

Children in Our Community:

A Report on
Their Health
and Well-Being



2007

San Mateo County Children's Report

The 2007 San Mateo County Children's Report was funded by:



www.lpfch.org

The Lucile Packard Foundation for Children's Health is devoted exclusively to promoting, protecting, and sustaining the health of children. The foundation raises funds for Lucile Packard Children's Hospital and pediatric programs at the Stanford University School of Medicine; makes grants to community partners in San Mateo and Santa Clara counties; and supports public information and education programs to raise awareness about the state of children's health and encourage positive change in attitudes, behavior, and policy.



www.siliconvalleycf.org

The new Silicon Valley Community Foundation resulted from the historic merger of Community Foundation Silicon Valley and Peninsula Community Foundation in January 2007. Serving all of San Mateo and Santa Clara counties, the new community foundation is among the largest community foundations in the nation, with more than \$1.9 billion in assets under management and 1,500 philanthropic funds. In a region known for innovation in business and technology as well as philanthropy, the new community foundation is addressing local needs and supporting Silicon Valley's charitable giving to causes locally, nationally and around the globe.



www.smhealth.org

The San Mateo County Health Department's mission is to build a healthy community and increase the longevity and quality of people's lives by: protecting the public health of all residents and the environment; ensuring emergency response; providing physical and mental health care and protective social services; engaging the community in key health issues.



www.lpch.org

Ranked as one of the nation's top 10 pediatric hospitals by U.S. News & World Report, Lucile Packard Children's Hospital at Stanford is a 264-bed hospital devoted to the care of children and expectant mothers. Providing pediatric and obstetric medical and surgical services and associated with the Stanford University School of Medicine, Packard Children's offers patients locally, regionally and nationally the full range of health care programs and services, from preventive and routine care to the diagnosis and treatment of serious illness and injury.

Introduction

Today's children will grow into tomorrow's adult residents of San Mateo County. This report is as much about the future of the county as it is about the current status of its children. The purposes of the report are to direct attention to changes in children's health and well-being, to galvanize the community to work together toward common outcomes, and to inform program and policy decisions that affect children's lives.

This report summarizes how children in the county are faring with respect to four desired outcomes:

- I. Children Are Healthy**
- II. Children Are Nurtured in a Stable, Caring Environment**
- III. Children Are Succeeding in School**
- IV. Children Are Safe**

These outcomes, established through a community-wide process in 2000, reflect basic truths about child development: (1) child well-being is multifaceted, and healthy development requires that children do well physically, emotionally and behaviorally, as well as cognitively and academically; and (2) children can thrive only if parents, families and communities provide them with support and guidance to help keep them safe and promote their growth.

This report differs from previous Children's Reportsⁱ in that it is a summary of trends related to children's well-being, rather than an extensive data book. Detailed statistics now can be found at www.kidsdata.org, an online resource that provides a wide range of regularly updated indicators of children's health and well-being in San Mateo County and other Bay Area counties.

The San Mateo County Children's Data Team, a collaborative countywide group, including public agencies, foundations, nonprofits and others, advised on this report and previous Children's Reports (see list of members on inside back cover).

i. Since 2000, San Mateo County has released Children's Reports every two or three years, summarizing the status of children's health and well-being. Each report was produced through a countywide collaboration, with the County leading the 2000 report (found at www.plsinfo.org/healthysmc); the Peninsula Partnership for Children, Youth and Families leading the 2002 and 2005 reports (found at www.siliconvalleycf.org); and the Lucile Packard Foundation for Children's Health leading this report.

Key Findings

Most of San Mateo County’s children are faring as well as, or better than, the average child in California, as measured by their status on indicators of health, development, school achievement and family and community supports. In addition, for many indicators, children’s well-being in San Mateo County has improved in recent years. For example:

- More women than ever before are receiving prenatal care early in their pregnancies: In 2004, 89.8% of San Mateo County residents giving birth received prenatal care in their first trimester.
- Infant mortality rates have fallen by more than 15% from 1996-1998 to 2002-2004 (from 4.5 to 3.8 per 1,000).
- In the fall of 2006, approximately 3,000 children were without health insurance, down considerably from the estimated 17,000 uninsured prior to the establishment of the San Mateo County Children’s Health Initiative in 2003.

In other positive findings, 59% of youth surveyed in the county report that they feel safe at school, and more than 75% of fifth and seventh graders report close and supportive connections with the adults in their homes.

However, on most measures, substantial disparities in well-being exist across ethnic and racial groups, and Caucasian/white and Asianⁱⁱ (not including Pacific Islander) children tend to fare better than other groups. Large income disparities also exist in the county, and even families with incomes well above the Federal Poverty Level often cannot make ends meet due to the high cost of living.

The data indicate several specific areas of concern for the county:

- The percentage of infants born low birthweight increasedⁱⁱⁱ between 2001 and 2004, and African Americans continue to have the highest percentages of babies born low birthweight (14% versus 6.6% for all San Mateo County infants in 2004).
- In 2005, one-third of 2- to 11-year-olds had never seen a dentist, compared to 24% statewide.
- In 2004, one-quarter of fifth, seventh and ninth graders were overweight.
- Though the overall teen birth rate has fallen in the last decade, rates for Latinas and African Americans were eight to 10 times higher than for Caucasian/white and Asian teens in 2004.
- The percentage of public school students enrolled in the free or reduced price meal program increased from 24.2% in 2002 to 30.4% in 2006, and the percentage of families that could afford to purchase a median-price home dropped from 23% to 12% between 1995 and 2005.
- While San Mateo County reading scores have improved in recent years, only 23% of economically disadvantaged third graders scored at or above the 50th percentile on the California Achievement Test (CAT/6) for reading, compared to 61% of non-economically disadvantaged students in 2006.
- The county only had enough licensed child care spaces to serve 30% of children ages 0-13 with parents in the labor force in 2004, and care was so expensive that 26% of families in the county could not afford to enroll their children in a licensed child care center or preschool in 2005.

ii. The definitions of racial/ethnic groups vary by data source. This report uses the terms “Caucasian/white,” “Hispanic/Latino” and “African American/Black” to reflect this variation in terminology.

iii. Throughout this report, terms such as “increased,” “decreased,” “rose,” and “fell” are used to indicate trends and change. No tests were conducted to determine if observed changes were statistically significant.

- In 2004-2006, 11th graders in San Mateo County were more likely than their counterparts in California to report use of alcohol, marijuana and cigarettes within the past month.
- Death rates for youth and young adults ages 15-24 increased from 44.3 to 54.7 per 100,000 from 1999-2001 to 2002-2004.

This report also reveals areas in which additional data and analyses would be useful. The data presented in this report primarily examine one issue at a time without exploring how different issues interact to affect children. For example, low-income households are likely to be located in the same neighborhoods that have high crime rates and low-performing schools. The children who are most vulnerable are those facing multiple risk factors, and future analyses could explore and track the progress of those very vulnerable children and youth. Also, more data on factors that promote children's development and resiliency would provide a more complete picture of children's well-being.

This report does not prescribe specific actions but, instead, highlights critical issues that need additional attention. It is designed to promote collaboration among government agencies, community-based organizations, policymakers, business leaders and residents to address the most pressing concerns in San Mateo County. Only through concentrated and coordinated efforts can the county help all its children reach their full potential.

Demographic Snapshot

In 2007, San Mateo County had a total population of approximately 733,000,¹ including 167,000 children and youth ages 0-17.² About 10,000 children are born to San Mateo County residents each year.³ In 2007, 41% of all children and youth in the county were Caucasian/white, followed by Latinos/Hispanics (31%), Asians (19%), multiracial children (5%), African Americans (2%), Pacific Islanders (2%), and Native Americans (0.4%).⁴ In the 2006-2007 school year, 23% of students in San Mateo County schools were English Learners, of whom about three-quarters were Spanish-speaking.⁵

Local Action

Public and private organizations across the county are actively leading community initiatives that aim to reduce disparities and improve children's well-being. Examples of such initiatives include efforts to provide health insurance for all children, offer preschool for all 3- and 4-year-olds, increase child care affordability, increase children's preparedness for kindergarten, decrease childhood obesity, prevent youth violence, promote positive youth development, expand affordable housing, and redesign the child welfare system.

For more information, see www.kidsdata.org/sanmateoreport.

¹ All endnotes for this report are available online at www.kidsdata.org/sanmateoreport.

I. Desired Outcome: Children Are Healthy

Most children in San Mateo County are healthy, as measured by several indicators of children’s health and by factors such as insurance coverage, which can influence children’s health (See Table 1). Children in the county tend to have better health outcomes than the average child in California, although not necessarily as good as the objectives established by the national Healthy People 2010 initiative.^{iv}

However, about one-third of 2- to 11-year-olds never have seen a dentist, one-quarter of children are overweight or at risk of obesity, and African American and Latino/Hispanic children tend to fare worse than Caucasian/white and Asian children on many measures.

Key health issues are summarized below, and more data are available at www.kidsdata.org.

Prenatal Care and Birth Outcomes

Whether children have been born full term and of normal birthweight (5.5 pounds or more) can have profound long-term impacts on their well-being. On average, children born preterm (<37 weeks gestation) lag behind their peers in IQ, language development and school achievement.⁶ They also have a higher incidence of learning disabilities and school failure.⁷ About half the children born at low birthweight eventually require special education services.⁸ Women who receive prenatal care early in their pregnancies are more likely to have healthy births, although prenatal care by itself—at least as it is typically delivered—is not sufficient to prevent poor birth outcomes.^{9,10,11} Still, many researchers recommend prenatal care, particularly with enhanced and comprehensive content, as an important strategy that can address health risks for mothers, provide health education, and link mothers and newborns to other preventive health and supportive services.^{12,13}

The news is mixed about health care for pregnant women and birth outcomes in San Mateo County. More mothers are receiving prenatal care in the first trimester than ever before (89.8% in 2004),¹⁴ and infant mortality rates have fallen in recent years (to 3.8 per 1,000 in 2002-2004).¹⁵ Nevertheless, after falling steadily from 1995 to 2001, the proportion of babies born with low birthweight has increased by 16% in recent years, from 5.7% in 2001 to 6.6% in 2004 (see Figure 1).¹⁶ The county’s infant mortality rate is better than the Healthy People 2010 objective, but the percentages of women receiving early

Table 1. Children Are Healthy: Key Indicators in San Mateo County

Prenatal Care and Birth Outcomes

- Prenatal care in first trimester
- Low birthweight
- Infant mortality

Access to Health Care Services

- Health insurance coverage
- Health and dental care
- Immunization rates

Nutrition, Weight and Physical Fitness

- Breastfeeding
- Obesity
- Physical fitness

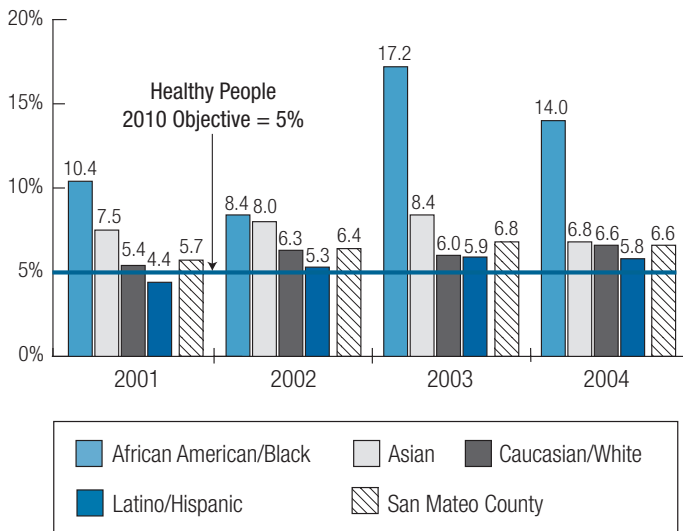
Teen Birth Rate

iv. Published by the U.S. Department of Health and Human Services, *Healthy People 2010* is a comprehensive set of disease prevention and health promotion objectives for the nation. The objectives were created by scientists and primarily seek to increase life expectancy, improve quality of life and eliminate health disparities (www.healthypeople.gov). In 2004, the San Mateo County Health Department adopted the Healthy People 2010 framework and published a report on the health status of county residents, using the same indicators as were used in the national report (http://www.co.sanmateo.ca.us/smc/department/health/home/0,,1954_106958709_107292062,00.html). Relevant Healthy People 2010 objectives are included in the summary table at the end of this report.

prenatal care and of babies born with low birthweight are worse than national benchmarks.

As in the rest of California, there remain deep ethnic and racial disparities, with Caucasian/white and Asian children generally showing better outcomes than most other racial/ethnic groups. Figure 1 illustrates the racial/ethnic disparities in low birthweight births. In San Mateo County, the percentage of babies born with low birthweight to African American mothers is greater than the percentage for most other racial/ethnic groups, while the percentage of low birthweight Latino/Hispanic babies is lowest.¹⁷ Table 2 shows that the percentages of African American and Latina/Hispanic women who receive early prenatal care have increased since 2001. However, Pacific Islanders continue to be the least likely to receive early prenatal care.¹⁸

Figure 1. Percentage of San Mateo County Infants Born with Low Birthweight, by Race/Ethnicity



Source: California Department of Health Services, Center for Health Statistics, Vital Statistics Query System, <http://www.applications.dhs.ca.gov/vsq/default.asp>. Retrieved 05/21/07.

Note: In 2004, 667 infants were born with low birthweight in San Mateo County. Of those, 32 were African American, 170 Asian, 245 Caucasian/white and 193 Latino/Hispanic.

Table 2. Percentage of San Mateo County Women Receiving Prenatal Care in the First Trimester, by Race/Ethnicity

Race/Ethnicity	2001	2002	2003	2004
African American/Black	76.2%	82.8%	83.3%	87.8%
Asian	87.1	88.7	90.7	91.4
Caucasian/White	90.9	91.1	91.7	94.0
Latina/Hispanic	80.8	82.0	84.7	85.6
Multiracial	79.7	84.6	84.8	87.7
Pacific Islander	66.4	60.6	72.6	68.4
San Mateo County	85.7	86.7	88.4	89.8

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics Query System, <http://www.applications.dhs.ca.gov/vsq/default.asp>. Retrieved 05/21/07.

Note: In 2004, 9,064 women received prenatal care in the first trimester. Of those, 3,466 were Caucasian/white; 2,836 Latina/Hispanic; 2,270 Asian; 201 African American; 142 multiracial; and 134 Pacific Islander.

Access to Health Care Services, Including Preventive Health Care and Immunizations

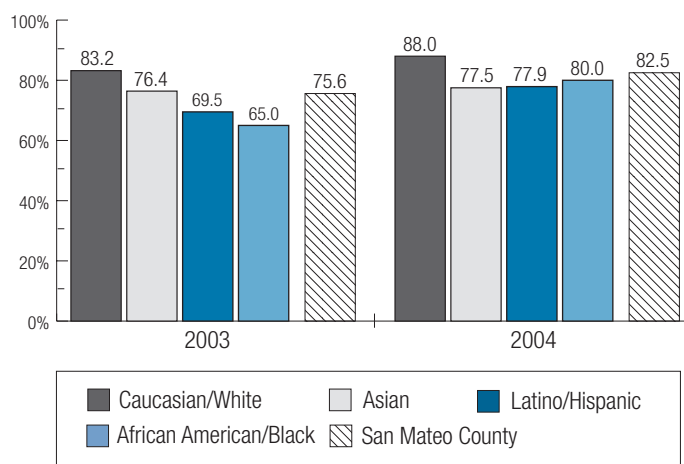
Nationally, children without health insurance are less likely to have a regular pediatrician and to use medical and dental care. They also are more likely to be in poor health and under-immunized.¹⁹ But when publicly funded sources of health insurance are expanded, children receive better care, and their health, school performance and school attendance improves.^{20,21}

The San Mateo County Children's Health Initiative (CHI) was launched in 2003 to help secure health insurance coverage for all children, including those who are undocumented.²² Prior to CHI, 17,000 children were estimated to be uninsured.²³ From 2002-2004 alone, CHI contributed to a 66% increase in the number of children enrolled in Medi-Cal, Healthy Families and Healthy Kids (the three public health insurance programs for which CHI facilitates

enrollment)²⁴ and, as of fall 2006, the number of children without health insurance had been reduced to approximately 3,000.²⁵ By contrast, for dental insurance, 83.3% of children ages 2-17 were covered in 2005, slightly less than the 84.7% in 2001.²⁶

With greater health insurance coverage, preventive health care should be more accessible for children. The percentage of kindergarteners who had been fully immunized by age 2 climbed from 75.6% in 2003 to 82.5% in 2004.²⁷ In addition, it appears that the racial/ethnic disparities in immunization rates may be lessening. The 18 percentage-point gap between Caucasian/whites and African Americans in 2003 had closed to an 8 percentage-point difference in 2004. The gap between Caucasians/whites and Latinos/Hispanics also narrowed (see Figure 2).²⁸

Figure 2. Percentage of Children in San Mateo County Fully Immunized by Age 2, by Race/Ethnicity



Source: California Kindergarten Retrospective Survey, California Department of Health Services, Immunization Branch; San Mateo County Health Department, Immunization Program, as cited on www.kidsdata.org.

Note: These data come from a survey of the immunization records of kindergarten students; 946 student records were surveyed in 2004, and 1,751 were surveyed in 2003. In 2004, 6,759 kindergarteners were enrolled in public schools in the county. Of those, 240 were African American; 697 Asian; 2,295 Caucasian/white; and 2,263 Latino/Hispanic.

While immunization rates have improved, one-third of all children ages 2-11 (approximately 30,600 children) had never been to a dentist in 2005, compared to 24.1% statewide.²⁹

Nutrition, Weight and Physical Fitness

For infants, the most complete form of nutrition is breast milk. Breastfeeding is associated with reduced postneonatal infant mortality rates, decreased rates of obesity in later life, and improved cognitive, language and motor development.^{30,31,32} The longer infants are exclusively breastfed, the better. For example, babies who are breastfed for six rather than four months have fewer respiratory illnesses and ear infections.³³

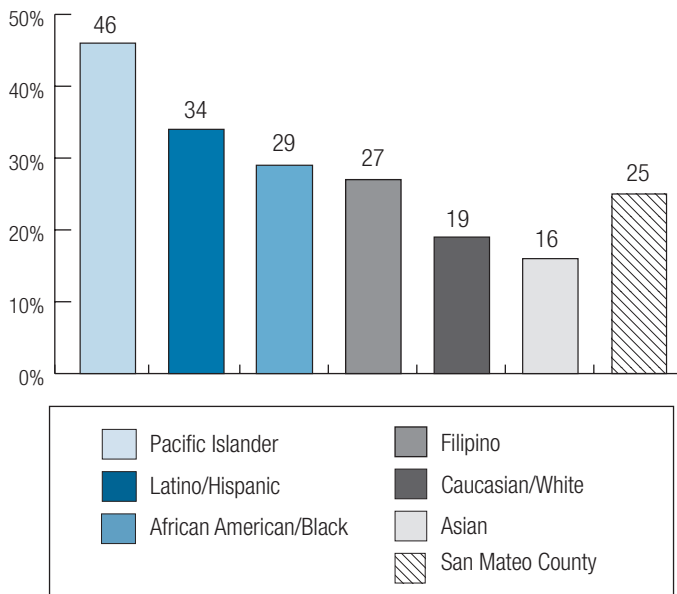
In San Mateo County, 93% of women initiated breastfeeding in 2004, higher than the average percentage in California (83.9%) and the U.S. Healthy People 2010 objective (75%).³⁴ While in the hospital after giving birth, 72.4% of women in the county exclusively breastfed their infants, a decline in recent years but still much higher than the California average of 40.5%.³⁵ In 2004, Caucasian/white women in the county were most likely to exclusively breastfeed in the hospital (79.2%), in comparison to Asian, Latina/Hispanic and multiracial women (all about 70%), Pacific Islanders (52.3%) and African American women (47.1%).³⁶

Nationally, childhood obesity has increased over the past 30 years.³⁷ Rates of childhood obesity are higher among racial/ethnic minority and low-income children who may live in communities with less access to healthful food and/or safe places for children to play or exercise.³⁸ Childhood obesity is associated with hypertension, high cholesterol, Type II diabetes, sleep apnea, menstrual abnormalities, impaired balance and orthopedic problems, depression and low self-esteem.³⁹ Obese children have more primary care sick and mental health visits and more laboratory tests, and incur more health care costs.^{40,41} Seventy

to eighty percent of obese adolescents become obese adults, subject to higher risks of diabetes, heart disease, arthritis, asthma and some types of cancer.⁴²

In 2004, one-quarter of the county's public school students in grades five, seven and nine (approximately 5,250 children) were overweight.⁴³ A smaller proportion of Caucasian/white and Asian children are overweight than those of other racial/ethnic groups (see Figure 3).⁴⁴

Figure 3. Percentage of San Mateo County 5th, 7th and 9th Graders Who Are Overweight, by Race/Ethnicity (2003-04)



Source: California Center for Public Health Advocacy, E-mail Communication, October 2005, as cited in San Mateo County Board of Supervisors, April 2006, *Healthy Communities San Mateo County: Blueprint for Prevention of Childhood Obesity: A Call to Action*. http://www.co.sanmateo.ca.us/smc/departments/home/0,,1954_539700217_593847377,00.html

Note: Approximately 5,250 fifth, seventh and ninth graders in San Mateo County were overweight in 2003-2004. Of those, 300 were Pacific Islanders; 2,300 Latino/Hispanic; 280 African American; 500 Filipino; 1,400 Caucasian/white; and 400 Asian.

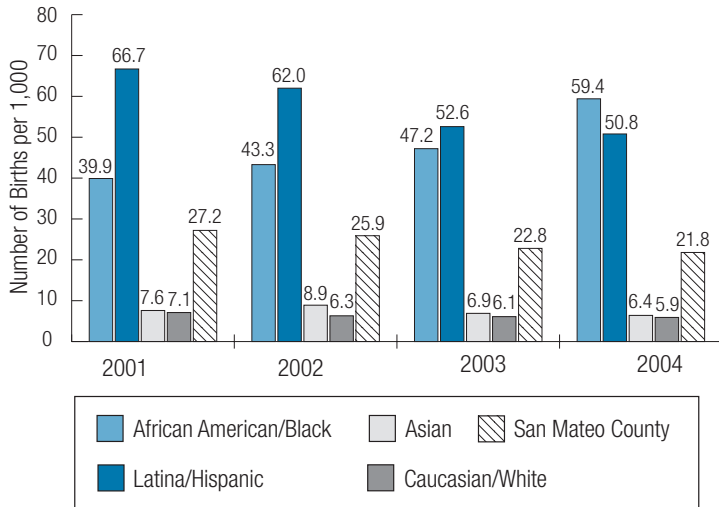
In addition, only 35% of fifth-, seventh- and ninth-grade students met all six California fitness standards in 2006, though fitness rates have improved in recent years.⁴⁵

Teen Birth Rate

Giving birth as a teen is associated with poorer outcomes for the mother and her child, as well as higher costs to taxpayers. Only 40% of teen mothers complete high school, compared with about three-quarters of mothers who delay childbearing until age 20 or 21.⁴⁶ On average, children born to teens are less likely to visit a doctor and are more likely to be born preterm and low birthweight.⁴⁷

Across the nation, rates of teen sexual activity and births have declined since the early 1990s, although some of these trends appear to be slowing in the 2000s. The San Mateo County teen birth rate, which is lower than California's,⁴⁸ has fallen by 45% from 1995 to 2004 (from 40.0 to 21.8 births per 1,000 teens ages 15-19), although the rate of decline slowed during the early 2000s (see Figure 4). However, profound differences still exist in the teen birth rate across racial/ethnic groups. In 2004, rates for Latina/Hispanic and African American teens were eight to ten times higher (at 50.8 and 59.4 per 1,000, respectively) than they were for Caucasian/white and Asian teens (at 5.9 and 6.4, respectively).⁴⁹ The African American teen birth rate appears to have increased from 2001-2004, in contrast with the rates of other racial/ethnic groups, but the absolute number of African American teen births is small (29 in 2004), so it will be important to monitor this trend to see if it continues.

Figure 4. San Mateo County Teen Birth Rate for Females Ages 15-19, by Race/Ethnicity



Source: California Department of Health Services, Birth Statistical Data. Vital Statistics Query System. <http://www.applications.dhs.ca.gov/vsq/default.asp>. California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1970-1999, 2000-2050. Retrieved 05/22/07.

Note: In 2004, 452 babies were born to 15- to 19-year-olds in San Mateo County. Of those, 327 were Latina/Hispanic; 29 African American; 26 Asian; and 49 Caucasian/white.

Other Health Data

Children’s health also encompasses their mental and emotional health, behavioral problems, chronic illnesses such as asthma and other special health needs. Data are limited in these areas, but see www.kidsdata.org for some relevant indicators.

II. Desired Outcome: Children Are Nurtured in a Stable, Caring Environment

Family economic self-sufficiency and the presence of stable, caring adults greatly affect children's well-being (see Table 3 for relevant indicators). In San Mateo County, the percentage of children living below the Federal Poverty Level is less than half the average for California, but the high cost of living in the county has profound effects on children and families. About 30% of children (approximately 27,000 in 2006) are in the free or reduced price school meal program, a 25% increase over the percentage enrolled in 2002. Financial difficulties can interfere with providing a stable home environment and can be associated with parental mental health problems; for example, in 2006, very low-income mothers (< \$15,000 per year) of children ages 0-5 were about 12 times more likely to show signs of depression than those earning \$80,000 or more in the county. Still, in 2003-2004, more than three-quarters of children in grades five and seven reported highly supportive connections to others in their homes, though only about half reported the same in grades nine and 11.

Key issues related to stable, caring environments for children are summarized below, and more data are available at www.kidsdata.org.

Family Economic Self-Sufficiency

Low household income can introduce stress, as parents struggle to provide food and shelter for their children. Parents may find it more difficult to spend time with and actively promote the development of their children if they are working long hours or juggling multiple jobs to make ends meet. Children who grow up in poverty are more likely to go hungry, to live in overcrowded or unstable housing and unsafe neighborhoods, and to receive a poorer education. They tend to have less access to health

**Table 3. Children Are Nurtured in a Stable, Caring Environment:
Key Indicators in San Mateo County**

Family Economic Self-Sufficiency

- Household income
- Children living in poverty
- Children on CalWORKs
- Housing affordability
- Children enrolled in free/reduced price school meal program

Supportive Adults

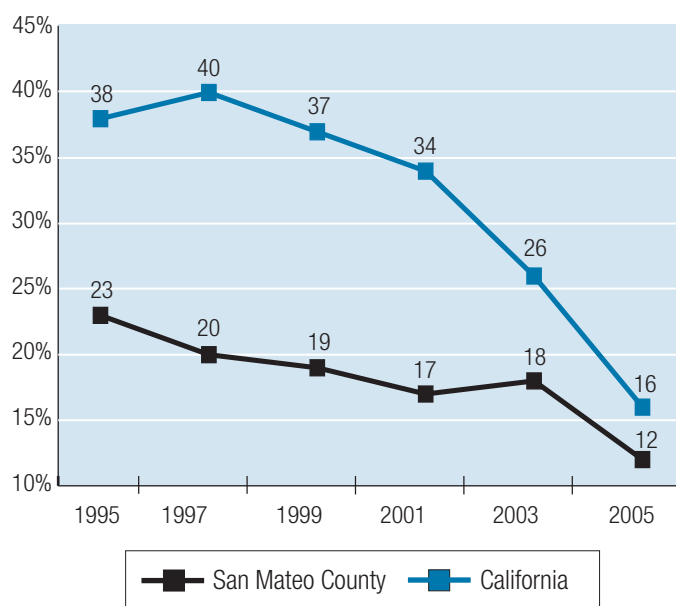
- Maternal depression
- Children who are self-supervised
- Supportive connections to adults

care, child care and other community resources, such as after-school programs, sports and extracurricular opportunities.⁵⁰

In 2005, the median family income in San Mateo County was \$82,376, well above the California median of \$61,476, but down from the peak of \$87,762 in 2004.⁵¹ The percentage of children living below the Federal Poverty Level (annual income of \$18,850 for a family of four in 2004) has risen from 6.8% in 2000 to 8.3% in 2004 (13,704 children), but it is still far below the state figure of 18.7%.⁵² The percentage of public school students whose families receive CalWORKs (California Work Opportunity and Responsibility to Kids, the renamed welfare program) is even lower—just 3.1% in 2004.⁵³

At the same time, the cost of living in the county is so high that many families with incomes above the Federal Poverty Level cannot make ends meet. The soaring cost of housing means that fewer families than ever can afford to purchase the median-priced home in the county—12% in 2005 versus 23% in 1995 (see Figure 5).⁵⁴ The average two-bedroom apartment in the primary metropolitan statistical area that includes San Mateo County rented for \$1,539 in 2005.⁵⁵ In 2003, a family of four in San Mateo County needed more than a \$52,000 annual income to meet basic needs.⁵⁶ In addition, more public school students were enrolled in the free or reduced price meal program in 2006 than in 2002 (30.4% versus 24.2%),⁵⁷ with nearly one-fifth of the county’s school districts having more than the state average of 50.1% of students enrolled in the program.⁵⁸

Figure 5. Percentage of Households that Can Afford to Purchase a Median-Priced Home



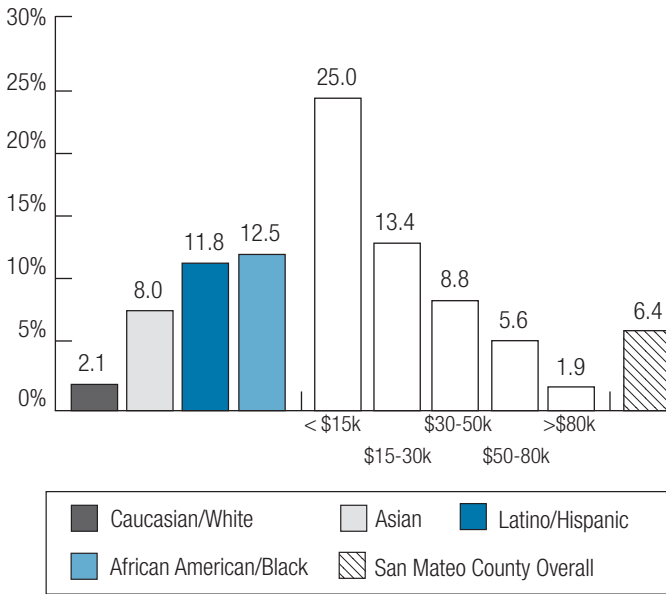
Source: California Association of Realtors, Housing Affordability Index. <http://www.car.org>, as cited on www.kidsdata.org.

Supportive Adults

As noted, parents’ mental health problems, sometimes exacerbated by financial difficulties, can be another barrier to providing supportive and stable home environments for children. For example, parental depression can inhibit parents from interacting with their children in the most appropriate and nurturing ways. Research shows that young children with depressed mothers are more likely to have socio-emotional and behavioral problems, difficulties in school, poor peer relationships, aggression, lower IQ scores, impulsivity and developmental delays.⁵⁹ Nationally, about 8% to 15% of childbearing women and up to 48% of low-income mothers experience postpartum depression within the first year after childbirth.⁶⁰

Among San Mateo County mothers of children ages 0-5 in 2006, 6.4% reported symptoms of depression, with marked differences in rates by race/ethnicity and income level.⁶¹ Caucasian/white mothers were least likely to show signs of depression, and very low-income mothers (< \$15,000 per year) were about 12 times more likely to report symptoms of depression than mothers with annual household incomes of more than \$80,000 (see Figure 6).

Figure 6. Percentage of San Mateo County Mothers of Children Ages 0-5 Who Report Symptoms of Depression, by Income and by Race/Ethnicity (2006)



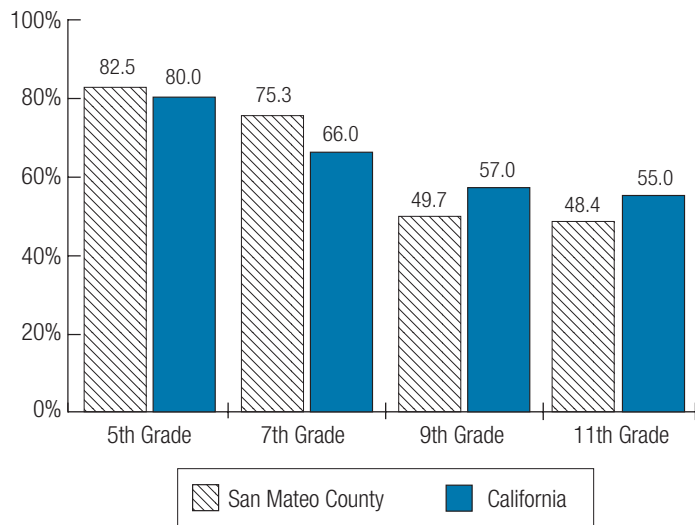
Source: First 5 San Mateo County Family Survey, 2006.

Note: Figures are based on responses from 611 caregivers.

For children to be nurtured, whether by their parents or other adults, they need adult supervision and support after school. The after-school hours are the time when children are most likely to be victims of crime or engage in high risk behavior, such as substance use or sexual activity.⁶² However, not all children are supervised, often because parents must work and/or cannot afford another care arrangement (e.g., child care or after-school program). In 2004, 14.1% of parents of school-age children reported that their children were self-supervised after school.⁶³ In 2004-2006, 38% and 59% of fifth and seventh graders, respectively (approximately 6,400 children), reported that they spent at least one hour after school one day per week without adult supervision—slightly higher than statewide figures (36% of fifth graders and 56% of seventh graders in California).⁶⁴

Nevertheless, in 2003-2004, most children reported highly supportive connections to others in their homes who model and support healthy development and well-being, although that was more true for younger children. The percentages for fifth and seventh graders exceeded California averages, whereas percentages for ninth and 11th graders were below statewide figures (see Figure 7).⁶⁵

Figure 7. Percentage of Students Who Report Highly Supportive Connections to Adults in their Homes (2003-04)

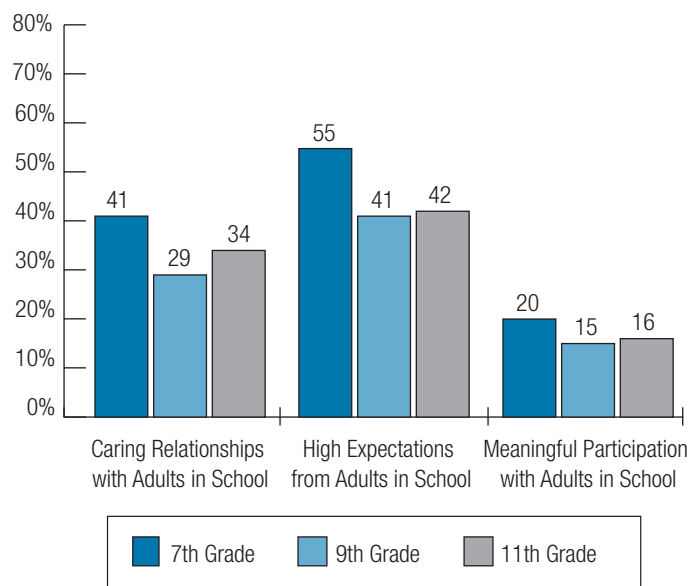


Source: California Healthy Kids Survey San Mateo County 2003-2004, as cited in *San Mateo County Adolescent Report 2007 with the Youth Commission's Policy Recommendations*. http://www.plsinfo.org/healthysmc/pdf/adolescent_report_07.pdf. Retrieved 07/11/07.

Note: Figures are based on survey responses from 3,445 fifth graders, 1,228 seventh graders, 765 ninth graders, and 641 11th graders.

In 2004-2006 surveys, seventh, ninth and 11th graders were asked about their connections to adults at school and in the community (see Figures 8-9). Students reported higher levels of connections to adults in the community than at school, and younger students tended to report closer connections to adults than older students.

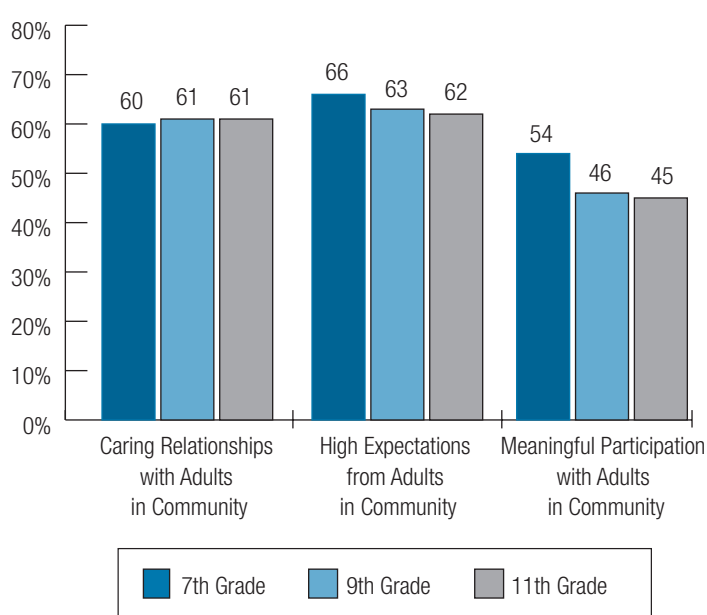
Figure 8. Percentage of San Mateo County 7th, 9th, and 11th Graders with High Levels of Connections to Adults at School (2004-2006)



Source: WestEd, California Healthy Kids Survey San Mateo County, 2004-06. http://www.wested.org/cs/chks/query/q/1298?county=San_Mateo. Retrieved 07/11/07.

Note: Figures are based on survey responses from 4,254 seventh graders, 3,781 ninth graders, and 3,541 11th graders. The percentages in this figure represent students scoring “high” in each area. Scores were calculated based on a set of survey questions. See Table B1 using link above for more information.

Figure 9. Percentage of San Mateo County 7th, 9th, and 11th Graders with High Levels of Connections to Adults in the Community (2004-2006)



Source: WestEd, California Healthy Kids Survey San Mateo County, 2004-06. http://www.wested.org/cs/chks/query/q/1298?county=San_Mateo. Retrieved 07/11/07.

Note: Figures are based on survey responses from 4,254 seventh graders, 3,781 ninth graders, and 3,541 11th graders. The percentages in this figure represent students scoring “high” in each area. Scores were calculated based on a set of survey questions. See Table B1 using link above for more information.

Other Data and Analyses

Few measures of children’s connections to their parents and other adults are regularly collected, perhaps because these relationships are difficult to measure. Nevertheless, they are important, and more information is needed on the quality of the relationships children and youth of all ages have with their parents and other adults in the community. In addition, the influence of family economic self-sufficiency/income should be included in more analyses.

III. Desired Outcome: Children Are Succeeding In School

Indicators that capture children's experiences before they begin school, their status at school entry and their progress throughout their education all reflect children's success in school (see Table 4). In San Mateo County, more than half of all children enter school with the skills they need to make a smooth transition to kindergarten, and about half of all third graders do as well or better than their peers nationwide in reading. Caucasian/white and Asian students outperform those of other racial/ethnic groups on reading scores, high school dropout rates and college preparation.

Key issues related to children's success in school are summarized below, and more data are available at www.kidsdata.org.

Experiences Before Kindergarten: Child Care and Preschool

High-quality early childhood programs can prepare children for school by providing them with opportunities that build their social-emotional, cognitive, language and physical skills. For many families, however, especially in a high cost-of-living county such as San Mateo, the cost of child care or preschool can be prohibitive, and too few licensed child care spaces—of whatever quality—exist for the estimated number of children who need them. In 2005, the average annual cost of care for an infant was \$10,556 in a licensed family child care home and \$13,915 in a center—putting such care out of reach for 29% and 45% of families in the county, respectively.⁶⁶ Care for preschoolers is a little less expensive (\$9,828 per year in a licensed family child care home and \$9,376 per year in a center), but it is still costly enough that more than one-fourth of

**Table 4. Children Are Succeeding in School:
Key Indicators in San Mateo County**

Experiences Before Kindergarten Entry

- Availability of licensed child care

Status at Kindergarten Entry

- Children's readiness for kindergarten

Progress Through School

- Third grade reading proficiency
- High school dropouts
- College readiness

families in the county could not afford to enroll their preschooler in a family child care home (29%) or center (26%) in 2005.⁶⁷ In 2004, there were only enough licensed child care spaces in the county to serve 30% of the children ages 0-13 with parents in the labor force⁶⁸ (not all working parents need licensed child care; some, for example, may have relatives caring for their children).

To help increase availability and affordability of child care and to help prepare children for school, San Mateo County has launched Preschool for All, which seeks to provide a preschool experience for all 3- and 4-year-olds in the county. Since its inception in 2005, Preschool for All has created more than 1,500 spaces for children in high-quality preschool classrooms, providing care that far exceeds the quality required by licensing standards.⁶⁹

Children’s Readiness for Kindergarten

Surveys of children’s preparedness for kindergarten have been conducted in San Mateo County since 2001. The survey produces an overall measure of children’s readiness, as well as measures of children’s skills in self-care and motor development, self-regulation, social expression and kindergarten academics. Since 2001, overall levels of school readiness have increased slightly (from 3.15 in 2001 to 3.36 in 2005, on a 4-point scale, with 4 being the highest), but readiness has varied across skill areas.⁷⁰ In 2005, more than half (53%) of children came to kindergarten nearly proficient in every measured area, but 7% were not proficient in any of the 20 measured skills that made up the readiness measure.⁷¹ About one in five had good social-emotional skills but needed advancement in kindergarten academics. A similar percentage had good academic skills but needed practice on self-regulation and social expression. Kindergarten teachers identify these self-regulation skills (e.g., participating in circle time, focusing attention, controlling impulses) as the skills children need most when they enter school.⁷²

Children from low-income families were less ready for school than children from higher-income families. But low-income children who had participated in preschool scored near the countywide kindergarten readiness average, suggesting that preschool may help close the achievement gap that exists between children from upper- and lower-income families at school entry.⁷³

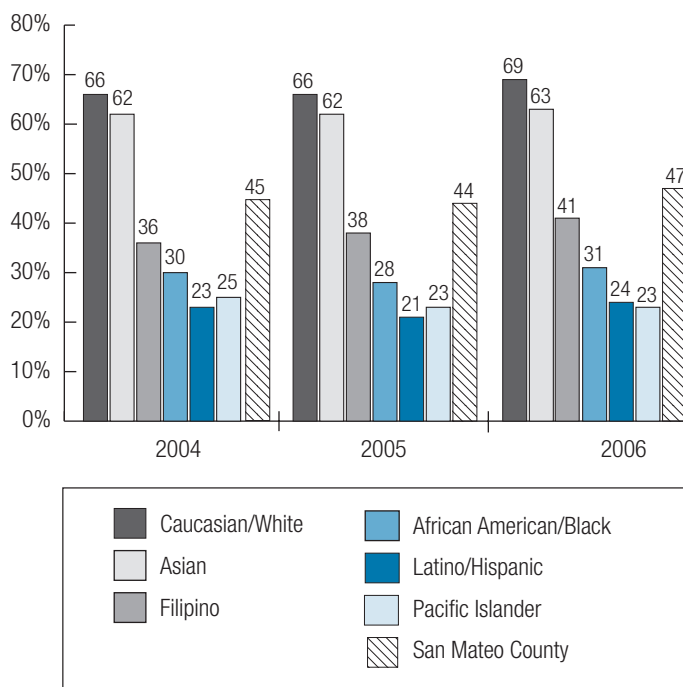
Children’s School Achievement

One of the most powerful indicators of academic progress is a child’s reading level at the end of the third grade, which is a strong predictor for later school success.⁷⁴ In San Mateo County, a greater percentage of third graders are reading at the national 50th percentile of the California Achievement Test (CAT/6) than in California as a whole: 47% in San Mateo County versus 37% in California in 2006.⁷⁵ Local and statewide scores have increased slowly in recent years. For example, the San Mateo County

average rose from 43% of third graders reading at the national 50th percentile in 2003 to 47% in 2006.

Still, there are very large economic, linguistic and racial/ethnic disparities in scores. Only 23% of economically disadvantaged students scored at or above the 50th percentile, while 61% of non-economically disadvantaged students did the same.⁷⁶ About 23% of all San Mateo County’s students are classified as English Learners (19,866 students in 2007).⁷⁷ Of third grade English Learners, only 19% scored at or above the 50th percentile, compared to 59% of those proficient in English. Caucasian/white and Asian students outperformed those in other racial/ethnic groups (see Figure 10).⁷⁸

Figure 10. Percentage of Third Grade Students in San Mateo County Reading at or Above the 50th Percentile on the CAT/6, by Race/Ethnicity



Source: California Department of Education, Standardized Testing and Reporting, 2006. Retrieved 10/17/06. <http://star.cde.ca.gov>, as cited on www.kidsdata.org.

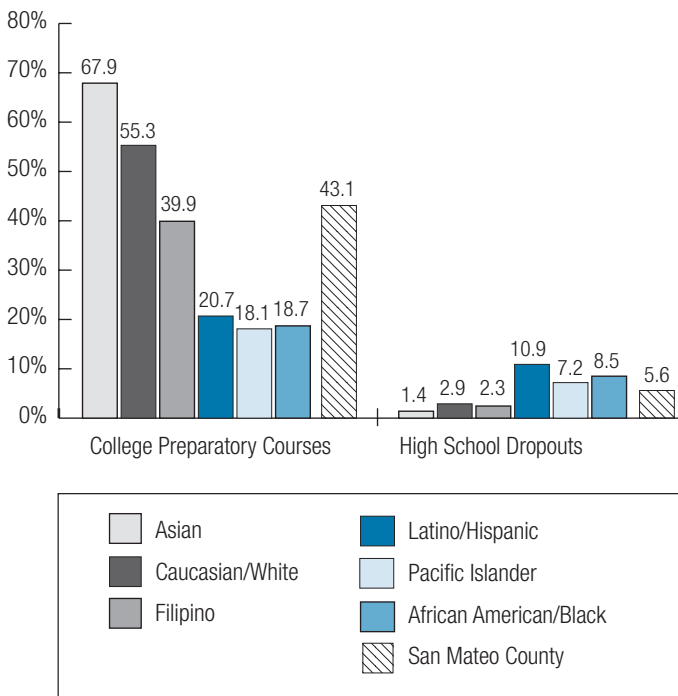
Note: In 2006, approximately 3,090 third graders scored at or above the 50th percentile. Of these, 1,550 were Caucasian/white; 250 Filipino; 560 Latino/Hispanic; 440 Asian; 80 African American; and 50 Pacific Islander.

These disparities are echoed in later years in measures such as high school dropouts and college preparation. Caucasian/white, Asian and Filipino students tend to stay in school longer and take more college preparatory classes than their African American, Latino/Hispanic, or Pacific Islander peers (see Figure 11).⁷⁹ Overall, however, San Mateo County students tend to outperform students in California, with lower percentages of high school dropouts and higher rates of college preparedness. From 1999-2005, the county's overall dropouts and college readiness figures remained relatively steady.

Other Data and Analyses

At this time, the California Department of Education provides aggregate but not individual student-level data on academic achievement. This means that the average performance rates can be reported for children of, for example, varying income levels, or English and non-English learners, but it is not possible to analyze school achievement scores by income level and language status simultaneously. Such analyses would facilitate a deeper understanding of how well children are succeeding in school. (For more information on education data, including scores for individual schools, see <http://www.cde.ca.gov/ds/>.)

Figure 11. High School Graduates Completing College Preparatory Courses and High School Dropouts in San Mateo County, by Race/Ethnicity (2005)



Source: California Department of Education, California Basic Educational Data System, 2006, <http://www.cde.ca.gov/>. Retrieved 10/27/06 and 11/01/06, as cited on www.kidsdata.org.

Note: In 2005, 2,280 of the county's 5,288 high school graduates had completed college preparatory courses. Of those, 491 were Asian; 1,163 Caucasian/white; 250 Filipino; 28 Pacific Islander; 43 African American; and 289 Latino/Hispanic. Of the estimated 375 high school dropouts in 2005, 11 were Asian; 71 Caucasian/white; 17 Filipino; 16 Pacific Islander; 30 African American; and 227 Latino/Hispanic.

IV. Desired Outcome: Children Are Safe

Many indicators are used to assess children’s safety at home, in school and in the community (see Table 5). In San Mateo County, data related to child maltreatment and the foster care system are better than state averages, but have remained static in recent years. In contrast, in 2004–2006, students were more likely to report use of alcohol, marijuana or cigarettes than their counterparts in California. The rate of juvenile felony arrests has fallen in the past decade but showed a slight increase in 2005, the last year for which data are available. Death rates for older youths (ages 15 to 24) were higher in 2002–2004 than in the previous two-year period.

Key issues related to child safety are summarized below, and more data are available at www.kidsdata.org.

**Table 5. Children Are Safe:
Key Indicators in San Mateo County**

Child Maltreatment and Foster Care

- Reports and substantiated cases of child abuse/neglect
- Foster care entry and length of stay

Drug, Alcohol and Cigarette Use

Safety at School

- Theft, property damage and exposure to weapons
- Students who feel safe

Juvenile Felony Arrests

Injuries and Deaths

- Hospitalizations for injuries
- Child and adolescent death rates

Child Maltreatment and Foster Care

Factors associated with increased rates of child abuse and neglect include parents who have problems with substance abuse, domestic violence in the home, chronic poverty, unemployment, homelessness and mental health disorders.⁸⁰ Effects of child abuse and neglect can be long lasting. Children who have been abused or neglected experience higher rates of suicide, depression, substance abuse, difficulties in school and other behavioral problems later in life, and they also are at greater risk of mistreating their own children.⁸¹ When maltreatment is deemed sufficiently serious and/or is substantiated by the court, children can be removed from their homes and placed with foster parents or relatives (referred to as kinship care).

Two indicators commonly are used to assess rates of child maltreatment: the number of child maltreatment reports per 1,000 children ages 0-17 received by the county’s Children and Family Services, and the number of reports per 1,000 children ages 0-17 that were substantiated. On both indicators, the rates of abuse and neglect in San Mateo County are about half or less than half the rates for California (in 2005, 4.5 in the county versus 11.3 per 1,000 in California for substantiated cases; and 24.5 in the county versus 50.1 statewide for reports).⁸² Rates of child abuse/neglect reports and substantiated cases have remained fairly steady in San Mateo County from 2001 to 2005.⁸³

As of July 2006, San Mateo County had 482 children in foster care.⁸⁴ The rates of children entering foster care for the first time remained fairly steady between 1998 and 2005 (at about one per 1,000 children) and consistently are below the statewide rate of roughly three per 1,000.⁸⁵ The median length of stay for children in foster care was one year in 2004, an increase from prior years but better than in California as a whole (14.8 months).⁸⁶

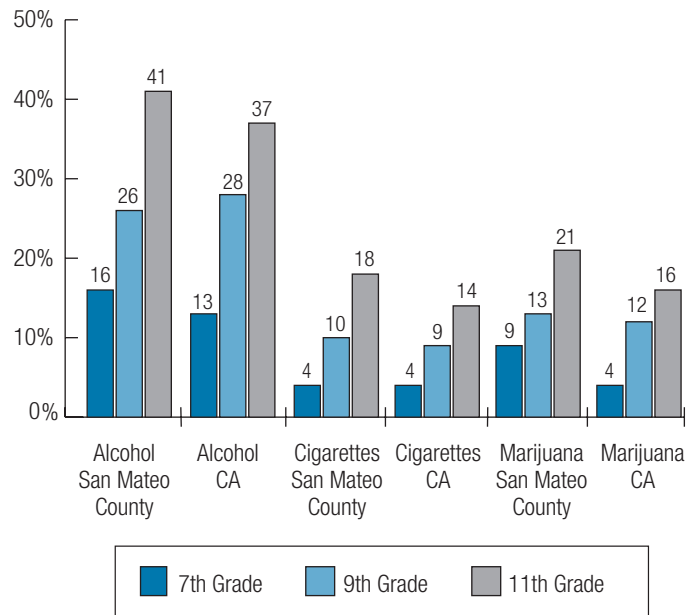
African American and Latino/Hispanic children are represented disproportionately in statistics related to child maltreatment and foster care. For example, Latino/Hispanic children made up 45% of substantiated child abuse/neglect cases in 2005, but they comprise only 31% of the child population.⁸⁷ African American children made up 12% of cases, but only 2% of the child population. Rates of substantiated cases of abuse/neglect illustrate these differences: In 2006, there were 30.3 substantiated cases of abuse/neglect per 1,000 African American children; 7.2 per 1,000 Latino/Hispanic children; 3.1 per 1,000 Caucasian/white children; and 2.5 per 1,000 Asian/Pacific Islander children.⁸⁸ Similarly, the foster care population in San Mateo County is disproportionately composed of children of color.

Drug, Alcohol and Cigarette Use

The use of alcohol and other drugs among youth is linked to unintentional injuries, social and emotional difficulties, physical violence, academic problems and risky behaviors, such as truancy, sexual activity, drunk driving and other criminal activity.⁸⁹

In San Mateo County, as elsewhere, children start drinking alcohol and smoking cigarettes earlier than they use other substances. In 2004-2006, by the 11th grade, 41% of students reported having consumed alcohol in the previous month, 21% reported having smoked marijuana and 18% reported having smoked cigarettes (see Figure 12).⁹⁰ These percentages are all higher than comparable percentages for 11th graders in California. In addition, 16% of seventh graders, 30% of ninth graders and 36% of 11th graders reported that they had been offered an illegal drug at school in the previous year.⁹¹

Figure 12. Percentage of Students in San Mateo County and California Reporting Drug, Alcohol, and Tobacco Use Within Past Month, by Grade Level (2004-06)



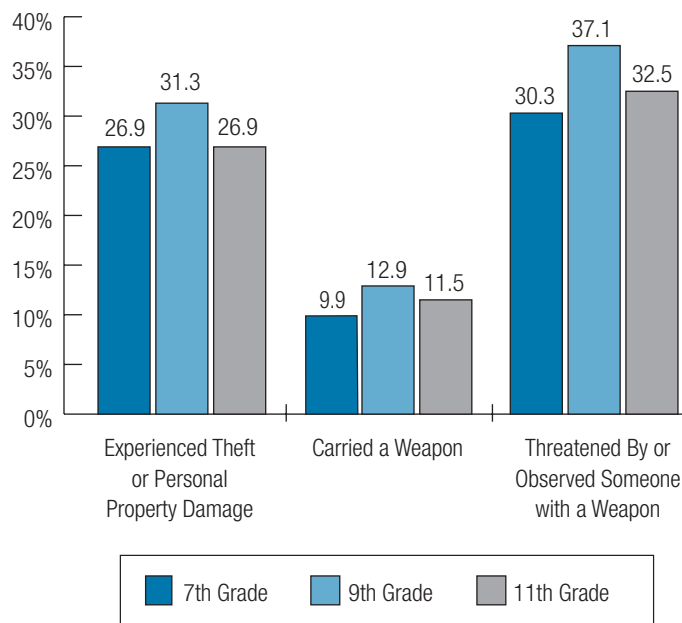
Source: WestEd, California Healthy Kids Survey San Mateo County, 2004-06. http://www.wested.org/cs/chks/query/q/1298?county=San_Mateo. Retrieved 07/11/07.

Note: The 2004-2006 San Mateo County sample sizes were 4,698 for seventh graders, 4,191 for ninth graders, and 3,817 for 11th graders.

Safety at School

More than one-quarter of seventh, ninth and 11th graders reported they experienced theft or personal property damage at school during the past year.⁹² Roughly one-third also saw someone carrying a weapon (e.g., gun, knife or other weapon) at school, and about one in 10 admitted that they themselves had carried a weapon to school (see Figure 13).⁹³

Figure 13. Percentage of San Mateo County Students Who Reported Theft/Property Damage, Possession of a Weapon, or Exposure to Weapons at School in Past Year (2003-04)



Source: California Healthy Kids Survey San Mateo County 2003-2004, as cited in *San Mateo County Adolescent Report 2007 with the Youth Commission's Policy Recommendations*. http://www.plsinfo.org/healthysmc/pdf/adolescent_report_07.pdf. Retrieved 07/11/07.

Note: The survey numbers are different for each item in the figure. Use the link, above, to see specific numbers.

Still, the majority of students (59%) say they feel safe at their schools, although results vary by racial/ethnic groups, according to 2005-2006 data. While three-quarters of Caucasian/white students and two-thirds of Asian students report feeling safe, only 41% of Latino/Hispanic and 43% of African American students feel the same.⁹⁴

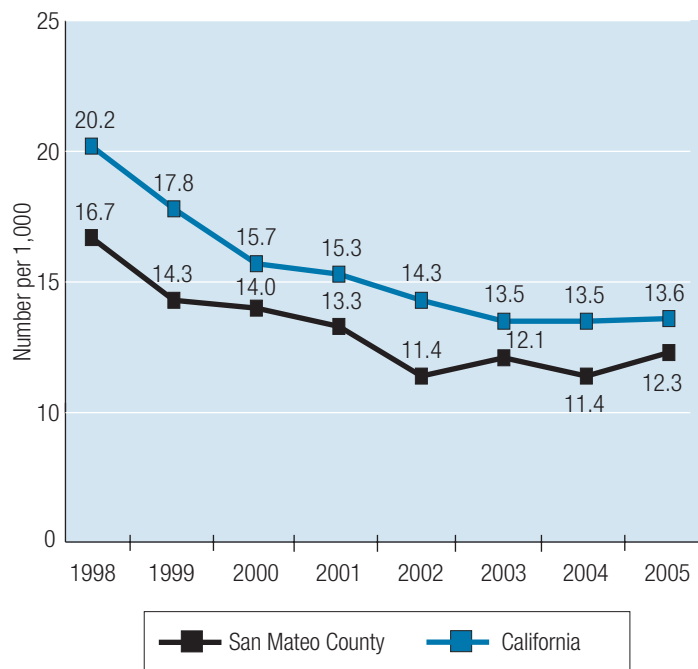
Juvenile Felony Arrests

Many adult criminals were involved as children or youth in delinquent or at-risk behavior, although not all juveniles who are arrested go on to become adult criminals.⁹⁵ The rate of juvenile felony arrests is an indicator of the most serious problematic behaviors. Felonies include crimes that involve injury

or substantial property loss and may include violent, property, drug, alcohol, sex, or other offenses.⁹⁶

In San Mateo County and California, juvenile felony arrests dropped over the past decade, but rates in the county leveled off during 2002-2005 (see Figure 14).⁹⁷

Figure 14. Rate of Felony Arrests for Youth Ages 10-17



Source: State of California Department of Justice, California Criminal Justice Profiles, <http://caag.state.ca.us/cjpc/index.htm>. Retrieved 08/07/07. State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999 and Race/Ethnic Population with Age and Sex Detail, 2000-2050. May 2005. http://www.dof.ca.gov/html/Demograp/DRU_datafiles/DRU_datafiles.htm

Youth of color are overrepresented in these arrest rates. Of the 890 juvenile felony arrests in 2005, for example, 41.5% were of Latino/Hispanic youth, and 19.4% were of African American youth. This translates into juvenile arrest rates that are about two times higher for Latinos/Hispanics and 12 times higher for African Americans than for Caucasian/whites (see Table 6).⁹⁸

Table 6. San Mateo County Juvenile Felony Arrest Rates per 1,000, by Race/Ethnicity

Race/Ethnicity	2002	2003	2004	2005
African American/Black	61.4	79.9	74.9	94.7
Caucasian/White	7.2	8.1	6.7	7.7
Latino/Hispanic	14.1	14.3	14.5	16.1
Other	8.6	8.9	8.8	6.8

Source: California Department of Justice, California Criminal Justice Profiles, <http://caag.state.ca.us/cjsc/index.htm>. State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999 and Race/Ethnic Population with Age and Sex Detail, 2000-2050. May 2005. http://www.dof.ca.gov/html/Demograp/DRU_datafiles/DRU_datafiles.htm. Retrieved 08/13/07, as cited on www.kidsdata.org.

It is important to note that the juvenile felony arrest rate is not a perfect indicator of actual criminal activity in communities. The number of arrests can vary as a result of changes in the number of police on the streets, legislative or judicial action to increase or reduce penalties, or trends in prosecutors' charging decisions. Many felony charges are reduced to misdemeanors or are dismissed in the later phases of the court process.

Injuries and Deaths

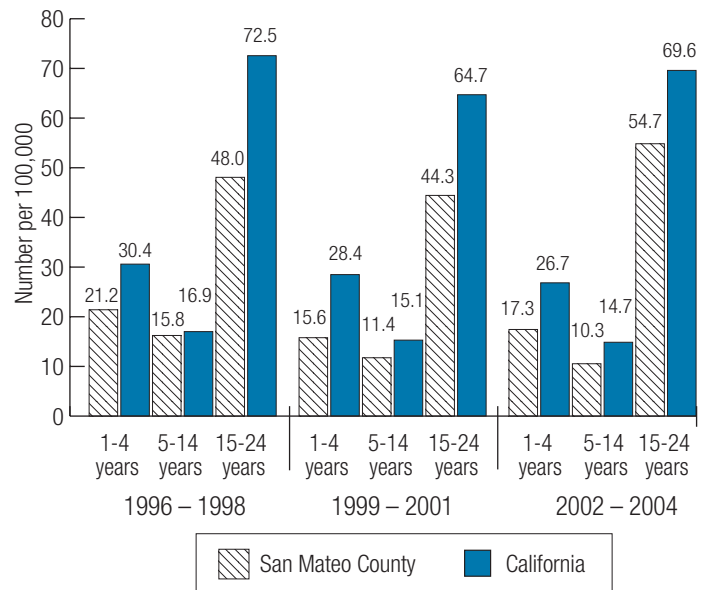
Key measures of children's safety are rates of injuries (typically assessed by rate of hospitalization for injury) and deaths. Most hospitalizations for injury are to treat *unintentional*, preventable injuries (accidents) such as those due to motor vehicle, bicycle, or skateboarding accidents, falls, fires, etc. Hospitalizations for *intentional* injuries are frequently due to child abuse, assaults with firearms, knives or other objects, and self-inflicted injuries.⁹⁹

Rates of non-fatal injury hospitalizations (unintentional and intentional injuries combined) are lower in San Mateo County than in California (247.5 compared to 347.9 per 100,000 ages 0-20,

respectively, in 2004).¹⁰⁰ The highest rates of both intentional and unintentional injury hospitalizations occur among older youth (i.e., ages 16-20). In that age group, rates of intentional injury hospitalizations declined from 227 per 100,000 in 1999 to 162.8 in 2002, but then increased to 219.5 in 2004.¹⁰¹

Most child deaths are attributable to unintentional and intentional injuries. The overall child/youth death rates have fallen in San Mateo County and California in the past decade, and the county's rates have consistently remained lower than state figures. In 2002-2004, for example, the county rate was 28.8 deaths per 100,000 children/youth ages 1-24, compared to the state rate of 39.2.¹⁰² Nevertheless, the rate of decline has slowed locally, largely driven by an apparent increase in the death rate of 15- to 24-year-olds, which rose from 48.0 per 100,000 in 1996-1998 to 54.7 in 2002-2004 (see Figure 15).¹⁰³

Figure 15. Child and Youth Death Rates, by Age Group

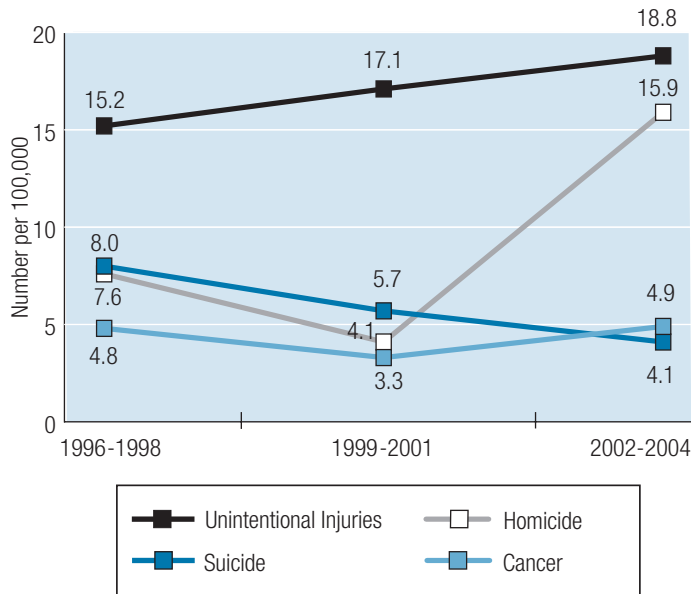


Source: California Department of Health Services, Center for Health Statistics, Vital Statistics Query System. <http://www.applications.dhs.ca.gov/vsq/default.asp>. Retrieved 03/19/07, as cited on www.kidsdata.org.

Note: In 2002-2004 in San Mateo County, there were 20 deaths among ages 1-4, 28 among ages 5-14, and 134 deaths among ages 15-24.

The rise in death rates among individuals ages 15-24 appears to be related to increases in deaths due to homicides and unintentional injuries. For example, homicides among 15- to 24-year-olds increased from 7.6 per 100,000 in 1996-98 to 15.9 in 2002-2004, and deaths due to unintentional injuries increased from 15.2 to 18.8 per 100,000. During the same time period, suicides among ages 15-24 declined from 8.0 to 4.1 per 100,000 (see Figure 16).¹⁰⁴ These all reflect very low numbers of deaths, so close monitoring is needed to see if these trends continue in the future.

Figure 16. San Mateo County Death Rates (Ages 15-24), by National Leading Causes



Source: Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS), www.cdc.gov/nipc/wisqars; California Department of Health Services, Center for Health Statistics, Vital Statistics Query System, <http://www.applications.dhs.ca.gov/vsq/default.asp>. Retrieved 03/20/07, as cited on www.kidsdata.org.

Note: Of the 134 deaths among 15- to 24-year-olds in San Mateo County from 2002-2004, 46 were due to unintentional injuries, 39 to homicide, 10 to suicide and 12 to cancer.

Similar to other indicators, death rates vary across racial/ethnic lines, with rates for African American children/youth (102.1 per 100,000 ages 1-24; 17 total deaths) five times higher than the rates for Caucasians/whites (20.4 per 100,000; 49 total deaths) in 2002-2004. During the same period, the death rate was 30.4 for Asians (37 total deaths), 32.9 for Latinos/Hispanics (68 total deaths) and 47.6 for Pacific Islanders (6 total deaths).¹⁰⁵ The absolute number of deaths among children/youth in San Mateo County is low (182 from 2002-2004), so it will be important to track these statistics to see if the disparities continue. If they do, the disparities may reflect differences across income levels, among other factors, as children from low-income families and communities may be exposed to more hazards and crime.

Other Data and Analyses

As described above, the juvenile felony arrest rate is an imperfect measure of actual crime in a community. Another measure of criminal activity is the level of victimization in communities (see www.ojp.usdoj.gov/bjs/cvict.htm). If collected, reported and analyzed with greater detail, such a measure could highlight at what age children are most likely to be exposed to and become victims of violence in their neighborhoods. Another measure, the percentage of children of all ages who participate in organized leisure time programs (e.g., public and private community-based, after-school, organized sports and summer programs), also would reflect children's safety in the community, as well as the community's commitment to helping children/youth develop the strengths and life skills they will need to reach their full potential.

Endnotes are available online at www.kidsdata.org/sanmateoreport.

Appendix 1. Summary Table: Key Child Indicators

Below are summary statistics (most recent data available) for San Mateo County based on data described in this report. However, countywide figures often disguise disparities across racial/ethnic groups and socioeconomic levels. See the report for more information. For data sources, see www.kidsdata.org/sanmateoreport.

I. Desired Outcome: Children Are Healthy		
Indicator	San Mateo County	California
Prenatal Care and Birth Outcomes (Page 4)		
Percentage of Women of All Ages Receiving First Trimester Prenatal Care (2004) <i>Note: The U.S. Healthy People 2010 Goal is 90%.</i>	89.8%	85.6%
Percentage of Infants Born at Low Birthweight, below 5.5 pounds (2004) <i>Note: The U.S. Healthy People 2010 Goal is 5%.</i>	6.6%	6.7%
Infant Mortality Rate per 1,000 Infants (2002-2004) <i>Note: The U.S. Healthy People 2010 Goal is 4.5.</i>	3.8	5.3
Access to Health Care Services (Page 5)		
Percentage of Children (Ages 0-17) with Health Insurance (2005)	98.6%	93.6%
Percentage of Children (Ages 2-17) With Dental Insurance (2005)	83.3%	78.7%
Percentage of Children (ages 2-17) Who Have Never Seen a Dentist (2005)	33.3%	24.1%
Percentage of Children Fully Immunized by Age 2 (2004)	82.5%	71.8%
Nutrition, Weight and Physical Fitness (Page 6)		
Percentage of Women Initiating Breastfeeding of Newborns While in the Hospital (2004) <i>Note: The U.S. Healthy People 2010 Goal is 75%.</i>	93.0%	83.9%
Percentage of Women Breastfeeding Exclusively While at the Hospital After Giving Birth (2004)	72.4%	40.5%
Percentage of Public School Students in Grades Five, Seven, and Nine Who Are Overweight (2004)	25.2%	28.1%
Percentage of Public School Students in Grades Five, Seven, and Nine Who Meet All Six Fitness Standards (2006)	35.1%	27.5%

Appendix 1. Summary Table: Key Child Indicators (continued)

Indicator	San Mateo County	California
Teen Births (Page 7)		
Teen Birth Rate Per 1,000 Females Ages 15-19 (2004)	21.8	38.1

II. Desired Outcome: Children Are Nurtured in a Stable, Caring Environment		
Indicator	San Mateo County	California
Family Economic Self-Sufficiency (Page 9)		
Median Family Income (2005)	\$82,376	\$61,476
Percentage of Children 0-17 Years Living Below the Federal Poverty Level (2004)	8.3%	18.7%
Percentage of Public School Students Enrolled in CalWORKS (2004)	3.1%	9.3%
Percentage of Households That Can Afford to Purchase a Median-Priced Home (2005)	12%	16%
Percentage of Public School Students Enrolled in Free/Reduced Price Meal Program (2006)	30.4%	50.1%
Supportive Adults (Page 10)		
Percentage of Mothers of Children (Ages 0-5) Who Report Some Symptoms of Depression (2006)	6.4%	N/A
Percentage of Seventh Graders Who Report Being Self-Supervised at Least One Hour After School at Least One Day per Week (2004-2006)	59%	56%
Percentage of 11th Graders Who Report Highly Supportive Connections to Adults in Their Homes (2003-2004)	48%	55%
Percentage of 11th Graders Who Report High Levels of Caring Relationships with Adults in School (2004-2006)	34%	33%
Percentage of 11th Graders Who Report High Levels of Caring Relationships with Adults in the Community (2004-2006)	61%	61%

III. Desired Outcome: Children Are Succeeding in School		
Indicator	San Mateo County	California
Child Care and School Readiness (Pages 13-14)		
Child Care Availability: Percentage of Children Ages 0-13 with Working Parents for Whom There Exists a Space in a Licensed Child Care Program (2004)	30%	26%
Kindergarten Students' Average School Readiness Score (2005) <i>(on a four-point scale: 1=not yet; 2=beginning; 3=in progress; and 4=proficient)</i>	3.36	N/A
Children's School Achievement (Page 14)		
Percentage of Third Graders Who Read at or Above the 50th Percentile on the CAT/6 (2006)	47%	37%
Estimated Percentage of Public High School Students Who Drop Out of High School, Based on the Four-Year Derived Dropout Rate (2005)	5.6%	12.6%
Percentage of High School Graduates Completing College Preparatory Courses (2005)	43.1%	35.2%

IV. Desired Outcome: Children Are Safe		
Indicator	San Mateo County	California
Child Maltreatment and Foster Care (Page 16)		
Rate of Child Abuse/Neglect Reports per 1,000 Children Ages 0-17 (2005)	24.5	50.1
Rate of Substantiated Child Abuse/Neglect Cases per 1,000 Children Ages 0-17 (2005) <i>Note: The U.S. Healthy People 2010 Goal is 10.3.</i>	4.5	11.3
Rate of First Entries Into Foster Care per 1,000 Children Ages 0-17 (2005)	1.1	3.0
Median Length of Stay in Foster Care in Months (2004) <i>(for first placements of children who have been in care for five days or more)</i>	12.0	14.8

Appendix 1. Summary Table: Key Child Indicators (continued)

Indicator	San Mateo County	California
Drug, Alcohol and Cigarette Use (Page 17)		
Percentage of 11th Graders Who Report Smoking Tobacco During the Last Month (2004-2006)	18%	14%
Percentage of 11th Graders Who Report Drinking Alcohol During the Last Month (2004-2006)	41%	37%
Percentage of 11th Graders Who Report Using Marijuana During the Last Month (2004-2006)	21%	16%
Safety at School (Page 17)		
Percentage of Fifth Graders Reporting They Feel Safe at School All of the Time (2004-2006)	59%	55%
Juvenile Felony Arrests (Page 18)		
Rate of Felony Arrests Per 1,000 Youth Ages 10-17 (2005)	12.3	13.6
Injuries and Deaths (Page 19)		
Rate of Non-Fatal Injury Hospitalizations Per 100,000 Children/Youth Ages 0-20 (2004)	247.5	347.9
Rate of Deaths per 100,000 Children/Youth Ages 1-24 (2002-2004)	28.8	39.2

For all endnotes and data sources, see www.kidsdata.org/sanmateoreport.

Endnotes

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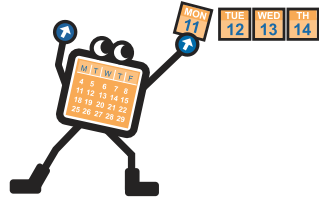
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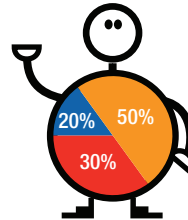
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