4,022	1:2,257
Librarians	1:2,212	1:5,253
Psychologists	1:1,164	1:1,453
Speech / Language Specialists	1:903	1:1,300
Counselors	1:797	1:878

Source: State of California, Department of Education, Educational Demographics Unit, 2004.

How We Are Doing

California has been ranked last out of all 50 states in the ratio of nurses, counselors, and social workers to students.⁴⁶ In 1997-1998, there was one pupil service personnel for every 357 students in San Mateo County, and in 2003-2004, that ratio improved to 1:189, better than California’s ratio (1:254). However, San Mateo County students had greater access to counselors, librarians, and speech / language staff than did students across California.

As for nurses, the recommended ratio is one nurse for 750 students, but San Mateo County schools offered one nurse per 4,022 students, as compared to one nurse per 2,257 students in the state.⁴⁷ San Mateo County had fewer counselors than is recommended; there was one counselor for 797 students, while the recommended ratio was one counselor for 250 students.⁴⁸ These data are not reflective of staff and employees who provide support services through the Human Services Agency, hospitals, or clinics.



“Books are the carriers of civilization. Without books, history is silent, literature is dumb, science crippled, thought and speculation at a standstill.”

Barbara Tuchman (1912-1989)

Outcome 4

Children Are Safe



Children are precious and vulnerable. We all need to work together to keep the children of San Mateo County out of harm's way. Parents, relatives, neighbors, child care professionals, health care providers, educators, community-minded individuals, law enforcement officers, and policymakers each have a role in keeping children safe.

For additional data on the indicators in this section, please visit www.kidsdata.org.

Relevant

- Child Abuse and Foster Care
- Injury Hospitalization
- Drug, Alcohol, and Cigarette Use
- Juvenile Felony Arrests
- Child and Adolescent Deaths

Indicators

There is nothing more precious to a parent than a child, and nothing more important to our future than the safety of all our children.

Bill Clinton (1946-)



18. Child Abuse and Foster Care

The rate of substantiated child abuse cases in San Mateo County was less than half of the state rate.

What It Is

If a person suspects a child has been abused, he or she may file a referral with Child Protective Services. If the child abuse referral warrants an in-person investigation and there is significant evidence of abuse or neglect, the referral becomes a substantiated case of abuse. Child abuse is measured below by the number of referrals and number of substantiated cases, each expressed as a rate per 1,000 children in the population under 18 years of age. Foster care is measured below by two indicators, reunification and adoption. Reunification reflects the percentage of children in foster care who were reunified with their families within 12 months of removal from home. Adoption is measured by the percentage of children in foster care who were adopted within 24 months of their latest removal from home.

Why It Is Important

Abused and neglected children experience higher rates of suicide, depression, substance abuse, difficulties in school, and other behavioral problems later in life, and they are also at greater risk of later mistreating their own children.⁴⁹ In general, younger children are more likely to be victims of abuse and neglect than older children.⁵⁰ Further, African American children are substantially over-represented in the Child Welfare System in California.⁵¹

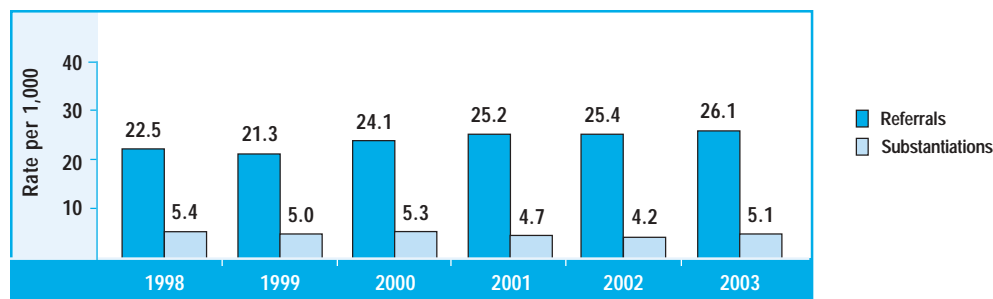
Child abuse and neglect is found in families across the social and economic spectrum, but a cross-cutting factor is parental substance abuse.⁵² Social isolation, financial stress, and poverty are also factors, as is domestic violence.⁵³ Research shows that 30% to 60% of homes with child abuse / maltreatment are also experiencing domestic violence.⁵⁴ Children who witness domestic violence may suffer lasting consequences, such as Post-Traumatic Stress Disorder.

Children who are victims of child abuse or neglect may be placed in foster care by the court. Public policy and law generally hold that the child's best interests are served by being with their parents, and there is typically an effort to help address the issues so that the family can be reunited.⁵⁵ In cases where this is not appropriate, permanent placement, including adoption, is promoted.

How We Are Doing

Only a small proportion of referrals become substantiated cases of abuse. In 2003, there were five times as many referrals (4,393) as there were substantiated cases of abuse (863) in the county. The rate of referrals and substantiated child abuse cases remained stable between 1998 and 2003, but the rates in San Mateo County were generally half the rates of California overall. The rate of substantiated child abuse cases in San Mateo was the fourth lowest of all California counties in 2003.⁵⁶

Figure 18.1 — Rate of Referrals and Substantiated Child Abuse Cases per 1,000 Children Ages 0-17



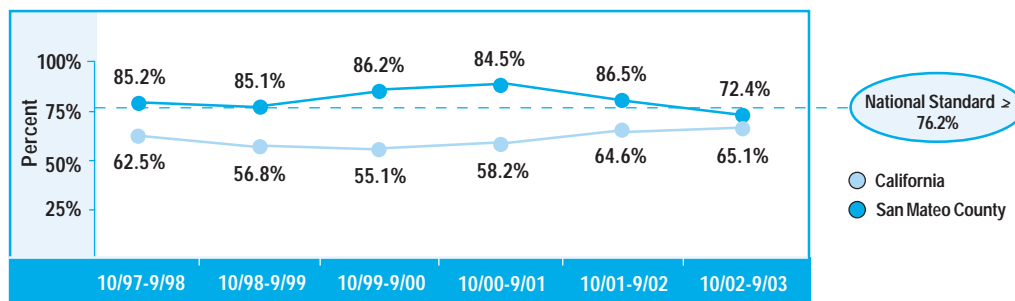
Source: Needell, B., et al. (2004). *Child Welfare Services Reports for California*. Data for 1998 was retrieved July 1, 2004 and data for 1999-2003 was retrieved June 28, 2004, from University of California at Berkeley Center for Social Services Research website: <http://cssr.berkeley.edu/CWSCMSreports/>.

The number of first entries into foster care increased between 1998 and 2003, with 169 children first entering the system in 1998, and 202 first entries in 2003. However, in 2003, San Mateo County had the fifth lowest rate of first entries of all California counties.⁵⁷

The child welfare system tries to reunify children with their families. The most recent available data indicates that in 2003, 126 children out of 174 children (72%) were reunified with their families within 12 months. San Mateo County reunifies a greater proportion of children with their families than California as a whole, but has not achieved the national standard of 76% reunification.⁵⁸ From April 2001 to March 2002, about 19% of San Mateo County children who were reunified with their families re-entered the system, compared to 13% statewide.⁵⁹ Initial analysis suggests that several California counties that have high rates of reunification also have high rates of re-entry.⁶⁰

The rate of first entries into foster care was less than half the state rate, at 1.2 new entries per 1,000 children in the county in 2003, as compared to 2.8 per 1,000 in California.

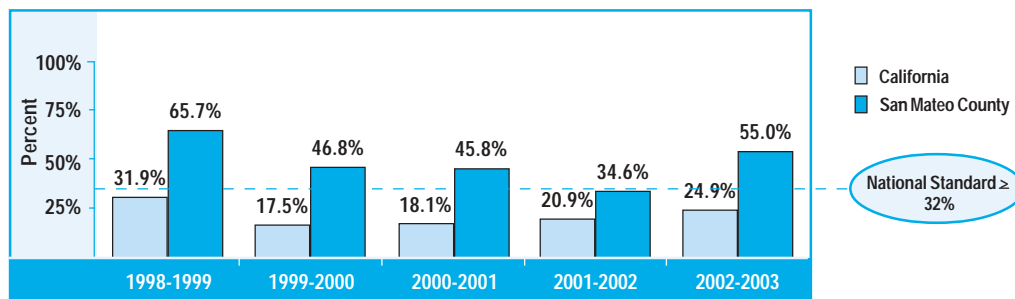
Figure 18.2 — Percentage of Foster Care Children Ages 0-17 Reunified Within 12 Months



Source: Needell, B., et al. (2004). *Child Welfare Services Reports for California*. Retrieved September 9, 2004, from University of California at Berkeley Center for Social Services Research website: <http://cssr.berkeley.edu/CWSCMSreports>.

Some children who cannot be reunited with their families may be adopted out of the foster care system. In 2002-2003, in San Mateo County, 55% of adopted foster children were adopted within 24 months of the latest removal from their home, more than twice the percentage in California (25%).

Figure 18.3 — Percentage of Foster Children Ages 0-17 Who Were Adopted Within 24 Months of the Latest Removal from Their Home



Source: Needell, B., et al. (2004). *Child Welfare Services Reports for California*. Retrieved July 22, 2004, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>.

Note: All data from October to September of each year. October 2002-September 2003 data draw from the Quarter 3, 2003 extract; all others use Quarter 2, 2003 data.

19. Injury Hospitalization

Intentional and unintentional injury hospitalizations are most common among teens and young adults ages 15-24.

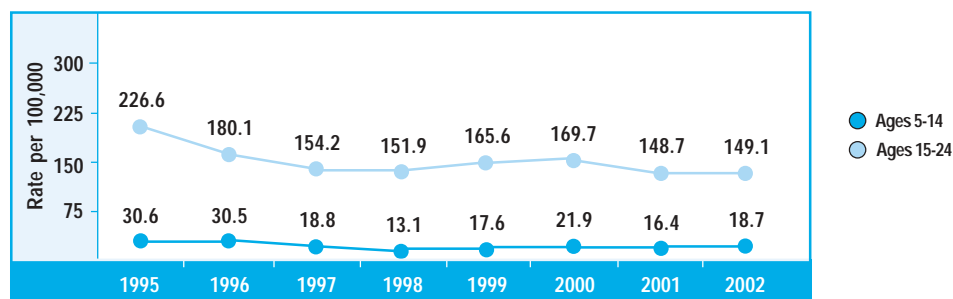
What It Is

Injury hospitalization is measured by the number of discharges from acute care hospital facilities for intentional and unintentional injuries among children and youth ages 0-24, expressed as a rate per 100,000 people of similar ages. Intentional injuries include child-battering, assaults with firearms, knives, or other objects, and self-inflicted injuries. Unintentional injuries include accidents caused by motor vehicles, falls, fires, suffocation, drowning, or poisoning.

Why It Is Important

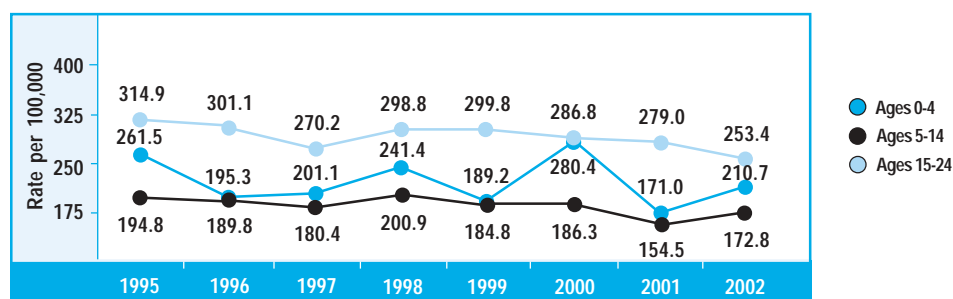
Injuries are not tracked systematically unless they result in hospitalization or death. Thus, these hospital data only represent the most serious injuries among children. Intentional injuries, including child abuse, assault, and self-inflicted injuries, require intervention by the authorities to protect the child and prevent recurrence. Unintentional injuries, or accidents, are more common, and are generally preventable. Parent education on the importance of child-proofing the home, appropriate use of car / booster seats, placing fences around pools and yards, bicycle helmet use, animal safety, and safe storage of firearms can reduce the likelihood of accidents. Education and enforcement regarding safe driving practices for teenagers, including not driving under the influence, are also important for reducing motor vehicle injuries.

Figure 19.1 — Hospitalization Rates per 100,000 Children for Intentional Injuries, by Age



Note: Intentional injury hospitalization rates are not provided for children less than 1-4 years old, due to low occurrences.

Figure 19.2 — Hospitalization Rates per 100,000 Children for Unintentional Injuries, by Age



Source: State of California, Department of Health Services, Epidemiology and Prevention for Injury Control Branch, 2004. *Population Source 1995-1999*: State of California, Department of Finance, Race / Ethnic Population with Age and Sex Detail, 1970-2040, Sacramento, CA, December 1998. *Population Source 2000-2002*: State of California, Department of Finance, Race / Ethnic Population with Age and Sex Detail, 2000-2050, Sacramento, CA, May 2004.

How We Are Doing

In 2002, San Mateo County hospitalization rates for intentional injuries were nearly eight times as high for youth ages 15-24 as they were for younger children ages 5-14, although the rate has declined for both groups since 1995. Hospitalization rates for unintentional injuries have also declined during this period.

Unintentional injury hospitalization rates are much higher than intentional injury hospitalization rates and boys suffer more unintentional injuries than girls.

20. Drug, Alcohol, and Cigarette Use

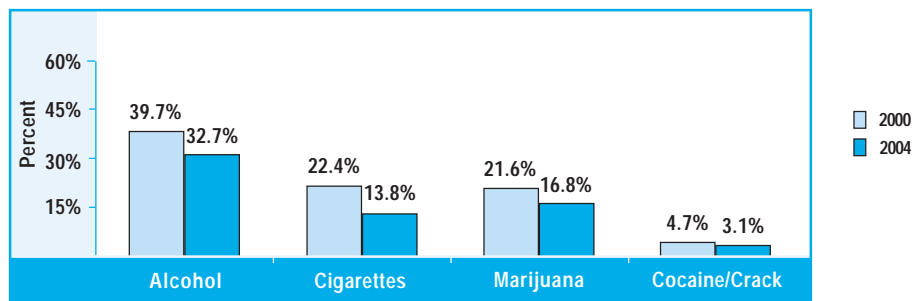
What It Is

Drug, alcohol, and cigarette use is measured by the percentage of youth who self-report that they have used these substances within the last thirty days.

Why It Is Important

Drug and alcohol use puts teens at risk of poor health, educational failure, difficulties at home, and social problems. Alcohol is the most commonly used drug among young people, with serious consequences, such as drunk-driving accidents, high-risk sexual behavior, academic trouble, and juvenile crime. More than one-third of all kids who ever try smoking a cigarette become daily smokers before leaving high school.⁶¹ Almost 90% of adult smokers began at or before the age of 18.⁶² Youth who have less parental and community support, fewer educational and career options, and parents or caregivers with a history of substance abuse, are more likely to have problems with substance abuse.

Figure 20.1 — Percentage of 9th and 11th Graders Using Drugs, Alcohol, and Cigarettes in the Last Month



Source: County of San Mateo, Health Department, Public Health Division, Disease Control and Prevention Unit, *California Healthy Kids Survey, 2000 and 2004*.

How We Are Doing

In 2004, nearly 33% of 9th and 11th graders in San Mateo County reported using alcohol in the last month and 17% reported using marijuana. Ninth and eleventh graders in the county were less likely to have used alcohol, cigarettes, marijuana, and cocaine in 2004 than in 2000.

In San Mateo County, nearly 33% of 9th and 11th graders reported having used alcohol in the past month, and nearly 17% reported having used marijuana.

21. Juvenile Felony Arrests

From 1996 to 2003, the juvenile felony arrest rate in San Mateo County decreased by more than 41%.

What It Is

Juvenile felony arrests are measured by the number of arrests amongst youth ages 10-17 for felony crimes, expressed as a rate per 1,000 population in that age group. Felony crimes are the most serious crimes, and include homicide, assault, robbery, rape, and drug crimes. *It is important to note that this rate captures only arrests, not convictions of crimes.*

Why It Is Important

Overall, juvenile crime is decreasing in the county, the state, and across the nation. However, to the public at large, juvenile crime remains one of the most salient indicators of community safety, because it is associated with histories of abuse or neglect, substance abuse, mental health problems, family disorganization, peer pressure, and gang activity.⁶³ To reduce juvenile crime, it is important that the community promote youth strengths and positive attitudes by providing opportunities for education, mentoring, employment, and leadership.

Figure 21.1 — Rate of Juvenile Felony Arrests per 1,000 Youth Ages 10-17

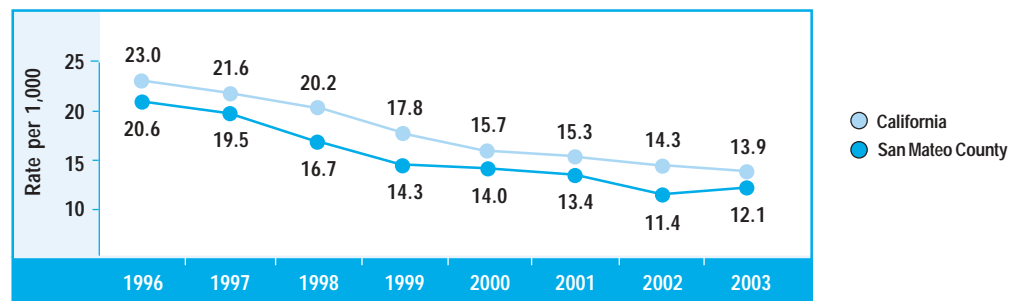
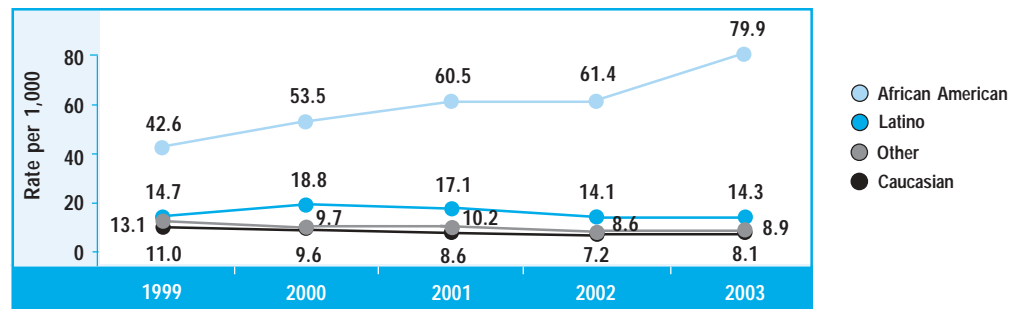


Figure 21.2 — Rate of Juvenile Felony Arrests per 1,000 Youth Ages 10-17, by Race / Ethnicity



Source: State of California, Department of Justice, *California Criminal Justice Profile, 2002*. Population Source 1996-1999: State of California, Department of Finance, Race / Ethnic Population with Age and Sex Detail, 1970-2040, Sacramento, CA, December 1998. Population Source 2000-2002: State of California, Department of Finance, Race / Ethnic Population with Age and Sex Detail, 2000-2050, Sacramento, CA, May 2004.

Note: Other includes Asian / Pacific Islander, Native American, and Multi-ethnic data.

How We Are Doing

The San Mateo County juvenile felony arrest rate has been consistently lower than that of California, and decreased by 41% between 1996-2003. The most frequent juvenile felony crime in the county was assault, followed by theft and possession of dangerous drugs, including club drugs, hallucinogens, and illegally diverted pharmaceuticals.

Statewide, boys are more likely to be arrested than girls and youth of color are more likely to be arrested than Caucasian youth.⁶⁴ In 2003, in San Mateo County, African American youth ages 10-17 had the highest rate of felony arrests (80 arrests per 1,000 African American juveniles), almost six times the rate of Latino juvenile arrests (14 arrests per 1,000 Latino youth). Rates are calculated, however, based on population counts, and the number of African American youth has declined by 52% from 1999 to 2003, and has been consistently much lower than the number of Latino youth. In 1999, there were 167 juvenile felony arrests for 3,924 African American juveniles ages 10-17, and in 2003, there were 151 felony arrests for 1,889 African Americans of the same age.

22. Child and Adolescent Deaths

What It Is

Child and adolescent deaths are measured by the number of deaths amongst children ages 5-14 and 15-24, expressed as rates per 100,000 children in each respective age group.

Why It Is Important

Fatalities from injuries are often greater in low-income neighborhoods because of more hazardous environments and living conditions, including poor or overcrowded housing.⁶⁵ For teens, deaths often result from risk-taking behaviors. Motor vehicle accidents often reflect reckless driving or driving under the influence of drugs or alcohol. Child deaths are often preventable by effective public health, public education, and injury prevention efforts, such as smoke detectors, seat belts, child safety seats, and bike helmets.

Suicide rates for teens are alarmingly high nationwide. Male teens are almost five times more likely to die by suicide than females, although females are more likely to attempt suicide.⁶⁶ White males account for the majority of youth suicide (60%), although the rate has doubled for African American males ages 10-19 over the last twenty years.⁶⁷ Gay, lesbian, bisexual, and transgender teens are more likely to seriously consider and attempt suicide than heterosexual teens.⁶⁸

The leading cause of death for San Mateo County youth ages 15-24 was unintentional injuries, the majority of which were due to motor vehicle accidents.

Figure 22.1 — Death Rate per 100,000 Children and Adolescents Ages 5–14 Years, by Cause

Cause	1997-1999		2000-2002	
	Number	Rate	Number	Rate
Unintentional Injuries	11	4.1	8	2.9
Diseases of the Heart	1	0.4	2	0.7
Respiratory Diseases	5	1.9	1	0.4
Homicides	5	1.9	0	0.0

Note: Rates may be unstable, due to the small number of deaths.

Figure 22.2 — Death Rate per 100,000 Adolescents Ages 15–24, by Cause

Cause	1997-1999		2000-2002	
	Number	Rate	Number	Rate
Unintentional Injuries	40	16.0	42	17.2
Motor Vehicle Accidents*	21	8.4	22	9.0
Suicides	16	6.4	14	5.7
Homicides	18	7.2	10	4.1

Source: State of California, Department of Health Services, Center for Health Statistics, Death Records, 2004; obtained from County of San Mateo, Health Department, Public Health Division.

Note: Death rates not reported for children ages 1–4, due to low occurrences. Caution should be used with rates based on less than 20 occurrences.

* Motor vehicle accidents are a subset of unintentional injuries.

How We Are Doing

Between 1997 and 2002, 604 children and young adults ages 0-24 died in San Mateo County, an average of 101 children and youth each year.⁶⁹ In 2000-2002, the leading cause of death amongst children ages 5-14 was unintentional injury, followed by heart and respiratory disease. Unintentional injury, including motor vehicle accidents, was also the leading cause of death among youth ages 15-24, followed by suicide and homicide.⁷⁰

County Overview:

- ¹ State of California, Department of Finance, *Race / Ethnic Population with Age and Sex Detail, 2000-2050*, Sacramento, CA, May 2004.
- ² State of California, Department of Education, Educational Demographics Unit, 2004.
- ³ State of California, Employment Development Department, Labor Market Information Division, Civilian Labor Force, Employment, and Unemployment, San Mateo County, December 2004 unemployment data is not seasonally adjusted, updated January 26, 2005.
- ⁴ County of San Mateo, Human Services Agency, TANF / CalWORKS Caseload, January 2002 and January 2004.
- ⁵ United States Department of Housing and Urban Development, HUD User, 2004 Income Limits, San Francisco, CA, PMSA, which includes San Mateo County, FY 2004.
- ⁶ California Association of Realtors, Housing Affordability Index, 2004.
- ⁷ RealFACTS, March 31, 2004, retrieved on September 17, 2004 from <http://www.hiphousing.org/issues/facts.html>
- ⁸ California Child Care Resource and Referral Network, 2003.
- ⁹ County of San Mateo, Human Services Agency, Family Income Needed for Self-Sufficiency, 2004.
- ¹⁰ California Child Care Resource and Referral Network, California Child Care Portfolio, 2003.

Outcome 1 – Children Are Healthy

Indicator 1: Timely Prenatal Care

- ¹¹ Healthy People 2010 is a set of health objectives for the nation to achieve over the first decade of the 21st century. It builds upon initiatives, such as the 1979 Surgeon General's report *Healthy People* and *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*.

Indicator 2: Infant Mortality

- ¹² United States Department of Health and Human Services, *Preventing Infant Mortality, 2002*.
- ¹³ State of California, Department of Health Services, Death Records, 2004. *Population 1997-1999*: State of California, Department of Finance, Race / Ethnic Population with Age and Sex Detail, 2000-2050, Sacramento, CA, May 2004. *Population 2000-2001*: State of California, Department of Finance, Race / Ethnic Population with Age and Sex Detail, 2000-2050, Sacramento, CA, May 2004.

Indicator 4: Women Initiating Breastfeeding

- ¹⁴ State of California, Department of Health Services, Maternal and Child Health Branch, Epidemiology and Evaluation Section, Genetic Disease Branch, Newborn Screening Database, 2004.

Indicator 6: Access to Health and Dental Services

¹⁵ San Mateo County Children's Health Initiative, Overview, retrieved October 27, 2004 from <http://www.smcchi.org/overview.html>.

¹⁶ Healthy Kids is a new comprehensive health insurance program that provides coverage to children whose family income exceeds the limit for the Healthy Families Program and children who are not eligible for Medi-Cal or the Healthy Families Program, due to their immigration status. For enrollment data, see Health Plan of San Mateo, California Medical Risk Management Insurance Board, and County of San Mateo, Health Department, Public Health Division.

¹⁷ First 5 San Mateo County, *First 5 San Mateo County Family Survey: 2003*, published in 2004.

Indicator 7: Teen Sexual Health

¹⁸ Alan Guttmacher Institute, *Sex and America's Teenagers*, New York: AGI, 1994, as cited in AGI, *Facts in Brief, Teen Sex and Pregnancy 1999*, retrieved July 28, 2004 from http://www.agi-usa.org/pubs/fb_teen_sex.html; see also, The National Campaign to Prevent Teen Pregnancy, General Facts and Stats, 2004, retrieved November 10, 2004 from <http://www.teenpregnancy.org/resources/data/genfact.asap>.

¹⁹ Ibid.

²⁰ Ibid.

Indicator 8: Physical Fitness and Body Weight

²¹ United States Department of Health and Human Services, *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*, Atlanta, GA, 2001. Wang, G, and Dietz, WH, *Pediatrics*. 2002; 109(5): E81-1. As cited in California Center for Public Health Advocacy, *Overweight and Unfit Children in California Assembly Districts*, December, 2002.

²² Ibid.

²³ Drewnowski, Adam, University of Washington, Department of Epidemiology and Medicine, *Poverty and Obesity*, May 14, 2004.

²⁴ Ibid.

Outcome 2 – Children Are Nurtured in a Stable, Caring Environment

Indicator 9: Family Self-Sufficiency Levels

²⁵ United States Census Bureau, the 2003 American Community Survey Summary Tables, Family Income in the Past 12 Months (in 2003 Inflation-Adjusted Dollars), for San Mateo County, California, 2004.

²⁶ State of California, Employment Development Department, Labor Market Information, Annual Labor Force Data for Counties, 2004, retrieved August 20, 2004 from <http://www.calmis.ca.gov/file/lfhist/99aacou.txt>.

²⁷ State of California, Employment Development Department, Labor Market Information, Occupations with Greatest Growth, 2001-2008, retrieved February 4, 2004 from <http://www.calmis.ca.gov/File/OCCPROJ/sanmaF&G.htm>.

²⁸ State of California, Employment Development Department, Labor Market Information, Annual Average Labor Force Data for Counties, 2004, retrieved August 20, 2004 from <http://www.calmis.ca.gov/file/lfhist/99aacou.txt>.

²⁹ Ibid, December 2004 unemployment data is not seasonally adjusted, updated January 26, 2005.

Indicator 10: Housing Affordability

³⁰ United States Department of Housing and Urban Development, HUD User, 2004 Income Limits, San Francisco, CA, PMSA, which includes San Mateo County, FY 2004.

³¹ RealFACTS, March 31, 2004, retrieved on September 17, 2004 from <http://www.hiphousing.org/issues/facts.html>.

Indicator 11: Children Who Are Self-Supervised

³² The Future of Children: A Publication of the Woodrow Wilson School of Public and International Affairs at Princeton University and the Brookings Institution, *When School is Out: Analysis and Recommendations*, Fall 1999; see also, Penn, Schoen, and Berland Associates, *After School for America's Teens: Highlights from a National Survey*, retrieved December 2, 2004 from <http://www.ymca.net/presrm/research/surveysummary.htm>.

³³ The Future of Children: A Publication of the Woodrow Wilson School of Public and International Affairs at Princeton University and the Brookings Institution, *When School is Out: Analysis and Recommendations*, Fall 1999.

Outcome 3 – Children Are Succeeding in School

Indicator 12: School Readiness

³⁴ *Kickoff to Kindergarten* is a summer transitional program serving children who are English Learners and/or have not had prior preschool experience.

³⁵ First 5 San Mateo County, *First 5 San Mateo County Family Survey: 2003*, published in 2004.

³⁶ Ibid.

Indicator 13: Child Care Availability

³⁷ County of San Mateo, *Individualized Child Care Subsidy Plan – Discussion Draft*, May 24, 2004.

Indicator 14: Reading Proficiency

³⁸ United States Department of Education, *Promoting Educational Excellence for all Americans, Questions and Answers on No Child Left Behind*, retrieved on September 17, 2004 from <http://www.ed.gov/nclb/methods/reading/reading.html>.

³⁹ Unfortunately, multi-year trend data are not available, as CAT 6 data are not comparable to data obtained from the state's previous standardized test, the Stanford Achievement Test (SAT 9).

Indicator 15: High School Dropouts

⁴⁰ United States Department of Health and Human Services, *Trends in the Well-being of America's Children and Youth, 2000*, retrieved September 17, 2004 from <http://www.aspe.hhs.gov/hsp/00trends/EA1.pdf>.

Indicator 16: College Readiness

⁴¹ Day, J.C., & Newburger, E.C. Current Population Reports, Special Studies, Commerce Department, Economics and Statistics Administration, Census Bureau, *The Big Payoff: Educational Attainment and Synthetic Estimates of Work-Life Earnings*, 2002, as cited in ERIC Clearinghouse on Higher Education, *The Value of a College Degree*, 2002.

⁴² Institute for Higher Education Policy, *Reaping the Benefits: Defining the Public and Private Value of Going to College*, 1998, as cited in *The Value of a College Degree*, 2002.

⁴³ Cohn, E., & Geske, T. G., in the Economics of American Higher Education, *Private Nonmonetary Returns to Investment in Higher Education*, as cited in *The Value of a College Degree*, 2002

⁴⁴ Rowley, L.L., & Hurtado, S. University of Michigan: Center for the Study of Higher and Postsecondary Education, *The Non-Monetary Benefits of an Undergraduate Education*, 2002, as cited in *The Value of a College Degree*, 2002.

Indicator 17: Student Access to Pupil Support Services

⁴⁵ State of California, Department of Education, Counseling and Student Support Office, Study of Pupil Personnel Ratios, Services and Programs, 2003.

⁴⁶ Ibid.

⁴⁷ Ibid.

⁴⁸ Ibid.

Outcome 4 – Children Are Safe

Indicator 18: Child Abuse and Foster Care

⁴⁹ Kolbo, J.R., *Risk and Resilience Among Children Exposed to Family Violence*, 1996; and American Academy of Child and Adolescent Psychiatry, *Child Abuse-The Hidden Bruises*, July 2004.

⁵⁰ In San Mateo County, the average age of a child with substantiated abuse is 8.7 years, with a median age of 9; this is higher than many California counties.

⁵¹ Child Welfare Services, Stakeholders Group, *CWS Redesign: The Future of California's Child Welfare Services*, Final Report, September 2003 and County of San Mateo, News Release, *CWS Redesign: the Next Step in Improving Child Welfare Services*, September 22, 2003.

⁵² United States Department of Health and Human Services, National Clearinghouse on Child Abuse and Neglect Information, *Risk and Protective Factors for Child Abuse and Neglect*, retrieved November 4, 2004, from <http://nccanch.acf.hhs.gov/topics/prevention/emerging/riskprotectivefactors.cfm>.

⁵³ Ibid.

⁵⁴ Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Safe Start: Promising Approaches for Children Exposed to Violence*, retrieved August 19, 2004 from <http://www.ojjdp.ncjrs.org/grants/solicitations/fy2004safestart/pg4.html>.

⁵⁵ Wulczyn, Fred, *Family Reunification, The Future of Children: Children, Families, and Foster Care*, January 2004.

⁵⁶ Needell, B., et al. (2004). *Child Welfare Services Reports for California*, retrieved June 28, 2004, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/CWSCMSreports/>.

⁵⁷ Ibid, retrieved July 13, 2004.

⁵⁸ Ibid, retrieved September 9, 2004.

⁵⁹ Ibid. Long-term measures are for April 2001-March 2002, retrieved October 6, 2004.

⁶⁰ From April 2001 to March 2002, the counties of Alameda, Contra Costa, Kern, Riverside, Sacramento, and Santa Clara had high frequencies of reunification and higher than the state rates of re-entries. However, the counties of Los Angeles, Orange, San Bernardino, San Diego, and San Joaquin had high frequencies of reunification and lower than the state rates of re-entries.

Indicator 20: Drug, Alcohol, and Cigarette Use

⁶¹ Campaign for Tobacco-Free Kids, *Tobacco Use Among Youth*, retrieved November 4, 2004, from <http://tobaccofreekids.org/research/factsheets/pdf/0002.pdf>; see also, Centers for Disease Control, *Selected Cigarette Smoking Initiation and Quitting Behaviors Among High School Students-United States*, 1997.

⁶² Campaign for Tobacco-Free Kids, *Tobacco Use Among Youth*. Calculated based on data in National Household Survey on Drug Abuse, 2001.

Indicator 21: Juvenile Felony Arrests

⁶³ Pedro Noguera, *Reducing and Preventing Youth Violence: An Analysis of Causes and an Assessment of Successful Programs*, Harvard Education Review, 1995.

⁶⁴ In California, in 2002, almost five times as many felony arrests occurred for juvenile boys (50,859) as for girls (10,680), according to the California Department of Justice, *California Criminal Justice Profile*, 2002. However, the rate of arrests for girls is growing at a faster rate than that of boys, according to the Office of Juvenile Justice and Delinquency Prevention, *Juvenile Justice Bulletin*, December 2003. <http://www.ncjrs.org/html/ojjdp/201370/contents.html>. Nationally, young people of color are statistically over-represented as victims of crime, as well as among those arrested and sentenced for crimes. For instance, African American youth with felony arrests were 4.4 times more likely than Caucasian youth to be sentenced to the California Youth Authority, according to the Center on Juvenile and Criminal Justice, Race and Juvenile Justice System, *Disproportionate Minority Confinement*, retrieved August 11, 2004 from http://www.cjic.org/jjic/race_jj.php.

Indicator 22: Child and Adolescent Deaths

⁶⁵ National SAFE KIDS Campaign, *Promoting Child Safety to Prevent Unintentional Injury: The Facts, Low-Income Children*, retrieved December 1, 2004 from <http://www.safekids.org/>.

⁶⁶ Centers for Disease Control and Prevention, National Youth Violence Prevention Resource Center, *Youth Suicide Facts*, retrieved August 13, 2004 from <http://www.safeyouth.org/scripts/faq/suicidefacts.asp>.

⁶⁷ Ibid.

⁶⁸ Ibid.

⁶⁹ State of California, Dept. of Health Services, Center for Health Statistics, Death Records, 1997-2002.

⁷⁰ Centers for Disease Control and Prevention, National Center for Health Statistics, *Trends in the Health of Americans*, 2003; see also Centers for Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics Reports*, Vol. 52, No. 13. February 11, 2004, Table 7: Deaths and death rates for the 10 leading causes of death in specified age groups: United States, preliminary 2002.

There are critical areas of children's health and well-being for which data are currently not available. These include: participation in after-school, faith-based, and organized leisure time activities; infants who had prenatal exposure to alcohol, tobacco and other drugs; adolescents and youth who have considered suicide or who have significant mental health issues; child witnesses to domestic violence; and the quality of parent child relationships.



“The essence of our effort to see that every child has a chance, must be to assure each has an equal opportunity, not to become equal, but to become different—to realize whatever unique potential of the body, mind, and spirit he or she possesses.”

John Henry Fischer (1910-)

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