



Children in Our Community:

A Report on Their Health and Well-Being



County of San Mateo

January 2000

As adults, we must ask more of our children than they know how to ask themselves. What can we do to foster their open-hearted hopefulness, engage their need to collaborate, be an incentive to utilize their natural competency and compassion...show them ways they can connect, reach out, weave themselves into the web of relationships that is called community.

– Thomas Bray

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

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December 1999

To the San Mateo County Community:

I am excited to share with you the results of the *Children in Our Community: A Report on Their Health and Well-Being*. This report represents the coordinated efforts of public agencies, community-based organizations, parents, and interested members of the community. The goals of *Children in Our Community* are to develop community consensus on outcomes and indicators for children's health and well-being, to agree on common data definitions and common-sense evaluation approaches, to recognize effective local policies and programs, and to invest in programs that work.



We have identified six outcomes that we want for children in our community: children are safe; children are healthy; children are nurtured in a stable, caring environment; children are succeeding in school; children are out of trouble; and systems support children. For each of these general outcomes, we have identified a set of indicators that help to quantify our progress. We have also identified areas where we need better data in order to understand how well we as a community are doing in supporting our children.

Overall, our community is doing very well for its children. Compared to other counties and the state, we are doing better in most of the areas measured. We are fortunate to have a strong and vibrant economy, as well as a community rich in ethnic, cultural, and linguistic diversity. At the same time, our children and families are experiencing the challenges of the increasing cost of housing, the high cost of child care, and the growing disparity between the haves and the have nots. For instance, the median family income is \$72,400, but more than a quarter of children live in households with less than 75% of the state median income (\$37,600 for a family of four), and are thus eligible for government-subsidized child care and other services.

I am grateful that so many in our community are committed to helping children. Individuals, businesses, schools, cities, community-based organizations, service clubs, the faith community, foundations, and public agencies are collaborating in numerous ways on behalf of our children. We hope that this report will provide additional insight into children's issues to support these valuable efforts.

We will update these data on a regular basis so that the community as a whole can see how we are doing. We hope that leadership institutions and policy makers, as well as service providers, can begin to align their services with these outcomes.

I would like to see all of our communities begin the millennium with a commitment to a "decade of the child." We can accomplish this only by working together on behalf of our children and families. I invite all of you to join us in this important effort as we work to improve the health and well-being of all the children in our community.

Sincerely,

A handwritten signature in blue ink that reads "Mary Griffin". The signature is fluid and cursive, with the first name "Mary" being larger and more prominent than the last name "Griffin".

Mary Griffin
President, Board of Supervisors
Chair, Children and Families First Commission

Table of Contents

Preface	Report Introduction and Overview	5
Outcome 1	Children Are Safe	8
Outcome 2	Children Are Healthy	16
Outcome 3	Children Are Nurtured in a Stable, Caring Environment	26
Outcome 4	Children Are Succeeding in School	32
Outcome 5	Children Are Out of Trouble	40
Outcome 6	Systems Support Children	46
Appendix A	Data Sources	52
Appendix B	Data Development	55
Appendix C	Contact Information	59

Acknowledgments

San Mateo County is blessed with communities that care deeply for their children. So many dedicated individuals and organizations have given tremendous time and energy to the *Children in Our Community* planning efforts over the past eighteen months. We want to recognize and thank them for their contributions.

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Introduction

In January 1998, the Children's Executive Council (CEC) of San Mateo County asked the Children's Executive Council Action Team (CECAT) to identify outcomes and indicators for children's health and well-being. CECAT is made up of representatives from public agencies, education, community-based organizations, collaboratives, and parents. The mission of CECAT is to assure healthy children, youth and families by facilitating an accessible and integrated community-based, family-centered system of care in San Mateo County.

The Children's Executive Council was interested in developing a report on children for several reasons. CEC envisioned that establishing community-wide consensus on outcomes for children would facilitate collaboration because programs could work toward common goals. It was also anticipated that a focus on outcomes would help policy makers and the public understand that investments in children have concrete results. Timely information can help guide program development and clarify whether enough resources are being provided to accomplish the results desired by the community.

CECAT identified six outcomes that captured our community's vision for its children. CECAT then collected program data from children's agencies and developed a list of potential indicators that quantify the achievement of these outcomes. In January 1999, the draft indicators were shared with CECAT members and other key stakeholders. In August, a Steering Committee was established to select the final indicators and guide the development and publication of *Children in Our Community: A Report on Their Health and Well-Being*. Throughout this process, the community has been

involved in developing a consensus on the outcomes and indicators that are meaningful, relevant, and understandable.

The next steps will be to work with policy makers and community leaders to make the best use of this report in planning efforts. We expect to update the data on a regular basis in order to track the health and well-being of our children over time. During the next year we will be working with stakeholders in the community to revise the indicators and refine data collection, including the development of new data to measure several important indicators (see Appendix B). In addition, the community will need to identify effective service strategies and related program performance measures, and develop community consensus on a common-sense approach to evaluation. We hope that regular updates of the data, as well as dissemination on the Internet and in print media will make this information useful and relevant to policy makers, service providers, and residents throughout the County.

County Overview

San Mateo County is a study in contrasts, covering 552 square miles with its twenty cities, reaching from San Francisco to Santa Clara counties and from the Coast to the Bay. Rural communities west of the coastal mountains have a large number of low-income working families that support the agriculture and fishing industries, many of whom are undocumented and ineligible for most governmental assistance. East of the mountains are the wealthy suburbs of Silicon Valley, as well as urban centers with densely populated low-income communities. Our largest cities are Daly City, San Mateo, Redwood City, and South San Francisco, which together make up 46% of the population. Approximately 9% of the population lives in the unincorporated areas of the County.

Our county population is 722,800, with 7% of the population age five and under and an additional 20% between age 6 and 18. The ethnic makeup of the County is 51% Caucasian, 22% Latino, 5% African American, and 22% Asian / other. Latinos are more strongly represented among children at 32%; Caucasians, 40%; African American, 5%; and Asian / other, 23%.

Overall, our children and families enjoy a very good quality of life, with low crime, good education, and good health and well-being. We value our rich ethnic, cultural, linguistic and geographic diversity. The county economy is robust, diverse, and strong. Our median income is one of the highest in the nation, and unemployment rates are some of the lowest. However, increasing economic disparity exists between the well-to-do and those with lower incomes. There is a greater than three-fold difference between the wealthiest cities and the poorest. The two poorest cities have median incomes less than

\$50,000, while the four wealthiest cities have an average median income greater than \$165,000.

San Mateo County is a community of contrasts with its wide array of economic, ethnic, and geographic diversity. This rich diversity is the source of our County's many strengths, but these strengths also bring important challenges.

The quality of life for everyone in San Mateo County is impacted by the lack of affordable housing, the high cost and shortage of child care, and traffic congestion. With one of the least affordable housing and rental markets in the country, it is increasingly difficult for families to find housing. Teachers, police and firefighters often cannot afford to live in the communities they serve. In addition, compared to the rest of the state, San Mateo County has the highest percentage of children who live in families with working parents. With child care costs among the highest in the state, finding affordable, quality child care is another challenge for families. The surplus of jobs over housing, together with the tight housing market, has resulted in increased traffic and lengthened commutes.

While welfare caseloads have fallen dramatically, many times it is difficult for families who leave welfare to attain self-sufficiency. When there is an economic downturn, it will be these families who are most at risk.

One in four of our county's children lives in relative poverty, and in 1996, more than 1,000 children were homeless. The number of poor children, together with the dramatic inequality of income between different areas of the County, poses a risk to the social covenant that binds our community together.

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. Portola Valley
15. Redwood City
16. San Bruno
17. San Carlos
18. San Mateo
19. South San Francisco
20. Woodside



Outcome 1

Children Are Safe

Our community agrees on the importance of keeping children safe. The indicators selected for children's safety illuminate preventable dangers to children. Accidents, as well as violence in the home, pose safety risks to children that can have permanent, negative impacts on the physical and psychological well-being of children.

Children are precious yet vulnerable. We need to make sure that parents and the community are educated about the consequences of dangers to our children, while providing effective services and supports on behalf of children who are harmed or are at risk of being harmed. We need to work together as a community to keep our children safe.



Relevant

Relevant

- Child Deaths
- Injury Hospitalization
- Use of Safety Precautions
- Child Abuse
- Domestic Violence

Indicators

I pledge to listen to my children. Take time and really HEAR them. Look them in the eye and feel what they're saying even when they're searching for words to express what they don't yet understand. Listen between the lines for their emotions.

- **Lanterns: A Memoir of Mentors** by
Marian Wright Edelman



1. Child Deaths

Forty percent of deaths among children ages 5 -14 occur through accidents and injuries.

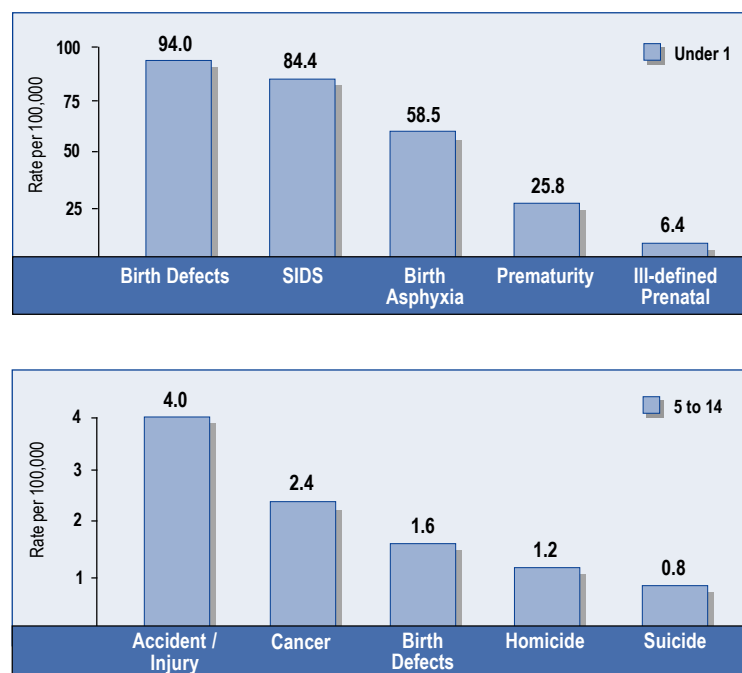
What It Is

Child deaths are expressed as the number of deaths due to all causes among children ages 0 to 14 years for every 100,000 children of similar ages within the general population.

Why It Is Important

Child deaths are often preventable. The rate of accidental deaths is one indicator of overall risks to children's health. For older children, accidental deaths are an indicator of risk taking behavior. Deaths from accidents also reflect the effectiveness of public health, public education, and accident prevention efforts such as smoke detectors, seat belts, and bike helmets. Fatalities from accidents are often greater in low-income neighborhoods because of more hazardous environments and living conditions (including older roads, cars, and poor and overcrowded housing).

Figure 1.1 - Child and Adolescent Death Rate by Cause (1994-96)



Source: San Mateo County Health Services Agency, Disease Control and Prevention Unit, Death Records, 1994 -1996.

Note: Rates were not calculated for children ages 1 to 4 due to the small number of deaths (6) between 1994 - 1996.

How We Are Doing

Birth defects and Sudden Infant Death Syndrome (SIDS) were among the five leading causes of death for children under the age of one, while accidents, injuries and cancer were among the five leading causes of death for children ages 5 to 14.

2. Injury Hospitalization

What It Is

The injury hospitalization rate measures the number of discharges from acute care hospital facilities for intentional and unintentional injuries among children ages 0 to 14 for every 100,000 children of similar ages within the general population. Intentional injuries include child battering, cuts, firearms, unarmed fights, and being struck by objects. Unintentional injuries include accidents caused by motor vehicles, falls, fires, suffocation, drowning, and adverse reactions/poisoning.

Why It Is Important

Injuries are not tracked systematically unless they result in hospitalization. Thus, data only represent more serious injuries among children. Intentional injuries include child abuse and assault, and therefore reflect a dangerous home or community. Unintentional injuries, or accidents, reflect the efficacy of various prevention approaches.

Children under a year old are ten times more likely to be hospitalized for intentional injuries than older children.

Figure 1.2 - Hospitalization Rates per 100,000 for Intentional Injuries

Age Group	1994	1995	1996
Under 1	29.1	19.6	29.8
1 to 4	7.1	0.0	2.4
5 to 14	8.2	5.7	1.1

Figure 1.3 - Hospitalization Rates per 100,000 for Unintentional Injuries

Age Group	1994	1995	1996
Under 1	359.3	353.4	298.3
1 to 4	253.8	289.1	266.4
5 to 14	274.5	215.2	229.1

Source: San Mateo County Department of Public Health, Disease Control and Prevention Unit, Information Taken from the Hospital Discharge Records for San Mateo County Residents, 1999.

How We Are Doing

Hospitalization rates due to intentional injuries decreased for children over one between 1994 and 1996. However, the rate increased for children under one and was more than 10 times higher than for older children. Unintentional injury rates decreased for most age groups during this same time period, but were consistently higher for children under one.

3. Use of Safety Precautions

According to a survey of parents, 77% of children wear bike helmets and 96% use seat belts.

What It Is

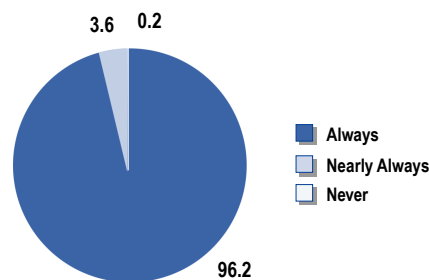
The use of safety precautions is indicated by the frequency of child seat belt and bicycle helmet use. Data came from the 1999 Community Assessment Survey in which parents were asked how often their children wore a seat belt or a bicycle helmet.

Why It Is Important

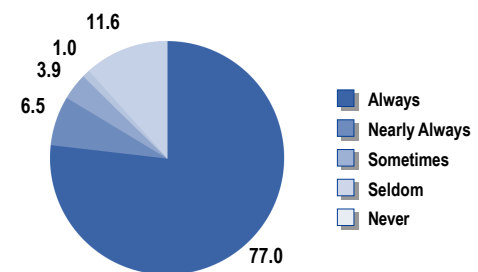
The use of preventive measures for young children is an indication of parental awareness regarding the importance of safety precautions. Seat belts and bicycle helmets are important safety precautions that can prevent a number of injuries. With older youth, the use of seat belts and bike helmets is a measure of risk-taking behavior and is correlated with other risky behaviors.

Figures 1.4 & 1.5 - Percent of Parents Who Indicated:

How Often Their Child (under 5) Wore a Child Restraint / Seat Belt When Riding in a Car.



How Often Their Child (Ages 5 - 18) Wore a Bicycle Helmet in the Past Year.



Source: Healthy Community Collaborative of San Mateo County, *Community Assessment-Health and Quality of Life in San Mateo County*, 1999.

How We Are Doing

A great majority of parents indicate that their children use seat belts and bicycle helmets. However, in a national study, 6% of California high school students said they never or rarely wore a seat belt and 78% said they rarely or never wore a bicycle helmet.

4. Child Abuse Reports

What It Is

The child abuse report rate measures the number of substantiated child abuse cases that warrant an in-person investigation. The measure is expressed as a rate per 1,000 children in the population under 18 years of age.

Why It Is Important

Child abuse and neglect is found in families across the social spectrum. Parental substance abuse is often a factor related to child abuse. Financial stress and poverty can also trigger abuse. Younger children are more likely to be victims than older children. Abused children experience higher rates of suicide, depression, substance abuse, problems in school, and other behavioral problems in later life. Abused children are also at greater risk of becoming delinquents and mistreating their own children. Clearly, child abuse is a critical measure of children's safety and well-being.

In 1996, the child abuse report rate was 40.8 per 1,000 children, down from 46.0 per 1,000 in 1995.

Figure 1.6 - Rate of Child Abuse Reports

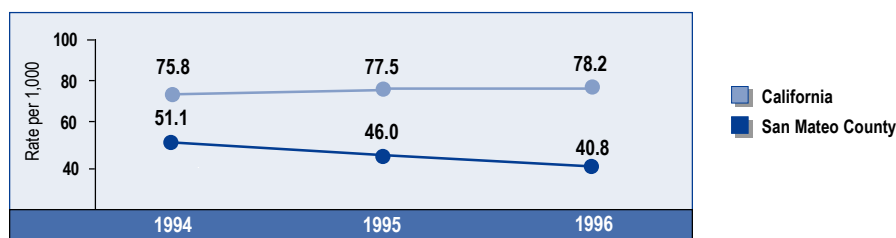


Figure 1.7 - Type of Abuse Reported by Percent of Cases, 1996

Type of Abuse	San Mateo County	California
General Neglect	49.4	31.3
Physical Abuse	17.1	31.7
Caretaker Absence / Incapacity	15.0	8.9
Sexual Abuse	10.1	15.8
Emotional Abuse	4.2	5.9
Severe Neglect	3.7	6.0
Exploitation	0.5	0.3

Source: California Department of Social Services, Preplacement Preventive Services for Children in California, *Annual Statistics Report*, 1996.

Note: The rate of child abuse reports are based on Emergency Response Dispositions.

How We Are Doing

As part of its Healthy People 2000 effort, the federal government has set a national objective of less than 25.2 reported cases of child abuse and neglect per 1,000 children. In 1996, the San Mateo County rate was 40.8 per 1,000 children, down from 46.0 per 1,000 in 1995. General neglect was the type of abuse most often cited in these cases.

5. Domestic Violence

During
1998 - 99,
5,300
children
witnessed
domestic
violence
in their
homes in
San Mateo
County.

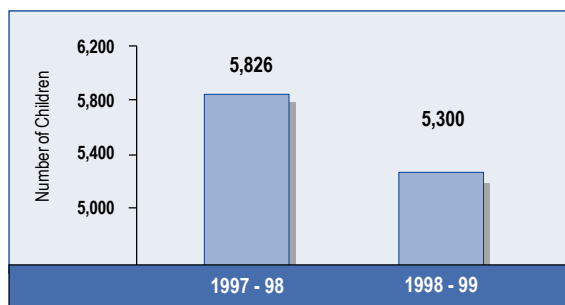
What It Is

Domestic violence is defined as intimate partner violence occurring inside or outside the home, which includes violence between spouses, individuals in dating relationships, and former partners or spouses. In 1996, the American Psychological Association expanded the definition of child abuse to include domestic violence with children present. In San Mateo County, the number of children present in the home is recorded for all domestic violence reports to law enforcement.

Why It Is Important

Children are often witnesses to domestic violence. Children who witness domestic violence often exhibit the same symptoms as those who are directly abused. Children who witness domestic violence are also more likely to be involved in violent relationships as teens and adults.

Figure 1.8 - Number of Children Who Witnessed Domestic Violence in the Home



Source: Center for Domestic Violence Prevention, San Mateo County, 1999

How We Are Doing

In recent years the number and rate of domestic violence-related calls for assistance has declined in San Mateo County, from 3,742 calls in 1995 to 3,088 calls in 1998, or from a rate of 5.5 calls to 4.3 per 1,000 people, respectively. However, the rate of domestic violence related calls for assistance varies widely among different cities in the County, from 1.1 in Atherton to 8.6 in Colma, and 16.1 per 1,000 in East Palo Alto (California Criminal Justice Profile, 1998).

During fiscal year 1998-1999, an estimated 5,300 children witnessed domestic violence in their homes in San Mateo County, down from 5,826 the previous year.



HOW DO YOU MEASURE SUCCESS?

To laugh often and much;

To win the respect of intelligent people and the affection of children;

To earn the appreciation of honest critics and endure the betrayal of false friends;

To appreciate beauty;

To find the best in others;

To leave the world a bit better whether by a healthy child, a redeemed social condition, or a job well done;

To know that even one other life has breathed because you lived.

— This is to have succeeded.

– Ralph Waldo Emerson

Outcome 2

Children Are Healthy

The good health of babies, young children, and older youth is the fundamental building block for healthy, thriving adults. Key indicators have been identified for each age group in order to spotlight how well we are ensuring the health of our children.

For babies and young children, the indicators quantify how well parents and health care providers are caring for the children. For older youth, the indicators illuminate the impact of risk taking behavior and individual choice, often with lifelong effects. These youth need support and education to understand how to make the right choices and how to live with the consequences of their choices.



Relevant

Relevant

Infants, Toddlers, and Children

- Timely Prenatal Care
- Low Birth Weight
- Infant Mortality
- Immunization
- Asthma

Youth

- Teen Births
- Sexually Transmitted Disease
- Drug, Alcohol, and Tobacco Use

Indicators

Know you what it is to be a child? It is to be something very different from the man of today. It is to have a spirit yet streaming from the waters of baptism; it is to believe in love, to believe in loveliness, to believe in belief; it is to be so little that the elves can reach to whisper in your ear; it is to turn pumpkins into coaches, and mice into horses, lowness into loftiness, and nothing into everything, for each child has its fairy godmother in its soul.

- Percy Bysshe Shelley



1. Timely Prenatal Care

While improving, timely prenatal care varies widely among different ethnic groups.

What It Is

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

Why It Is Important

Inadequate prenatal care often reflects a lack of access to health care resources and can result in lower birth weight, infant mortality, and malnutrition for mothers and infants. Early prenatal care can encourage healthy habits during pregnancy, help to identify potential medical problems, and facilitate involvement with parenting support, nutrition, and other educational resources. The benefits are greatest for women who are at risk for poor birth outcomes, including teenagers and women with low incomes.

Figure 2.1 - Percent of Women Receiving First Trimester Prenatal Care

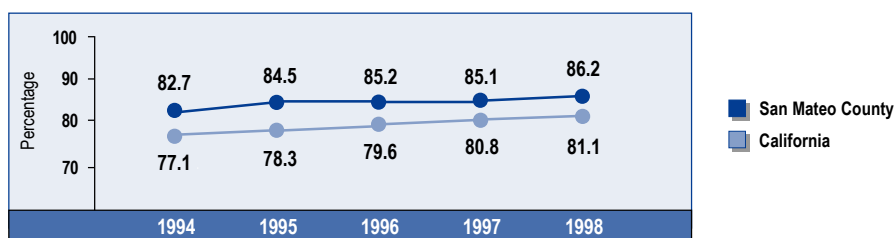


Figure 2.2 - Percent of Women Receiving First Trimester Prenatal Care by Ethnicity, 1997

Ethnicity	Number	Percent
Caucasian	3,712	91.7
Asian	937	90.3
Filipino	841	85.1
African American	295	81.0
Latina	2,462	77.9
Pacific Islander	187	58.6

Source: San Mateo County Health Services Agency, Disease Control and Prevention Unit, and California Department of Health Services, Center for Health Statistics, *Vital Statistics Data Tables*, 1999.

Note: Other categories that are monitored include Second Trimester Care (4-6 months), Third Trimester Care (7-9 months), No Care and Unknown.

How We Are Doing

The percent of San Mateo County women receiving adequate prenatal care has steadily increased over the last few years. However, it is still below the Healthy People 2000 Objective of 90%. In 1997, the percentage of women who were Pacific Islander, African American and Latina receiving first trimester prenatal care was less than their Caucasian and Asian counterparts.

2. Low Birth Weight

What It Is

The low birth weight indicator measures the number of infants born with low birth weight (below 2,500 grams or 5.5 pounds) expressed as a percentage of total live births per year.

Why It Is Important

Infant birth weight is affected by quality and timeliness of prenatal care and is directly related to infant survival, health and development. Low birth weight is a risk factor for a variety of developmental problems including mental retardation, 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.

In 1997, the percent of low birth weights among African American babies was 11.5%, nearly twice as high as the county average.

Figure 2.3 - Percent of Infants Born at Low Birth Weight

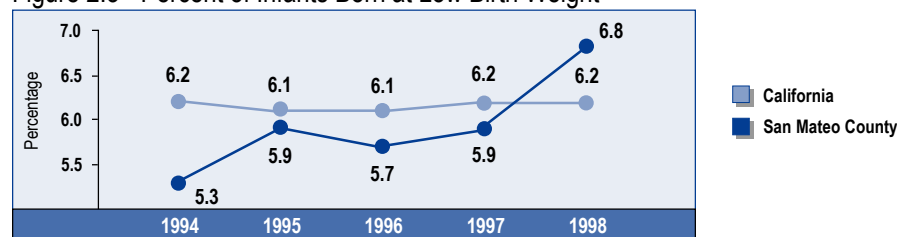


Figure 2.4 - Percent of Infants Born at Low Birth Weight by Ethnicity, 1997

Ethnicity	Number	Percent
African American	42	11.5
Filipino	76	7.7
Latino	166	5.3
Caucasian	211	5.2

Source: San Mateo County Health Services Agency, Disease Control and Prevention Unit, and California Department of Health Services, Center for Health Statistics, *Vital Statistics Data Tables*, 1999.

Note: Disaggregated data on Asians and Pacific Islanders not available.

How We Are Doing

The percent of low birth weight babies has increased in San Mateo County over the last several years. At 6.8% in 1998, it outdistanced the State average of 6.2% as well as the Healthy People 2000 Objective of 5%. In 1998, there were 685 babies born at low birth weight—119 of which were born at very low birth weight—out of a total of 10,142 births. In 1997, the percent of low birth weights among African American babies was 11.5%, nearly twice as high as the county average.

3. Infant Mortality

During 1995 - 97, an average of 47 babies died before their first birthday each year.

What It Is

Infant mortality is measured by the incidence of death in the first year of life per 1,000 live births.

Why It Is Important

Infant mortality measures how many babies die before their first birthday and is correlated with poor prenatal care and low birth weight. The primary causes of infant mortality are birth defects, Sudden Infant Death Syndrome (SIDS), and issues related to pregnancy and birth (including substance abuse).

Figure 2.5 - Infant Mortality Rate

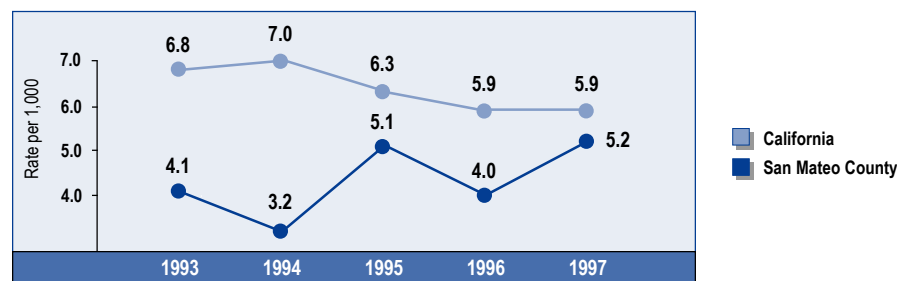


Figure 2.6 - Infant Mortality Rate by Ethnicity, 1997

Ethnicity	1993	1994	1995	1996	1997
Latino	3.9	2.5	4.5	3.2	6.3
Caucasian	3.6	2.8	4.6	4.6	6.1
Pacific Islander	3.6	9.1	0.0	3.2	3.1
Filipino	3.1	2.0	4.1	6.3	3.0
Asian	2.0	5.7	7.7	2.1	2.9
African American	11.0	4.9	14.8	7.9	2.7

Source: San Mateo County Health Services Agency, Disease Control and Prevention Unit, Death Records, and California Department of Health Services, Center for Health Statistics, *Vital Statistics Data Tables*, 1999.

How We Are Doing

The infant mortality rate in San Mateo County increased by 30% between 1996 and 1997. However, it is still below the Healthy People 2000 Objective that there be no more than 7 deaths per 1,000 births for the overall population. In 1997, the infant mortality rate was highest among Latinos and lowest among African Americans.

4. Immunization

What It Is

Immunization coverage is measured by the number and percentage of children who have received all of the recommended immunizations by age two. However, the immunization rate can only be measured retroactively at the point when the child enters school.

Why It Is Important

Immunization is a measure of family access to preventive care. Ten different vaccines are currently recommended, most with multiple doses, between birth and kindergarten. These immunizations prevent a number of serious and even fatal diseases in young children such as measles, chicken pox, diphtheria, tetanus, whooping cough, and polio. Most immunizations are due before age two and are provided during routine well-baby visits. Immunization is a requirement for entry into kindergarten and compliance with immunization regulations is measured at that time.

Immunization coverage in the County has increased, but it is still lower than the Healthy People 2000 Objective of 90%.

Figure 2.7 - Percent of Children Immunized by Age 2 by Region

Region	1995	1996	1997
Coastside	75.5	75.0	79.3
Mid County	70.0	76.1	78.4
North County	66.8	68.6	77.6
South County	65.3	65.5	71.3
Overall	68.7	71.0	76.6

Source: San Mateo County Immunization Branch – Selected School Sample, 1999.

Note: Because of the three year lag between the time that basic immunizations should be completed and the time that compliance is measured, recent immunization rates are not reflected.

How We Are Doing

While the percentage of San Mateo County children immunized by age two has increased over the last three years in all regions, these figures are still below the Healthy People 2000 Objective that at least 90% of children be immunized by age two. At 79.3%, the Coastside region shows the highest percentage of children immunized, followed by 78.4% in Mid-County, 77.6% in North County, and 71.3% in South County.

5. Asthma

Asthma is the third most frequent reason that children ages 0 - 4 are admitted to hospitals, after pneumonia and accidental injuries.

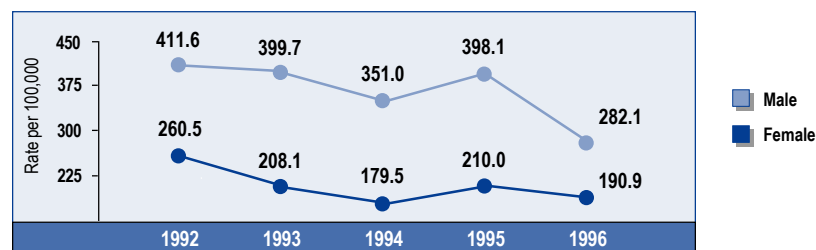
What It Is

The incidence of asthma in children is measured by the number of pediatric hospitalizations as a result of asthma for patients under the age of 15, per 100,000 children within the same age group.

Why It Is Important

Asthma is a chronic respiratory condition that is greatly increasing in prevalence nationwide. Experts disagree on the causes of this increase. Homeless children and children who live in crowded, inner-city environments are particularly susceptible to asthma. Incidence is also on the rise among children who live in suburban environments. Fortunately, asthma can be successfully controlled with medical supervision and treatment. However, children who do not have access to adequate health care resources are likely to experience repeated serious episodes, trips to the emergency room, and absences from school.

Figure 2.8 - Rate of Pediatric Hospitalizations Due to Asthma



Source: San Mateo County Health Services Agency, Disease Control and Prevention Unit, and the Department of Finance, Demographic Research Unit, 1999.

How We Are Doing

While the number of pediatric hospitalizations due to asthma for children under age 15 went down between 1992 and 1996, the rate of hospitalizations among boys was consistently higher than among girls.

In 1996, there were 360 asthma-related hospitalizations for boys and girls ages 0 - 4. Asthma is the third most frequent cause of hospitalization for children ages 0 - 4, after pneumonia and unintentional injury.

6. Teen Births

What It Is

The teen birth rate measures the number of births to teen women between the ages of 15 and 19 per 1,000 population. Similar rates are provided for teen women between the age of 15 to 17 and 18 to 19 by ethnic group.

Why It Is Important

Teen births are predictive of increased problems for the children, as well as reduced self-sufficiency of the teen mother. Young mothers are less likely to finish school, and are more likely to be poor and unmarried. The children of teen mothers are more likely to have cognitive and behavioral difficulties which can persist into later life.

While declining county-wide, teen birth rates remain high among Latina youth.

Figure 2.9 - Teen Birth Rate Among Women Ages 15 - 19

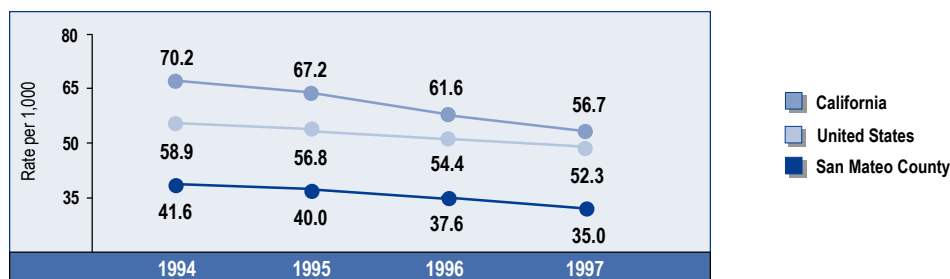
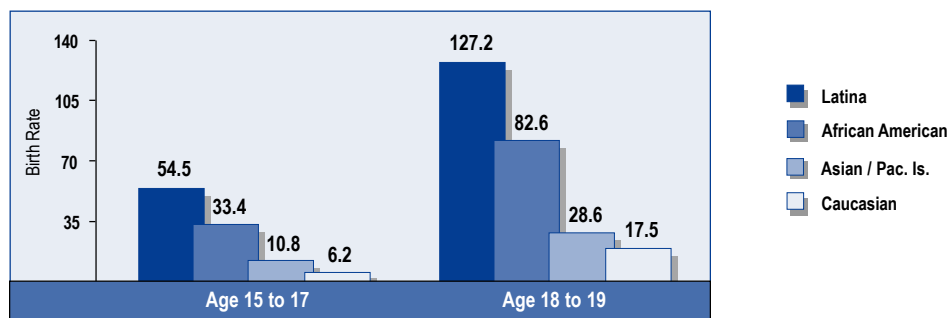


Figure 2.10 - Teen Birth Rate by Ethnicity and Age Group, 1997



Source: California Department of Health Services, Maternal and Child Health and Centers for Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics Reports* V 47, N 26, 1999.

Note: Births to teens under 15 were too few (6 in 1997) to reliably calculate a rate.

How We Are Doing

Nationwide, teen birth rates are on the decline for all ethnic groups and have reached the lowest point in decades. In San Mateo County, the teen birth rate has dropped from 41.6 in 1994 to 35.0 in 1997. In 1997, there were 6 births to teens ages 10 - 14, 263 births to teens ages 15 - 17, and 414 births to teens ages 18 - 19. The highest teen birth rate was among Latina youth.

7. Sexually Transmitted Disease

The incidence of sexually transmitted disease among youth has decreased in recent years and is lower than national rates.

What It Is

The incidence of sexually transmitted disease (STD) is measured by the number of new cases reported to public health agencies and is expressed per 100,000 population.

Why It Is Important

STDs, including gonorrhea, syphilis, chlamydia, and genital herpes, are preventable and treatable. Sexually transmitted diseases are a reflection of adolescent risk taking behavior, including unprotected sexual activity, which can lead to poor health outcomes. The incidence of STDs also reflects access to health care, education, and family planning services.

Figure 2.11a - Chlamydia Rates by Age Group, San Mateo County

Age Group	1993	1994	1995	1996	1997
10 - 14	51.0	79.8	73.0	35.6	20.5
15 - 19	1,263.7	1,107.4	939.2	776.9	610.0

Figure 2.12a - Gonorrhea Rates by Age Group, San Mateo County

Age Group	1993	1994	1995	1996	1997
10 - 14	7.7	19.9	12.2	4.7	0.0
15 - 19	229.8	262.2	157.9	105.0	63.0

Figure 2.11b - Chlamydia Rates by Area, 1997

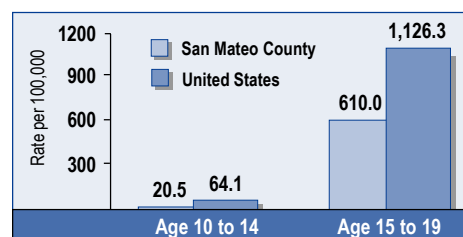
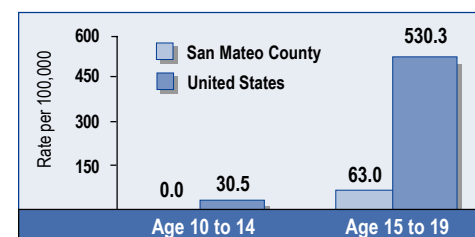


Figure 2.12b - Gonorrhea Rates by Area, 1997



Source: San Mateo County Confidential Morbidity Reports, 1992-1998 and Centers for Disease Control and Prevention, *Sexually Transmitted Disease and Surveillance*, 1997.

How We Are Doing

The rates of both chlamydia and gonorrhea among San Mateo County youth have declined over the last several years and are well below the national rates. The incidence of gonorrhea is below the Healthy People 2000 Objective of 225 cases per 100,000 population.

8. Drug, Alcohol, and Tobacco Use

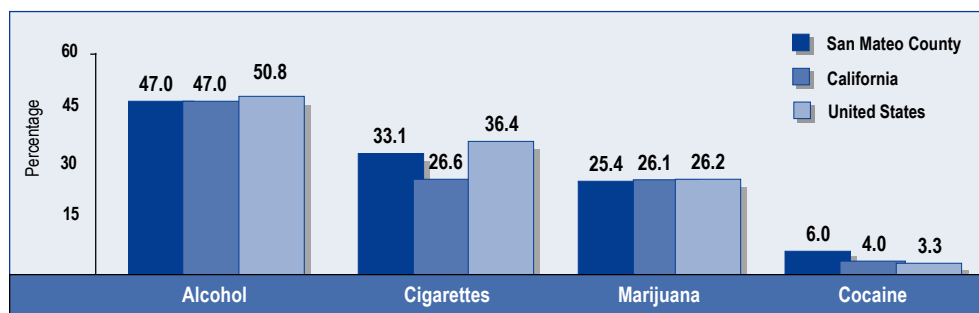
What It Is

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

Why It Is Important

The use of drugs, alcohol, and tobacco puts teens at risk of poor health, unsuccessful education, and social problems. Youth with less parental and community support, fewer options, and no future plans are more likely to have problems with substance abuse. Drug and alcohol use reflects, as well as causes, low self-esteem, poor performance in school, and difficulties at home. Younger children who experiment with high-risk behavior, such as the use of drugs and tobacco, are often more likely to be in trouble later in life.

Figure 2.13 - Percent of High School Youth Using Drugs and / or Tobacco in the Last Month, 1998



Source: San Mateo County Health Services Agency, 1998 *San Mateo Youth Risk Behavior Survey*, and Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance* - United States, 1997.

Note: San Mateo County high school respondents – 854.

How We Are Doing

While fewer San Mateo County high school students drank, smoked cigarettes or smoked marijuana in the past month as compared to the national average, they were more likely to use cocaine. Six percent had used cocaine in the past 30 days, compared to 4% statewide and 3.3% nationally.

Although high school youth in San Mateo County are less likely to use alcohol, tobacco, or marijuana, they are more likely to use cocaine than youth in the rest of the country.

Outcome 3

Children Are Nurtured in a



Children are our most important resource. Strong families and communities are needed for children of all ages. We need to recognize and build on the strength and resiliency of our families, while helping to provide families with the support needed to best care for their children.

The identified indicators help us understand how to keep our community accountable for all of our children. Although families experiencing the strain of poverty, substance abuse, domestic violence, or teen parenting may need extra resources that are not available through the home, all families can benefit from support by extended families, neighbors, and the community.

Stable, Caring Environment

Relevant

- Family Self-Sufficiency Levels
- Foster Care
- Housing Affordability
- Homelessness

Indicators

A hundred years from now it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove...but the world may be different because I was important in the life of a child.

- Kathy Davis



1. Family Self-Sufficiency Levels

By 2001, almost half of the jobs with the greatest projected growth will pay less than \$10 per hour, half of what is needed for family self-sufficiency.

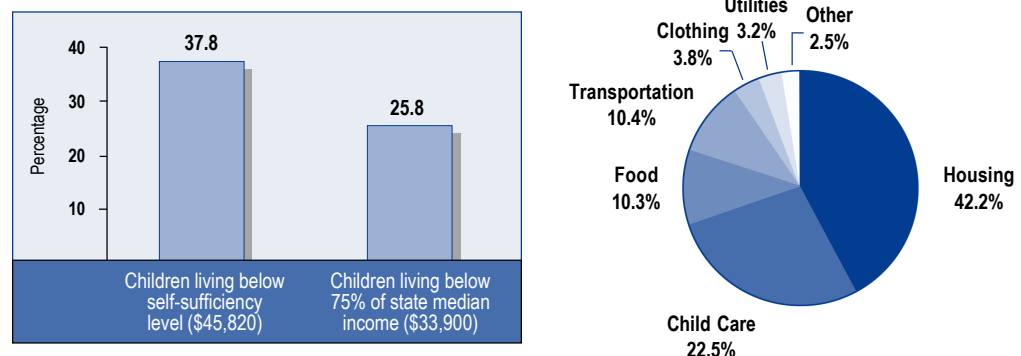
What It Is

The self-sufficiency index provides an indication of the minimum amount of income needed to sustain a three-person family in San Mateo County, independent of any form of public or private assistance.

Why It Is Important

The degree to which families are self-sufficient reflects the stability of children's homes. Varied income distribution around the County, coupled with the high cost of living, results in serious challenges for lower income families. In addition, more families are transitioning off of public assistance and into the work force due to recent welfare reforms and new time limits on aid. The self-sufficiency index provides an important point of reference when interpreting the viability of family incomes.

Figure 3.1 - Income Distribution and Percent of Income Required for Basic Needs



Source: San Mateo County Human Services Agency and Child Care Coordinating Council of San Mateo County, 1999.

Note: Figures above are based on three person households.

How We Are Doing

A local analysis of the cost of living shows that a family of three needs \$45,820 in annual income, \$3,818 a month or \$22.00 an hour to achieve self-sufficiency. By the year 2001, almost half of the jobs with the greatest projected growth will pay less than \$10.00 an hour, half of what is needed for family self-sufficiency. Currently, an estimated 38% of children in three-person families are living below the annual self-sufficiency income level. In addition, 26% of San Mateo County children live in families that have incomes less than 75% of the State median income (\$33,900 for a family of three) and as a result qualify for state subsidized child care.

In comparison, the federal poverty level for a family of similar size is \$17,070. A two-income family working full-time at the minimum wage earns \$23,920, which is far less than the annual self-sufficiency income level.

2. Foster Care

What It Is

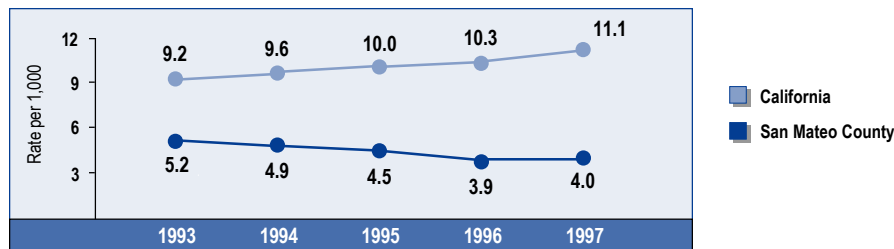
The prevalence of children in foster care is measured by the rate of out-of-home placements in foster homes, foster family agencies, and group homes due to abuse and neglect. This rate is expressed as the number of children placed for every 1,000 children under the age of 18.

Why It Is Important

Children are placed in foster care when abuse or neglect by their parents endangers their safety. The rate of out-of-home placements is important because it reveals the number of children who experienced unsafe environments to the extent that they had to be removed from their homes.

The foster care rate in San Mateo County is declining, in contrast to State trends.

Figure 3.2 - Rate of Foster Care Placements



Source: University of California Berkeley, Center for Social Services Research, 1999.

How We Are Doing

San Mateo County has consistently enjoyed a lower rate of foster care placements as compared to the State. The County's foster care rate is declining, while the statewide rate has increased. And, for children who are placed in foster care, the County is also more successful at resolving the separation through reunification with parents, adoption, or other permanent placement as appropriate. Eighty-nine percent of children who entered foster care in 1991-92 were in a permanent home within four years of entering foster care, compared to 75% statewide. In addition, between 1993 and 1996, only 8% of the County's children who were placed in permanent homes reentered the foster care system within three years, compared with 16% statewide.

3. Housing Affordability

In 1998, San Mateo County had the second highest new home prices in the State, surpassed only by Marin County.

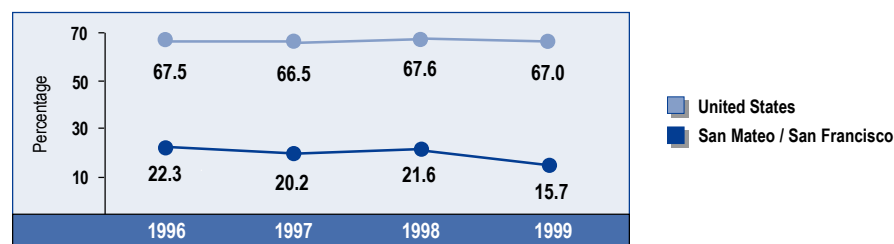
What It Is

Housing affordability is measured by the Housing Opportunity Index (HOI). This index ranks different areas according to the percentage of median-priced homes that are affordable to median income families. In addition to income, the HOI also accounts for market interest rates.

Why It Is Important

The affordability of housing is one of the biggest challenges faced by families with young children, particularly those with limited incomes. The HOI allows for a comprehensive view of the cost of living, affordability, and purchasing power. Using the HOI, even smaller rural areas can find their way onto the list of least affordable areas due to disproportionately low incomes.

Figure 3.3 - Percent of Homes Affordable to Median Income Families



Source: National Association of Home Builders, *2nd Quarter Summary*, 1999.

Note: San Mateo is ranked as part of the San Francisco PMSA.

How We Are Doing

Despite having some of the most generous median incomes around the state and nation, the San Francisco primary metropolitan statistical area (PMSA), which includes both Marin and San Mateo counties, has consistently been ranked the least affordable area to live in the nation.

Within San Mateo County, only 16% of homes in the county were affordable to median income families in 1999. Apartments are also increasingly unaffordable, and the low vacancy rate further exacerbates the problem. The County has seen a 38% increase in rental costs over the past three years, from \$971 for a two bedroom apartment in December 1995 to \$1,344 in March 1999.

4. Homelessness

What It Is

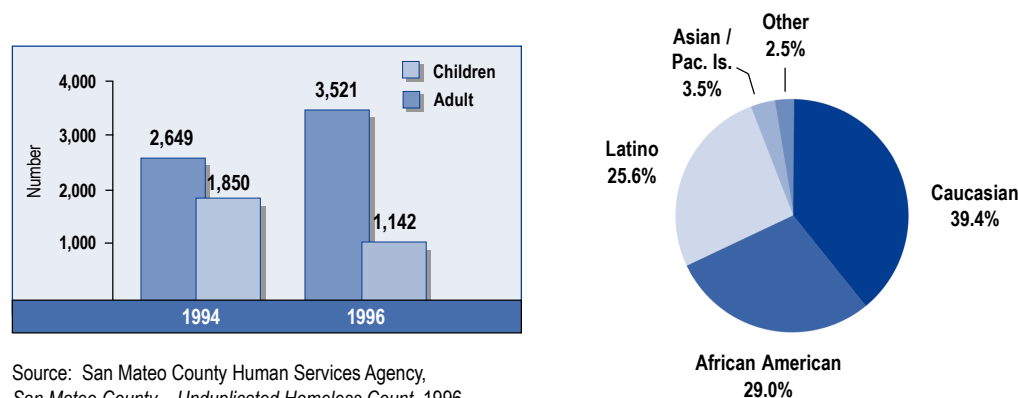
A homeless study was conducted in 1994 and 1996 to determine the number of homeless individuals in San Mateo County. For the purposes of this study, homeless persons were defined according to the federal Stewart B. McKinney Act as "individuals who lack fixed, regular, and adequate nighttime residence or have a primary nighttime residence that is a shelter or similar temporary accommodation." The study did not include people living in overcrowded conditions or those precariously housed with friends or relatives. Because the study drew on case data from homeless service providers and not on other methods such as an empirical census, the estimates below should be considered conservative (some homeless persons do not seek services).

In 1996, there were an estimated 1,142 homeless children in San Mateo County.

Why It Is Important

The continuing decrease in housing affordability may result in increased numbers of individuals who are homeless, living in overcrowded conditions, or precariously housed. The number of homeless children and families provides a telling indicator of family well-being in the County.

Figure 3.4 - Number and Ethnic Profile (1996) of Homeless Persons



How We Are Doing

According to the study, there were 4,663 homeless individuals in the County in 1996. This included 3,351 households made up of 3,521 adults and 1,142 children. The survey also showed that the number of homeless increased between 1994 and 1996, while the number of homeless children declined and the percentage of the county population that was homeless remained steady. Similarly, as part of the *1999 Community Assessment – Health and Quality of Life in San Mateo County* survey, there were an estimated 5,000 individuals who reported experiencing an episode of homelessness during the past two years. Even though many programs are in place and more are being planned, it is increasingly difficult to find and keep safe, affordable housing in San Mateo County.

Outcome 4

Children Are Succeeding in

It is essential for the community—parents, schools, civic leaders, businesses, and the community at large—to help our children be prepared to learn and succeed in school. Much learning takes place in infancy and early childhood, setting the foundation for later academic success. Parents, child care providers, and other caregivers provide stimulation and enrichment experiences for young children. Schools prepare students for full civic participation, for employment, and for higher education.

The increasingly diverse and global economy is predicated on a technologically-oriented work force and requires that the community works together to help prepare students to be successful and productive. The selected indicators help us to understand how well we are meeting this challenge.



Relevant

- Quality Early Childhood Education
- Child Care Availability
- Reading Proficiency
- College Readiness
- High School Dropouts

Indicators

No one has yet fully realized the wealth of sympathy, kindness and generosity hidden in the soul of a child. The effort of every true education should be to unlock that treasure.

- Emma Goldman



1. Quality Early Childhood Education

There are
4,051
accredited
child care
spaces
available
for 39,412
children
ages 0 - 5
needing
care.

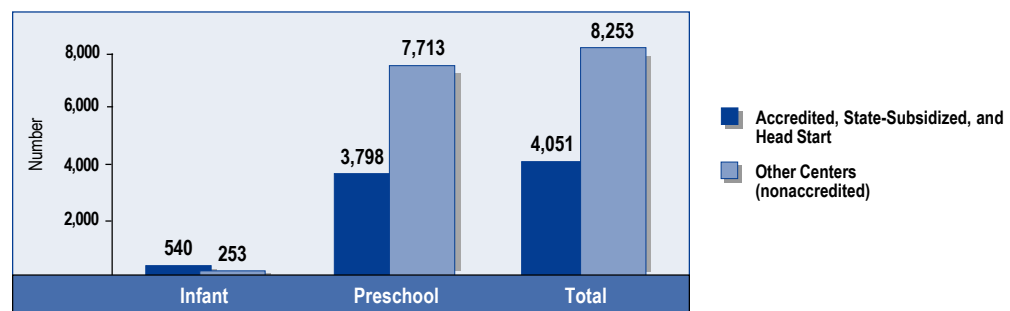
What It Is

Accreditation is one indicator of high quality early childhood education, and is expressed as the number of child care spaces available in accredited facilities in San Mateo County. Accredited programs include centers and family child care homes. Publicly subsidized centers, such as Head Start and State-subsidized child care, are required to meet accreditation standards and provide comprehensive educational, health, and social service programs for very low-income children.

Why It Is Important

Programs that elect to become accredited have demonstrated a commitment to provide high quality care and education for young children and their families. Accreditation is often used as a measure of quality because it reflects adherence to recognized standards including staff training and program development. A quality preschool experience helps children prepare for kindergarten by providing developmentally-appropriate social, behavioral, and cognitive experiences.

Figure 4.1 - Capacity in Accredited Child Care Centers for Children Aged 0 - 5 Years



Source: Child Care Coordinating Council of San Mateo County, 1999.

Note: Figures reflect spaces available in child care centers; Family Day Care Homes and accredited centers for school age children are not included.

How We Are Doing

There are fewer than 12,305 center-based infant and preschool spaces for the 39,412 children ages 0 - 5 who need child care and many of those spaces are only part-time. Almost 33% of the child care center spaces for infants and preschool-age children have been accredited under state or nationally-recognized standards. These quality child care centers are designed to prepare children for school. Other child care providers and caregivers may provide high quality care, but have not undergone a formal assessment process.

2. Child Care Availability

What It Is

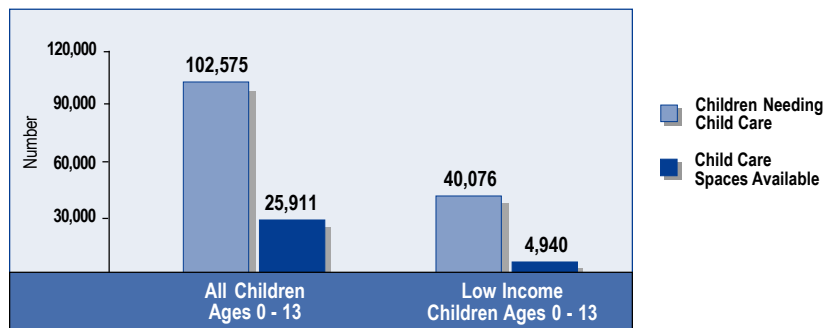
The availability of general and subsidized child care can be expressed as the number of children needing care compared to available spaces in centers and family child care homes.

Why It Is Important

The availability of child care for those who need it—in particular, subsidized care for low-income families—is essential in helping children access early socialization experiences that will prepare them for the new world of kindergarten. Child care and early education can provide children with the necessary social and cognitive skills to prepare them for school, and provides critical support for working families with children of all ages.

The overall ratio of children to available child care spaces is nearly 4 to 1.

Figure 4.2 - Number of Children Needing Care Versus Number of Spaces Available



Source: Child Care Coordinating Council of San Mateo County, 1999.

Note: The number of children needing care is determined by multiplying the percentage of children with working parents (infants and preschool - 63%, school-age - 69%) by the child population. The number of children needing subsidized care is determined by the number who live in families with less than 75% of the State median income who are income eligible for subsidized care (26%).

How We Are Doing

Child care availability still falls short of the number of children who need it. For instance, the total number of children ages 0 to 13 needing care is 102,575 while the number of center-based spaces available is just 18,355. There are another 7,556 spaces available in licensed family child care homes for children of all ages, for a total of 25,911 licensed child care spaces. In other words, the overall ratio of children to spaces is nearly 4 to 1 (calculated by dividing the total number of children needing care in a given age category by the total number of corresponding licensed, center-based child care spaces available). However, there is no way to know how many children are cared for by nannies, relatives, or others who are exempt from licensing requirements.

Child care availability for low-income families also remains an issue, particularly those transitioning off of public subsidies. Families with children eligible for subsidized care are facing shortages. There are 40,076 children that are income-eligible for subsidized care, and just 4,940 spaces, yielding a ratio of 8 children to 1 subsidized space.

3. Reading Proficiency

Reading proficiency levels among San Mateo County children have surpassed state levels for the last two school years, although there are disparities within the County.

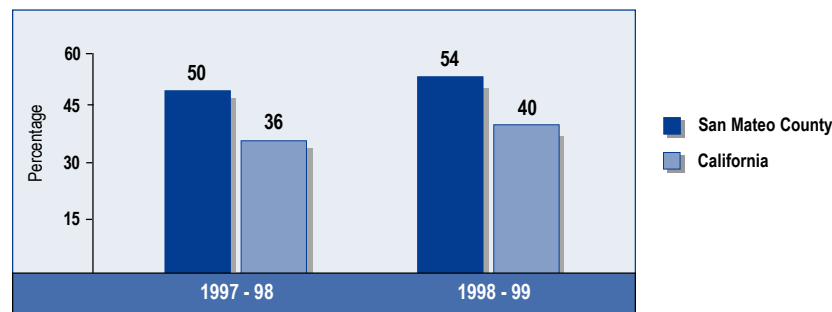
What It Is

Reading proficiency is measured by the percent of third grade students whose STAR (Standardized Testing and Reporting) test scores are at or above the national average.

Why It Is Important

One of the most powerful indicators of later academic success is the reading level at the end of third grade. Strong community pre-literacy and literacy approaches can help young children be ready to tackle the exciting challenges of learning to read. Once in school, early identification of reading difficulties and intervention with additional resources are essential to help struggling students reach the appropriate reading level for their grade.

Figure 4.3 - Percent of Children Reading at or Above National Average



Source: California Department of Education, STAR Test Results, 1999.

How We Are Doing

The STAR program in California began in 1998. This program requires that almost all students in grades 2 through 11 take a nationally standardized test every year. In the two years since STAR testing has begun, San Mateo County has ranked about 15 percentage points higher than the state average in both years. Our County has also scored higher than the other Bay Area counties of Santa Clara, Alameda and San Francisco. However, among students who are not native speakers of English, far too many reach middle and high school with only limited English skills. There are significant gaps in achievement between limited English proficient students and those who speak English fluently, and between lower income students and their wealthier counterparts.

4. College Readiness

What It Is

College readiness is measured by the percent of students who take and complete classes that fulfill entrance requirements at the University of California (UC) and California State University (CSU).

Why It Is Important

Increasingly, post-secondary education is important to ensure better life chances and income potential. Students who meet the criteria for higher education are ready to move forward into the next phase of their lives, including well-paying careers and fulfilling jobs. The community needs to work with the schools to provide the support for all students to be able to take advantage of higher education.

African American and Latino students are a third as likely to complete college preparatory courses as Asians.

Figure 4.4 - Percent of Students Who Have Completed UC/CSU Preparatory Courses, 1998

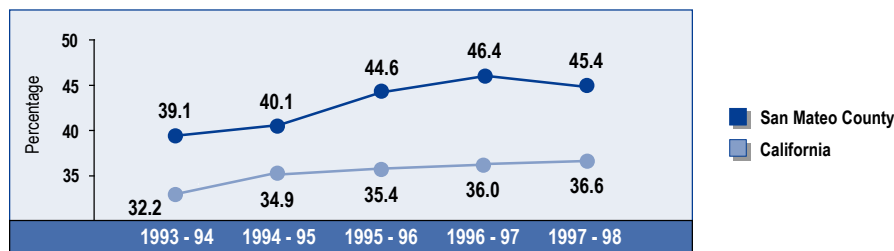
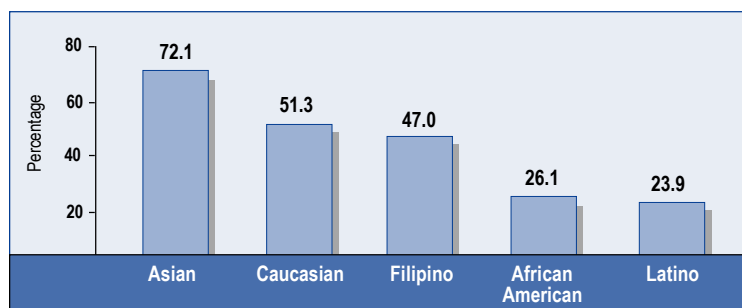


Figure 4.5 - Percent of Students Who Have Completed UC/CSU Preparatory Courses by Ethnicity, 1998



Source: California Department of Education, Education Demographics Unit, 1999.

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. Furthermore, in recent years, a greater percentage of San Mateo County students have completed college prep courses as compared to students in nearby Santa Clara and Alameda counties. Unfortunately, college readiness is not proportionate among different ethnic groups. In 1998, 72% of Asian students had completed college preparatory classes, as compared to 51% of Caucasians, 47% of Filipinos, 26% of African Americans, and 24% of Latinos.

5. High School Dropouts

While declining, dropout rates are highest for African American youth.

What It Is

The high school dropout rate reflects the number of students in any grade that drop out in a given year as a percentage of the total student enrollment.

Why It Is Important

High school dropouts are less likely to find and keep a good job, and are not prepared for the technological demands of today's work force. They earn significantly less over time than their better educated counterparts. For young women, dropping out is correlated with becoming pregnant, further reducing the chances of developing the skills necessary to compete in the current job market.

Figure 4.6 - Percent of Students Who Drop Out of High School

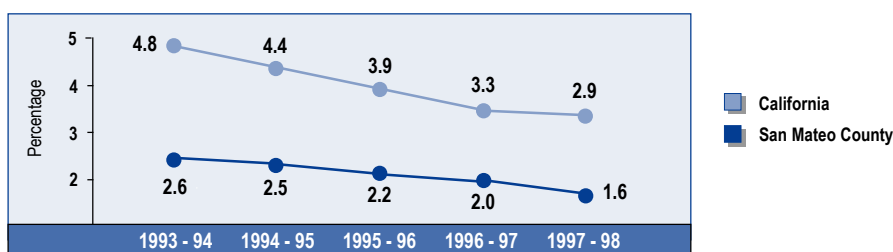
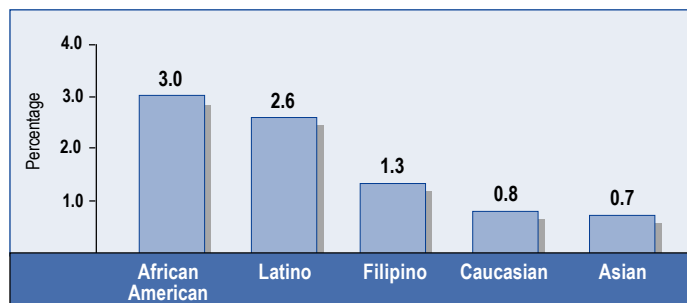


Figure 4.7 - Percent of Students Who Drop Out by Ethnicity, 1998



Source: California Department of Education, Education Demographics Unit, 1999.

How We Are Doing

Nationally as well as locally, the high school dropout rate has been declining over the past few years. San Mateo County fares well compared to the State dropout rate, and even above the surrounding Bay Area counties of Santa Clara, San Francisco, and Alameda. There is significant variance in the rates between ethnic groups; Asians show the lowest rates at 0.7%, contrasted by African Americans at 3.0%.



Education, then, beyond all other devices of human origin,
is the great equalizer of the conditions of man,
the balance-wheel of the social machinery.

– Horace Mann

Outcome 5

Children Are Out of Trouble

In our society today, children and youth may not have the opportunity to interact with adults and engage in enriching activities. The great majority are successful in school and involved in healthy relationships and activities. However, when children and youth get into trouble, the community takes notice.

We have identified indicators applicable to older children and youth that illuminate the negative consequences of inappropriate behavioral choices. For those who are in trouble, it is essential that we provide appropriate intervention and support. And for all children, we need to pay attention to what they say and need in order to help them make the right choices in their lives every day.



Relevant

- Juvenile Felony Arrest Rate
- Juvenile Weapons-Related Arrests
- Children Who Are Self-Supervised

Indicators

*And the wind said:
May you be as strong as the oak,
yet flexible as the birch;
may you stand tall as the Redwood,
live gracefully as the willow;
and may you always bear fruit
all your days on this earth.*

- Native American prayer



1. Juvenile Felony Arrest Rate

In San Mateo County, the juvenile felony arrest rate, 16.7 per 1,000 youth, is greater than that for adults (11.1 per 1,000).

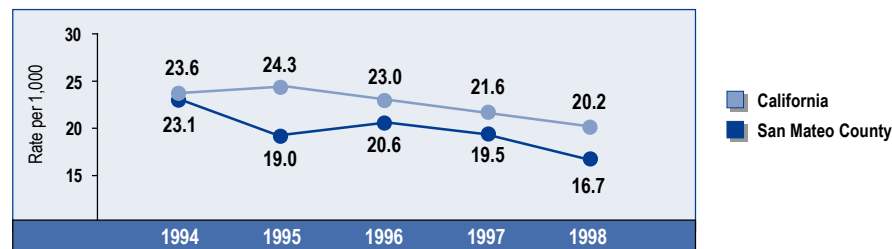
What It Is

The juvenile felony arrest rate is measured as the number of youth, ages 10 - 17, who are arrested and charged with felony crimes. The rate is expressed for every 1,000 youth of a similar age within the general population. Felony crimes include violent offenses such as homicide, forcible rape, robbery, assault and kidnapping. Felony crimes also include serious property, drug, and sexual offenses.

Why It Is Important

Youth who are arrested for felony crimes, particularly violent crimes, are exhibiting self-destructive and antisocial behavior. Arrests for violent crime are an indicator of more severe dysfunction than any other type of arrest.

Figure 5.1 - Juvenile Arrest Rate for Felony Crimes



Source: California Department of Justice, *California Criminal Justice Profile*, San Mateo County, 1998.

How We Are Doing

San Mateo County's juvenile felony arrest rate is significantly lower—4 percentage points—than the statewide rate. In fact, the County has lower rates than the neighboring Bay Area counties of Santa Clara, San Francisco, and Alameda. Juvenile arrests for violent crime are a small proportion of the total number of juvenile arrests. The rate for violent offenses is 3.7 per 1,000 youth, as compared to property offenses (8.6), drug offenses (2.1), and the overall rate for all offenses (16.7).

However, juvenile arrests make up a disproportionate amount of the total arrests for violent crime; juveniles are 12.8% of the population, yet make up 17.4% of arrests for violent crime. The violent crime arrest rate also varies markedly among ethnic groups, with the lowest among Caucasians (2.2 per 1,000 youth), followed by Latinos (4.8) and African Americans (14.6).

2. Juvenile Weapons-Related Arrests

What It Is

The juvenile weapons-related arrest rate is measured as the number of youth ages 10-17 who commit weapons-related misdemeanor and felony crimes. The rate is expressed for every 1,000 youth of a similar age within the general population.

Why It Is Important

Youth who carry weapons are at risk of becoming involved in violent incidents. Whether the weapon is perceived as necessary for self-defense in a dangerous environment, or whether it is a symbol of being "cool" in a tough culture, it is dangerous for children to carry weapons in their schools and neighborhoods.

San Mateo County youth are less likely to be arrested on weapons charges than youth statewide.

Figure 5.2 - Juvenile Arrest Rate for Weapons-Related Misdemeanor Crimes

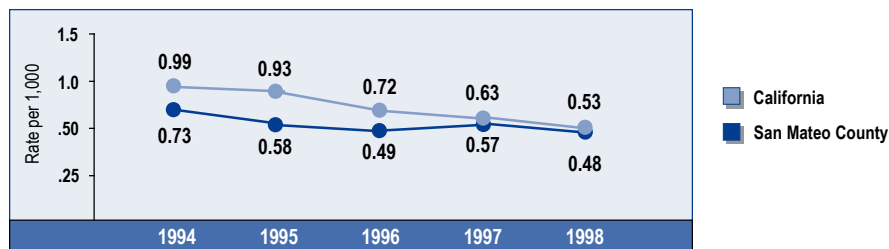
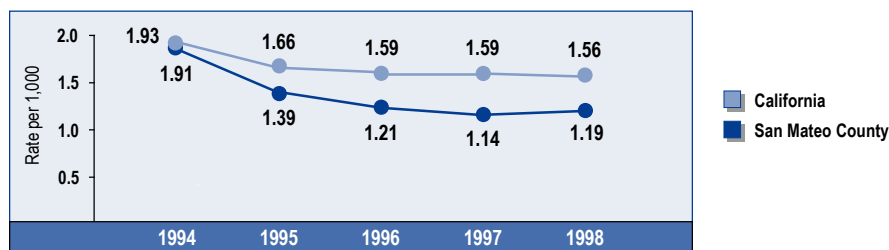


Figure 5.3 - Juvenile Arrest Rate for Weapons-Related Felony Crimes



Source: California Department of Justice, *California Criminal Justice Profile*, San Mateo County, 1998.

How We Are Doing

In San Mateo County, juveniles are less likely to be arrested for weapons-related offenses than in the rest of the state. The rate of weapons-related arrests has been decreasing both locally and statewide.

3. Children Who Are Self-Supervised

Eighteen percent of teens ages 13 - 15, and 41% of 16 and 17 year-olds, have no adult supervision after school.

What It Is

The types of after-school supervision provided for children were measured by parent responses provided during the 1999 Community Assessment Survey.

Why It Is Important

Providing appropriate after-school activities can help ensure that children are linked to the world of homework, sports, and age-appropriate recreation. In many cases, school-age children go home to an empty house or hang out with their friends after school, often with no adult supervision. Without this supervision, children may engage in unsafe or unhealthy activities.

Figure 5.4 - Type of After-School Supervision, 1999

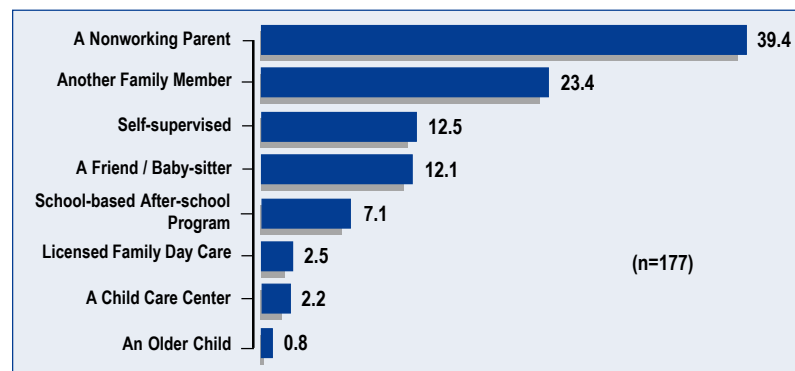
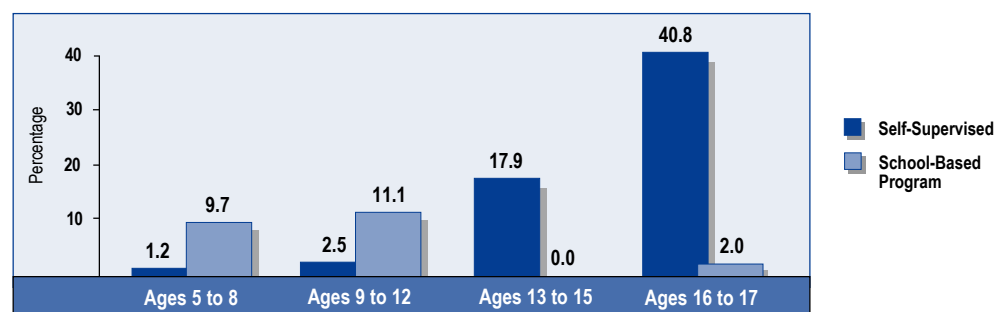


Figure 5.5 - Type of After-School Care Arrangements for Children by Age Group, 1999



Source: Healthy Community Collaborative of San Mateo Co., *Community Assessment – Health and Quality of Life in San Mateo Co.*, 1999.

How We Are Doing

Survey results show that the largest share of parents in San Mateo County turn first to after-school supervision solutions that are readily available in the home before seeking outside help. For 39.4% of respondents, a non-working parent provides after-school supervision for their children, followed by another family member (23.4%). Interestingly, self-supervision is the third most common solution (12.5%), after which smaller shares of parents sought outside, more formalized types of child supervision activities for which they must pay.



Coming together is the beginning.
Keeping together is progress.
Working together is success.

– Henry Ford

Outcome 6

Systems Support Children

One of the strengths of the San Mateo County community is our commitment to collaborating in order to provide effective systems that support our children and families. From community volunteers to elected officials, from libraries to schools, from churches and synagogues to corporations, there is evidence of successful program efforts on behalf of our children and youth. These services may be public, private, or joint efforts.

We have identified indicators that can help us to better understand the quality of the support that our community provides to children. In many ways, these illustrate the wealth of creativity, innovation and spirit shared by our community.



Relevant

- Student Access to Pupil Support Services
- School-Based Homework Centers
- Library Use

Indicators

*Be the change that you want
to see in the world.*

- Mohandas K. Gandhi



1. Student Access to Pupil Support Services

The ratio of support staff to students has dropped over the past few years, although it is still somewhat higher than the State average.

What It Is

The resources available for students in school can be quantified as a ratio of the number of students per pupil services personnel. Pupil services personnel are certificated employees who provide direct services to students but are not teachers. This includes counselors, nurses, psychologists, social workers, speech specialists, and other medical personnel.

Why It Is Important

As the complexity of our society intensifies, an increasing number of students are at risk for social alienation, performance and behavioral problems, and dropping out. In order to meet the needs of diverse student populations, the school system can help fill the gap by providing young people with the necessary support to ensure their success. The availability of pupil support personnel in the schools reflects the ability to recognize and intervene when students are experiencing academic, behavioral, or social and emotional challenges.

Figure 6.1 - Number of Students per Pupil Services Personnel, All Types

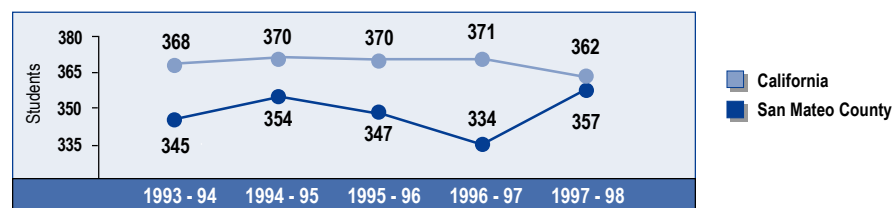
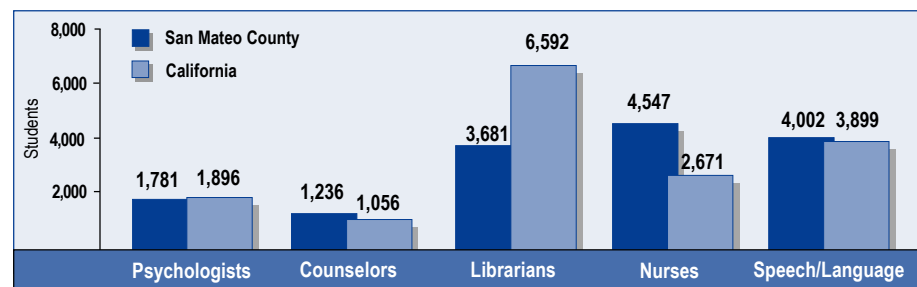


Figure 6.2 - Number of Students per Pupil Services Personnel by Selected Type, 1997 - 98



Source: California Department of Education, Education Demographics Unit, 1999.

Note: In Figure 6.1 all types of full time equivalent (FTE) personnel are combined to yield an overall ratio.

How We Are Doing

While ratios alone do not indicate the quality of school support services, they do provide a proxy indicator for student access to services. The number of support staff available per student has decreased in the past few years. When comparing the 1998 ratio of students to pupil services personnel (all types), the San Mateo ratio (357) is slightly less than the statewide ratio of 362 students per personnel. The neighboring county of San Francisco has an even better ratio of 274. The counties of Santa Clara and Alameda were slightly less well off, with ratios of 435 and 439, respectively.

2. School-Based Homework Centers

What It Is

The County Board of Supervisors provides funding for school-based homework centers in elementary and middle schools throughout the County, matched with school district funds. The availability of school homework centers is measured by the percentage of schools that have centers, as well as the net growth of such centers.

Why It Is Important

The focus of school homework centers is on math, language arts, and life skills. They also provide a safe place for children after school, the opportunity to get additional help with homework, and in many settings, the chance for high school students to be role models for younger children. Some centers are geared specifically toward students who are at risk academically, while others are designed as a resource for all students. In addition, the County Alcohol and Other Drug (AOD) division uses prevention funding to offer homework centers in targeted schools to provide academic support in order to reduce the likelihood of substance abuse among youth.

The availability of homework centers has almost tripled in the past three years.

Figure 6.3 - Percent of K - 8 Schools with Homework Centers

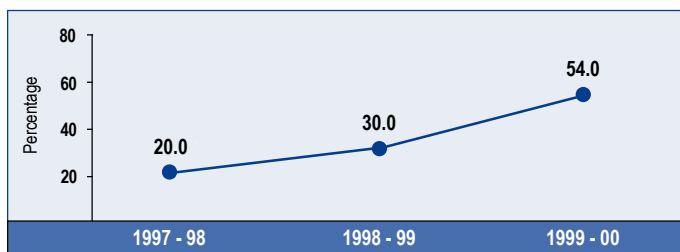
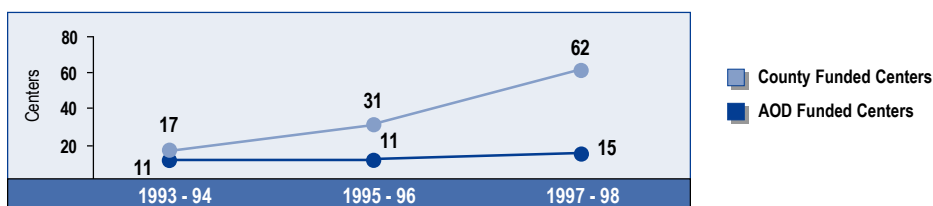


Figure 6.4 - Number of Homework Centers in K - 8 Schools, by Type



Source: County Office of Education, and Alcohol and Drug Services, 1999.

How We Are Doing

The number of homework centers available to San Mateo County students has increased dramatically over the last few years, from just 28 in 1997 to 77 centers this year. County Alcohol and Other Drug funding not only provides for 15 homework centers in the elementary and middle schools, but for 5 high-school based centers as well.

3. Library Use

There are wide disparities in library use in different parts of the County.

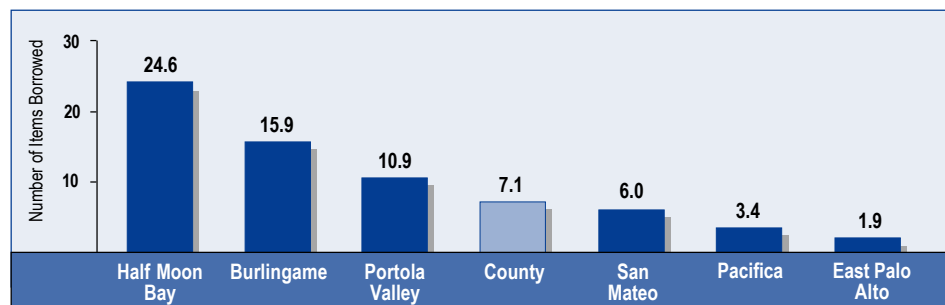
What It Is

Library use is measured by the per capita library circulation, which is the average number of items borrowed per person per year.

Why It Is Important

A strong public library system reflects community support for literacy. Libraries provide vital learning resources for community members of all age and demographic groups; children may attend library story telling-groups; students can research school projects with reference materials; people looking for work can use free Internet facilities for on-line searches; and people of all ages enjoy a wide variety of books, magazines, publications and even videos. Public utilization, indicated by circulation per capita, captures the extent to which a given community is maximizing libraries as a community resource.

Figure 6.5 - Average Number of Items Borrowed per Person, Selected Cities, 1998-99



Source: Community Information Program, San Mateo County, 1999.

How We Are Doing

The 1998 circulations statistics reveal a wide variety of community utilization levels around San Mateo County. The communities with the lowest utilization were East Palo Alto (1.9), Pacifica (3.4), Daly City (3.7) and San Bruno (5.6). In contrast, areas with the highest usage per capita were Half Moon Bay (24.6), Burlingame (15.9), Menlo Park (14.0), and Foster City (12.4).



If you want one year of prosperity, grow grain.
If you want ten years of prosperity, grow trees.
If you want one hundred years of prosperity,
grow people.

– Old Chinese Proverb

Appendix A

Appendix A – Data Sources

Keep me away from the wisdom which does not cry, the philosophy which does not laugh and the greatness which does not bow before children.

– Kahlil Gibran

Appendix A. Data Sources

Outcome 1 : Children Are Safe

- | | |
|------------------------------|--|
| 1. Child Deaths | San Mateo County Health Services Agency, Disease Control and Prevention Unit, Death Records, 1994 -1996. |
| 2. Injury Hospitalization | San Mateo County Department of Public Health, Disease Control and Prevention Unit, Information Taken from the Hospital Discharge Records for San Mateo County Residents, 1999. |
| 3. Use of Safety Precautions | Healthy Community Collaborative of San Mateo County, <i>Community Assessment—Health and Quality of Life in San Mateo County</i> , 1999. |
| 4. Child Abuse | California Department of Social Services, Placement Preventive Services for Children in California, <i>Annual Statistics Report</i> , 1996. |
| 5. Domestic Violence | Center for Domestic Violence Prevention, San Mateo County, 1999. |

Outcome 2 : Children Are Healthy

- | | |
|---|---|
| 1. Timely Prenatal Care | San Mateo County Health Services Agency, Disease Control and Prevention Unit, and California Department of Health Services, Center for Health Statistics, <i>Vital Statistics Data Tables</i> , 1999. |
| 2. Low Birth Weight | San Mateo County Health Services Agency, Disease Control and Prevention Unit, and California Department of Health Services, Center for Health Statistics, <i>Vital Statistics Data Tables</i> , 1999. |
| 3. Infant Mortality | San Mateo County Health Services Agency, Disease Control and Prevention Unit, Death Records, and California Department of Health Services, Center for Health Statistics, <i>Vital Statistics Data Tables</i> , 1999. |
| 4. Immunization | San Mateo County Immunization Branch - Selected School Sample, 1999. |
| 5. Children with Asthma | San Mateo County Health Services Agency, Disease Control and Prevention Unit, and Department of Finance, Demographic Research Unit, 1999. |
| 6. Teen Births | California Department of Health Services, Maternal and Child Health and Centers for Disease Control and Prevention, National Center for Health Statistics, <i>National Vital Statistics Reports V</i> 47, N 26, 1999. |
| 7. Sexually Transmitted Disease | San Mateo County Confidential Morbidity Reports, 1992-1998 and Centers for Disease Control and Prevention, <i>Sexually Transmitted Disease and Surveillance</i> , 1997. |
| 8. Drug, Alcohol and Tobacco Use
and | San Mateo County Health Services Agency, <i>1998 San Mateo Youth Risk Behavior Survey</i> , and Centers for Disease Control Prevention, <i>Youth Risk Behavior Surveillance</i> , 1997. |

Outcome 3: Children Are Nurtured in a Stable, Caring Environment

- | | |
|--|---|
| 1. Family Self-Sufficiency Levels Care | San Mateo County Human Services Agency and Child Coordinating Council of San Mateo County, 1999. |
| 2. Foster Care | University of California Berkeley, Center for Social Services Research, 1999. |
| 3. Housing Affordability | National Association of Home Builders, <i>2nd Quarter Summary</i> , 1999. |
| 4. Homelessness | San Mateo County Human Services Agency, <i>San Mateo County-Unduplicated Homeless Count</i> , 1996. |

Outcome 4: Children Are Succeeding in School

- | | |
|--------------------------------------|--|
| 1. Quality Early Childhood Education | Child Care Coordinating Council of San Mateo County, 1999. |
| 2. Child Care Availability | Child Care Coordinating Council of San Mateo County, 1999. |
| 3. Reading Proficiency | California Department of Education, STAR Test Results, 1999. |
| 4. College Readiness | California Department of Education, Education Demographics Unit, 1999. |
| 5. High School Dropouts | California Department of Education, Education Demographics Unit, 1999. |

Outcome 5: Children Are Out of Trouble

- | | |
|-------------------------------------|---|
| 1. Juvenile Felony Arrest Rate | California Department of Justice, <i>California Criminal Justice Profile-San Mateo County</i> , 1998. |
| 2. Juvenile Weapons-Related Arrests | California Department of Justice, <i>California Criminal Justice Profile-San Mateo County</i> , 1998. |
| 3. Children Who Are Self-Supervised | Healthy Community Collaborative of San Mateo County, <i>Community Assessment—Health and Quality of Life in San Mateo County</i> , 1999. |

Outcome 6: Systems Support Children

- | | |
|--|--|
| 1. Students Access to Pupil Support Services | California Department of Education, Education Demographics Unit, 1999. |
| 2. School-Based Homework Centers | County Office of Education, and Alcohol and Drug Services, 1999. |
| 3. Library Use | Community Information Program, San Mateo County, 1999. |

Appendix B

Appendix B – Data Development

There are a number of critical areas where we need additional data but it is not available. The Steering Committee has identified the following indicators as the data development agenda for future reports on children’s health and well-being. Because of the large disparities between the cities and regions of the county, it is also important to collect and report city by city data when possible.

Appendix B. Data Development

Outcome 1: Children Are Safe

Rate of substantiated child abuse allegations

Nationwide, approximately 40% of child abuse reports are substantiated upon investigation by child protection agencies. This rate has been fairly constant since the 1980s. For the first time, California's new statewide automated database system will allow tracking of substantiated reports, which may provide a better reflection of the prevalence of abuse.

Outcome 2: Children Are Healthy

Percent of babies prenatally exposed to alcohol and other drugs

Prenatal (before birth) drug and alcohol exposure can have serious consequences for the developing fetus, and can cause ongoing problems as the fetus becomes a baby and child. However, there is no systematic way to determine the extent of such exposure. Substance abuse prevention programs and prenatal education can help pregnant women to better understand the impact of drinking, smoking, and the use of drugs. By increasing awareness of this problem, these programs aim to reduce substance use during pregnancy, which will improve the health of our children.

Percent of new mothers breast-feeding

Breast-feeding is healthy for babies, and recommended for new mothers. Breast-feeding provides an important food source that facilitates healthy growth and development in infants. More specifically, breast milk contains critical nutrients that can aid infants' physical and immunological development. The mother-child bond that results from breast-feeding has been found to help in psychological development. Breast-feeding data are collected for certain groups, but are not collected countywide.

Percent of children within normal weight range

These data are only available for low-income children

who are examined under the Child Health and Disability Prevention (CHDP) program, which provides screening for low-income children. However, because pediatric obesity is a growing problem, it is important to track this information for the population as a whole.

Percent of children receiving dental care

Dental problems are common among low-income children. The dental needs assessment currently being undertaken in San Mateo County may help to illuminate specific needs and future directions surrounding dental care.

Percent of youth who have considered suicide

Teen suicide may be related to a myriad of factors, including stress as well as abuse and neglect, and may reflect underlying conditions including mental illness or substance abuse. The increasing incidence of self-inflicted injuries among female adolescents is of particular concern. Teens who are depressed, who have previously attempted suicide, have experienced a trauma, have low self-esteem, or perceive failure in some area of life, are at greater risk for suicide. The number of suicides each year is small, and because of social stigma or guilt, may be under-reported by physicians, families, and others. However, the teen suicide rate is increasing, and it is one of the leading causes of death among teens. Youths who consider suicide need help, and an accurate measure is important in order to determine the prevalence of the problem.

Outcome 3: Children Are Nurtured in a Stable, Caring Environment

Quality of parent / child relationships

The importance of the parent-child bond and parent-child interactions is well established. However, these relationships are difficult to measure. Surveys of existing groups, such as the Touchpoint groups held for new mothers by the Prenatal to Three Initiative, may help illuminate the impact of these relationships and help our understanding of what supports are

needed by parents. We can also look at how the community provides assistance in fostering such relationships. Information regarding the nature of parent-child relationships can also be gathered at support groups for parents, including mothers groups and play groups.

Outcome 4: Children Are Succeeding in School

Entering kindergarten ready to learn

Readiness for school is an essential indicator of child well-being; it builds on the stimulation and experience of the infant, toddler and preschooler. A variety of measures can indicate whether children are ready for school. Kindergarten readiness includes cognitive skills (such as numbers and language), social skills (such as peer interaction), behavioral skills (such as classroom attention), and emotional skills (such as the ability to empathize with peers). Some preschools and K-8 districts survey incoming kindergartners in these skill areas in order to assess readiness for school.

There are a number of indicators for children's readiness to learn, although this is an area in which more focused and in-depth data are needed. Quality preschool experience, income, native language, mental health, and special needs are all factors that need to be taken into account when considering a child's readiness to learn.

Youth age 16 - 18 not in school and not working

Students of high school age who have left school but are not employed, in the military, or married, are at much greater risk of poor life outcomes. A smooth transition from youth to independent adulthood involves being able to take on the adult roles of student, worker, spouse, and/or homemaker. Without successful experiences at school or work, it is more difficult to move on to a healthy adulthood.

Promotion/retention rate

One of the elements of this year's School Accountability Reform Act (AB 1626) is that students will not

be promoted from grade to grade unless they meet promotion criteria established by each county under state guidelines. Schools are expected to provide additional support through after school, weekend, and summer programs for students at risk of retention. Unfortunately, retention is not a panacea for poor academic performance. Research shows that children most likely to be retained are boys from low-income families, who speak English as a second language. Students who are retained tend to do worse in the areas of social adjustment, attitudes toward school, behavior, and attendance, and are more likely to drop out of school.

Outcome 5: Children Are Out of Trouble

Children carrying weapons

Weapons include guns, knives, clubs, and other unsafe objects. Children may carry weapons for a number of reasons. Whether the weapon is perceived as necessary for self-defense in a dangerous environment, or whether it is a symbol of being "cool" in a tough culture, it is unsafe for children to carry weapons in their schools and neighborhoods. We report on the rate at which juveniles are arrested on weapons-related charges. There is a great deal of interest in better understanding how many children are carrying weapons, whether or not they ever come to the attention of school authorities or law enforcement. The Youth Risk Behavior Surveillance Survey measures this locally and nationally; we need to further examine this data.

Percent of children and youth K-12 in organized sports and after-school activities

Participation in organized sports and after-school activities provides a powerful inoculation against the temptations of drugs, gangs and other unsafe activities. Learning teamwork and independence, as well as a sense of competence through building new skills, gives children and youth a powerful foundation for healthy development. However, data on the number of children involved in such activities do not

exist at present.

Percent of children and youth ages 0 - 20 served by city/county recreation departments during the summer

Summer activity can help children and youth make new friends and build new skills. It also provides a healthy outlet for energy during the long days of summer, and offers an alternative to television, video games, and street corners.

Outcome 6: Systems Support Children

Children without health insurance

These data are estimated based on local and state expert knowledge. However, a more accurate picture of uninsured children would help service providers know how to target outreach and resources. It is also important to know how many children are not receiving routine preventive care as well as primary and specialist care. Children without health care coverage are three times more likely to have no regular source of medical care. They are less likely to receive regular health care and more likely to be treated through emergency rooms.

For many immigrant families, language is a barrier when the provider speaks only English. In addition, cultural and family values affect the family's use of available health care services. A provider who understands the family's culture is more likely to be able to engage the family in care. Other low-income families find it difficult to leave work for medical appointments, or have difficulty finding transportation. Offering neighborhood-based clinics and extended hours has

helped many families to access health services.

Family-friendly companies

Family friendly business policies are one indication of how well-supported families are in the community. Businesses are increasingly recognizing that retaining a productive and well-trained work force requires them to respond to the needs of families, through flex-time schedules, expanded dependent care, and leave policies. It is important to gauge the availability of these family-friendly policies at the work site, and to track it over time.

Faith-based programs

Faith-based programs can provide a spiritual, social and emotional anchor for families. Many churches, synagogues, and temples offer programs and events designed for families with children. The number of such programs can help paint a picture of how much support is offered to families.

Recreation programs

Recreation programs offered through cities, the County, and community-based organizations help to provide socialization activities, esteem building, and physical conditioning for children of all ages. Public funding for such programs is an indicator of community support for children and families.

Appendix C

Appendix C – Contact Information

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Internet at plsinfo.org/healthysmc**



There are two lasting bequests we can give our children.
One is roots. The other is wings.

—Hodding Carter, Jr.

San Mateo County is committed to improving the standard of living for our children. Through *Children in Our Community: A Report on Their Health and Well-Being*, we have identified the following six outcomes that we—as a community—must strive to achieve:

- Children are safe;
- Children are healthy;
- Children are nurtured in a stable, caring environment;
- Children are succeeding in school;
- Children are out of trouble; and
- Systems support children.

These outcomes, along with their individual indicators, provide the framework by which we can evaluate the contributions that our community is making toward our children's health and well-being. We envision that the next step will be to work collaboratively, in both the public and private sectors, in utilizing this report as a planning tool. The ultimate goal of *Children in Our Community: A Report on Their Health and Well-Being* is to improve the lives of our children.