



Contra Costa County
Children's Report Card
2003



2003 Contra Costa County Children's Report Card



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Welcome to the 2003 Contra Costa County Children's Report

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On behalf of the Board of Supervisors, I am pleased to introduce the 2003 Contra Costa County Children's Report Card. This Report Card provides significant insights into many pressing challenges that our communities face and successes of our collaborative planning for health and human services. It also highlights promising practices and successful approaches to meeting children's many needs. This year's report card makes it clear that state and local budgets cannot fund all solutions to the wide array of social needs of our diverse populace.

The information assembled in this year's Report Card supports keeping measurable child outcomes at the front of decisions on how best to spend our time, energy and funds. Tremendous return on investment by individuals, businesses and elected leaders can be realized through committed focus on positive outcomes for our most sensitive and vulnerable population: our children.

The report provides considerable insight into children's issues. As the author of the legislation creating the Report Card it is my hope that it will inspire and rally all of us to take action in improving the lives of all our children.

Collaboration, child-focused commitment to services, and community mobilization are huge goals for a 60-page report. They will not be achieved without the participation of you and other committed readers who we trust will take to heart the stories behind the numbers, graphs and charts.

We hope that the 2003 Contra Costa County Children's Report Card will be prominently displayed on your conference table and be used as a tool to plan critical services for children. We are all key stakeholders who must support efforts to bring about successes for Contra Costa County children.

Mark DeSaulnier
Chairman
Contra Costa County Board of Supervisors

Table of Contents

Acknowledgments	4
Executive Summary	5
Introduction	9
County Overview and Maps	11
Outcome 1: Children Are Healthy and Ready for School	20
1. Births to Teenagers	21
2. Prenatal Care	22
3. Low Birth Weight	23
4. Infant Mortality	24
5. Immunization	25
6. Child Care Availability	26
7. Third Grade Reading Scores	27
Promising Practices	28
Outcome 2: Youth Are Healthy and Preparing for Adulthood	30
8. High School Dropout Rates	31
9. College Readiness	32
10. Juvenile Arrests	33
11. Drug, Alcohol, and Tobacco Use	34
12. Sexually Transmitted Diseases	35
13. Asthma	36
14. Physical Fitness	37
15. Health Insurance	38
Promising Practices	39
Outcome 3: Families Are Economically Self-Sufficient	40
16. Family Income	41
17. Unemployment Rate	42
18. School Meal Program	43
19. Housing Affordability	44
20. Homelessness	45
Promising Practices	46
Outcome 4: Families and Communities Are Safe	48
21. Child Abuse and Neglect	49
22. Foster Care	50
23. Domestic Violence with Children Present	51
24. Injury Hospitalizations	52
Promising Practices	53
Data Sources	54
Data Development Agenda	57
Appendix	59

Acknowledgments

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Executive Summary

“All Contra Costa children will reach adulthood having experienced a safe, healthy, nurturing childhood which prepares them to be responsible, contributing members of the community.”

Vision Statement, Contra Costa
Children and Families Policy Forum, January 1997

The Contra Costa Children and Families Policy Forum began its research on the status of Contra Costa County children in 1997. This third Children’s Report Card consists of 24 indicators that measure the status of children and families, arranged in four generalized outcome areas: Children are Healthy and Ready for School, Youth are Healthy and Preparing for Adulthood, Families are Economically Self-Sufficient, and Families and Communities are Safe.

Children are Healthy and Ready for School

A child’s early years provide the foundation for a healthy youth and adulthood. The indicators studied within this outcome focus on health, pre-literacy and early success in school.

In general, children in Contra Costa County are healthier and better prepared for school than children statewide. Infant mortality has decreased in Contra Costa County and it is lower than in California overall. More Contra Costa women received prenatal care in the first trimester of their pregnancies in 2001 than have women in the previous four years. The percentage of Contra Costa County kindergartners who receive all of their required immunizations exceeds the state level, as does the percentage of third graders who read at grade level. The rate of births to teenagers has steadily decreased from 1997 through 2002, and is consistently below the state rate. However, the number of babies born at low weight has increased, with the county rate exceeding the statewide rate by a narrow margin. In addition, there is a substantial lack of licensed child care space available to working families.

- **The infant mortality rate has decreased.** The infant mortality rate in Contra Costa County has decreased from 5.1 per 1,000 babies ages 0 to 12 months in 1997 to 4.0 per 1,000 in 2001. The rate has been lower than the state rate since 1999.

- **More women are receiving prenatal care in the first trimester.** The percentage of Contra Costa County women receiving prenatal care in the first trimester increased from 86.0% in 1997 to 89.4% in 2001.
- **The percentage of kindergartners receiving all required immunizations is relatively stable.** The percentage rose slightly from 92.4% in 1998 to 94.1% in 2001. In 2001, 94.1% of Contra Costa County kindergartners entered school with all required immunizations, above the statewide percentage of 90.9%.
- **Reading scores have increased.** The percentage of third graders reading at or above the 50th National Percentile Rank on the SAT-9 test increased from 52% in 1998 to 60% in 2002. In Spring 2002, 60% of third graders in Contra Costa County scored at or above the 50th National Percentile Rank compared to 47% statewide.
- **The rate of births to teenagers has decreased.** The rate of births to Contra Costa County teenagers decreased from 36.7 per 1,000 young women ages 15 to 19 in 1997, to 28.4 in 2001, below the statewide rate of 45.1.
- **The percentage of infants born at low weight has remained fairly steady from 1997 to 2001.** While the percentage of babies born at low weight has increased slightly by 0.3% from 1997 to 2001, the percentage consistently exceeds the statewide percentage by a narrow margin ranging from 0.1% to 0.3%.

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- **Licensed child care slots are in short supply.** In 2000, an estimated 119,169 children ages 0 to 13 potentially needed child care, while 35,132 licensed child care spaces were available, leaving an estimated 84,037 children who either receive informal or unlicensed care, or who were unsupervised.

Youth are Healthy and Preparing for Adulthood

The adolescent years are a time of profound physical, social, emotional, and cognitive transformation for young people. The indicators reported for this outcome reflect measures of health, social behaviors, and performance in school.

Youth health indicator results are mixed. Hospitalizations due to asthma have increased, especially for children under age five, which mirrors the national trend. The physical fitness of school age children is at or better than statewide levels. Juvenile misdemeanor arrest rates and preliminary data about the use of alcohol, marijuana, and tobacco among 9th and 11th graders indicate fewer arrests and lower drug and alcohol use than statewide levels. Unfortunately, the county's high school dropout rate has increased while the statewide rate has decreased.

- **Preliminary data indicates that hospitalizations due to asthma have increased.** The rate of hospitalization of children age five and under per 10,000 for asthma increased from 2.93 in 1998 to 38.3 in 2000. Children age five and under were more than three times as likely to be hospitalized for asthma than the general population in 2000.
- **Results on insurance coverage for children are mixed.** Only 4.2% of children in Contra Costa County were uninsured in 2001, compared to 9.6% statewide. However, the percentage of those insured by the public insurance programs (Healthy Families and Medi-Cal) for low-income families is lower than the percentage statewide.

- **The percentage of Contra Costa children who are physically fit equals or exceeds statewide levels.** In 2001, the percent of Contra Costa County children in grade 5 who are physically fit is equal to the percentage statewide. Contra Costa students in grades 7 and 9 are slightly more fit than students statewide.
- **Preliminary self-report data about the use of alcohol, marijuana, and tobacco among 9th and 11th graders show that Contra Costa County use is lower than the state level.** Contra Costa County 9th and 11th graders are generally less likely to drink alcohol, use marijuana, or smoke cigarettes than their peers throughout the state within the last 30 days.
- **Results on sexually transmitted diseases among youth are mixed.** Data from 2001 indicates the rate of chlamydia among Contra Costa County youth ages 15 to 24 is slightly lower than the statewide rate, while the rate of gonorrhea is slightly higher. There were nearly ten times as many reported cases of chlamydia among youth ages 15 to 24 as compared to gonorrhea.
- **The juvenile arrest rate has decreased.** Both juvenile misdemeanor and felony arrests in Contra Costa County have steadily decreased since 1997, and have been consistently below the state level.
- **High school dropout rate decreased slightly.** The four year high school dropout rate decreased slightly from 6.4 per 100 in 2000-2001 to 6.1 in 2001-2002. The Contra Costa County rate fluctuated in the past six years from a high of 8.7 to a low of 5.7, while the statewide rate steadily decreased during this time.
- **The academic performance of college prep students has improved, but the number of students taking college prep courses has decreased.** While Contra Costa County youth consistently outperformed the state in college preparation exams (SAT-1), the percentage of college-ready students decreased, falling from 42.9% in 1996-97 to 41.6% in 2000-01.

Families are Economically Self-Sufficient

The indicators for economic self-sufficiency include household income, unemployment levels, free and reduced cost meals for school children, housing affordability, and homelessness.

While the Contra Costa County median income is approximately \$20,000 above the state level, the rising cost of new and existing homes has made home ownership less achievable. Since 1997, the unemployment rate has been consistently lower than the state rate. The percentage of children in Contra Costa County who receive free or reduced cost school meals was 27.1% in 2001-2002, compared to 47.1% statewide in the same year. More than 40% of Contra Costa families who rent their homes pay more than 30% (the HUD standard of affordability) of their monthly income for this expense. The number of families seeking emergency shelter almost doubled in the past four years; meanwhile the number of shelter beds decreased.

- **Median family income in Contra Costa County exceeds the statewide level.** In 2000, the median family income in Contra Costa County was \$73,039 compared to a median family income of \$53,025 statewide. However, at least 18.5% of Contra Costa County families had annual earnings that were below the self-sufficiency standard,¹ and at least 5.6% had annual earnings below the federal poverty level.

- **Unemployment in Contra Costa County remains below the statewide rate.** Unemployment in Contra Costa County has climbed from a rate of 2.7 per 100 in 2000 to 4.9 in 2002. Although unemployment is on the rise, Contra Costa County unemployment has been consistently below the statewide rate from 1997 through 2002.

- **The percentage of children receiving free or reduced cost school meals is fairly steady and consistently below statewide levels.** The percentage of students in Contra Costa County receiving free or reduced cost meals decreased slightly from 28.2% in 1997-98 to 27.1% in 2001-02. Unfortunately, many families struggle to meet their basic needs but still earn too much to qualify for meal programs, which are linked to the federal poverty level.

- **Housing affordability is decreasing.** In February 2003, only 15% of Contra Costa households could afford to purchase a median priced, single family existing home. Census data show that in 1999, 41% of renters spent thirty percent or more of their income on housing costs.

- **Requests for admittance to family emergency shelters has increased.** The number of families needing emergency shelter on any given night almost doubled from 444 in 1998 to 855 in 2002, while the number of shelter beds decreased by 18% during this time.

Families and Communities are Safe

The indicators chosen to measure family and community safety include child abuse, foster care, domestic violence, and unintentional and intentional injury rates.

The rate of substantiated child abuse and neglect has increased, however, it remains below the statewide rate. First entries into foster care remain steady and until recently, lower than the state level. The total number of domestic violence incidents where children were present decreased significantly. The unintentional injury hospitalization rates in Contra Costa are higher than the statewide rates for age groups 5 to 15 and 16 to 20. Intentional injury rates are higher than the statewide rates for children aged 1 year or less and those aged 5 to 15.

¹ The Self-Sufficiency Standard for California is a measure of income adequacy. It provides information on how much income is needed for families of various sizes to meet their basic needs without public or private assistance.

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- **Substantiated reports of child abuse have increased.** In 2001, the rate of substantiated reports of child abuse and neglect in Contra Costa County increased to a four-year high of 10.1 per 1,000 children, although it still remains below the statewide rate of 10.7.
 - **First entries into foster care remain steady.** The rate of first entries into foster care in Contra Costa County of 3.1 per 1,000 entries has remained lower than the state rate of 3.5, and relatively stable between 1997 and 2001, while the statewide rate decreased during that time.
 - **The total number of domestic violence incidents where children were present have decreased.** In 2001, children were present in 919 or 26% of these incidents, down from 1,015 incidents or 35% in 1997.
 - **Unintentional injury hospitalization rates in 2000 for youth ages 5 to 20 years are higher than the statewide rates.** The Contra Costa County unintentional injury rate is lower than the statewide rate for children less than one year old, and equal to the statewide rate for children ages 1 to 4 years.
 - **Intentional injury hospitalization rates in 2000 for children less than one year old and youth ages 5 to 15 years are higher than the statewide rates.** The Contra Costa County intentional injury rate is lower than the statewide rate for youth ages 16 to 20 years, and equal to the statewide rate for children ages 1 to 4 years.

Summation

Indicators show that positive results have been achieved in each outcome area. Most notable are a decrease in infant mortality, an increase in women receiving prenatal care in the first trimester, fewer births to teenagers, an increase in third grade reading scores, a decrease in juvenile misdemeanor arrests, a median family income that exceeds the state level coupled with an unemployment rate beneath the state level, and a decrease in domestic violence incidents where children were present.

Indicators show Contra Costa children and families would benefit from additional attention to these areas:

- The availability of licensed and subsidized child care.
- The rate of hospitalization due to asthma.
- The number of children with health insurance.
- The rate of high school dropouts.
- The availability of affordable housing.
- The access to emergency shelter beds for families.
- The incidence of child abuse and neglect.
- The injury hospitalization rates for children.
- The availability of education and employment opportunities to increase economic development.

Introduction

Purpose

The purpose of the Contra Costa County Children's Report Card is to:

- Inform and educate the community about the issues of children and families;
- Track indicators of child, family, and community health, economic strength, and well-being over time;
- Raise awareness of the need to pursue targeted interventions to improve outcomes for children and families, and to reduce the costs associated with negative outcomes;
- Stimulate community activities and provide guidelines for service providers to promote improved outcomes; and
- Highlight “what works,” or promising practices and strategies contributing to improved outcomes for children and families.

The 2003 Contra Costa County Children's Report Card is further intended to inform policymakers, funders, service providers, and community leaders about the trends in selected indicators of community well-being that should be addressed when planning and implementing services for children and families. It is an excellent starting point for leaders and service providers to begin identifying ways in which dollars can be leveraged across sectors to address service gaps and overlaps. The information in the Report Card can also be used to develop funding and grant applications.

Background

The first Contra Costa County Children's Report Card was published in 1997 to provide a snapshot of the health and well-being of the county's children and families. It was one of the first children's report cards in California and provided Contra Costa County with a baseline for the status of children and families. The Report Card was developed by the Contra Costa County Children and Families Policy Forum, an interdisciplinary children's council established by the Board of Supervisors.

The second Contra Costa County Children's Report Card was published in 1998, with a data addendum published in 2000. These subsequent reports show the changes, successes and persistent challenges for children and families in the county.

The 2003 Report Card reflects the work of over 40 individuals serving on the Project Oversight Committee and the Executive Committee of the Children and Families Policy Forum, both representing a broad-base of community service agencies and governmental departments. Through a series of meetings, outcomes and indicators of past Report Cards were reviewed for relevance, new indicators were discussed and selected for inclusion in the report, and a data development agenda was developed.

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

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

Report Framework

The 2003 Children’s Report Card focuses on four outcomes:

- Children are Healthy and Ready for School;
- Youth are Healthy and Preparing for Adulthood;
- Families are Economically Self-Sufficient;
- Families and Communities are Safe.

These outcomes are consolidated from the five outcomes in the previous Children’s Report Card, by merging two outcomes – safe families and safe communities – into Families and Communities are Safe. The Project Oversight Committee, with the help of representatives from more than 20 community service provider organizations, identified 24 indicators to measure progress toward these outcomes.

The 2003 Children’s Report Card includes four new indicators: percentage of third graders reading at grade level; percentage of youth who self-report using alcohol, drugs and tobacco; asthma hospitalization rates; and number of domestic violence incidents where children are present.

The 2003 Contra Costa County Children’s Report Card draws on the Results-Based Accountability (RBA) framework. Under the RBA approach, the community identifies the broad outcomes it wants to achieve for its children and identifies indicators that measure progress toward those outcomes. Taken together, these indicators provide an assessment of the health and well-being of children and their families in Contra Costa County. As the community looks at the data

trends for these indicators over time, stakeholders can decide where to focus their actions. If there are areas that need improvement, a concentrated effort can be undertaken to improve outcomes associated with an indicator over time.

Report Organization

The Report Card begins with a brief Overview of Contra Costa County, which provides relevant demographic and socioeconomic information for contextual purposes. The major sections of the report present data on the indicators that relate to the four major outcome areas. Each indicator includes information on the indicator itself and what it measures, a context for why the indicator is important, and what the data show. At the end of each section, “Promising Practices” describe examples of strategies for outcome improvement that are supported by current research.

Promising Practices: Programs and practices that credible research indicates are effective in improving outcomes for children, youth, and families.

The Report Card is based primarily on countywide data. It does not contain neighborhood data. While some limited data are available by school district or region of the county, much of the data are only available countywide. For some important areas of concern there is a lack of valid, reliable or current data. Those areas of concern are highlighted at the end of this document in the Data Development Agenda, with the hope that they will become indicators in subsequent reports.

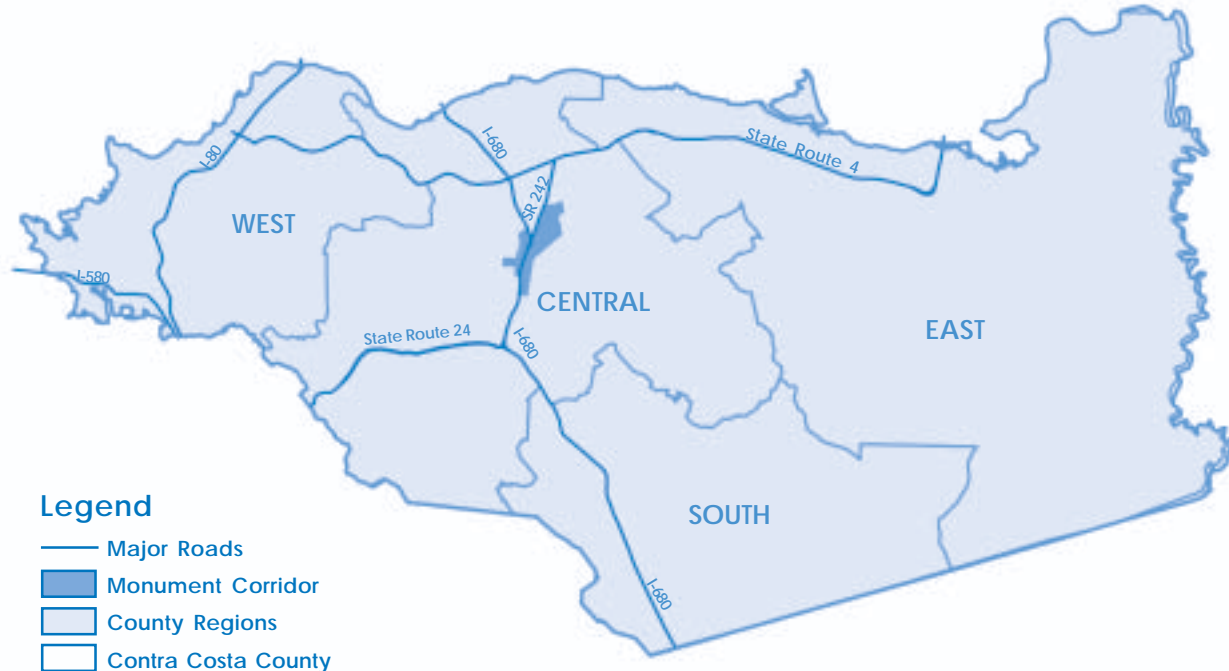
County Overview and Maps

Geography

Contra Costa County is one of nine counties in the greater San Francisco Bay Area and is located northeast of San Francisco. Its western boundary is San Pablo Bay and its northern boundary is the Carquinez Straits. The county is divided into regions by its hills, which are dominated by Mt. Diablo, one of the highest peaks in the Bay Area. The western portion of the county near the San Francisco Bay is primarily industrial, and has service and retail sectors as well. The northern edge is particularly industrialized with petroleum, steel and chemical plants. The central part of the county is a major commercial and financial center. The eastern region is suburban, with a rural and agricultural base.

Contra Costa County is an area of great natural beauty, featuring rolling hills that are golden in summer and emerald green in winter and spring, surrounded by bays and waterways, and encompassing Mt. Diablo State Park. Incorporated in 1850, Contra Costa County was one of the 27 original counties in California. The County has 17 cities and three towns. The five largest cities, with a total of 46.0% of the county's population, are Concord, Richmond, Antioch, Walnut Creek, and Pittsburg. Other cities are Brentwood, Clayton, El Cerrito, Hercules, Lafayette, Martinez (the county seat), Oakley, Orinda, Pinole, Pleasant Hill, San Pablo, and San Ramon. The towns are Danville, Knightsen, and Moraga. Sixteen percent of the population lives in the unincorporated area of the county.

Map 1: Contra Costa County - West, Central, South and East Regions, 2000



Map data provided by the California Spatial Information Library, 2003; U.S. Census Bureau, 2000 Census, 2003; and Contra Costa County Community Development Department, 2003.

Population

According to the 2000 U. S. Census, the county is the ninth most populous county in California, with a population of 948,816. Twenty-nine percent of the population (274,300) are children, including 7.0% under age 5, 7.7% ages 5 to 9, 7.6% ages 10 to 14, and 6.7% ages 15 to 19.

The California Department of Finance (2002) estimates indicate the following ethnic distribution: 63.0% Caucasian, 14.3% Latino, 12.9% Asian, 9.3% African American, and 0.5% American Indian. The California Department of Finance (2002) estimates indicate that among children 0-18, Caucasians make up 53.8%, Latinos 20.3%, Asian 14.1%, African Americans 11.4%, and American Indians 0.4%.

The household characteristics of Contra Costa County are similar to those of California. Seventy percent of the households in Contra Costa County are families with children.

Table A: Contra Costa County Population of Children Ages 0-18, 2002

Ethnicity	Population 0-18
Caucasian	128,600
Latino	48,378
Asian/Pacific Islander	33,746
African American	27,238
American Indian	927

Source: State of California, Department of Finance 1970-2040 Population Projections by Age, Sex, and Race/Ethnic Detail, December 1998, 2003.

Table B: Household Characteristics

Household Type	Contra Costa Number	Contra Costa Percent	California Percent
Family households	242,233	70.4%	68.9%
With own children under 18 years	121,884	35.4%	35.8%
Married-couple family	187,613	54.5%	51.1%
With own children under 18 years	91,975	26.7%	26.0%
Single female head of household	39,683	11.5%	12.6%
With own children under 18 years	22,363	6.5%	7.3%
Non-family households	101,896	29.6%	31.1%
Householder living alone	78,759	22.9%	23.5%
Householder 65 year and over	27,559	8.0%	7.8%
Households with individuals under 18 years	133,372	38.8%	39.7%
Households with individuals 65 years and over	76,255	22.2%	22.3%
Total households	344,129	-	11,502,870

Source: U.S. Census Bureau, 2000 Census, 2003.

Workforce and Employment

Historically Contra Costa County was a “bedroom community” for those who worked in the East Bay and San Francisco. In 2000, more than 40% of the workforce commuted to jobs outside of the county. The mean travel time for working commuters was over 30 minutes.

Table C: Contra Costa County Labor Force and Transportation, 2000

Percent of population 16 years and over - in labor force	Percent in carpools	Percent using public transportation	Mean travel time to work (in minutes) of those who did not work in the home	Percent working outside county of residence
65.5%	13.5%	9.0%	34.4	42.4%

Source: U.S. Census Bureau, 2000 Census, 2003.

Labor force and transportation data is important when considering the impacts that commuting has on families with children. In 2000, over 50% of Contra Costa County families in which both parents worked included children under the age of 6, and over 60% of families in which both parents worked had children ages 6 to 17 years.

Those workers who do not commute may be employed in the increasing number of service businesses within Contra Costa County. Other employment opportunities within the county are available in petroleum refining, which was the county’s first major industry. Additional key employment sectors include telecommunications, financial services, steel manufacturing, prefabricated metals, chemicals, electronic equipment, and food processing.

Income

The median family income in Contra Costa County in 2000 was \$73,039, however, the income of nearly 20% of the county’s families is approximately half that amount.

The distribution of family income in 2000 is represented in 16 income categories and varies by ethnicity. In Table E, Contra Costa County’s median family income of \$73,039 falls within the \$60,000-74,999 income category. The percent of families at or below the median family income are: 70% African American, 64% American Indian/Alaskan, 50% Asian, 46% Caucasian, 73% Latino, 59% Pacific Islander, and 77% Other (U. S. Census, 2000).

Table D: Contra Costa County Percent of Workers with Children, 2000

Percent of population 16 years and over - in labor force	Percent with all Parents in Family in Labor Force	
	With children under 6 yrs	With children 6 to 17 yrs
65.5%	53.6%	64.6%

Source: U.S. Census Bureau, 2000 Census, 2003.

Table E: Contra Costa County Median Family Income and Per Capita Income, 1999

Income	Number of Families	Percent
Less than \$10,000	7,788	3.2%
\$10,000 to \$14,999	5,817	2.4%
\$15,000 to \$24,999	14,033	5.8%
\$25,000 to \$34,999	17,236	7.1%
\$35,000 to \$49,999	30,256	12.4%
\$50,000 to \$74,999	50,014	20.5%
\$75,000 to \$99,999	40,142	16.5%
\$100,000 to \$149,999	44,270	18.1%
\$150,000 to \$199,999	16,522	6.8%
\$200,000 or more	17,893	7.3%
Median family income (dollars)	\$73,039	-
Per capita income (dollars)	\$30,615	-
Number of Families in Contra Costa County	243,971	-

Source: U.S. Census Bureau, 2000 Census, 2003.

Income — Continued

Table F: Contra Costa County Percentage of Family Income by Ethnicity, 1999

Income	African-American	American Indian/Alaskan	Asian	Caucasian	Latino	Pacific Islander	Other
< \$10,000		5.7%	3.4%	2.0%	5.1%	1.1%	6.0%
\$10,000 to \$14,999	5.6%	1.7%	2.0%	1.7%	4.4%	6.7%	5.0%
\$15,000 to \$19,999		3.3%	2.4%	2.0%	4.8%	2.0%	5.8%
\$20,000 to \$24,999	5.1%	6.1%	2.8%	2.5%	6.0%	3.1%	6.0%
\$25,000 to \$29,999		5.2%	2.6%	2.8%	5.1%	2.7%	5.7%
\$30,000 to \$34,999	5.2%	7.1%	3.4%	3.4%	6.3%	0.7%	6.3%
\$35,000 to \$39,999		5.5%	3.9%	3.7%	6.6%	2.7%	6.6%
\$40,000 to \$44,999	5.2%	1.5%	3.7%	3.8%	6.6%	4.5%	7.2%
\$45,000 to \$49,999		3.2%	4.0%	3.9%	5.9%	6.3%	6.5%
\$50,000 to \$59,999	7.8%	8.6%	8.5%	8.0%	10.2%	12.0%	10.5%
\$60,000 to \$74,999		16.5%	13.3%	12.2%	12.3%	17.1%	11.7%
\$75,000 to \$99,999	14.6%	15.4%	17.5%	17.0%	12.8%	13.3%	11.8%
\$100,000 to \$124,999		9.4%	13.0%	12.6%	6.3%	15.9%	5.8%
\$125,000 to \$149,999	3.0%	3.9%	7.6%	7.3%	3.0%	3.6%	2.3%
\$150,000 to \$199,999		6.1%	6.9%	7.9%	2.5%	5.9%	1.7%
\$200,000+	1.8%	0.9%	5.1%	9.3%	2.1%	2.5%	1.1%
Total families		1,355	25,482	168,869	34,279	715	15,977

Source: U.S. Census Bureau, 2000 Census, 2003.

Income — Continued

The Self-Sufficiency Standard, an alternative measure used to document the costs of living that families of different sizes must meet to mitigate poverty, calculates the income that working adults require to meet basic needs without subsidies of any kind. Unlike the Federal Poverty Level, this new standard breaks ground as it takes into account the costs of living as they vary both by family types and geographic location.

Table G: Self-Sufficiency Income Standards, Contra Costa County

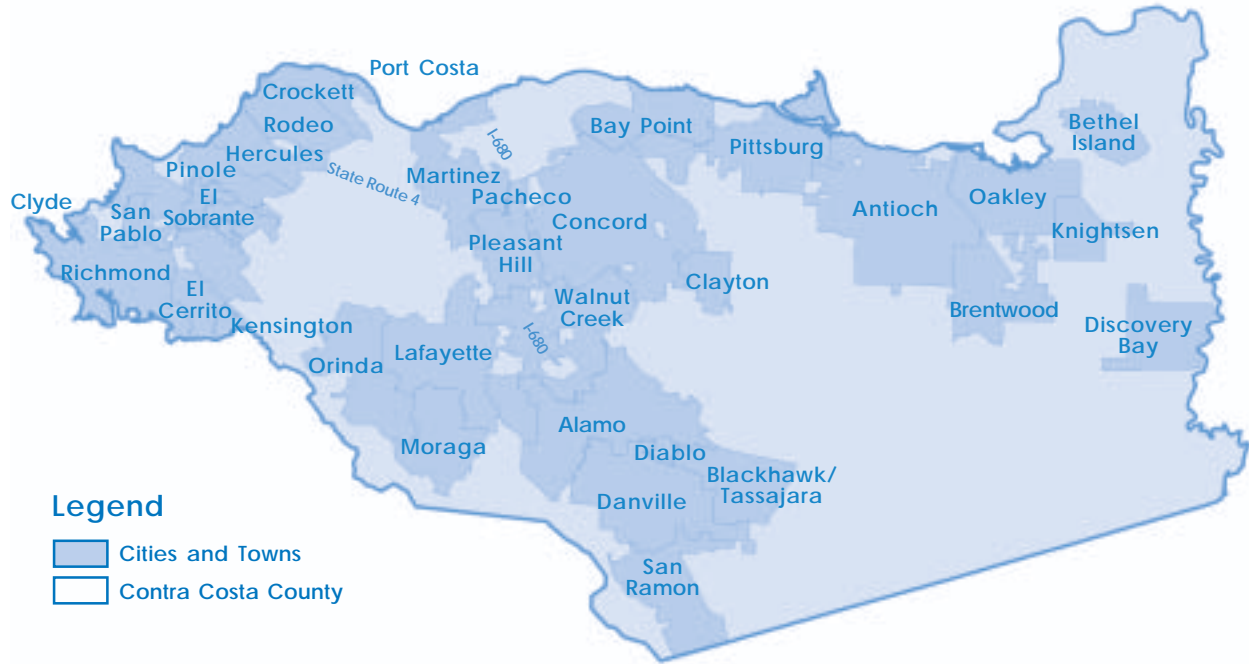
Expense Category	Single Adult + 2 School-Age Children	Two Adults + 2 School-Age Children	Two Adults + 1 School-Age Child + 2 Teenagers
Housing	\$921	\$921	\$1,263
Child Care	\$873	\$873	\$437
Food	\$412	\$549	\$673
Transportation	\$49	\$98	\$98
Health Care	\$264	\$324	\$405
Miscellaneous	\$252	\$276	\$288
Taxes	\$557	\$586	\$557
Earned Income Tax credit (-)	\$0	\$0	\$0
Child Care Tax credit (-)	-\$80	-\$80	-\$40
Child Tax credit (-)	-\$83	-\$83	-\$125
Hourly self-sufficiency wage	\$17.99	*\$19.68	*\$20.20
Monthly self-sufficiency wage	\$3,165	\$3,464	3,555
Annual self-sufficiency wage	\$37,985	\$41,568	\$42,656

Source: Wider Opportunities For Women and Californians for Family Economic Self-Sufficiency (CFESS) and Equal Rights Advocates, 1996 and 2000.

* Hourly, monthly, and annual wages of two-adult households reflect the total combined income of both adults.

Income — Continued

Map 2: Contra Costa County Map Indicating Cities and Unincorporated Areas



Map data provided by the California Spatial Information Library, the U.S. Census Bureau, 2000 Census, and the Contra Costa County Community Development Department.

Table H: Median Family Income and Percent of Families Below the Poverty Level, 1999

City or Unincorporated Area	Median Family Income	Percent of Families Below Poverty Level	City or Unincorporated Area	Median Family Income	Percent of Families Below Poverty Level
Alamo	\$147,643	2.6%	Knightsen	\$64,643	7.3%
Antioch	\$64,723	6.5%	Lafayette	\$120,364	2.1%
Bay Point	\$47,884	14.9%	Martinez	\$77,411	3.2%
Bethel Island	\$53,929	5.3%	Moraga	\$116,113	1.9%
Blackhawk/Tassajara	\$155,904	0.2%	Oakley	\$68,888	2.8%
Brentwood	\$75,753	4.3%	Orinda	\$132,531	1.3%
Clayton	\$107,448	1.2%	Pacheco	\$58,938	7.9%
Clyde	\$80,137	0.0%	Pittsburg	\$54,472	8.7%
Concord	\$62,093	5.2%	Pleasant Hill	\$79,001	2.7%
Crockett	\$66,174	4.8%	Port Costa	\$61,429	9.7%
Danville	\$125,867	1.3%	Richmond	\$46,659	13.4%
Diablo	\$200,000+	0.0%	Rodeo	\$63,151	6.0%
Discovery Bay	\$90,272	1.9%	San Ramon	\$106,321	1.4%
El Cerrito	\$69,397	3.5%	Walnut Creek	\$83,794	1.7%
El Sobrante	\$59,342	6.6%	Contra Costa County	\$73,039	5.4%
Hercules	\$82,214	1.9%	California	\$53,025	10.6%
Kensington	\$102,601	1.7%	Nation	\$50,046	9.2%

Source: U. S. Census Bureau, 2000 Census, 2003.

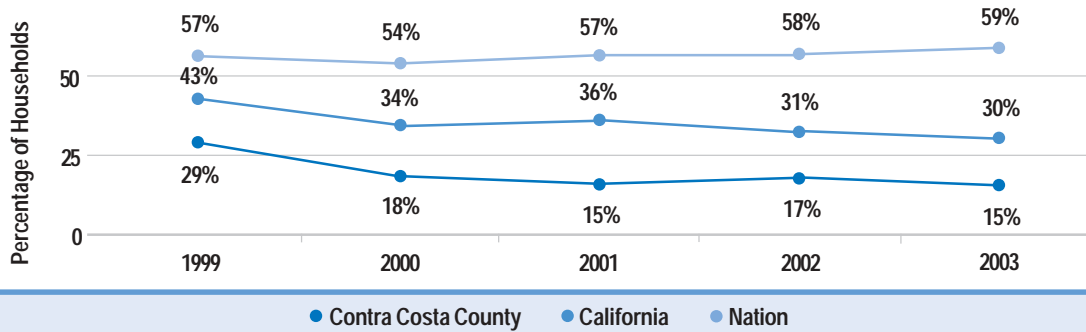
Housing

The Department of Housing and Urban Development defines *affordable housing* as that which does not cost more than 30 percent of a family's income. The scarcity of affordable housing has become one of the most significant challenges for many families living in Contra Costa County. The high cost of home ownership impacts the rental market, as would-be buyers stay in the rental market and tighten the competition for units, driving up rental prices. Lack of affordable rental housing often leads to overcrowded or unsafe housing conditions and seriously impacts the ability of low- to moderate-income families to meet other basic needs. The housing shortage leads to longer and more congested commutes, more air pollution, diminished productivity, and less family time.

Home ownership has become increasingly difficult in Contra Costa County with less than one-sixth of median income households able to afford an existing single family home in 2003. Further, the percentage of homes affordable to median income households decreased by approximately fifty percent from 29% in 1999 to 15% in 2003.

In December 2002, the median sale price of single-family residences, condominiums, and new homes in Contra Costa County was \$364,000. In November 2002, the median sale price varied greatly throughout the county from \$222,000 in Richmond (zip code 94801) to \$978,000 in Alamo (zip code 94507).

Figure I: Percentage of Households Able to Afford a Median Priced, Single Family Existing Home

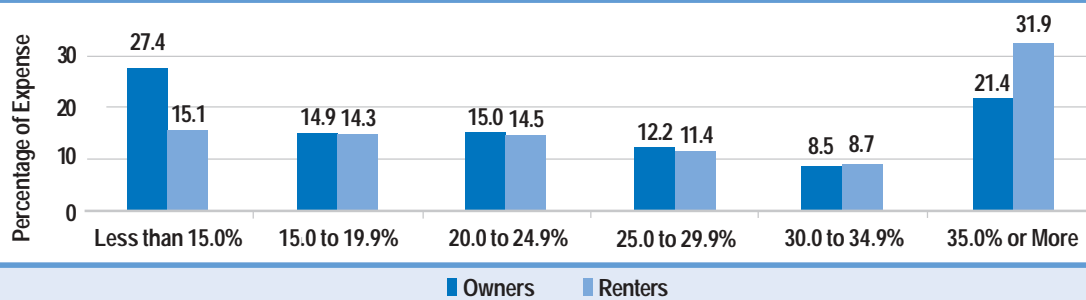


Note: Data collected in February of each year.

In 1999, the percentage of homeowners spending more than 30% of their income on housing in Contra Costa County was 29.9%, while 40.6% of renters spent more than 30% of their income on housing. In 2002, the median rent for a two-bedroom

apartment in Contra Costa County (calculated as part of the Oakland Primary Metropolitan Service Area (PMSA), which also includes Alameda County) was \$1,243 compared to neighboring Santa Rosa PMSA at \$1,066 and San Francisco PMSA at \$1,848².

Figure J: Percentage of Monthly Income Spent by Renters and Homeowners on Housing, Contra Costa County, 1999



Source: U.S. Census Bureau, 2000 Census, Profile of General Demographic Characteristics, 2002.

² Oakland PMSA includes Contra Costa and Alameda counties; San Francisco PMSA includes Marin, San Mateo and San Francisco counties; San Jose PMSA includes Santa Clara County; Santa Rosa PMSA includes Sonoma County; Vallejo-Fairfield-Napa PMSA includes Solano and Napa counties.

Education

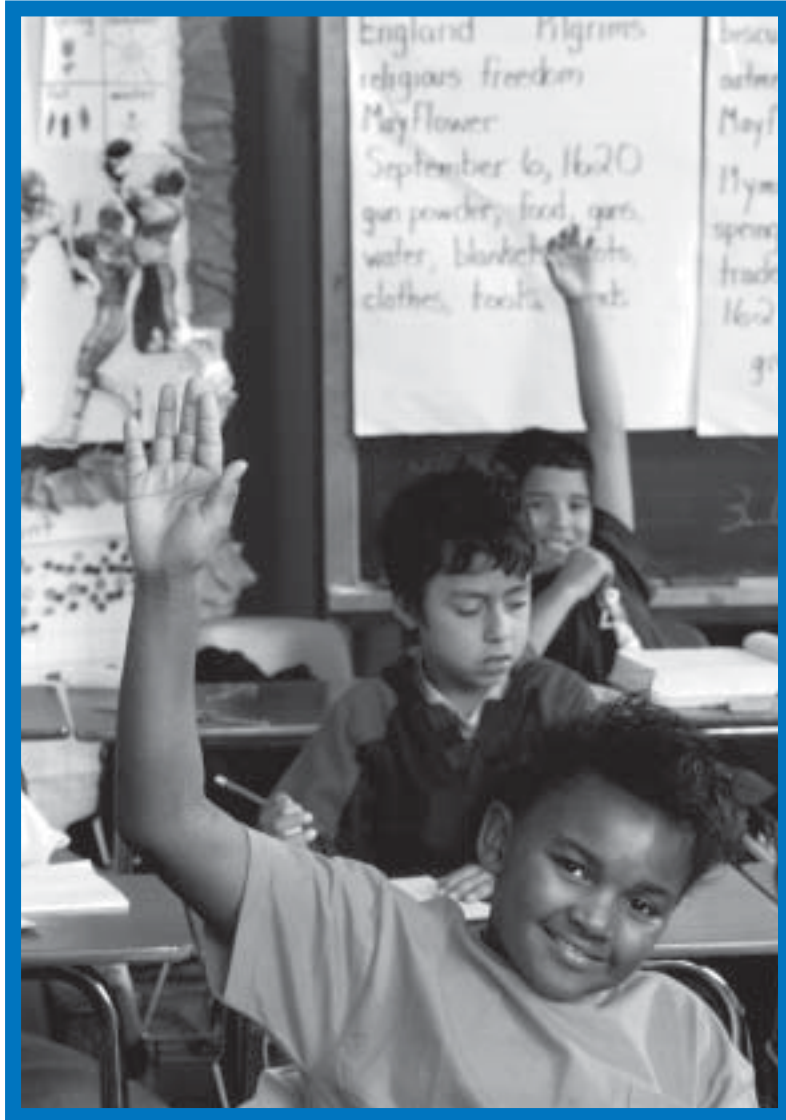
Contra Costa County has 18 public school districts and a number of independent elementary and high schools. There are three community colleges, one four-year college, and two universities. Educational attainment by adults is generally higher than that of the state, however, there are variations within the cities in the county. For example, the percent of Contra Costa residents who have achieved high school graduation or higher for the selected cities represented in the table below is greater than the state average, with the exception of residents

of Pittsburg and Richmond, where the percentage is slightly under the state average. Countywide, 86.9% of residents have achieved high school graduation or higher, compared to 76.8% statewide. Further, the percentage of Pittsburg residents who have achieved a BA or higher is 14.7%, just over half of the state average, while 54.0% of Walnut Creek residents have achieved a BA or higher, which is slightly more than double the state average. Countywide, 35.0% of residents have achieved a BA or higher, compared to 26.6% statewide.

Table K: Educational Attainment of Adults Aged 25 Years and Over, by City, County and State Comparisons, 2000

Attainment Level (Highest Level Achieved)	Antioch	Concord	Pittsburg	Richmond	Walnut Creek	Contra Costa	California
Less than 9th Grade	4.5%	6.9%	10.5%	11.1%	1.8%	5.3%	11.5%
9th to 12th Grade, No Diploma	9.8%	8.4%	13.8%	13.5%	3.3%	7.8%	11.7%
High School Graduate (Includes Equivalency)	28.6%	23.2%	25.9%	21.8%	12.6%	19.8%	20.1%
Some College, No Degree	29.9%	27.0%	27.7%	24.4%	21.1%	24.5%	22.9%
AA Degree	8.9%	8.7%	7.3%	6.8%	7.3%	7.7%	7.1%
BA Degree	13.5%	18.7%	11.4%	14.1%	33.4%	22.8%	17.1%
Graduate or Professional Degree	4.7%	7.2%	3.3%	8.2%	20.5%	12.2%	9.5%
Percent of High School Graduates or higher	85.7%	84.7%	75.7%	75.4%	95.0%	86.9%	76.8%
Percent of BA and higher	18.2%	25.9%	14.7%	22.4%	54.0%	35.0%	26.6%
Number of persons 25 or older	54,041	80,130	33,388	62,662	49,986	625,641	21,298,900

Source: U.S. Census Bureau, 2000 Census, 2003.





Children are Healthy and Ready for School

A child's early years provide the foundation for a healthy youth and adulthood. Seven key indicators are presented for this outcome, focusing on health, pre-literacy, and early success in school.

These indicators reflect how well families and the community are caring for our youngest and most vulnerable members, allowing us to understand how well we are keeping our children healthy and preparing them for school.

Outcome 1: Selected Indicators

- Births to Teenagers
- Prenatal Care
- Low Birth Weight
- Infant Mortality
- Immunization
- Child Care Availability
- Third Grade Reading Scores

“If you find it in your heart to care for somebody else, you will have succeeded.”

- Maya Angelou



1. Births to Teenagers

What It Is

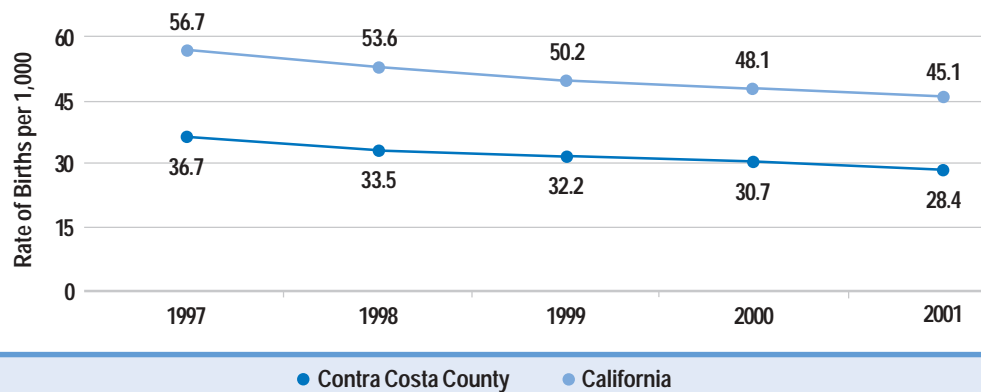
The teen birth rate measures the number of births to teen women ages 15 to 19 per 1,000 females in that age group.

Why It Is Important

Births to teenagers are predictive of increased problems for their children, and reduced economic self-sufficiency for the teen mother. Teenage

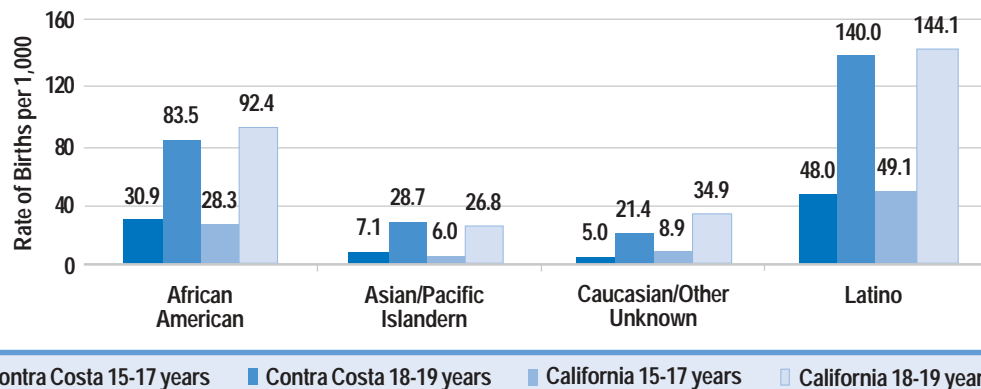
mothers are less likely to finish school and are more likely to be poor. Longitudinal research shows that it can take many years for an unmarried teen mother to catch up to her peers in terms of income and education. Children of teen mothers are even more at risk than the teen mother herself. They are more likely to have academic, cognitive and behavioral difficulties that can persist into their teen years and beyond.

Figure 1.1 — Rate of Births to Teenagers Ages 15 to 19



Source: State of California, Department of Health Services, Center for Health Statistics, Birth Records, 2002.

Figure 1.2 — Contra Costa County and California Rate of Births to Teens by Ethnicity and Age Group, 2001



Source: State of California, Department of Health Services, Center for Health Statistics, Birth Records, 2002.

How We Are Doing

The rate of births to teenagers has decreased in Contra Costa County, in California as a whole, and nationwide. The rate of births to teenagers decreased from 36.7 per 1,000 young women ages 15 to 19 in 1997 to 28.4 in 2001, and remained

below the statewide rate of 45.1 in 2001. A total of 291 babies were born to women ages 15 to 17 in Contra Costa County and 592 babies were born to women ages 18 to 19 in 2001, with another 17 babies born to girls under 15.

2. Prenatal Care

What It Is

Prenatal care is measured by the number of pregnant women who receive prenatal care during their first trimester.

Why It Is Important

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

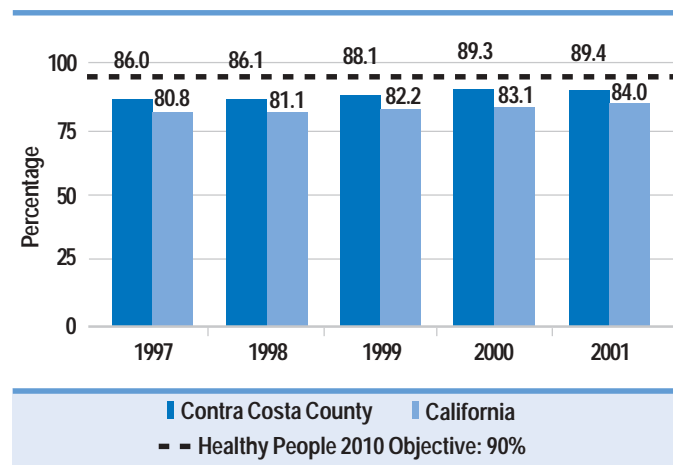
How We Are Doing

The percentage of Contra Costa County women receiving prenatal care in the first trimester increased from 86% in 1997 to 89% in 2001, and neared the Healthy People 2010 Objective of 90%.³ Initiating prenatal care in the first trimester varies by ethnicity: 94% of Caucasians and 91% of Asian/Pacific Islanders received timely prenatal care, as compared to 85% of African Americans and 83% of Latinas. The earlier prenatal care is received, the more effective that care is likely to be. In 2001, women who received no care until the third trimester included 129 Latinas, 36 African Americans, 28 Asian/Pacific Islanders and 56 Caucasians.

Data Development

Because drug exposure in utero frequently causes developmental delays in infancy and early childhood, it is important to identify a process with which to measure the number of drug-exposed newborns, and provide for the equitable administration of drug screening prior to and at birth. Please refer to the Data Development Agenda section of this report for more information.

Figure 2.1 — Percentage of Women Receiving First Trimester Prenatal Care



Source: State of California, Department of Health Services, Center for Health Statistics, Birth Records, 2002.

Note: The Healthy People 2010 Objective is 90% of women receiving prenatal care in the first trimester.

Table 2.1 — Contra Costa County Percentage of Women Receiving First Trimester Care by Ethnicity, 2001

Ethnicity	Total Number of Births	Percentage of Births with First Trimester Care
Caucasian / Other / Unknown	6,244	94.1%
Asian / Pacific Islander	1,775	91.1%
African American	1,268	84.7%
Latina	3,839	82.8%
Total Births	13,126	89.4%

Source: State of California, Department of Health Services, Center for Health Statistics, Birth Records, 2002.

Note: Percentage is based on the number of women receiving first trimester prenatal care in each ethnicity divided by the total number of births for each ethnicity.

³ In the "California Maternal and Child Health Data Book, May 2002," Contra Costa County was found to have the highest level of early entry into prenatal care in California, surpassing the Healthy People 2010 objective, at 90.1%; varying slightly from data currently reported by State Vital Statistics. This report was produced by the Family Health Outcomes Project of the University of California, San Francisco.

3. Low Birth Weight

What It Is

Low birth weight is measured by the number of infants who are born weighing less than 2,500 grams (5.5 pounds), and is expressed as a percentage of total live births per year.

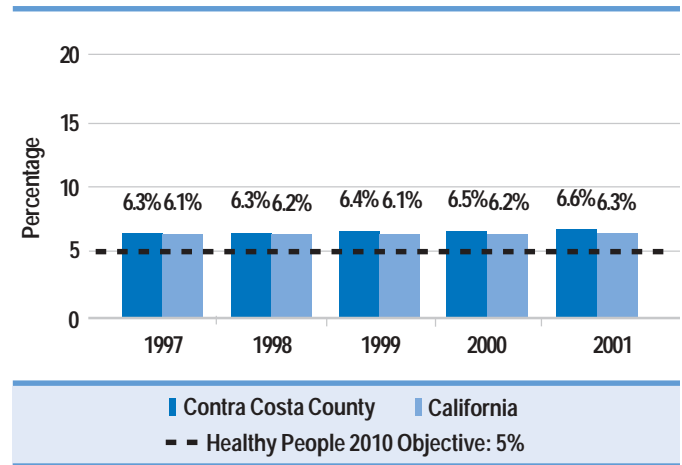
Why It Is Important

Infant birth weight is affected by many factors including the quality and timeliness of prenatal care, and is directly related to infant survival, health and development. Low birth weight is a risk factor for a variety of developmental problems including mental retardation, developmental delays, visual and hearing defects, chronic respiratory problems, autism, and learning difficulties. Infants born at very low weight (less than 1,500 grams or 3.3 pounds) are especially fragile.

How We Are Doing

The percentage of babies born at low weight in Contra Costa County increased from 6.3% in 1997 to 6.6% in 2001, consistently exceeding the statewide rate and remaining above the Healthy People 2010 Objective of 5%. The percentage of low birth weight babies was highest among African Americans, at 13.2%, followed by 8.1% for Asian/Pacific Islanders, 6.1% for Caucasians, and 4.6% for Latinos. According to *Maternal, Child & Adolescent Health in Contra Costa County 1991-1999*, published in January 2003, low birth weights changed for specific racial/ethnic groups; between 1991 and 1999, the rate of low weight births decreased by 15% for African-American women and increased by 11% for Hispanic women. A total of 870 babies were born at low birth weight in 2001, including 122 born at very low weights (less than 1,500 grams or 3.3 pounds).

Figure 3.1 — Percentage of Infants Born at Low Weight



Source: California Department of Health Services, Center for Health Statistics, Birth Records, 2002.

Note: The Healthy People 2010 Objective is 5% of live births.

Table 3.1 — Contra Costa County Percentage of Infants Born at Low Weight by Ethnicity, 2001

Ethnicity	Total Number of Births at Low Weight	Percentage of Births at Low Weight
African American	167	13.2%
Asian / Pacific Islander	144	8.1%
Caucasian / Other / Unknown	382	6.1%
Latino	177	4.6%
Total Births	870	6.6%

Source: California Department of Health Services, Center for Health Statistics, Birth Records, 2002.

Note: Percentage is based on the number of women receiving first trimester prenatal care in each ethnicity divided by the total number of births for each ethnicity.

4. Infant Mortality

What It Is

Infant mortality measures how many infants die before their first birthday per 1,000 live births.

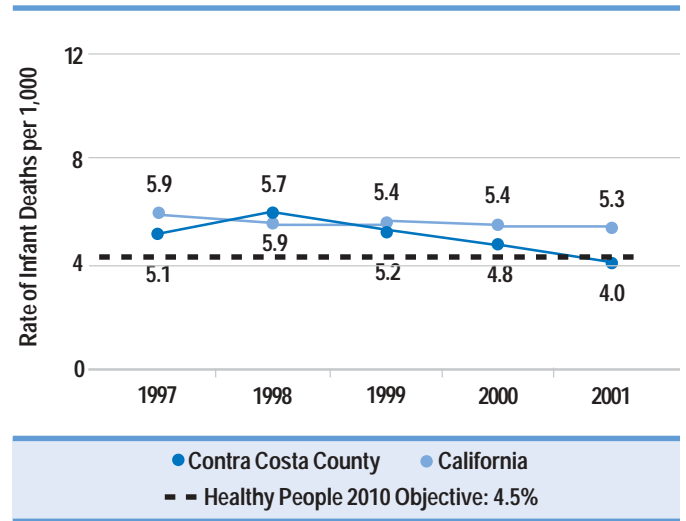
Why It Is Important

Infant mortality is correlated with several factors, including poor prenatal care and low birth weight. Access to prenatal care, and well-baby preventive care after birth, provides opportunities to identify and ameliorate risk factors for infant mortality. The primary causes of infant mortality are pre-existing conditions, birth defects, Sudden Infant Death Syndrome (SIDS), and issues relating to pregnancy and birth, including substance abuse.

How We Are Doing

The infant mortality rate in Contra Costa County has decreased from 5.1 per 1,000 babies in 1997 to 4.0 per 1,000 in 2001, after rising to 5.9 per 1,000 in 1998. Except for 1998, the county's infant mortality rate has been lower than the statewide infant mortality rate, which has decreased steadily from 5.9 per 1,000 in 1997 to 5.3 per 1,000 in 2001. In 2001, for the first time, Contra Costa County met the Healthy People 2010 Objective of an infant mortality rate below 4.5 per 1,000.

Figure 4.1 — Infant Mortality Rate



Source: California Department of Health Services, Center for Health Statistics, Death and Birth Records, 2002.

Note: The Healthy People 2010 Objective is a rate of 4.5 per 1,000 live births.

5. Immunization

What It Is

Child immunization coverage is measured by the percentage of children who have received the recommended immunizations by age two, as measured when they enter kindergarten.

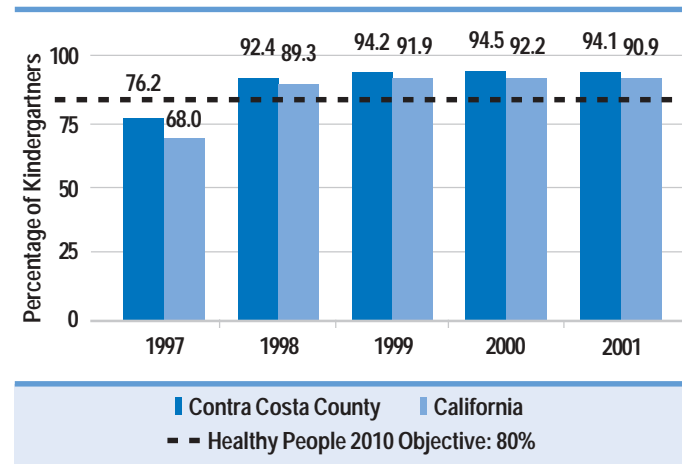
Why It Is Important

Immunization is a measure of family access to, and use of, preventive care. In California, eight different vaccines are currently recommended between birth and kindergarten. These immunizations provide protection against 12 different organisms, preventing a number of serious and even fatal diseases such as measles, chicken pox, diphtheria, tetanus, whooping cough, and polio. Most immunizations are due before age two and are provided during routine well-baby visits. Immunization is a requirement for school entry and compliance with immunization regulations is measured at that time.

How We Are Doing

In 1997, a new law required kindergartners to receive a Hepatitis B vaccination. Due to this additional requirement, the percentage of children entering kindergarten with all required immunizations in 1997 was 76.2%, but increased to 92.4% in the following year and has since remained relatively stable. In 2001, 94.1% of Contra Costa County kindergartners entered school with all required immunizations, above the statewide rate of 90.9% and well above the Healthy People 2010 Objective of 80% for children ages 19 to 35 months.

Figure 5.1 — Percentage of Children Entering Kindergarten with All Required Immunizations



Source: California Department of Health Services, Division of Communicable Disease Control, Immunization Branch, 2002.

Note: The Healthy People 2010 Objective is 80% of children fully immunized between ages 19-35 months.



6. Child Care Availability

What It Is

The availability of licensed child care can be measured by comparing the available licensed child care spaces to the estimated number of children who are either receiving informal care, such as that offered by a relative, nanny, or neighbor, or who are unsupervised. The potential need for child care is based on the number of children with a single working parent or two working parents, while the supply figures are based on the number of spaces available in licensed child care centers and smaller family child care homes.

Why It Is Important

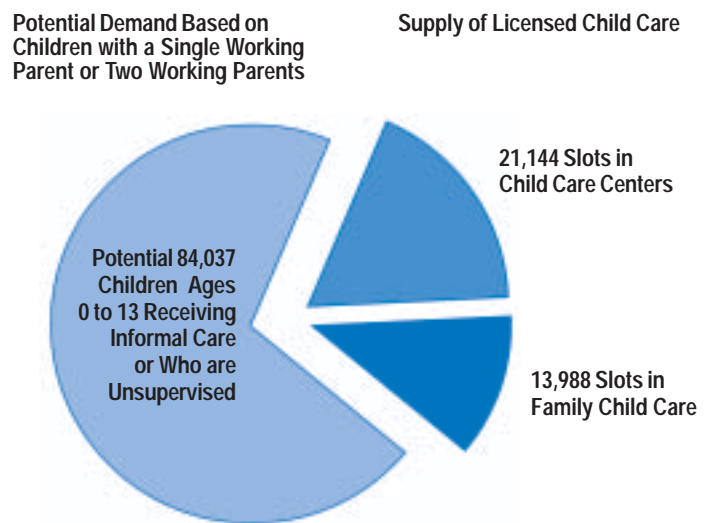
The availability of quality, affordable child care makes it possible for parents to work and helps children prepare for school. Child care for those who need it, and in particular subsidized care for low income families, is essential in helping children access early socialization experiences that will prepare them for kindergarten. Quality child care and preschool experiences can provide developmentally appropriate enrichment. Pre-literacy activities can provide children with the necessary social and cognitive skills to prepare them for later school success.

How We Are Doing

Licensed child care slots are in short supply in comparison to the potential demand. In 2000, there were an estimated 119,169 children ages 0 to 13 who had either a single working parent, or two parents who both worked. At the same time, as there were only 35,132 licensed child care spaces, the remaining 84,037 children either receive informal care, such as that offered by a relative, nanny, or neighbor, or were unsupervised.⁴ Subsidized child care that is available to low-income families also is a critical issue, particularly for those families transitioning off of public assistance. In fiscal year 2001-02, the Contra Costa Child Care Council reported that out of 1,794

licensed child care centers and licensed family child care homes, 48 or 2.7% were subsidized child care centers serving 3,132 children ages 0 to 13.⁵

Figure 6.1 — Number of Licensed Spaces Available, and Potential Number of Children Receiving Informal Care or Unsupervised, 2000



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

Note: For children ages 0 to 13.

Data Development

More data is needed to learn about the condition of child care in Contra Costa County, including the number of children who are in informal child care or who are unsupervised, the number of child care facilities that are exempt from state licensing, the quality of child care programs, and affordability of child care, especially the eligibility of child care subsidies for low-income parents. Please refer to the Data Development Agenda section of this report for more information.

⁴ State child care licensing laws exempt those who care for the children of only one family, besides their own, from child care licensing requirements. There is no data available on these "exempt providers," nor is there data available on the number of young children cared for in their own homes by a relative or nanny.

⁵ For a resource directory of 183 after school and school-age care programs in selected areas of Contra Costa County, see "Contra Costa Afterschool for All," June, 2001, available at www.afterschoolforallcontracosta.org

7. Third Grade Reading Scores

What It Is

The Standardized Testing and Reporting (STAR) program in California began in 1998. The program requires all students in grades 2 through 11 to take the Stanford Achievement Test (SAT-9), a national norm referenced test. Reading proficiency is measured by the percentage of third grade students who had test scores at or above the national average. The Stanford Achievement Test (SAT 9) has been used over the past five years, and the California Achievement Test (CAT 6) is gradually being phased in. The California Standards Tests (CST) in English language arts, mathematics, science, and history-social science were added to the STAR program in 2001. CST scores are grouped according to five performance standards: advanced, proficient, basic, below basic and far below basic.

Why It Is Important

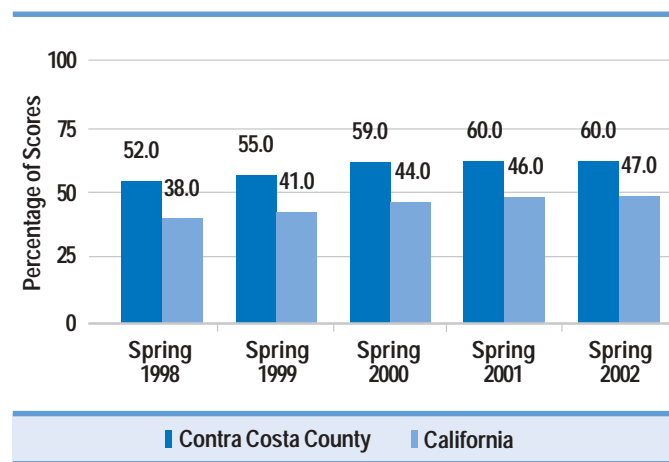
One of the most powerful indicators of later academic success is a child's reading level at the end of third grade. Strong community pre-literacy and literacy approaches can help prepare young children to tackle the exciting challenges of learning to read. Once in school, early identification of reading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

How We Are Doing

Over the past five academic years, a higher percentage of Contra Costa County students consistently scored above the national average compared to California students as a whole. During spring 2002, 60% of third graders in Contra Costa County scored above the 50th National Percentile Rank compared to 47% statewide. SAT-9 scores varied by ethnicity with

75% of Caucasian and 76% of Asian students scoring at or above the 50th percentile as compared to 38% of African American and 35% of Hispanic/Latino students. Third grade CST scores in English Language Arts showed that 44% were proficient or advanced, with 25% of students at the basic proficiency level, 17% below basic, and 13% scoring far below basic, for Spring 2002.

Figure 7.1 — Percentage of Third Graders Reading at or Above the 50th National Percentile Rank on the SAT-9 Test



Source: California Department of Education, STAR Score Summaries Report, 2002.

Data Development

More data must be developed to measure the quality of before and after school programs for school-aged children. These programs, offered on the school site or in the community, may include tutoring, recreation, or other activities. Please refer to the Data Development Agenda section of this report for more information.



Promising Practices

To assure that young children are healthy and ready for school, it is important to look at strategies that improve health, social and emotional skills, economic status, and literacy.


Educate prospective parents about the importance of prenatal and well-baby care. ■ Create community education and public awareness media campaigns and public service announcements to help expectant parents understand the importance of early prenatal care. ■ Home visitation, community clinics, and mobile vans can increase access to and utilization of prenatal care and immunization. ■ Provide children with regular access to preventive and routine health care, so that problems can be identified and ongoing medical supervision and treatment can be provided. ■ Train school and child care personnel and provide them with tools to address children's chronic health problems, such as asthma, since many asthma attacks occur during the school day.

Provide effective sex education programs for youth that include peer education and support. ■ Involve middle and high school girls and boys in youth development activities and planning for their futures. ■ Educate young people about adolescent health, responsible decision-making, the consequences of unprotected sex. ■ Work with the siblings of teen parents since studies show that they are at risk of following in their siblings' footsteps. ■ Keep teen mothers in school through supportive, school-based programs that provide comprehensive education and health services and on-site child care to help them gain confidence as they care for their babies and build their own academic and life skills. ■ Provide programs and services geared specifically toward young fathers to help them bond with their children and serve as role models.

Improve access to quality, affordable childcare for working families. ■ Cities and counties can promote child care by revising zoning ordinances to promote establishment of child care facilities, including child care centers in their general plans, and by instituting developer fees that support child care. ■ Business can establish family-supportive practices, such as providing flexible work schedules, flexible benefit plans, and pre-tax child care credits. ■ Local stakeholders can advocate with the state and federal governments to increase the supply of subsidized child care for low-income families and to take cost of living into account when setting eligibility standards for child care subsidies. ■ Employers can support their employees by providing on-site child care centers.

Help children develop the cognitive, behavioral, and social skills required for kindergarten. ■ Summer programs are effective for children who have not attended preschool to assist in transitioning into kindergarten. ■ It is essential to provide early identification and intervention for children with developmental problems, such as hidden learning disabilities. ■ Schools should identify students with such problems early and to provide intervention, with a particular focus on reading and writing. ■ Communities can support parent home instruction for their preschool children.

Increase student success in schools by providing support services to families. ■ School-linked services can provide case management services, access to community resources including food, clothing and health insurance, short-term family counseling, parenting classes, family literacy classes, and other services.







Youth are Healthy and Preparing for Adulthood

The adolescent years are a time of profound physical, social, emotional, and cognitive transformation. Eight key indicators are reported for this outcome, which reflect success in school, measures of risky behaviors, and health.

Families, schools, and the entire community can help young people by building on their strengths; challenging them to learn new skills and show leadership; and providing safe, healthy activities so they will make sound choices and become thriving, productive young adults.

Outcome 2: Selected Indicators

- High School Dropout Rates
- College Readiness
- Juvenile Arrests
- Drug, Alcohol, and Tobacco Use
- Sexually Transmitted Diseases
- Asthma
- Physical Fitness
- Health Insurance

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

- Emma Goldman



8. High School Dropout Rates

What It Is

The four-year high school dropout rate measures the estimated percentage of students who would drop out in a four-year period, based on dropout data collected for each grade in a single year.

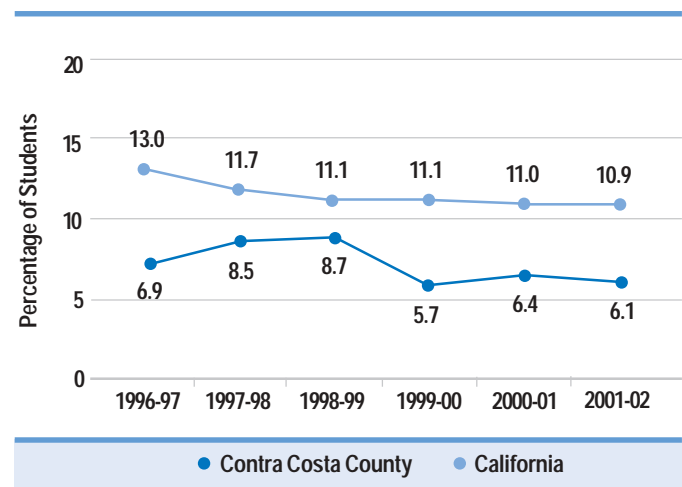
Why It Is Important

Youth who drop out of high school are less likely to find and keep a good job, and are less likely to be prepared for the technological demands of today's workforce. They earn significantly less income over time than their better-educated counterparts.

How We Are Doing

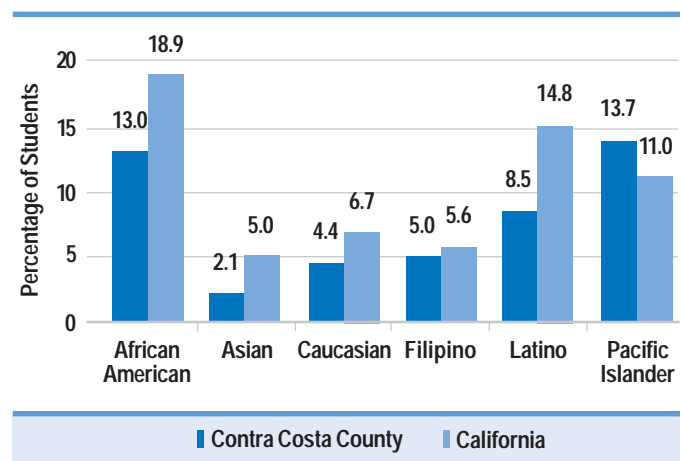
The four-year high school dropout rate in Contra Costa County decreased in one year from 6.4% in 2000-01 to 6.1% in 2001-02. The dropout rate varied by ethnic group, with the highest dropout rate for Pacific Islander students at 13.7%, followed by 13.0% for African American students, 8.5% for Latino students, 4.4% for Caucasian students, and 2.1 for Asian students.

Figure 8.1 — Percentage of Students Who Drop Out of High School



Source: California Department of Education, Educational Demographics Unit, 2003.

Figure 8.2 — Percentage of Students Who Drop Out by Ethnicity, 2001-02



Source: California Department of Education, Educational Demographics Unit, 2003.

9. College Readiness

What It Is

College readiness is measured by the percentage of high school students who take and complete classes that fulfill entrance requirements at state institutions such as the University of California and the California State University.

Why It Is Important

Increasingly, post-secondary education is important to ensure better life opportunities and income potential. Students who meet the criteria for higher education are more prepared to take advantage of opportunities available to them in the next phase of their lives, which may include a fulfilling job. Schools and communities must work together to provide the support that students need to be able to take advantage of higher education.

How We Are Doing

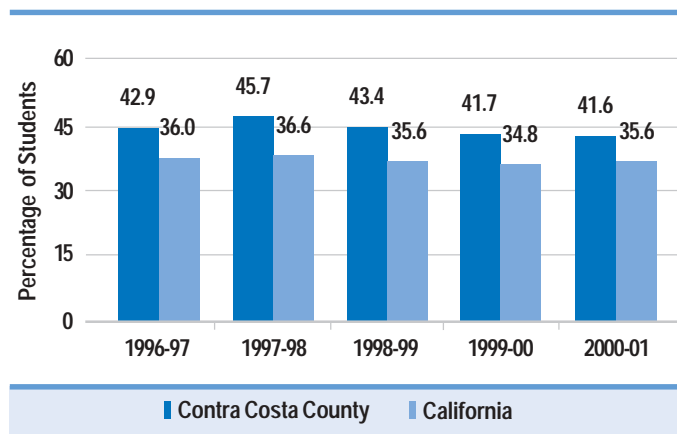
Contra Costa County consistently outperformed the state in the number of high school students prepared for college. SAT-1 verbal and math scores increased from 1999-00 to 2001-02, while decreasing statewide during this time. However, both locally and statewide the percentage of college-ready students decreased, falling from 42.9% locally in 1996-97 to 41.6% in 2000-01 and from 36.0% to 35.6% statewide during the same period. College readiness varied by ethnicity, with 63% of Asian students ready for college compared to 47.6% of Caucasians, 46.3% of Filipinos, 32.7% of American Indians, 27.1% of Pacific Islanders, 19.6% of African Americans, and 18.1% of Latinos.

Figure 9.1 — SAT-1 Scores, Verbal/Math Average, 1999-00 to 2001-02

	1999-00	2000-01	2001-02
Contra Costa County	1066	1064	1071
California	1099	1008	1006

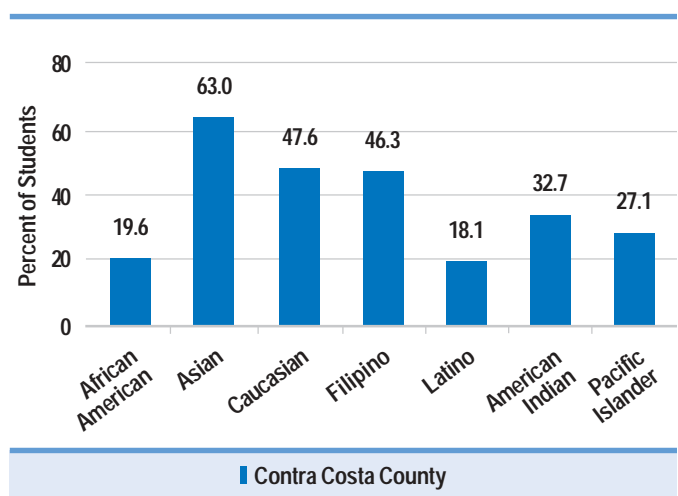
Source: California Department of Education, Education Planning and Information Center, 2003.

Figure 9.2 — Percentage of Students Who Completed College Preparatory Courses



Source: California Department of Education, Educational Demographics Unit, 2002.

Figure 9.3 — Percentage of Students Who Completed College Preparatory Courses by Ethnicity, 2000-2001



Source: California Department of Education, Educational Demographics Unit, 2002.

10. Juvenile Arrests

What It Is

Juvenile felony and misdemeanor arrests are calculated per 1,000 juveniles ages 10 to 17. Felonies involve injury or substantial property loss, while misdemeanors are offenses of a less serious nature.

Why It Is Important

Although juvenile crime is decreasing, to the public at large it remains one of the most salient indicators of social breakdown. For this reason it is important to look at what these data actually show about the prevalence of serious juvenile crime. Negative peer influence is one of the strongest correlates of juvenile crime. A history of abuse or neglect, mental health problems, and family disorganization is also associated with juvenile crime. Boys are more likely to be arrested than girls. Nationally, young people of color are statistically over-represented as victims of crimes. They are also over-represented throughout the entire juvenile justice system for arrests, convictions, and sentencing.

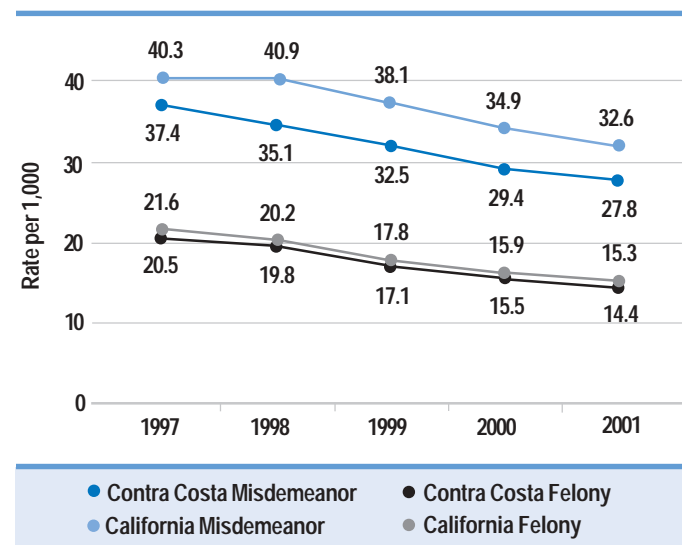
The sense of disenfranchisement that can be associated with poverty is also a contributing factor to juvenile crime. Providing economic opportunity through employment and education can help protect against juvenile crime. It is also important that the community promote youth assets through opportunities for youth leadership, including involvement in decision-making and community service. Other successful strategies include involvement with a caring adult, faith based organizations, or other social institution and healthy activities such as sports, music, art, and drama.

How We Are Doing

Corresponding with state and national trends, the juvenile arrest rate in Contra Costa County decreased during the past five years, and remained lower than the statewide rate. In 2001, there were 3,003 juvenile misdemeanor arrests in Contra Costa County, a rate of 27.8 misdemeanor arrests per 1,000 youth ages 10 to 17 compared to a rate of 32.6 statewide. In 2001, there were 1,558 juvenile felony arrests in Contra Costa County, or 14.4 felony arrests per 1,000 youth ages 10 to 17 compared to a rate of 15.3

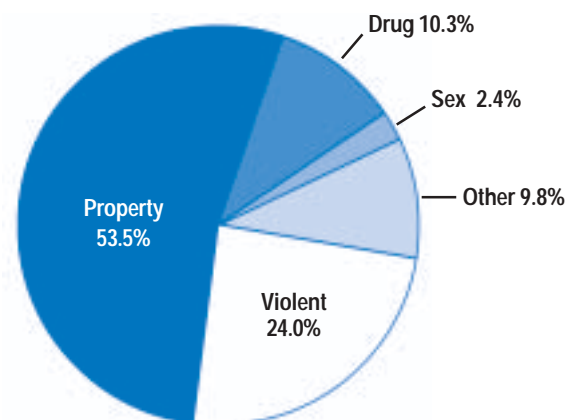
statewide. The majority of local felony arrests (53.5%) were for property crimes. Another 24.1% were violent crimes (homicide, rape, robbery, assault and kidnapping), 10.3% were drug offenses, 2.4% were sex crimes, and 9.8% were other types of felony arrests.

Figure 10.1 — Juvenile Arrest Rates for Felony and Misdemeanor Crimes Ages 10 to 17



Source: California Department of Justice, Criminal Justice Statistics Center, 2002.

Figure 10.2 — Contra Costa County Percentage of Juvenile Felony Crimes by Type, 2001



Source: California Department of Justice, Criminal Justice Statistics Center, 2002.

11. Drug, Alcohol, and Tobacco Use

What It Is

Drug, alcohol, and tobacco use are measured by the percentage of students who self-report they have used these substances within the last thirty days (see Figure 11.1).

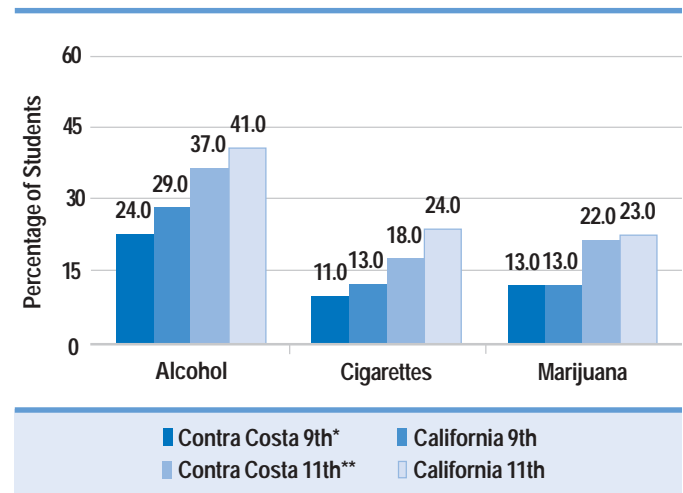
Why It Is Important

The use of drugs, alcohol and tobacco may contribute to poor health, and undesirable educational and social outcomes for teens. Drug, alcohol, and tobacco use sometimes correlates to low self-esteem, poor performance in school, and difficulties at home. Alcohol is the most commonly used drug among young people, often leading to serious consequences such as drunk driving accidents, fighting, high-risk sexual behavior, academic failure, and criminal behavior. Youth raised by parents or caretakers with a history of substance abuse, or whose peers use drugs, alcohol or tobacco, may be more likely to develop problems with substance abuse themselves.

How We Are Doing

Ninth graders are less likely than 11th graders to use alcohol and other drugs. Contra Costa County 9th and 11th graders are generally less likely to use these substances than their peers throughout California. Twenty-four percent of surveyed 9th graders and 37% of surveyed 11th graders report drinking alcohol in the past 30 days. Marijuana is less common, with 13% of surveyed 9th graders and 22% of surveyed 11th graders reporting having used marijuana in the previous 30 days. Cigarette smoking is even less popular, although 11% of surveyed 9th graders and 18% of surveyed 11th graders report having smoked cigarettes in the past 30 days.

Figure 11.1 — Percentage of 9th and 11th Graders Self-Reporting the Use of Drugs, Alcohol, and Tobacco, 2001-02 (any current use, past 30 days)



Source: WestEd, California Healthy Kids Survey, Contra Costa County Office of Education, 2002, Contra Costa County Technical Report 2001-2002 School Year.

* Sample size: 3,674

** Sample size: 2,864

Note: The results listed in this countywide report must be interpreted with caution. They are not representative of Contra Costa County or its respective districts/schools, and only represent those students who responded to the survey on the day it was given.

12. Sexually Transmitted Diseases

What It Is

The incidence rates of sexually transmitted diseases (STDs) are measured by the number of new cases reported to public health agencies per 1,000 youth ages 15 to 24.

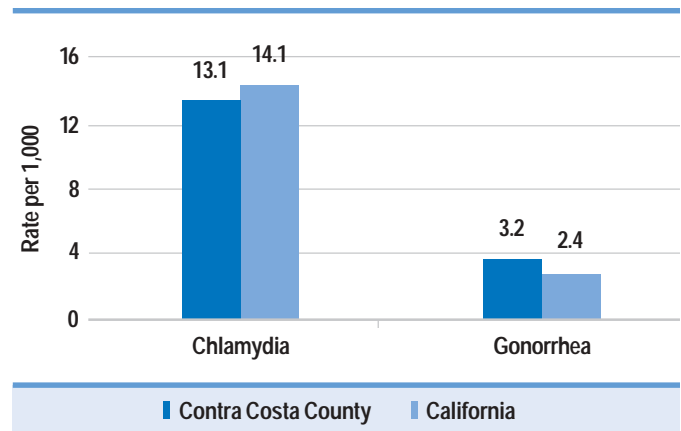
Why It Is Important

Sexually transmitted diseases, including chlamydia, gonorrhea, HIV/AIDS, syphilis, and genital herpes, are preventable, and some are curable. STD's generally reflect adolescent risk-taking behavior, including unprotected sexual activity, which can also lead to other life-altering health outcomes such as teen pregnancy. The incidence of STDs often reflects the level of access to health care, education, and family planning services. It is important for teenagers to be educated about how to protect themselves against STDs, and the importance of diagnosis and treatment.

How We Are Doing

In 2001, data indicates the rate of chlamydia among Contra Costa County youth ages 15 to 24 is slightly lower than the statewide rate, while the rate of gonorrhea is slightly higher. There were nearly ten times as many reported cases of chlamydia as compared to gonorrhea.

Figure 12.1 — Incidence of Chlamydia and Gonorrhea Among Young Adults Ages 15 to 24, 2001



Source: California Department of Health Services, STD Control Branch, 2002. Contra Costa County Department of Health Services, STD program, 2002. State of California, Department of Finance 1970-2040 Population Projections by Age, Sex, and Race/Ethnic Detail, December 1998, 2003.

13. Asthma

What It Is

The incidence of serious asthma attacks is measured by the number of asthma related hospitalizations per 10,000 persons in the general population and in specific age groups.

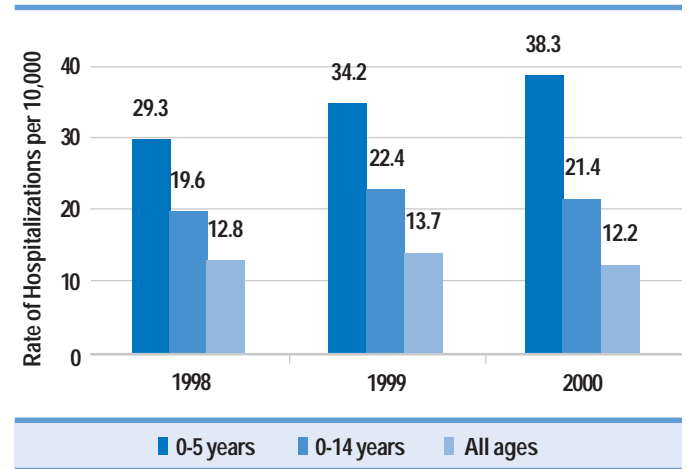
Why It Is Important

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

How We Are Doing

While preliminary data indicates that asthma hospitalizations rates among the general population decreased between 1998 and 2000, children age five and under were more than three times as likely to be hospitalized for asthma than the general population in 2000. Hospitalization data only reflects the most serious incidents of asthma. Many more children have asthma and are not hospitalized. Data from the California Health Information Survey (CHIS) indicated that in 2001, 13.0% of children ages 0 to 14 were diagnosed with asthma by a physician and also reported symptoms in the previous 12 months. There do not appear to be any techniques or methods available for earlier asthma detection and treatment.

Figure 13.1 — Contra Costa County Rate of Hospitalizations Due to Asthma



Source: California Department of Health Services, Environmental Health Investigations Branch, 2003.

Note: Asthma hospitalization data for 1998-2000 is preliminary.

14. Physical Fitness

What It Is

The California Physical Fitness Test measures six fitness standards: aerobic capacity, body composition, abdominal strength, trunk extension strength, upper body strength, and flexibility. Standards are established for each of these six areas. Students need to meet all six standards to be considered physically fit.

Why It Is Important

Physical fitness improves memory, concentration, and energy level. Physical fitness in childhood provides the foundation for improved health outcomes in later life through building good nutrition and exercise habits. The American Heart Association recommends that children ages five and older should get at least 30 minutes of moderate exercise each day, and at least 30 minutes or more of vigorous exercise at least three to four days per week. Regular exercise and physical activity keep a child fit and reduce the likelihood of obesity, which is an increasing problem for children nationwide. The rise in childhood obesity stems from many factors, originating in part from a more sedentary lifestyle and consumption of high-calorie foods. Further, many schools have reduced physical education classes and fewer children walk or bike to school than in the past.

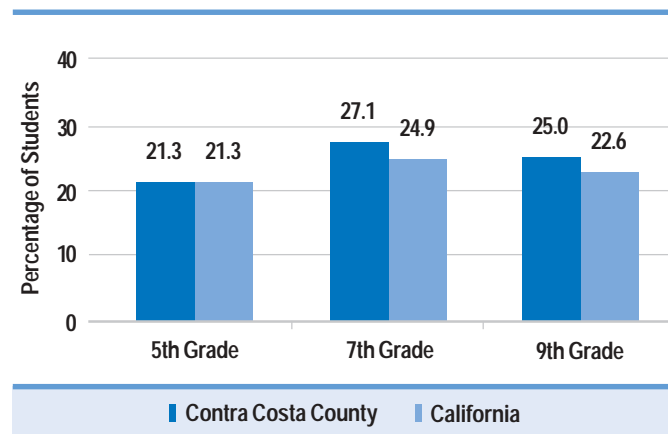
How We Are Doing

In 2001, 21.3% of Contra Costa County children in grade 5 were physically fit, which is equal to the percentage statewide. Students in grades 7 and 9 were slightly more fit than students statewide, 27.1% compared to 24.9% for seventh graders, and 25% compared to 22.6% for ninth graders.

Data Development

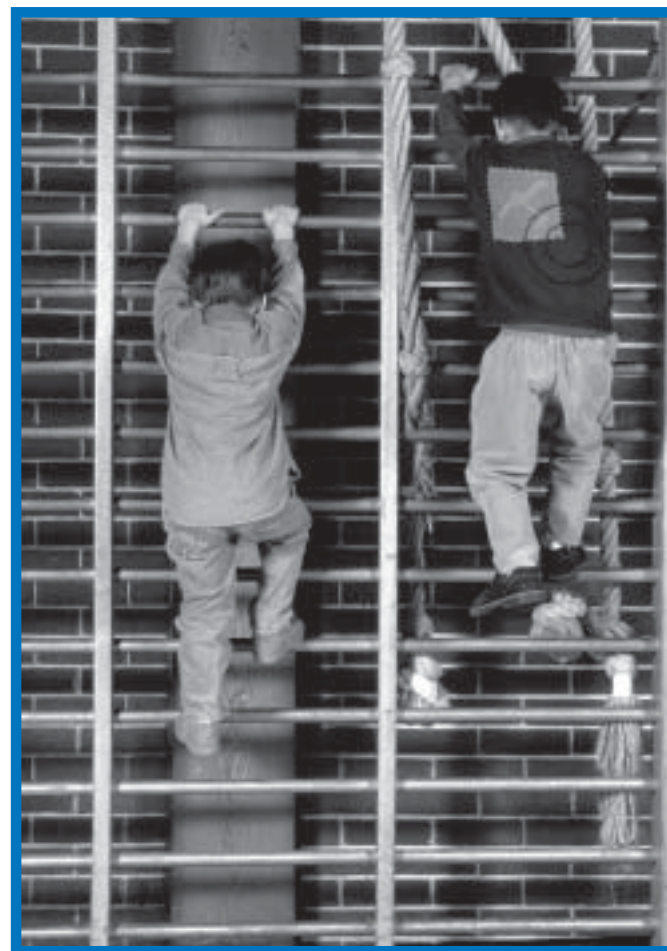
More data is needed on pediatric obesity, which is increasing nationwide and is linked to an alarming rise in the incidence of Type II diabetes. Please refer to the Data Development Agenda section of this report for more information.

Figure 14.1 — Percentage of Physically Fit Students, 2001



Source: California Department of Education, California Physical Fitness Test, 2003.

Note: Students meeting six of six fitness standards are considered to be fit.



15. Health Insurance

What It Is

Health insurance coverage is measured by the percentage of children ages 0 to 17 who have health insurance coverage, either publicly or privately provided.

Why It Is Important

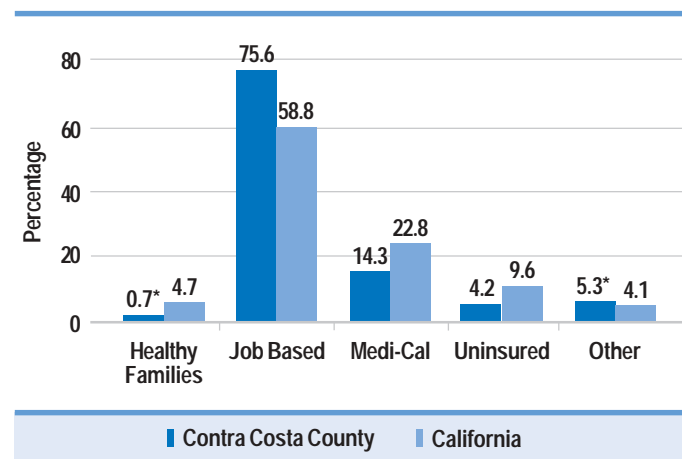
Health insurance coverage is a proxy for a family's access to the health care system. Children and families without insurance put off visits to the doctor and as a result, tend to be sicker when they finally seek care. Without being in the care of a regular physician, they are more likely to go to the emergency room for treatment. Many workers are insured through their jobs, although this is less true for part-time employees or employees of some small businesses. For low-income families, state programs like Medi-Cal and Healthy Families provide health insurance if the family meets federal and state eligibility criteria. However, many low-income working families without job-based health insurance earn too much to be eligible for either of these programs.

How We Are Doing

Only 4.2% of children in Contra Costa County were uninsured in 2001, compared to 9.6% statewide. A greater proportion of local children are insured through their parent's employment; 75.6% locally compared to 58.8% statewide. Only 4.2% of children in Contra Costa County were uninsured in 2001, compared to 9.6% statewide. A greater proportion of local children were insured through their parent's employment, 75.6% locally compared to 58.8% statewide. On the other hand, the percentage of those insured by public insurance programs (Healthy Families

and Medi-Cal) for low-income families was lower than statewide. Only 14.3% of local children were on Medi-Cal compared to 22.8% statewide, and only 0.7% were insured by Healthy Families compared to 4.7% statewide. This discrepancy may be due to a number of factors including Contra Costa's higher median income as compared to other counties, or due to difficulties in accessibility to these programs. Additionally, a new report from the Contra Costa County Department of Health Services indicates that in 2003 an estimated 18% of Contra Costa County children ages 0 to 5 years, and 11 % of children and youth ages 6 to 18 years, were enrolled in Medi-Cal. Slightly over 1% of children ages 0 to 18 were enrolled in Healthy Families.

Figure 15.1 — Percentage of Insured Children Ages 0 to 17, 2001



Source: UCLA Center for Health Policy Research, California Health Interview Survey, 2002.

*Figures may be statistically unstable due to low sample size.



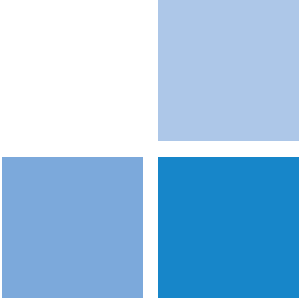
Promising Practices

A number of strategies have been identified that help youth to be healthy and ready to transition into a productive adulthood. Key areas include staying healthy, success in school, and making good choices.

Access to health care is essential. ■ Effective strategies for reducing the number of uninsured children include outreach programs for Medi-Cal and Healthy Families, the implementation of the Child Health and Disability Prevention “Gateway” Program, and locally sponsored and funded programs to provide health coverage for low-income children who are not eligible for state and federal programs. ■ Ensure that youth and families have access to and utilize health care, including those with and without insurance. ■ Provide multiple access points in schools and the community for low-income children and families, for services such as immunizations, physical exams, tuberculosis testing, hearing and vision testing. ■ Health care services can be in the family’s native language and sensitive to differing cultural beliefs about medical care.

Avoid disparities in school achievement by addressing the achievement gap between wealthy and less affluent schools, and fostering a school environment that supports learning for all children. ■ Hire fully credentialed teachers of diverse backgrounds and cultures so students may be exposed to a wealth of role models. ■ Offer advanced placement courses in high schools and assist students of underprivileged socioeconomic backgrounds in preparation for college attendance. ■ Help parents, who themselves have not attended college, understand the advantages of college for their children, and the availability of scholarships, financial aid, and student work/study programs. ■ Help young adults recognize they can gain valuable education from community college programs, vocational training, and military service.

Help young people make good choices by promoting effective prevention strategies to reduce juvenile crime and the abuse of alcohol and other drugs. ■ Provide young people with alternatives to drug and alcohol use such as social and recreational opportunities, which may include skate parks, neighborhood recreation centers, sports and dance, and academic support/mentoring programs. ■ Offer youth development programs that provide a safe setting for youth, positive role models and relationships with adults, healthy activities that build skills and leadership, and community involvement. ■ Design drug and alcohol treatment programs explicitly for youth to increase success in rehabilitation.





Families are Economically Self-Sufficient

The five indicators presented in this section reflect income and housing, which are the basic elements for self-sufficiency.

Families facing poverty and homelessness need extra resources to support their transition to economic self-sufficiency, and the community needs to provide a strongly woven safety net to help families through hard times.

Outcome 3: Selected Indicators

- Family Income
- Unemployment Rate
- School Meal Program
- Housing Affordability
- Homelessness

“There are admirable potentialities in every human being. Believe in your strength and your youth.”

- Andre Gide



16. Family Income

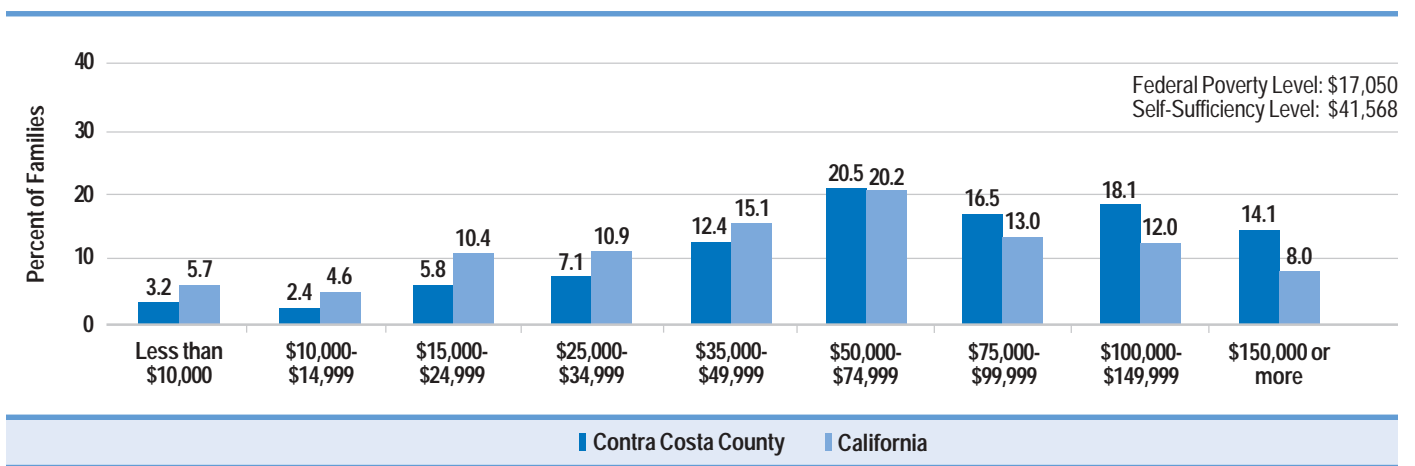
What It Is

The Self-Sufficiency Standard for California is a measure of income adequacy. It provides information on how much income is needed for families of various sizes to meet their basic needs without public or private assistance. The Self-Sufficiency Standard is a more appropriate measure of income adequacy than the Federal Poverty Level, which does not account for regional differences in costs. Shown below is the distribution of income among Contra Costa County families compared to the Self-Sufficiency Standard for a family of four with two working adults and two school-aged children. The Federal Poverty Level for a family of four is also shown for comparative purposes.

Why It Is Important

Like the rest of the San Francisco Bay Area, the cost of living in Contra Costa County is higher than most of California and the country. The high cost of living makes it financially difficult for low-income families to meet their basic needs without making choices between the necessities of housing, child care, food, transportation, and health care.

Figure 16.1 — Income Distribution in Contra Costa County Compared to the Self-Sufficiency Standard and Federal Poverty Level, 2000



Source: U.S. Census Bureau, 2000 Census, Selected Economic Characteristics, 2003; Californian's for Economic Self-Sufficiency and Equal Rights Advocates, The Self-Sufficiency Standard for California, 2000; Federal Register, Vol 65, No. 31, February 15, 2000.

Note: The Contra Costa County Self-Sufficiency Standard and Federal Poverty Level are based on a four-person family consisting of two adults and two school-aged children.

How We Are Doing

In 2000, the median family income in Contra Costa County was \$73,039 as compared to a median family income of \$53,025 statewide. However, at least 18.5% of all Contra Costa County families had annual earnings below the Self-Sufficiency Standard of \$41,568, and at least 5.6% of all families had annual earnings below the Federal Poverty Level of \$17,050 compared to 10.3% of families statewide.

17. Unemployment Rate

What It Is

The unemployment rate is measured by the number of people who are unemployed as a percentage of the labor force. The unemployed include all uninstitutionalized people who are over 16, are not employed, previously worked a full-time job and are available to work, and have sought work at some point during the previous 4 weeks.

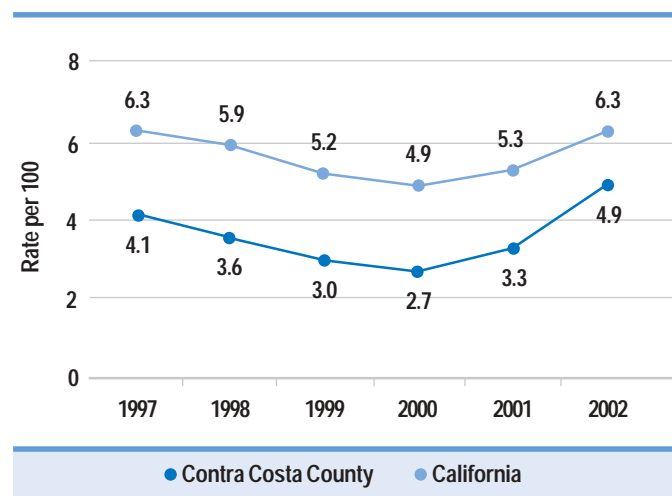
Why It Is Important

The unemployment rate is a measure of the economy's health. A robust economy can provide more job opportunities for those who seek to work. Because of its diversified economy, the unemployment rate in Contra Costa County and the San Francisco Bay Area is generally below the statewide unemployment rate. However, this area is currently one of the most costly areas to live in the entire country, driven in large part by the high cost of housing. When unemployment increases, more families find themselves struggling to meet the basic necessities of housing, food, and healthcare

How We Are Doing

For the past six years the unemployment rate in Contra Costa County has been consistently below the statewide rate. The local unemployment rate decreased from 4.1% in 1997 to a low of 2.7% in 2000. During this same period, the state unemployment rate decreased from 6.3% to 4.9%. With the weakened economy during the past two years, the unemployment rate has risen to 4.9% in Contra Costa County and 6.3% statewide.

Figure 17.1 — Annual Average Unemployment Rates



Source: California Employment Development Department, Labor Market Information Division, 2003.

Note: Data for 2002 reflects the month of December only. All other data are based on an annual average.

18. School Meal Program

What It Is

The number of children enrolled in school meal programs is measured by the percentage of school children kindergarten through twelfth grade who receive free or reduced price meals at school. A child's family income must fall below 185% of the Federal Poverty Level (\$33,458 for a family of four in 2002) to qualify for reduced-cost meals, or below 130% of the Federal Poverty Level (\$23,530 for a family of four in 2002) for free meals.

Why It Is Important

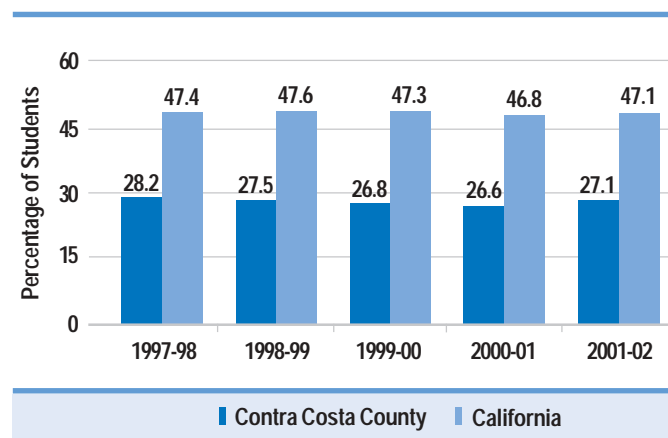
The number of children receiving free and reduced cost meals is an indicator of the number of children living in low-income households. The school meal program helps address inadequate nutrition for low-income children. For some children, the school meal is the most significant meal of the day.

Children who are hungry have trouble concentrating in class and have less energy for school. In addition, their health and development can be affected by poor nutrition.

How We Are Doing

The percentage of children in Contra Costa County who receive free or reduced cost school meals decreased from 28.2% in 1997-98 to 27.1% in 2001-02, as compared to 47% statewide in the same year. In part this reflects the inadequacy of the Federal Poverty Level as a measure of eligibility for free/reduced cost meals in a high cost area such as Contra Costa County; many families struggle to meet their basic needs, but still earn too much to qualify for meal programs, which are linked to the Federal Poverty Level.

Figure 18.1 — Percentage of Students Receiving Free or Reduced Cost Meals



Source: State of California, Department of Education, Educational Demographics Unit, 2002.



19. Housing Affordability

What It Is

There are many ways to measure housing affordability. One measurement presented in this report is the median sales price of a single-family home compared to median family income for Contra Costa County. Another measurement is the percentage of households able to afford a median-priced home.

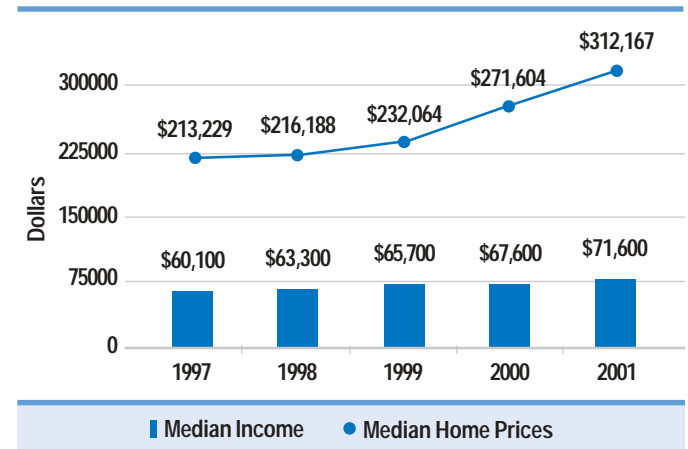
Why It Is Important

The lack of affordable housing is one of the biggest challenges faced by middle-income and low-income families. Households that spend much of their income on housing have less available to spend on food, clothing, and other basic needs. There is also a greater risk that if one of the parents loses his or her job, the family will be unable to make payments and keep their home. Homeowners can take a tax deduction for mortgage interest that helps to offset housing costs; no such advantage is available to renters.

How We Are Doing

Home ownership for many families remains out of reach. In February 2003, only 15% of Contra Costa households could afford to purchase an existing median priced single family home. Between 1997 and 2001, the median sales price of single family homes increased by 46% while the median income level increased by only 19%. Both in California and Contra Costa County the percentage of households that can afford to purchase a median-priced home has decreased from January 2002 to 2003. Additionally, in East Contra Costa County, the Mello Roos tax on newer properties can amount to \$300 per month in addition to mortgage payments that make housing even less accessible to all families. Rental prices are also high with the fair market rent for a two-bedroom apartment at \$1,374. Census data show that in 1999, 41% of renters spent thirty percent or more of their income on housing costs.

Figure 19.1 — Median Price of an Existing Single-Family Home Compared to Income Levels



Source: RAND California, Housing Prices and Transaction Statistics, 2003; US Department of Housing and Urban Development, 2003.

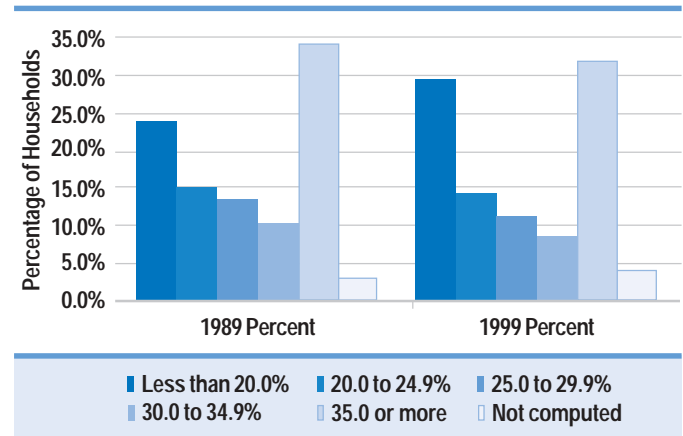
Note: Income figures are based on the Oakland primary metropolitan statistical area, which includes Contra Costa County.

Table 19.1 — Percentage of Households Able to Afford an Existing Median Priced Single Family Home

Location	Feb. 1999	Feb. 2000	Feb. 2001	Feb. 2002	Feb. 2003
Contra Costa County	29%	18%	15%	17%	15%
California	43%	34%	36%	31%	30%

Source: California Association of Realtors, 2003.

Figure 19.2 — Gross Rent as a Percentage of Household Income in 1989 and 1999



Source: U. S. Census Bureau, 2000 Census, 2003.

20. Homelessness

What It Is

The estimated number of homeless individuals is derived from the Contra Costa County Continuum of Care Plan, which is updated annually. Shown below is the number of homeless persons in families with children needing emergency shelter on any given night (estimated need) compared to the number of beds/units available for these families (current inventory). Because the figures represent an estimated need, and do not include methods such as an empirical census, the numbers below should be considered a conservative estimate of the number of homeless people in Contra Costa County.

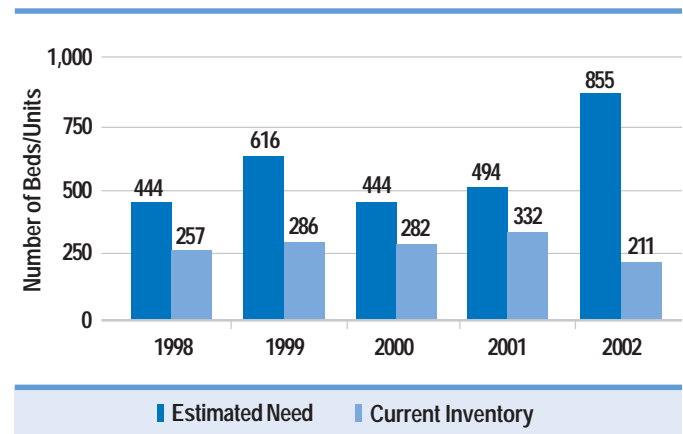
Why It Is Important

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

How We Are Doing

The number of people in homeless families needing emergency shelter services on any given night almost doubled from 444 in 1998 to 855 in 2002, while the number of shelter beds decreased by 18% from 257 to 211 over this period. Although there is no census of the total number of homeless, according to the *2001-2006 Contra Costa County Homeless Continuum of Care Plan*, “each night in Contra Costa County, at least 4,829 people are living on the streets or in temporary accommodations, such as an emergency shelter or on a friend or relative’s couch. The majority are members of a family. Almost half are children.”

Figure 20.1 — Contra Costa County Estimated Need for Family Emergency Shelters Compared to Available Beds/Units



Source: Contra Costa County Homeless Continuum of Care Advisory Board, *2001-2006 Contra Costa County Continuum of Care Homeless Plan*, 2003.

Note: From 1998 through 2001, all beds, whether they were available year-round or only in winter, were counted in the Current Inventory. Beginning in 2002, only year-round beds were counted in the Current Inventory.

Data Development

More data is needed to understand the issues faced by children and families who are homeless or have insecure living conditions, and the types of services that offer support. Please refer to the Data Development Agenda section of this report for more information.



Promising Practices

Public policies should recognize the importance of providing a safety net for children and families, including public assistance for low-income families, high quality affordable child care and affordable housing.

Findings from the first few years of California's welfare reform (CalWORKs) indicate that people with fewer skills are more likely to cycle in and out of welfare.

■ Provide education and job training, which are essential for a welfare client to find a job with a career opportunity. ■ Offer additional support services such as job retention services, subsidized child care, and health insurance coverage are important to help a former welfare client keep his or her job.

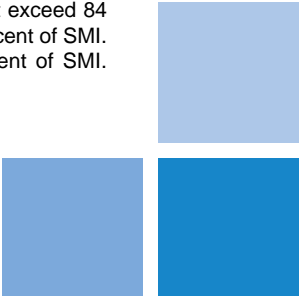
Child care assistance for low and moderate income families is a vital public need. Many low and moderate income families are not served by federal child care funds. Some states provide state government funded child care assistance for these low and moderate income families. The limit of income to be eligible for state-subsidized child care in 2000 is \$54,779 (75% of the county's median income of \$73,039).⁶ This limit is set too low for many families in Contra Costa County. ■ Adjust the subsidized child care eligibility limit to better reflect the cost of living in Contra Costa County, thereby helping many families better meet their basic needs. ■ Make similar eligibility requirement adjustments to other programs such as Section 8 housing, Head Start, and free and reduced cost meals.

Several states and localities offer government financed health insurance coverage for low and moderate income families who are not eligible for Medicaid and do not have employer sponsored health insurance. ■ State and local government should consider extending child care and health care and other support services to low and moderate income families as well as CalWORKs recipients who are transitioning off welfare. An unknown number of families who "time-out" of CalWORKs find jobs that do not pay enough for them to be self-sufficient. ■ Create new safety net programs to help these families leave this support network, and assist these families and children in obtaining their basic needs.

The Food Stamp Program, school food programs and WIC all support children and families with nutrition assistance before children enter school, during the school year, and during the summer. A large percentage of those eligible, however, do not receive this support. Many of these programs require significant documentation, and the stigma of receiving assistance sometimes prevents families from getting the help they need. ■ Collaborative efforts are needed to enroll more families and ensure that needy children don't go hungry. ■ Schools, child care centers and homes should ensure that children get nutritious meals by participating in these federal food assistance programs.

Affordable housing is a persistent and increasing need. ■ Many local jurisdictions have established housing trust funds to provide low-interest down payments for first-time homeowners, emergency assistance for renters, assistance with a security deposit for the first month's rent, rehabilitation assistance and assistance to the homeless in attaining stable housing. ■ Focus on securing stable housing, providing temporary housing for those in transition, and insuring that every child has a place to live.

⁶Before 1998, California families were eligible to enroll in subsidized child care services if their income did not exceed 84 percent of the State Median Income (SMI), and could retain their subsidy until their income rose above 100 percent of SMI. A change made as part of California's welfare reform law lowered the income eligibility ceiling to 75 percent of SMI.







Families and Communities are Safe

If supported by safe families and communities, children will have greater opportunities to thrive. The four indicators selected in this outcome area look at shortcomings in the form of family violence and injury.

We need to recognize and build on the strengths of families by providing networks of support through friends, neighbors and the community. We also need to be able to recognize and intervene when families are in trouble, helping them remedy unsafe conditions and situations.

Outcome 4: Selected Indicators

- Child Abuse and Neglect
- Foster Care
- Domestic Violence with Children Present
- Injury Hospitalizations

*“Without a sense of caring, there
can be no sense of community.”*

- Anthony J. D’Angelo



21. Child Abuse and Neglect

What It Is

The rate of substantiated child abuse and neglect incidents is determined by the number of child abuse and neglect reports that warrant an in-person investigation and are then substantiated. The rate is expressed per 1,000 children in the population ages 0 to 17.

Why It Is Important

Child abuse and neglect are found in families across the social spectrum, and cases are becoming more complex, with more entrenched risk factors. Social isolation, family disorganization, and financial stress and poverty, can also trigger abuse. Younger children are more likely to be victims than older children. Abused children experience higher rates of suicide, depression, substance abuse, difficulties in school, and other behavioral problems in later life. Abused children are also at greater risk of becoming delinquents, mistreating their own children, and becoming involved in violent partner relationships as teens and adults.

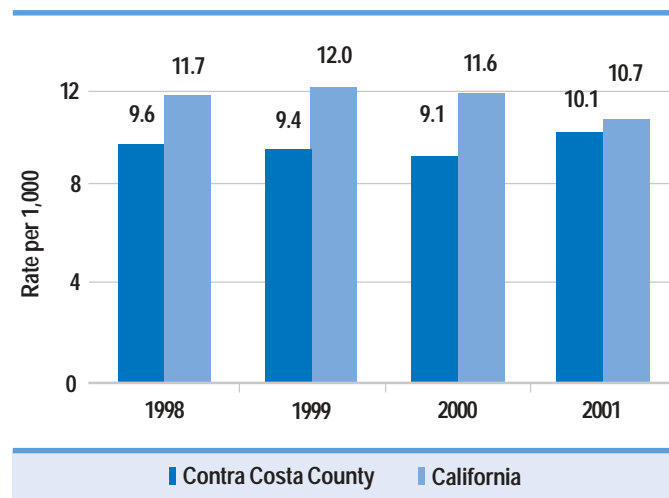
How We Are Doing

After declining for three years consecutively, substantiated child abuse and neglect increased to a four-year high in 2001 in Contra Costa County, even while it decreased statewide. Locally, the rate of substantiated child abuse increased from 9.6 children per 1,000 in 1998 to 10.1 in 2001. However, it still remains below the statewide rate, which decreased from 11.7 to 10.7 during the same time period. In Contra Costa County and throughout California, general neglect is the most common type of abuse/neglect, accounting for 36.4% of all substantiated abuse cases in Contra Costa County in 2001. Physical abuse is the second most common type of abuse accounting for 14.6% of abuse in the county. Caretaker absence or incapacity accounts for 12.4% of cases, followed by emotional abuse accounting for 9.2% and severe neglect accounting for 8.6%. Sexual abuse accounts for 5.3% of cases.

Three factors are thought to have led to the increased number of reports of child abuse: 1) the County completed and implemented its protocol for responding to domestic violence occurrences; 2) additional fiscal resources

provided the ability to substantiate more cases of domestic violence involving children than had been possible in previous years; and 3) the Board of Supervisors implemented a Zero Tolerance Policy Towards Domestic Violence Initiative.

Figure 21.1 — Rate of Substantiated Child Abuse Cases of Children Ages 0 to 17



Source: Needell, B. et al (2002). Child Welfare Services Reports for California.

Table 21.1 — Percentage of Substantiated Cases by Type of Abuse for Children Ages 0 to 17, 2001

Type of Abuse	Contra Costa County	California
General Neglect	36.4%	34.7%
Physical Abuse	14.6%	15.2%
Caretaker Absence / Incapacity	12.4%	10.9%
Sexual Abuse	5.3%	8.7%
Emotional Abuse	9.2%	13.3%
Severe Neglect	8.6%	5.0%
Other Abuse	13.5%	12.1%
Total Number of Substantiated Cases	2,458	115,158

Source: Needell, B. et al (2002). Child Welfare Services Reports for California.

22. Foster Care

What It Is

The incidence of child placement into foster care due to child abuse or neglect is measured by the rate of first-time out-of-home placements either in foster homes, foster family agencies, or group homes. This rate is expressed as the number of children placed for every 1,000 children under the age of 18.

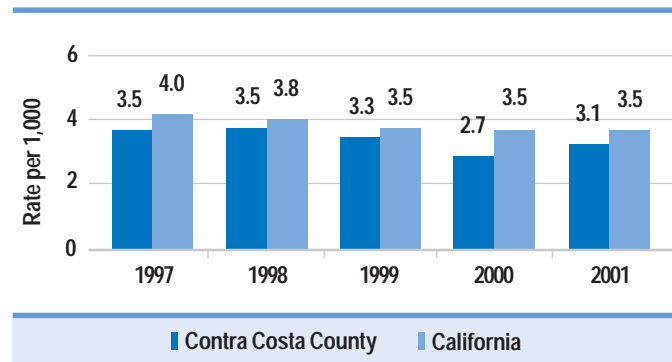
Why It Is Important

Child victims of abuse or neglect can be placed in foster care by the court if they cannot remain safely in their homes. Although there are some families for which it is not feasible to return the children to the home, public policy and law generally hold that the children's best interests are served by being with their parents, and there is typically an effort to help address the issues so that the family can be reunited. In cases where this is not appropriate, permanent placement including adoption is promoted. The rate of out-of-home placements is important because it reveals the number of children who experienced such unsafe environments that they had to be removed from their homes.

How We Are Doing

The rate of first entries into foster care in Contra Costa County remained lower than the state rate, and relatively stable between 1997 and 2001, while the statewide rate decreased during that time. Between 1998 and 2002, 31.7% of foster care entries were for African American children, who made up only 12% of children in the general population. Latinos represented 19.5% of first entries into foster care and 24.1% of children, while Caucasians represented 44.4% of entries into foster care and 49.9% of children. Once in foster care, African American children also stayed longer. For example, the median length of stay for African American foster children was 427 days when placed with non-relatives compared to 388 days for all children.

Figure 22.1 — First Entries into Foster Care per 1,000 Entries



Source: Needell, B. et al (2002). Child Welfare Services Report for California.

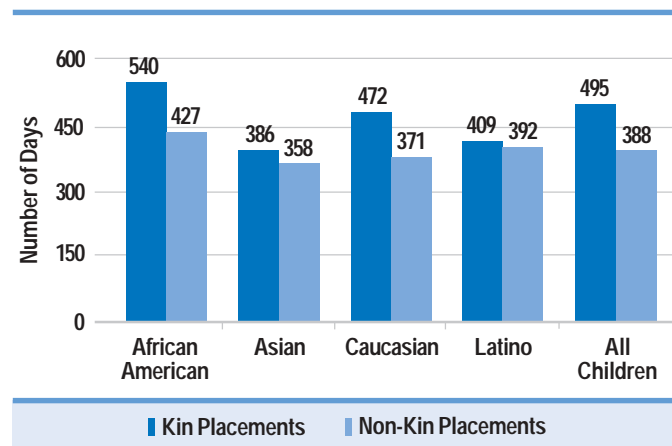
Table 22.1 — First Entries into Foster Care by Ethnicity, 2001

Caucasian	339	44.4%
African American	242	31.7%
Latino	149	19.5%
Asian/Pacific Islander	33	4.3%
Total	763	100%

Source: Needell, B. et al (2002). Child Welfare Services Report for California.

Note: Foster care is analyzed by first-time entries into the foster care system, which measures how safe kids are by looking at how many need to be removed from their homes. For this report, first-time entries is a more effective method of analysis than a "point-in-time" analysis, which is partly a measure of how safe kids are (how many need to be taken from their families) and partly a measure of how effective the child welfare system is.

Figure 22.2 — Median Length of Stay in Foster Care Placements by Ethnicity, 1998-2000



Source: Needell, B. et al (2002). Child Welfare Services Report for California.

Note: Includes only placements of children in foster care five days or longer.

23. Domestic Violence with Children Present

What It Is

Domestic violence is defined as intimate partner violence occurring inside or outside the home, which includes violence between spouses, individuals in dating relationships, and former partners or spouses. Shown below are the number of domestic violence calls for law enforcement assistance, and the number of those calls where children were present in the home.

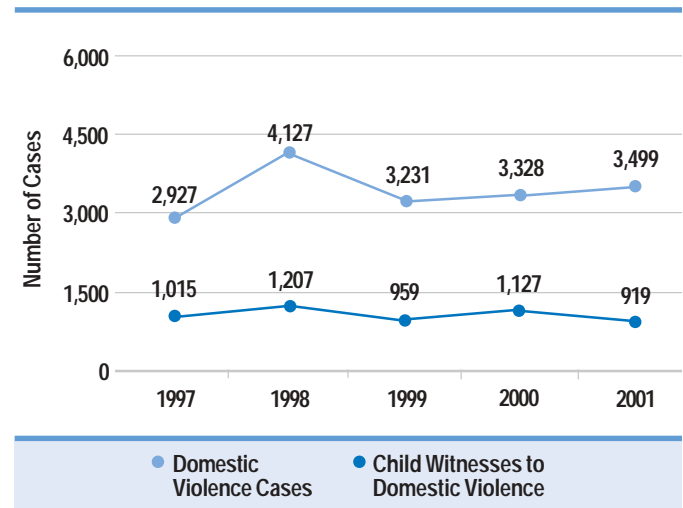
Why It Is Important

As with child abuse and neglect, domestic violence occurs in all socioeconomic groups, and cuts across lines of ethnicity, culture and education. Risk factors include parental substance abuse, social isolation, and the perpetrator or victim's history of experiencing domestic violence as a child. Domestic violence rarely occurs as an isolated event, but instead involves a recurrent pattern of power and control, which often increases in severity over time. In households with domestic violence where children are present, children are almost always witnesses to family domestic violence at some point. Child witnesses may exhibit a wide range of problems, including low self-esteem, aggression, depression, anxiety, learning difficulties, or post-traumatic stress disorder. Children who witness family violence are also more likely to be involved in violent relationships as teens and adults, or have trouble forming intimate relationships.

How We Are Doing

Between 1997 and 2001, there were 17,112 domestic violence related reports entered into the Sheriff's Domestic Violence Tracking System. This figure represents approximately two-thirds of all domestic violence related calls for assistance in the county. In 2001, children were present in 919 or 26% of these incidents, down from 1,015 incidents or 35% in 1997. This is most likely an undercount of the number of children who were exposed to domestic violence, because other children who are often living in the home are not always present during a specific incident.

Figure 23.1 — Total Number of Contra Costa County Domestic Violence Related Incidents and Incidents Where Children Were Present at the Time



Source: County of Contra Costa, Office of the Sheriff, Contra Costa County Domestic Violence Tracking System, 2003.

Note: This data is obtained via Contra Costa Domestic Violence Tracking System which has the participation of all Contra Costa County law enforcement agencies via the Police Chiefs Association.

24. Injury Hospitalization

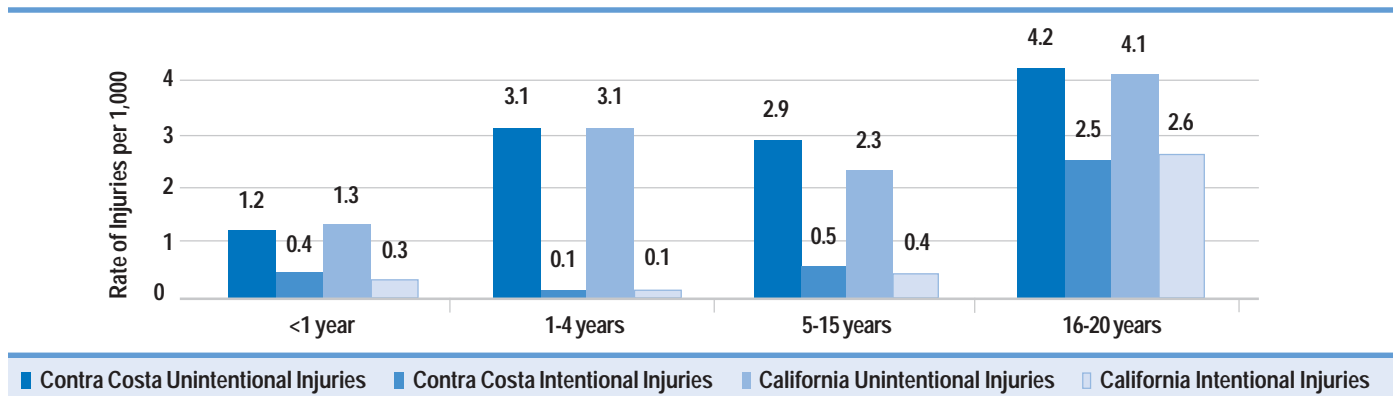
What It Is

The injury hospitalization rate measures the number of discharges from acute care hospital facilities for intentional and unintentional injuries. The measure is expressed as a rate per 1,000 children in the population ages 0 to 20. Intentional injuries include child battering, assaults with firearms, knives, or other objects, and self-inflicted injuries. Unintentional injuries include accidents caused by motor vehicles, falls, fires, suffocation, drowning, and poisoning.

Why It Is Important

Injuries are not tracked systematically unless they result in hospitalization or death. Thus, these hospital data only represent the most serious injuries among children. Intentional injuries require intervention by the police or child welfare to protect the child and prevent recurrence. Unintentional injuries, or accidents, are more common, and are generally preventable. Parent education on the importance of child-proofing the home, appropriate use of car seats and booster seats, seat belts, and helmets, fencing pools and yards, and safe storage of firearms can reduce the likelihood of accidents. Education and enforcement regarding safe driving practices for teenagers are also important in reducing motor vehicle injuries, a leading cause of injury among older children and teens.

Figure 24.1 — Contra Costa County Fatal and Nonfatal Injury Hospitalization Rate by Age, 2000



Source: California Office of Statewide Health Planning and Development, Patient Discharge Data, December 4, 2002; Department of Finance, 1970-2040 Population Projections by Age, Sex, and Race/Ethnic Detail, December 1998, 2003.

How We Are Doing

The unintentional injury hospitalization rates in Contra Costa are higher than the statewide rates for age groups 5 to 15 and 16 to 20. The unintentional injury rate has increased since 1996 for all age groups except infants. For children ages 0 to 4, accidents that require hospitalization are usually due to falls, poisoning, cars, fires/burns, being struck by objects, and drowning/submersion.

The intentional injury rates have increased for children under one year old and those aged 5 to 15, although intentional injury rates are lower in Contra Costa County than statewide for all age groups except ages 5 to 15. The hospitalization rates in Contra Costa County for intentional and unintentional injuries were much higher for young adults ages 16 to 20 than for any other age group. The greatest proportion of intentional injuries, (43.6%), were due to self-harm or suicide, followed by firearm related assaults and homicides (26.4%) and other assaults (22.8%).

Data Development

More information is needed to understand the causes and conditions that lead to youth self-harm, suicide,

Table 24.1 — Intentional Fatal and Nonfatal Injury Hospitalizations Among Contra Costa County Young Adults Ages 16 to 20 By Type, 2000

Type of Intentional Injury	Number in 2000	% of Intentional Injuries
Self Harm/Suicide	61	43.6%
Assaults/Homicide: Firearms	37	26.4%
Assaults/Homicide: Cut/Pierce	10	7.1%
Assaults/Homicide: Other	32	22.9%
Total Intentional Injuries	140	100%
Total Injury Hospitalizations	426	-
Percent Intentional	-	32.9%

Source: California Office of Statewide Health Planning and Development, Patient Discharge Data, December 4, 2003.

and suicide attempts. Easier access to means of suicide, the pressures of life, and social isolation are thought to contribute to increased suicide rates (American Academy of Pediatrics). Please refer to the Data Development Agenda section of this report for more information.



Promising Practices

There are a number of programs that are viewed by social service and health professionals as promising practices to strengthen and support family and community safety.

Effective child abuse prevention strategies include home visitation, crisis nurseries, family preservation programs, parent education, and prenatal care.

- Several states and counties have highly successful home visiting programs where public health nurses and community representatives provide outreach to newborns and their families.
- Home visits provide new parents with instructions in new baby care, and families are also assessed for risk factors for child abuse.
- Provide more intensive home visiting services to families identified with high risk factors for child abuse, including a history of the parent having been abused or parental drug and alcohol abuse.

Crisis nurseries are another prevention strategy for child abuse. Crisis nurseries are child care centers that operate 24 hours and are available for families in emergencies.

- Ensure that crisis nursery staff are also trained to offer education and resources to families to address emergencies.

It is important to develop a coordinated approach between child welfare services, domestic violence advocacy groups, social services, law enforcement and the courts.

Research shows that the problem of co-occurrence of child abuse and domestic violence is widespread; domestic violence and child maltreatment often occur in the same family.

- Institute policies and procedures that identify the co-occurrence of child abuse and domestic violence. Law enforcement, for example, can identify whether children were living in the home or present in the home during a domestic violence incident.

- Police may also forward their police reports in cases of domestic violence to Child Protective Services for investigation for child abuse and maltreatment.
- Provide education about co-occurrence to domestic violence victims, perpetrators, children who are impacted by domestic violence, social service providers, health care workers, teachers, law enforcement and the courts.

Parental substance abuse is one of the most common risk factors for child abuse.

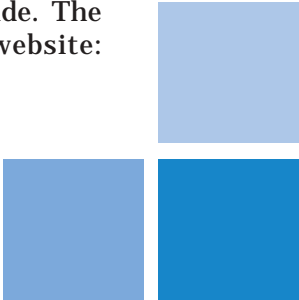
- Communities must identify substance abuse problems and offer appropriate treatment for parents who abuse drugs and alcohol and are at risk of abusing their children.

To reduce unintentional injuries, it is valuable to provide parent education about safety measures.

- Successful safety measures include child-proofing the home, safe storage of firearms, child safety seats, pool fencing, bike helmets and smoke detectors.

■ Communities can also work to provide safety devices to families that cannot afford them.

- Provide mental health services for children and teens that include screening, assessment, and diagnosis, especially for those with social or learning difficulties, and those who are in the child welfare system, or juvenile justice system.
- Ensure that mental health programs have adequate case management, and are coordinated with the child's physicians, child care providers, and educators.
- Parents, teachers and other adults in teens' lives should look for signs of mental health problems, depression, and a tendency towards suicide. The American Academy of Pediatrics offers suggestions for prevention at its website: www.aap.org/advocacy/childhealthmonth/prevtteensuicide.htm.



Data Sources

Data for the 2003 Contra Costa Children's Report Card are drawn from a number of sources. Key sources for each outcome area are as follows:

Outcome 1: Children are Healthy and Ready for School

Births to Teens	State of California, Department of Health Services: Center for Health Statistics, Birth Records, 2002. http://www.applications.dhs.ca.gov/vsq
Prenatal Care	State of California, Department of Health Services: Center for Health Statistics, Birth Records, 2002. http://www.applications.dhs.ca.gov/vsq
Low Birth Weight	State of California, Department of Health Services: Center for Health Statistics, Birth Records, 2002. http://www.applications.dhs.ca.gov/vsq <i>Maternal, Child & Adolescent Health in Contra Costa County 1991-1999</i> , 2003. http://ccpublichealth.org/publications.html
Infant Mortality	State of California, Department of Health Services: Center for Health Statistics, Death and Birth Records, 2002. http://www.applications.dhs.ca.gov/vsq
Immunization	California Department of Health Services, Division of Communicable Disease Control, Immunization Branch, 2002. http://www.dhs.cahwnet.gov/ps/dcdc/izgroup
Child Care Availability	California Resource and Referral Network, California Child Care Portfolio, 2001. Contra Costa Child Care Council, Contra Costa Child Care Council Fact Sheet, Summary of Activities for 2001/2002 Fiscal Year, 2002.
Third Grade Reading Scores	California Department of Education, STAR Score Summaries Report, 2002. http://data1.cde.ca.gov/dataquest

Outcome 2: Youth are Healthy and Preparing for Adulthood

High School Dropout Rates	California Department of Education, Educational Demographics Unit, 2003. http://data1.cde.ca.gov/dataquest
College Readiness	California Department of Education, Educational Demographics Unit, 2001. http://data1.cde.ca.gov/dataquest
Juvenile Arrests	California Department of Justice, Criminal Justice Statistics Center, 2002. http://caag.state.ca.us/cjsc/datatabs.htm
Drug, Alcohol, and Tobacco Use	WestEd, California Healthy Kids Survey, Contra Costa County Office of Education, 2002, Contra Costa County Technical Report 2001-2002 School Year. http://www.wested.org

Sexually Transmitted Diseases	<p>California Department of Health Services, STD Control Branch, 2002. http://www.dhs.cahwnet.gov/ps/dcdc/STD/stdindex.htm</p> <p>Contra Costa County Department of Health Services, STD Program, 2002. State of California, Department of Finance 1970-2040 Population Projections by Age, Sex, and Race/Ethnic Detail, December 1998. http://www.cchealth.org</p>
Asthma	<p>California Department of Health Services, Environmental Health Investigations Branch, 2003. http://www.dhs.cahwnet.gov/ehib</p> <p>UCLA Center for Health Policy Research, California Health Interview Survey, 2002. http://www.chis.ucla.edu/main/default.asp</p>
Physical Fitness	<p>California Department of Education, California Physical Fitness Test, 2001. http://data1.cde.ca.gov/dataquest</p>
Health Insurance	<p>UCLA Center for Health Policy Research, California Health Interview Survey, 2002. http://www.chis.ucla.edu/main/default.asp</p>
Outcome 3: Families are Economically Self-Sufficient	
Family Income	<p>U.S. Census Bureau, Selected Economic Characteristics, 2000. http://www.census.gov</p> <p>Wider Opportunities for Women and Californian's for Economic Self-Sufficiency and Equal Rights Advocates (CFESS), and Equal Rights Advocates, 1996 and 2000. http://www.equalrights.org/welfare/cfess.htm</p>
Unemployment Rate	<p>California Employment Development Department, Labor Market Information Division, 2001. http://www.calmis.ca.gov/htmlfile/subject/lftable.htm</p>
School Meal Program	<p>State of California, Department of Education, Educational Demographics Units, 2002. http://data1.cde.ca.gov/dataquest</p>
Housing Affordability	<p>RAND California, Housing Prices and Transaction Statistics, 2003. http://www.rand.org</p> <p>US Department of Housing and Urban Development, 2003. http://www.huduser.org</p> <p>California Association of Realtors, 2003. http://www.car.org</p>
Homelessness	<p>Contra Costa County Homeless Continuum of Care Advisory Board, 2001-2006 Contra Costa County Continuum of Care Homeless Plan, 2003. http://www.cchealth.org/cchealthPages/pages/homeless</p>

Outcome 4: Families and Communities are Safe

Child Abuse and Neglect

Needell, B. et al (2002). Child Welfare Services Reports for California. Retrieved April 2002, from University of California at Berkeley Center for Social Services Research, <http://cssr.berkeley.edu/CWSCMSreports/referrals>

University of California Berkeley, Center for Social Services Research, 2001.

Foster Care

University of California Berkeley, Center for Social Services Research, 2003. <http://cssr.berkeley.edu/CWSCMSreports/dynamics>

Domestic Violence with Children Present

County of Contra Costa, Office of the Sheriff, Contra Costa County Domestic Violence Tracking System, 2003.

Injury Hospitalizations

California Office of Statewide Health Planning and Development, Patient Discharge Data, December 4, 2002; Department of Finance, 1997-2040 Population Projections by Age, Sex, and Race/Ethnic Detail, December 1998. <http://www.dhs.cahwnet.gov/epic/>

Demographic Data

Map of Contra Costa County, West Central, South, and East Region

California Spatial Information Library; Contra Costa County Community Development Department. The U.S. Census Bureau. <http://www.census.gov>

Population

U.S. Census Bureau, Census 2000. <http://www.census.gov>

State of California, Department of Finance 1970-2040 Population Projections by Age, Sex, and Race/Ethnic Detail, December 1998.

Household Characteristics

U.S. Census Bureau, Profile of General Demographic Characteristics, 2002. <http://www.census.gov>

Labor Force and Transportation

U.S. Census Bureau, Census 2000. <http://www.census.gov>

Workers with Children

U.S. Census Bureau, Census 2000. <http://www.census.gov>

Income

U.S. Census Bureau, Census 2000. <http://www.census.gov>

Wider Opportunities for Women and Californians for Family Economic Self-Sufficiency (CFESS) and Equal Rights Advocates, 1996 and 2000.

Housing

California Association of Realtors, 2003. <http://www.car.org>

U.S. Department of Housing and Urban Development, 2003. <http://www.huduser.org>

U.S. Census Bureau, Profile of General Demographic Characteristics, 2002. <http://www.census.gov>

Education

U.S. Census Bureau, Census 2000. <http://www.census.gov>

Data Development Agenda

Why It Is Important

In the process of selecting four new indicators for this report, five important areas of concern were identified and discussed. For these five areas of concern, however, it was determined that there was a lack of valid, reliable or current data. These concerns, therefore, are presented as part of a “data development agenda,” with the intention of prioritizing data development activities in these areas for future reports on children’s health and well-being.

Outcome 1: Children are Healthy and Ready for School

Prenatal drug exposure

Drug exposure in utero frequently causes developmental delays in infancy and early childhood, can affect a child’s readiness for school, and may result in health concerns for the balance of a child’s life. The California Alcohol and Drug Affected Mothers and Infants Act of 1990 (Health and Safety Code 11757.50) states, “There has been a rapid and alarming increase in the number of infants born in California who are affected by alcohol or other drugs during their mother’s pregnancy. While state law mandates prenatal drug screening,⁷ the practice is not consistently applied equitably with all pregnant women nor is it easily enforced or evaluated. It is important to be able to identify a process by which to measure the numbers of drug-exposed newborns in Contra Costa County, and to provide for the equitable administration of drug screening prior to and at birth. Training for medical professionals, comprehensive prevention and treatment services for both mothers and infants, and a coordinated countywide approach to this issue are needed in the context of a multidisciplinary, multispecialist, and multiagency solution.”

Number of children in informal child care

State child care licensing laws exempt those who care for the children of only one family, besides their own, from child care licensing requirements. There is no data available on these “exempt providers,” nor is there data available on the number of young children cared for in their own homes by a relative or nanny. Given the enormous gap between the number of young children with working parents and the number of spaces in licensed centers, family day care homes and preschools, it is important to be able to gauge the extent to which informal child care arrangements are used. This data would help policy makers and program planners better understand the need for licensed spaces.

Affordable, quality child care for young children

There is no central data available on the quality of child care settings for young children ages 0 to 5. Quality can be measured by teacher credentials, or by accreditation information. Head Start and state-subsidized preschools for low-income children are required to meet very high quality standards. Other programs have sought and received National Association for the Education of Young Children (NAEYC) accreditation, which includes a review of activities, parent education and involvement, staff development, and other factors. Affordability of child care includes a review of costs of unsubsidized child care, and the availability of child care subsidies for low-income parents.

⁷ SB 2669 added sections 10900-10902 to the Health and Safety Code mandating that counties establish protocols among health and welfare departments and all public and private hospitals in the county to assess the need of all pregnant and birthing women and /or infants for services related to substance-exposure and/or substance abuse problems. No funds were provided for the activities required by SB 2669. In 1992, 34 of 49 counties surveyed had completed the development of protocols, however, the majority of counties responded that the implementation of protocol use was inconsistent, due primarily to lack of funds, liability concerns, and resistance among some private physicians.

Measuring quality of before and after school programs for elementary children

School-aged children with working parents need access to safe, enriching programs during non-school hours. These programs may be on the school site or in the community. They may include tutoring, recreation, or other activities. Some programs are exempt from licensing requirements, and there is no central inventory for these programs. Additionally, the quality of programs varies. Licensing examines health and safety issues, though not program quality. Quality can be measured through a survey of the professional credentials of staff, or more broadly through the number and percentage of accredited programs such as those who have sought accreditation from the National Association for the Education of Young Children.

Outcome 2: Youth are Healthy and Preparing for Adulthood

Rate of childhood obesity

Pediatric obesity is increasing, and is linked to a number of health problems in childhood and later life, including an alarming rise in the incidence of Type II diabetes. However, there are no standard measures of obesity except within the Child Health and Disability Prevention (CHDP) Program, which provides screening for low-income children. It is important to develop a way of tracking the population as a whole, in addition to low income children.

Outcome 3: Families are Economically Self-Sufficient

Services for homeless children and families

With a fragile economy and the high cost of living, the proportion of homeless families is increasing. Homeless children often have special difficulties keeping up with schoolwork, due to the unstable nature of their living conditions, inaccessibility to computers and books at home, and loss of continuity because of their movement from school to school. Homeless parents often need education, training, employment resources, and support in finding affordable housing. It is important to develop an inventory of services available for these families and their children. Some of these data can be made available through the Contra Costa County Homeless Program, which provides program-based, case-management shelter and supportive services for homeless families, runaway youth, and foster-care emancipated youth.

Outcome 4: Families and Communities are Safe

Rate of teen suicide

Suicide is the third leading cause of death for 15-to-24-year-olds, and the sixth leading cause of death for 5-to-14-year-olds (American Society of Child and Adolescent Psychiatry). More information is needed to understand the causes and conditions that lead to youth suicide and suicide attempts. Teen suicide is an indicator of stress that may reflect underlying feelings of isolation, physical abuse, or mental illness. Teens who are depressed, have previously attempted suicide, have experienced a trauma, or perceive themselves to have failed in some way are at greater risk for suicide. Recent research compiled by Herdt and Boxer (1993) indicated that 29% of 147 gay males and 55 lesbian females aged 14 to 21 self-reported at least one suicide attempt. The profound consequences of adolescent suicide underscore the critical need to address and seek to understand the emotional, social and mental health issues that confront teens in their transition to a healthy adulthood (American Academy of Pediatrics).

Appendix

Healthy People 2010

Healthy People 2010, referenced at various places throughout the Report Card, is the prevention agenda for the nation. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. Healthy People 2010 builds on initiatives pursued over the past two decades. The 1979 Surgeon General's Report, *Healthy People*, and *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* both established national health objectives and served as the basis for the development of state and community plans. Like its predecessors, Healthy People 2010 was developed through a broad consultation process, built on the best scientific knowledge and designed to measure programs over time. Two examples of what national research reflects include:

- **Indicator:** Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates. The number of overweight children, adolescents, and adults has risen over the past four decades.
- **Objective:** Reduce the proportion of children and adolescents who are overweight or obese.
- **Indicator:** Alcohol and illicit drug use are associated with many of this country's most serious problems, including violence, injury, and HIV infection. In 1998, 79% of adolescents aged 12 to 17 years reported that they did *not* use alcohol or illicit drugs in the past month.
- **Objective:** Reduce the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days.

Glossary

- **Mean:** What is most often thought of as the average. This is the sum of all of the values divided by the number of values.
- **Median:** The number in the middle of an ordered set of numbers at which half of the values are above and the other half are below. For example, Median Family Income — half of families earn more and half earn less than the median income.
- **Population:** The group to which the results of the study are intended to apply, such as all residents of Contra Costa County. Studies of an entire population are unusual, but not impossible.
- **Sample:** The group from which we actually collect data, such as the number of survey respondents. The sample should be representative of the population, in design if not in all demographic measures.
- **Significance:** A technical assessment of how likely it is that the results observed in a sample could be found by chance, rather than because they are an effective inference to the population (requires a particular "test statistic", such as chi-square or the t-statistic).

Contact Information

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Applied Survey Research (ASR) is a nonprofit social research firm dedicated to helping people build better communities. Incorporated in 1980, the firm has over 23 years of experience working with public and private agencies, health and human service organizations, cities and county offices, school districts, institutions of higher learning, and charitable foundations. Through community assessments, program outcome evaluations, surveys, enumerations, and other forms of research, ASR employs the current best practices in data collection, analysis, and presentation, giving communities and organizations the information they need to make informed decisions for the future.

Photography

The project staff would like to thank the First 5 Contra Costa Children and Families Commission for providing the following photographs:

- "Group of Kids" on page #1 — © 2002 California Children and Families Commission
- "Doctor's Visit" on page #25 — © 2002 California Children and Families Commission
- "Doctor's Visit #2" on page #29 — © 2002 California Children and Families Commission
- "Child Reading" on page #47 — © 2002 Steve Fisch

We would also like to thank Camilla Rand, Contra Costa County Community Services Department, for providing the photograph on the Welcome page.

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"All Contra Costa County children will reach adulthood having experienced a safe, healthy, nurturing childhood which prepares them to be responsible, contributing members of the community."

Vision Statement – Contra Costa County Children
and Families Policy Forum, 1997



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