

Live Well San Diego
Report Card on
Children, Families,
and Community
2019

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Live Well San Diego Report Card on Children, Families, and Community **2019 Edition**

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

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EXECUTIVE SUMMARY

Report cards are valuable tools used to measure and monitor the well-being of populations. The *2019 Live Well San Diego Report Card on Children, Families, and Community* builds toward the vision of *Live Well San Diego* to create a region that is building better health, living safely, and thriving for all residents in San Diego County. This report documents the status of health, safety, and well-being of children, families, and communities in San Diego County, California.

The *Live Well San Diego* Report Card is produced and disseminated biennially by the Children’s Initiative, a nonprofit child advocacy agency in San Diego. The *2019 Live Well San Diego Report Card on Children, Families, and Community* is the 7th in this series of report cards prepared by the Children’s Initiative. To generate this report, the Children’s Initiative works with government leaders, professionals in children’s services, community organizations, schools, and foundations in a community-wide results-based accountability process. This allows us to show data trends, highlight effective practices, and make specific recommendations for actions that can “turn the curve” to accelerate improvement in outcomes. This Report Card advances the *Live Well San Diego* vision of healthy, safe, and thriving communities by describing data trends, national best practices, and local recommendations for action.

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

This edition of the *Live Well San Diego* Report Card uses 32 specific child or adult measures across 24 indicators. The indicators align with *Live Well San Diego* and measure health, safety, and thriving across the life span. Using results-based accountability methods, each indicator was selected to meet specific criteria: Are the data reliable and consistent? Does the indicator communicate to diverse audiences (e.g., families, communities, policy makers)? Does the indicator say something of importance about the desired outcome? Guided by the Leadership Advisory Oversight Committee and Scientific Advisory Review Committee, the Children’s Initiative used this decision model to select indicators that reflect some of the most important aspects of the lives of children and families for which reliable data are available.

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

Building on the Live Well San Diego Framework

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

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

Summary of Trends

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

Birth to Three (Infants and Toddlers)

The first three years of life set the foundation for lifelong health and well-being. San Diego County trends for early prenatal care and births to teens are improving. This is consistent with and parallel to trends at the state and national levels. While San Diego remains consistently better than the state average and the Healthy People national objective, the trend for breastfeeding is static.

Ages 3 to 6 (Preschool)

More information is needed to better understand the issues for preschool age children. With only two reliable indicators for this age group, San Diego, the state, and the nation need to collect more data to better measure healthy development and school readiness. The early care and education trend is improving with half of our 3- and 4-year olds enrolled in preschool or other early education settings. The trend for immunization rates among toddlers shows substantial improvement for San Diego County; however, data are collected infrequently.

Ages 6 to 12 (School Age)

Despite some progress for trends among school age children, continued efforts are needed to improve the health and well-being of this age group. The indicator of school attendance for grades K-5 shows fluctuations over time and is moving in the wrong direction. The trend in obesity is static, with approximately one-third of students either needing improvement (i.e., overweight) or at health risk (i.e.,

Figure 1



obese). Progress in school achievement has slowed. While the trend has generally improved in recent years, no improvement was shown (static) in 3rd graders' English-Language Arts/Literacy between school years 2017-18 and 2018-19. The trend is improving for the percentage of children under 12 who have not had a dental visit in the prior year or ever, meaning more children received visits on the recommended schedule.

Ages 13 to 18 (Adolescence)

Parents, schools, and communities can work together to improve health, boost achievement, and reduce risky behaviors among youth. The indicator of school attendance for grades 6-12 shows fluctuations over time but is static. For school achievement, the trend is also static. Among 8th graders about 55% met or exceeded the standard for English-Language Arts/ Literacy in school years 2015-16 through 2018-19. The trend is similar among 11th graders, of whom about 60% met or exceeded the standard for English-Language Arts/Literacy in school years 2015-16 through 2018-19. Some trends are improving for 7th, 9th, and 11th graders, with declines in use of cigarettes and alcohol; however, the trend in use of marijuana was static. About one in six middle and high school students report they had considered attempting suicide. The trends are improving for juvenile crime and probation. Youth driving under the influence continues to pose risks with trends in arrests and non-fatal crashes static.

Community and Family (Cross Age)

Many of our community and family indicators are improving. Between 2013-2018, the economic situation of San Diego County families was improving, with fewer children and families living in poverty. Yet children are generally more likely to live in poverty than other age groups. Too many children live in families facing challenges in securing safe and affordable housing, food, and other basic needs. The number of children participating in the CalFresh nutrition assistance program declined. Insufficient progress is being made in indicators related to child safety. While the rate of child abuse and neglect continues to decline, the trends in domestic violence and child victims of violent crime are static. Mortality rates for children and youth are improving, but the infant mortality rate trend is static.




Adult Indicators

Indicators for adults are aligned with child-related measures and appear across the other sections of this report. Several indicators focus specifically on adult health and well-being, with two moving in the wrong direction and three improving. For adults, the trend in oral health is moving in the wrong direction. The percentage of San Diego County adults who had not visited a dentist in the prior 12 months or ever increased (worsened) between 2016 and 2018. Similarly, the trend in the percentage of adults that are obese is worsening, moving in the wrong direction. The trend for adult smoking is static. In 2018, the percentage of adults smoking in San Diego County was better than the Healthy People national objective and about the same as the state average. Adult health coverage is improving, with fewer working age adults uninsured. The adult poverty rate is also improving. The San Diego County rate of poverty for people ages 18-64 is generally below the state and national levels. Note that feature pages throughout this report show additional data for adults on topics such as employment, housing burden, air quality, and educational attainment.

Live Well San Diego Report Card on Children, Families, and Community, 2019

























REPORT CARD SUMMARY TABLE





























Table Key:

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

Live Well San Diego Areas of Influence



Indicator		San Diego County	California	United States	
Birth to Age 3 (Infants and Toddlers)					
 Percentage of mothers receiving early prenatal care		85.6 ¹	NA	NA	
 Percentage of mothers who initiated breastfeeding of newborn in hospital		95.9	93.8	NA	
 Birth rate per 1,000 females ages 15-17 years		4.7 ¹	6.4 ¹	7.9 ¹	
Ages 3-6 (Preschool)					
 Percentage of young children (ages 19-35 months) who completed the basic immunization series		80.6 ¹	68.6 ¹	70.4 ¹	
 Percentage of children ages 3-4 enrolled in early care and education		51.4	49.0	47.9	
Ages 6-12 (School Age)					
 Percentage of children under age 12 who had not visited a dentist in more than one year or ever		13.7 ²	17.1 ²	NA	
 Percentage of adults ages 18 to 65 who had not visited a dentist in more than one year or ever		31.7	27.8	NA	
 Percentage of elementary school (K-5) students who did not attend school at least 95% of school days		32.7	NA	NA	
 Percentage of students in grade 3 who met or exceeded standard in English–Language Arts/Literacy		54.8	48.5	NA	
 Percentage of students not in the Healthy Fitness Zone (are overweight or obese)					
	Grade 5		36.9	41.3	NA
	Grade 7		35.4	40.0	NA
	Grade 9		33.1	37.8	NA
 Percentage of adults ages 18 and older who are obese		26.3	27.1	NA	

Indicator		San Diego County	California	United States
Ages 13-18 (Adolescence)				
 Percentage of middle and high school students (grades 6-12) who did not attend school at least 90% of school days		10.8	NA	NA
 Percentage of students who met or exceeded standard in English–Language Arts/Literacy				
Grade 8		55.0	49.4	NA
Grade 11		60.1	57.3	NA
 Percentage of students who reported use of cigarettes in prior 30 days				
Grade 7		1.0	NA	NA
Grade 9		1.0	NA	NA
Grade 11		2.0	NA	NA
 Percentage of students who reported use of e-cigarettes or other vaping in prior 30 days				
Grade 7		5.0	NA	NA
Grade 9		9.0	NA	NA
Grade 11		13.0	NA	NA
 Percentage of students who reported use of alcohol in prior 30 days				
Grade 7		4.0	NA	NA
Grade 9		8.0	NA	NA
Grade 11		15.0	NA	NA
 Percentage of students who reported use of marijuana in prior 30 days				
Grade 7		3.0	NA	NA
Grade 9		9.0	NA	NA
Grade 11		15.0	NA	NA
 Percentage of adults age 18 and older who reported smoking		10.9	11.1	NA
 Percentage of students (grades 7, 9, 11) who reported they considered attempting suicide in prior 12 months				
Grade 7	NA	15.0	NA	NA
Grade 9	NA	15.0	NA	NA
Grade 11	NA	16.0	NA	NA
 Number of arrests for felony and misdemeanor offenses among youth ages 10-17		3,030	NA	NA
 Number of sustained petitions (“true finds”) in juvenile court among youth ages 10-17		1,585	NA	NA

Indicator		San Diego County	California	United States	
Number of DUI arrests among youth under age 21	➡	672 ¹	NA	NA	
Rate of non-fatal crashes involving drivers ages 16-20 under the influence of alcohol or drugs per 100,000 population	➡	50.5 ¹	NA	NA	
Community and Family (Cross Age)					
Percentage of children ages 0-17 living in poverty	↑	14.9	18.4	18.0	
Percentage of adults ages 18-64 living in poverty	↑	10.7	11.7	12.3	
Number of children ages 0-18 receiving CalFresh	↓	164,459 ³	NA	NA	
Number of adults age 19 and older receiving CalFresh	↓	215,258 ³	NA	NA	
Percentage of children ages 0-17 without health coverage	NA	NA	NA	NA	
Percentage of adults ages 18-64 without health coverage	↑	9.4	10.7	NA	
Rate of domestic violence reports per 1,000 households	➡	15.6	12.8	NA	
Rate of substantiated cases of child abuse and neglect per 1,000 children ages 0-17	↑	4.7	7.5	NA	
Rate of violent crime victimization per 10,000 children or youth					
	Ages 0-11	➡	7.6	NA	NA
	Ages 12-17	➡	28.8	NA	NA
Rate of non-fatal unintentional injuries per 100,000 children ages 0-18	NA	198.4 ⁴	164.7 ⁴	167.7 ⁴	
Mortality rate per 100,000 children					
	Ages 1-4	↑	13.0 ¹	NA	NA
	Ages 5-14	↑	10.3 ¹	NA	NA
	Ages 15-19	↑	29.8 ¹	NA	NA
Infant mortality rate per 1,000 live births	➡	3.7 ¹	4.2 ¹	5.8 ¹	

Table notes:

- NA means that data are not available to show the trend or a data point for the specific year, or comparison for geographic area (San Diego County, California, or United States).
- Unless otherwise noted data are for year 2018, school year 2018-19, California Health Interview Survey 2018, or U.S. Census Bureau American Community Survey 2018.
 - ¹ Data for 2017
 - ² Data for combined years 2017-18
 - ³ Data for 2019
 - ⁴ Data for 2014

Recommendations for Actions

While many trends are improving, we have not yet assured a future in which we all are healthy, safe and thriving. The findings in the *Live Well San Diego* Report Card tell us there is much more to be done to ensure all people have equal opportunity to enjoy good health, well-being, and have the highest possible quality of life.

As shown in Figure 2, a continuum of services and supports are needed from prenatal through young adulthood. To promote optimal health and development, children and youth need safe, stable, and nurturing homes and communities. They also need institutions such as schools, courts, health care settings, and human services organizations to operate in accordance with best practices, be effective, and assure equity.

The *Live Well San Diego* Report Card includes specific local recommendations in three categories: 1) policy, 2) programs and services, and 3) family and community. These are based on what works, strategies that are informed by research and are recommended by subject matter experts.

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

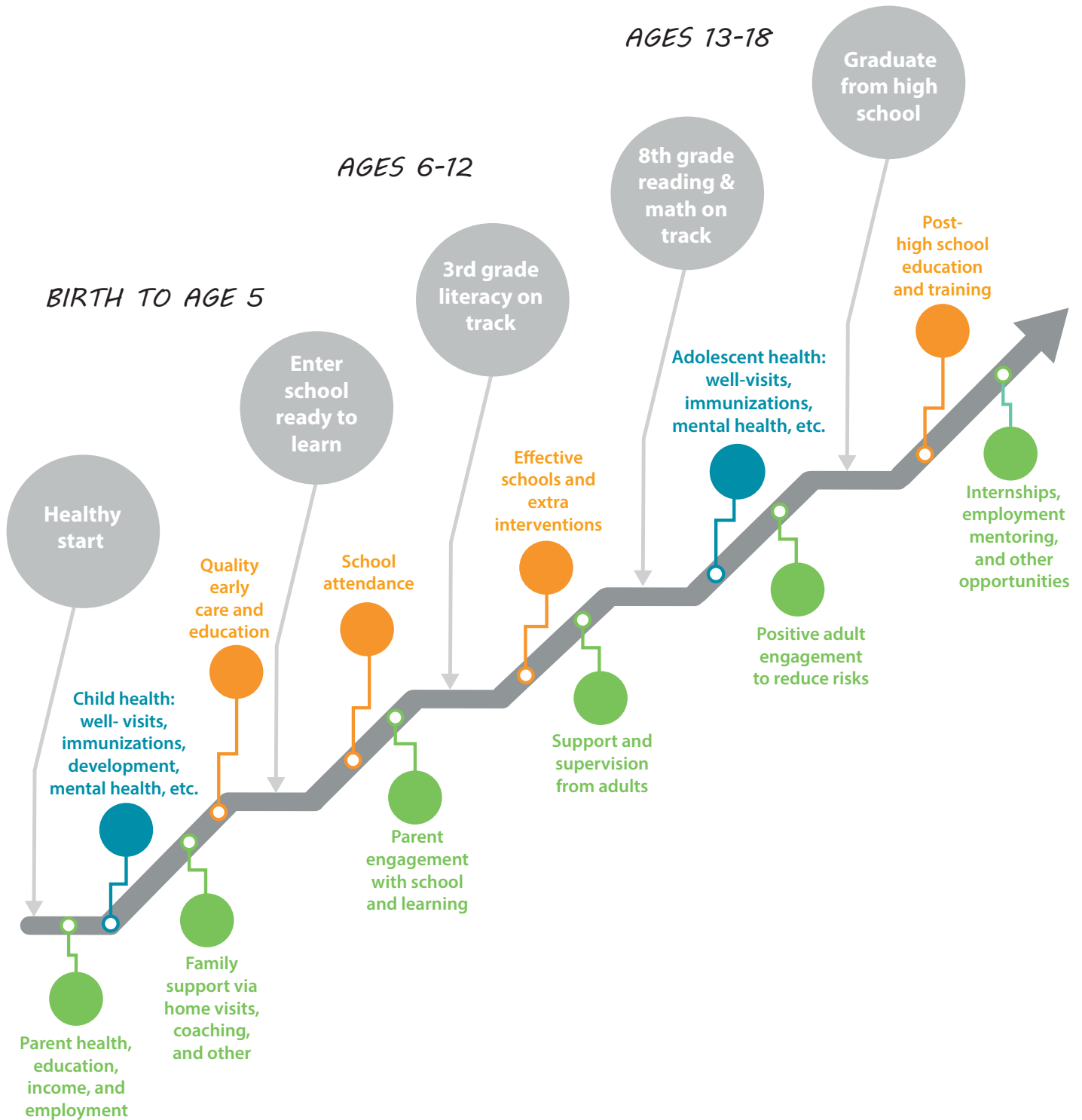
In particular, the *Live Well San Diego* Report Card includes greater emphasis on actions that can be taken by one individual in the community or by a volunteer community group (e.g., faith community, parent association). The recommendations encourage better use of community settings such as libraries,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

Meaningful change toward the *Live Well San Diego* vision will require a collective effort in which all of us work together. To help our county be a healthy, safe, and equitable place to live, leadership and action is needed from individuals, organizations, and public agencies. Partners include government entities, service providers, community and faith-based organizations, businesses and other employers, school districts, law enforcement and first responders, and military and veterans' organizations. Together we can change how we work, learn, live, and play, and thereby offer each other greater equity, improved health, increased safety, and lives in which we thrive.

Figure 2

Milestones for Children Toward Lifelong Health and Well-being

YOUNG ADULTS READY TO SUCCEED



Understanding and Using the 2019 Live Well San Diego Report Card on Children, Families, and Community

The Report Card Process

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

The *Live Well San Diego* Report Card is produced and disseminated biennially by the Children’s Initiative, a nonprofit child advocacy agency in San Diego. This is the 7th edition in a series of report cards prepared by the Children’s Initiative and partners. The Children’s Initiative works with government leaders, professionals in children’s services, community organizations, schools, and foundations in a community-wide results-based accountability process. The Children’s Initiative calls upon and utilizes advice and expertise from a diverse group of stakeholders including subject matter and data experts in the areas of juvenile justice, education, and health as well as government executives, community-based organizations, parents, and youth.

A Leadership Advisory Oversight Committee comprised of national experts and influential local leaders in the fields of: health, education, child care, child welfare, juvenile justice, human services, and injury and violence prevention guides the development of the *Live Well San Diego* Report Card. The Leadership Advisory Oversight Committee is integral to the selection of indicators, identification of San Diego efforts, and development of recommendations for action. In addition, a Scientific Advisory Review Committee comprised of data and research experts from these same fields ensures the validity, reliability, and quality of data used for all indicators and aids in trend analysis and data interpretation. They review data files, graphs, graph analysis, and the content of informational and feature boxes.

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






Selecting and Aligning Indicators

The *Live Well San Diego* Report Card indicators align with *Live Well San Diego* and measure health, safety, and thriving across the life span. This edition uses 32 specific child or adult measures across 24 indicators.

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

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

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

- 
HEALTH **Health – Enjoying good health and expecting a full life**
- 
KNOWLEDGE **Knowledge – Learning throughout the lifespan**
- 
STANDARD OF LIVING **Standard of living – Having enough resources for a quality life**
- 
COMMUNITY **Community – Living in a clean and safe neighborhood**
- 
SOCIAL **Social – Helping each other live well**

Reporting on Evidence-based Models and Best Practices

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

Prioritizing Local Action Recommendations

Meaningful change toward the *Live Well San Diego* vision will require a collective effort in which all of us work together. Toward that end, the *Live Well San Diego* Report Card includes specific local recommendations in three categories: 1) policy, 2) programs and services, and 3) family and community. These categories can help all stakeholders—community residents, government leaders, agency staff, professionals who deliver services, community-based organizations, and funders—understand what they can do to help guide policy development, increase access to effective prevention and intervention efforts, and educate families and communities. The recommendations are based on comparison of what works (i.e., evidence-based and best practices) and what has yet to be done in San Diego County.

Input from the Leadership Advisory Oversight Committee and Scientific Advisory Review Committee, as well as an array of community leaders, program managers, government executives, and youth, guide selection of priority local action recommendations. Presentations to community-based organizations, school leaders, health providers, government bodies, youth groups, and other stakeholders provide opportunities to share information from the *Live Well San Diego* Report Card, as well as to get feedback on what matters to communities.

Understanding the Data

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

The most recent data available at the time of report production are used for each edition. Depending on the type and source of information, the most recent data available for this edition may be for 2016, 2017, or 2018. School related data are generally provided for school year 2018-19. Most graphs use calendar years to track the trend; however, some are for school years.

When possible, comparison data are presented to assist in understanding how our county is doing compared to California or United States averages, as well as to the federal Healthy People 2010 and 2020 Objectives set by the U.S. Department of Health and Human Services. Where applicable, we have noted that the 2020 Objectives set a less rigorous target for the nation.

When possible, data are presented in percentages and rates, reflecting the norms and standards for a particular data source. Using these standardized measures facilitates a more accurate way to look at trends or make comparisons. A percentage is the most easily understood comparison and is used whenever appropriate. Rates per 1,000, 10,000, or 100,000 people are used when the incidence of a condition is low.

When reliable population denominators are not available, graphs show the number of events. For example, we report the number of youth DUI arrests, youth with sustained petitions in juvenile court, and juvenile crime arrests, as well as the number of individuals receiving nutrition assistance through SNAP/CalFresh.

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

Informational boxes for each indicator highlight additional data by region, gender, age, race-ethnicity, or other factors. Most informational boxes show numbers that illuminate and come from the same source as the trend data. Where an alternate source is used, it is identified.

This edition includes new “feature pages” that highlight additional data for each of the five *Live Well San Diego* Areas of Influence: Health (i.e., life expectancy); Knowledge (i.e., educational attainment); Standard of Living (i.e., unemployment, housing burden); Community (i.e. air quality); and Social (i.e., food insufficiency).

Notes on Geographic, Demographic, and Racial/Ethnic Data

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

The San Diego Association of Governments (SANDAG) reports on population estimates, which used here. The county’s total population on January 1, 2018 was estimated at 3,337,456, and it is the second most populous county in the state, after Los Angeles County. The median age is 36 years, making it a relatively young population overall.

San Diego County is an ethnically diverse community. Data on race and ethnicity are not uniformly available for indicators and are shown only in select informational boxes. According to the 2018 SANDAG estimates, the overall population consists of: 46% non-Hispanic white; 35% Hispanic; 11% Asian, Hawaiian, or other Pacific Islander; 4% African-American/black; 3% other (including two or more races); and 1% Native American or Alaskan Native.

The 801,578 children under age 18 represent 24% of the population of San Diego County (SANDAG estimate 2018). The population of children is distributed similarly to the overall population in terms of race/ethnicity, with just less than half (46%) being white, non-Hispanic. In 2018, 11% of families had a related child under 18 in their household. The population under 18 is distributed throughout urban, suburban, and rural areas.



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

Number of babies born in San Diego County in 2017

40,889

Why is this important?

Prenatal care—starting early and continuing at recommended intervals—is associated with fewer preterm births and low-birthweight babies. Prenatal care from a qualified health professional helps to ensure the health of a woman and her baby. Optimal, high-quality care includes comprehensive medical services with health promotion and education, as well as psychosocial supports as needed. Linking to nutrition and social services can help. Starting prior to pregnancy, preconception care is recommended to reduce risks even earlier.

What is the indicator?

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

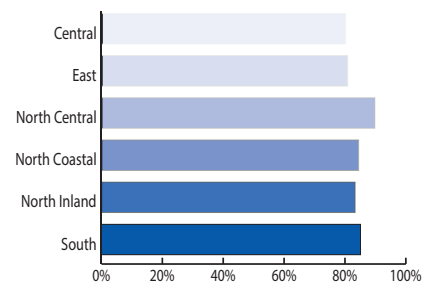
What is the trend?

The trend is improving. The percentage of San Diego mothers receiving early prenatal care continues to increase gradually. The national objective was made easier to achieve for the decade 2010-2020.

Among San Diego County women least likely to receive early prenatal care are those under age 20, Native Americans, Pacific Islanders, and without a high school diploma or GED.

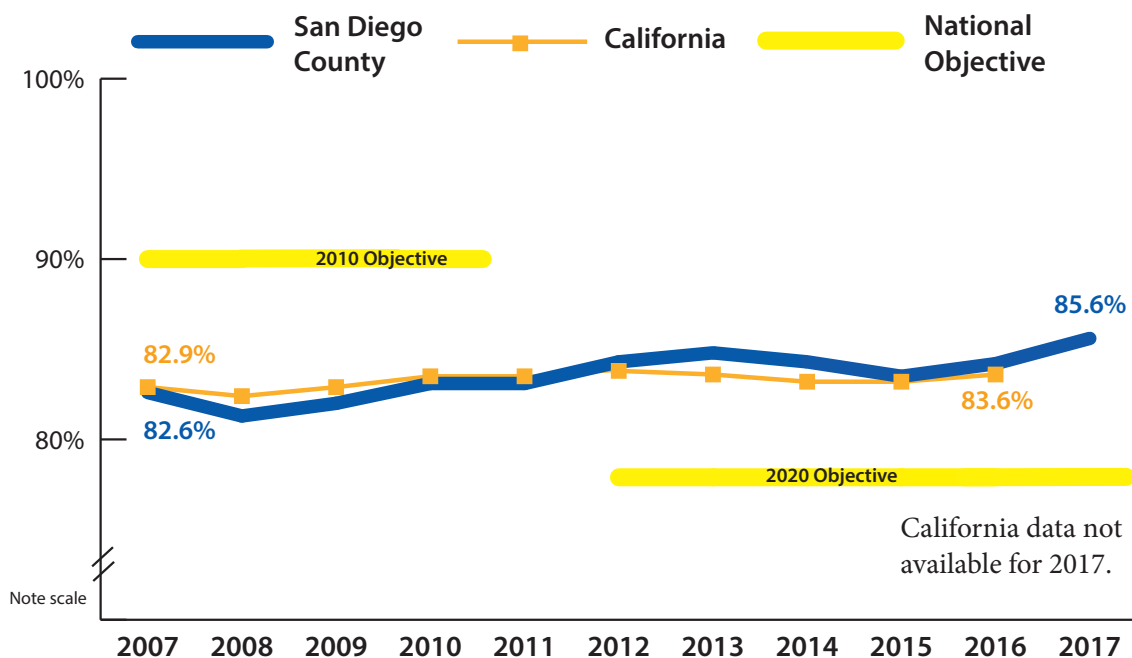
Source: Health and Human Services Agency. Data on prenatal care, by age, race/ethnicity, and educational status of mother, San Diego County, three-year average 2015-2017.

The percentage of mothers who receive early prenatal care varies by region, from 81% to 90%.



Percentage of Mothers Receiving Early Prenatal Care, By Region, San Diego County, Three-Year Average, 2015-2017. Source: Health and Human Services Agency data.

Percentage of Mothers Receiving Early Prenatal Care, San Diego County and California Compared to National Objective, 2007-2017



What strategies can make a difference?

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

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

- Ensure affordable health coverage for women of childbearing age (e.g., Affordable Care Act Exchange plans, Medi-Cal, and private plans with maternity coverage).
- Include benefits coverage for comprehensive care (e.g., the California Comprehensive Perinatal Care Services package), which incorporates health education and risk counseling along with medical care.
- Use staff to help women enroll in health coverage, connect with a prenatal provider, and use early and continuous care.
- Expedite the health coverage enrollment process for uninsured women who become pregnant.
- Provide culturally and linguistically appropriate prenatal services.
- Ensure that prenatal care services are available and accessible (e.g., accessible by public transportation, flexible service hours).
- Deliver prenatal services through safety-net providers such as community clinics and Federally Qualified Health Centers.
- Begin evidence-based home visiting programs in the prenatal period, particularly for women with higher medical and/or social risks.
- Pay trained and certified doulas and community health workers to provide health education, coaching, and support to pregnant women.
- Use evidence-based group-care approaches such as “Centering Pregnancy” to reduce costs, enhance the content of care, and improve satisfaction of clients.
- Offer transportation assistance such as vouchers for public transportation, taxis, or volunteer networks.

How can we improve the trend in San Diego County?

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

- | <i>Policy</i> | <i>Programs & Services</i> | <i>Family & Community</i> |
|--|---|---|
| <ul style="list-style-type: none">• Increase funding and education for health providers on tobacco, alcohol, and opioid use during and after pregnancy.• Require all County contractors provide access to translation and culturally and linguistically appropriate services for immigrant and refugee populations, beginning with prenatal visits and care coordination. | <ul style="list-style-type: none">• Expand the availability of home visiting services for pregnant women at risk, including use of Medi-Cal funding.• Support use of doulas, promotoras, and community health workers to engage and support women. | <ul style="list-style-type: none">• Organize volunteer networks to provide transportation and child care for pregnant women to attend medical appointments and other necessary services.• Develop peer-led support groups for pregnant women to encourage use of prenatal care, good nutrition, and smoking cessation. |



Birth to Age 3 (Infants and Toddlers):

BREASTFEEDING

Why is this important?

Research shows breastfeeding is beneficial for almost every baby and is one of the most effective and cost-effective preventive health practices. For children, it enhances immunity to disease and decreases the rate and severity of infections. Breastfeeding is associated with healthy development and reduced risk of obesity. It reduces lifelong risks for chronic health problems such as cardiovascular disease. Benefits for the mother include: reduced risk of breast, ovarian, and uterine cancer; quicker recovery from pregnancy; and less work missed due to child illness.

What is the indicator?

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

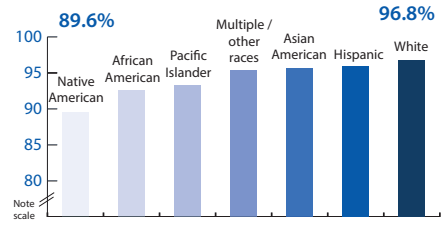
What is the trend?

The trend is static. The percentage of mothers who initiate breastfeeding in San Diego remains consistently better than the state average and the national objective.

Number of mothers initiating breastfeeding in San Diego County in 2018

32,454

Breastfeeding rates vary by race and ethnicity.



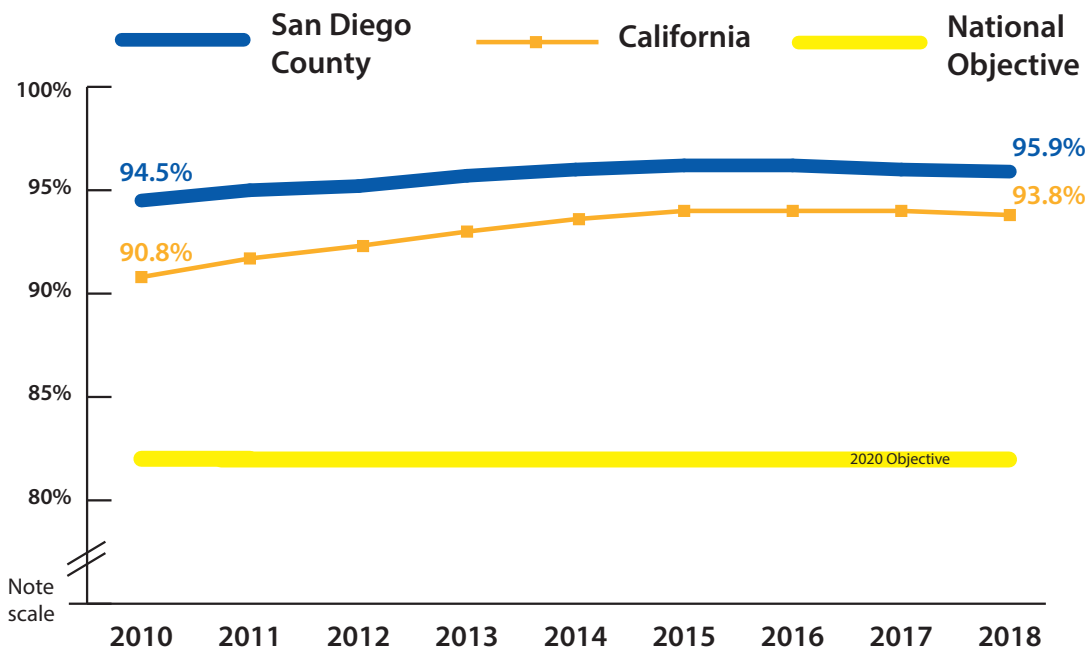
Percentage of Mother's Initiating Breastfeeding in Hospital, By Race/Ethnicity, San Diego County, Two Year Average 2017-2018. Source: California Department of Public Health data.

BREASTFEEDING BENEFITS BOTH MOTHERS AND CHILDREN. THE TOP BENEFITS OF BREASTFEEDING INCLUDE:

- Breast milk is the best nutrition for most babies.
- For children, breastfeeding promotes healthy weight and can reduce the risk of some infections, asthma, diabetes, obesity, SIDS, and other conditions in the short- and long-term.
- For mothers, breastfeeding reduces the risk of breast and ovarian cancers and diabetes.

Sources: US Department of Health and Human Services; Centers for Disease Control and Prevention; National Institute of Child Health and Human Development; Office of the Surgeon General; and Office of Women's Health.

Percentage of Mothers Who Initiated Breastfeeding of Newborn in Hospital, San Diego County and California Compared to National Objective, 2010-2018



What strategies can make a difference?

To increase rates of breastfeeding, women need knowledge before giving birth and hands-on support, training, and equipment following birth. Hospital practices have a significant impact on women's ability to initiate breastfeeding and exclusively breastfeed (e.g., use no formula). Mothers who receive in-hospital support are more likely to continue breastfeeding at home. Lack of workplace support and public accommodations (space) for breastfeeding are major barriers to continuation of breastfeeding beyond the initial weeks of infant life. While exclusive breastfeeding is recommended for the first months, any breastfeeding can be advantageous for women and their children.

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

- Provide ongoing breastfeeding support, particularly from trained and experienced lactation consultants, home visitors, and equipment such as breast milk pumps.
- Implement and enforce federal laws that protect breastfeeding in public and require workplace supports, including requirements for employers to provide reasonable, though unpaid, break time for a mother to express milk and a clean and private place, other than a restroom, to express milk.
- Offer other workplace support (e.g., paid breaks and ways to safely store breast milk).
- Ensure that all birthing hospitals and centers encourage breastfeeding through programs such as the evidence-based "Baby-Friendly" hospital policies, which support mothers in learning how to breastfeed and promote exclusive use of breast milk.
- Use breastfeeding promotion and education both before and following birth (e.g., add lactation consultants to prenatal clinic staff as well as hospitals).
- Eliminate provider bias and unequal treatment by race-ethnicity and income in breastfeeding promotion and education.
- Provide culturally and linguistically appropriate consumer information for mothers, with increased outreach and education for women of color.
- Use the *Business Case for Breastfeeding* "toolkit" from the US Department of Health and Human Services.
- Limit marketing and free distribution of breast-milk substitutes (i.e., formula).
- Assist women in securing needed equipment (e.g., breast pumps) at low or no cost and in community settings.

How can we improve the trend in San Diego County?

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

- | Policy | Programs & Services | Family & Community |
|--|---|--|
| <ul style="list-style-type: none">• Ensure that contractors' workplaces provide appropriate and adequate space and break time for breastfeeding (aligned with federal requirements).• Ensure that all birthing facilities (e.g., hospitals, birth centers) are certified for "Baby Friendly" standards and use the Ten Steps to Successful Breastfeeding. | <ul style="list-style-type: none">• Support community clinics and other prenatal providers to disseminate culturally and linguistically competent materials to inform women about coverage with no out-of-pocket costs for lactation consultants, breast pumps, and other covered and available services and supports.• Support prenatal providers in use of peer counselors for breastfeeding by offering training, supervision, infrastructure, and support. | <ul style="list-style-type: none">• Advocate for breastfeeding-friendly environments in community settings such as libraries, recreation centers, and places of worship.• Secure and distribute breastfeeding education materials and equipment (e.g., breast pumps) from HHSA and First 5 in community settings such as libraries, businesses, Live Well Centers, and places of worship. |



Birth to Age 3 (Infants and Toddlers):

BIRTHS TO TEENS

Why is this important?

While rates of teen pregnancy have declined in recent years, it continues to affect too many youth. Teenage girls and boys are unprepared for pregnancy and parenting. They are less likely to obtain prenatal care and more likely to continue unhealthy behaviors, placing themselves and their babies at risk. The children of teen parents are at greater risk for maltreatment, developmental delays, and poor academic achievement. Teen mothers and fathers are less likely to complete school and become stable, economically self-sufficient families. Teen parenthood places two generations at risk.

What is the indicator?

This indicator—the birth rate per 1,000 females ages 15-17 years—monitors trends in births to teens. Reliable data are available annually from birth certificates and reported as part of local, state, and federal vital statistics. It is not possible to get reliable data on the number of teens who become pregnant or are sexually active.

What is the trend?

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

Number of babies born to girls age 15-17 in San Diego County in 2017

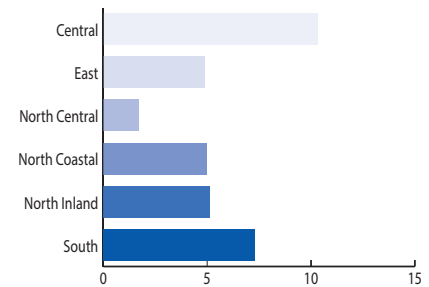
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Teen parenthood affects the life course of two generations.

- 1/3 of girls who drop out of high school say pregnancy or parenthood is key reason.
- 40% of teen mothers do not complete high school.
- Children of teen moms are more likely to have problems with health and school.

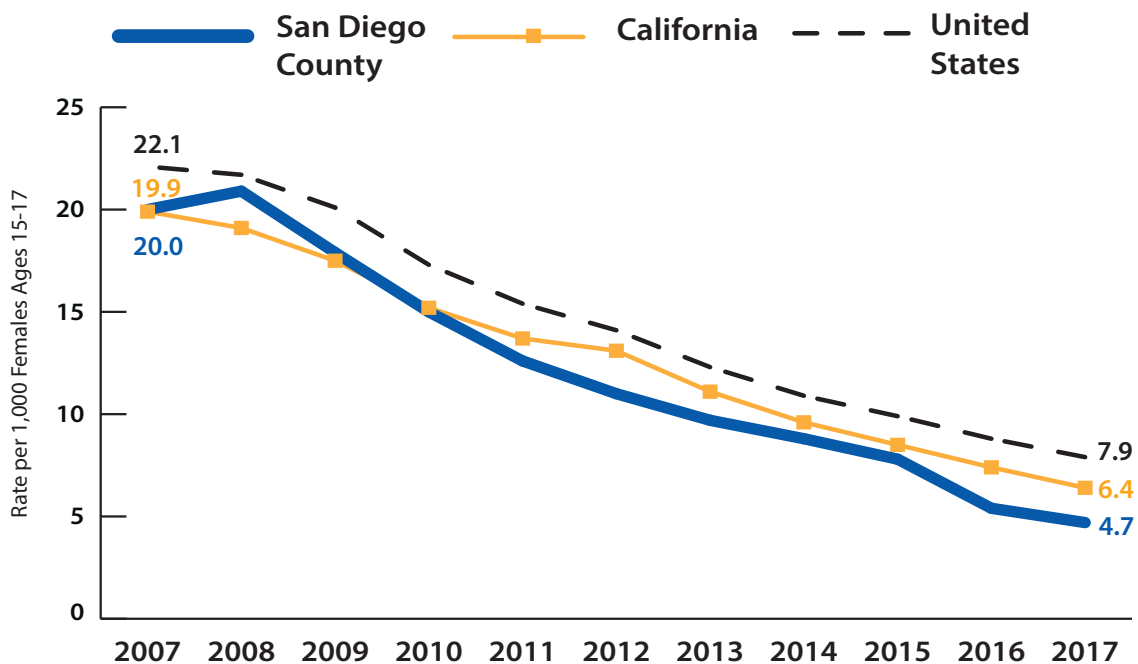
Sources: Centers for Disease Control and Prevention; and Power to Decide.

Birth Rates per 1,000 among females ages 15-17 vary by region.



Birth Rate per 1,000 Teens Ages 15-17, By Region, San Diego County, Three-Year Average, 2015-2016-2017. Source: Health and Human Services Agency data.

Birth Rate per 1,000 Females Ages 15-17, San Diego County, California, and United States, 2007-2017



What strategies can make a difference?

Reducing teen pregnancy requires a combination of supports and services. Implementation of best practices must be broad based and across systems, including: comprehensive life skills and reproductive health education, early pregnancy prevention services and activities, family planning for those who are sexually active, and support for teen and family engagement and communication.

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

- Promote strong positive family engagement. Engage parents and youth to promote positive communication and healthy relationships.
- Teach comprehensive life skills and reproductive health education in schools through use of age-appropriate and evidence-based curricula for sex and STD/HIV education programs.
- Provide access to and financing of comprehensive and confidential adolescent health services, including family planning and STD services.
- Integrate and coordinate services such as school programs, reproductive health services, family life skills, social work, and health education interventions.
- Involve teen males in discussion and education; one of the most significant factors in the reduction of teen pregnancy is increased education and information for males.
- Encourage screening for Adverse Childhood Experiences and provide trauma-informed services to intervene with youth who have experienced sexual abuse and other maltreatment or trauma.
- Provide access to programs aimed at preventing second pregnancies (e.g., Adult Identity Mentoring 4 Teen Moms known as AIM4TM, and home visiting).
- Support teen parents' efforts to continue in school, which helps them become more self-sufficient and helps to reduce subsequent pregnancies.
- Provide culturally relevant expanded learning programs, mentoring, and employment opportunities to engage teens after school and weekends, as well as programs to engage youth during the summer and school breaks.

How can we improve the trend in San Diego County?

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

- | Policy | Programs & Services | Family & Community |
|---|---|---|
| <ul style="list-style-type: none">• Develop specific policies to ensure access to evidence-based reproductive health and sex education programs for both male and female adolescents in schools, clinics, and community settings.• Financially support adolescent health services on or near school campuses, ensuring they are culturally and linguistically appropriate. | <ul style="list-style-type: none">• Deploy more evidence-based teen-pregnancy prevention programs (e.g., AIM 4 Teen Moms, Safer Choices, The Crossroads Foundation, Healthy Futures, Love Notes, Positive Prevention PLUS, Positive Potential 6th grade, Reducing the Risk, and Teen Options to Prevent Pregnancy).• Provide access to free or low cost, long-acting, reversible contraceptives (LARCs) and counseling services for females. | <ul style="list-style-type: none">• Provide materials at recreation centers, libraries, and Live Well Centers about how to talk to teens about risks and consequences of unsafe sex.• Engage parents and community members in supporting teen parents to help them effectively parent, stay in school, and thrive. |



Ages 3–6 (Preschool): IMMUNIZATION

Why is this important?

Immunizations are highly safe, effective, and cost-effective when children receive vaccines according to the recommended schedule. They save millions of lives each year. Childhood immunization protects from vaccine-preventable diseases, which can otherwise result in paralysis, hearing loss, or death. Children and adolescents who are not adequately immunized put others at risk for illness and death. Access to safe, effective, and recommended childhood vaccines is vital for the health of our children. Up-to-date immunization is key to preventing disease.

What is the indicator?

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

What is the trend?

For young children, the trend is improving based on data from three surveys in San Diego County. The state rate shows fluctuations.

Percentage of children completing basic series of vaccines by 3rd birthday in San Diego County, 2016-17

80.6%

TOP REASONS TO IMMUNIZE

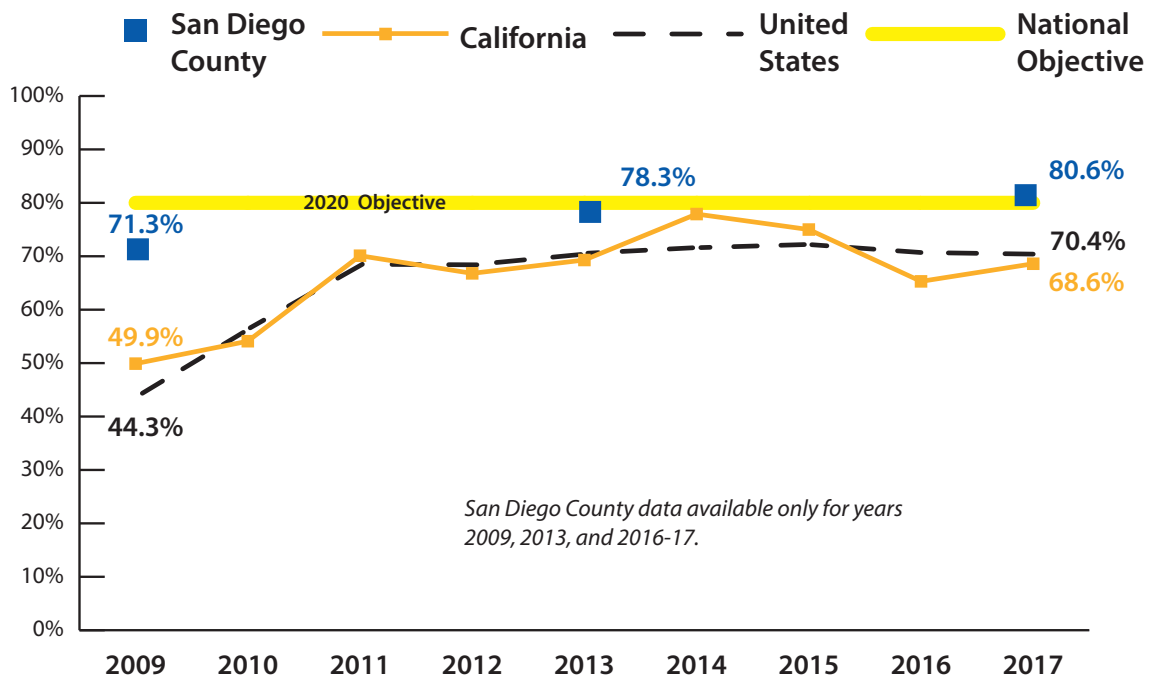
- Vaccines are highly safe and effective.
- Immunization protects others you care about such as the elderly or infants.
- Before age 2, a child can be protected from 14 vaccine-preventable diseases.
- Measles, whooping cough, and other diseases are still a threat.
- Disease outbreaks happen when parents fail to vaccinate their children.

Source: Centers for Disease Control and Prevention and National Vaccine Program Office, US Department of Health and Human Services.

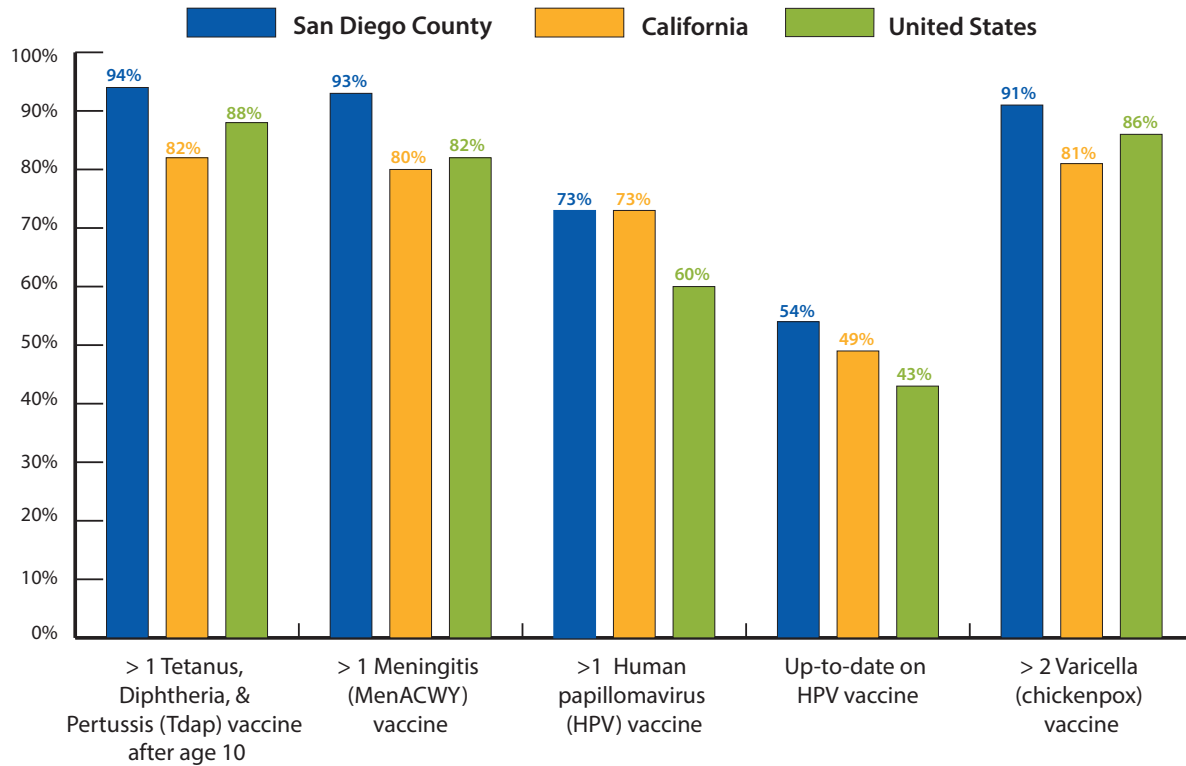
To protect pregnant women and their babies, the flu vaccine at any time during a pregnancy, and then Tdap vaccine in the third trimester (27-36 weeks) of pregnancy are recommended.

Source: San Diego County Health and Human Services Agency; California Department of Health; and US Centers for Disease Control and Prevention.

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



Percentage of Adolescents (Ages 13-17 years) Who Received Recommended Vaccines, San Diego County, California, and United States, 2016-2017



Immunization levels are important across the life span. The main immunization indicator in the *Live Well San Diego* Report Card focuses on the basic series for infants and toddlers. In addition, immunizations for adolescents are also a priority. Recommendations for vaccination of adolescents have been adopted by the federal Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and American Medical Association (AMA).

The recommended schedule of vaccinations for adolescents includes vaccines to protect against: Tetanus-Diphtheria-Pertussis (Tdap), Meningococcal disease (Meningitis - MenACWY), human papillomavirus (HPV). Most of these vaccines are recommended for 11-12 year olds. The HPV vaccinations are recommended to start at age 11-12, continuing at ages 14 and 15 as a two or three shot series depending on the health status of the adolescent. The Meningitis MenACWY vaccine is recommended at age 11-12 years, with a booster shot recommended at age 16. The Influenza (Flu) vaccine is recommended every year for everyone 6 months and older. Second doses of varicella (chickenpox) and measles-mumps-rubella (MMR), as well as booster doses of polio vaccine are due for children by age 6.

For adolescents, the graph shows high levels of immunization with Tdap, MenACWY, and varicella among San Diego County adolescents. Immunization rates are not as high for HPV, with only about half of San Diego County teens being up-to-date on HPV vaccination.

What strategies can make a difference?

The US Department of Health and Human Services and other expert recommendations call for vaccinating young children, youth, and adults on specific schedules to protect all of us. Maintaining high immunization levels to ensure population-wide “herd” immunity is the key to preventing disease and protecting the more vulnerable (e.g., infants not yet immunized). Achieving high immunization rates for each new cohort of children requires ongoing awareness, acceptance, financing, and access. Success depends upon public-private partnerships involving health professionals who administer vaccines, policy makers, vaccine manufacturers, and, of course, families who voluntarily participate in immunization programs. Exemptions laws make a difference in immunization rates. Health care provider attitudes and behaviors also have a significant effect on immunization coverage rates.

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

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

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

- | Policy | Programs & Services | Family & Community |
|---|---|--|
| <ul style="list-style-type: none">• Increase frequency of HHSA immunization survey data collection and reporting from every three years to every other year.• In partnership with school districts and the HHSA, monitor immunization exemptions (particularly at school entry), according to state rules. | <ul style="list-style-type: none">• Develop a partnership among HHSA, school districts, and health providers to create educational materials on adolescent immunizations to distribute at schools, community clinics, Live Well Centers, libraries, and other community settings.• Increase efforts by HHSA to maintain high levels of health providers’ participation in the San Diego Immunization Registry. | <ul style="list-style-type: none">• Provide libraries, Live Well Centers, places of worship, and other community sites with educational messages and materials about the safety, benefits, and recommended schedule of immunizations for young children, adolescents, and adults.• Work with School Wellness Councils’ campaigns to promote recommended vaccines among middle and high school students. |



Ages 3–6 (Preschool):

EARLY CARE AND EDUCATION

Why is this important?

Quality early childhood care and education from birth to 5 years improves school readiness and development, as well as long-term educational and employment outcomes. Quality early care and education also produces economic benefits to society that far exceed the initial investment, particularly investments in children from low-income families. Child care quality is important because most young children spend time in the care of others while their parents work. Quality in preschool and Head Start also matters.

What is the indicator?

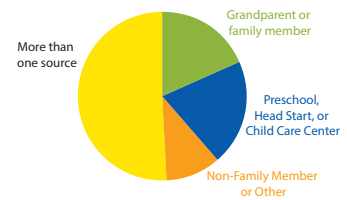
This indicator—the percentage of children ages 3-4 enrolled in early care and education—shows trends in early childhood care and education for our county’s preschool age children who are regularly attending an out-of-home and non-relative early care and education setting. Parents’ reports may reflect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

What is the trend?

The trend has been improving since 2013, but the 2018 level is less than that in 2008. The percentage was higher in San Diego County than the state and national averages.

51%
of children ages 3 and 4 were enrolled in preschool or other early education settings in San Diego County in 2018

Among families using child care 10 or more hours per week, half must use multiple settings to meet their needs.

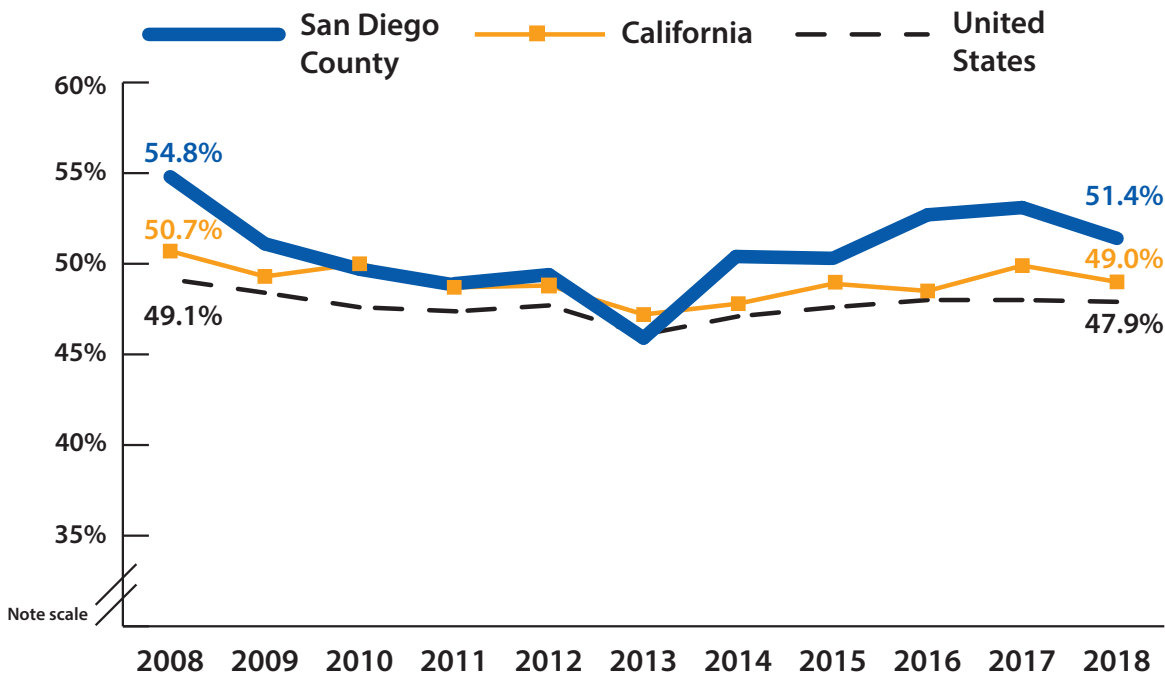


Percentage of Children by Type of Child Care Arrangements, San Diego County, Combined data for 2016-17-18. Source: California Health Interview Survey.

More than 44,000 San Diego County children ages 3 and 4 are in preschool or other early education, with over half in public schools.

Population of 3-4 Years Enrolled in Preschool or Other Early Education, San Diego County, 2018. Source: American Community Survey, US Census Bureau.

Percentage of Children Ages 3-4 Enrolled in Early Care and Education, San Diego County, California, and United States, 2008-2018



What strategies can make a difference?

Parents are children’s first and most important teachers. Yet most young children in the United States spend time in the care of other adults in early care and education settings. Early care and education includes child care, preschool/pre-kindergarten (pre-K), and Head Start. Children in high quality early care and education environments gain more advanced language, improved school readiness, and enhanced social skills. Low quality early care and education can do more harm than good, particularly for low-income and higher risk children who need enrichment to their home experience.

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

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

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

- | <i>Policy</i> | <i>Programs & Services</i> | <i>Family & Community</i> |
|--|---|---|
| <ul style="list-style-type: none">• Provide flexibility to permit child care providers to fill all available subsidized care spaces (and thereby return no unused subsidy funds to the state).• Reallocate funding based on findings from the AB-377 child care subsidy pilot program to improve affordability. | <ul style="list-style-type: none">• Expand the number of high-quality early care and education sites using the San Diego Quality Preschool Initiative and other mechanisms.• Increase use of early childhood mental health services and consultation in child care and preschool settings. | <ul style="list-style-type: none">• Connect with First 5 San Diego and San Diego County Office of Education to access resources to support family-based child care providers.• Ensure culturally and linguistically appropriate consumer information on how to choose quality child care and preschool settings is available in local libraries, schools, places of worship, and local businesses. |



Ages 6–12 (School Age):

ORAL HEALTH

Why is this important?

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

What is the indicator?

The indicator—the percentage of children under age 12 who had not visited a dentist in more than one year or ever—represents the most important years to prevent and treat dental disease and decay. National recommendations call for children to begin dental care at age 12 months and make at least annual visits. These data are routinely reported in the California Health Interview Survey.

What is the trend?

The trend is improving for children. While the percentage has fluctuated in recent years, the data show improvement between 2013 and 2018. Survey data issues do not permit a display for single years.

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

63,000

Source: California Health Interview Survey . Combined data for 2017-2018.

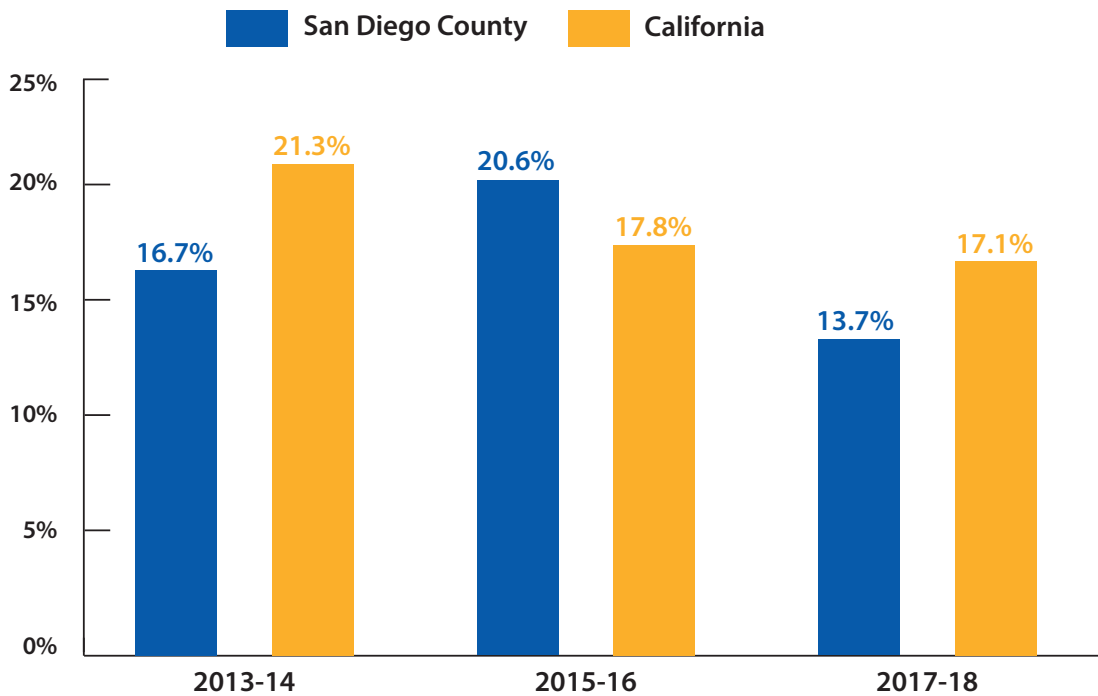
Among young children (age 3-5), half of American Indians, plus 1 in 5 African Americans and Hispanics have untreated tooth decay.

Source: California Department of Public Health, Status of Oral Health In California, 2017.

More than 100 of the 170 dentists in San Diego County who report serving children covered by Medi-Cal do not accept new Medi-Cal patients. Many do not serve young children or cannot accommodate children with special needs and disabilities.

Source: Insure Kids Now, US Department of Health and Human Services, 2019.

Percentage of Children Under Age 12 Who Had Not Visited a Dentist in More Than One Year or Ever, San Diego County and California, 2013-2018





Adult: ORAL HEALTH

Why is this important?

More than one in four adults suffer with untreated tooth decay. Lack of dental care leads to tooth loss. Adult concerns include dental caries, cancers, and periodontal disease. Only one-third of adults have very good oral health, affecting eating, employment, social interactions, and overall health. The life course perspective points to a need for a two-generational approach. Limited use of dental care by parents is related to inadequate oral hygiene and dental care for children. Lack of insurance, poverty, prior dental experiences, and family misinformation are factors associated with missed visits.

What is the indicator?

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

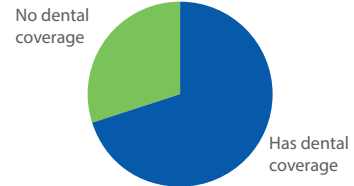
What is the trend?

The trend is moving in the wrong direction. The percentage of San Diego County adults increased (worsened) between 2016 and 2018. Survey data are not available for 2015.

Estimated number of San Diego County adults ages 18-65 who had not visited a dentist within prior 12 months, 2018

645,000

Percentage of Adults with Dental Coverage, Public or Private, 2018

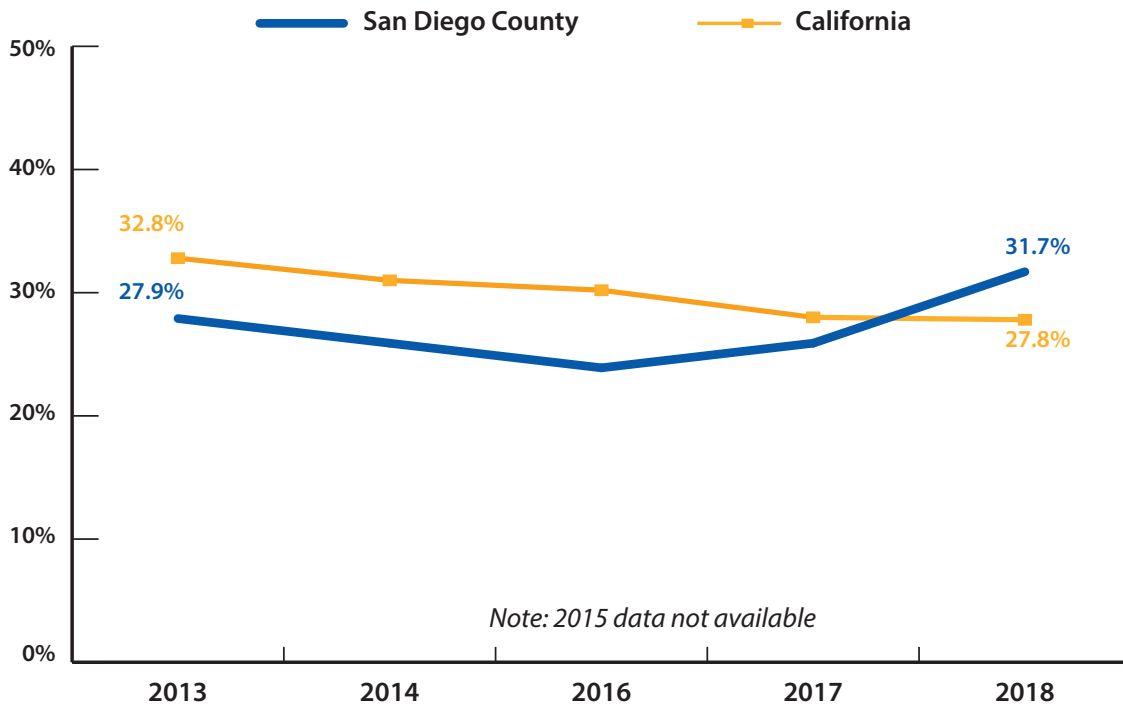


Source: California Health Interview Survey 2018.

Less than half of pregnant women in San Diego County received dental care during pregnancy. Recommendations and referrals from prenatal providers to dental providers make a significant difference.

Source: California Department of Public Health, 2018.

Percentage of Adult Ages 18–65 Who Had Not Visited a Dentist within More Than One Year or Ever, San Diego County and California, 2013-2018



What strategies can make a difference?

Preventing dental caries and promoting oral health are necessary for assuring good overall health among children and adults. The key elements for assuring optimal oral health, beginning in childhood and continuing throughout life, are: (1) sound nutrition, (2) effective self-care practices (e.g., brushing and flossing), and (3) access to preventive dental care and treatment services through a “dental home” starting at age 1. We know that good oral health habits and routine dental care “run in the family,” with adults’ attitudes and habits reflected in what children learn and do throughout their lives.

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

- Continue coverage for dental services, particularly through Medicaid (Medi-Cal/Denti-Cal) and expand coverage under other publicly subsidized health plans.
- Inform children, adults, and senior citizens about their dental coverage.
- Expand access to dental services in low-income and underserved communities (e.g., dental services in community clinics, mobile dental clinics).
- Promote and conduct oral health assessments/screenings through home visiting, child care, Head Start, WIC, elementary schools, expanded learning programs, and other settings.
- Increase effective use of primary health care providers (e.g., pediatricians, family physicians, nurse practitioners), early childhood education, and community-based organizations to educate parents about the importance of oral health and to connect families to dental care.
- Ensure access to preventive services, including sealants and fluoride varnish, using dental providers, as well as preschools, elementary schools, and other community settings.
- Implement health promotion campaigns that increase families’ awareness of the importance of brushing and flossing (from infancy), as well as preventive dental visits.
- Increase the number of trained dental professionals, including dentists and dental hygienists. (This strategy includes increasing the number of training slots and offering loan repayment options in exchange for serving in low-income communities.)
- Encourage use of 211, Healthy Kids, and other online resources to help families find a dentist who will accept their coverage and serve their child, particularly for younger children and those with special health care needs.
- Assure community water fluoridation.

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Ensure oral health assessments at kindergarten entry are provided (California Education Code Section 49452.8).
- Expand the Share the Care program which provides no-cost dental services to uninsured young children and pregnant women.

Programs & Services

- Develop a partnership between HHSA and community clinics to fund additional dental provider sites—both stationary and mobile.
- Finance and coordinate free oral health screenings for young children (e.g., in pediatric primary care, child care, preschool, WIC nutrition offices).

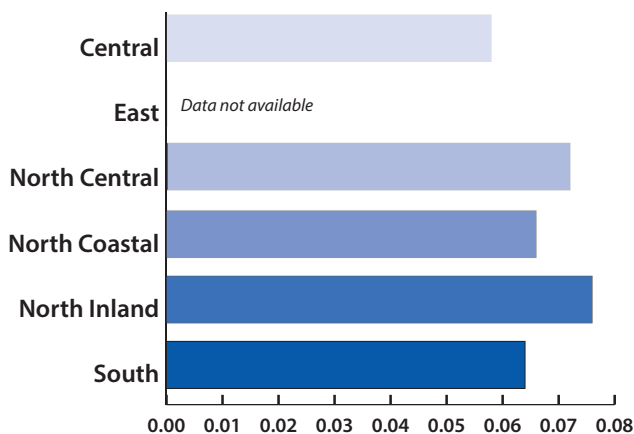
Family & Community

- Use libraries, Live Well Centers, and other community hubs to educate families on how to find a dentist using national Healthy Kids dentist registry and resources.
- Work with School Wellness Councils to partner with mobile dental clinics to provide care at local farmers’ markets, back-to-school nights, community fairs and other community events.

Having clean air, water, and environment contributes to quality of life and living well indoors and outside

AIR QUALITY IS RELATIVELY GOOD IN SAN DIEGO, BUT MUCH MORE PROGRESS IS NEEDED

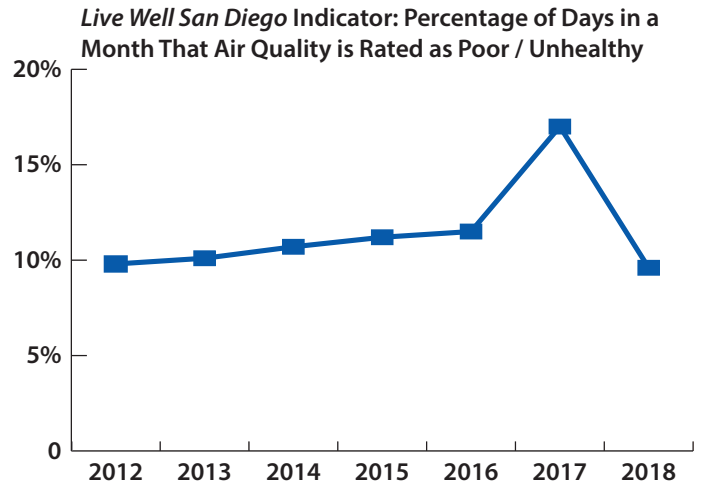
- The quality of the community’s physical environment greatly impacts the health and well-being of the population.
- Poor air quality can be particularly detrimental to vulnerable populations, such as young children and elderly residents.
- On average, on 3 out of 31 days in a month, air quality is rated poor in San Diego County.
- Air quality varies by region across San Diego County, ranging from 0.058 parts per million in the Central Region to 0.076 parts per million in the North Inland Region.



Health and Human Service Agency Regions by Ozone Design Value. (The average of ozone concentration of the 4th high 8-hour intervals over a three-year period.) Shown as concentration in parts per million. Source: Data from Live Well San Diego Dashboard. 2016-2018.

CHILDREN ARE ESPECIALLY VULNERABLE TO AIR POLLUTION

- Children are more vulnerable to air pollution because, compared to adults, they breathe more air and get greater exposure to the chemicals in that air.
- Research has linked ground-level ozone to health problems such as lung and throat irritation, breathing difficulties during exercise or outdoor activities, aggravation of asthma, and respiratory illness (e.g., pneumonia or bronchitis).
- High ozone levels can increase asthma symptoms, school absences, visits to the emergency room, and hospital admissions.
- Children are also vulnerable to air pollutants such as tobacco smoke, household chemicals, mold, dust, and fine particulates (from motor vehicles, fires, or industrial sources).



Percentage of Days that Air Quality was Rated as Unhealthy for Sensitive Populations, San Diego County, 2012-2018. Source: Data from Live Well San Diego Dashboard.

OZONE IS A MAJOR THREAT TO THE HEALTH OF OUR COMMUNITY

- Ground-level ozone—a primary component of smog which is formed from pollutants emitted by cars, power plants, and other sources—poses serious health risks.
- San Diego had 29 days with ground-level ozone concentrations above the national standard of 0.070 parts per million in 2016.
- The San Diego County area is among the 25 most ozone polluted cities in the nation—ranking 6th worst.

Top Ten Most Ozone-Polluted US Metropolitan Areas

1. Los Angeles - Long Beach, CA
2. Visalia, CA
3. Bakersfield, CA
4. Fresno-Madera-Hanford, CA
5. Sacramento-Roseville, CA
- 6. San Diego-Chula Vista-Carlsbad, CA**
7. Phoenix-Mesa, AZ
8. San Jose-San Francisco-Oakland, CA
9. Houston-The Woodlands, TX
10. New York-Newark, NY-NJ

Source: American Lung Association. State of the Air, 2019.



Ages 6–12 (School Age):

SCHOOL ATTENDANCE

Why is this important?

Regular attendance is one of the strongest predictors of school achievement. Whether children miss school as a result of illness, family vacations, or truancy, chronic absenteeism is an important “early warning sign” that a student is at risk for school failure and early dropout. Students in elementary school are learning basic reading, math, social, and study skills critical to success, and chronic absences as early as kindergarten can lead to deficits in achievement.

What is the indicator?

This indicator—the percent of elementary school (K-5) students who did not attend school at least 95% of school days—monitors school attendance based on 95% attendance on the Second Principal Apportionment (P2) reporting date of each district’s school year (not average daily attendance). It includes students who are absent approximately nine days per school year, for any reason. These school district data for school year 2018-19 represent 84% of the student population in San Diego County.

What is the trend?

The trend is moving in the wrong direction. The percentage of students in Grades K-5 who did not attend at least 95% of school days has fluctuated somewhat but is generally increasing (worsening).

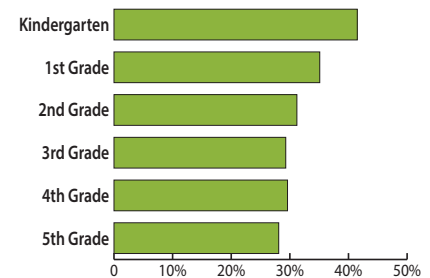
Number of students enrolled in grades K-5 in San Diego County, School Year 2018-19

229,264

More than 60,000 students in grades K-5 attended less than 95% of school days in 2018-19.

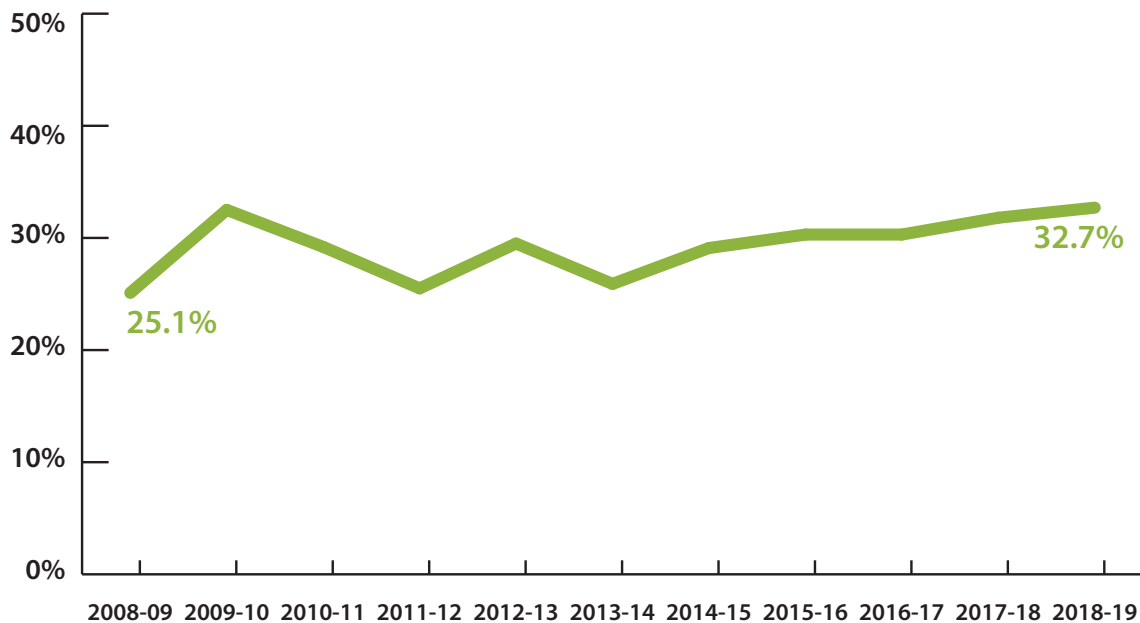
Source: San Diego County school districts reporting on P2 data for 2018-19 school year.

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



Source: San Diego County school districts reporting on P2 data for 2018-19 school year.

Percentage of Elementary School Students (Grades K-5) Who Did Not Attend at Least 95% of School Days, San Diego County, School Years 2008-09 to 2018-19



What strategies can make a difference?

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

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

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

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Implement monthly attendance monitoring by the school and district to provide early interventions for chronically absent students, with quarterly reports of data and outcomes to school boards.
- Allocate dedicated funding for attendance interventions such as home visits, school site social workers, and positive reinforcement at schools with more than 20% of students chronically absent.

Programs & Services

- Adopt effective, school-based solutions to reduce barriers to attendance (e.g., uniform and clothing closets, walking school buses, and/or mentoring).
- Partner with local community-based, child-serving agencies to better engage those students who are chronically absent (i.e., missing 9 or more days, or 5% or more of the school year).

Family & Community

- Educate parents of children entering school about the importance of consistent school attendance.
- Partner with “schoolsite councils” and School Wellness Councils to host quarterly community and school “meet and greets” and informal events with teachers, principals, and school staff to build strong parent and student connections to school.



Ages 6–12 (School Age):

SCHOOL ACHIEVEMENT GRADE 3

Why is this important?

The standardized and objective data gathered from formal assessments in the early grades provide teachers and parents with information to guide instruction toward greater proficiency and assist students preparing for future grades. Achievement assessments are important tools for measuring students’ academic strengths and areas for improvement, thus helping students, teachers, and parents better understand the student’s academic needs. Teachers can use results to improve instruction based on the needs of their students. School climate, economic disadvantage, teacher performance, and other factors affect achievement.

What is the indicator?

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

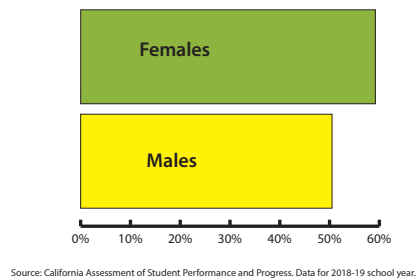
What is the trend?

While the trend has generally improved in recent years, the trend in 3rd graders' English-Language Arts/Literacy test results was static between school years 2017-18 and 2018-19. (Data not shown.)

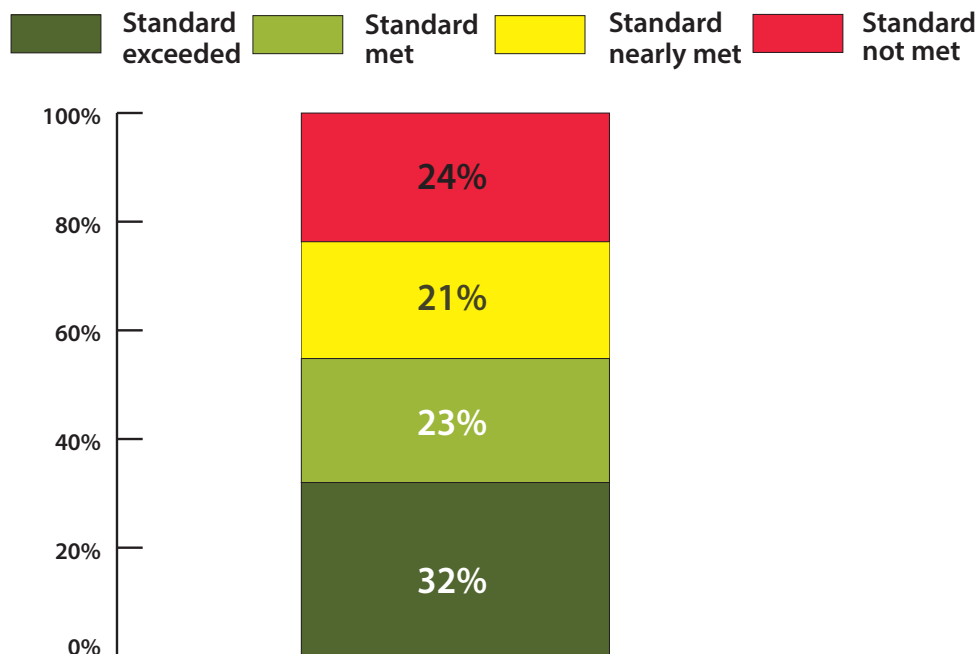
Number of 3rd grade students in San Diego County in 2018-19
37,093

45% of 3rd graders did not meet or exceed the achievement standard in English-Language Arts.
Source: California Assessment of Student Performance and Progress. Data for 2018-19 school year.

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



Percentage of Students in Grade 3 By Test Results in English-Language Arts/Literacy, San Diego County, School Year 2018-19



What strategies can make a difference?

Success in language and reading skills begins with early language experiences incorporated into all areas of a child's life. Building pre-reading and early reading skills, growing vocabulary in conversation with caregivers, and reading age-appropriate books all have value. Parents, early care and education providers, schools, and community programs all have a role to play in improving achievement in the early grades.

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

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

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Require First 5 to collect and report on quality and school readiness data from preschool, Head Start, and other early care and education settings.
- Prioritize and financially support literacy services and tutoring in grades K-3 for low level readers in schools, libraries, and expanded learning settings.

Programs & Services

- Support early childhood mental health identification and services to reduce social-emotional and trauma-related barriers to learning.
- Increase use of one-on-one and small group tutoring for low level readers in grades K-3 in schools, libraries, and expanded learning settings.

Family & Community

- Host summer reading groups and family reading events at libraries, community centers, Live Well Centers, and places of worship.
- Volunteer as a reading tutor for students reading below grade level in grades K-3.



Ages 6–12 (School Age):

CHILD OBESITY

Why is this important?

Healthy weight is important for children’s health throughout life. One in five US children age 6-11 are obese. Children who are overweight are more likely to become adults with obesity, with increased risk for high blood pressure, high cholesterol, and type 2 diabetes. Hispanic and African American, as well as poor children of any race/ethnicity face higher risk. In addition, many overweight and obese children experience bullying, low self-esteem, isolation, depression, and discrimination.

What is the indicator?

This indicator—the percentage of students grades 5, 7, and 9 who are not in the Healthy Fitness Zone—monitors obesity and overweight. The California Physical Fitness Test is given to students in grades 5, 7, and 9 each year. The criteria recently changed to better fit with federal criteria. This indicator uses parts of the test that measure body composition and body mass index (BMI). These data are reported by the California Department of Education.

What is the trend?

The trend is static for school age children. At all three grade levels, approximately one-third of students either need improvement (i.e., overweight) or are at health risk (i.e., obese).

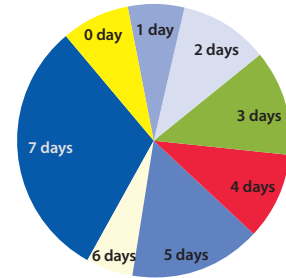
Number of San Diego County students in Grade 5 not in the Healthy Fitness Zone for body composition/weight in 2018-19

13,372

In San Diego County, 15% of children are overweight for their age group, with risks for obesity higher among poor children.

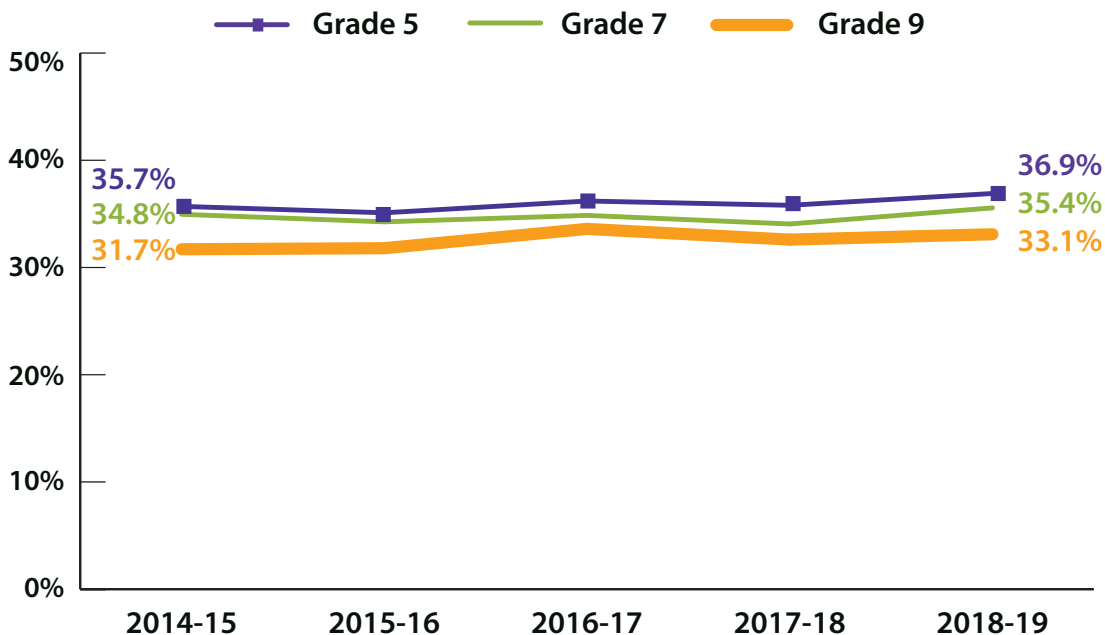
Source: California Health Interview Survey, Three-Year Average 2015-2018.

Less than one-third of San Diego County children ages 5-11 engage in at least one hour of physical activity or exercise daily.



Source: California Health Interview Survey, Three-Year Average 2015-2018.

Percentage of Students Grades 5, 7, and 9 Who Are Not in the Healthy Fitness Zone (Are Overweight or Obese), San Diego County, School Years 2014-15 to 2018-19





Adult:

ADULT OBESITY

Why is this important?

More than 40% of US adults are obese. Reflecting both genetic and behavioral factors, having obese parents places a child at increased risk for being overweight or obese throughout life. Obesity is associated with serious health risks such as high blood pressure, heart disease, stroke, type 2 diabetes, and some types of cancer. Factors affecting this intergenerational, life-course trajectory include: trauma and adverse childhood experiences, poor nutrition, and lack of exercise. Social determinants are also linked to obesity, including: poverty, parental education, residential location, access to nutritious food, access to health care, and availability of safe recreational areas.

What is the indicator?

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

What is the trend?

The trend is moving in the wrong direction. In San Diego County and California, the levels of adult obesity are higher (worse) than those of 2011.

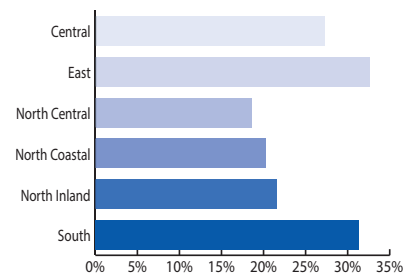
Estimated number of obese adults age 18 and older in San Diego County, 2018

640,000

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

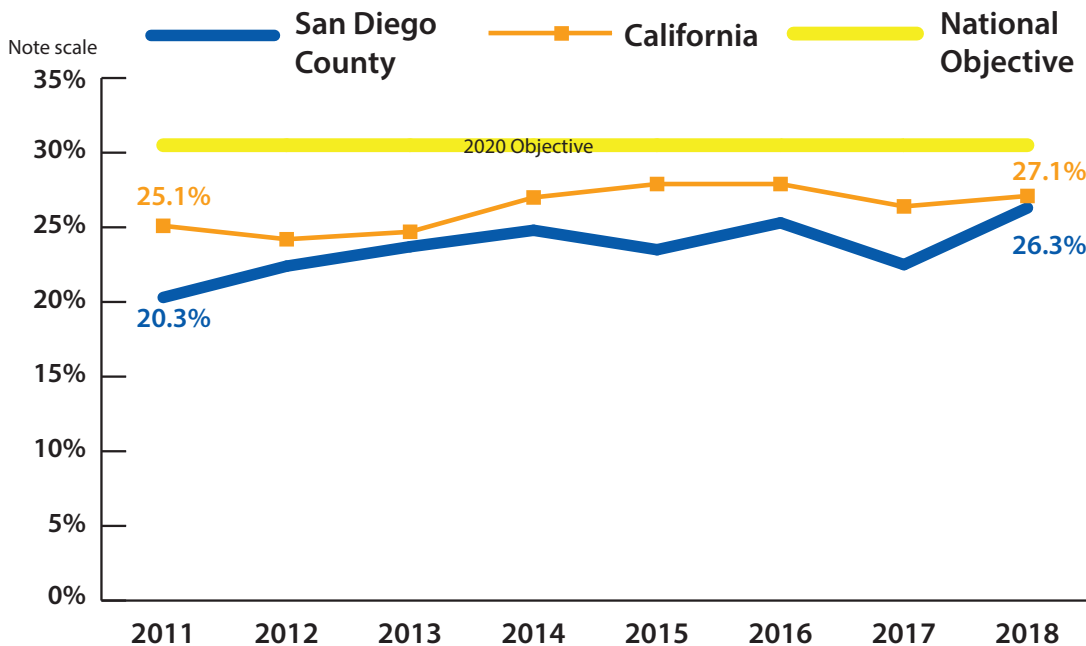
Source: San Diego County Health and Human Services Agency, Obesity Fact Sheet.

ABOUT 1 OUT OF EVERY 4 ADULTS IN SAN DIEGO COUNTY IS OBESE. WHILE THERE IS SOME VARIATION BY REGION, OBESITY IS COMMON IN COMMUNITIES ACROSS OUR COUNTY.



Source: California Health Interview Survey, Three-Year Average 2016-2017-2018.

Percentage of Adults Ages 18 and Older Who Are Obese, San Diego County and California Compared to National Objective, 2011-2018



What strategies can make a difference?

Promoting healthy weight and physical fitness among children is a nationwide priority. National, state, and community level efforts are underway to promote healthy weight among more children. Most programs and strategies aim to increase the availability to nutritious food, physical activity, healthy lifestyle choices, and access to safe recreation areas. There is no single or simple solution for the obesity epidemic. Combinations of interventions at the personal and community levels have been shown to be most effective.

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

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

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Ensure consistent access to safe drinking water in schools and community settings (e.g., parks and recreation centers) as a healthy alternative to sugar-sweetened beverages.
- Use city and county incentives and tax reductions to attract supermarkets and grocery stores to underserved communities.

Programs & Services

- Partner with School Wellness Councils to develop and deploy obesity prevention programs that target all four domains of obesity-related behaviors (i.e., diet, physical exercise, sleep, screen time).
- Work with the San Diego County Child Obesity Initiative to measure food insecurity by region and community and develop a local action plan.

Family & Community

- Develop community-led fitness and walking clubs, health and nutrition classes, and community food gardens.
- Educate and provide materials about healthy lifestyle and nutrition choices at Farmer's Markets, community fairs, back-to-school nights, Live Well Centers, places of worship, and other locations.



Ages 13–18 (Adolescence):

SCHOOL ATTENDANCE

Why is this important?

Poor attendance is associated with lower achievement, literacy problems, reduced high school completion, and delinquent behavior. Students who regularly attend school have a much greater likelihood of academic success and high school graduation, which are strongly correlated with better employment and lifelong earnings. Poor attendance is not just truancy-related. Whether students miss school as a result of illness, family vacations, or delinquent behaviors, missing too many days of school directly affects learning and life course.

What is the indicator?

This indicator—the percent of middle and high school students who did not attend school at least 90% of school days—monitors school attendance based on 90% attendance on the Second Principal Apportionment (P2) reporting date of each district. This is not average daily attendance and is equivalent to approximately 18 absences per school year. The data shown represent 81% of middle and high school students.

What is the trend?

The trend is static. While attendance rates for middle and high school students have shown fluctuation over the ten years shown, no consistent progress has been made. Rates vary by district.

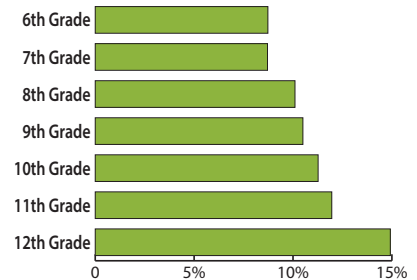
Number of students enrolled in grades 6-12 in San Diego County for school year 2018-19

276,996

Nearly 24,000 students in grades 6-12 attended less than 90% of school days in 2018-19.

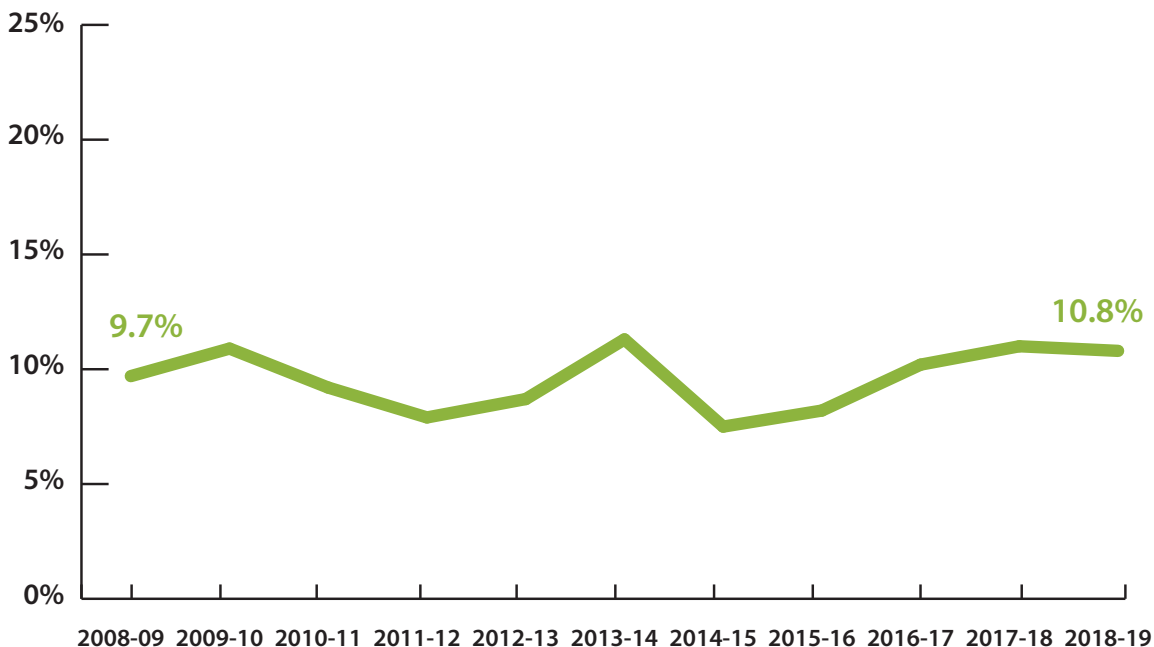
Source: San Diego County school districts reporting on P2 data for 2018-19 school year.

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



Source: San Diego County school districts reporting on P2 data for 2018-19 school year.

Percentage of Middle and High School Students (Grades 6-12) Who Did Not Attend at Least 90% of School Days, San Diego County, School Years 2008-09 to 2018-19



What strategies can make a difference?

To address attendance issues with middle and high school students we must bring together schools, parents, community providers, and law enforcement to develop policies, programs, and supports focused on both prevention and intervention. A coordinated and multifaceted set of strategies is needed to reduce poor attendance patterns at the individual, school, and district level.

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

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

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Implement monthly attendance monitoring by the school principal and district office to provide early interventions for chronically absent students, with quarterly reports of data and outcomes to school boards.
- Financially support student developed and selected clubs and activities to better engage students on school campuses during school, afterschool, intersessions, weekends, and summers.

Programs & Services

- Create a school-wide culture of improved attendance with associated policies, supports, and interventions.
- Use parent-school partnership plans (e.g., Student Attendance Success Plan) to support student and family efforts.

Family & Community

- Volunteer to help parents develop and carry out a backup plan for getting their children to school.
- Support youth to develop events on school campuses in the evenings, weekends, and summers that engage middle and high school youth.



Ages 13–18 (Adolescence):

SCHOOL ACHIEVEMENT GRADES 8 & 11

Why is this important?

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

What is the indicator?

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

How are we doing?

The trend is static. Among 8th graders about 55% met or exceeded the standard for English-Language Arts/ Literacy between 2015-16 and 2018-19. Similarly, about 61% of 11th graders met or exceeded the standard.

Number of students in San Diego County, 2018-19

8th Grade
38,521

11th Grade
38,807

45% of 8th graders did not meet or exceed the achievement standard in English-Language Arts.

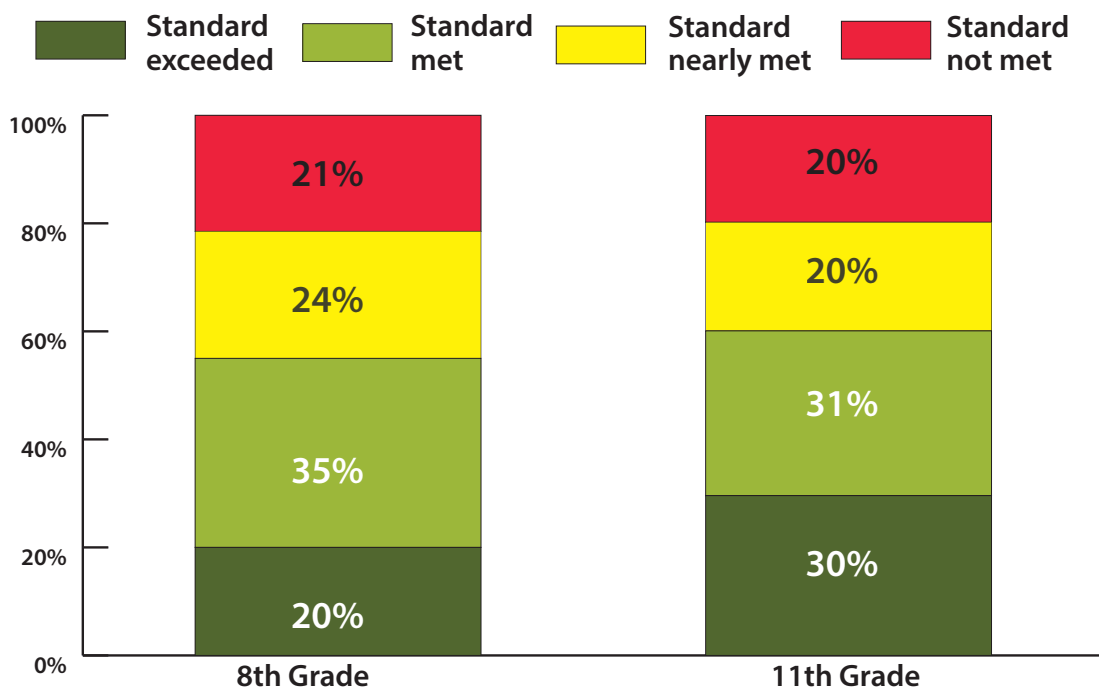
Source: California Assessment of Student Performance and Progress. Data for 2018-19 school year.

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



Source: California Assessment of Student Performance and Progress. Data for 2018-19 school year.

Percentage of Students in Grades 8 and 11 By Test Results in English-Language Arts/Literacy, San Diego County, School Year 2018-19



What strategies can make a difference?

Compared to younger students, middle and high school students need more intensive remediation and support when they are behind in English-language arts proficiency. Interventions for learning and achievement concerns are critical in upper grades. As students enter middle and high school, feeling successful and connected to school becomes increasingly important to staying in school and graduating.

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

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

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Include one-on-one and small group mentoring programs for underperforming students in grades 8 and 9 in Local Control Accountability Plans.
- Include funding for providers to increase access to mental health and substance abuse services to middle and high school students in Local Control Accountability Plans.

Programs & Services

- Support reading in the home by offering free book giveaways to build home libraries.
- Provide summer, weekend, and evening events that disguise learning for low-performing students (i.e., robotics, duct tape fashion show, coding, music production).

Family & Community

- Work with the schoolsite council to host community teacher-parent gatherings to build positive relationships and increased family engagement.
- Engage parents in schoolsite councils, wellness councils, and other opportunities at schools to build positive connections with education and support students.

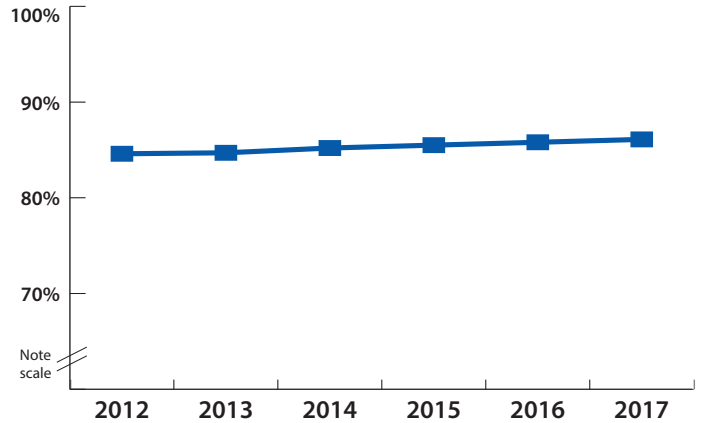
Education lays a foundation for future achievement and contributes to quality of life in our communities



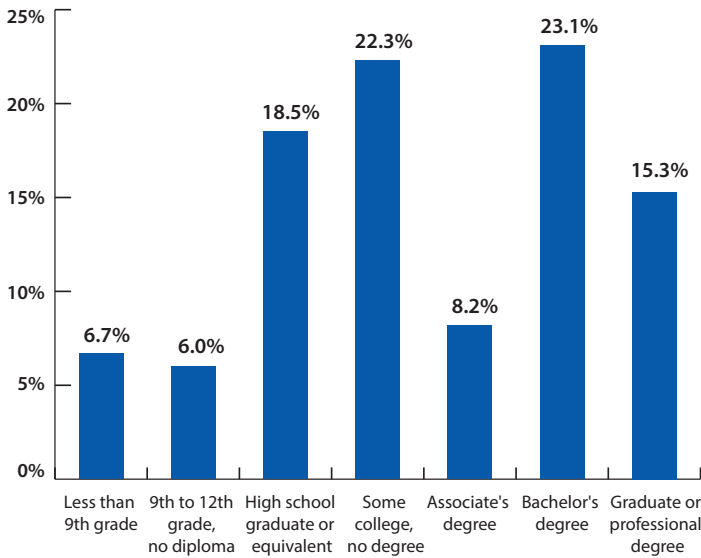
EDUCATIONAL ATTAINMENT IS RELATIVELY HIGH IN SAN DIEGO

- Between 2012-2017, the percentage of the adult population who have at least high school diploma or equivalent has improved, increasing from 84.6% to 86.1%.
- This means 1 in 7 San Diego County adults age 25 and older has less than a high school diploma.
- Over two-thirds of adults over 25 have attended some college or post-secondary education.
- Educational attainment varies by region.

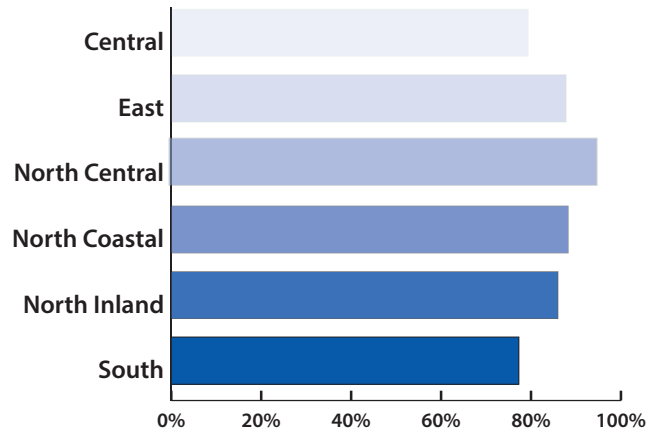
Live Well San Diego Indicator: Percentage of Population Age 25 and Over with at Least a High School Diploma or Equivalent



Percentage of Population Age 25 and Over with at Least a High School Diploma or Equivalent, San Diego County, 2012-2017. Source: Data from Live Well San Diego Dashboard.



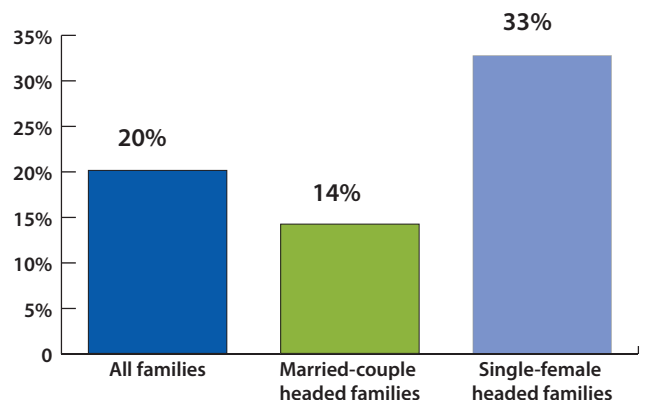
Percentage of Population Age 25 and Over, by Levels of Educational Attainment, San Diego County, 2018. Source: Data from US Census Bureau, American Community Survey.



Percentage of Population Age 25 and Over with At Least a High School Diploma or Equivalent, San Diego County Health and Human Service Regions, 2017. Source: Data from US Census Bureau, American Community Survey.

EDUCATIONAL ATTAINMENT AFFECTS LIFELONG INCOME

- In San Diego County, 20% of all families and 33% of single-female headed families whose head of household did not complete high school had income levels below the federal poverty level.
- Higher educational attainment among parents—even a GED—reduces the chances a family will live in poverty and increases the chances their children will be healthy, achieve in school, and be successful in their own lives.



Percentage of Families With Household Heads Who Did Not Complete High School that Have Income Below Poverty, San Diego County, 2018. Source: Data from US Census Bureau, American Community Survey.



Ages 13–18 (Adolescence): SUBSTANCE USE

Why is this important?

Use of illegal drugs represents only a share of the problem of teen substance use. Alcohol use is fairly common by high school. Use of smokeless tobacco and e-cigarettes is an increasing problem. Use of tobacco, alcohol, and other drugs can stunt an adolescent’s physical and mental development. Studies show that prolonged use of alcohol and drugs affects academic success, employment potential, and mental health. The misuse of prescription drugs (e.g., OxyContin, Adderall, and Vicodin) can also have serious consequences and is likely to continue into adulthood.

What is the indicator?

This indicator—the percentage of students in grades 7, 9, and 11 who reported use of cigarettes, e-cigarettes, alcohol, or marijuana in the prior 30 days—monitors a portion of substance use. These data are collected with the California Healthy Kids Survey, administered biennially to students in grades 7, 9, and 11. These questions mirror the questions in the Youth Risk Behavior Survey, a federal CDC survey.

How are we doing?

Data not shown indicate that some trends are improving for 7th, 9th, and 11th graders, with declines in use of cigarettes and alcohol; however, the trend in use of marijuana is static.

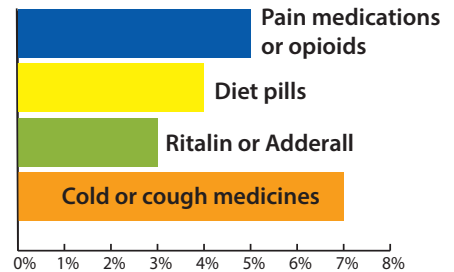
Percentage of 9th grade students who ever used e-cigarettes or vaping

17%

In 11th grade, White, African American, Hispanic, and Native American students are about equally likely (15-17%) to report using marijuana in prior 30 days.

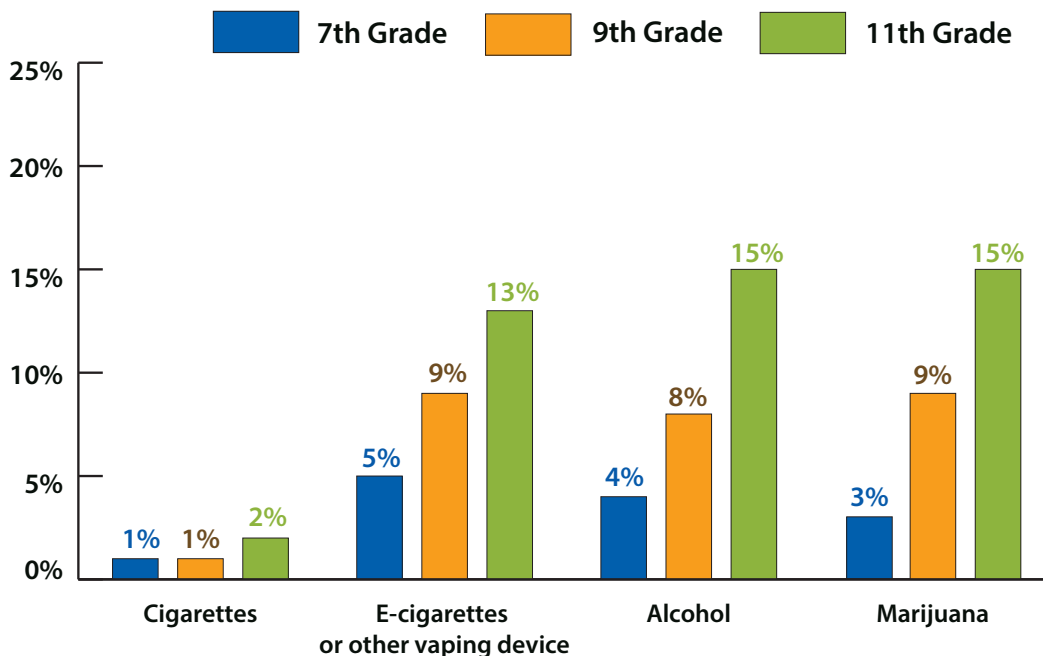
Source: San Diego County Office of Education. School year 2018-19.

Percentage of San Diego County 9th Grade Students Who Report Ever Misusing Prescription and Over-the-Counter Medicines, 2018-19



Source: San Diego County Office of Education. School year 2018-19.

Percentage of Students in Grades 7, 9, and 11 Who Reported Use of Cigarettes, E-cigarettes/vaping, Alcohol, or Marijuana in Prior 30 Days, San Diego County, School Year 2018-19





Adults: SUBSTANCE USE

Why is this important?

Smoking among adults has declined in recent years; however, 1 in 5 US adults smokes tobacco. One-quarter of poor adults are smokers. Cigarette smoking is the leading cause of preventable disease and death. Half of adults who continue to smoke will die from smoking-related causes. Millions more suffer with a smoking-related disease such as cancer or heart disease. Smoking contributes to preterm and low birthweight births. Infants exposed to cigarette smoke are more likely to die in the first year of life. Children exposed to secondhand smoke are more likely to have asthma. Parental smoking increases the chances of smoking among children and youth.

What is the indicator?

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

How are we doing?

The trend is static and may be moving in the wrong direction. In 2018, the percentage of adults smoking in San Diego County was better than the national objective of 12% and about the same as the state average.

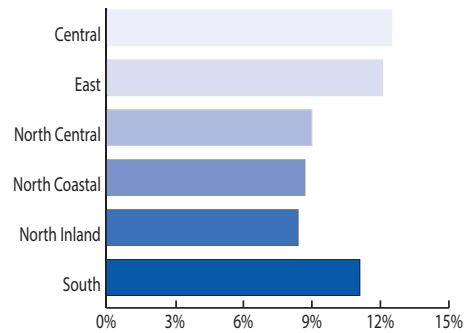
Estimated number of adult smokers in San Diego County in 2018

268,000

For adults age 35 and older in San Diego County, 20% of deaths were related to smoking.

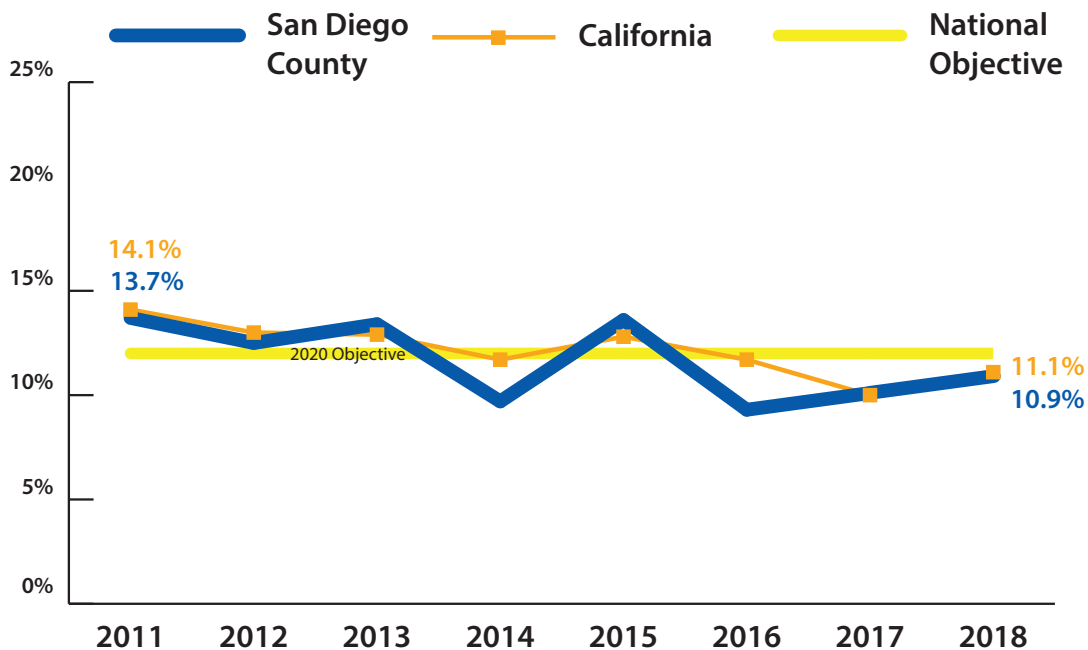
Source: San Diego Health and Human Services Agency, 2016.

ADULT SMOKING VARIES BY REGION, FROM 8% TO 12%.



Percentage of Adults Ages 18 and Older Who Reported Current Smoking, By Health and Human Services Agency Region, San Diego County. Source: California Health Interview Survey, Three-Year Average 2016-2017-2018.

Percentage of Adults Ages 18 and Older Who Reported Smoking, San Diego County and California Compared to National Objective, 2011-2018



What strategies can make a difference?

To reduce substance use and addiction, prevention and intervention policies, programs, and services all are needed. Education and health promotion in schools and community settings are essential. Successful community-level prevention strategies rely on coalitions and agencies to select and implement evidence-based and effective approaches. Treatment services for youth and adults are most effective when they are available immediately, community based, and holistic.

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

- Develop and enforce local ordinances prohibiting the sale of tobacco, e-cigarettes, and alcohol to minors, as well as over-the-counter substances that can be misused (e.g., bath salts, spice).
- Work with parents, schools, communities, and businesses to eliminate youth access to tobacco, alcohol, illicit drugs, and nonprescribed medications.
- Use coalitions and partnerships to educate youth, parents, and other adults in the community about the dangers of substance use, the sources of substances, and the trends in use across ages.
- Increase the availability of community-based drug and alcohol treatment programs—both day and residential treatment—for youth and adults.
- Ensure substance abuse treatment is available, particularly for youth in custody, in foster care, and in transition from detention.
- Increase the availability of support groups for users of tobacco, alcohol, and other substances.
- Reduce use of prescription pain medications (e.g., opioids) among youth and adults.
- Make pharmaceutical smoking cessation aids available free or at reduced cost, particularly for adults who continue to smoke.
- Raise the legal age to buy tobacco to 21.
- Teach parents the skills they need to improve family communication and bonding through evidence-based programs.
- Use culturally competent and effective substance abuse education for youth and adults.
- Promote youth development and build resistance, resiliency, and problem-solving skills, including how to resist social pressure to use substances.
- Use interactive games and other technology-based approaches to reduce substance use.

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Develop local approaches to consistently enforce federal and state regulations concerning the packaging and marketing of e-cigarettes, liquid nicotine, and cannabis, including edibles.
- Strengthen and enforce local government policies to reduce youth access to alcohol, e-cigarettes, liquid nicotine, and other illegal substances.

Programs & Services

- Combine risky behavior prevention (e.g., illicit substance use, teen pregnancy, STD, HIV) into a common framework and program approach with education, prevention, early detection, and treatment.
- Increase the availability of residential bed space for substance abuse treatment for youth and young adults in community settings.

Family & Community

- Partner with School Wellness Councils to educate families about how to monitor youth high-risk behavior.
- Work with local businesses to eliminate the promotion and access of youth to tobacco, liquid nicotine, alcohol, and e-cigarettes.



Ages 13–18 (Adolescence): YOUTH SUICIDE

Why is this important?

Suicide is preventable. Yet youth suicide rates are rising in our nation. Many youth who attempt suicide are injured or hospitalized as a result of their attempts. Many other youth report suicide attempts and suicidal ideation (contemplation). The most common methods among young people are firearms, suffocation/hanging, and poison/overdose. Beyond the tragedy of death, suicide has a lasting traumatic effect on the family, friends, and community.

What is the indicator?

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

What is the trend?

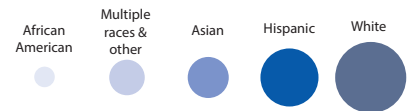
With a growing number of schools collecting and reporting this data for school year 2018-19, no trend can be calculated. For that school year, about one in six students reported they had considered attempting suicide in the prior 12 months.

Number of suicides among youth under age 21 in San Diego County, 2018

29

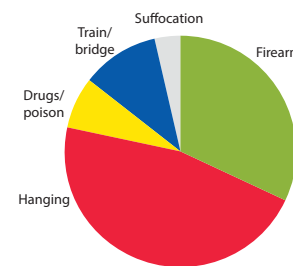
Source: San Diego County Open Data Portal based on reports from Department of the Medical Examiner. Data for 2018.

While rates vary, youth of all races and ethnic origins are at risk for suicide.



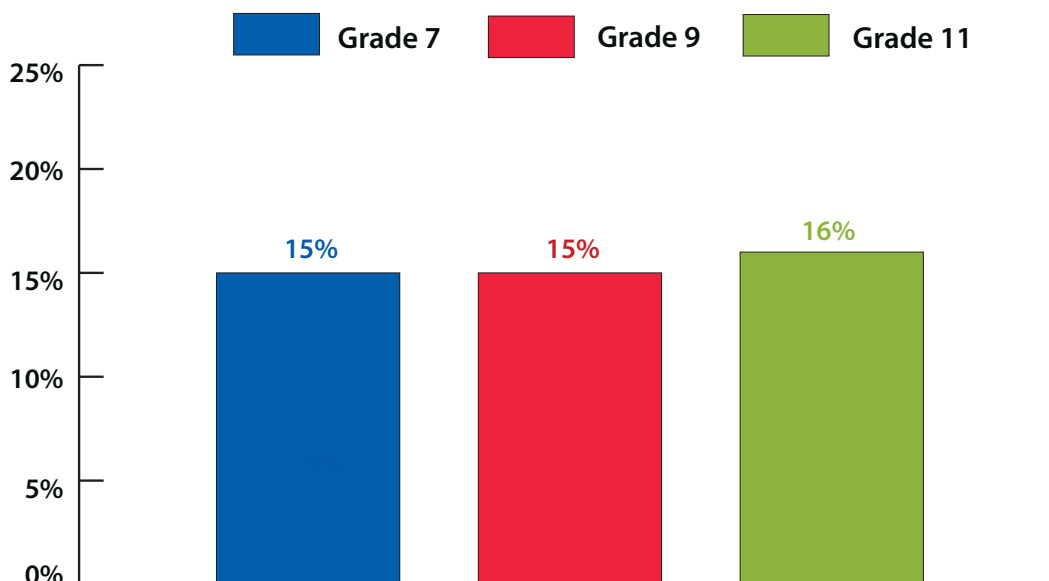
Source: Percentage of suicide deaths among youth under age 21, by race/ethnicity, San Diego County, 2018. San Diego County Open Data Portal based on reports from Department of the Medical Examiner.

Means of suicides among youth in San Diego County, 2018



Source: Suicide deaths among youth under age 21 by means/manner of death, San Diego County, 2018. San Diego County Open Data Portal based on reports from Department of the Medical Examiner.

Percentage of Students Grades 7, 9, and 11 Who Reported They Had Considered Attempting Suicide in Prior 12 Months, San Diego County, School Year 2018-19



What strategies can make a difference?

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

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

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

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Increase funding for early assessment, intervention, and referrals for depression, trauma, and mental health issues for middle and high school students.
- Increase residential bed space for youth experiencing mental health crises.

Programs & Services

- Train school and expanded learning staff, social workers, probation officers, parents, and students about the warning signs and risk factors for depression, isolation, self-harm, poor self-esteem and suicidal ideation, and the appropriate steps to take when signs are present.
- Provide culturally and linguistically appropriate mental health interventions and treatment at school and in the community.

Family & Community

- Educate parents and extended family about eliminating access to lethal means of suicide, particularly unsupervised access to firearms.
- Work with families and communities to destigmatize seeking mental health support and services for youth.



Ages 13–18 (Adolescence):

JUVENILE CRIME

Why is this important?

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

What is the indicator?

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

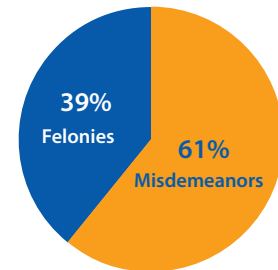
What is the trend?

The trend is improving for misdemeanors. For felony offenses, progress has slowed since 2015. Overall, the number of arrests among youth has dropped dramatically since 2010, parallel to a national decline.

Number of juvenile felony and misdemeanor arrests in San Diego County in 2018

3,030

Juvenile arrests are more likely to be related to misdemeanors.

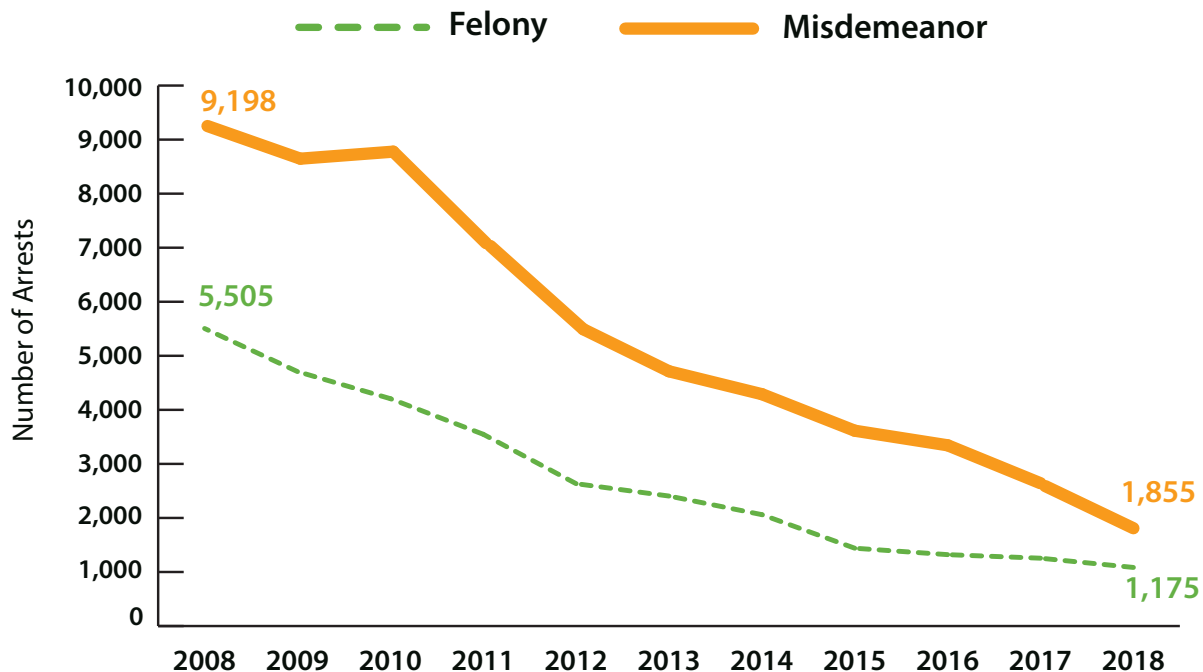


Sources: SANDAG; and California Department of Justice, Criminal Justice Statistics Center.

On average, there were about 223 adult and 9 juvenile arrests per day in 2018 across the San Diego region.

Sources: SANDAG; and California Department of Justice, Criminal Justice Statistics Center.

Number of Arrests for Felony and Misdemeanor Offenses, Youth Ages 10-17, San Diego County, 2008-2018



Ten Most Common Crimes Committed by Juveniles, Ages 10-17, San Diego County, 2018

<i>Crime</i>	<i>Level</i>	<i>Number</i>
Manslaughter/Assault & Battery	Misdemeanor	508
Petty Theft	Misdemeanor	356
Aggravated Assault	Felony	333
Drug Law Violations	Misdemeanor	183
Drunk/Liquor Laws	Misdemeanor	182
Robbery	Felony	181
Weapons Offenses	Felony	151
Weapons Offenses	Misdemeanor	114
Burglary	Felony	98
Larceny	Felony	64

Both misdemeanor and felony level crimes were among the top 10. The largest number of crimes for which youth were arrested was in the category of manslaughter/assault and battery. Petty theft, robbery, and burglary are also categories in the top ten. Drugs and alcohol continue to play a role in common crimes. Weapons offenses in both felony and misdemeanor categories were also prevalent. Data not shown reveal that smaller numbers of crimes were committed in categories such as vandalism, motor vehicle theft, DUI, and rape.

What strategies can make a difference?

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

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

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

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Ensure a unified and consistent implementation of juvenile justice diversion services and alternatives to detention by all law enforcement jurisdictions in the county.
- Financially support additional programming and services for youth focused on early prevention services and youth and family engagement.

Programs & Services

- Implement pro-social programming in communities with higher levels of juvenile crime.
- Increase one-on-one and small group mentoring led by adults with lived experience.

Family & Community

- Educate and support parents to become more involved in youth activities such as coaching and volunteering, serving as a mentor, volunteering at school events, and participating in community beautification.
- Partner with schools and community-based agencies to host community events that engage youth such as Friday night basketball and hands-on experiences (e.g., mechanics, building, graphic design, music, and arts).



Ages 13–18 (Adolescence):

JUVENILE PROBATION

Why is this important?

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

What is the indicator?

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

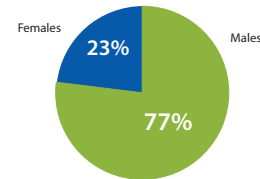
What is the trend?

The trend is improving. The number of sustained petitions in juvenile court has decreased steadily since 2008.

Number of youth that received sustained petitions (“true finds”) for misdemeanor or felony offenses in San Diego County in 2018

1,585

Males represented more than three quarters of youth who had sustained petitions.



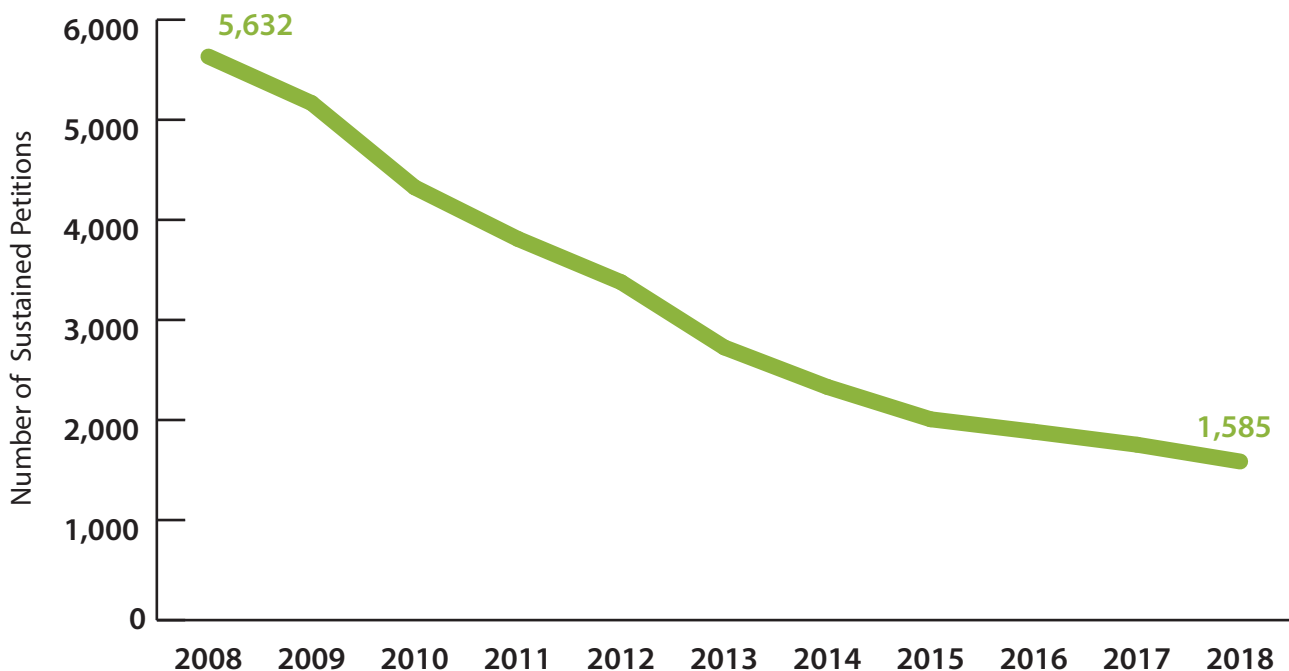
Source: California Department of Justice, Criminal Justice Statistics Center, SANDAG, 2018.

168

Fewer sustained petitions in San Diego County in 2018 than in 2017

Source: California Department of Justice, Criminal Justice Statistics Center, SANDAG, 2018.

Number of Sustained Petitions (“True Finds”) in Juvenile Court, Youth Ages 10-17, San Diego County, 2008-2018



What strategies can make a difference?

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

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

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

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Eliminate the immediate detention of youth arrested for status offenses and low-level misdemeanor crimes.
- Implement nationally recognized juvenile institutional policies and standards that reflect rehabilitative and therapeutic approaches such as: reduced use of force, increased youth and family engagement, youth councils, behavior modification approaches, appropriate staff training, and positive youth development practices.

Programs & Services

- Provide community-based residential options for youth in the justice system including beds for mental health and substance abuse, short-term stabilization, and licensed foster care.
- Increase programs that reduce reliance on detention for violations of probation and non-violent crimes such as Achievement Centers, mentors with lived experience, and community-based mental health and substance use support.

Family & Community

- Solicit and secure local businesses and public agencies to provide paid internships and/or employment for youth on probation.
- Become actively engaged with youth on probation by volunteering time and talents to juvenile institutional and field services.



Ages 13–18 (Adolescence):

YOUTH DUI

Why is this important?

Whether due to alcohol and/or drugs, driving under the influence (DUI) is a serious hazard to health and safety for youth and the community at large. Youth have higher motor vehicle crash rates than adults, with DUI a major contributing factor. Many youth report that it is “no trouble” obtaining alcohol. One in 10 high school students reports drinking and driving. Motor vehicle crashes are the leading cause of death for US teens. Teen drivers are three times more likely than more experienced drivers to be in a fatal crash.

What is the indicator?

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

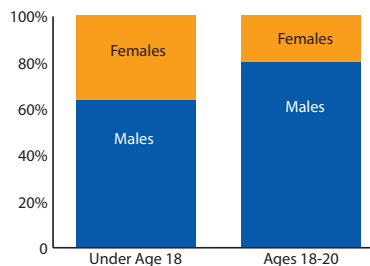
What is the trend?

The trend is static. For youth age 18-20, progress has slowed since 2014. For those drivers under 18, the number of DUI-related arrests has gone up slightly since 2015.

Number of DUI arrests among drivers under age 21 in San Diego County in 2017

672

DUI Arrests Among Youth, By Age and Gender, San Diego County, 2017



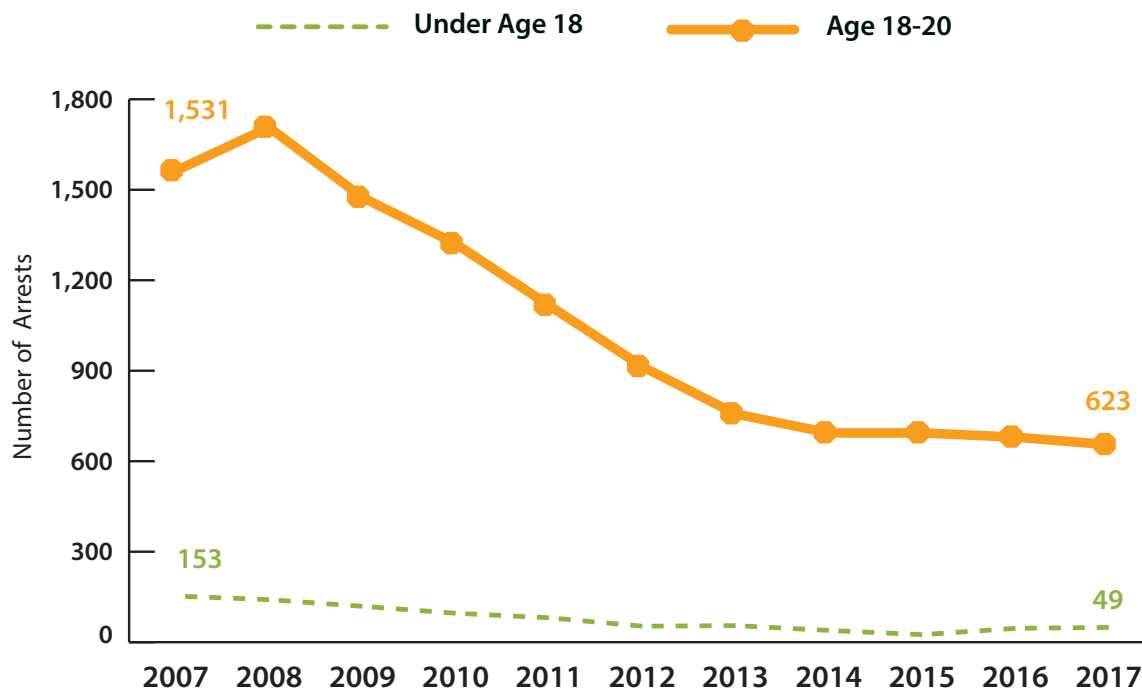
Source: California Department of Motor Vehicles, Driving Under the Influence Management Information System (DUI-MIS). Data for 2017.

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

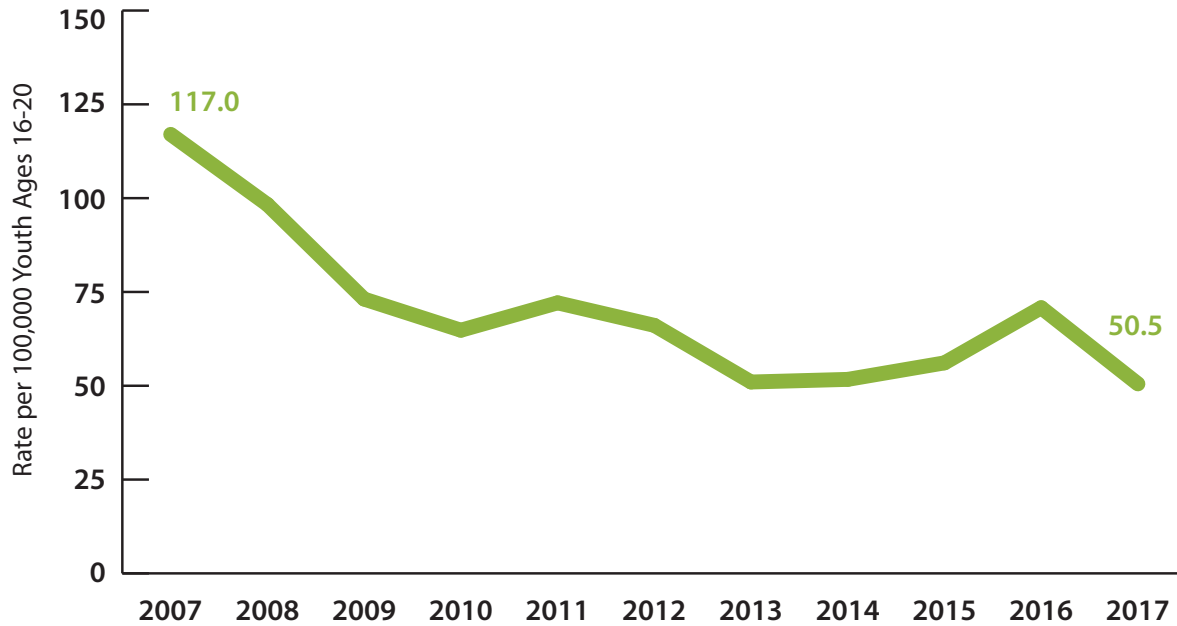
140

Source: Health and Human Services Agency, Public Health Services Community Health Statistics. Data for Three-Year Average 2015-2017.

Number of DUI Arrests, Youth Under Age 18 and 18-20, San Diego County, 2007-2017



Rate of Non-Fatal Crashes Involving Drivers Ages 16-20 Under the Influence of Alcohol or Drugs, Per 100,000 Population, San Diego County, 2007-2017



The trend in non-fatal crashes is static. The rate per 100,000 declined dramatically between 2006 and 2009. Progress has slowed since 2009 and the rate spiked in 2016.

What strategies can make a difference?

Both drinking and DUI are against the law for youth under age 21. Parents, youth, community leaders, and law enforcement all have a role to play in reducing youth DUI and its consequences. Research shows that factors that help to keep teens safe include parental involvement, minimum legal drinking age and zero tolerance laws, and graduated driver licensing systems. A continuum of efforts and interventions are needed to eliminate access to substances, improve driving behaviors, enforce the law, and teach youth to make safe and positive decisions.

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

- Support strategies designed to change social norms regarding the use of alcohol and drugs by youth.
- Institute community-based and school-based programs to increase student and parent awareness about the dangers of drinking and driving.
- Educate adults about the risks and liabilities of “supervised” drinking.
- Enforce existing blood-alcohol level laws (i.e., zero BAC), minimum legal drinking age laws, and zero tolerance laws for drivers younger than 21 years old in all states.
- Maintain a legal drinking age of 21.
- Eliminate youth access to alcohol and drugs.
- Offer timely, affordable, and high quality driver education and training lasting at least three months.
- Implement graduated driver licensing that includes a mandatory waiting period, nighttime driving restriction, at least 30 hours of supervised driving, and passenger restrictions.
- Limit youth driving privileges during the first 12 months with a new license.
- Encourage parents to monitor and restrict what new drivers are permitted to do with vehicles.
- Promptly suspend the driver’s licenses of youth and adults who drive while intoxicated.
- Conduct sobriety checkpoints, particularly targeted at communities with highest incidence of alcohol- and drug-related accidents involving youth and in locations where youth congregate.
- Promote youth development programs and activities to empower youth and build resistance and problem-solving skills.

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Strictly enforce and monitor the California graduated driver’s license law.
- Increase enforcement of laws restricting sales of alcohol to underage youth and social host ordinances throughout San Diego County.

Programs & Services

- Incorporate education modules in all youth life skills programs to raise awareness of the dangers of drinking and driving by addressing family and peer influence, internal pressures, and external marketing.
- Develop healthy and safe weekend and evening activities that are engaging for both youth and families.

Family & Community

- Conduct parent education at schools, libraries, and community centers focused on restricting access to alcohol and watching for warning signs of alcohol and drug use among youth.
- Host interactive holiday and weekend events for teens and their families to increase family engagement and healthy communication.



STANDARD OF LIVING

Community and Family (Cross Age):

CHILD POVERTY

Why is this important?

Poverty poses serious risks to children and is associated with insufficient food and housing, parental depression or substance abuse, maltreatment, low quality education and child care, and other community and environmental hazards. The “dose” of poverty matters; the more severe the poverty or the more years spent in poverty, the worse the impact. Adolescents raised in poverty are more likely to engage in risky behaviors including: smoking, substance abuse, sexual activity, and school drop out. Increasing income for poor families can positively affect outcomes.

What is the indicator?

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

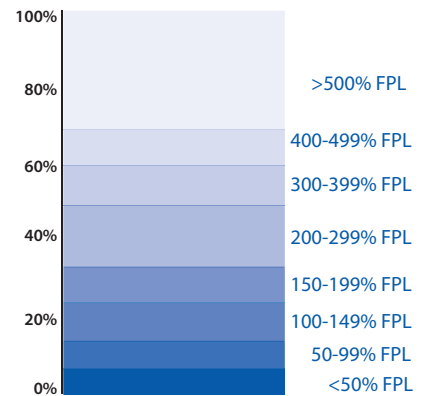
How are we doing?

The trend is improving. Child poverty declined for San Diego County, California, and the nation. However, children are more likely to live in poverty than other age groups.

1 in 6

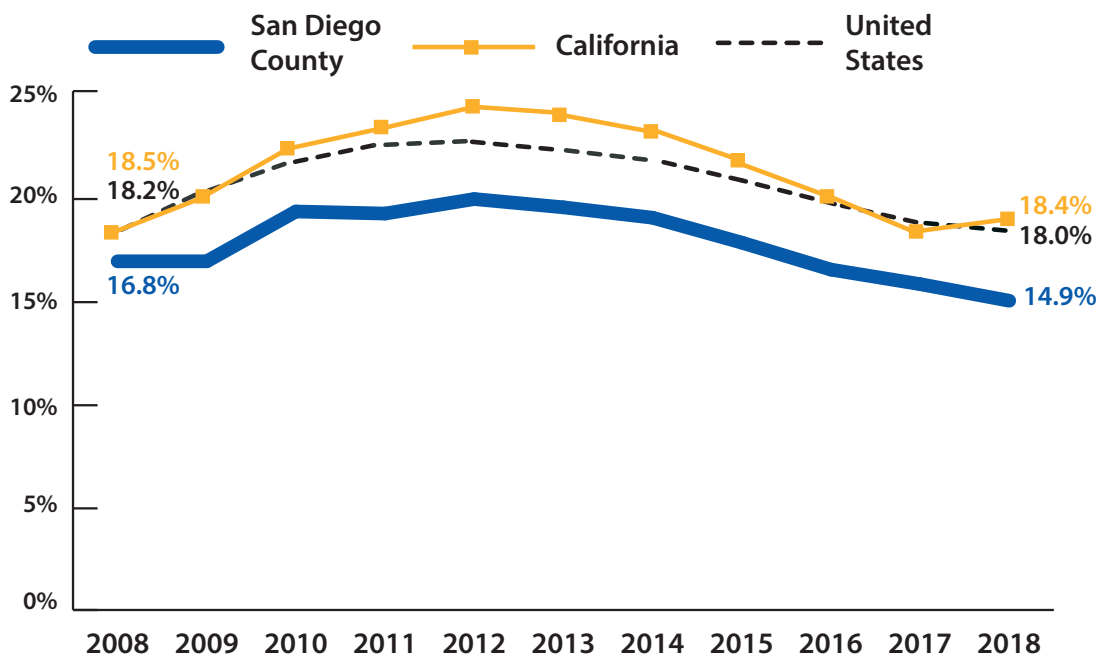
San Diego County children under age 18 lived in poverty in 2018

Young children under age 6 live at all income levels. While 40% of young children in San Diego County live in well-off families with income above 400% of the federal poverty level (FPL), one-third live in a low-income family, with income below 200% FPL.



Percentage of Children Under Age 6 (0-5 years) by Income Level, San Diego County, 2018. Source: US Census Bureau, American Community Survey.

Percentage of Children Ages 0-17 Living in Poverty, San Diego County, California, and United States, 2008-2018





Community and Family (Cross Age):

ADULT POVERTY

Why is this important?

Many younger adults, who are often parents, are poor. Those unemployed or working at low paying jobs lack sufficient income to raise them above the poverty level. From a life course perspective, poverty is an important social determinant, with potentially lifelong negative effects. Poverty is associated with insufficient food and nutrition, housing instability, and community safety. Childhood poverty is associated with health conditions in adulthood such as: obesity, mental health conditions, asthma, and heart disease. Lower educational attainment and less annual income throughout life are also associated with the experience of childhood poverty.

What is the indicator?

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

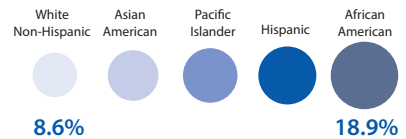
How are we doing?

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

Estimated number of San Diego County adults ages 18-64 living in poverty in 2018

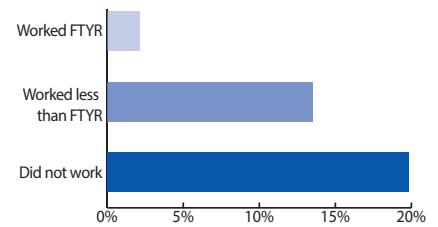
221,809

African Americans are the most likely to live in poverty in San Diego.



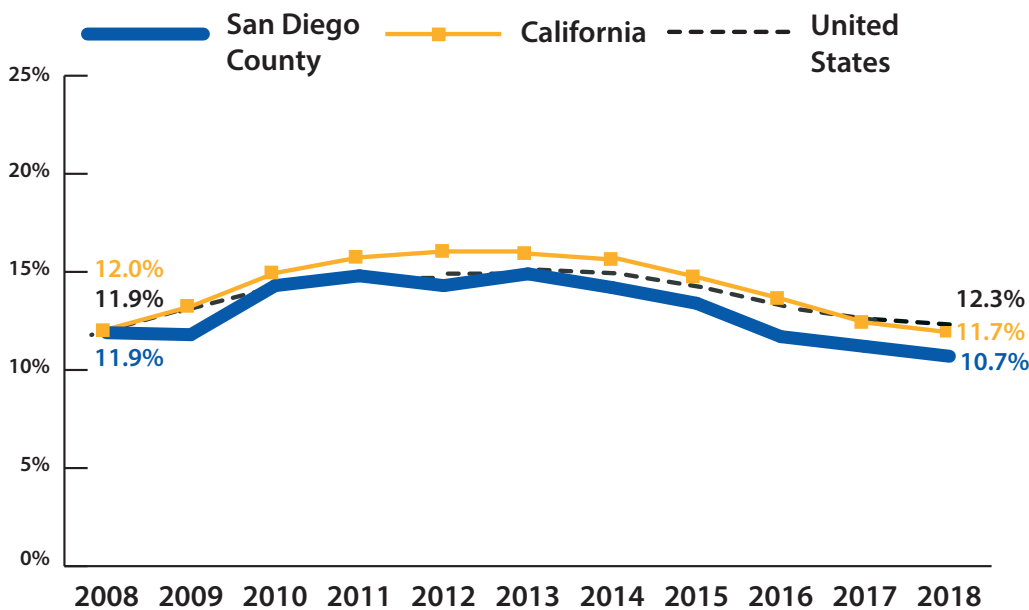
Percentage of Population with Below Poverty Income, By Race/Ethnicity, San Diego County, 2018. Source: US Census Bureau. American Community Survey.

For San Diego adults (16-64 years), the ability to work full-time and year round (FTYR) decreases the risk of living in poverty.



Percentage of Adults Ages 16-64 Years with Income Below 100% FPL, By Work Status, San Diego County, 2018. Source: US Census Bureau. American Community Survey.

Percentage of Adults Ages 18-64 Living in Poverty, San Diego County, California, and United States, 2008-2018

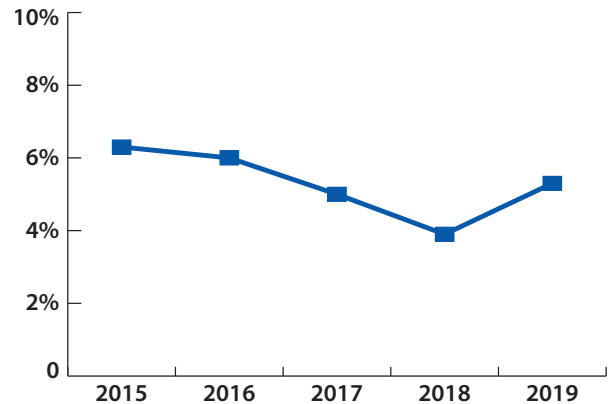


An adequate standard of living means having the ability to afford basic needs

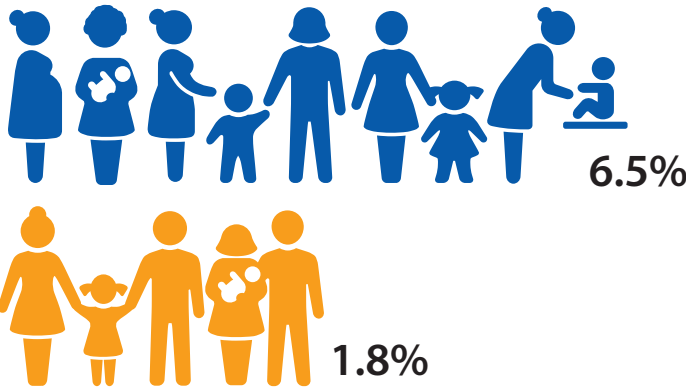
Unemployment has effects on well-being for adults and youth.

- The rate of unemployment has a negative influence on the financial health and overall well-being of the population. It reflects the overall economic situation and populations that may be at risk for various health concerns.
- Among San Diego County residents age 16 and older, unemployment was about 5.3% at the start of 2019.
- Disparities among San Diego County youth are a concern, with 5% of Hispanic, 4% of African American, and 2% of white, non-Hispanic youth ages 15-19 not enrolled in school and not working in the labor force.

Live Well San Diego Indicator: Unemployment Rate



Percentage of Total Labor Force Unemployed. Source: Data from Live Well San Diego Dashboard.



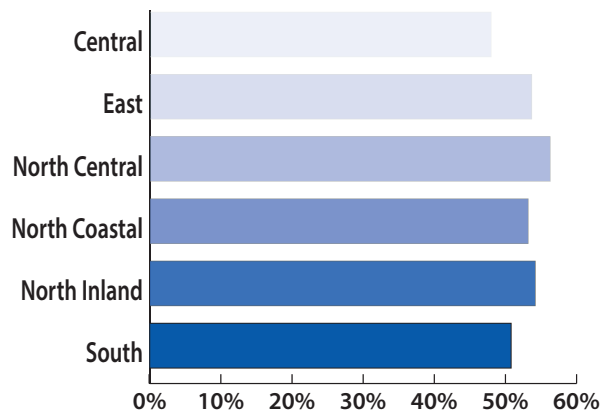
Percentage of Households in Poverty Level Where Householder Worked Full-Time, Year Round, By Marital Status of Householder, San Diego County. Source: US Census Bureau, American Community Survey, 2018.

Employment does not assure adequate income.

- The poverty rate among San Diego County households where the household head worked full-time, year-round was only 1.8% among married-couple headed families compared to 6.5% for single-female headed families.
- Many parents work for low wages and in most regions of San Diego County 30-40% of households with children are low income (below 200% of the Federal Poverty Level). They are less able to provide basic housing, food, and other necessities for their children.

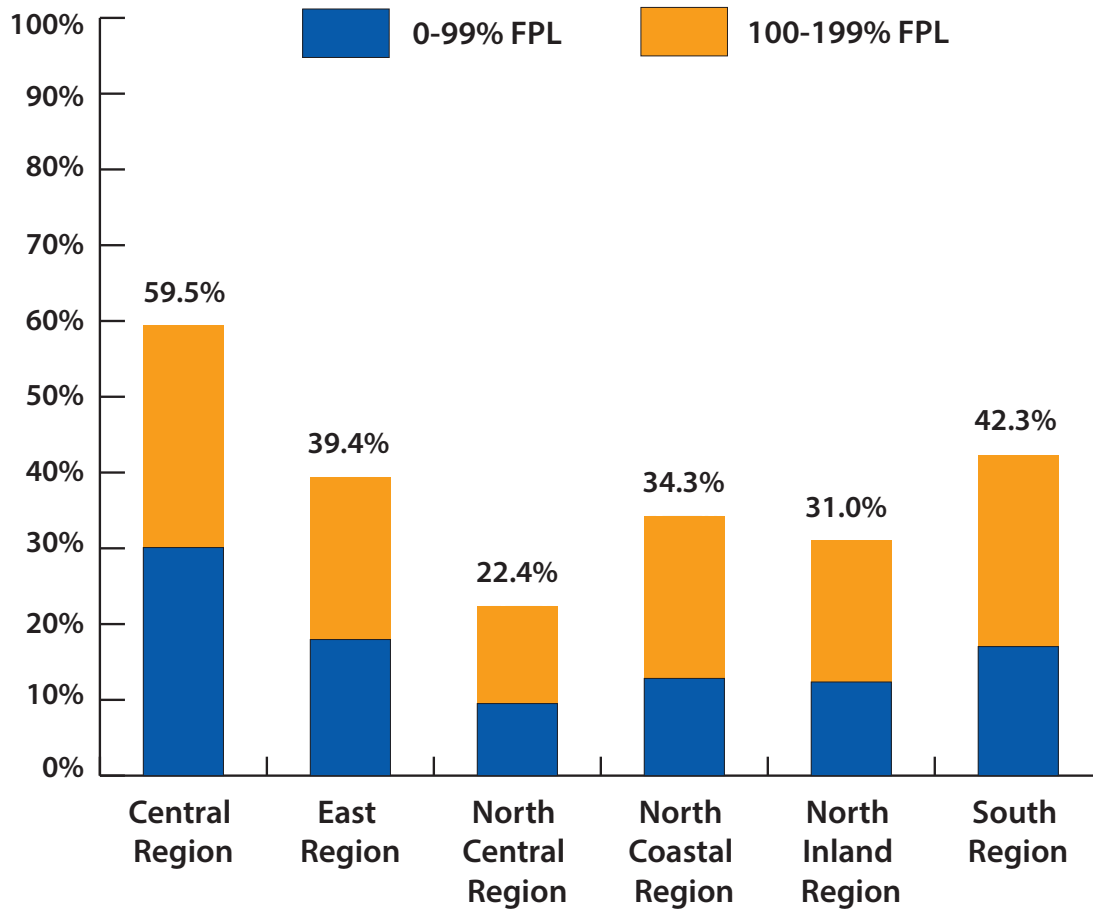
Affordable housing is a challenge for families.

- About half of the San Diego County population spends more than 1/3 of their income on housing costs.
- Households with high housing cost burdens may have difficulty paying for food, transportation, health care, child care, and other basic needs.
- Families with young children are more likely to rent than to own their homes and are more likely to face challenges in finding safe and affordable housing.



Percentage of Population Spending Less than 1/3 of Income on Housing, San Diego County HHSA Regions. Source: Live Well San Diego data dashboard. Data from US Census Bureau, American Community Survey, 2016.

Percentage of Children Under Age 18 in Low-Income Households, By Poverty Level and Region, San Diego County, 2014-2018



Poverty is defined as having income below 100% of the Federal Poverty Level (FPL), and low-income children are those living at or below 200% FPL. The percentage of San Diego County children under age 18 who are low income varies considerably by region. For the period 2014-2018, children and families in the Central Region were much more likely to live with the risks of poverty—6 out of every 10 were low income. In addition, approximately 4 in 10 children in the East and South Regions and more than one-third of children in the North Coastal Region lived in low-income families.

What strategies can make a difference?

While poverty places families at risk, studies show how government programs and tax subsidies can help families move out of poverty. Assistance with income, housing, job training, food, child care, utilities, and health coverage both encourage and reward work by helping families close the gap between wages and basic expenses. The Earned Income Tax Credit (EITC), child tax credits, and other tax credits for low-income families can improve health and economic well-being. In San Diego County, the level of income sufficient to meet basic needs such as housing and food is closer to 200% of the Federal Poverty Level.

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

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

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Assist eligible families in the use of tax credit and savings programs for eligible residents, with annual targets for improvement.
- Fund expansion of evidence-based programs (e.g., Medical-Legal Partnerships and DULCE for families with new babies) to assess and respond to needs such as housing and food insecurity.

Programs & Services

- Increase efforts of the San Diego Workforce Partnership and local businesses to identify and assist eligible families in using federal and state EITC, ITAs, and other anti-poverty programs, with annual targets for improvement.
- Increase and outstation eligibility staff for completing enrollment for health coverage, child care subsidies, nutrition assistance, and housing assistance in an array of community settings.

Family & Community

- Host the IRS Volunteer Income Tax Advocate (VITA) program at local libraries and community centers to help low-income families prepare tax returns and receive EITC.
- Host pantries to distribute food, clothing, and supplies (e.g., diapers, car seats, and transit tokens) in high-need communities.



Community and Family (Cross Age): NUTRITION ASSISTANCE

Why is this important?

Adequate nutrition is essential to health at any age. The federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, provides nutrition assistance to low-income individuals and families. The combined use of SNAP and EITC can lift a family of four with one minimum-wage earner to reach or surpass the poverty line. Young children enrolled in SNAP have lower rates of nutritional and vitamin deficiency. Nutrition assistance also benefits the community: every \$1.00 of SNAP generates \$1.85 in local economic activity. Another advantage is the ability to quickly meet nutrition needs in emergency or changing economic situations.

What is the indicator?

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

What is the trend?

The trend is moving in the wrong direction. Despite progress between 2011 and 2016, the numbers declined between 2017-2019.

Percentage of San Diego County children that experience food insecurity

19%

Source: San Diego Hunger Coalition. Data for 2017 published 2019.

In San Diego County, 44% of CalFresh recipients are children under age 18.

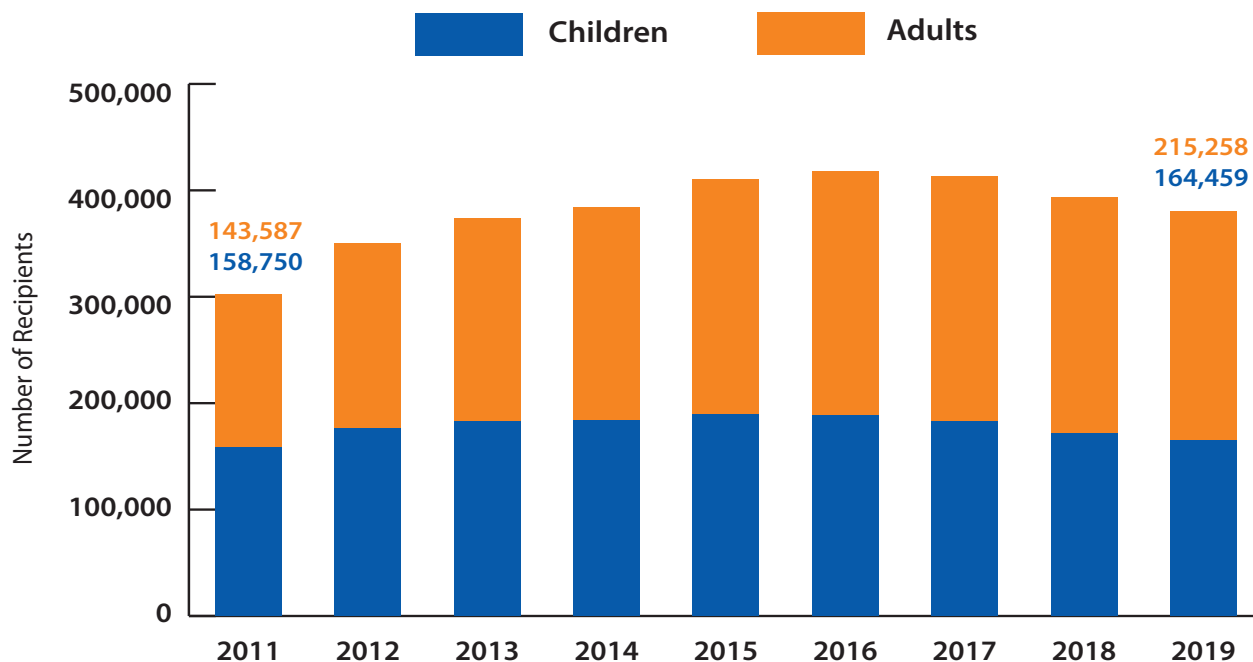
Source: San Diego County Health and Human Services Agency. Data for 2016-2019.

Average daily CalFresh benefit per person

\$3.92

Source: San Diego County Health and Human Services Agency. 2019.

Number of CalFresh (SNAP) Recipients, Children Age 0-18 and Adults Age 19 and Older, San Diego County, 2011-2019



What strategies can make a difference?

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

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

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

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Conduct an immediate study on the decline in CalFresh participation to determine if it is related to less need or lack of enrollment by eligible individuals.
- Fund placement of multilingual and culturally diverse outreach and enrollment workers in community clinics, Live Well Centers, community-based organizations, and homeless shelters, including during weekend and evening hours.

Programs & Services

- Develop outreach enrollment strategies for underserved families in areas with high risk of food insufficiency, prioritizing military, Native Americans, refugees, college students, and those in rural areas.
- Extend hours of operation (including evenings and weekends) for CalFresh information and enrollment at schools, community clinics, Live Well Centers, colleges, community-based organizations, and shelters.

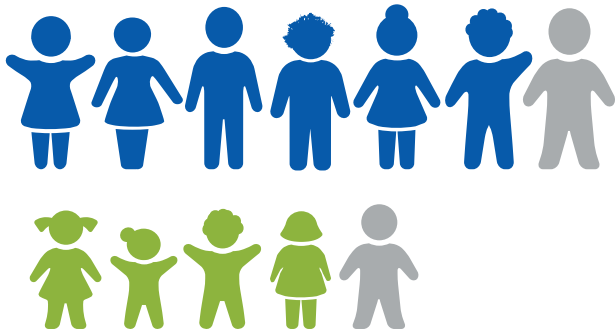
Family & Community

- Host local pantries for food, clothing, and supplies at schools, libraries, Live Well Centers, places of worship, and other community sites.
- Volunteer to help build and sustain school and community gardens.

Food insecurity creates risks today and for the next generation

FOOD INSECURITY THREATENS HEALTH AND WELL-BEING

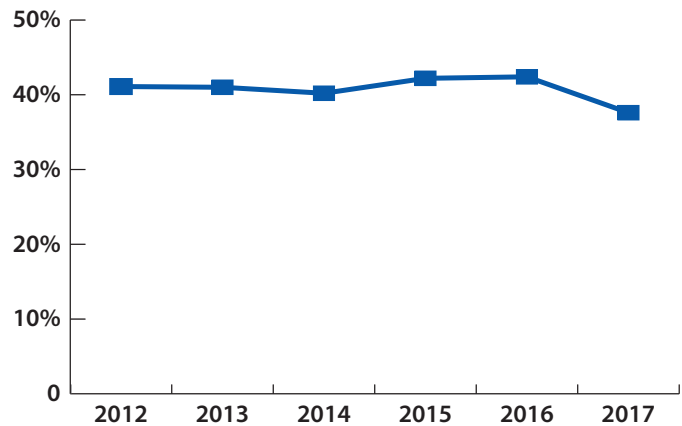
- Food insecurity means not having reliable access to a sufficient quantity of affordable, nutritious food, food necessary for a healthy, productive life. It can result in hunger and malnutrition.
- Families with food insecurity: cannot afford to eat balanced meals, cut the size of meals, skip meals, worry about running out of food, and/or go hungry. People experiencing food insecurity may be forced to resort to emergency food, scavenging, stealing, or other ways to cope.
- While food insecurity has declined, among people in San Diego County with income at or below 200% of poverty, nearly 40% are food insecure.
- An estimated 1 out of 7 of San Diego County residents overall—including families with children, military families and veterans, and senior citizens—experienced food insecurity in 2017.



LOW-INCOME CHILDREN ARE MORE LIKELY TO BE FOOD INSECURE

- Among the San Diego County residents who are food insecure, 1 in 5 (19%) are children.
- San Diego County ranks 7th among the top ten large US counties on the number of food-insecure children.
- Among low-income, single parent households in San Diego County, nearly half (46%) are food insecure.
- Food insecurity can be harmful to people of any age, but it poses particular risks for children. Children affected by food insecurity are more likely to have low birthweight, stunted growth, nutritional deficiencies, learning difficulties, lower school achievement, and/or obesity.

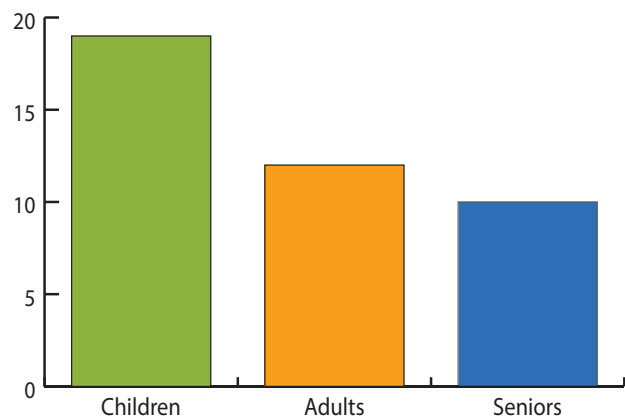
Live Well San Diego Indicator: Percentage of Population with Income of 200% of Federal Poverty Level or Less Who Have Experienced Food Insecurity



Percentage of Population with Income of 200% of Federal Poverty Level or Less Who Have Experienced Food Insecurity, San Diego County, 2012-2017. Source: Data from Live Well San Diego Dashboard.

FOOD AND NUTRITION PROGRAMS HELP FAMILIES AT HIGHER RISKS

- Federal nutrition assistance programs provide food to populations in need. Public programs such as the Supplemental Nutrition Assistance Program (SNAP/ CalFresh), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the National School Lunch Program, and the Child and Adult Care Food Program all increase access to healthy food.



Percent distribution of food insecure San Diego County residents, by age, 2017. Based on data from the California Health Interview Survey. Source: San Diego Hunger Coalition, *Hunger in San Diego Snapshot*, 2019.



Community and Family (Cross Age):

CHILD HEALTH COVERAGE

Why is this important?

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

What is the indicator?

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

What is the trend?

No San Diego County trend is available due to lack of reliable data for recent years. The percentage of children without health insurance has declined to 2%. Medi-Cal covers more than one-third of children in San Diego County.

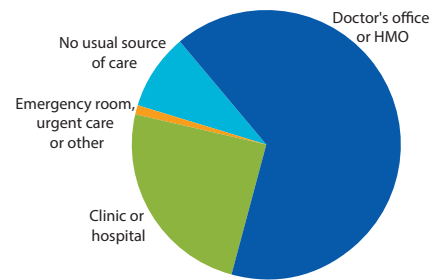
Estimated number of children ages 0-17 who were uninsured in San Diego County, 2018

17,000

As a result of expansions to Medi-Cal and other coverage only 2% of San Diego County children 0-17 remain uninsured.

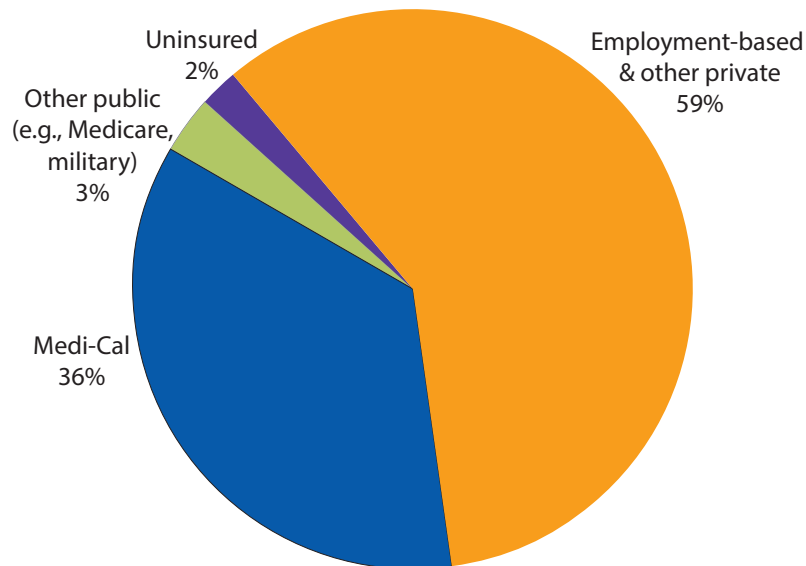
Source: California Health Interview Survey, Three-Year Average 2016-2017-2018.

Most, but not all, San Diego County children have a usual health care provider, which can lead to better health care and reduced costs.



Source: California Health Interview Survey, Three-Year Average 2016-2017-2018.

Percentage of Children Ages 0-17, By Type of Health Coverage, San Diego County, 2017-2018





Community and Family (Cross Age):

ADULT HEALTH COVERAGE

Why is this important?

Uninsured adults are less likely to have access to needed health care. When adults forgo preventive services or treatments, their health may worsen and lead to higher costs, chronic problems, and premature death. Health coverage helps people get support to stop smoking, avoid complications of cardiovascular conditions, and reduce disabilities. Children are more likely to be insured if their parents are insured. In households with continuous coverage, the odds increase that children are insured. Children’s health is adversely affected when their parents are uninsured. Children with uninsured parents are significantly more likely to have no usual source of primary care (i.e., a medical home) and to have unmet health needs.

What is the indicator?

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

What is the trend?

The trend is improving. With major expansions of health coverage under federal and state health reform policies, fewer working age adults are uninsured.

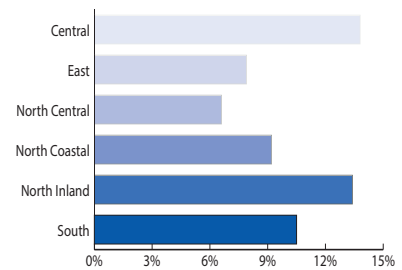
Estimated number of adults ages 18-64 who were uninsured in San Diego County, 2018

187,000

Adult people of color in San Diego County were more likely to be uninsured, particularly Hispanic (18%) and Native Americans (21%).

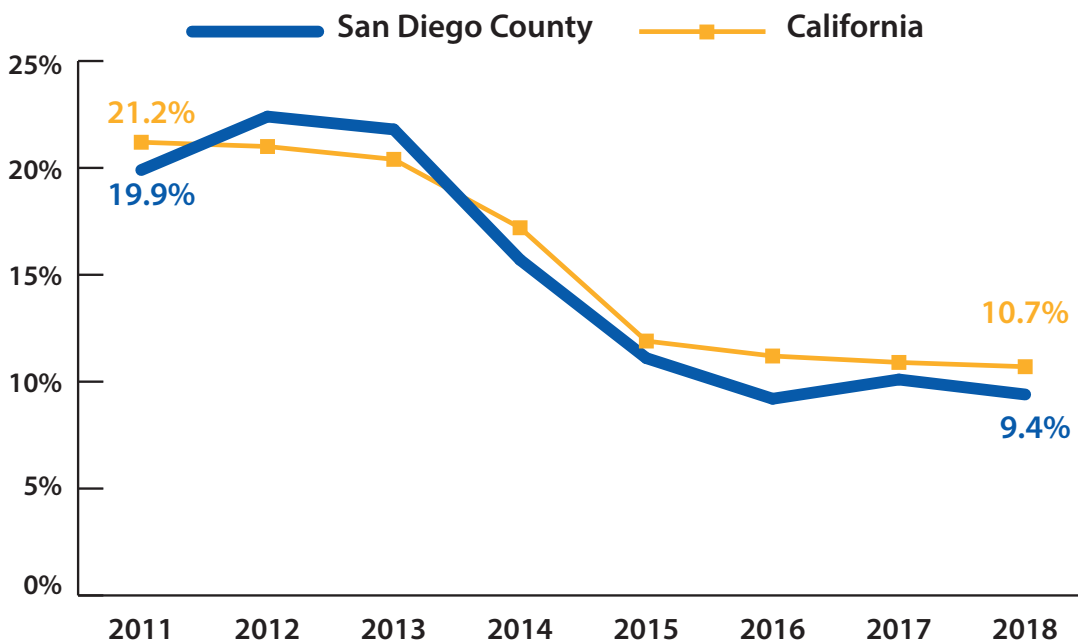
Source: US Census Bureau, American Community, Combined data for 2013-2017.

While 9 out of 10 of adults under 65 have health insurance in San Diego County, the risk of being uninsured varies widely by region.



Percentage of Adults Ages 18-64 without Health Coverage, by HHS Region, Years 2015-2016-2017. Source: California Health Interview Survey.

Percentage of Adults Ages 18-64 without Health Coverage, San Diego County and California, 2011-2018



What strategies can make a difference?

The Affordable Care Act increased coverage for millions of uninsured adults under age 65, particularly those with low income living just above the poverty level. Under this program, known as Covered California, more affordable and subsidized health plans offering essential, minimum benefits are now available. Medicaid (known as Medi-Cal in California) provides coverage to the poorest children and adults. Covered California and Medi-Cal contribute to high rates of coverage among adults and children.

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

- Use health navigators (Covered California’s Navigator Program) in partnership with community organizations (e.g., 211, Access California, Health Center Partners of Southern California, Family Health Centers). Navigators assist through a variety of outreach, education, enrollment, and renewal support services.
- Offer additional assistance through community health workers, home visitors, and others.
- Use simplified and streamlined enrollment, consumer outreach, and information, as well as other approaches to expand coverage.
- Simplify and streamline the application process and enrollment policies (e.g., shorter forms, applications by mail or Internet, no asset tests, no application fees, no test of employment).
- Provide automatic eligibility determinations and renewals for health coverage when families complete applications or recertification for other public assistance programs.
- Remove requirements for work or penalties for unemployment.
- Develop effective outreach and enrollment strategies such as tools from the Connecting Kids to Coverage National Campaign used at the state and community level, including:
 1. Campaigns to promote awareness of available coverage (e.g., social media tools, culturally specific marketing tools, outreach through employers, billboards and posters);
 2. Assistance in distributing and completing applications in schools, homeless shelters, community-based organizations, health care settings, faith communities, and the workplace;
 3. Incentives for schools, employers, and community-based organizations to identify eligible families and help them enroll their children.
- Ensure that families are informed about the different health coverage policies that might work for them and about affordable health plans that provide adequate coverage for children and adults.

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Implement annual, full-year enrollment periods for eligible children in Medi-Cal.
- Use HHSA contracts and other efforts with hospitals and managed care organizations to ensure that all newborns are enrolled in health coverage prior to leaving the hospital.

Programs & Services

- Deploy additional outreach and presumptive eligibility staff to complete enrollment in Medi-Cal and other publicly subsidized health coverage in all Live Well Centers, community clinics, and other sites.
- Expand health navigation support with staff trained to help families understand and enroll in their coverage options, including understanding online resources and applications.

Family & Community

- Ensure that linguistically and culturally appropriate information about health coverage eligibility and benefits is provided through schools and community-based organizations.
- Encourage and train community volunteers to help families navigate and complete online applications for health coverage including Medi-Cal and other publicly subsidized plans.



DOMESTIC VIOLENCE

Why is this important?

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

What is the indicator?

This indicator—the rate of domestic violence reports per 1,000 households—measures reports of domestic and intimate partner violence made to San Diego County law enforcement agencies. Police reports are closer to the actual rate of occurrence than arrest rates. These data are routinely reported by ARJIS and the California Department of Justice.

What is the trend?

The trend is static for both San Diego County and California. Progress has slowed since 2008.

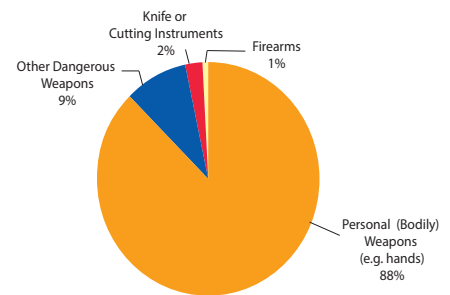
Number of domestic violence-related calls for assistance in San Diego County in 2018

17,511

Children who witness domestic violence also have a higher risk of experiencing child physical abuse and neglect in their homes.

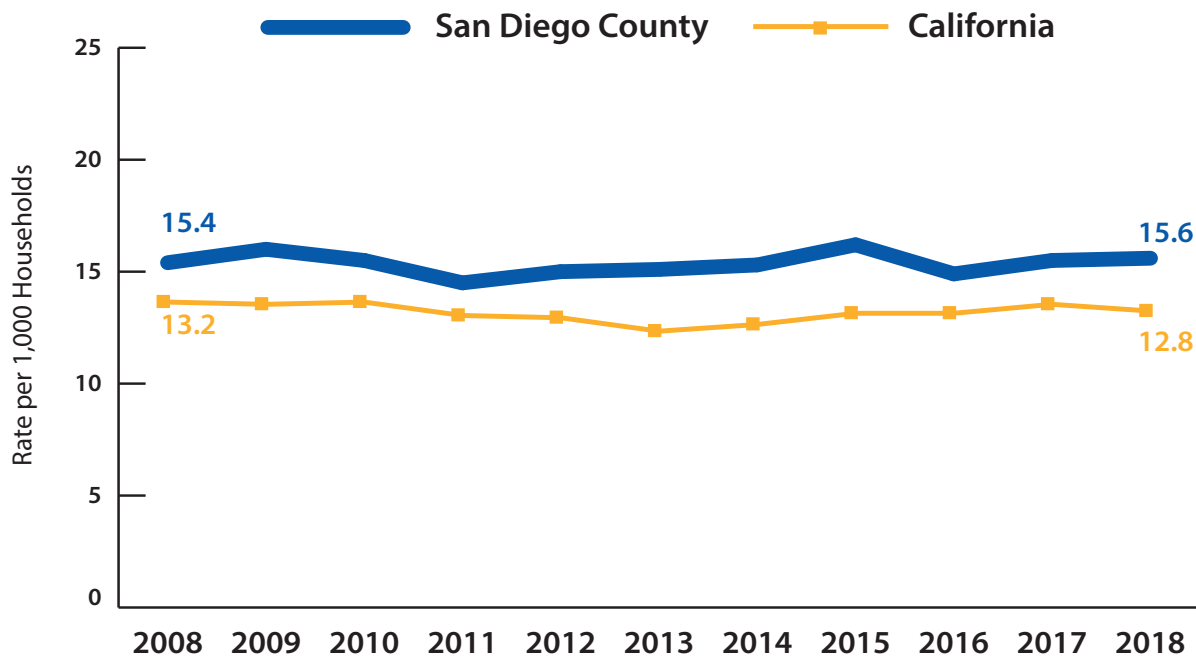
Source: Jobe-Shields L, et al. Co-occurrence of witnessed parental violence and child physical abuse from a national sample of adolescents. *Journal of Child & Adolescent Trauma*. 2018; 11(2):129-39.7. <https://doi.org/10.1007/s40653-015-0057-9>

The graph represents the 70% of domestic violence-related calls that involved a weapon. Weapons include: hands, knives, guns, and other (e.g., objects to hit with).



Percentage of Domestic Violence-Related Calls That Involved a Weapon, San Diego County, 2018. Source: California Department of Justice Office of the Attorney General; and ARJIS, SANDAG.

Rate of Domestic Violence-Related Calls Per 1,000 Households, San Diego County and California, 2008-2018



What strategies can make a difference?

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

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

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

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Require County staff, contractors, law enforcement, and school district staff to be trained in trauma-informed services and care.
- Direct San Diego County District Attorney's Victims Services Office to annually collect and report zip code level data from the Law Enforcement Domestic Violence Supplemental Form in relation to children exposed to domestic violence.

Programs & Services

- Fund placement of mental/behavioral health professionals trained in trauma-informed care in schools, Live Well Centers, and government facilities serving children and families.
- Provide health providers, Live Well Centers, schools, places of worship, libraries, and other community-based organizations with resources about healthy relationships and domestic violence prevention and intervention.

Family & Community

- Convene community meetings in places of worship, libraries, and other community settings to expand awareness about local "safe zones" for domestic violence victims to receive assistance and support in implementing their emergency safety plan.
- Become actively engaged in reporting interpersonal relationship violence and in supporting neighbors to stay safe.



Community and Family (Cross Age):

CHILD ABUSE AND NEGLECT

Why is this important?

Child maltreatment, whether abuse or neglect, has profound and long-term effects on a child’s physical, mental, and emotional development. Physical effects include injury and even death, and psychological effects include depression, anger, anxiety, and aggression. Children who have been abused or neglected often have social and behavioral problems. Studies of Adverse Childhood Experiences (ACEs) show that child abuse and neglect can have a lifelong impact on health and well-being, including increased risk of adult heart disease, obesity, and depression.

What is the indicator?

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

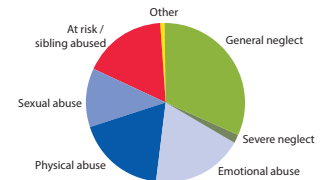
What is the trend?

The trend is improving. The rate of substantiated cases of child abuse and neglect dropped by half between 2000-2011 and by half again from 2011-2018.

Number of substantiated cases of abuse and neglect in San Diego County in 2018

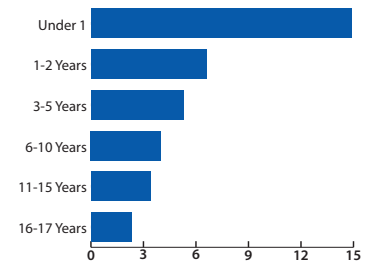
3,771

Distribution of Child Abuse and Neglect Reports, By Type



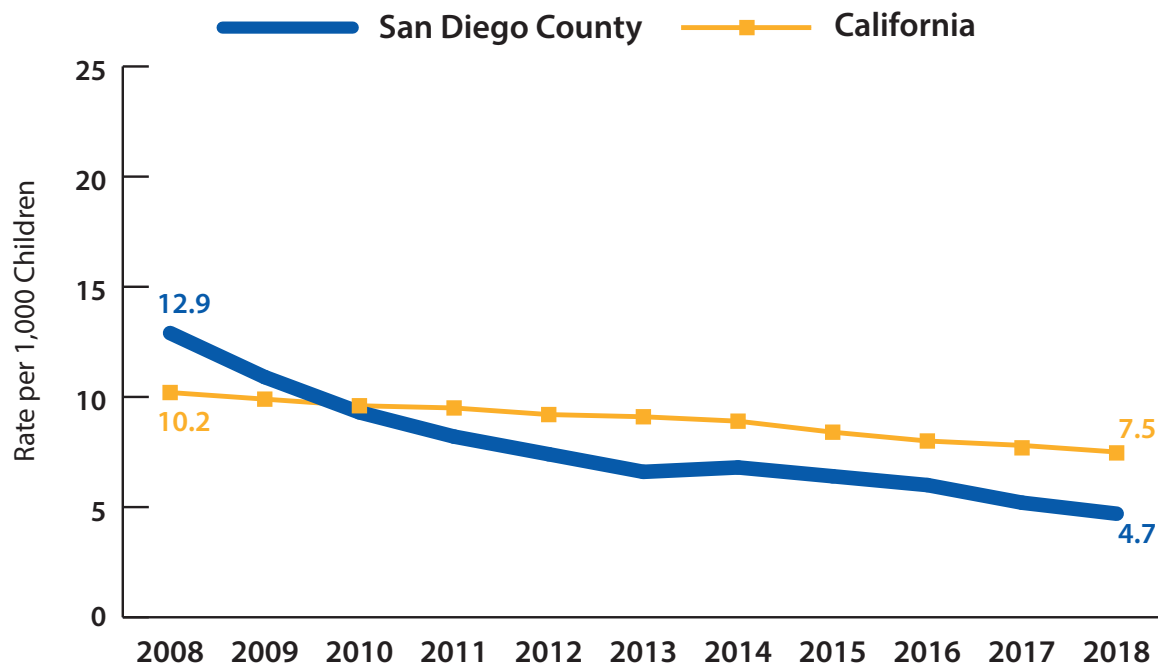
Percentage of Children Ages 0-17 With Substantiated Reports of Child Abuse or Neglect, By Type of Maltreatment, 2018. Source: California Child Welfare Indicators Project, University of California at Berkeley.

Substantiated Cases of Child Abuse and Neglect, San Diego County, Rate Per 1,000, By Age, 2018



Source: California Child Welfare Indicators Project, University of California at Berkeley Center, 2018.

Rate of Substantiated Cases of Child Abuse and Neglect Per 1,000 Children Ages 0-17, San Diego County and California, 2008-2018



What strategies can make a difference?

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

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

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

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Fund expansion of evidence-based parenting programs such as Triple-P, Incredible Years, and other proven parent education programs in zip codes with high rates of substantiated child abuse and neglect.
- Prioritize and fund expansion of evidence-based home visiting services for families at risk, particularly those models effective in reducing risk of child abuse and neglect.

Programs & Services

- Through a partnership among health, early childhood, child welfare, justice, and education leaders, use the Centers for Disease Control and Prevention “Essentials for Childhood” Framework to review programs and policy and develop an action plan.
- Train all public agency direct service staff including child welfare, mental/behavioral health, and juvenile justice staff in trauma-informed care.

Family & Community

- Host community-based support groups to provide families with social support for peer connections, transportation, mentoring, and community resources.
- Raise awareness about community resources and Live Well Centers that provide basic necessities such as food, clothing, diapers, and access to other public supports.



Community and Family (Cross Age):

CHILD VICTIMS OF VIOLENT CRIME

Why is this important?

The negative effects for child victims of violent crime include impact on development, school achievement, mental health, and substance use. Post-traumatic stress disorder may result for the victim. Sadly, crimes are committed against children at every age. Nationally, youth ages 12 to 14 were more likely than older adolescents to be victims of any violent crime, particularly assault. Teens are two to three times more likely than adults to be the victims of assault, robbery, or rape. Most female victims are attacked by someone they know, typically adult men. The rates and types of crimes vary by age, race/ethnicity, urban or rural area, and time of day, but all are preventable.

What is the indicator?

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

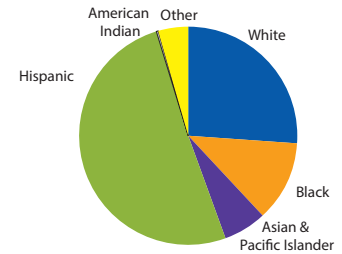
What is the trend?

The recent trend is static for both age groups. For youth ages 12-17, the progress slowed after a period of improvement prior to 2014.

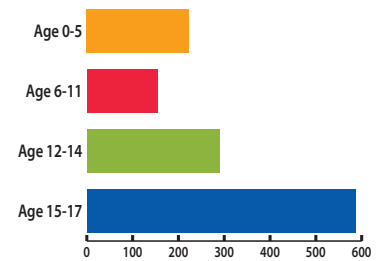
Number of children ages 0-17 who were victims of violent crime in San Diego County, 2018

1,252

Child Victims of Violent Crime by Race/Ethnicity, San Diego County, 2018

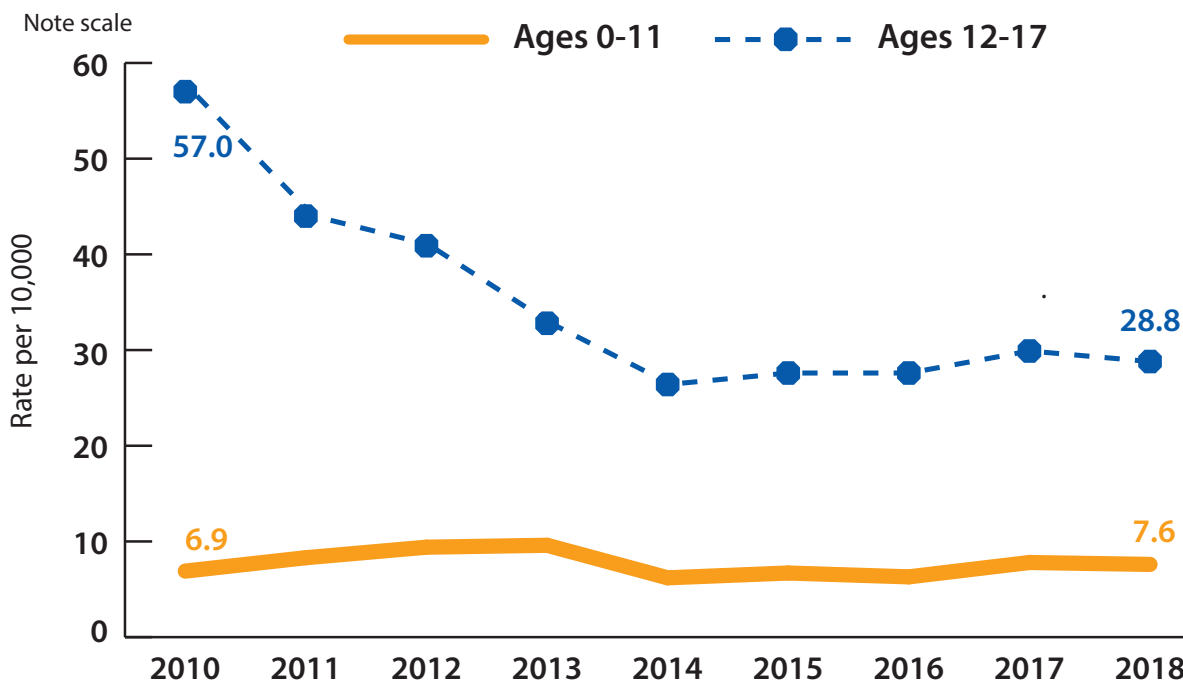


Number of Child Victims of Violent Crime, By Age, San Diego County, 2018



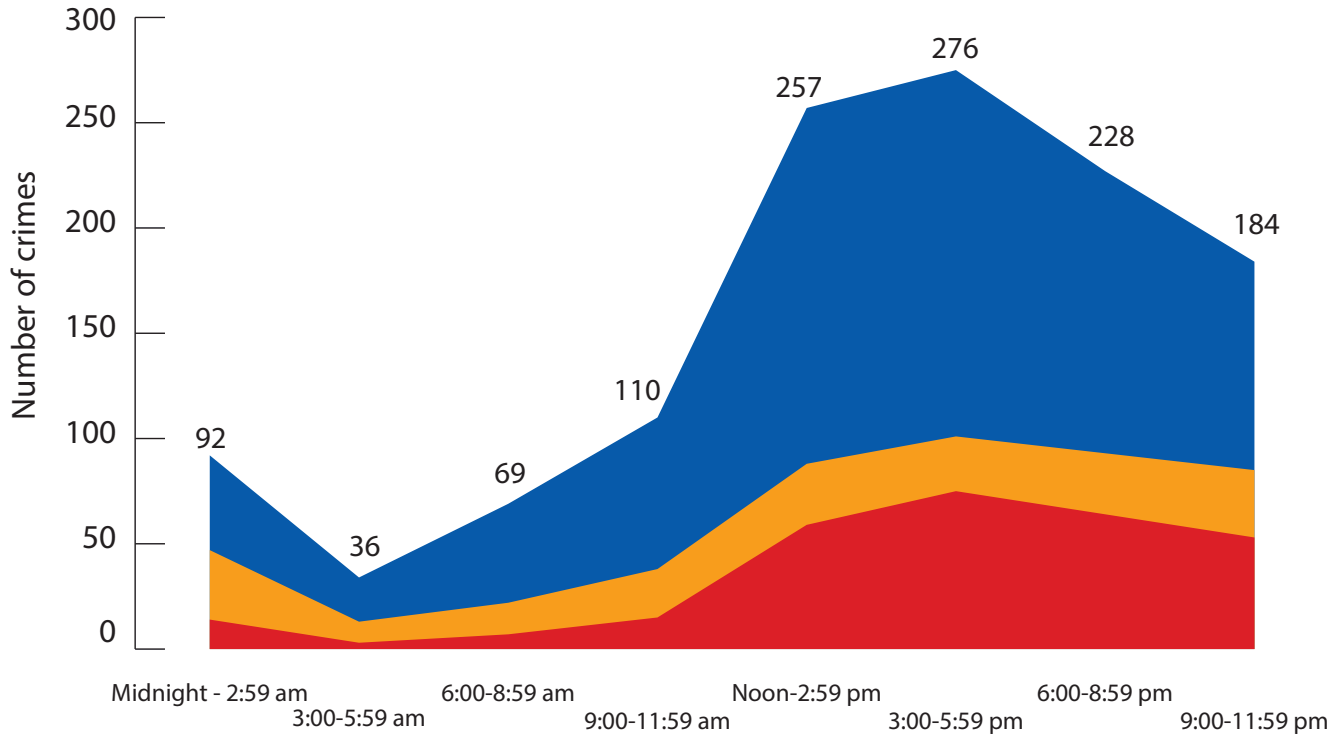
Source: Automated Regional Justice Information System (ARJIS), SANDAG, 2018.

Rate of Violent Crime Victimization Per 10,000 Children, Ages 0–11 and 12–17, San Diego County, 2010-2018



Number of Violent Crimes with Child Victims Ages 0-17, By Time of Day, San Diego County, 2018

■ Aggravated assault
 ■ Rape
 ■ Robbery



The number of violent crimes committed against children and youth increases dramatically after school, peaking between the hours of 3:00 pm and 6:00 pm. High numbers of crimes continue from the afternoon into the evening until midnight. (Note that four homicides occurring between 3:00 pm and 3:00 am do not show on graph.)

What strategies can make a difference?

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

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

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

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Increase restorative principles and practices and conflict resolution programs in all middle and high schools throughout San Diego County.
- Require high school expanded learning programs, school clubs, and sports teams to address teen victimization (e.g., provide education on prevention, encourage reporting and help seeking behaviors, and teach appropriate responses).

Programs & Services

- Build partnerships to ensure consistent and comprehensive screening that can identify the full range of victimizations for children or youth, including education, health, mental health, child welfare, juvenile justice, and other providers who work with children at risk.
- Provide youth with violence prevention services relating to risk and resiliency factors specific to their gender, sexual identification, race/ethnicity, and age.

Family & Community

- Host events in local community centers, regional Live Well Centers, schools, and libraries that educate parents about the risks of victimization and options for free or low-cost school and community supervision for children and youth during non-school hours.
- Teach parents how to talk to their children and youth to encourage reporting and help-seeking behaviors and teach appropriate responses.



Community and Family (Cross Age):

UNINTENTIONAL INJURY

Why is this important?

Injuries may be unintentional but they are not accidents. They can be prevented by changing the environment, behaviors, products, social norms, and policies. More children die or become seriously hurt from injuries than from all childhood diseases combined. Childhood injuries can result in children having long-term disabilities. Native American, rural, and youth are most at risk. Motor vehicle crashes, falls, drowning, burns, poisoning, and suffocation are common causes of injury and leading causes of death. Childhood injuries cost society more than \$400 billion annually in lost productivity and medical expenses.

What is the indicator?

This indicator—the rate of non-fatal unintentional injuries per 100,000 children ages 0-18—shows trends in how many children are injured severely enough to require hospitalization. These data are routinely reported on hospital discharge reports; however, no data have been publicly released for years since 2014.

What is the trend?

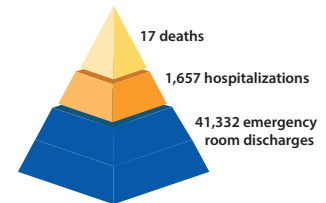
Data are not publicly available to track progress in unintentional injuries among children. Data for 2014 are the latest available for this indicator.

Top Three Causes of Injury Deaths Among Children, 2015-18

- Infants: suffocation, drowning, falls.
- Ages 1-4: drowning, pedestrian, motor vehicle.
- Ages 5-9: motor vehicle, drowning, pedestrian.
- Ages 10-14: motor vehicle, pedestrian, bicycle and other wheel related.

Source: California Department of Public Health, Epicenter, 2016. Prepared for Safe Kids by: County of San Diego, Health and Human Services, Medical Care Services Division, Emergency Medical Services, 06/2018.

Children's Unintentional Injuries, By Outcome, 2016



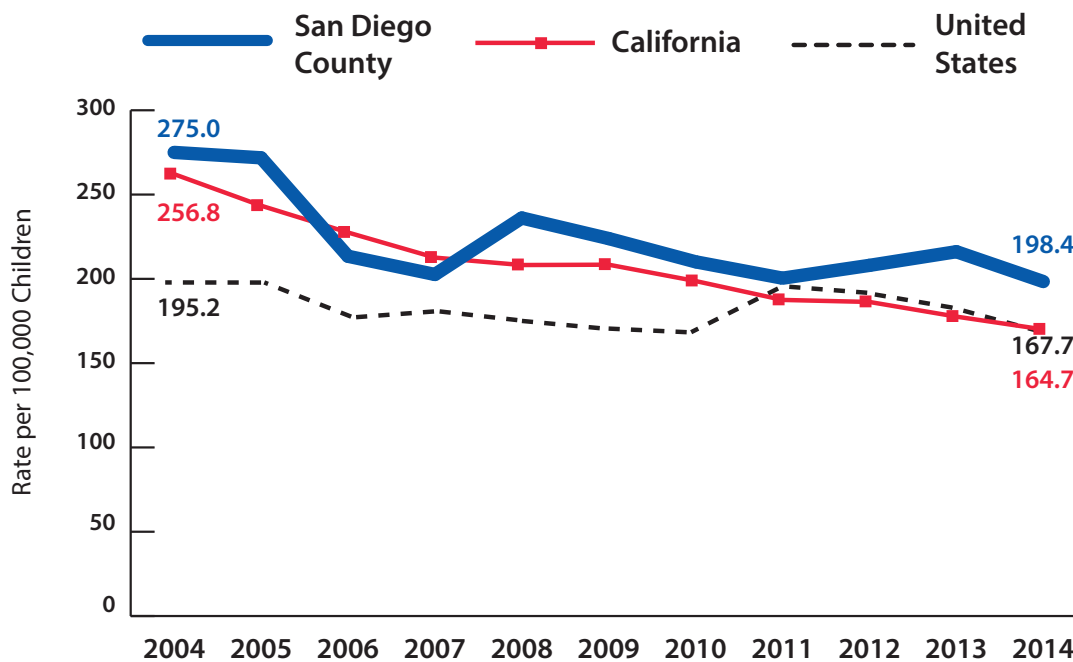
Source: Safe Kids San Diego, Childhood Unintentional Injuries in San Diego County: A Report to the Community, 2018.

Top Causes of Injury-related Hospitalizations Among Children, 2016

- Falls
- Struck by object
- Burns
- Natural environment
- Motor vehicle
- Bicycle and other wheel related
- Pedestrian and other transportation

Source: California Office of Statewide Health Planning and Development, Patient Discharge Data, 2016 Prepared by: COSD HISA MCSO EMS, June 2018. Prepared for Safe Kids.

Rate of Non-Fatal Unintentional Injuries per 100,000, Children Ages 0-18, San Diego County, California, and United States, 2004-2014



What strategies can make a difference?

Strategies to prevent injuries are available and underutilized. Specific prevention and intervention approaches are needed for various causes. As shown below, adoption and enforcement of laws, and public education about safety are the two primary categories for strategies for reducing injuries.

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

Enacting and enforcing legislation and regulations to require:

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

Providing education about:

- Firearm safety, including safe gun storage (e.g., Asking Saves Kids—ASK).
- Safe sleep environments for infants.
- Protective restraints such as child car seats, booster seats, and seat belts.
- Common causes of choking and suffocation.
- Protective gear such as helmets for biking, snowboarding, skiing, skateboarding, off-road vehicles, and other sports.
- Common causes of drowning including swimming pools, buckets of water, and bathtubs.
- Home safety such as outlet covers, cabinet locks, safety gates, and hot water heater controls.
- Fire prevention and reaction, including fire skills training.
- Hazardous clothing, including flammable sleepwear and suffocation from costumes.
- Safe driving practices for parents and youth.
- Parental supervision and child-proofing environments (e.g., lead paint, access to poison).
- Signs and symptoms of head injury and appropriate follow-up actions.
- Family emergency and disaster preparedness.

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Conduct environmental and health impact assessments regarding child injury prevention needs and adopt policy-level interventions to reduce the injury burden.
- Strictly enforce safety regulations such as car seats, seat belts, texting while driving, helmets for biking and skateboarding, appropriate safety gear when playing sports, fencing around pools, and rental property regulations.

Programs & Services

- Develop and distribute culturally and linguistically appropriate education materials on automobile safety, including: age and weight appropriate car and booster seat use, seat belt use for children and youth, and the dangers of distracted driving.
- Increase the availability of free or affordable high-quality safety products including car seats, safety gates, furniture and TV straps, smoke detectors, and gun locks.

Family & Community

- Use local businesses to host annual injury prevention events where they distribute “give-away” safety equipment (e.g., smoke alarms at hardware stores, child safety seat checks at auto dealers, gun locks at gun dealers).
- Host community events to inform residents about safety regulations in rental housing.



Community and Family (Cross Age): CHILDHOOD MORTALITY

Why is this important?

Child mortality is related to a variety of health factors (e.g., risk of disease, safety practices) and socioeconomic conditions (e.g., housing, environmental hazards). The leading causes of death vary by age. Two-thirds of infant deaths occur in the first month, primarily due to low birthweight, preterm birth, or birth defects. Older children are more likely to die of external causes such as motor vehicle crashes, drowning, suicide, and homicide. Unintentional injuries are another leading cause of death, accounting for nearly a third of deaths among children ages 1 to 4 and 5 to 14, and more than 4 in 10 deaths among teens ages 15 to 19. Many child deaths are preventable by improving health, supervision, or community risk factors.

What is the indicator?

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

What is the trend?

While the trend shows year-to-year fluctuations, it is improving for children ages 1-4, 5-14, and 15-19. Beyond the first year of life (see infant mortality trend), mortality rates are highest among youth ages 15-19.

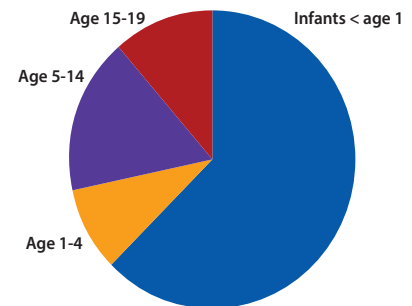
Number of deaths of infants under age 1 in San Diego County in 2017

150

Number of deaths of children and adolescents ages 1-19 in San Diego County in 2017

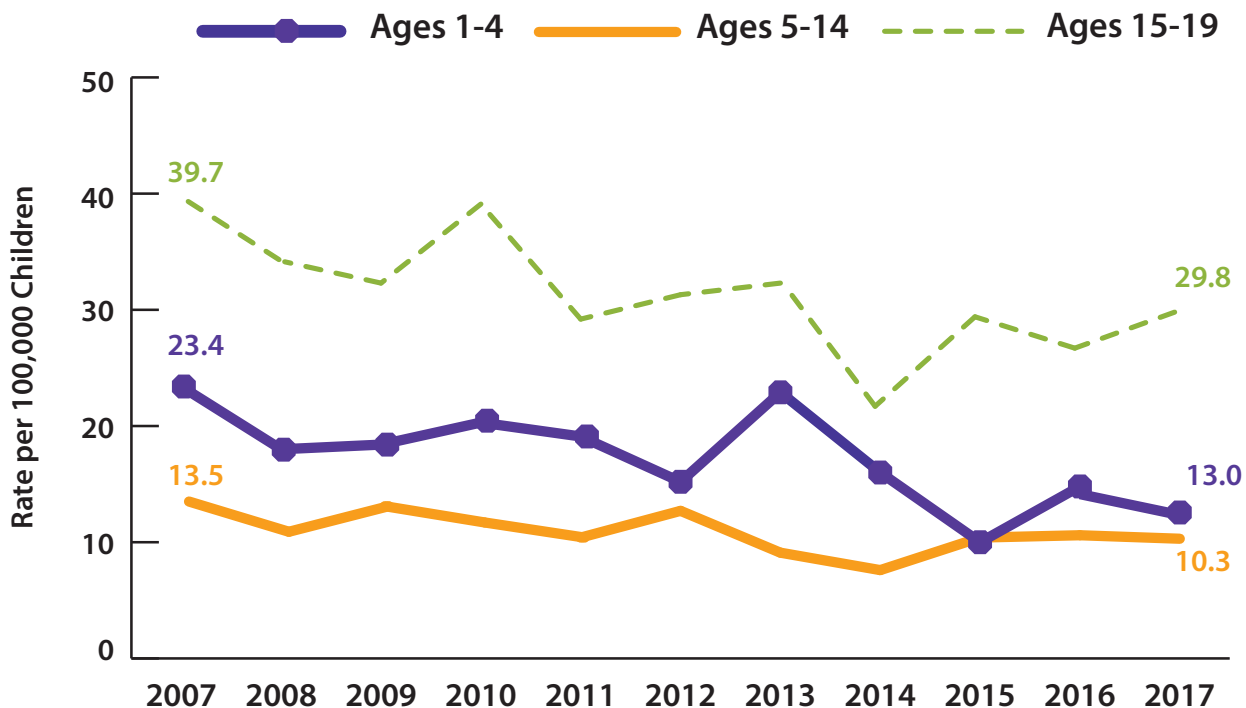
125

Number of Child Deaths, San Diego County, By Age, 2017

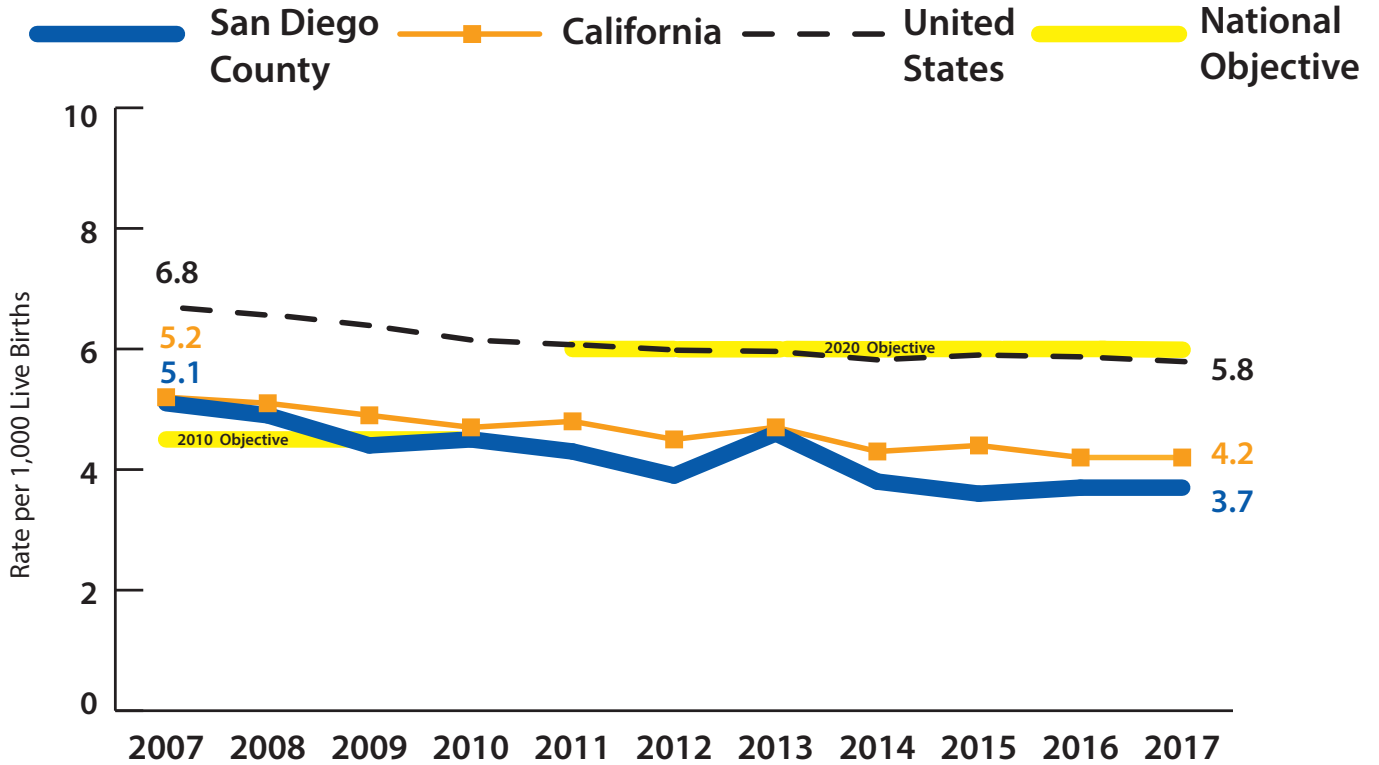


Sources: San Diego County Health and Human Services Agency; and CDC Wonder, 2017.

Mortality Rate per 100,000 Children Ages 1-4, 5-14, and 15-19, San Diego County, 2007-2017



Infant Mortality Rate per 1,000 Live Births, San Diego County, California, and United States Compared to National Objective, 2007-2017



The infant mortality rate trend is static, not consistently improving in San Diego County. A similar trend is shown for California and the United States. While the San Diego County infant mortality rate is among the lowest in the nation, it is worse than that of several other large and diverse California counties. The national objective was made easier to achieve for the decade 2010-2020.

What strategies can make a difference?

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

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

- Conduct community campaigns on factors that place infants, children, and adolescents at risk for premature death.
- Support infant and child death or fatality review teams to identify policies, programs, and risk-reduction interventions that could prevent future deaths.
- Ensure access to services and supports for women that can reduce the underlying causes of most infant deaths, including preterm and low-birthweight birth.
- Educate parents before they leave the hospital with a newborn about sleeping position (“safe sleep” and “back to sleep”) to prevent sudden infant death syndrome and sudden unexplained infant death (SIDS/SUID), as well as about shaken baby syndrome.
- Educate parents about positive parenting practices and age-appropriate discipline techniques.
- Provide free or reduced cost car seats and booster seats for infants, toddlers, and young children.
- Provide free or reduced cost child safety helmets, gun locks, cribs, and electrical outlet covers.
- Use interventions (e.g., home visiting, Strengthening Families, Triple P) to reach and intervene with families in order to reduce the risk of child abuse and neglect.
- Promote use of immunizations to reduce vaccine-preventable disease such as measles, mumps, rubella, varicella (chickenpox), diphtheria, pertussis (whooping cough), tetanus, polio, HPV, and meningitis.
- Educate parents and children about the risks of drowning at home and in the community.
- Promote gun safety (e.g., safe gun storage, “safe surrender” programs).
- Reduce family and community violence.
- Require driver safety education programs for teen drivers.
- Implement suicide awareness and prevention programs.

How can we improve the trend in San Diego County?

Based on what works and what we have been doing, the priorities for action are:

Policy

- Enforce local ordinances that require landlords to provide safe housing including: smoke and carbon monoxide detectors, safety gates for pools, window locks, and safety gates on stairs.
- Expand gun safety programs in schools and communities, including firearm safety, safe gun storage, and free gun lock distribution.

Programs & Services

- Educate parents about child safety including: risks of drowning at home and in the community, infant safe sleep practices, motor vehicle and bike safety, and safe gun storage.
- Implement parent health education efforts regarding the importance of positive parenting practices, smoking cessation, abstaining from alcohol and drug use, and safe sleep for babies.

Family & Community

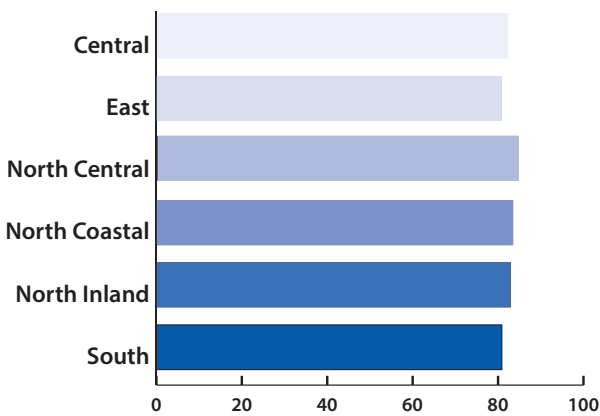
- Host community meetings and trainings on improving community and home safety including: driving safety, preventing family and community violence, conducting home safety assessments, and Internet safety for children and youth.
- Volunteer with home health organizations, places of worship, and other entities to provide grief counseling and support.

Life expectancy tells us about the health of each generation



PREDICTING LIFE EXPECTANCY

- Life expectancy is the average number of years that infants born today are expected to live if current mortality patterns continue throughout his or her lifetime.
- In 2017, overall life expectancy was 82.5 years in San Diego County, compared to 78.6 years for the total US population.
- Life expectancy for females is generally longer than for males. In San Diego County, for 2017, life expectancy was 84.8 years for females and 80.2 years for males.

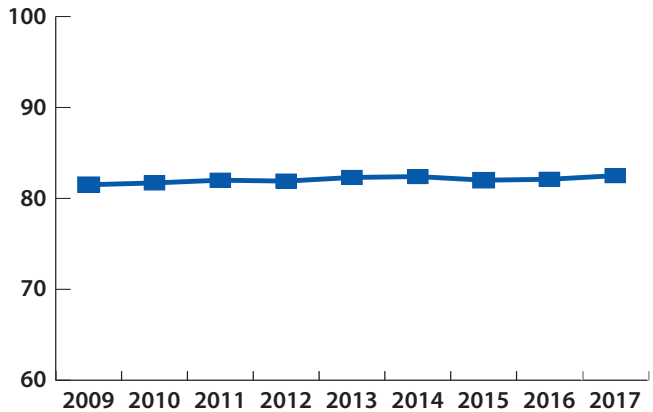


Length of Life Expected at Birth in Years, By Region, San Diego County, 2009-2017. Source: Data from Live Well San Diego Dashboard.

THREATS TO LIFE EXPECTANCY

- Infectious disease outbreaks and epidemics, including COVID-19, influenza, measles, and diphtheria can all shift life expectancy predictions.
- High rates of maternal mortality and excess infant mortality are another threat to life expectancy, particularly among African American families across the nation.
- Increased rates of drug overdoses, suicides, and homicides have reduced life expectancy in some communities and some populations such as youth 10-24. Unintentional injuries also threaten the lives of our youth.
- Smoking, lack of healthy food, limited exercise, and untreated mental health conditions also are factors related to life expectancy.

Live Well San Diego Indicator: Life Expectancy: Length of Life Expected at Birth in Years



Length of Life Expected at Birth in Years, San Diego County, 2009-2017. Source: Data from Live Well San Diego Dashboard.

DISPARITIES EXIST IN LIFE EXPECTANCY

- While life expectancy has gradually increased overall, progress varies by region, race/ethnicity, and income.
- In 2017, life expectancy ranged from a high of 84.7 years in the North Central Region to a low of 80.9 years in the South Region.
- For the San Diego metro area, the child opportunity score—which uses a scale of 0-100 to measure neighborhood conditions such as access to healthy food, health care, safe housing, education, parks, and clean air—is 73 for whites compared to 77 for Asian/Pacific Islanders, 39 for Hispanics, and 39 for African Americans.
- There is a difference of 4.4 years in life expectancy between people living in San Diego metro area’s very low-opportunity neighborhoods and those in very high-opportunity neighborhoods.

Leading Causes of Death

1. Cancer
2. Heart disease
3. Alzheimer’s disease
4. Stroke
5. Unintentional injuries
6. Chronic respiratory disease
7. Diabetes
8. Chronic liver disease
9. Suicide
10. Hypertension and kidney failure

Leading Causes of Death in San Diego County, 2016. Source: Data from Live Well San Diego Dashboard.

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ACKNOWLEDGEMENTS

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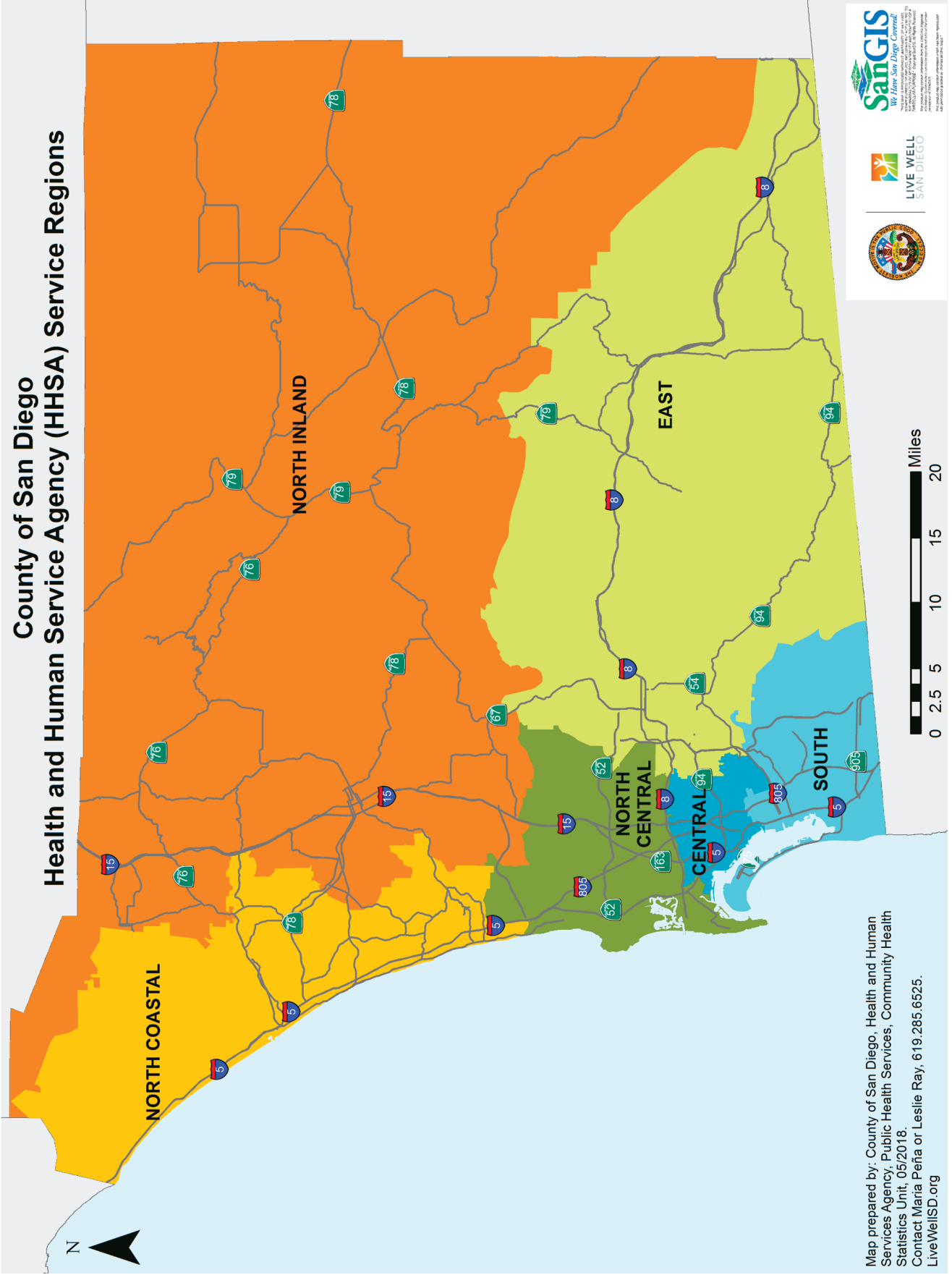
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References, data sources, and technical notes can be found online at www.thechildrensinitiative.org

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



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