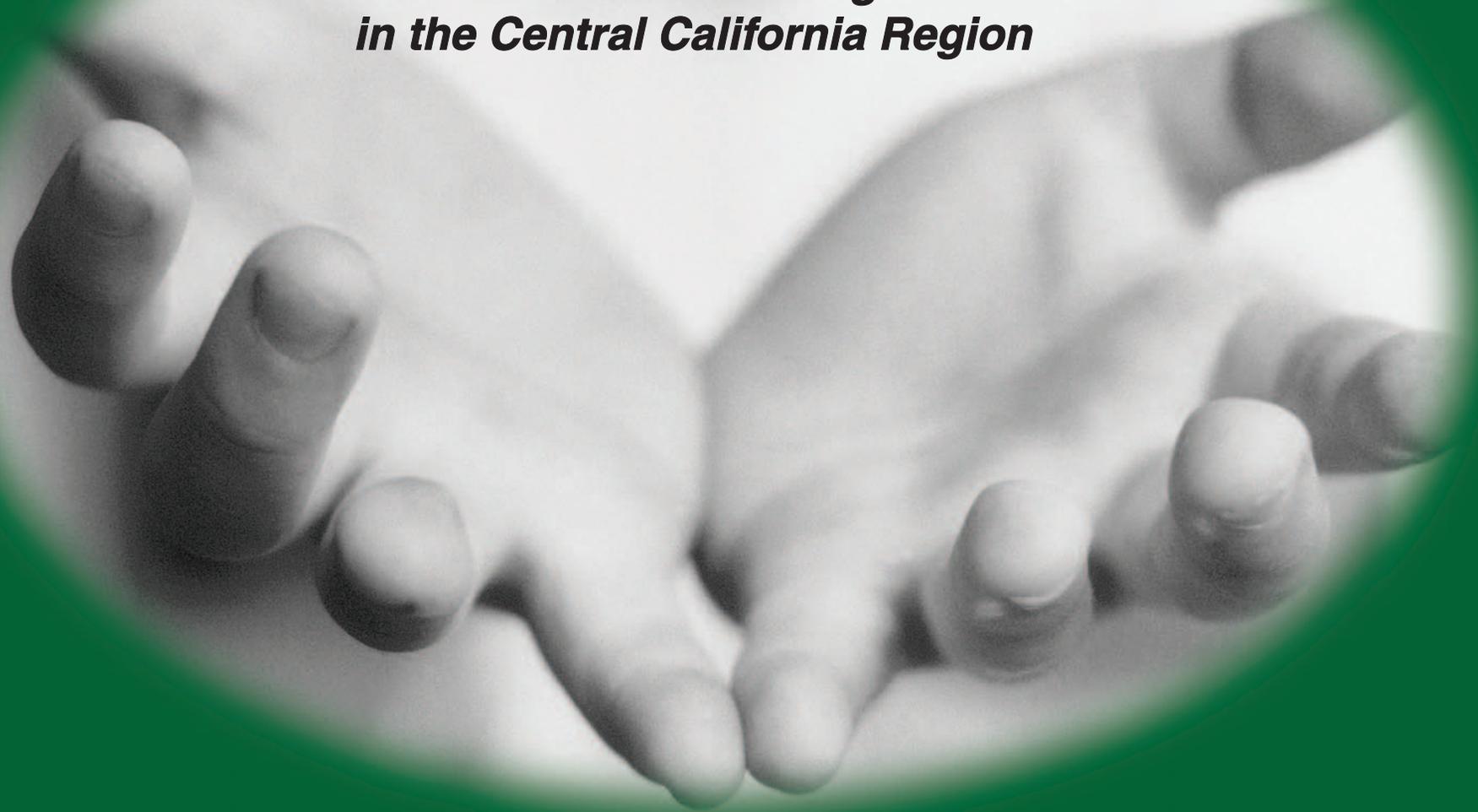


# **CHILDREN IN JEOPARDY:** **A Sourcebook for Community Action**

*Child Health and Well-Being Indicators  
in the Central California Region*



**Central California Children's Institute  
California State University, Fresno**

**April 2004**

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# CHILDREN IN JEOPARDY: A Sourcebook for Community Action

## Child Health and Well-Being Indicators in the Central California Region

### **Central California Children's Institute**

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College of Health and Human Services  
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**April 2004**

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## THE CENTRAL CALIFORNIA CHILDREN'S INSTITUTE

The Central California Children's Institute is dedicated to improving the well-being and quality of life for all children, youth, and their families in the Central California region. The objectives of the Central California Children's Institute are to (a) study health, education, and welfare issues that affect children and youth in the Central California Region; (b) provide an informed voice for children and youth in the Central California region; (c) inform policy and programs, and foster communication and collaboration among communities, agencies, and organizations; and (d) enhance the quality and effectiveness of communities, agencies, and organizations that provide services to children, youth and their families.

Additional information about the Central California Children's Institute, its programs and activities, including this report, health related calendar, and academic as well as community resources may be found at <http://www.csufresno.edu/ccchhs/CI>

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**Table of Contents**

Central California Children’s Institute ..... ii

Table of Contents ..... iii

List of Figures ..... iv

List of Tables ..... vi

Preface ..... viii

Methodology ..... ix

Acknowledgments ..... x

Summary List of Indicators ..... xi

Introduction ..... 1

Section 1 - Population and Family Characteristics ..... 3

Section 2 - Health Indicators ..... 29

Section 3 - Access Indicators ..... 67

Section 4 - Well-Being Indicators ..... 83

Summary ..... 107

Policy Implications ..... 112

References ..... 114



## Table of Contents

---

### List of Figures

Figure 1	Population Change for Children Ages 0-17, 1990-2000 .....	9
Figure 2	Population Change for Children Ages 0-5, 1990-2000 .....	10
Figure 3	Female Householder Families With Own Children Under Age 18, 2000 .....	19
Figure 4	Average Family Size, 2000 .....	22
Figure 5	Children Ages 0-17 Living Below the Poverty Level, 1999 .....	26
Figure 6	Children Ages 0-5 Living Below the Poverty Level, 1999 .....	27
Figure 7	Low Birthweight Births, 2001 .....	33
Figure 8	Infant Mortality Rates, 2000 and 2001 .....	36
Figure 9	Women Exclusively Breastfeeding and Women With Any Breastfeeding, 2000 .....	38
Figure 10	Asthma Among Children Ages 0-17, 2001 .....	42
Figure 11	Hospital Discharges for Asthma Per 100,000 Children Ages 0-17, 2001 .....	43
Figure 12	Hospital Discharges for Diabetes Per 100,000 Children Ages 0-17, 2001 .....	45
Figure 13	Children Ages 6-20 Receiving CHDP Program Services Who Were Overweight, 2001 .....	47
Figure 14	Children Ages 2-5 Receiving CHDP Program Services Who Were Overweight, 2001 .....	48
Figure 15	Children Ages 2-11 Who Have Never Visited a Dentist, Dental Hygienist, or Orthodontist, 2001 .....	50

---

Figure 16	Children Ages 2-5 Who Have Never Visited a Dentist, Dental Hygienist, or Orthodontist, 2001 .....	51
Figure 17	Children Ages 5-15 With Disabilities, 2000 .....	53
Figure 18	Young Adults Ages 16-20 With Disabilities, 2000 .....	54
Figure 19	Suicides Among Children Ages 10-17, 2001 .....	60
Figure 20	Teen Birth Rate for Females Ages 15-19, 2001 .....	62
Figure 21	Rates of Chlamydia Infections for Females Ages 15-24, 2002 .....	64
Figure 22	Rates of Gonorrhea Infections for Females Ages 15-24, 2002 .....	65
Figure 23	Children Ages 0-17 Without Health Insurance Coverage, 2001 .....	69
Figure 24	Children Ages 0-17 With a Usual Source of Health Care, 2001 .....	71
Figure 25	Children Ages 0-5 With a Usual Source of Health Care, 2001 .....	72
Figure 26	Children Ages 0-17 Enrolled in the Medi-Cal Program, 2002 .....	75
Figure 27	Children Ages 0-5 Enrolled in the Medi-Cal Program, 2002 .....	76
Figure 28	Children Enrolled in the Healthy Families Program as of May 2003 .....	78
Figure 29	Children and Young Adults Ages 6-20 Receiving CHDP Program Services, 1998-1999 .....	80
Figure 30	Children Ages 0-5 Receiving CHDP Program Services, 1998-1999 .....	81
Figure 31	Children and Young Adults Ages 0-5 and 6-20 Receiving CHDP Program Services, 1998-1999 .....	82



## Table of Contents

---

Figure 32	Children Ages 0-3 Enrolled in Department of Developmental Services Early Start Program, 2000 .....	85
Figure 33	Children Served in the School Breakfast Program, 2001 .....	87
Figure 34	Children Served in the National School Lunch Program, 2001 .....	88
Figure 35	Children Ages 12-17 Who Reported Not Engaging in Any Moderate or Vigorous Physical Activity, 2001 .....	90
Figure 36	Children Ages 3-17 Who Watch Television Three Hours or Longer per Day on Weekdays, 2001 .....	92
Figure 37	Children Ages 3-17 Who Watch Television Three Hours or Longer per Day on Weekends, 2001 .....	93
Figure 38	Children Ages 12-17 Who Never Smoked Cigarettes Regularly, 2001 .....	95
Figure 39	Children Ages 12-17 Who Ever Had an Alcoholic Drink, 2001 .....	97
Figure 40	Children Ages 12-17 Who Always Wear a Seatbelt, 2001 .....	99
Figure 41	Substantiated Cases of Child Abuse and Neglect for Children Ages 0-17, 2002 .....	101
Figure 42	Domestic Violence-Related Calls for Assistance, 2001 .....	103

### List of Tables

Table 1	Population of Children Ages 0-17, 2000 .....	5
Table 2	Population of Children Ages 0-5, 2000 .....	6

---

Table 3	Population of Children Ages 0-17 By Age Groups, 2000 .....	7
Table 4	Race and Ethnicity of Children Ages 0-17, 2000 .....	12
Table 5	Race and Ethnicity of Children Ages 0-5, 2000 .....	13
Table 6	English Language Proficiency for Children Ages 5-17, 2000 .....	15
Table 7	Young Adults Ages 18-24 Who Are High School Graduates and Those Enrolled in College or Graduate School, 2000 .....	17
Table 8	Female Householder Families With Own Children Under Age 18, By Age Group, 2000 .....	20
Table 9	Median Family Income, 1999 .....	24
Table 10	Live Births by Trimester Prenatal Care Began, 2001 .....	31
Table 11	Rates of Low Birthweight Births per 1,000 Women Ages 15-19 by Age of Mother, 2001 .....	34
Table 12	Immunized Children in Kindergarten, Licensed Child Care Centers, and Seventh Grade, 2002 .....	40
Table 13	Fatal Injuries in California for Children Ages 0-5, 2001 .....	56
Table 14	Fatal Injuries in California for Children Ages 6-11, 2001 .....	57
Table 15	Fatal Injuries in California for Children Ages 12-17, 2001 .....	58
Table 16	Average Number of Children Ages 0-17 and 0-5 Enrolled in the Medi-Cal Program, 2002 .....	74
Table 17	Homicides of Children Ages 0-17, 2001 .....	105

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## PREFACE

### Purpose

*Children in Jeopardy: A Sourcebook for Community Action* was designed as a quick reference tool to access leading child health and well-being indicators and provide current epidemiological data for children in the counties of the Central California region: Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare and Tuolumne.

This report utilizes tables and figures to document key health and well-being issues affecting children in Central California. These data provide a baseline for the status of children in the region. This report identifies the health concerns and proposes implications for the delivery services. Parents, child advocates, educators, health and social service professionals, administrators, elected officials, community leaders, and concerned citizens will find this publication useful in their everyday work on behalf of children.

### Structure

Three distinct components were selected for each of the indicators in this report:

- Definition of the indicator
- Highlights that summarize the data provided in the figures and tables
- Figures and tables that provide a visual depiction of the indicator

To assist the reader and to simplify data presentation, the 12 counties of Central California have been divided into two subregions: *the San Joaquin Valley counties* and *the Sierra counties*.

<b>San Joaquin Valley Counties</b>	<b>Sierra Counties</b>
Fresno	Inyo
Kern	Mariposa
Kings	Mono
Madera	Tuolumne
Merced	
San Joaquin	
Stanislaus	
Tulare	

---

## Methodology

Data have been compiled from reliable, publicly available secondary sources, such as the Census Bureau, the 2001 California Health Interview Survey (CHIS), and the California Department of Health Services.

The indicators in this report represent data for children ages 0-17. When available, data for children ages 0-5 are also presented because of the state's concern for school readiness for this younger population. The term *children* is used to refer to children and adolescents under the age of 18. Data were not always available in the desired age breakdown of 0-17; hence, some indicators include data for persons up to the age of 25, which are referred to as *young adults*.

Rates in this report are based on population estimates from the California Department of Finance (DOF; 1998). Because the DOF has not yet released population estimates and projections with age detail based on the 2000 Census, the authors used an adjustment strategy developed by the Public Policy Institute of California to make the DOF population estimates consistent with the 2000 Census.\*

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\* To derive an adjusted population figure for child age groups, the authors calculated a county adjustment factor based on California Department of Finance (DOF) estimates and 2000 Census figures. The county adjustment factor was then multiplied by DOF population estimates for 2001 and 2002 population figures. The authors did not adjust for Census undercount. The same procedure was used to adjust California population figures.

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The authors would also like to acknowledge The California Endowment and Larry Gonzalez for their financial support and technical guidance in making this regional publication possible.

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## Summary List of Indicators

The authors selected each of the indicators below to identify and describe the health and well-being of children in the counties of the Central California region, including Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare and Tuolumne. The indicators were selected following a review of similar statewide publications and with input from community stakeholders.

### **SECTION 1. Population and Family Characteristics**

1. Population
2. Population Growth
3. Race and Ethnicity
4. English Language Proficiency
5. Educational Attainment
6. Female Householder Families
7. Family Size
8. Median Family Income
9. Child Poverty

### **SECTION 2. Health Indicators**

10. Prenatal Care
11. Low Birthweight
12. Infant Mortality
13. Breastfeeding
14. Immunization
15. Asthma
16. Diabetes
17. Overweight Children
18. Oral Health
19. Disabilities
20. Fatal Injuries
21. Suicide
22. Births to Teenage Mothers
23. Sexually Transmitted Infections

### **SECTION 3. Access Indicators**

24. Health Insurance
25. Usual Source of Health Care
26. Medi-Cal Enrollment
27. Enrollment in the Healthy Families Program
28. Child Health and Disability Prevention Program

### **SECTION 4. Well-Being Indicators**

29. Early Start
30. School Nutrition Programs
31. Physical Inactivity
32. Television Viewing
33. Tobacco Use
34. Alcohol Use
35. Seatbelt Use
36. Child Abuse and Neglect
37. Domestic Violence
38. Homicide



**San Joaquin Valley Counties**

- Fresno
- Kern
- Kings
- Madera
- Merced
- San Joaquin
- Stanislaus
- Tulare

**Sierra Counties**

- Inyo
- Mariposa
- Mono
- Tuolumne

## INTRODUCTION

Morbidity and mortality data indicate that American children and youth are healthier today than at any other point in the nation's history. Nevertheless, emerging diseases, risk-taking behaviors (Wechsler, Brener, & Small, 1999), limited access to health care, trauma, environmental factors (Environmental Working Group, 1999), and abuse continue to threaten the overall health status of our children. These continuing and emerging threats challenge society's ability to keep children healthy.

While epidemiological data for children show a positive trend in decreasing morbidity and mortality from chronic diseases, the data also show an increase in diseases related to behavioral choices. Drug abuse, alcohol use, and suicide are increasing among teens. Similarly, the increasing prevalence of sexual activity and the consequences of unprotected sexual activity (e.g. pregnancy and sexually transmitted infections) have raised alarm among health care professionals (DeGaston, Weed, & Jensen, 1996; Morrison, Bakker, & Gimore, 1998).

While American children seem to be at an increased risk for behavior-related diseases, they are also not making lifestyle choices that would keep them healthy. For instance, it has been shown that regular leisure time physical activity decreases the risk of morbidity and mortality for a number of health conditions; but American adolescent participation in leisure time physical activity is regularly below recommended levels (Pate, Long, & Heath, 1994; U.S. Department of Health and Human Services, 1996). At a time when leisure time physical activity is low, the prevalence of television watching, video game playing, and other sedentary activities are on the rise. It is, therefore, not surprising that the rates of obesity and Type II diabetes are rapidly increasing among children and adolescents, raising concern among public health professionals.

Despite society's efforts and successes, the goal of attaining optimal health and well-being remains elusive for a significant portion of American children. This report summarizes public health, census, child welfare, and public safety data as a means of informing residents of the Central California region about the health and well-being of children in their communities. These data are also presented to inform community leaders and assist them in envisioning and developing services that will enhance the health and well-being of children in their communities.



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## POPULATION AND FAMILY CHARACTERISTICS

1. Population
2. Population Growth
3. Race and Ethnicity
4. English Language Proficiency
5. Educational Attainment
6. Female Householder Families
7. Family Size
8. Median Family Income
9. Child Poverty

# SECTION 1

## SECTION I. Population and Family Characteristics

---

### 1. Population

This indicator references the number and percentage of children under age 18 in the year 2000. Tables 1 and 2 show the number and percentage of children in Central California. Table 3 shows the percentage of Central California children ages 0-17 in four age groups: 0-4, 5-9, 10-14, and 15-17 years.

#### Highlights

- In 2000, almost 12% of all children ages 0-17 in the State of California resided in the Central California region. One in 10 Central California children was 5 years-old or younger.
- In the State of California, children ages 0-17 represented over one fourth of the total population. In the Central California region, children of the same age group represented a higher proportion of the total population at approximately one-third.
- In the State of California, children ages 0-5 represented 8.9% of the total population. In the San Joaquin Valley counties, children of the same age group represented a slightly larger proportion of the total population at 10.1%. However, in the Sierra counties children in the 0-5 age group represented only 5.8% of the total population or approximately half the percentage in the state and San Joaquin Valley counties.
- Over half (55.2%) of the children living in the San Joaquin Valley counties were 9 years old or younger. In the Sierra counties the percentage of children under ten (48.9%) and 10 and over (51.1%) were almost equally divided, with children ages 10-14 comprising the largest age group (31.3%).

Table 1 Population of Children Ages 0-17, 2000

Area	Male	Female	Total	Percent of Total Population
<b>San Joaquin Valley Counties</b>	<b>539,928</b>	<b>513,598</b>	<b>1,053,526</b>	<b>31.9%</b>
Fresno	131,389	125,036	256,425	32.1%
Kern	108,449	103,930	212,379	32.1%
Kings	19,348	18,180	37,528	29.0%
Madera	18,849	17,618	36,467	29.6%
Merced	37,171	35,513	72,684	34.5%
San Joaquin	89,912	84,657	174,569	31.0%
Stanislaus	71,241	67,981	139,222	31.1%
Tulare	63,569	60,683	124,252	33.8%
<b>Sierra Counties</b>	<b>11,523</b>	<b>10,809</b>	<b>22,332</b>	<b>21.8%</b>
Inyo	2,226	2,150	4,376	24.4%
Mariposa	1,872	1,831	3,703	21.6%
Mono	1,525	1,428	2,953	23.0%
Tuolumne	5,900	5,400	11,300	20.7%
<b>California</b>	<b>4,744,538</b>	<b>4,505,291</b>	<b>9,249,829</b>	<b>27.3%</b>

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

## SECTION 1. Population and Family Characteristics

Table 2 Population of Children Ages 0-5, 2000

Area	Male	Female	Total	Percent of Total Population
<b>San Joaquin Valley Counties</b>	<b>170,890</b>	<b>163,368</b>	<b>334,258</b>	<b>10.1%</b>
Fresno	41,922	40,202	82,124	10.3%
Kern	34,667	33,014	67,681	10.2%
Kings	6,418	6,071	12,489	9.6%
Madera	5,923	5,546	11,469	9.3%
Merced	11,607	11,137	22,744	10.8%
San Joaquin	28,076	26,600	54,676	9.7%
Stanislaus	22,087	21,136	43,223	9.7%
Tulare	20,190	19,662	39,852	10.8%
<b>Sierra Counties</b>	<b>3,012</b>	<b>2,918</b>	<b>5,930</b>	<b>5.8%</b>
Inyo	594	579	1,173	6.5%
Mariposa	435	475	910	5.3%
Mono	443	433	876	6.8%
Tuolumne	1,540	1,431	2,971	5.5%
<b>California</b>	<b>1,544,959</b>	<b>1,473,427</b>	<b>3,018,386</b>	<b>8.9%</b>

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

Table 3 Population of Children Ages 0-17 By Age Groups, 2000

Area	Percent of Under 5 Years	Percent of 5 to 9 Years	Percent of 10 to 14 Years	Percent of 15 to 17 Years	Percent of 0-17 Years
<b>San Joaquin Valley Counties</b>	<b>26.2%</b>	<b>29.0%</b>	<b>28.2%</b>	<b>16.6%</b>	<b>100.0%</b>
Fresno	26.5%	29.1%	28.0%	16.4%	100.0%
Kern	26.4%	29.2%	28.2%	16.3%	100.0%
Kings	27.8%	29.1%	27.2%	15.9%	100.0%
Madera	25.9%	28.8%	27.8%	17.5%	100.0%
Merced	25.7%	29.2%	28.4%	16.7%	100.0%
San Joaquin	25.8%	28.9%	28.6%	16.7%	100.0%
Stanislaus	25.6%	28.9%	28.9%	16.6%	100.0%
Tulare	26.4%	28.9%	27.9%	16.8%	100.0%
<b>Sierra Counties</b>	<b>22.0%</b>	<b>26.9%</b>	<b>31.3%</b>	<b>19.8%</b>	<b>100.0%</b>
Inyo	22.0%	27.1%	31.1%	19.9%	100.0%
Mariposa	20.4%	27.4%	32.3%	20.0%	100.0%
Mono	24.6%	28.3%	30.4%	16.7%	100.0%
Tuolumne	21.8%	26.3%	31.4%	20.5%	100.0%
<b>California</b>	<b>26.9%</b>	<b>29.5%</b>	<b>27.8%</b>	<b>15.9%</b>	<b>100.0%</b>

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

## SECTION I. Population and Family Characteristics

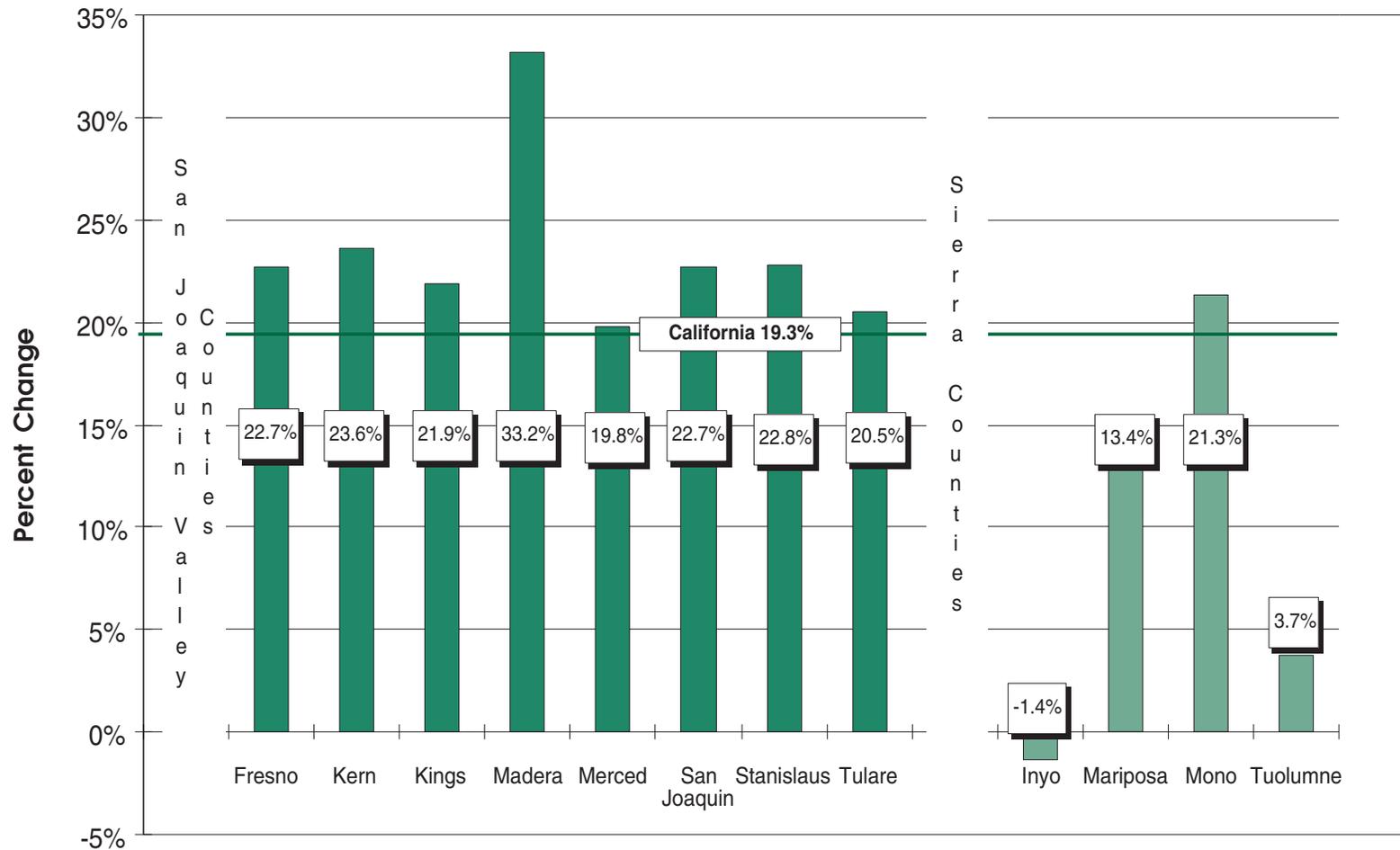
### 2. Population Growth

This indicator represents the percentage change in the child population between the years 1990 and 2000. Figures 1 and 2 show the percentage change in the child population in the Central California region between the 1990 and the 2000 census.

#### Highlights

- The population of children ages 0-17 in the Central California region grew from 878,650 children in 1990 to 1,075,858 children in 2000, an increase of 22.4%.
- The population of children ages 0-5 in Central California grew from 313,972 children in 1990 to 340,188 children in 2000, an increase of 8.3%.
- The percentage change in the 0-17 population in the San Joaquin Valley counties (23.4%) exceeded that of the State of California (19.3%). The child population in the Sierra counties grew by only 9.3%, mainly due to a decrease in the population of children ages 0-17 in Inyo County (-1.4%) and an incremental growth in Tuolumne County (3.7%).
- Between 1990 and 2000, there was an increase in the number of children ages 0-5 in the San Joaquin Valley counties (8.9%); however, the population for this age group decreased by 10 to 20% in the Sierra counties of Inyo, Mariposa, and Mono.
- Madera County experienced a much larger increase in the population of children than the other counties in Central California. There was a 33.2% increase in the child population ages 0-17 and a comparable increase for children ages 0-5 (28.9%).

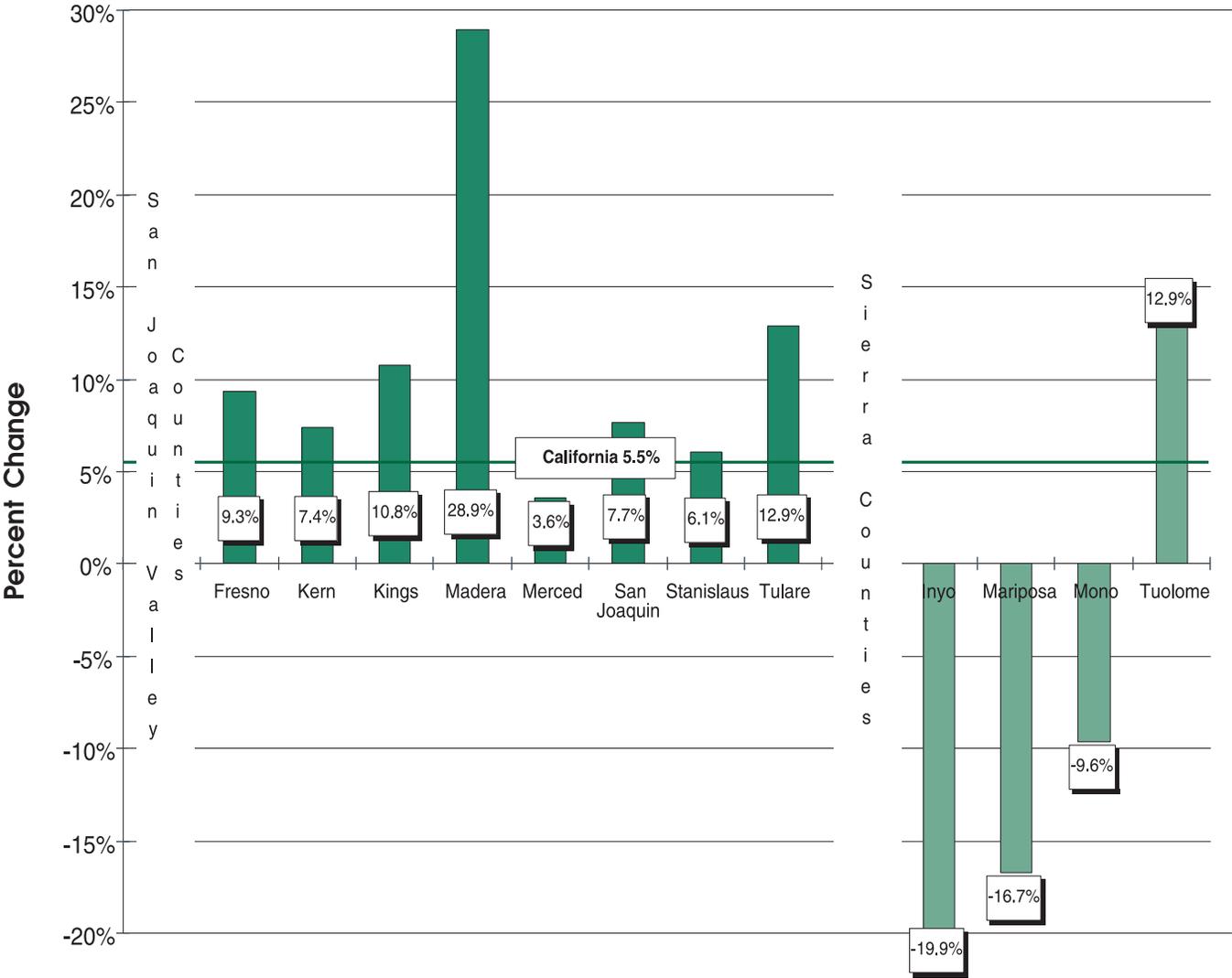
Figure 1 Population Change for Children Ages 0-17, 1990-2000



Source: U.S. Census Bureau, Census 1990 and 2000.

SECTION I. Population and Family Characteristics

Figure 2 Population Change for Children Ages 0-5, 1990-2000



Source: U.S. Census Bureau, Census 1990 and 2000.

### 3. Race and Ethnicity

This indicator represents the race and ethnicity<sup>1</sup> of children under age 18 in the year 2000. Tables 4 and 5 show the ethnic and racial distribution of children in the Central California region.

#### Highlights

- In 2000, Hispanic children—both ages 0-17 and ages 0-5—represented the largest ethnic group and comprised approximately half of the total child population in the San Joaquin Valley counties. These percentages were higher than the percentages of Hispanic children in both age groups across the State of California, where 43.8% and 47.6% of children were Hispanic, respectively.
- In the Sierra counties, White children were the predominant ethnic group for children in both the 0-17 (75.7%) and 0-5 (71.8%) age groups in 2000. The proportion of White children in the Sierra counties was over twice as high as the state's percentage of White children, at 34.8% and 31.8% respectively. This is especially evident in the 0-17 population, for which three-quarters (75.7%) of the child population in the Sierra Counties was White.
- In the 0-17 and 0-5 age groups, Tulare County had the highest percentage of Hispanic children at 62.6% and 67.3% respectively. Tuolumne County had the highest percentage of White children in both age groups at 82.9% and 81.2% respectively.

<sup>1</sup> The U.S. Census Bureau differentiates between *Hispanic or Latino* and *Not Hispanic or Latino*. *Hispanic or Latino* includes children of any race. *Not Hispanic or Latino* includes children of *One Race* and *Two or More Races*. The category of *One Race* includes White, Black or African American, American Indian and Alaska Native, Asian, Native Hawaiian and Other Pacific Islander, and Some Other Race. For this indicator, Asian and Native Hawaiian and Other Pacific Islander were combined into Asian/Pacific Islander, and *Two or More Races* and *Some Other Race* were combined into an *Other* category.

## SECTION I. Population and Family Characteristics

Table 4 Race and Ethnicity of Children Ages 0-17, 2000

Area	Hispanic/ Latino	White	African American	Asian/ Pacific	American Indian	Other*	Total
<b>San Joaquin Valley Counties</b>	<b>49.8%</b>	<b>34.2%</b>	<b>4.8%</b>	<b>6.9%</b>	<b>0.7%</b>	<b>3.6%</b>	<b>100.0%</b>
Fresno	53.3%	27.1%	5.5%	10.0%	0.8%	3.3%	100.0%
Kern	48.9%	38.6%	5.9%	2.9%	0.8%	3.0%	100.0%
Kings	53.8%	33.0%	5.1%	2.9%	1.1%	4.1%	100.0%
Madera	58.6%	34.2%	2.3%	1.1%	1.2%	2.7%	100.0%
Merced	54.5%	29.2%	3.6%	9.0%	0.4%	3.4%	100.0%
San Joaquin	38.3%	36.1%	7.2%	12.7%	0.5%	5.1%	100.0%
Stanislaus	41.9%	45.5%	2.9%	4.8%	0.7%	4.2%	100.0%
Tulare	62.6%	29.6%	1.5%	3.3%	0.8%	2.3%	100.0%
<b>Sierra Counties</b>	<b>14.7%</b>	<b>75.7%</b>	<b>0.4%</b>	<b>0.8%</b>	<b>4.7%</b>	<b>3.9%</b>	<b>100.0%</b>
Inyo	21.0%	61.0%	0.2%	1.0%	12.4%	4.4%	100.0%
Mariposa	10.4%	79.6%	0.4%	0.6%	4.8%	4.3%	100.0%
Mono	28.7%	64.7%	0.2%	0.8%	2.6%	3.0%	100.0%
Tuolumne	10.0%	82.9%	0.5%	0.7%	2.2%	3.7%	100.0%
<b>California</b>	<b>43.8%</b>	<b>34.8%</b>	<b>7.1%</b>	<b>9.6%</b>	<b>0.5%</b>	<b>4.2%</b>	<b>100.0%</b>

\*Other includes *Some Other Race* and *Two or More Races*.

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

Table 5 Race and Ethnicity of Children Ages 0-5, 2000

Area	Hispanic/ Latino	White	African American	Asian/ Pacific Islander	American Indian	Other*	Total
<b>San Joaquin Valley Counties</b>	<b>54.5%</b>	<b>30.8%</b>	<b>4.7%</b>	<b>5.6%</b>	<b>0.6%</b>	<b>3.8%</b>	<b>100.0%</b>
Fresno	57.8%	24.4%	5.6%	8.0%	0.7%	3.5%	100.0%
Kern	53.2%	34.5%	5.8%	2.6%	0.7%	3.2%	100.0%
Kings	56.6%	30.2%	4.9%	2.7%	1.3%	4.3%	100.0%
Madera	64.4%	28.4%	2.1%	1.0%	1.1%	3.1%	100.0%
Merced	59.1%	26.3%	3.4%	7.4%	0.4%	3.5%	100.0%
San Joaquin	43.6%	33.0%	7.0%	10.4%	0.4%	5.6%	100.0%
Stanislaus	46.4%	42.0%	2.8%	3.8%	0.6%	4.4%	100.0%
Tulare	67.3%	26.1%	1.4%	2.3%	0.7%	2.3%	100.0%
<b>Sierra Counties</b>	<b>18.8%</b>	<b>71.8%</b>	<b>0.5%</b>	<b>0.9%</b>	<b>4.5%</b>	<b>3.6%</b>	<b>100.0%</b>
Inyo	28.1%	53.2%	0.2%	1.0%	12.1%	5.4%	100.0%
Mariposa	13.1%	77.5%	0.4%	0.4%	4.5%	4.1%	100.0%
Mono	35.3%	58.9%	0.1%	1.1%	1.7%	2.9%	100.0%
Tuolumne	12.0%	81.2%	0.7%	0.8%	2.3%	2.9%	100.0%
<b>California</b>	<b>47.6%</b>	<b>31.8%</b>	<b>6.5%</b>	<b>9.0%</b>	<b>0.5%</b>	<b>4.6%</b>	<b>100.0%</b>

\*Other includes some other race and two or more races.

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

## SECTION I. Population and Family Characteristics

### 4. English Language Proficiency

This indicator represents the percentage of children ages 5-17 who, in 2001, reported speaking a language other than English at home and who reported speaking English less than “very well.” Table 6 shows those indicators of English language proficiency as well as the percentage of children living in linguistically isolated households<sup>2</sup> in the Central California region.

#### Highlights

- In 2000, five of the Central California counties had a higher percentage of children who spoke a language other than English at home than did the state as a whole (9.2%). In the Central California region, 316,125 children spoke a language other than English at home.
- The San Joaquin Valley counties had a much larger percentage (10.5%) of children who spoke a language other than English at home than did the Sierra counties (2.2%).
- The percentage of children who spoke a language other than English at home was highest in the San Joaquin Valley counties of Merced (13.9%) and Tulare (13.1%).
- In 2000, half of the Central California counties had a higher percentage of children who spoke English less than “very well,” compared to the state as a whole (3.5%). Approximately 129,500 children in Central California spoke English less than “very well.”
- Compared to the state as a whole, five of the eight San Joaquin Valley counties had a higher percentage of linguistically isolated households, a total of 101,102 households.
- The Sierra counties experienced much lower percentages of children who lived in linguistically isolated households (0.8%) or who spoke English less than “very well” (0.8%).

<sup>2</sup> A linguistically isolated household is one in which no member 14 years old and older (a) speaks only English or (b) speaks a non-English language and speaks English “very well.” In a linguistically isolated household, all members 14 years old and older have at least some difficulty with English (U.S. Census Bureau, 2003a).

Table 6 English Language Proficiency for Children Ages 5-17, 2000

Area	Speak a Language Other Than English at Home	Speak English Less Than "Very Well"	Linguistically Isolated Households
<b>San Joaquin Valley Counties</b>	<b>10.5%</b>	<b>4.3%</b>	<b>3.6%</b>
Fresno	11.5%	4.8%	3.8%
Kern	9.3%	3.7%	3.2%
Kings	8.2%	3.3%	3.0%
Madera	9.9%	4.5%	4.1%
Merced	13.9%	5.8%	4.3%
San Joaquin	8.9%	3.7%	3.0%
Stanislaus	8.8%	3.3%	2.6%
Tulare	13.1%	5.3%	4.4%
<b>Sierra Counties</b>	<b>2.2%</b>	<b>0.8%</b>	<b>0.8%</b>
Inyo	3.0%	1.0%	1.2%
Mariposa	0.6%	0.0%	0.0%
Mono	4.5%	1.8%	2.0%
Tuolumne	0.7%	0.2%	0.1%
<b>California</b>	<b>9.2%</b>	<b>3.5%</b>	<b>3.0%</b>

Note. Percentages for the San Joaquin Valley and Sierra subregions are an average of county percentages within each subregion.

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

## SECTION I. Population and Family Characteristics

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### 5. Educational Attainment

This indicator represents the percentage of young adults ages 18 to 24 who graduated from high school and those who were enrolled in college in the year 2000. Table 7 shows the percentage of young adults, ages 18-24, in the Central California region, who were high school graduates and the percentage of young adults who were enrolled in college or graduate school in 2000.

#### Highlights

- In 2000, educational attainment among all but one of the Central California counties (Mono County) was below the state average (70.7%) for high school graduates.
- All of the counties in the Central California region were below the state average (35.4%) for the percentage of young adults who were enrolled in college or graduate school.
- The San Joaquin Valley counties had a lower percentage (62.3%) of high school graduates than did the Sierra counties (69.9%).
- Among the San Joaquin Valley counties, Madera County had the lowest percentage (51.8%) of young adults who graduated from high school and Stanislaus County had the highest (68.3%).
- In the Sierra counties, Tuolumne County had the lowest percentage (65.9%) of young adults who graduated from high school and Mono County had the highest (76.6%). Mono County was also the only county in the Central California region that exceeded the state average for high school graduates.

Table 7 Young Adults Ages 18-24 Who Are High School Graduates and Those Enrolled in College or Graduate School, 2000

Area	Young Adults Ages 18-24 Who Are High School Graduates	Young Adults Ages 18-24 Who Are Enrolled in College or Graduate School
<b>San Joaquin Valley Counties</b>	<b>62.3%</b>	<b>24.4%</b>
Fresno	64.7%	31.7%
Kern	63.3%	22.5%
Kings	61.8%	18.4%
Madera	51.8%	19.9%
Merced	64.4%	24.4%
San Joaquin	65.1%	29.1%
Stanislaus	68.3%	27.2%
Tulare	59.2%	22.0%
<b>Sierra Counties</b>	<b>69.9%</b>	<b>20.3%</b>
Inyo	69.1%	7.9%
Mariposa	67.3%	19.4%
Mono	76.6%	17.3%
Tuolumne	65.9%	21.4%
<b>California</b>	<b>70.7%</b>	<b>35.4%</b>

Note. Percentages for the San Joaquin Valley and Sierra subregions are an average of county percentages within each subregion.

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

## SECTION I. Population and Family Characteristics

### 6. Female Householder Families

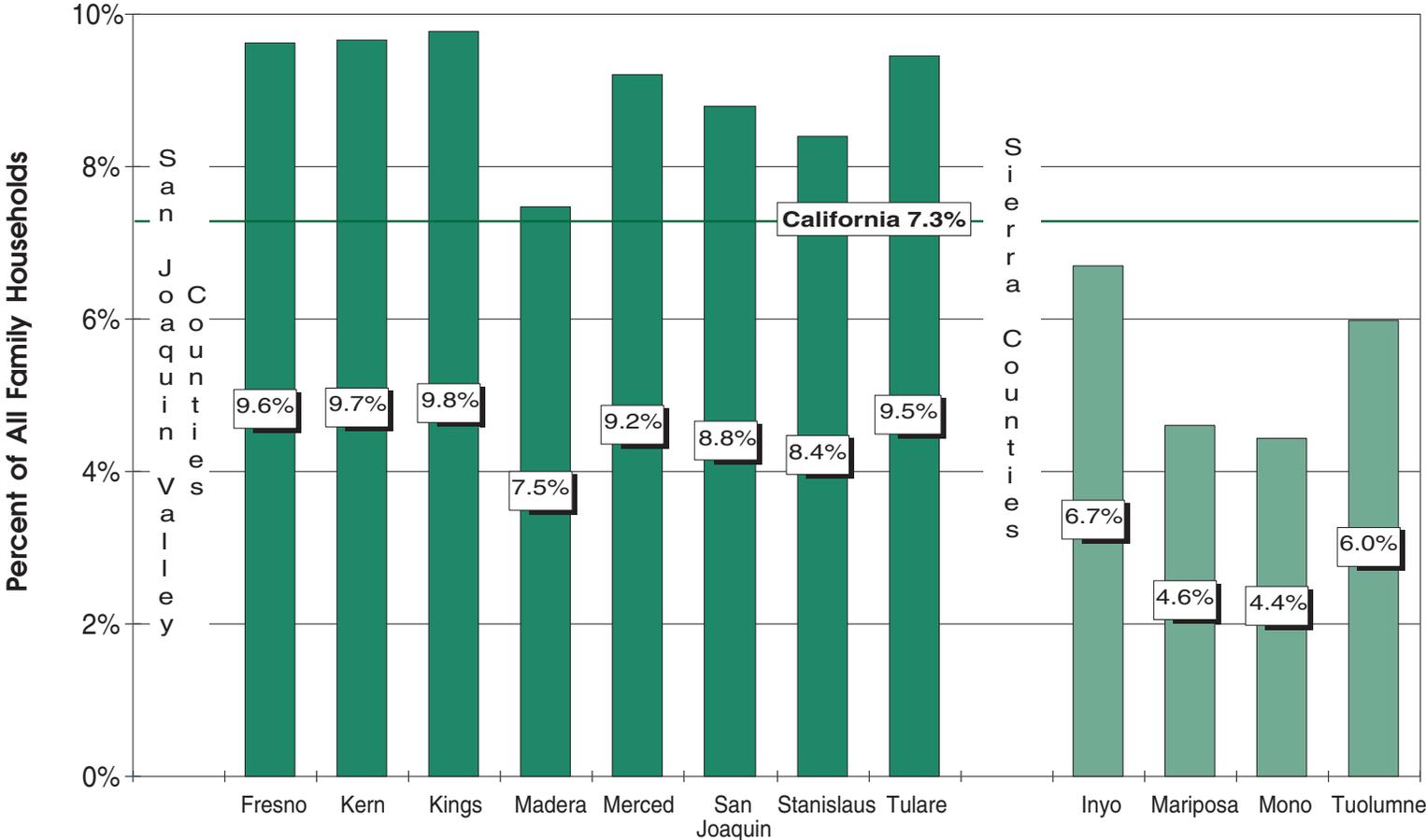
This indicator represents the percentage of female householder families<sup>3</sup> with their own children (son or daughter by birth, marriage, or adoption) under the age of 18 living in the household, for the year 2000. Figure 3 shows the proportion of female householder families in the Central California region. Table 8 shows the percentage of children in various age groups in Central California who lived in female householder families.

#### Highlights

- In 2000, the percentage of female householder families living with their own children under 18 years of age exceeded the state percentage (7.3%) in 8 of the 12 counties in the Central California region; all of these counties were in the San Joaquin Valley.
- In Central California, there were 112,736 female householder families in 2000.
- All of the Sierra counties had a lower percentage of female householder families than both the state as a whole and the San Joaquin Valley counties. Mono County had the lowest percentage of female householder families at 4.4%.
- Kings County had the highest percentage (9.8%) of female householder families in the San Joaquin Valley counties and Madera had the lowest (7.5%).
- Based on age categories, approximately two-thirds (65.1%) of the children in female householder families in the San Joaquin Valley were under the age of 12. In the Sierra Counties, over half of the children (59.4%) in female householder families were under 12 years of age.

<sup>3</sup> A female householder family includes a female householder, with no husband present and one or more other people living in the same household who are under the age of 18, regardless of marital status, and who are related to the householder. Does not include the householder's spouse or foster children, regardless of age. (U.S. Census Bureau, 2003a).

Figure 3 Female Householder Families With Own Children Under Age 18, 2000



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

## SECTION I. Population and Family Characteristics

Table 8 Children Ages 0-17 Living in Female Householder Families, By Age Group, 2000

Area	Under 3 years	3 and 4 years	5 years	6 to 11 years	12 to 17 years	Total 0-17 Years
<b>San Joaquin Valley Counties</b>	<b>12.5%</b>	<b>10.4%</b>	<b>5.6%</b>	<b>36.6%</b>	<b>35.0%</b>	<b>100.0%</b>
Fresno	12.8%	10.5%	5.6%	36.6%	34.5%	100.0%
Kern	12.9%	10.5%	5.6%	36.4%	34.6%	100.0%
Kings	14.5%	10.4%	5.2%	35.1%	34.8%	100.0%
Madera	12.4%	10.6%	5.5%	35.8%	35.6%	100.0%
Merced	12.5%	10.4%	5.1%	37.1%	34.8%	100.0%
San Joaquin	12.2%	10.5%	5.7%	36.7%	34.9%	100.0%
Stanislaus	10.8%	10.2%	5.6%	37.1%	36.2%	100.0%
Tulare	12.7%	10.1%	5.7%	36.4%	35.1%	100.0%
<b>Sierra Counties</b>	<b>10.4%</b>	<b>8.8%</b>	<b>4.5%</b>	<b>35.7%</b>	<b>40.6%</b>	<b>99.9%</b>
Inyo	10.5%	9.6%	4.4%	33.2%	42.2%	99.9%
Mariposa	8.8%	8.3%	3.7%	39.4%	39.7%	99.9%
Mono	8.3%	6.2%	4.0%	38.4%	42.9%	99.8%
Tuolumne	11.1%	9.1%	4.8%	35.3%	39.7%	100.0%
<b>California</b>	<b>10.9%</b>	<b>9.6%</b>	<b>5.5%</b>	<b>37.6%</b>	<b>36.5%</b>	<b>100.0%</b>

Note. Totals might not add to 100% because of independent rounding.

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

### 7. Family Size

This indicator represents the average family size in the year 2000. The average family size is a measure obtained by dividing the number of people in families by the total number of families,<sup>4</sup> in the year 2000. Figure 4 shows the average family size in the Central California region.

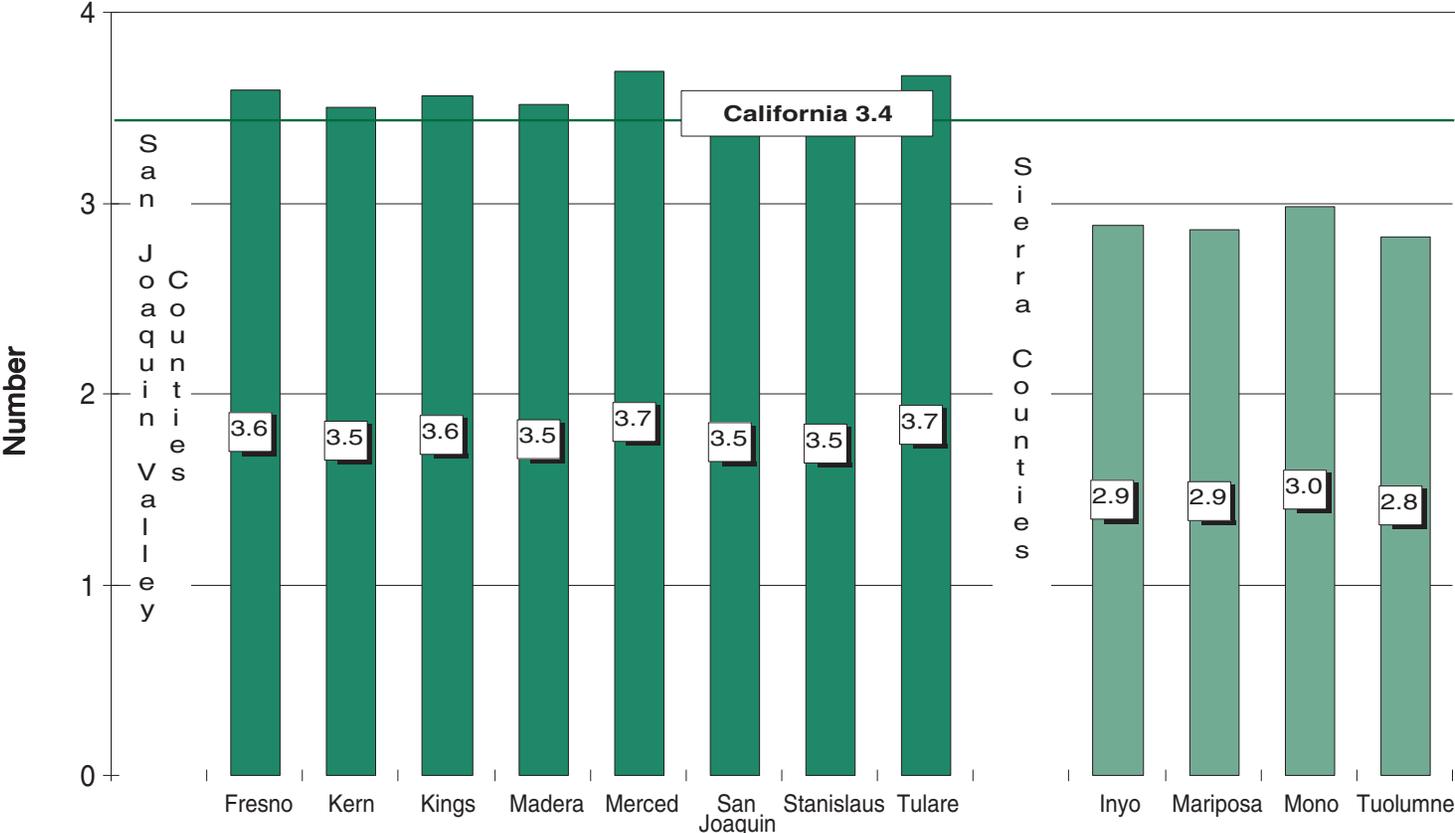
#### Highlights

- In 2000, the average family size in every county of the San Joaquin Valley exceeded the average family size for the state (3.4). This was not the case for the Sierra counties, where every county had a lower family size than did the state.
- Merced and Tulare counties both had the largest average family size among the Central California counties at 3.7.

<sup>4</sup>A family includes a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. A female householder includes a family with a female maintaining a household with no spouse of the householder present. (U.S. Census Bureau, 2003b).

SECTION I. Population and Family Characteristics

Figure 4 Average Family Size, 2000



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

### 8. Median Family Income

This indicator represents the median income in 1999 for families with own children under the age of 18 and for female householders with own children under the age of 18.<sup>5</sup> Table 9 shows the median family income in the counties of the Central California region.

#### Highlights

- In 1999, families with own children under age 18 in the Central California region reported an average median family income that was one fourth lower than the state's median family income of \$48,836.
- The average median family income of families with own children under age 18 for the San Joaquin Valley counties (\$36,597) was 13% lower than that of the Sierra counties (\$42,076).
- There was a large range between median family incomes in the San Joaquin Valley counties in 1999. Tulare County reported the lowest median family income at \$31,620, whereas San Joaquin County reported the highest median family income at \$43,759. This equates to a 28% difference in median family income between the two counties.
- The average median family income in the San Joaquin and Sierra counties was lower than was the state's median family income by 33% and 16%, respectively.
- The median family income for female householder families was dramatically lower when compared to all families, at both the state and county level. Female householder families in Central California reported a median family income that was less than half the median family income reported by all families. For example, whereas the median family income in the Sierra Counties was \$42,076, the median income for female householder families in the same subregion was only \$17,529, or almost 60% lower.

<sup>5</sup> A family includes a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. A female householder includes a family with a female maintaining a household with no spouse of the householder present. The median divides the income distribution into two equal parts: one-half of the cases falling below the median income and one-half above the median. The median income is based on the distribution of the total number of families including those with no income (U.S. Census Bureau, 2003b).

## SECTION I. Population and Family Characteristics

Table 9 Median Family Income, 1999

Area	Families With Own Children Under 18 Years	Female Householder With Own Children Under 18 Years
<b>San Joaquin Valley Counties</b>	<b>\$36,597</b>	<b>\$16,299</b>
Fresno	\$33,460	\$16,316
Kern	\$35,741	\$14,858
Kings	\$34,916	\$15,552
Madera	\$36,344	\$17,001
Merced	\$34,521	\$15,129
San Joaquin	\$43,759	\$18,286
Stanislaus	\$42,417	\$18,160
Tulare	\$31,620	\$15,092
<b>Sierra Counties</b>	<b>\$42,076</b>	<b>\$17,529</b>
Inyo	\$41,976	\$18,384
Mariposa	\$40,672	\$17,375
Mono	\$42,981	\$17,283
Tuolumne	\$42,674	\$17,074
<b>California</b>	<b>\$48,836</b>	<b>\$22,200</b>

Note. Median family income for the San Joaquin Valley and Sierra subregions is an average of each county's median family income within each subregion.

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

## 9. Child Poverty

This indicator represents the percentage of children under age 18 who were living below the poverty level, as determined by the U.S. Census Bureau,<sup>6</sup> in 1999. Figures 5 and 6 show the percentage of children in age groups 0-17 and 0-5 in the Central California region living below the poverty level in 1999.

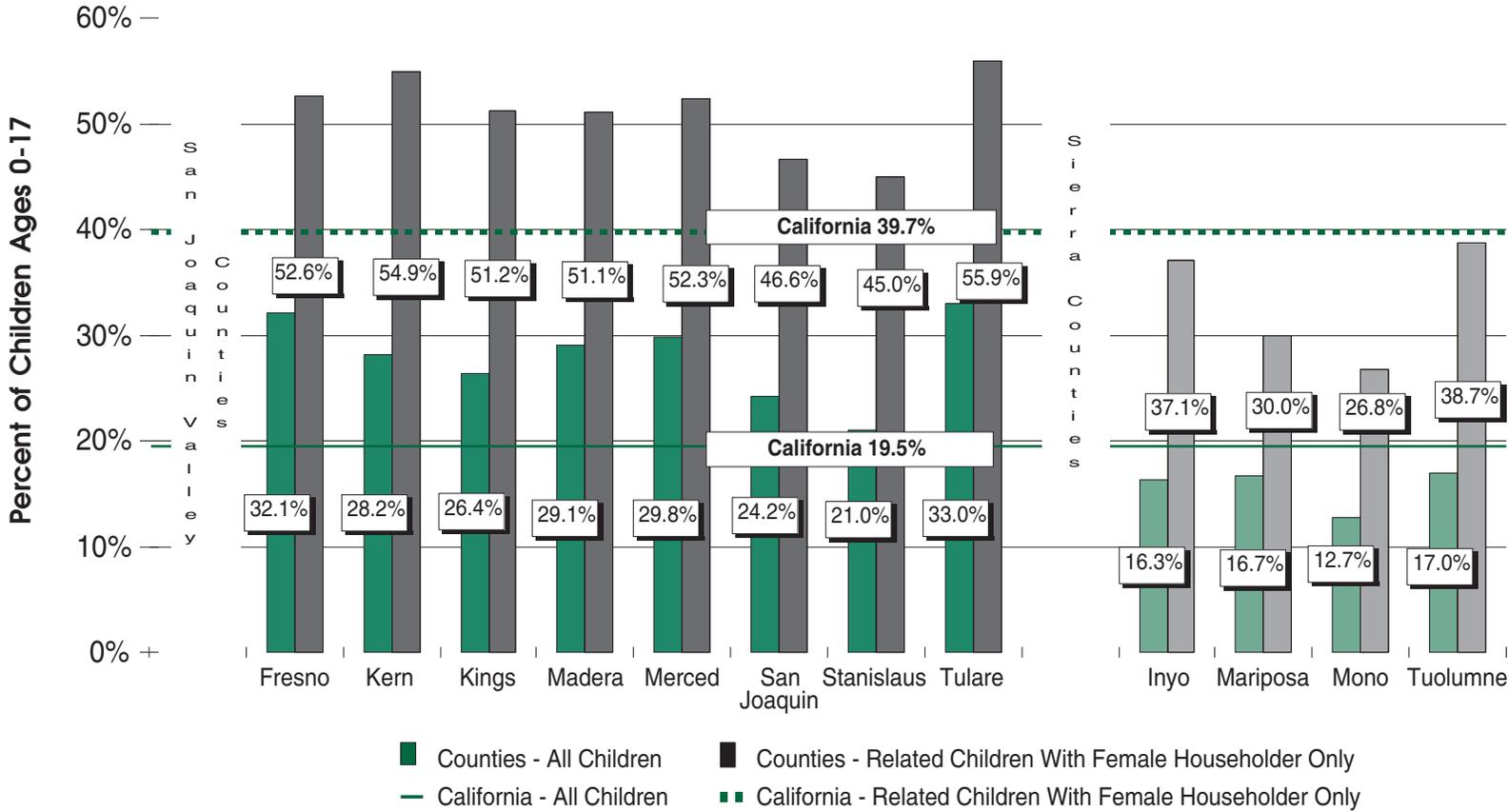
### Highlights

- In 1999, one in four children (292,740 children) ages 0-17 in the Central California region lived below the poverty level compared to one in five children for the state as a whole.
- Poverty among children ages 0-17 was more evident in the San Joaquin Valley counties than it was in the Sierra counties. In 1999, one in three children lived below the poverty level in the San Joaquin Valley counties compared to one in six children in the Sierra counties.
- Conditions of poverty increased dramatically for children ages 0-17 living in households headed by a female householder. In these households, one in two children (112,360 children) lived in poverty in the Central California region, compared to two in five children for the state as a whole.

<sup>6</sup> The U.S. Census Bureau uses a set of income thresholds that vary by family size and composition to determine who is poor. If a family's total income is less than that family's threshold, then that family, and every individual in it, is classified as being "below the poverty level" (U.S. Census Bureau, 2003b). For a complete explanation of the formula used to derive poverty status, which is the basis of the definition for this indicator, please refer to the 2000 Census of Population and Housing Summary Files 3 (U.S. Census Bureau, 2003b).

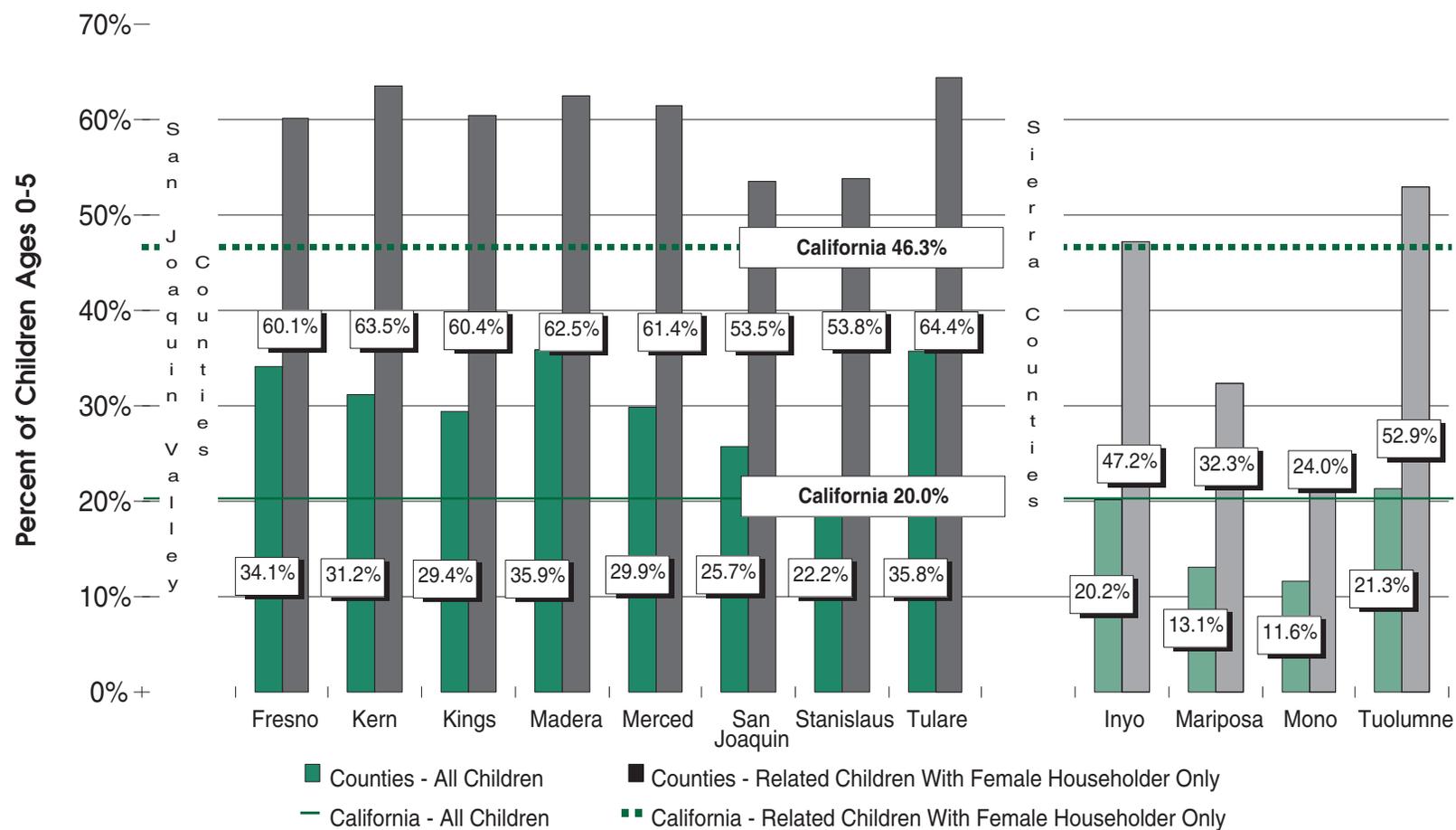
SECTION I. Population and Family Characteristics

Figure 5 Children Ages 0-17 Living Below the Poverty Level, 1999



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

Figure 6 Children Ages 0-5 Living Below the Poverty Level, 1999



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



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## HEALTH INDICATORS

10. Prenatal Care
11. Low Birthweight
12. Infant Mortality
13. Breastfeeding
14. Immunization
15. Asthma
16. Diabetes
17. Overweight Children
18. Oral Health
19. Disabilities
20. Fatal Injuries
21. Suicide
22. Births to Teenage Mothers
23. Sexually Transmitted Infections

# SECTION 2

## SECTION 2. Health Indicators

### 10. Prenatal Care

This indicator represents the percentage of live births in 2001, according to the trimester in which prenatal care<sup>7</sup> began. Table 10 shows the percentage of live births, by trimester prenatal care began, in the Central California region.

#### Highlights

- In 2001, women in the Central California region initiated prenatal care later than did women in the State of California as whole. However, three out of four women in Central California received prenatal care during the first trimester of pregnancy.
- Fresno County had the highest percentage of women who received prenatal care in the first trimester at 84.2%, which was slightly higher than the state level at 84.0%.
- Merced County had the lowest percentage of women receiving prenatal care during the first trimester of pregnancy (58.8%) among the San Joaquin Valley counties. In Merced County 41.2% of women did not receive prenatal care until after the first trimester of pregnancy.
- Among the Sierra counties, Tuolumne County had the highest percentage of women receiving prenatal care during the first trimester of pregnancy (87.9%). Almost 9 out of 10 pregnant women in this county received prenatal care during the first trimester of pregnancy.
- Mariposa County had the lowest percentage of women receiving prenatal care during the first trimester of pregnancy (64.7%) among the Sierra counties and the second lowest among all counties in the Central California region.

<sup>7</sup> Prenatal care is generally measured as a percentage of women who receive at least one prenatal service from a physician or midwife.

Table 10 Live Births by Trimester Prenatal Care Began, 2001

Area	First Trimester	Second Trimester	Third Trimester	No Prenatal Care	Unknown	Total
<b>San Joaquin Valley Counties</b>	<b>77.5%</b>	<b>15.4%</b>	<b>3.6%</b>	<b>0.7%</b>	<b>2.9%</b>	<b>100.0%</b>
Fresno	84.2%	12.1%	2.4%	0.6%	0.6%	100.0%
Kern	75.2%	12.7%	2.3%	0.3%	9.5%	100.0%
Kings	74.2%	17.8%	6.8%	1.1%	0.1%	100.0%
Madera	79.2%	14.8%	3.9%	1.4%	0.7%	100.0%
Merced	58.8%	28.3%	9.1%	0.9%	2.9%	100.0%
San Joaquin	72.6%	19.7%	4.9%	1.1%	1.8%	100.0%
Stanislaus	80.7%	13.9%	3.0%	0.7%	1.7%	100.0%
Tulare	82.0%	14.2%	2.7%	0.4%	0.7%	100.0%
<b>Sierra Counties</b>	<b>78.4%</b>	<b>16.9%</b>	<b>3.3%</b>	<b>0.9%</b>	<b>0.5%</b>	<b>100.0%</b>
Inyo	70.0%	22.8%	5.0%	2.2%	--	100.0%
Mariposa	64.7%	23.5%	8.5%	0.7%	2.6%	100.0%
Mono	75.1%	21.3%	3.0%	--	0.6%	100.0%
Tuolumne	87.9%	10.5%	0.9%	0.7%	--	100.0%
<b>California</b>	<b>84.0%</b>	<b>11.5%</b>	<b>2.3%</b>	<b>0.6%</b>	<b>1.6%</b>	<b>100.0%</b>

-- Represents zero events.

Source: California Department of Health Services, Vital Statistics Data Tables 2001 (2003c).

## SECTION 2. Health Indicators

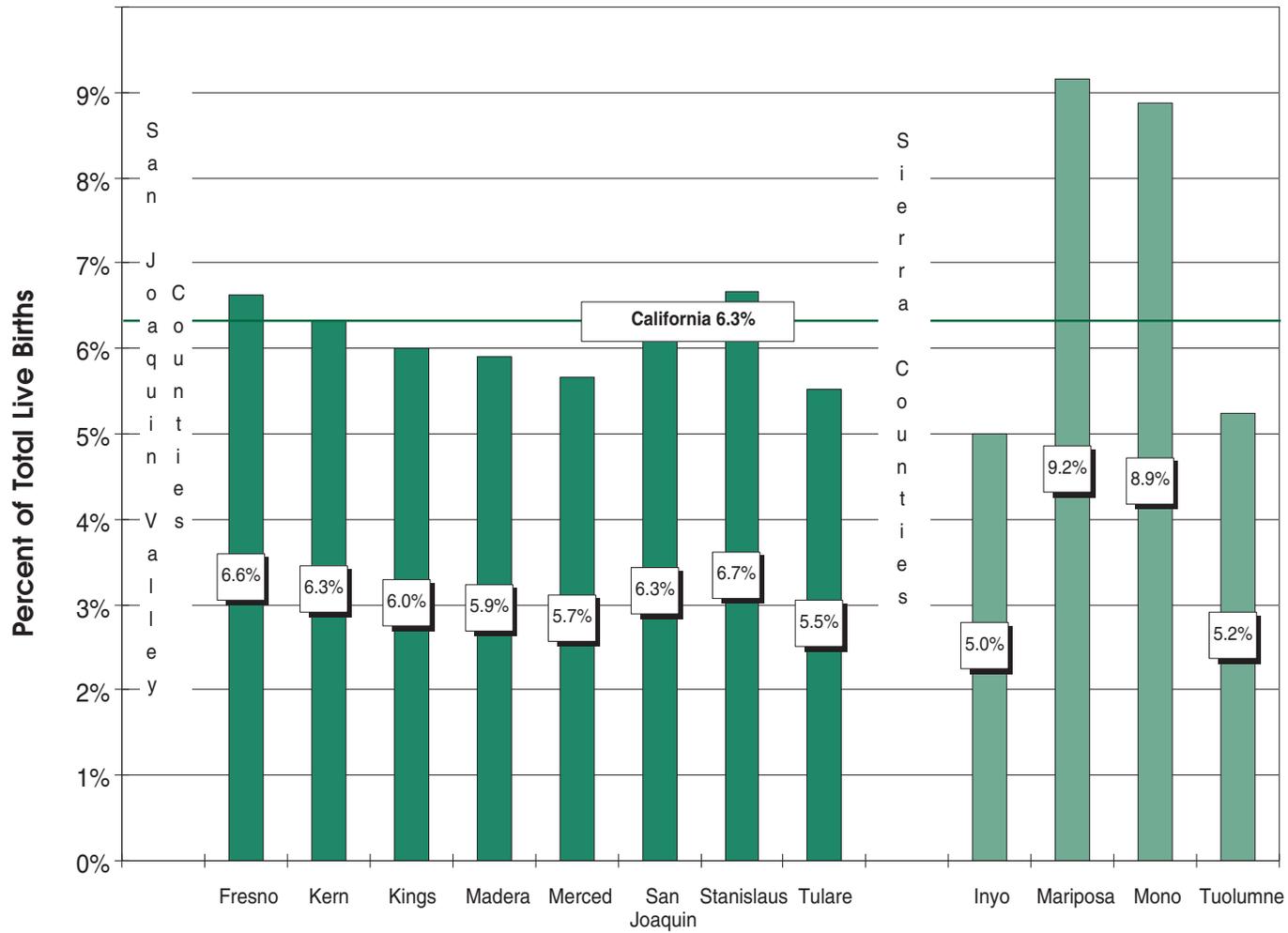
### 11. Low Birthweight

This indicator represents the percentage of live births in 2001 where the baby weighed less than 2,500 grams or 5.8 lbs. Figure 7 shows the percentage of low birthweight births in the Central California region. Table 11 shows the rates of low birthweight births per 1,000 population by the age of the mother.

#### Highlights

- Among the Central California counties, Mariposa (9.2%) and Mono (8.9%) counties had the highest percentage of low birthweight births and were almost one-third higher than the percentage statewide (6.3%).
- Among the Sierra counties, Inyo County had the lowest percentage of low birthweight births at 5.0%. Among the San Joaquin Valley counties, Merced had the lowest percentage at 5.7%.
- In 2001, only four counties in the Central California region exceeded the state percentage of 6.3% for low birthweight births.
- When examining the rate of low birthweight births in the San Joaquin Valley according to the age of the mother, 4.5 low birthweight births per 1,000 occurred among females ages 15-19. This rate was higher than the rate for California in this age group (3.1). In comparison, the rate of low birthweight births among mothers in the same age group in the Sierra counties was only 1.9 low birthweight births per 1,000 population.
- In 2001, the rate of low birthweight births among mothers ages 20-29 was the higher than for any other age group. In the Sierra counties, three times as many mothers ages 20-29 as mothers ages 15-19 had low birthweight babies. On the other hand, in the San Joaquin Valley counties, only two times as many mothers ages 20-29 as mothers ages 15-19 had low birthweight babies.
- The rate of low birthweight births was higher among younger mothers with the highest rates of low birthweight births occurring in the 20-29 age group and the lowest in the 40-49 age group.

Figure 7 Low Birthweight Births, 2001



Source: California Department of Health Services, Vital Statistics Data Tables 2001 (2003a).

## SECTION 2. Health Indicators

Table 11 Rates of Low Birthweight Births per 1,000 Women Ages 15-49 by Age of Mother, 2001

Area	15-19 years	20-29 years	30-39 years	40-49 years	Total Rate Per 1,000
<b>San Joaquin Valley Counties</b>	<b>4.5</b>	<b>8.6</b>	<b>4.3</b>	<b>0.5</b>	<b>4.4</b>
Fresno	5.1	8.6	4.5	0.5	4.7
Kern	4.6	9.3	4.0	0.4	4.5
Kings	5.7	8.2	3.8	0.3	4.5
Madera	3.7	7.5	3.4	0.8	3.7
Merced	4.2	6.9	5.0	0.5	4.2
San Joaquin	3.8	8.8	4.7	0.4	4.4
Stanislaus	3.9	8.5	4.5	0.6	4.4
Tulare	4.8	8.4	3.6	0.7	4.4
<b>Sierra Counties</b>	<b>1.9</b>	<b>6.5</b>	<b>4.1</b>	--	<b>2.7</b>
Inyo	1.7	4.3	4.8	--	2.4
Mariposa	1.8	12.0	5.0	--	3.8
Mono	2.8	9.7	6.8	--	4.7
Tuolumne	1.9	4.2	2.7	--	1.8
<b>California</b>	<b>3.1</b>	<b>6.2</b>	<b>4.9</b>	<b>0.7</b>	<b>3.8</b>

-- Represents zero events.

Note. Rates are based on adjusted population estimates.

Source: California Department of Health Services, Vital Statistics Query System (2002b).  
California Department of Finance, Demographic Research Unit (1998).

## 12. Infant Mortality

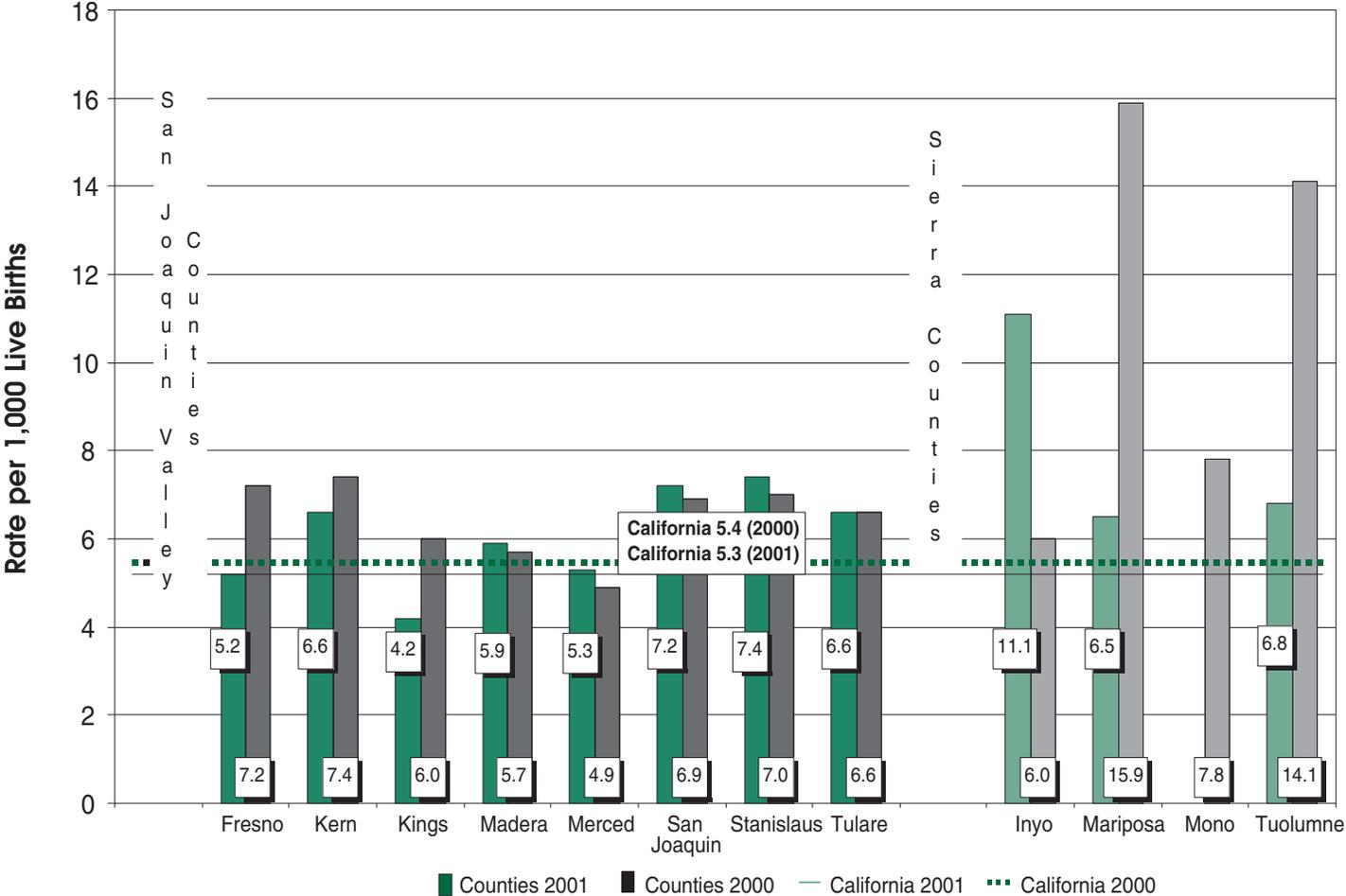
This indicator represents the number of infants, per 1,000 live births, who died in their first year of life from any cause (California Department of Health Services, 2002), in the years 2000 and 2001. Figure 8 shows the infant mortality rates in the Central California region for both 2000 and 2001. Data for two consecutive years are presented in order to provide comparisons of rate changes, especially for the Sierra counties with smaller populations. Mono County reported no infant deaths in 2001.

### Highlights

- In both 2000 and 2001, the average rate of infants who died in their first year of life was higher in both the San Joaquin Valley and Sierra counties than it was for the state.
- In 2000, seven of the eight San Joaquin Valley counties had infant mortality rates that were higher than the state rate. In 2001, five of the eight San Joaquin Valley counties had rates that were higher than the state rate.
- In 2000, Mariposa County experienced an infant mortality rate that was higher than the rate in any other county in the Central California region as well as the state at 5.4%. Although the rate of infant mortality in Mariposa County was the highest in the Central California region during 2000, the data show that the rate in Mariposa County for the year 2001 was comparable to those of other counties in the region and was only slightly above the state rate. The dramatic difference in rates between 2001 and 2000 in Mariposa and other Sierra counties demonstrates how the occurrence of a few more infant deaths can have a dramatic effect on the infant mortality rate of less populated counties.

SECTION 2. Health Indicators

Figure 8 Infant Mortality Rates, 2000 and 2001



Source: California Department of Health Services, Vital Statistics Query System (2002a).

### 13. Breastfeeding

This indicator represents the percentage of women who were breastfeeding at the time of hospital discharge in 2000, either exclusively breastfeeding<sup>8</sup> or with any breastfeeding<sup>9</sup> (California Department of Health Services, California Maternal and Child Health Data Book, 2002). Figure 9 shows the breastfeeding rates in the Central California region.

#### Highlights

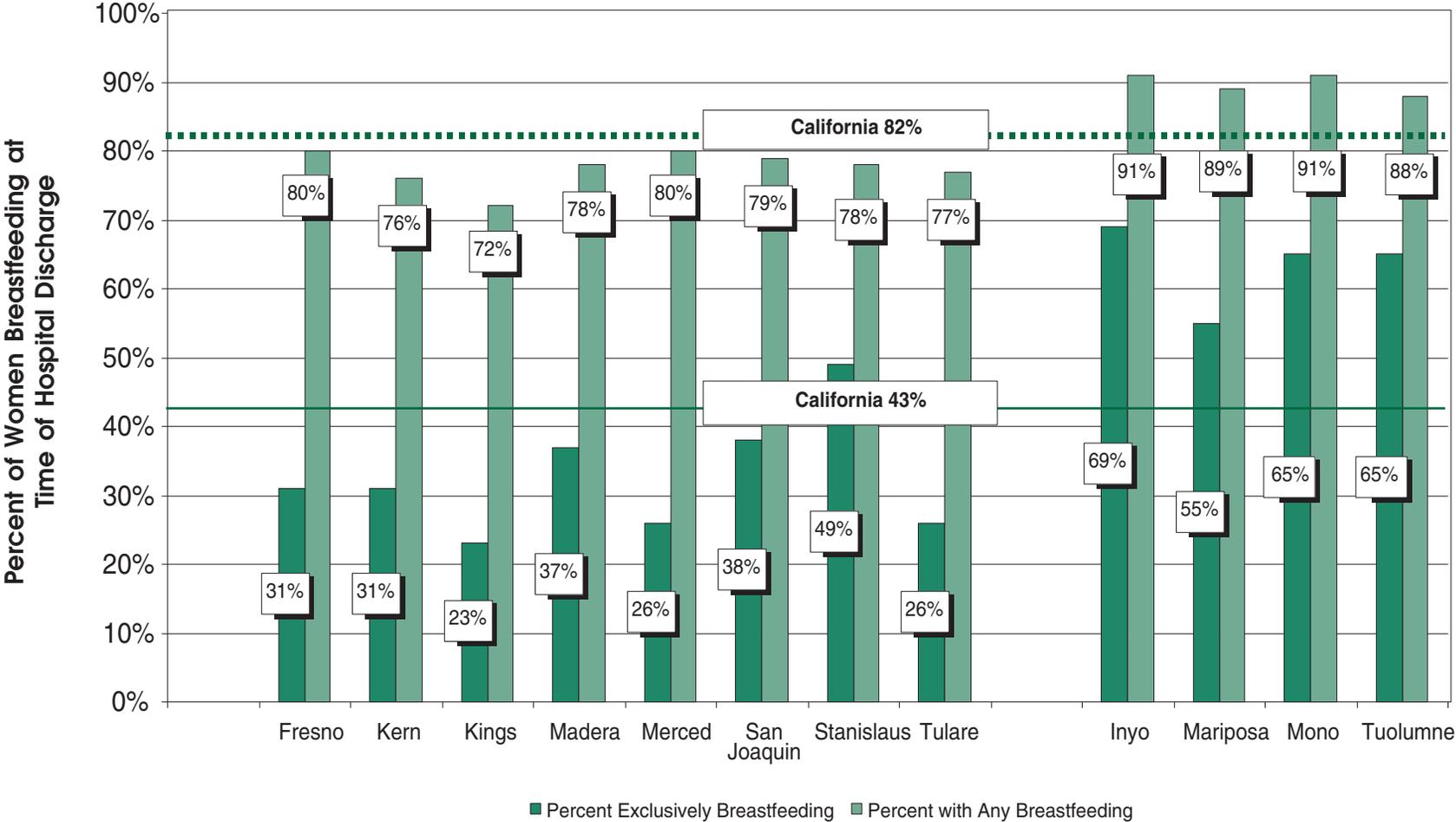
- In 2000, two in five women in Central California exclusively breastfed their babies; this is equal to the state's proportion of women who exclusively breastfed their babies. However, this proportion was lower in the San Joaquin Valley counties when compared with the Sierra counties. In the Sierra counties, two in three women exclusively breastfed their babies, whereas, only one in three San Joaquin Valley women exclusively breastfed their babies.
- Women in the San Joaquin Valley counties reported relatively similar percentages of any breastfeeding, but lower percentages of exclusive breastfeeding compared to the state percentages. Women in the Sierra counties reported higher percentages of both any breastfeeding and exclusive breastfeeding compared to the state percentage of 43%.
- Among women who reported any breastfeeding, the Sierra counties reported a higher proportion compared to the San Joaquin Valley counties and the state 82%. In the Sierra counties, 9 out of 10 women reported any breastfeeding, whereas less than 8 out of 10 women in the San Joaquin Valley counties reported any breastfeeding.

<sup>8</sup> Exclusively breastfeeding includes women who are only breastfeeding (California Department of Health Services, Maternal and Child Health Branch, 2002).

<sup>9</sup> Any breastfeeding includes women who are exclusively breastfeeding and those who are supplementing breastfeeding with formula (California Department of Health Services, Maternal and Child Health Branch, 2002).

SECTION 2. Health Indicators

Figure 9 Women Exclusively Breastfeeding and Women With Any Breastfeeding, 2000



Source: California Department of Health Services, Maternal and Child Health Data Branch (2002).

## 14. Immunization

This indicator represents the percentage of children entering kindergarten, licensed child care centers, and seventh grade who received their required immunizations<sup>10</sup> in 2002. Table 12 shows the percentage of immunized children in the Central California region.

### Highlights

- In 2002, almost all of the counties in the Central California region either met or exceeded the state percentage of children in kindergarten and licensed child care who were immunized.
- A lower percentage of children in the seventh grade had been immunized compared to the other groups, regardless of the county of residence. This is especially evident in the Sierra counties, where only 65.7% of seventh graders had been immunized.

<sup>10</sup> To enter or transfer into public or private elementary and secondary schools (grades K-12), children under age 18 must be immunized with the following vaccines: (a) Polio; (b) Diphtheria, Tetanus, and Pertussis (DTP); (c) Measles, Mumps, Rubella (MMR); (d) Hepatitis B; and (e) Varicella. The required doses for these vaccines vary by age. To enter child care, children under age 5 must be immunized with the following vaccines: (a) Polio; (b) Diphtheria, Tetanus, and Pertussis (DTP); (c) Measles, Mumps, Rubella (MMR); (d) Hepatitis B; (e) Varicella; and (f) Hemophilus influenzae type B (Hib). The number of doses for these vaccines varies by age. Additional information can be obtained from the California Department of Health Services' Immunization Branch (see California Department of Health Services, Division of Communicable Diseases Control, Immunization Branch, 2002a, 2002b).

## SECTION 2. Health Indicators

Table 12 **Immunized Children in Kindergarten, Licensed Child Care Centers, and Seventh Grade, 2002**

Area	Kindergarten	Licensed Child Care	Seventh Grade
<b>San Joaquin Valley Counties</b>	<b>94.6%</b>	<b>95.5%</b>	<b>73.9%</b>
Fresno	95.7%	95.7%	81.3%
Kern	92.5%	96.3%	71.5%
Kings	95.5%	95.7%	63.9%
Madera	93.5%	96.8%	80.9%
Merced	95.7%	96.4%	73.1%
San Joaquin	94.3%	94.2%	85.0%
Stanislaus	94.1%	93.2%	70.8%
Tulare	95.2%	95.6%	64.6%
<b>Sierra Counties</b>	<b>90.6%</b>	<b>93.1%</b>	<b>65.7%</b>
Inyo	95.6%	92.2%	65.3%
Mariposa	91.2%	98.8%	59.9%
Mono	88.6%	87.1%	64.9%
Tuolumne	87.1%	94.3%	72.9%
<b>California</b>	<b>92.3%</b>	<b>94.3%</b>	<b>74.1%</b>

Source: California Department of Health Services, Division of Communicable Diseases Control, Immunization Branch (2003a, 2003b, and 2003c).

## 15. Asthma

This indicator represents the percentage of children ages 0-17 who, in 2001, were reported to have been diagnosed with asthma<sup>11</sup> by a physician at any time. This indicator also represents the number of children, per 100,000, ages 0-17 who were admitted to a hospital and discharged with a primary diagnosis of asthma in 2001.

Figure 10 shows the percentages of Central California children ages 0-17 ever diagnosed with asthma. County-level data were not available for the Sierra counties of Inyo, Mariposa, Mono, and Tuolumne. Another indicator to measure rates of asthma among children in the San Joaquin Valley is to look at the rate of hospital discharges with a diagnosis of asthma, as shown in Figure 11. Only counties with reliable data have been included in this indicator. In 2001, Mono County had zero hospital discharges for asthma in children.

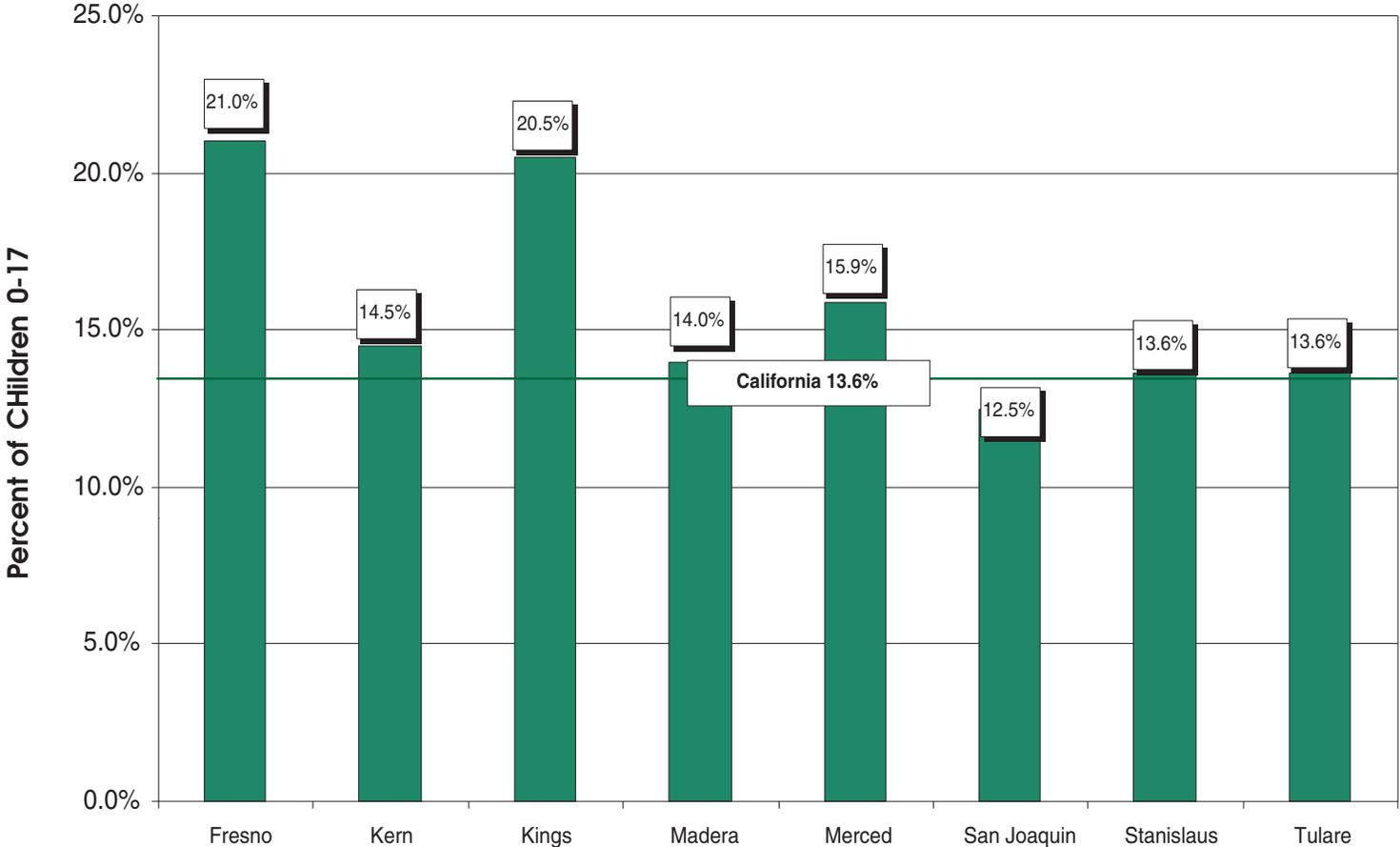
### Highlights

- In 2001, the percentage of child asthma in five of the eight the San Joaquin Valley counties was higher than that for the state (13.6%). The percentage of children with asthma was the same as the state in two of the three remaining counties.
- Fresno and Kings counties had the highest percentages of children with asthma with 21.0% and 20.5%, respectively. In both of these counties one in five children had been diagnosed with asthma. Fresno County also had the highest rate of children discharged from a hospital with a diagnosis of asthma at 238.7 per 100,000 children. Madera and Mariposa counties followed with the next highest rates of hospital discharges with a diagnosis of this chronic condition at 169.1 and 160.2, respectively
- Mono County had no hospital discharges for children with a diagnosis of asthma and Tuolumne had only 70.1 per 100,000 children, less than one-third the rate in Fresno County.

<sup>11</sup> Asthma is a chronic inflammatory condition of the lungs; symptoms include repeated episodes of breathlessness, wheezing, coughing, and chest tightness (McConnell et al., 2002).

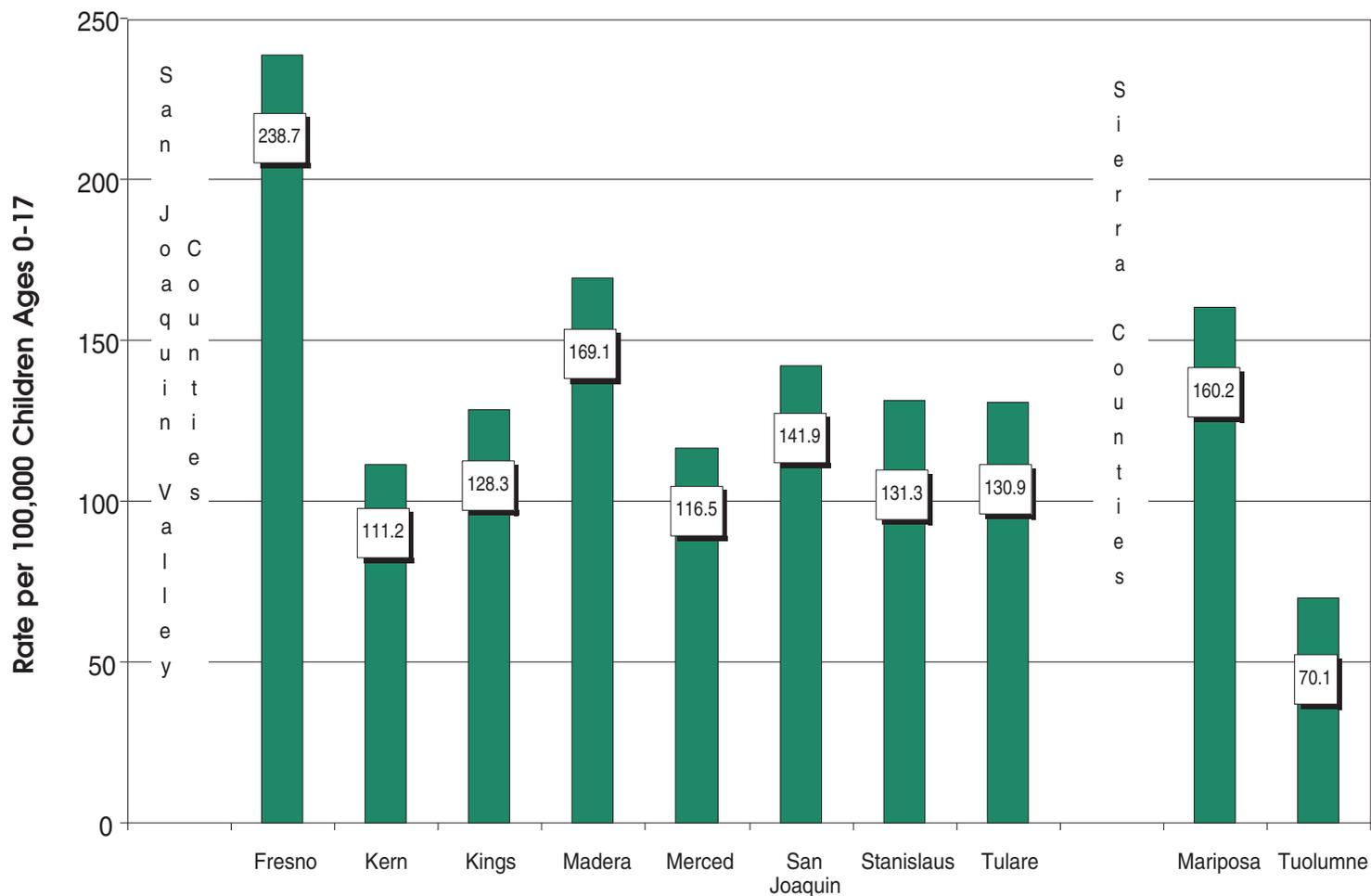
SECTION 2. Health Indicators

Figure 10 Asthma Among Children Ages 0-17, 2001



Source: UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

Figure 11 Hospital Discharges for Asthma per 100,000 Children Ages 0-17, 2001



Note. Rates are based on adjusted population estimates.

Source: 2001 OSHPD data (as cited in Curtis, Diringer, Cuellar, et al., 2003).  
California Department of Finance, Demographic Research Unit (1998).

## SECTION 2. Health Indicators

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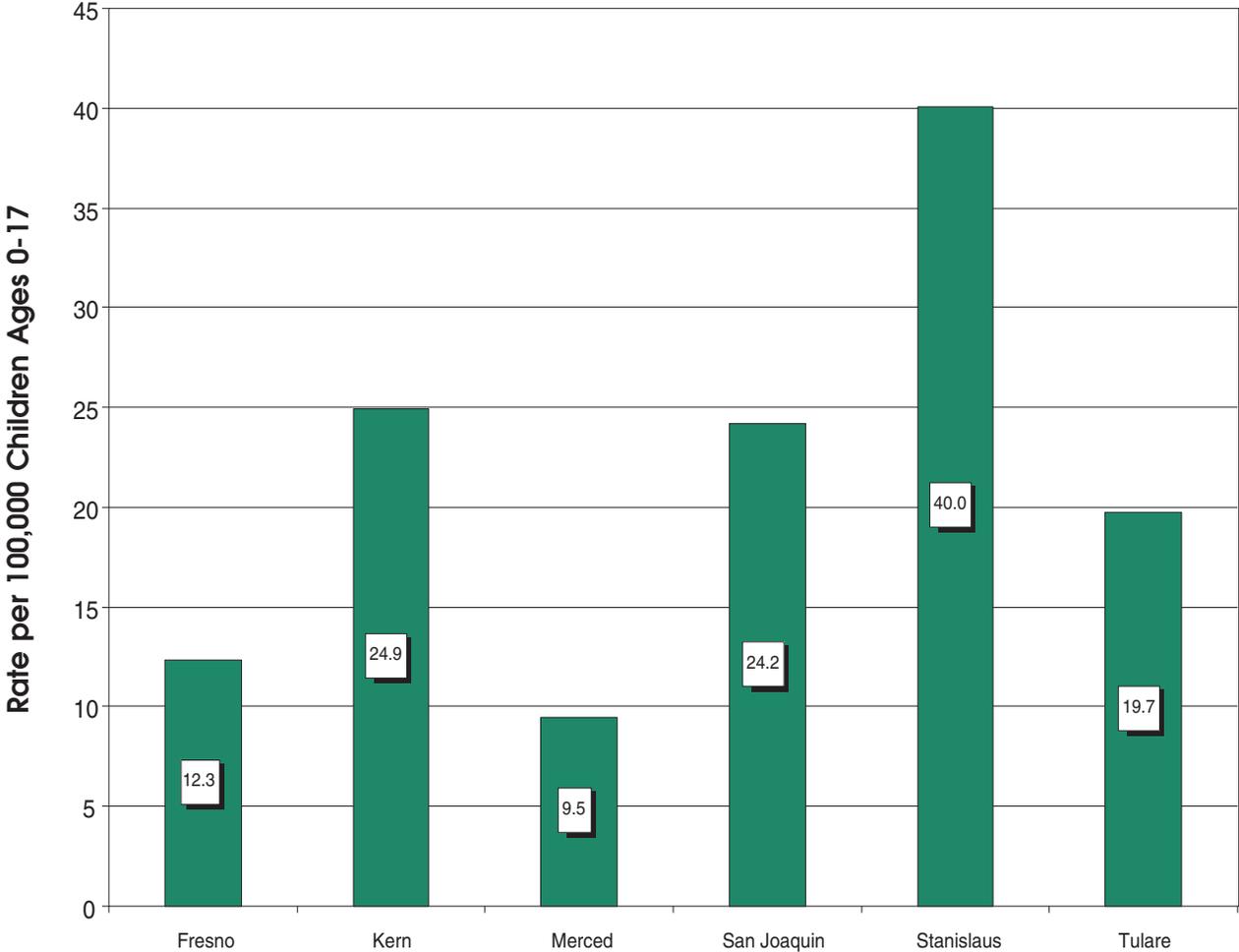
### 16. Diabetes

This indicator represents the number of children, per 100,000, ages 0-17 who were discharged from a hospital with a primary diagnosis of diabetes in 2001. Figure 12 shows the rate of children's hospital discharges with a primary diagnosis of diabetes in the Central Valley. In 2001, Inyo County had zero hospital discharges with a diagnosis of child diabetes. Only counties with reliable data have been included in this indicator. No other data were available to document the prevalence of diabetes among children on a county-level.

#### Highlights

- In 2001, Stanislaus County had the highest rate of children's hospital discharges with a diagnosis of diabetes at 40.0 per 100,000 children.
- Kern (24.9) and San Joaquin (24.2) counties followed but their rates were at least 40% lower than that of Stanislaus County.
- Merced County had the lowest rate at 9.5 which was approximately one-fourth the rate in Stanislaus County.

Figure 12 Hospital Discharges for Diabetes Per 100,000 Children Ages 0-17, 2001



*Note. Rates are based on adjusted population estimates.  
Source: 2001 OSHPD data (as cited in Curtis, Diringer, Cuellar, et al., 2003).  
California Department of Finance, Demographic Research Unit (1998).*

## SECTION 2. Health Indicators

### 17. Overweight Children

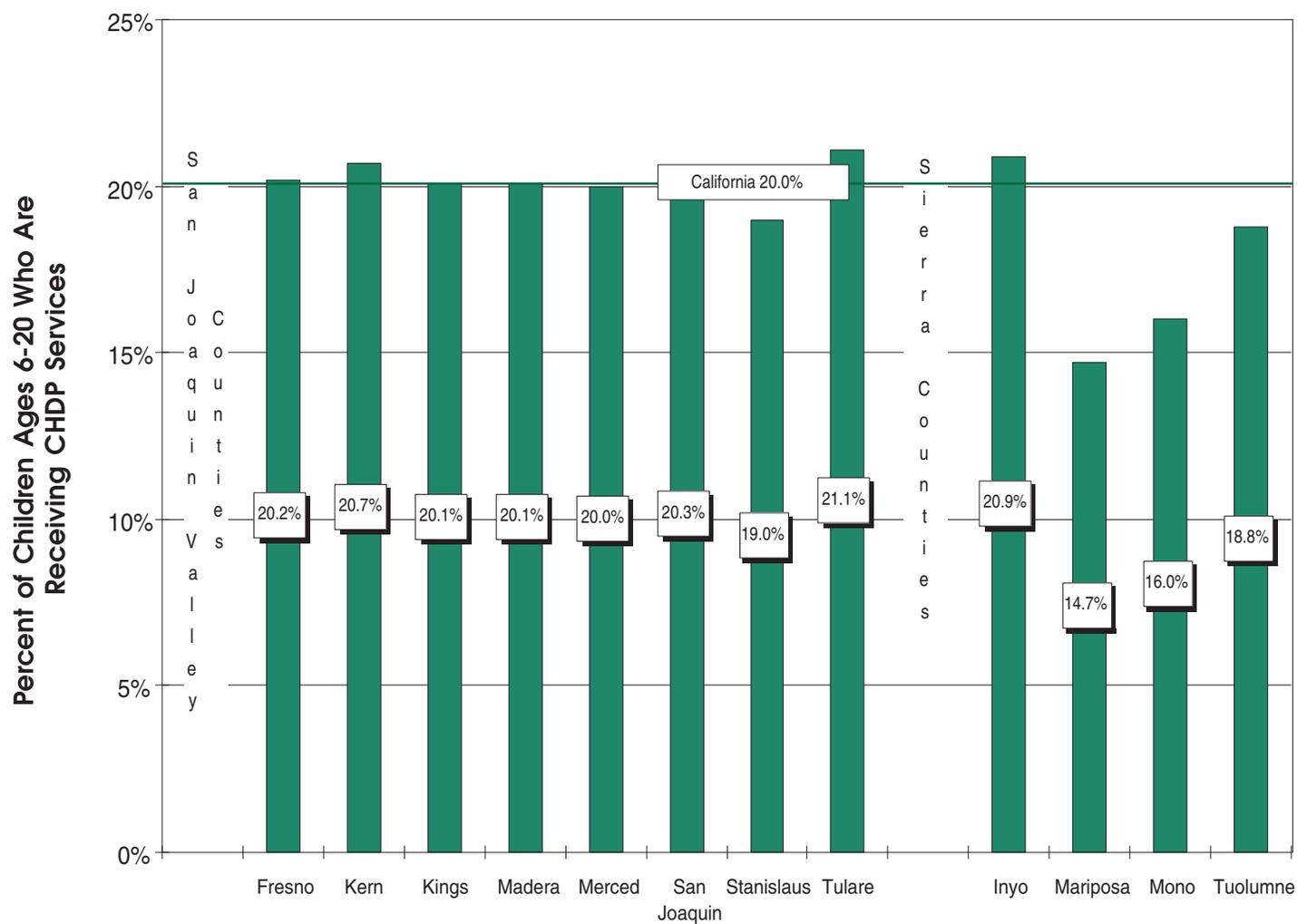
This indicator represents the percentage of children determined to be overweight in 2001, based on health assessments from the Child Health and Disability Prevention (CHDP) program.<sup>12</sup> Figures 13 and 14 show the percentage of overweight children ages 2-5 and 6-20 in the Central California region who were receiving services from the CHDP program.

#### Highlights

- In 2001, seven counties in the Central California region reported a higher percentage (over 20%) of overweight children and young adults ages 6 to less than 20 than did the state as a whole, although these percentages were similar to the state.
- Among the San Joaquin Valley counties, Tulare County had the highest percentage (21.1%) of overweight children, whereas among the Sierra counties, Inyo County had the highest percentage (20.9%) of overweight children. In both of these counties, over one in five children and young adults ages 6-20 was overweight.
- Data on children 2-5 years of age reflect that three Central California counties had percentages of overweight children that exceeded the state (16.0%) as a whole. Kings County reported the highest percentage at 19.7%, of children 2- 5 years of age who were overweight in 2001, whereas Mariposa County reported the lowest percentage at 6.0%.

<sup>12</sup> This measure includes those children whose BMI-for-age and gender (2-<20 years of age) and weight-for-length and gender (under 2 years of age) are in or above the 95th percentile (Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance System, 2002). This means that 95% or higher of children of the same age and gender are of normal weight (Centers for Disease Control and Prevention, 2003).

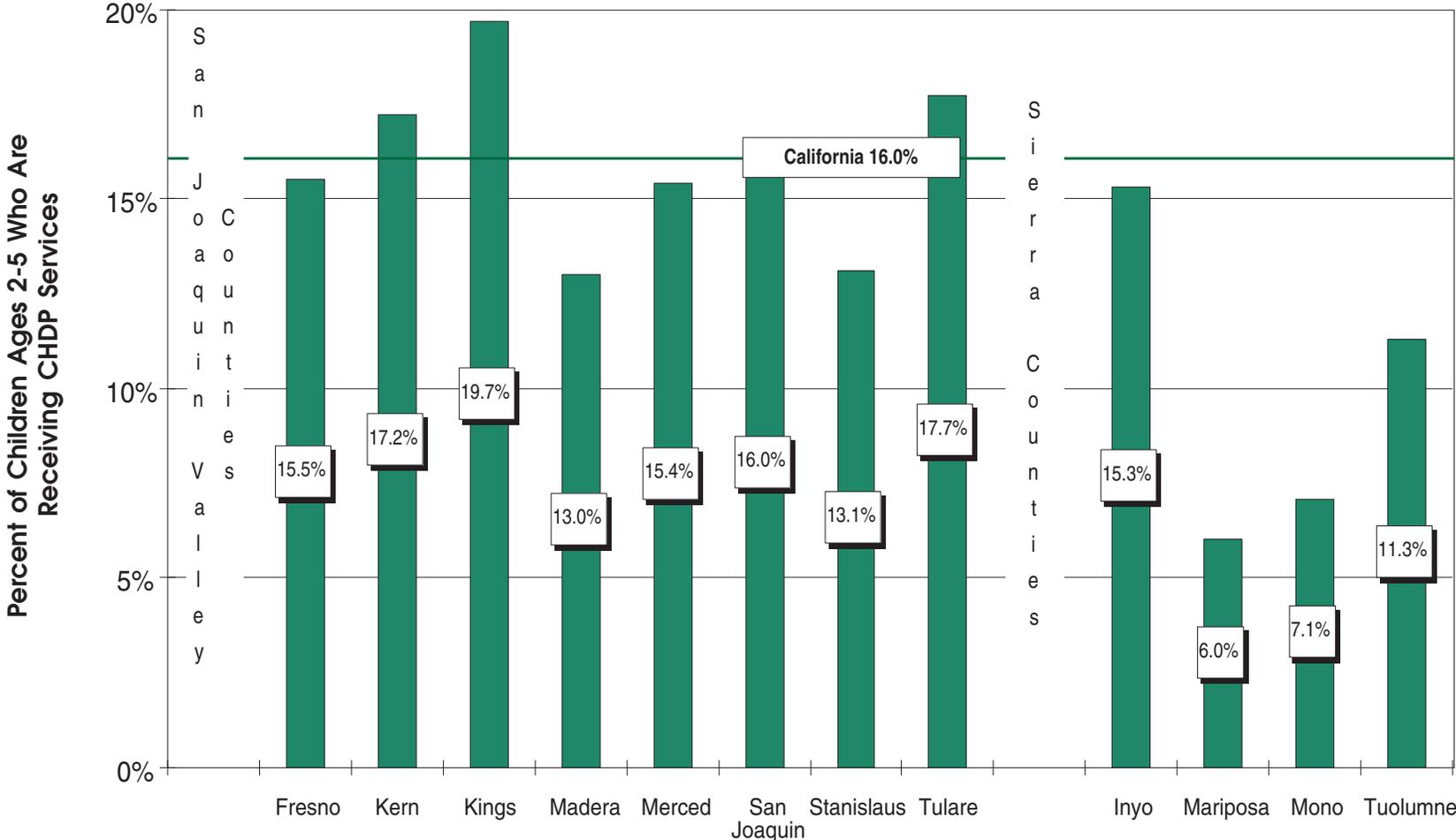
Figure 13 Children Ages 6-20 Receiving CHDP Program Services Who Were Overweight, 2001



Source: California Food Policy Advocates, (2003).

SECTION 2. Health Indicators

Figure 14 Children Ages 2-5 Receiving CHDP Program Services Who Were Overweight, 2001



Source: California Food Policy Advocates, (2003).

## 18. Oral Health

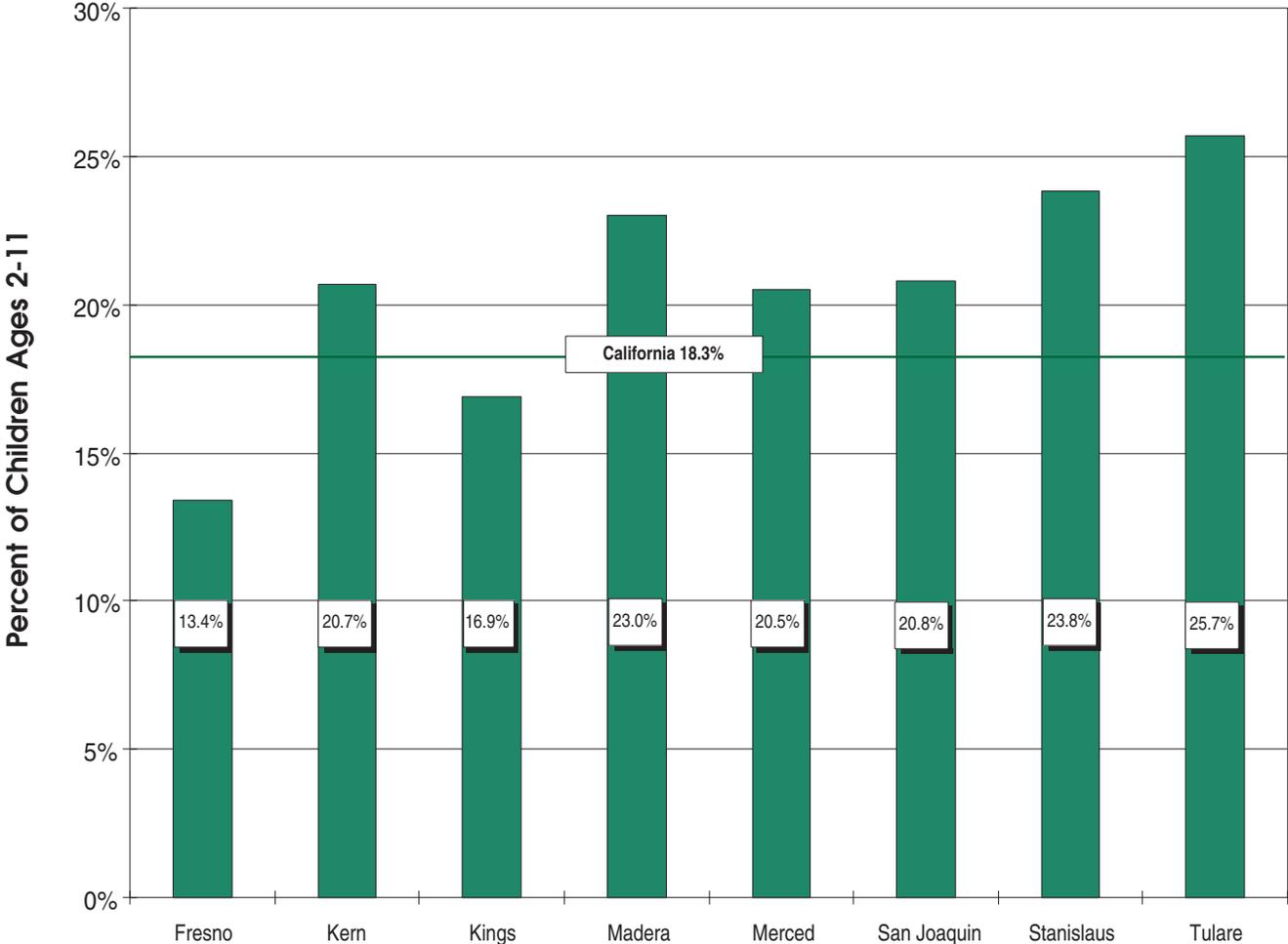
This indicator represents the percentage of children ages 2-11 who, in 2001, were reported to have never visited a dentist, dental hygienist, or orthodontist. Figures 15 and 16 show the percentage of Central California children in two age groups, 2-11 and 2-5, who have never visited a dentist, dental hygienist, or orthodontist. County-level data were not available for the Sierra counties of Inyo, Mariposa, Mono, and Tuolumne.

### Highlights

- In 2001, six of the eight counties of the San Joaquin Valley had a higher percentage of children ages 2-11 who were reported to have never visited a dentist, dental hygienist, or orthodontist than did the state as a whole (18.3%).
- In the same six counties, the percentage of children ages 2-5 who had never visited a dentist, dental hygienist, or orthodontist ranged from a low of 44.2% in Kern County to a high of 63.9% in Stanislaus County.
- Tulare County had the highest percentage (25.7%) of children in the 2-11 age group who had never visited a dentist, dental hygienist, or orthodontist in his or her lifetime, which translates into one in four children.
- For children ages 2-5, the proportion of children who had never visited a dentist, dental hygienist, or orthodontist was twice as high as it was for children ages 2-11. Whereas one in four children ages 2-11 were reported to have never visited a dentist, dental hygienist, or orthodontist, almost one in two children ages 2-5 had never received dental care.

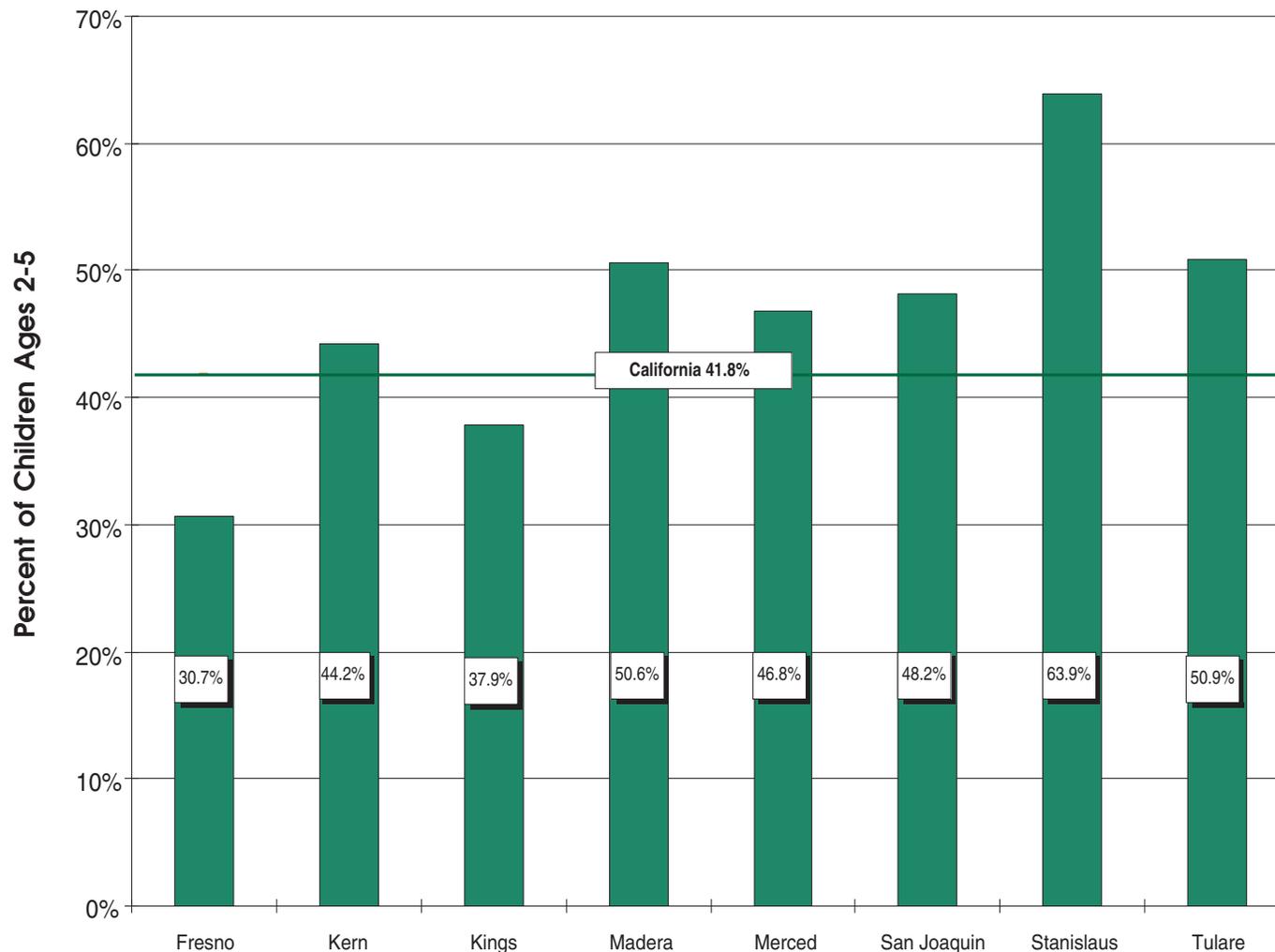
SECTION 2. Health Indicators

Figure 15 Children Ages 2-11 Who Have Never Visited a Dentist, Dental Hygienist, or Orthodontist, 2001



Source: UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

Figure 16 Children Ages 2-5 Who Have Never Visited a Dentist, Dental Hygienist, or Orthodontist, 2001



Source: UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

## SECTION 2. Health Indicators

### 19. Disabilities

This indicator represents the percentage of children ages 5-15 and young adults ages 16-20 with disabilities in 2000.<sup>13</sup> Disabilities among children ages 5-15 include sensory, physical, mental, or self-care disabilities. Disabilities among young adults ages 16-20 include sensory, physical, mental, self-care, going-outside-the-home, and employment disabilities.<sup>14</sup> Figures 17 and 18 show the percentage of children and young adults in the Central California region with a disability.

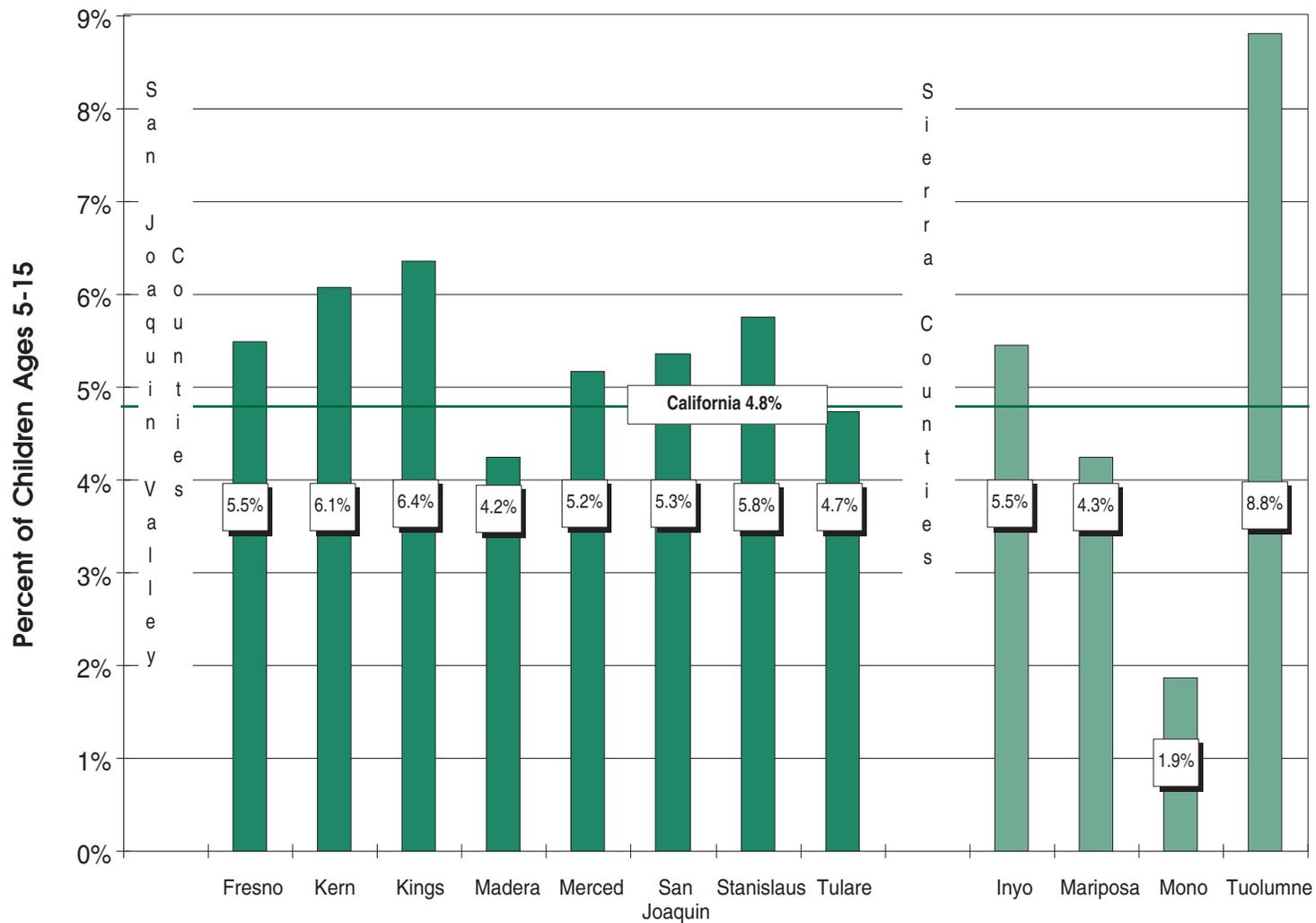
#### Highlights

- In 2000, two-thirds of the Central California counties had a higher percentage of children and young adults with disabilities than did the state as a whole.
- In the San Joaquin Valley counties, six counties, with the exception of Madera and Tulare counties, reported a higher percentage of children ages 5-15 with disabilities than did California as a whole (4.8%). Kings County reported the highest percentage (6.4%), followed by Kern (6.1%) and Stanislaus (5.8%) counties.
- In the Sierra counties, only Inyo and Tuolumne County reported a higher percentage of children ages 5-15 with disabilities than did the state. In Tuolumne County, 8.8% of children in this age group had disabilities in 2000. Inyo County reported the lowest percentage of 5-15 year olds with disabilities at 1.9%.
- In the San Joaquin Valley, seven counties reported a higher percentage of young adults ages 16-20 with disabilities than did California as a whole (14.1%). Kern and Merced counties reported the highest percentage at 15.6% each.
- In the Sierra counties, only Mariposa County reported a higher percentage of young adults ages 16-20 with disabilities than did the state. The percentage of disabilities among young adults in this age group living in Mariposa County was the highest in the Central California region, with 15.9% reporting a disability.

<sup>13</sup> The data are for children and young adults from a civilian noninstitutionalized population.

<sup>14</sup> Sensory disability includes blindness, deafness, or a severe vision or hearing impairment. Physical disability includes a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying. Mental disability includes a condition lasting 6 months or longer that makes it difficult to perform certain activities such as learning, remembering, or concentrating. Self-care disability includes a condition lasting 6 months or longer that makes it difficult to perform certain activities such as dressing, bathing, or getting around inside the home. Going-outside-the-home disability includes a condition lasting 6 months or longer that makes it difficult to perform certain activities such as going outside the home alone to shop or visit a doctor's office. Finally, employment disability includes a condition lasting 6 months or longer that makes it difficult to work at a job or business (U.S. Census Bureau, 2003b).

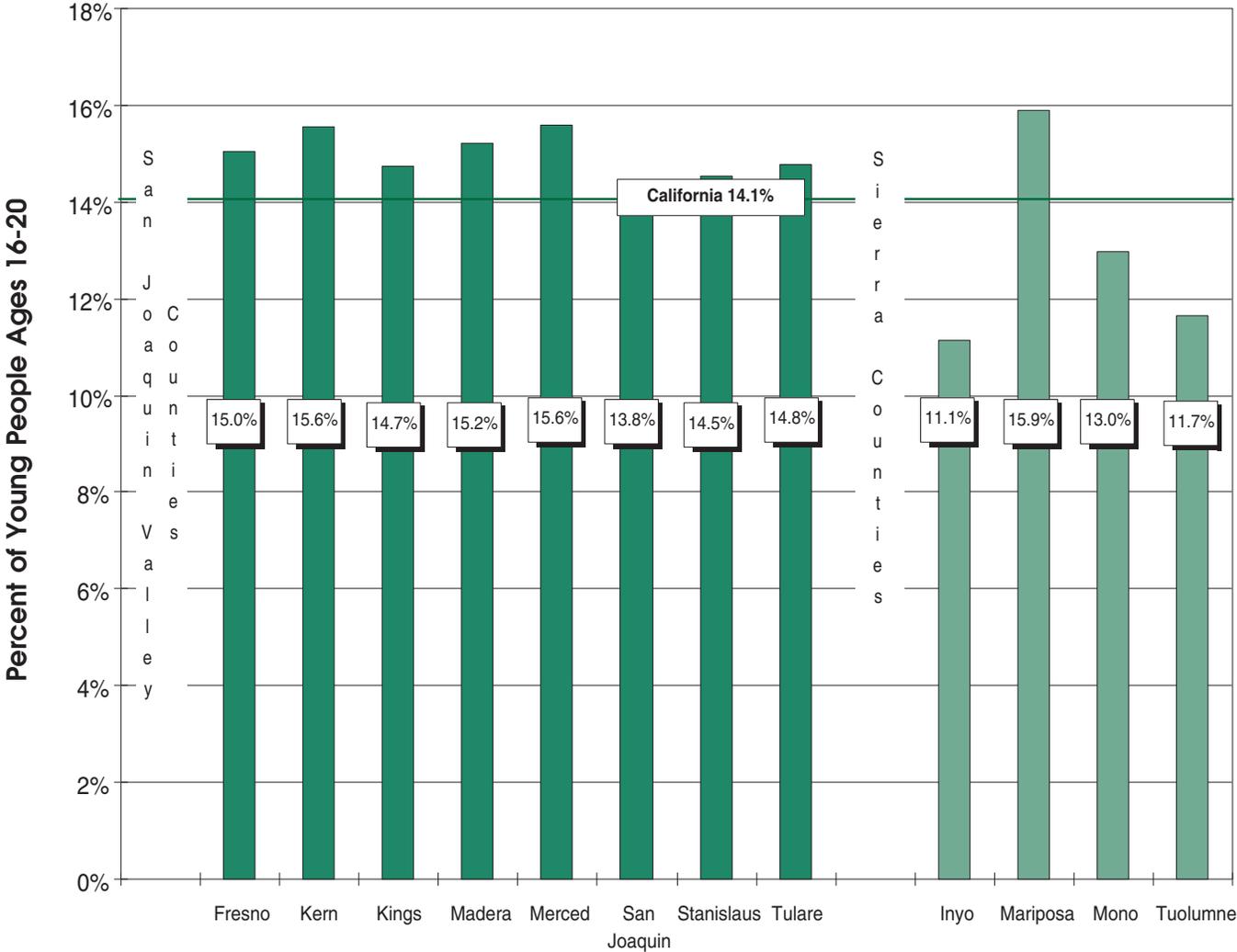
Figure 17 Children Ages 5-15 With Disabilities, 2000



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

SECTION 2. Health Indicators

Figure 18 Young Adults Ages 16-20 With Disabilities, 2000



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

## 20. Fatal Injuries

This indicator represents the causes of fatal injuries among children in the State of California in 2002. The data is presented for three child age groups: 0-5, 6-11, and 12-17. Tables 13 through 15 show the causes of fatal injuries in each of these age groups in the Central California region. Categories where no fatal injuries occurred in 2002 were eliminated from the tables.

### Highlights

- In 2002, drowning was the leading cause of death among children ages 0-5 in both the San Joaquin Valley counties (15 deaths) and California (69 deaths). In the San Joaquin Valley counties, deaths from drowning among children in this age group represented almost one-fourth of the state's number of deaths by drowning. The second leading cause of death from fatal injuries in this age group was motor vehicle accidents, where 13 children in the San Joaquin Valley died.
- Motor vehicle traffic accidents were the leading cause of death among children in the 6-11 age group in both the San Joaquin Valley and the state. In 2002, in the San Joaquin Valley counties, deaths of children ages 6-11 involved in motor vehicle traffic accidents represented approximately 13% of California's number of deaths in this category and age group. The second leading causes of death in this age group were from drowning and suffocation at four deaths in each category.
- Motor vehicle traffic accidents were also the leading cause of death among children ages 12-17 in the State of California (258 deaths) and the Central Valley counties (64 deaths). In the Central California region, motor vehicle traffic accidents represented approximately one-fourth of the state's number of fatal motor vehicle traffic accidents involving adolescents. Almost all of these fatalities occurred in the San Joaquin Valley counties. The second leading cause of death from fatal injuries in this age group was from assault/homicide. In the San Joaquin Valley 15 adolescents were killed in 2002. This represents approximately 10% of all deaths from assault/homicide in the state.

## SECTION 2. Health Indicators

Table 13 Fatal Injuries in California for Children Ages 0-5, 2001

Fatal Injury Data Ages 0 to 5	Fresno	Kern	Kings	Madera	Merced	San Joaquin	Stanislaus	Tulare	SJV Counties Total	Inyo	Mariposa	Mono	Tuolumne	Sierra Counties Total	California
All injuries	10	16	1	1	4	9	10	7	58	0	0	0	0	0	354
Detailed causes of injury															
Unintentional Injuries															
Burn, Fire/Flame	-	3	-	-	-	-	-	-	3	-	-	-	-	-	19
Burn, Hot Object/Substance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Drowning/Submersion	6	1	-	1	1	1	2	3	15	-	-	-	-	-	69
Fall	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
Machinery	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
MVT, Occupant	2	1	-	-	-	-	2	1	6	-	-	-	-	-	37
MVT, Bicyclist	-	1	-	-	-	-	-	-	1	-	-	-	-	-	1
MVT, Pedestrian	-	2	-	-	-	-	2	-	4	-	-	-	-	-	37
MVT, Unspecified	1	-	-	-	-	-	-	1	2	-	-	-	-	-	16
Bicyclist, Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Pedestrian, Other	-	1	-	-	-	1	1	-	3	-	-	-	-	-	11
Transport, Other	-	-	1	-	-	-	-	-	1	-	-	-	-	-	2
Natural/Environmental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
Poisoning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Struck by Object	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
Suffocation	-	4	-	-	-	-	1	2	7	-	-	-	-	-	46
Other	-	-	-	-	-	1	-	-	1	-	-	-	-	-	3
Self-Inflicted/Suicide															
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Assault/Homicide															
Abuse and Neglect	1	2	-	-	-	1	-	-	4	-	-	-	-	-	22
Cut/Pierce	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Firearm	-	-	-	-	1	-	-	-	1	-	-	-	-	-	9
Other	-	-	-	-	1	-	1	-	2	-	-	-	-	-	30
Other															
Other - Undetermined Intent	-	1	-	-	-	5	1	-	7	-	-	-	-	-	21
Other - Late Effects	-	-	-	-	1	-	-	-	1	-	-	-	-	-	9

- Represents zero events.

Source: California Department of Health Services, Epidemiology and Prevention for Injury Control Branch (n.d.).

Table 14 Fatal Injuries in California for Children Ages 6-11, 2001

Fatal Injury Data Ages 6 to 11	Fresno	Kern	Kings	Madera	Merced	San Joaquin	Stanislaus	Tulare	SJV Counties Total	Inyo	Mariposa	Mono	Tuolumne	Sierra Counties Total	California
All injuries	6	9	1	0	3	6	1	5	31	0	0	0	0	0	151
Detailed causes of injury															
Unintentional Injuries															
Burn, Fire/Flame	-	1	-	-	-	-	-	-	1	-	-	-	-	-	11
Burn, Hot Object/Substance	-	-	-	-	-	1	-	-	1	-	-	-	-	-	1
Drowning/Submersion	2	1	-	-	-	-	-	1	4	-	-	-	-	-	16
Fall	-	-	-	-	-	1	-	-	1	-	-	-	-	-	3
Machinery	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
MVT, Occupant	1	-	-	-	2	1	-	-	4	-	-	-	-	-	30
MVT, Motorcyclist	-	1	-	-	-	-	-	-	1	-	-	-	-	-	2
MVT, Bicyclist	1	-	-	-	-	-	-	-	1	-	-	-	-	-	7
MVT, Pedestrian	2	-	-	-	-	-	1	-	3	-	-	-	-	-	13
MVT, Unspecified	-	-	1	-	1	-	-	-	2	-	-	-	-	-	15
Bicyclist, Other	-	1	-	-	-	-	-	1	2	-	-	-	-	-	3
Pedestrian, Other	-	-	-	-	-	-	-	1	1	-	-	-	-	-	1
Transport, Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Natural/Environmental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Struck by Object	-	-	-	-	-	1	-	-	1	-	-	-	-	-	4
Suffocation	-	2	-	-	-	-	-	2	4	-	-	-	-	-	9
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Self-Inflicted/Suicide															
Hanging/Suffocation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Assault/Homicide															
Cut/Pierce	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Firearm	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7
Other															
Other - Undetermined Intent	-	3	-	-	-	2	-	-	5	-	-	-	-	-	7
Other - Late Effects	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2

Source: California Department of Health Services, Epidemiology and Prevention for Injury Control Branch (n.d.).

## SECTION 2. Health Indicators

Table 15 Fatal Injuries in California for Children Ages 12-17, 2001

Fatal Injury Data Ages 12 to 17	Fresno	Kern	Kings	Madera	Merced	San Joaquin	Stanislaus	Tulare	SJV Counties Total	Inyo	Mariposa	Mono	Tuolumne	Sierra Counties Total	California
All injuries	20	18	3	2	14	19	23	14	113	0	0	0	1	1	586
Detailed causes of injury															
Unintentional Injuries															
Burn, Fire/Flame	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Drowning/Submersion	-	-	-	-	-	2	-	1	3	-	-	-	-	-	21
Fall	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Firearms	-	-	-	-	-	-	-	1	1	-	-	-	-	-	6
MVT, Occupant	6	4	-	1	4	5	6	-	26	-	-	-	-	-	117
MVT, Motorcyclist	1	2	-	-	-	1	-	-	4	-	-	-	-	-	7
MVT, Bicyclist	-	1	-	-	-	1	-	-	2	-	-	-	-	-	9
MVT, Pedestrian	4	-	-	-	-	2	2	1	9	-	-	-	-	-	36
MVT, Unspecified	3	3	-	-	3	2	8	3	22	-	-	-	1	1	89
Bicyclist, Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Pedestrian, Other	-	-	-	-	-	-	1	-	1	-	-	-	-	-	4
Transport, Other	1	-	-	-	-	1	-	3	5	-	-	-	-	-	12
Poisoning	-	1	-	-	-	-	1	-	2	-	-	-	-	-	13
Struck by Object	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Suffocation	-	3	-	-	-	-	-	-	3	-	-	-	-	-	10
Other	-	1	1	-	-	-	1	-	3	-	-	-	-	-	7
Self-Inflicted/Suicide															
Firearm	-	2	-	1	1	-	-	-	4	-	-	-	-	-	30
Hanging/Suffocation	1	-	-	-	2	1	3	1	8	-	-	-	-	-	37
Jump	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Poisoning	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Other	-	-	-	-	1	-	-	-	1	-	-	-	-	-	7
Assault/Homicide															
Blunt Object	-	-	1	-	-	-	-	-	1	-	-	-	-	-	2
Cut/Pierce	1	-	-	-	-	-	-	1	2	-	-	-	-	-	9
Firearm	3	1	1	-	3	2	-	2	12	-	-	-	-	-	136
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9
Other															
Other - Undetermined Intent	-	-	-	-	-	1	-	1	2	-	-	-	-	-	8
Other - Late Effects	-	-	-	-	-	1	1	-	2	-	-	-	-	-	7

Source: California Department of Health Services, Epidemiology and Prevention for Injury Control Branch (n.d.).

## 21. Suicide

This indicator represents the number of children ages 10-17, per 100,000, who intentionally ended their lives in 2001.<sup>15</sup> Figure 19 shows the prevalence of suicides for children ages 10-17 in the Central California region. Kings, Madera, Tulare, Inyo, Mariposa, Mono, and Tuolumne counties reported no suicides in 2001 for this age group.

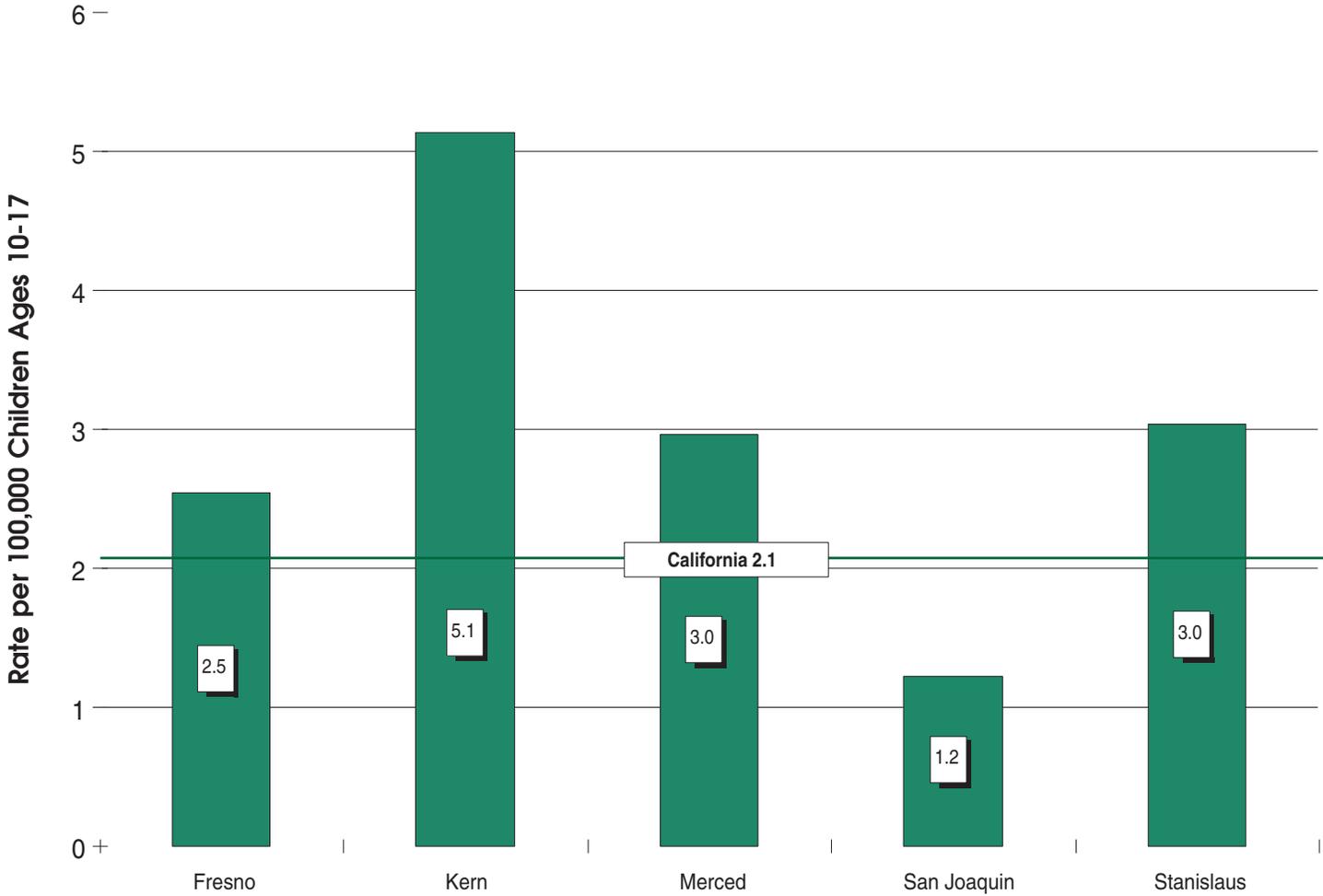
### Highlights

- In 2001, four of the five San Joaquin Valley counties who reported suicides exceeded the state rate of 2.1 suicides per 100,000 among children ages 10-17.
- The 2001 suicide rate for children ages 10-17 in Kern County was three times higher at 6.1 per 100,000 children 10-17 than was the state rate. The lowest rate was in San Joaquin County at 1.2 suicides per 100,000. This rate was slightly less than half the state rate.

<sup>15</sup> In the U.S., experts tend to measure “mental illness” rather than “mental health” as it is easier to quantify the former and more difficult to define the latter. Although suicide is more commonly understood as a form of mental illness, suicide rates are used as a measure of mental health among children in the Central California region.

SECTION 2. Health Indicators

Figure 19 Suicides Among Children Ages 10-17, 2001



Note. Rates are based on adjusted population estimates.

Source: California Department of Health Services, Epidemiology and Prevention for Injury Control Branch (n.d).  
California Department of Finance, Demographic Research Unit (1998).

### 22. Births to Teenage Mothers

This indicator represents the teen birth rate, per 1,000 females ages 15-19,<sup>16</sup> for the year 2001. Figure 20 shows the teen birth rates in the Central California region.

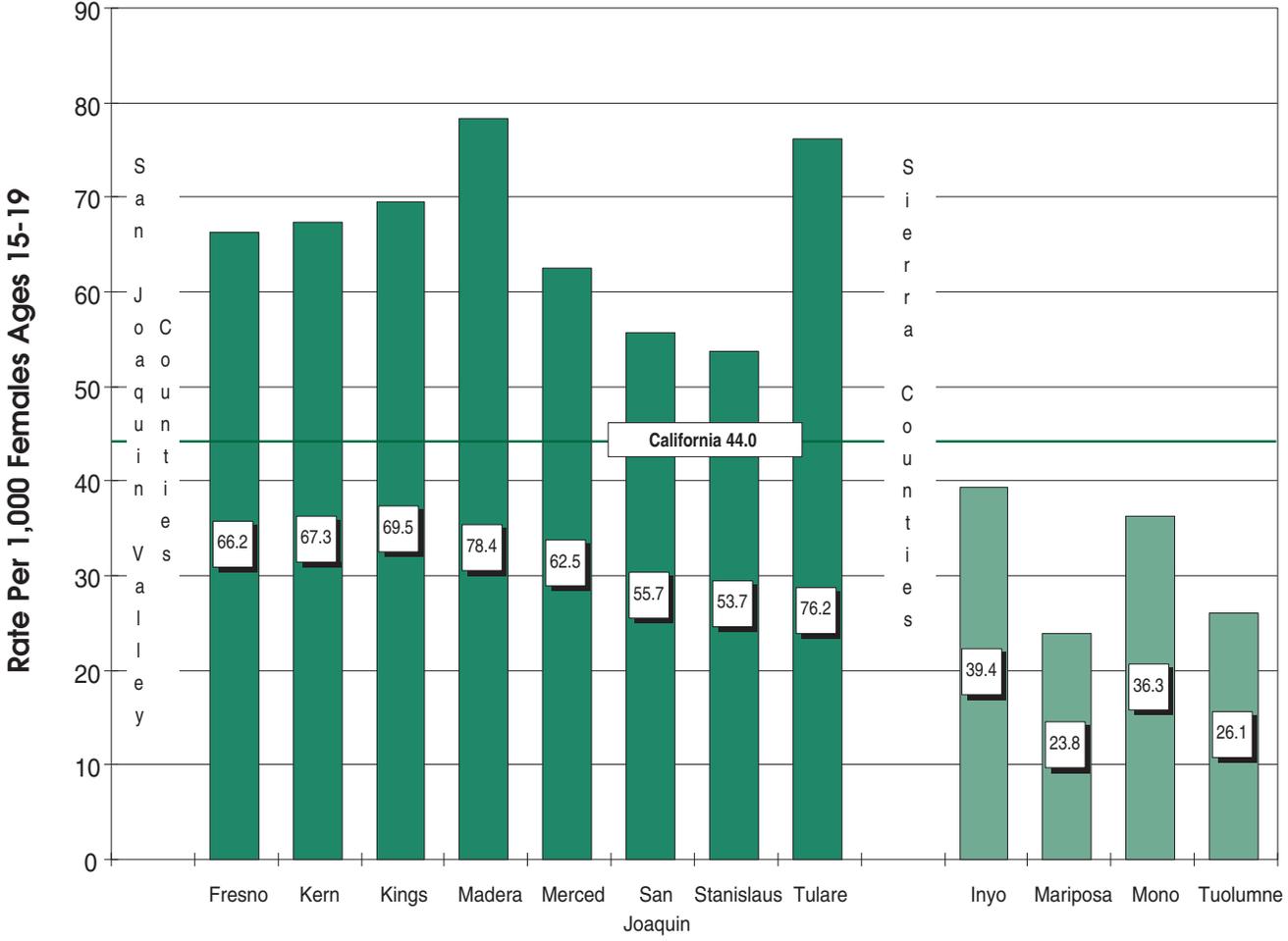
#### Highlights

- In 2001, the rate of teen births in all of the San Joaquin Valley counties exceeded the state rate of 44.0 per 1,000 females ages 15-19.
- The rates of teen births in the San Joaquin Valley counties were over double those of the Sierra counties. All of the Sierra counties reported rates that were lower than the state as a whole.
- Among the San Joaquin Valley counties, Madera and Tulare County had the highest rates of teen births at 78.4 and 76.3 per 1,000 respectively, which were nearly twice the California rate.
- Among the Sierra counties, teen birth rates were lower than was that of the state as a whole. Mariposa County had the lowest rate of teen births at 23.8 per 1,000, which was over one-third less than that of the state.

<sup>16</sup> Also referred to as teenage mothers.

SECTION 2. Health Indicators

Figure 20 Teen Birth Rate for Females Ages 15-19, 2001



Note. Rates are based on adjusted population estimates.

Source: California Department of Health Services, Vital Statistics Data Tables 2001 (2003b).  
California Department of Finance, Demographic Research Unit (1998).

### 23. Sexually Transmitted Infections

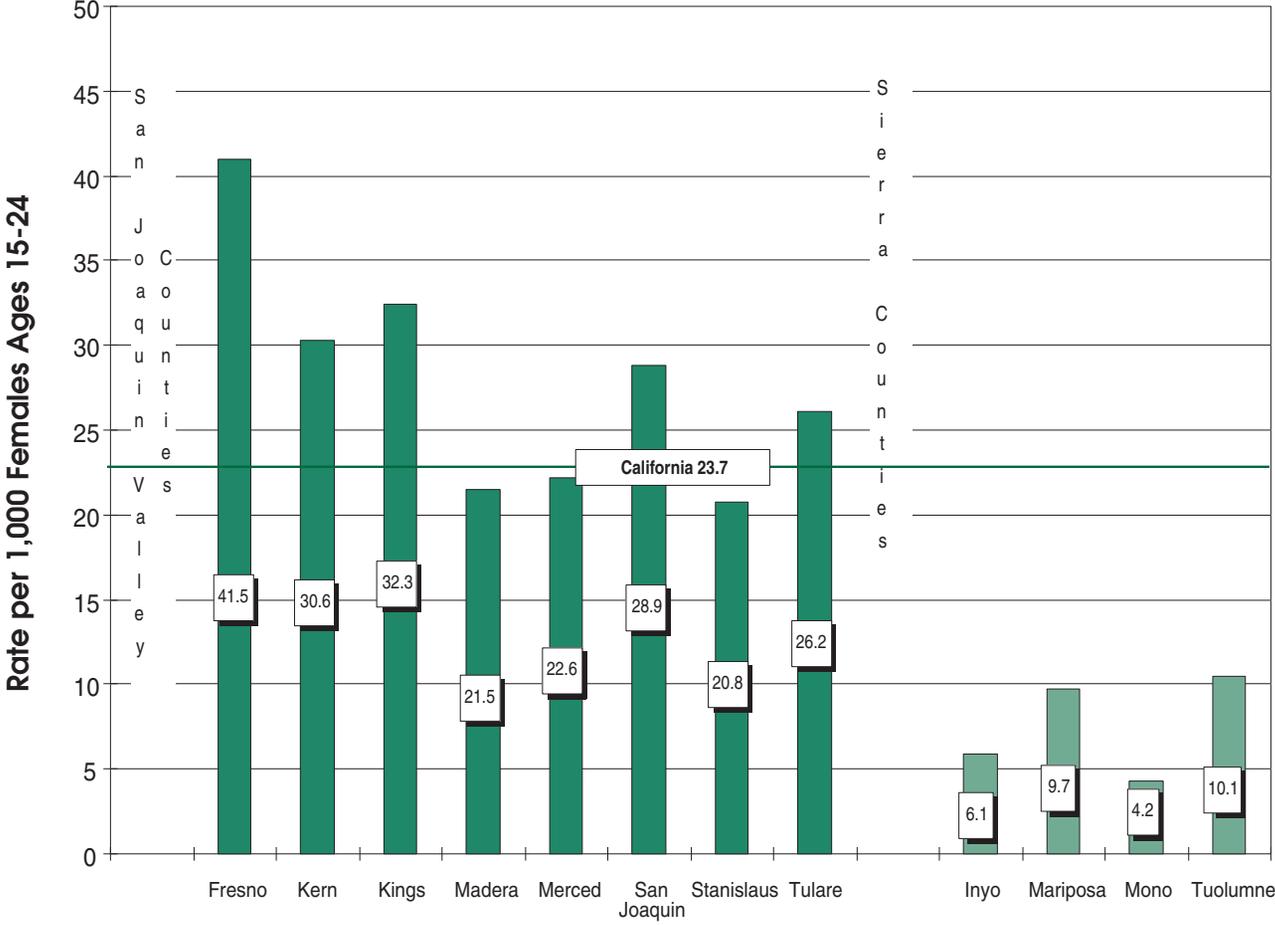
This indicator represents the number of females, per 1,000, ages 15-24, who were diagnosed with chlamydia and gonorrhea in 2002. Figure 21 shows the rates of chlamydia infections among females ages 15-24 in the Central California region. Figure 22 shows the rates of gonorrhea infections among females ages 15-24 in the Central California region. No cases of gonorrhea were reported for Inyo and Mono counties in 2002.

#### Highlights

- In 2002, the rates of chlamydia infections among females ages 15-24 in the San Joaquin Valley counties was almost four times higher than it was in the Sierra counties. The rates of gonorrhea infections in the San Joaquin Valley counties were almost twice as high as the rates in the Sierra counties in this age group.
- In the San Joaquin Valley, the rates of chlamydia infections was highest in Fresno County (41.5), followed by Kings (32.3), Kern (30.6), and San Joaquin (28.9) counties. The rate for Fresno County alone was over double the state rate of 19.9.
- The rates of gonorrhea infections in the San Joaquin Valley were highest in Fresno (6.5), Kern (5.5), and San Joaquin (5.0) counties. Similar to chlamydia, the rate of gonorrhea infections in Fresno County alone was over 2 times higher than that of the state at 2.5.

SECTION 2. Health Indicators

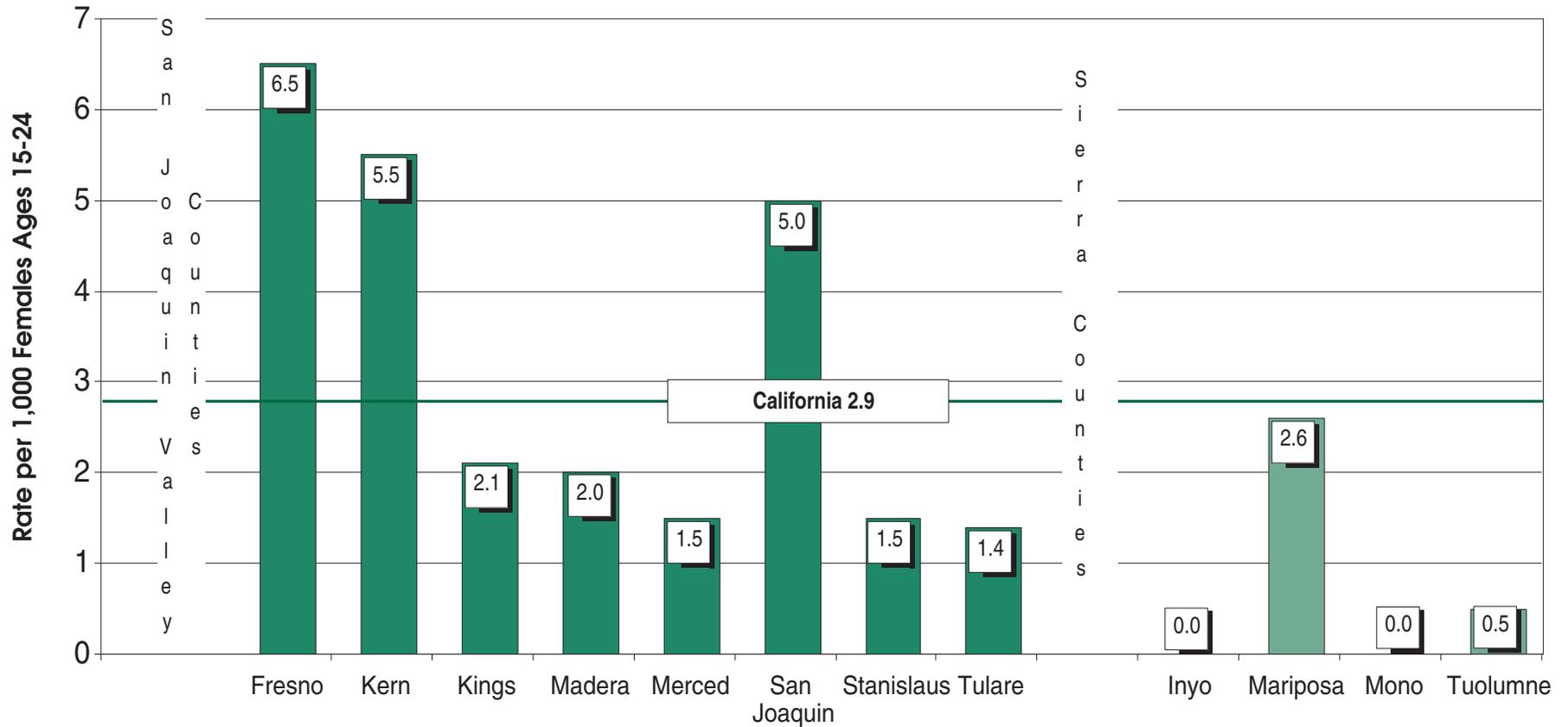
Figure 21 Rates of Chlamydia Infections for Females Ages 15-24, 2002



Note. Rates are based on adjusted population estimates.

Source: California Department of Health Services, Sexually Transmitted Disease Control Branch (2003a).  
 California Department of Finance, Demographic Research Unit (1998).

Figure 22 Rates of Gonorrhea Infections for Females Ages 15-24, 2002



Note. Rates are based on adjusted population estimates.

Source: California Department of Health Services, Sexually Transmitted Disease Control Branch (2003a).  
California Department of Finance, Demographic Research Unit (1998).



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## ACCESS INDICATORS

24. Health Insurance
25. Usual Source of Health Care
26. Medi-Cal Program Enrollment
27. Enrollment in the Healthy Families Program
28. Child Health and Disability Prevention Program

# SECTION 3

## SECTION 3. Access Indicators

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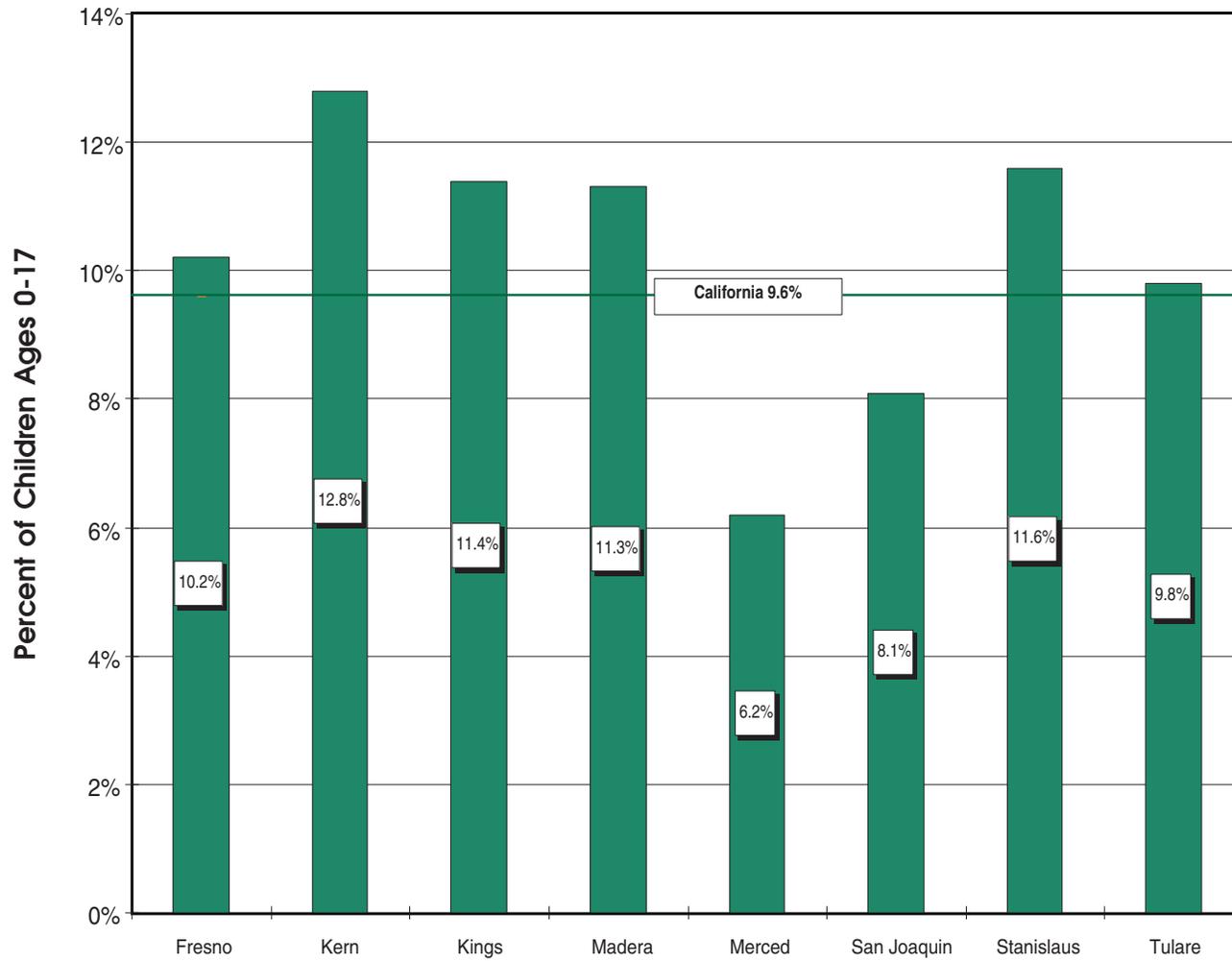
### 24. Health Insurance

This indicator represents the reported percentage of children under age 18 who had no health insurance coverage, either public or private, at the time of the California Health Interview Survey (CHIS) in 2001. Figure 23 shows the uninsured rate for children living in the San Joaquin Valley counties. County-level data were not available for the Sierra counties of Inyo, Mariposa, Mono, and Tuolumne.

#### Highlights

- In 2001, in the San Joaquin Valley Counties 1 in 10 children ages 0-17 were uninsured. This proportion is comparable to the state percentage of 9.6%.
- Looking at individual counties in the San Joaquin Valley, the percentage of uninsured children was highest in Kern County (12.8%), closely followed by Stanislaus (11.6%), Kings (11.4%), and Madera (11.3%) counties. In Kern County, one in eight children was uninsured. In Stanislaus, Kings, and Madera counties, one in nine children was uninsured.
- San Joaquin and Merced counties had the lowest percentage of uninsured children ages 0-17, at 8.1% and 6.2% respectively.

Figure 23 Children Ages 0-17 Without Health Insurance Coverage, 2001



Source: UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

## SECTION 3. Access Indicators

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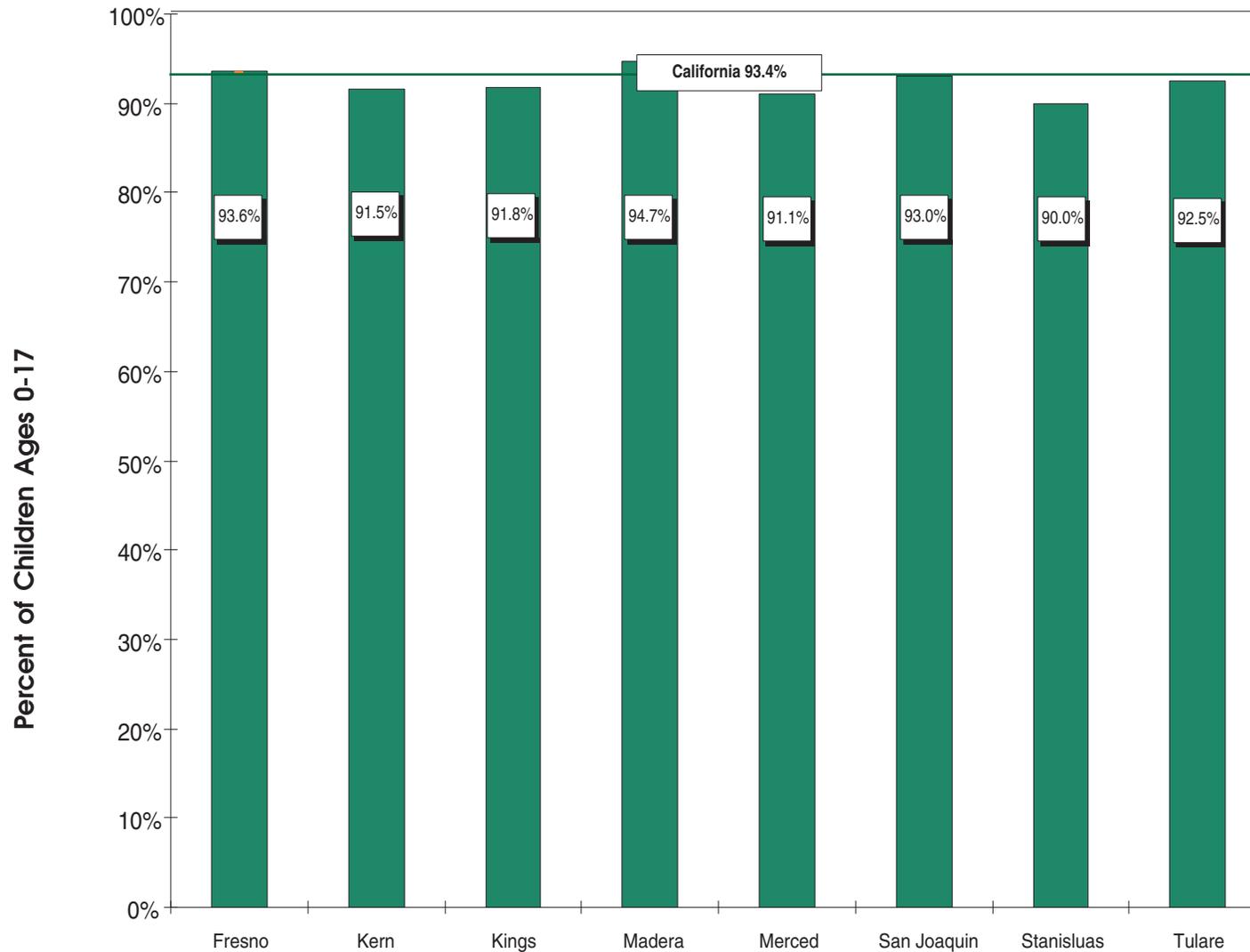
### 25. Usual Source of Health Care

This indicator represents the reported percentage of children ages 0-17 who had a usual place to go to when sick or in need of advice about their health (usual source of health care) at the time of the California Health Interview Survey (CHIS) in 2001. Figures 24 and 25 show the percentages of children ages 0-17 and 0-5 in the San Joaquin Valley with a usual source of health care. County-level data were not available for the Sierra counties of Inyo, Mariposa, Mono, and Tuolumne.

#### Highlights

- In 2001, it was reported that over 90% of children ages 0-17 and 0-5 in the San Joaquin Valley had a usual source of health care. This percentage was comparable to that of California for these age groups at 93.9% and 97.9% respectively.
- The percentage of children in the 0-5 age group in three San Joaquin Valley counties exceeded the state percentage of children who reported having a usual source of health care, with Madera County reporting an estimated 100% of children in this age group having a usual source of health care.

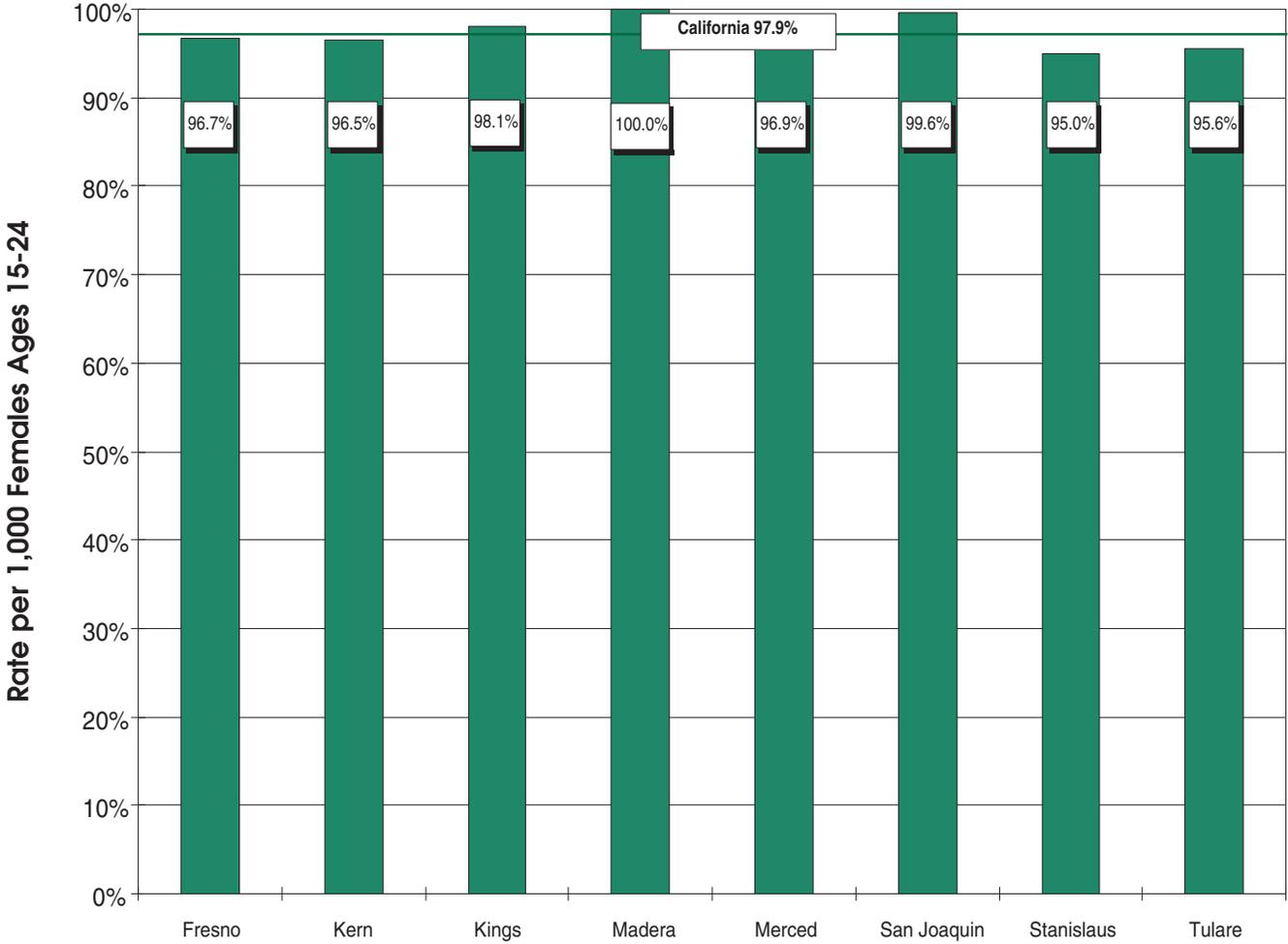
Figure 24 Children Ages 0-17 With a Usual Source of Health Care, 2001



Source: UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

SECTION 3. Access Indicators

Figure 25 Children Ages 0-5 With a Usual Source of Health Care, 2001



Source: UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

### 26. Medi-Cal Program Enrollment

This indicator represents the number and percentage of children under age 18 who were enrolled in the Medi-Cal program<sup>17</sup> in 2002. Table 16 shows the average number of children enrolled in the Medi-Cal Program in the Central California region. Figures 26 And 27 show the percentage of children enrolled in the Medi-Cal Program in the Central California region by age groups 0-17 and 0-5.

#### Highlights

- In 2002, 15% of all California children ages 0-17 enrolled in the Medi-Cal Program resided in the Central California region. This was equal to 453,027 children across the region.
- In 2002, an average of 4 in 10 children ages 0-17 in the San Joaquin Valley counties and 2 in 10 children ages 0-17 in the Sierra counties were enrolled in the Medi-Cal program.
- For children ages 0-5, 172,825 children in the San Joaquin Valley counties, or 5 in 10 children, were enrolled in the Medi-Cal program. In the Sierra counties 2,045 children ages 0-5 or 3 in 10 children were enrolled in the Medi-Cal program.
- In both subregions of Central California, there were a higher proportion of children ages 0-5 than of children ages 0-17 enrolled in the Medi-Cal Program.
- Tulare County had the highest percentage of children enrolled in the Medi-Cal program with 48.2% in the 0-17 age group and 59.5% in the 0-5 age group.
- Mono County had the lowest percentage of children enrolled in the Medi-Cal program with only 17.3% in the 0-17 age group and 28.1% in the 0-5 age group.

<sup>17</sup>Medi-Cal is a state and federally funded program designed to provide no-cost or low-cost medical benefits to low income families (California Department of Health Services, 2003).

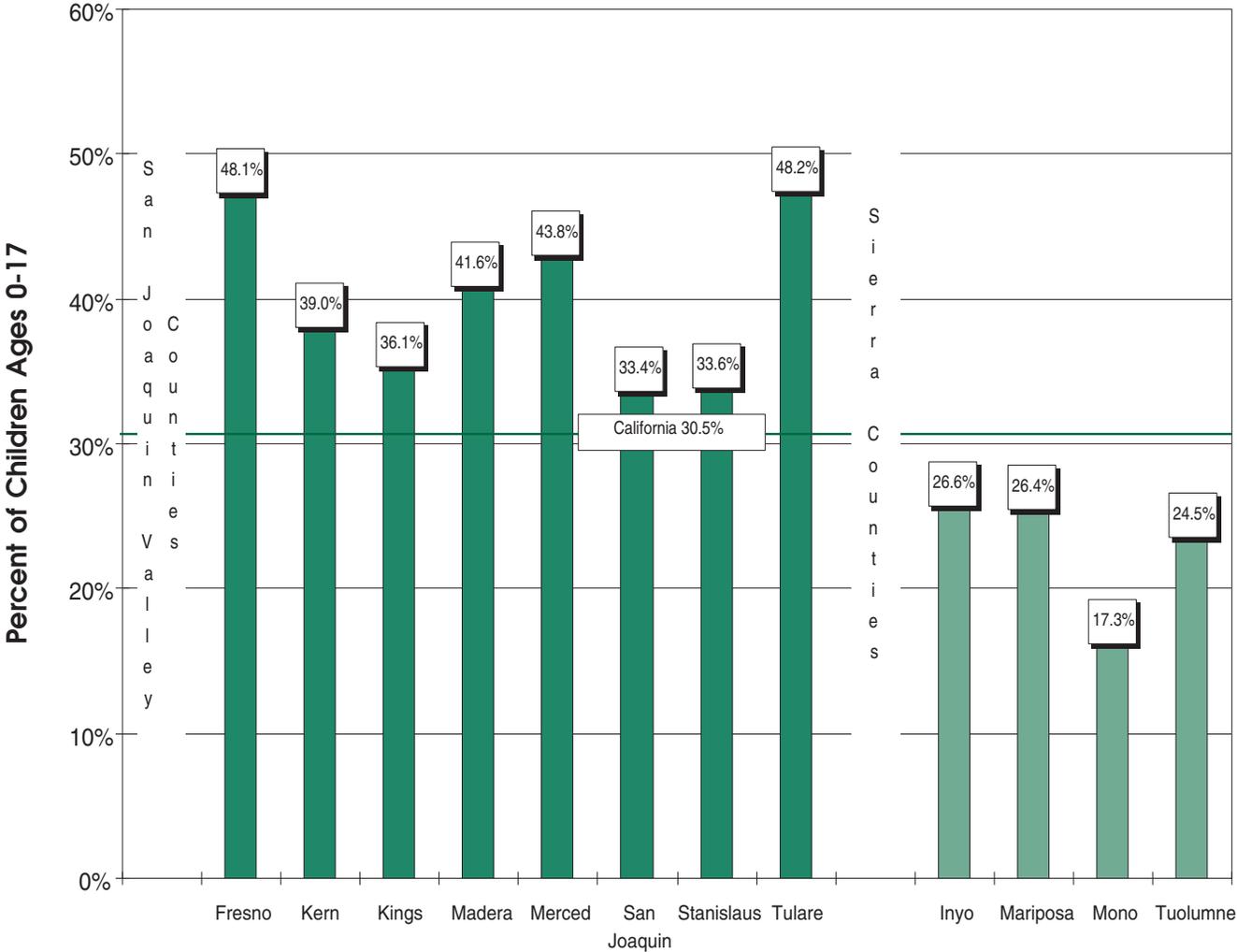
## SECTION 3. Access Indicators

Table 16 Average Number of Children Ages 0-17 and 0-5 Enrolled in the Medi-Cal Program, 2002

Area	Average Number of Children Ages 0-17 Enrolled	Average Number of Children Ages 0-5 Enrolled
<b>San Joaquin Valley Counties</b>	<b>447,530</b>	<b>172,825</b>
Fresno	125,842	47,255
Kern	86,558	34,200
Kings	14,080	5,736
Madera	16,253	6,889
Merced	32,962	12,240
San Joaquin	60,630	22,921
Stanislaus	48,810	18,743
Tulare	62,396	24,842
<b>Sierra Counties</b>	<b>5,497</b>	<b>2,045</b>
Inyo	1,148	451
Mariposa	1,007	346
Mono	511	249
Tuolumne	2,831	999
<b>California</b>	<b>2,923,838</b>	<b>1,152,998</b>

Source: California Department of Health Services, Medical Care Statistics Section (2003).

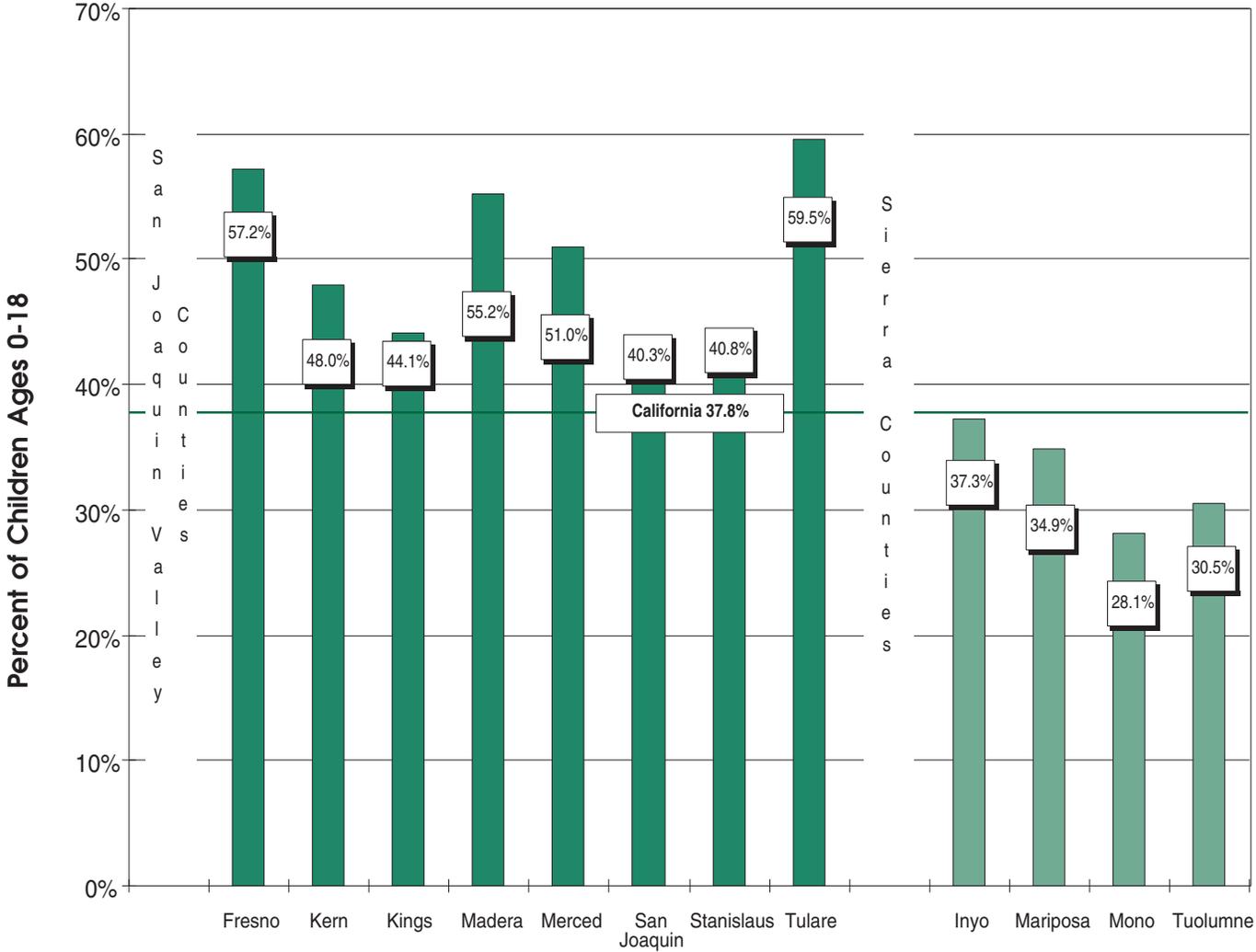
Figure 26 Children Ages 0-17 Enrolled in the Medi-Cal Program, 2002



Source: California Department of Health Services, Medical Care Statistics Section (2003).

SECTION 3. Access Indicators

Figure 27 Children Ages 0-5 Enrolled in the Medi-Cal Program, 2002



Source: California Department of Health Services, Medical Care Statistics Section (2003).

### 27. Enrollment in the Healthy Families Program

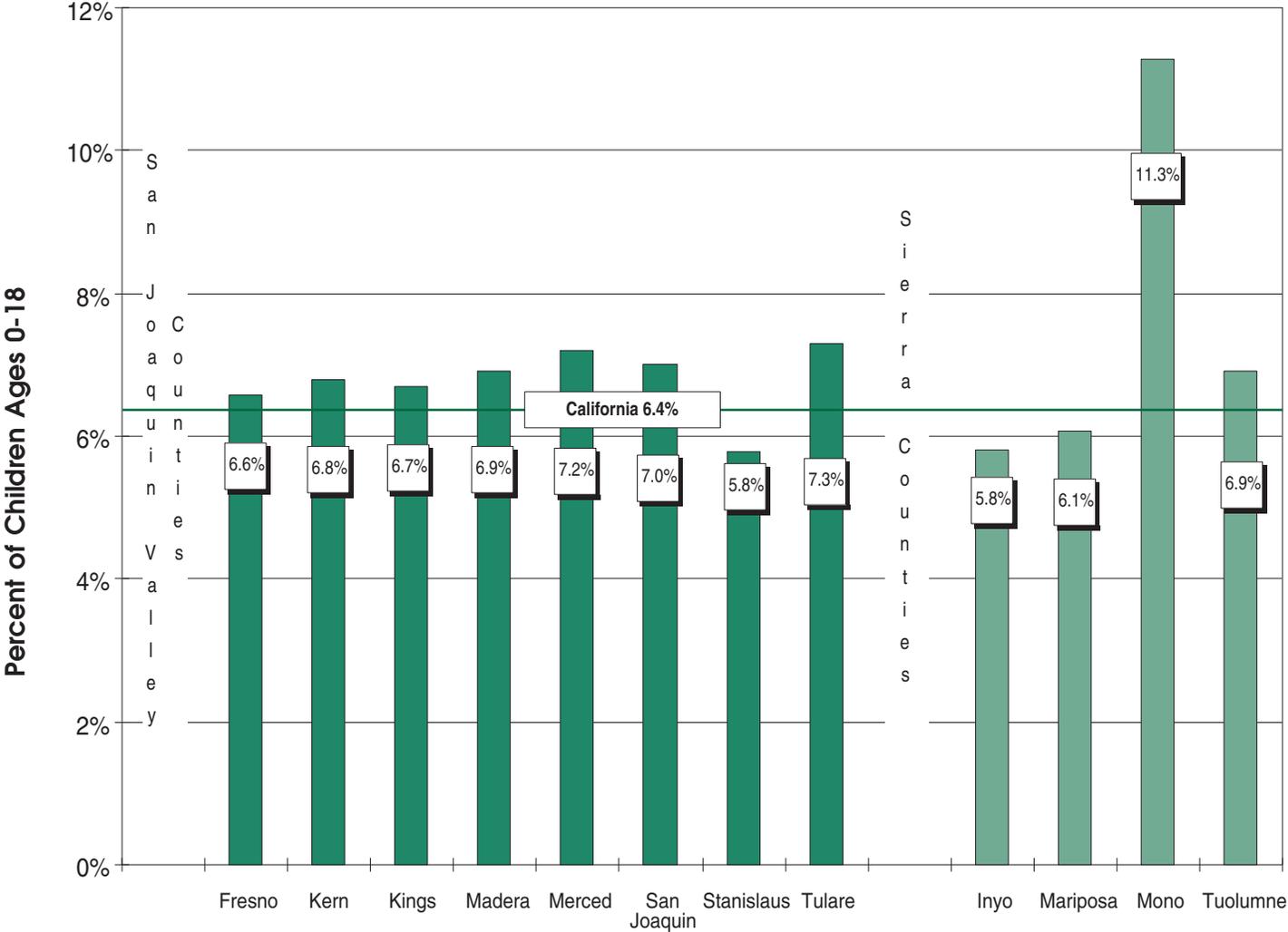
This indicator represents the percentage of children under age 19 enrolled in the Healthy Families program as of May 2003.<sup>18</sup> Figure 28 shows the percentage of children ages 0-18 enrolled in the Healthy Families program in the Central California region.

#### Highlights

- The percentage of children ages 0-18 enrolled in the Healthy Families program in the Central California region as a whole was only slightly higher than that of California at 6.4%.
- The percentage of children enrolled in the Healthy Families program in the San Joaquin Valley counties barely exceeded that of the state.
- The Sierra counties had a higher percentage of children enrolled in the Healthy Families program than did the state, which can be attributed in part to a very high enrollment of children in Mono County. The percentage (11.3%) of enrollment in Mono County was approximately one-third higher than that of every other county in the Central California region and the state as a whole.
- Tulare County had the second highest enrollment in the Healthy Families program with 7.3% of children under 19 enrolled.
- Inyo County had the lowest enrollment at 5.8%.

<sup>18</sup> The Healthy Families program is a state and federally funded health coverage program for children with family incomes above the level eligible for no-cost Medi-Cal and below 250% of the Federal Income Guidelines. Families pay a monthly premium of \$4 to \$9 per child, with a maximum of \$27 for all children in the family (California Department of Health Services, n.d.).

Figure 28 Children Ages 0-18 Enrolled in the Healthy Families Program as of May 2003



Source: California Managed Risk Medical Insurance Board (2003).

### 28. Child Health and Disability Prevention Program

This indicator represents the percentage of children and young adults under age 21 who received services from the Child Health and Disability Prevention (CHDP) program<sup>19</sup> between 1998 and 1999. Figures 29 and 30 show the percentage of children and young adults, ages 6-20 and 0-5, in the Central California region who received CHDP program services. Figure 31 shows a comparison of the percentage of children and young adults, ages 0-5 and 6-20, who received CHDP program services.

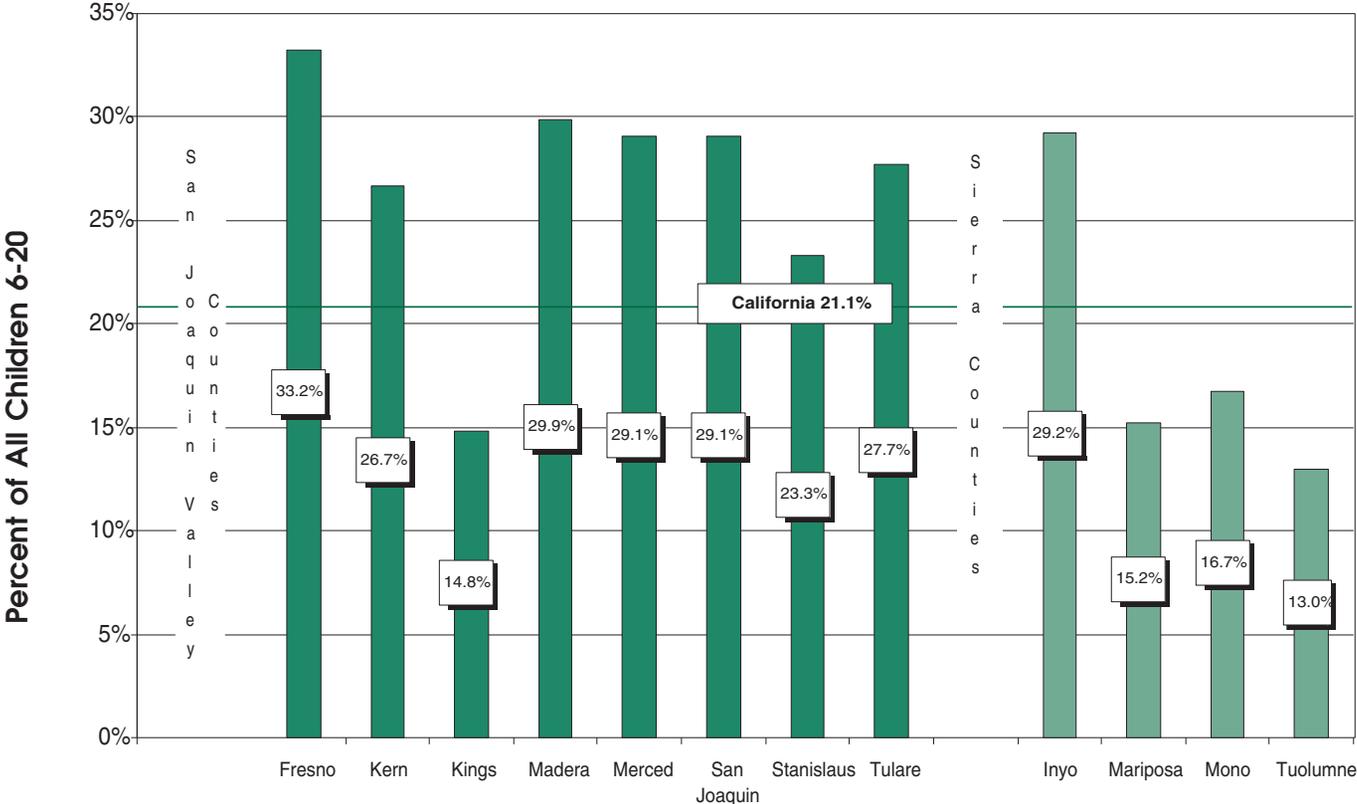
#### Highlights

- The percentage of children and young adults ages 6-20 served by the CHDP program in the Central California region exceeded that of California (21.1%) in the period between 1998-1999. The same was true for children ages 0-5.
- Similar to the percentage in the state as a whole(66.0%), over two-thirds of the children served by the CHDP program in the Central California region were ages 0-5.
- In the San Joaquin Valley counties, the percentage of children ages 0-5 and 6-20 served by the CHDP program exceeded that of the state, with the exception of Kings County.
- In the Sierra counties, the percentage of children ages 6-20 who received services from the CHDP program was lower than the state's percentage in three of the four counties. Enrollment in Inyo County (29.2%) exceeded that of the state and was comparable to enrollment in most of the San Joaquin Valley counties.
- The percentage of children in the Sierra counties ages 0-5 who received services from the CHDP program was higher than the state's percentage in Mono County (50.2%) as well as in Inyo County (84.6%), which was the highest participation in Central California.

<sup>19</sup> CHDP is a state and federally funded program that provides complete health assessments for the early detection and prevention of disease and disabilities in children and youth, ages 0-20 years (California Department of Health Services, Child Health and Disability Prevention Program, 2000).

SECTION 3. Access Indicators

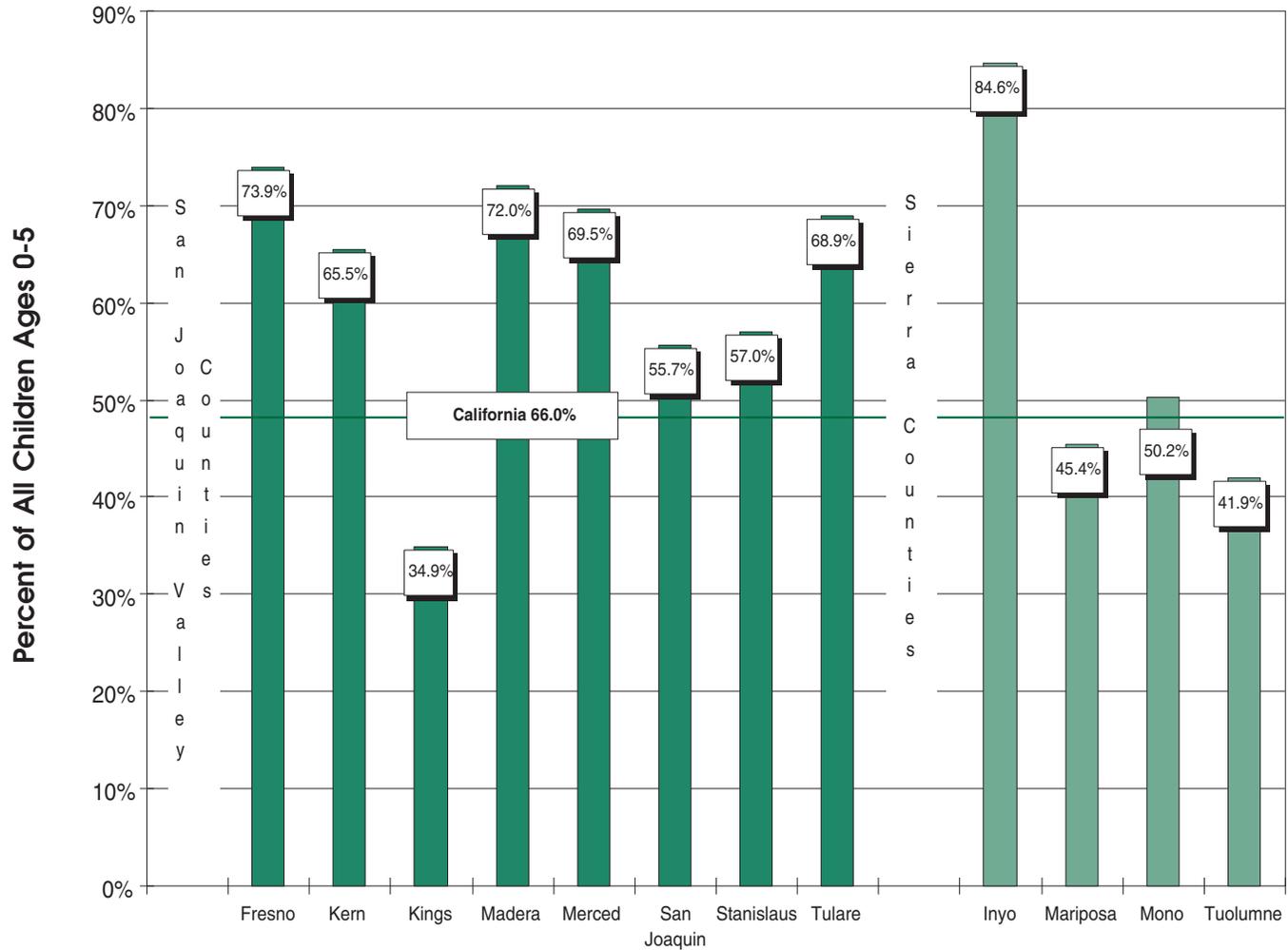
Figure 29 Children and Young Adults Ages 6-20 Receiving CHDP Program Services, 1998-1999



Note. Percentages are based on adjusted population estimates.

Source: California Department of Health Services, Children's Medical Services Branch (n.d.)  
 California Department of Finance, Demographic Research Unit (1998).

Figure 30 Children Ages 0-5 Receiving CHDP Program Services, 1998-1999

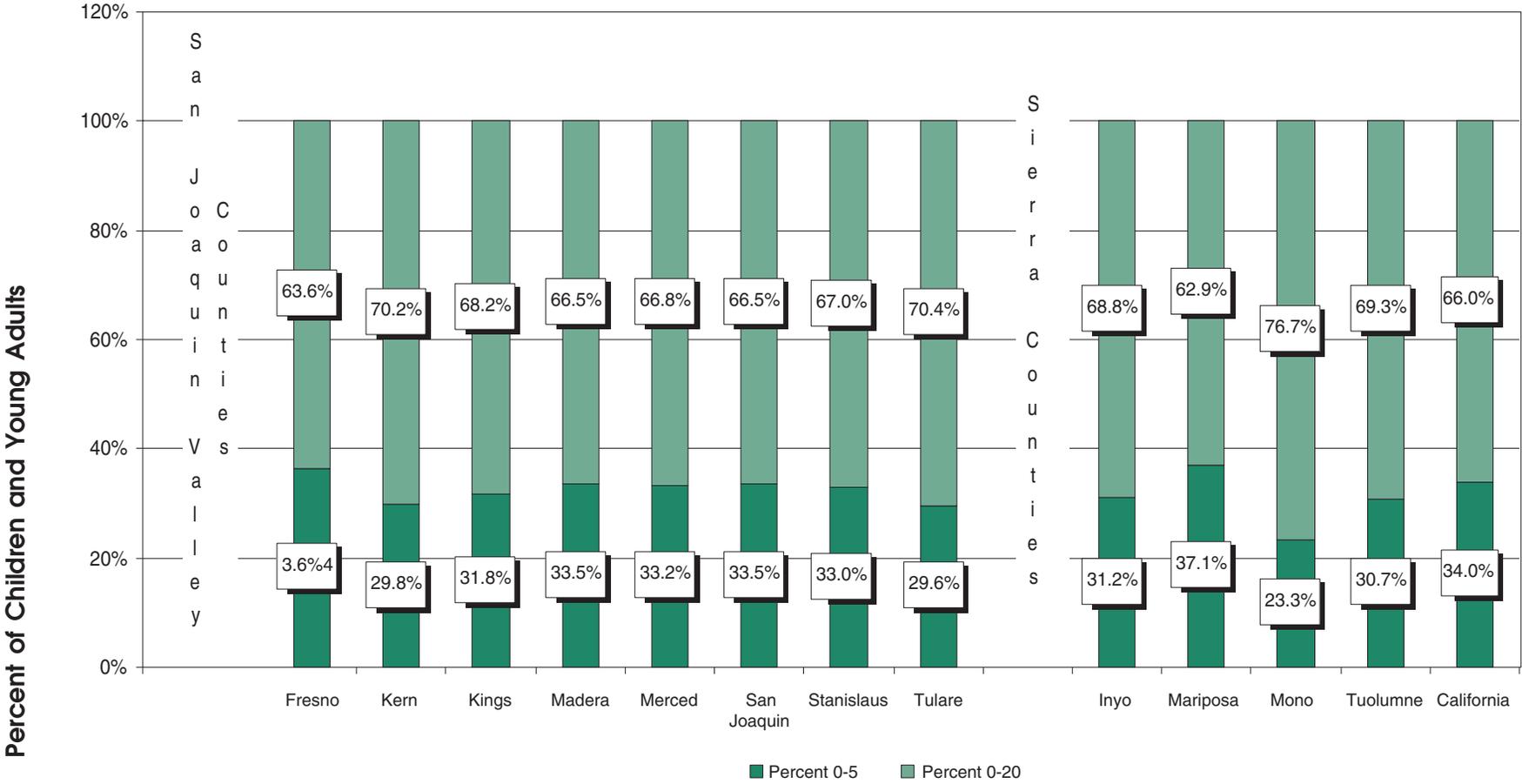


Note: Percentages are based on adjusted population estimates.

Source: California Department of Health Services, Children's Medical Services Branch (n.d.)  
California Department of Finance, Demographic Research Unit (1998)

SECTION 3. Access Indicators

Figure 31 Children and Young Adults Ages 0-5 and 6-20 Receiving CHDP Program Services, 1998-1999



Note. Percentages are based on adjusted population estimates.

Source: California Department of Health Services, Children’s Medical Services Branch (n.d.).  
California Department of Finance, Demographic Research Unit (1998).

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## WELL-BEING INDICATORS

- 29. Early Start Program
- 30. School Nutrition Programs
- 31. Physical Inactivity
- 32. Television Viewing
- 33. Tobacco Use
- 34. Alcohol Use
- 35. Seatbelt Use
- 36. Child Abuse and Neglect
- 37. Domestic Violence
- 38. Homicide

# SECTION 4

## SECTION 4. Well-Being Indicators

### 29. Early Start Program

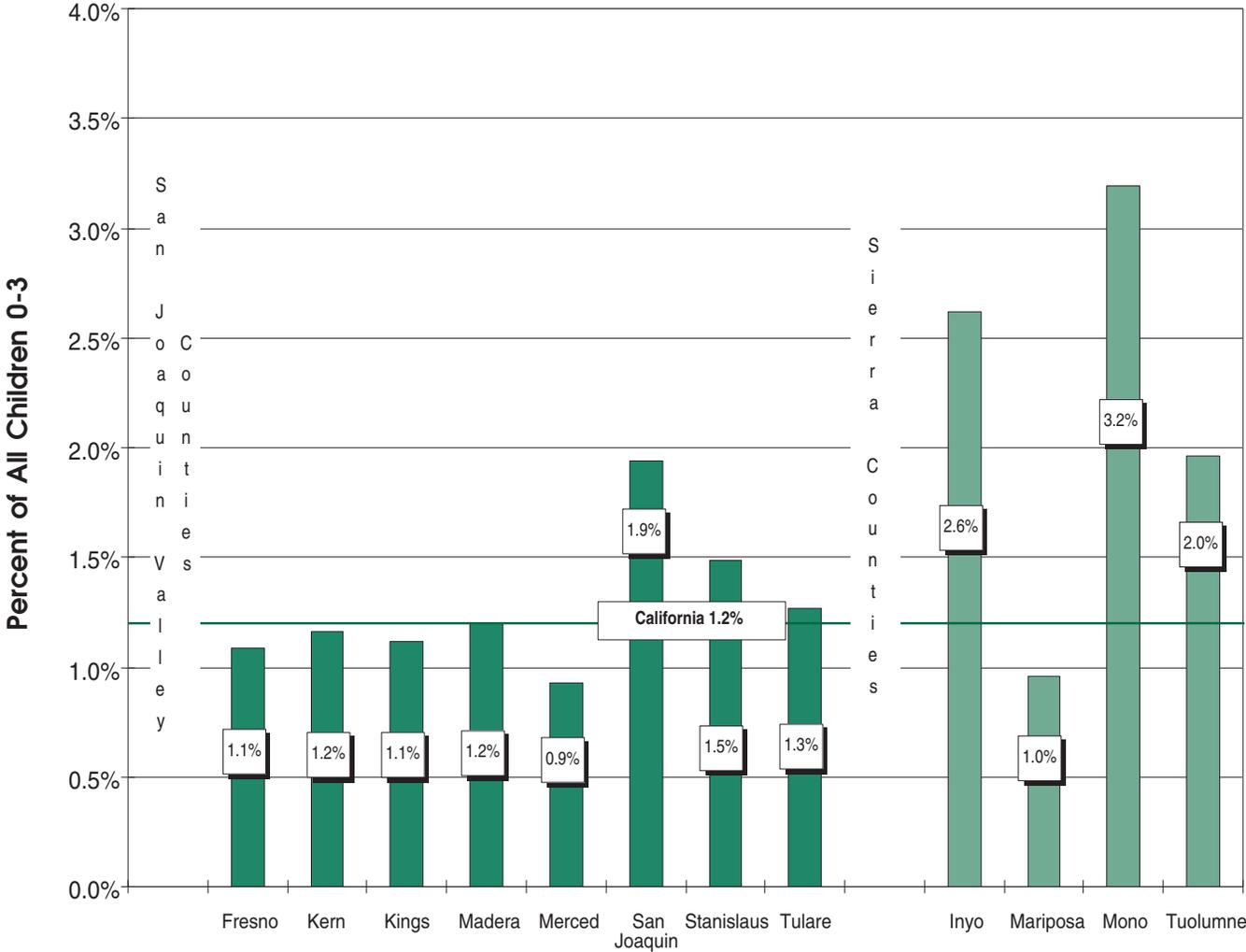
This indicator represents the percentage of children ages 0-3 who were enrolled in the California Department of Developmental Services' Early Start program<sup>20</sup> in 2000. Figure 32 shows the percentage of children enrolled in the Early Start program in the Central California region.

#### Highlights

- In 2000, there were wide variations in the percentage of Central California children enrolled in the Early Start Program, ranging from a high of 3.2% in Mono County to a low of 0.9% in Merced County.
- The average enrollment in the San Joaquin Valley counties was comparable to that of the state (1.2%). San Joaquin County had the highest percentage of enrollment at 1.9%, whereas Merced County had the lowest at 0.9%.
- Enrollment in two of the Sierra counties, Mono (3.2%) and Inyo (2.6%), was much higher than that of the San Joaquin counties. Enrollment in Mono and Inyo Counties was two to three times higher than the state average. Mariposa County had the lowest Early Start enrollment of the Sierra Counties at 1.0%.

<sup>20</sup> The Early Start program provides early intervention services to infant and toddlers from birth through 36 months who have a developmental delay in either cognitive, communication, social, emotional, adaptive, or physical and motor development, including vision and hearing. Early intervention services include health services, nutrition services, physical therapy, speech and language services, among others (California Department of Developmental Services, 2002).

Figure 32 Children Ages 0-3 Enrolled in Department of Developmental Services Early Start Program, 2000



Source: Shaw, Santos, Cohen, Araki, Provance, & Reynolds (2001).

## SECTION 4. Well-Being Indicators

### 30. School Nutrition Programs

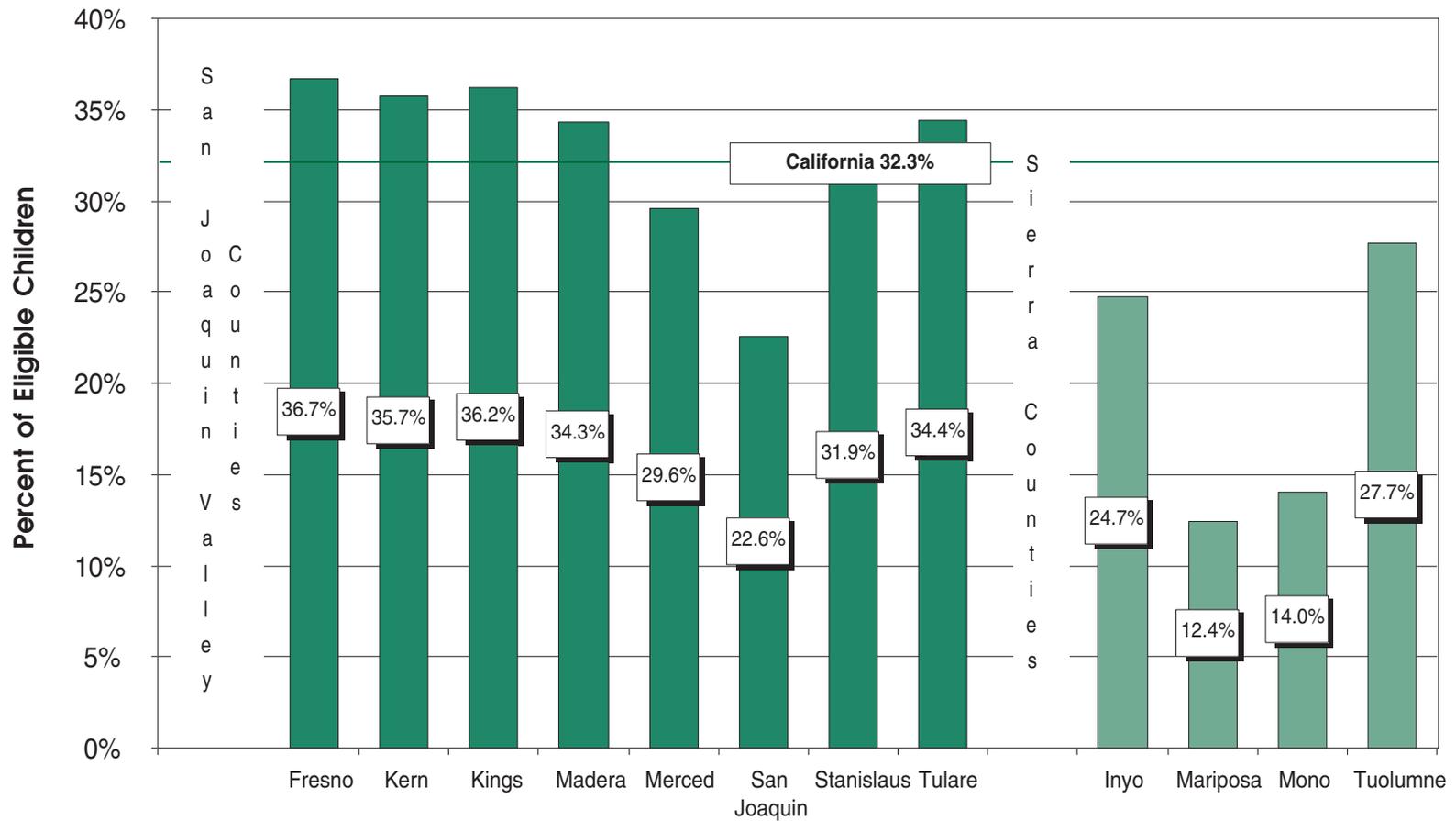
This indicator represents the percentage of eligible school-age children who were enrolled in the School Breakfast Program and the National School Lunch Program<sup>21</sup> in 2001. Figure 33 shows the percentage of eligible children served in the School Breakfast Program and Figure 34 shows the percentage of eligible children served in the National School Lunch Program in the Central California region in 2001.

#### Highlights

- In 2001, enrollment of eligible children in the National School Lunch Program and the School Breakfast Program in the San Joaquin Valley was more comparable to that of the state, than the Sierra counties where enrollment was lower than that of the state.
- On both the state and county levels, there was a disparity in the percentage of eligible children enrolled in the National School Lunch Program and the School Breakfast Program. In the San Joaquin Valley, 8 out of 10 eligible children were enrolled in the National School Lunch Program, whereas only 3 out of 10 eligible children were enrolled in the School Breakfast Program. In the Sierra Counties, almost 6 out of 10 eligible children were enrolled in the National School Lunch Program, whereas only 2 out of 10 eligible children were enrolled in the School Breakfast Program.

<sup>21</sup> Children are eligible to participate in these programs if they are already receiving benefits under the California Work Opportunity and Responsibility to Kids (CalWORKs) program or if the child's family receives food stamps. Children are also eligible to participate in the programs if the household's total income is the same or less than the income guidelines established by the programs. *Household* means a group of related or nonrelated individuals who are living as one economic unit and sharing living expenses. *Living expenses* include rent, clothes, food, doctor bills, and utility bills (California Department of Education, Nutrition Services Division, 2003).

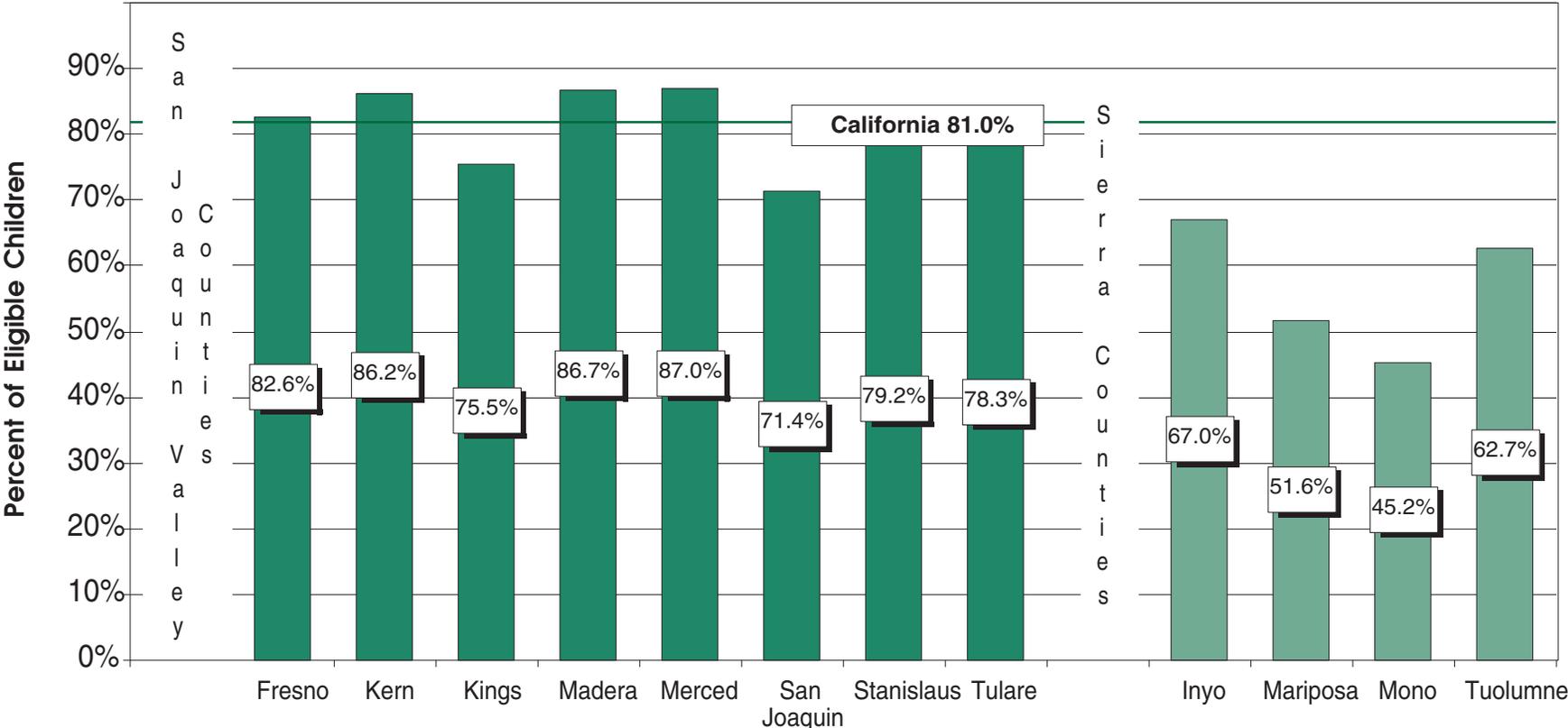
Figure 33 Children Served in the School Breakfast Program, 2001



Source: California Food Policy Advocates (2003).

SECTION 4. Well-Being Indicators

Figure 34 Children Served in the National School Lunch Program, 2001



Source: California Food Policy Advocates (2003).

### 31. Physical Inactivity

This indicator represents the percentage of children ages 12-17 who reported not engaging in any moderate<sup>22</sup> or vigorous<sup>23</sup> physical activity in the week preceding the California Health Interview Survey (CHIS) in 2001. Figure 35 shows the percentage of children in the San Joaquin Valley who reported not engaging in any moderate or vigorous physical activity in the week preceding the CHIS interview. County-level data were not available for the Sierra counties of Inyo, Mariposa, Mono, and Tuolumne.

#### Highlights

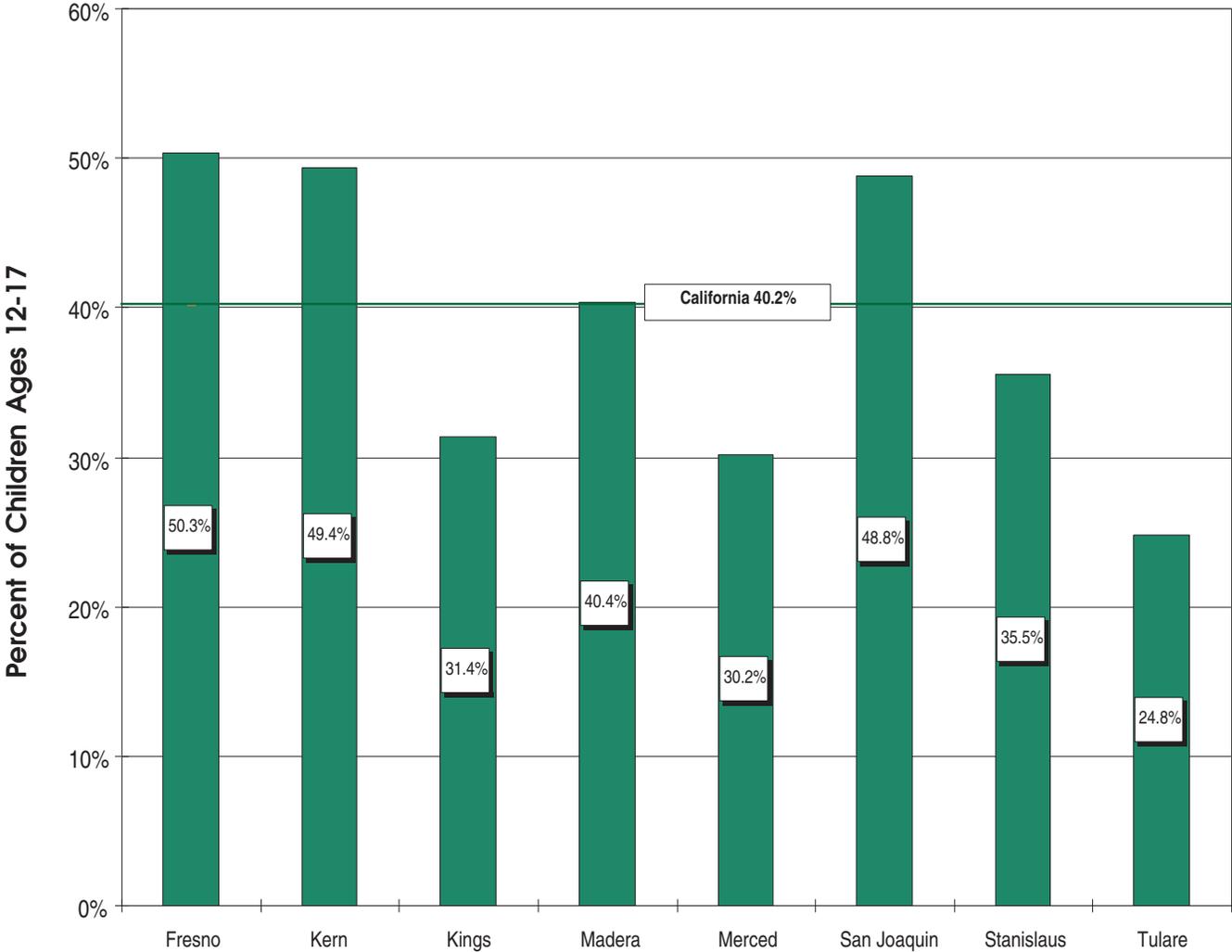
- In 2001, the percentage of San Joaquin Valley children ages 12-17 who reported not engaging in any moderate or vigorous physical activity in the week preceding the CHIS interview was comparable or higher than the state percentage of 40.2% in 4 of 8 counties.
- In three San Joaquin Valley counties, Fresno (50.3%), Kern (49.4%), and San Joaquin (48.8%), approximately half of children ages 12-17 did not engage in any physical activity, either moderate or vigorous, in the week preceding the CHIS interview.
- On the other hand, in Tulare County, only one in four children (24.8%) ages 12-17 reported not engaging in moderate or vigorous activity in the week preceding the CHIS interview.

<sup>22</sup> Any physical activity for at least half an hour that does not make one sweat or breathe hard; this includes walking for at least 30 minutes, slow bicycling or skating, doing chores like cleaning the house or mopping floors (UCLA Center for Health Policy Research, 2001).

<sup>23</sup> Any physical activity for at least 20 minutes that makes one sweat and breathe hard (UCLA Center for Health Policy Research, 2001).

SECTION 4. Well-Being Indicators

Figure 35 Children Ages 12-17 Who Reported Not Engaging in Any Moderate or Vigorous Physical Activity, 2001



Source: UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

## 32. Television Viewing

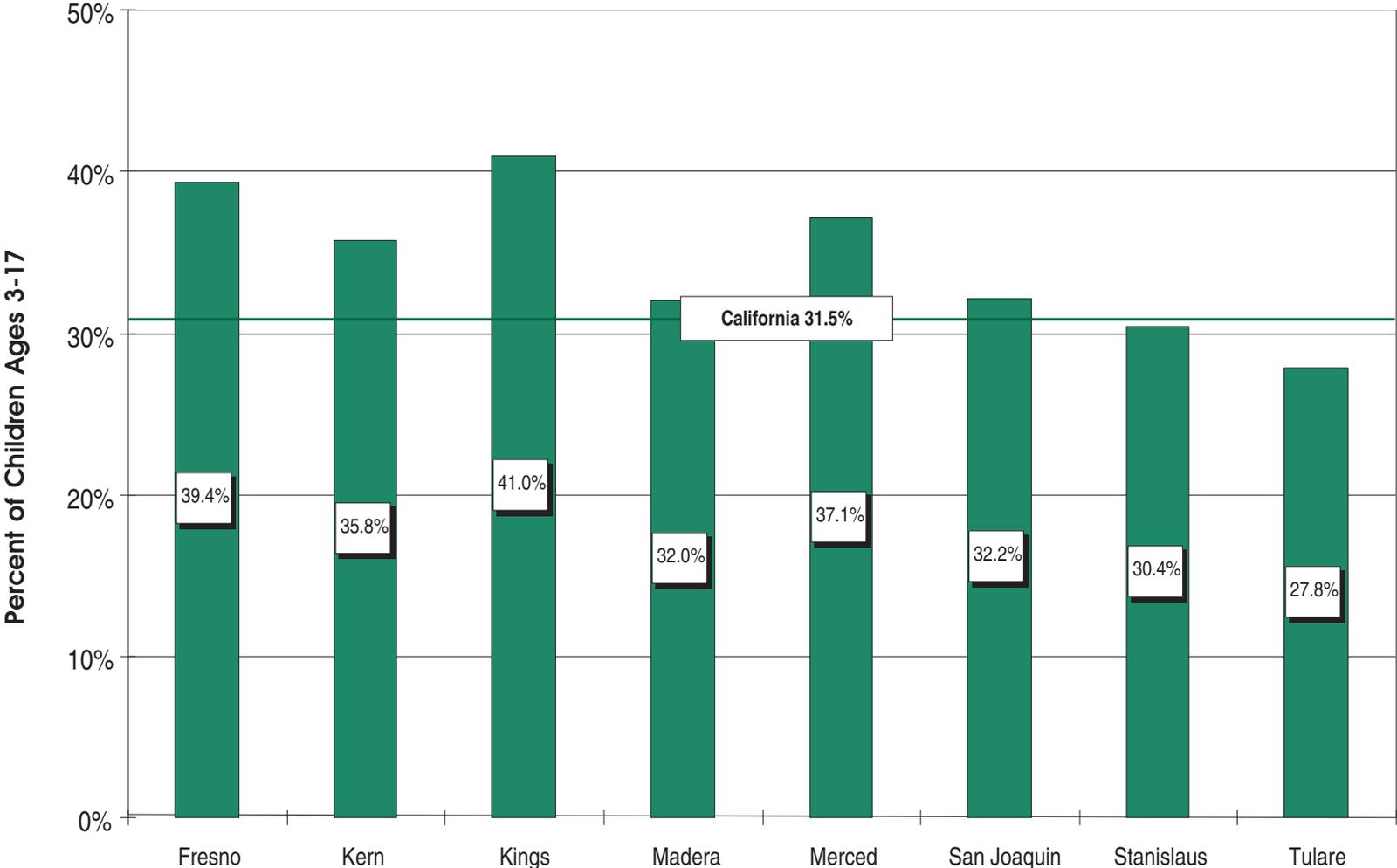
This indicator represents the percentage of children ages 3-17 who, in 2001, reported watching television or playing video games 3 hours or longer per day on weekdays and weekends in the week preceding the California Health Interview Survey (CHIS) in 2001. Figure 36 shows the percentage of children in the San Joaquin Valley who reported watching television 3 hours or more per day on weekdays. Figure 37 shows the percentage of children who reported watching television 3 hours or more per day on the weekends. County-level data were not available for the Sierra counties of Inyo, Mariposa, Mono, and Tuolumne.

### Highlights

- In 2001, children in most San Joaquin Valley counties reported watching television for longer periods than did children across the state, both on weekdays and weekends.
- In the San Joaquin Valley, these figures include over 250,000 children (30.8%) who watched television from three to five hours per day on weekdays and 340,000 children (41.4%) who watched television from three to five hours per day on weekends.
- An estimated 31,000 San Joaquin Valley children (3.8%) watched television from 6-20 hours per day on weekdays and three times as many (100,000, 12%) did so on weekends.
- When looking at the percentage of children who watched three or more hours television a day on weekdays, Kings County had the highest percentage at 41.0%. Fresno County had the largest percentage of children who watched three or more hours of television on weekends at 57.1%.
- Tulare County had the lowest percentage of both weekday and weekend viewing with 27.8% and 47.5% respectively.

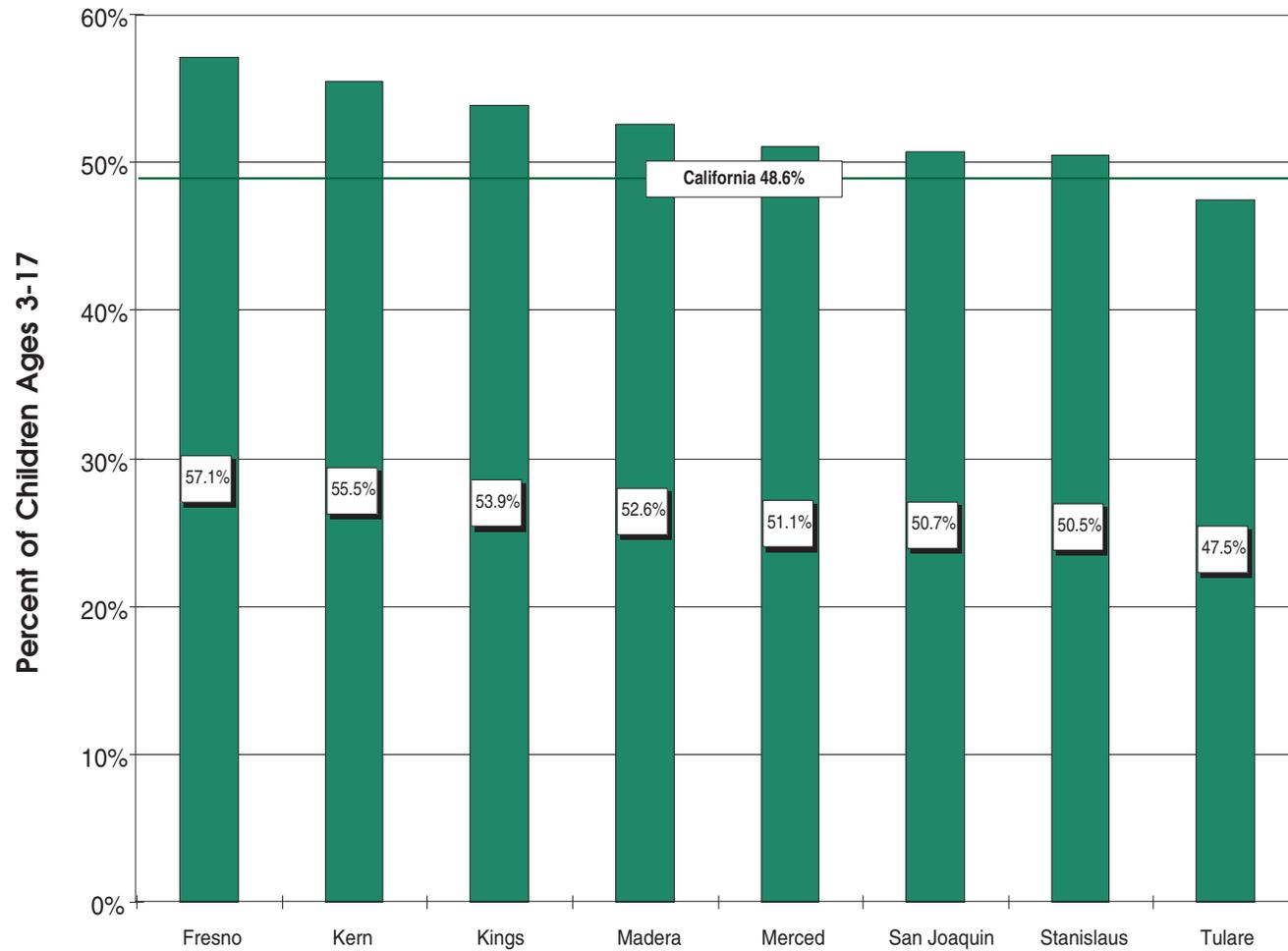
SECTION 4. Well-Being Indicators

Figure 36 Children Ages 3-17 Who Watch Television 3 Hours or Longer per Day on Weekdays, 2001



Source: UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

Figure 37 Children Ages 3-17 Who Watch Television 3 Hours or Longer per Day on Weekends, 2001



Source: UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

## SECTION 4. Well-Being Indicators

### 33. Tobacco Use

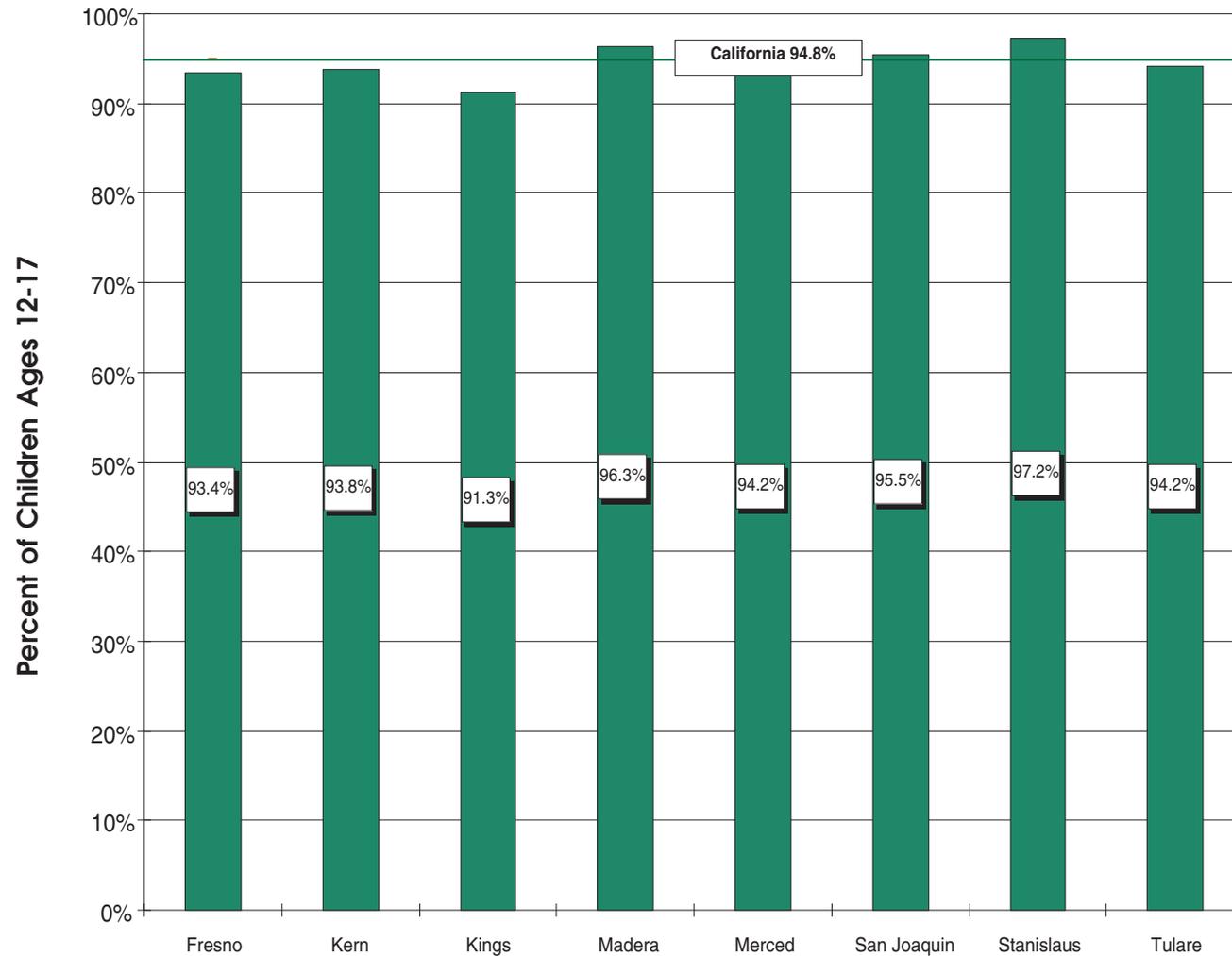
This indicator represents the percentage of children ages 12-17 who, in the week preceding the California Health Interview Survey (CHIS) in 2001, reported never smoking cigarettes regularly in their lifetime.<sup>24</sup> Figure 38 shows the percentage of children in the San Joaquin Valley who reported they never smoked regularly. County-level data were not available for the Sierra counties of Inyo, Mariposa, Mono, and Tuolumne.

#### Highlights

- In 2001, the percentage of children ages 12-17 in the San Joaquin Valley counties who reported never smoking regularly was comparable that of the state percentage of 94.8%.
- Over 90% of San Joaquin Valley children ages 12-17 reported never smoking cigarettes regularly. In Stanislaus County 97.2% of children ages 12-17, the highest percentage in the Valley, reported never smoking regularly.
- Kings County had the lowest percentage of children who never smoked cigarettes regularly at 91.3%.

<sup>24</sup> Regularly means at least one cigarette everyday for 30 days (UCLA Center for Health Policy Research, 2001).

Figure 38 Children Ages 12-17 Who Never Smoked Cigarettes Regularly, 2001



Source: UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

## SECTION 4. Well-Being Indicators

### 34. Alcohol Use

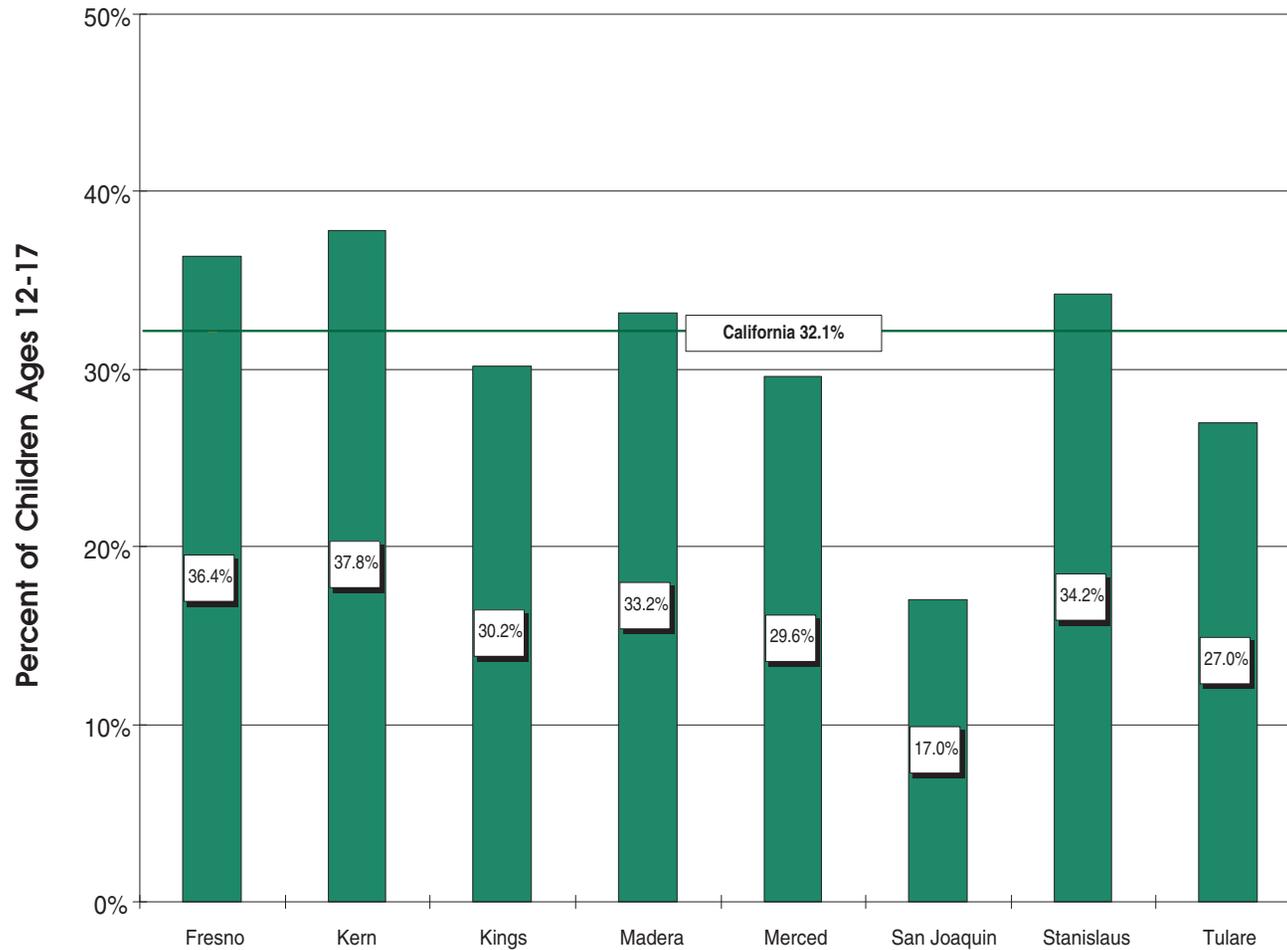
This indicator represents the percentage of children ages 12-17 who, in the week preceding the California Health Interview Survey (CHIS) in 2001, reported consuming an alcoholic drink at some point in their lifetime.<sup>25</sup> Figure 39 shows the percentage of children ages 12-17 in the San Joaquin Valley who reported they have consumed alcohol at some point in their lifetime. County-level data were not available for the Sierra counties of Inyo, Mariposa, Mono, and Tuolumne.

#### Highlights

- In 2001, the percentage of children ages 12-17 in the San Joaquin Valley counties who reported having consumed alcohol at some point in their lifetime was comparable to the state percentage of 32.1%.
- The highest percentage of children who reported having consumed alcohol was in Kern County at 37.8%. San Joaquin County had the lowest percentage, as only 17.0% of children reported having consumed an alcoholic drink in their lifetime.
- It was estimated that at least one in three children ages 12-17 in the San Joaquin Valley counties ha consumed alcohol at some point in his or her lifetime.

<sup>25</sup> Alcoholic drink means more than a few sips of any alcoholic drink, like beer, wine, mixed drinks, or liquor (UCLA Center for Health Policy Research, 2001).

Figure 39 Children Ages 12-17 Who Ever Had an Alcoholic Drink, 2001



Source: UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

## SECTION 4. Well-Being Indicators

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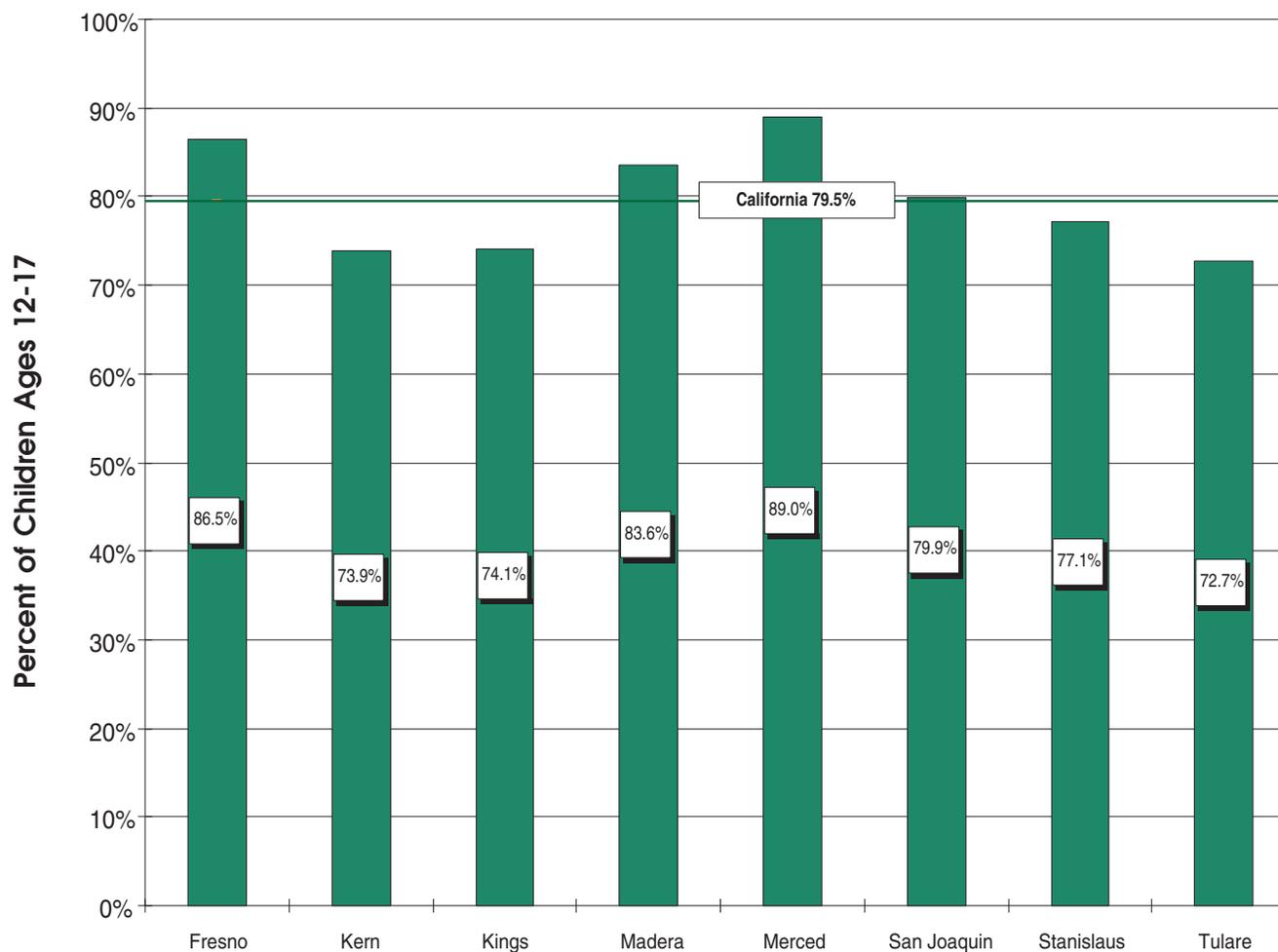
### 35. Seatbelt Use

This indicator represents the percentage of children ages 12-17 who, in the week preceding the California Health Interview Survey (CHIS) in 2001, reported always wearing a seatbelt when riding in or driving a car. Figure 40 shows the percentage of children in the San Joaquin Valley who reported always wearing a seatbelt. County-level data were not available for the Sierra counties of Inyo, Mariposa, Mono, and Tuolumne.

#### Highlights

- In 2001, the percentage of children ages 12-17 in the San Joaquin Valley who reported always wearing a seatbelt was comparable to that of the state at approximately 80% in 4 of 8 counties.
- Over four out of five children in Merced (89.0%), Fresno (86.5%), and Madera (83.6%) counties reported always wearing a seatbelt.
- Tulare County had the lowest percentage of children who reported always wearing a seatbelt when riding in or driving a car at 72.7%.

Figure 40 Children Ages 12-17 Who Always Wear a Seatbelt, 2001



Source: UCLA Center for Health Policy Research, 2001 California Health Interview Survey.

## SECTION 4. Well-Being Indicators

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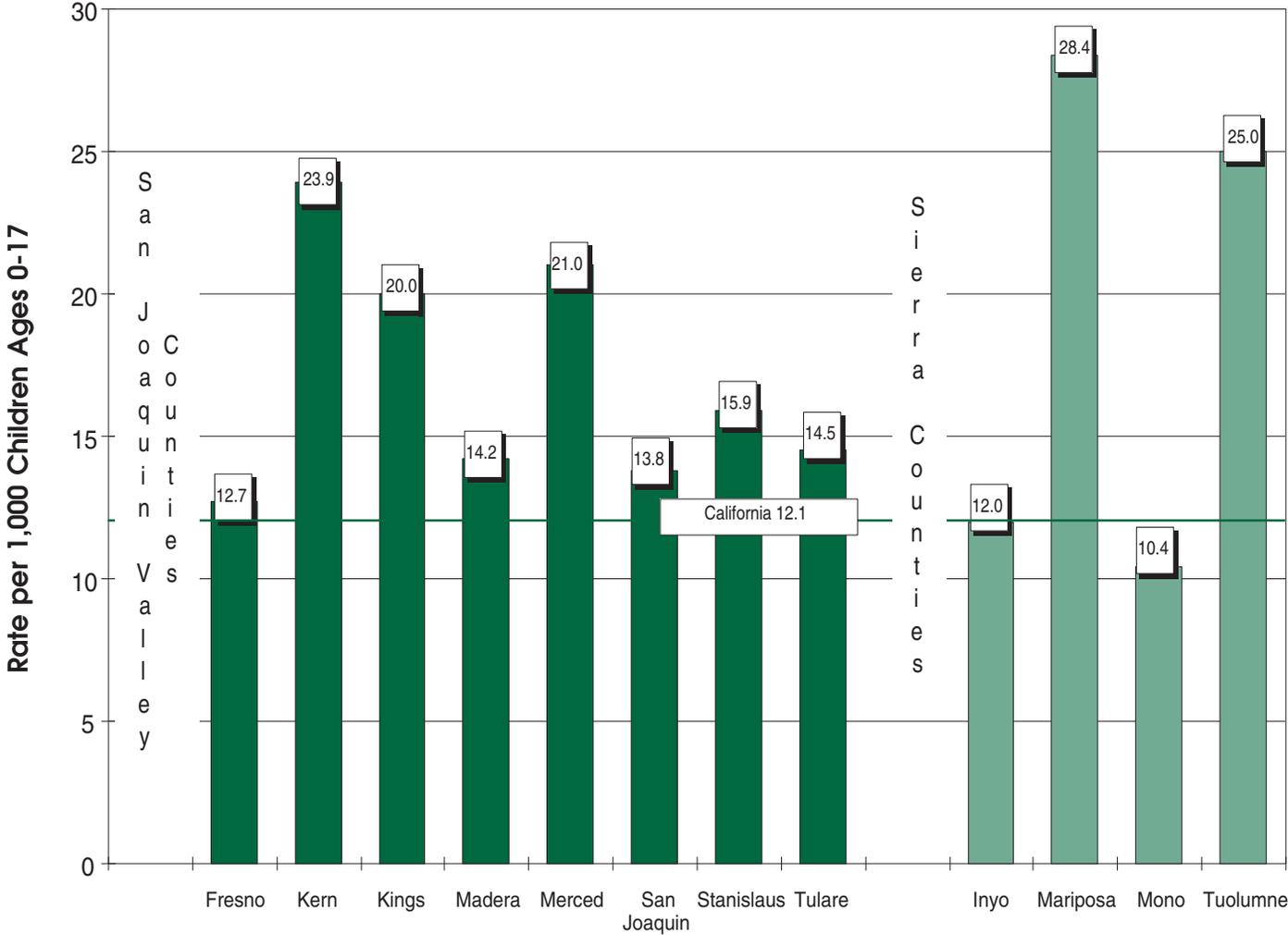
### 36. Child Abuse and Neglect

This indicator represents the number of children, per 1,000, under the age of 18, with substantiated cases of child abuse and neglect in 2002. Figure 41 shows the rate of substantiated cases of child abuse and neglect in 2002 in the Central California region.

#### Highlights

- In 2002, the Central California region had an almost 50% higher rate of substantiated cases of child abuse and neglect than did the state as a whole (12.1 per 1,000 children under age 18). Ten out of 12 counties in the region exceeded the state rate for substantiated cases of abuse and neglect.
- Within the San Joaquin Valley, every county had a higher rate of substantiated cases of child abuse and neglect than did the state as a whole. Kern County had the highest rate at 23.9 per 1,000 children under age 18, which was double the state rate. Fresno County had the lowest rate in the San Joaquin Valley at 12.7.
- Within the Sierra counties, the rates of substantiated cases of child abuse and neglect in Mariposa (28.4) and Tuolumne (25.0) counties were also over double the state rate. Mono had the lowest rate at 10.0, the lowest rate in the region.

Figure 41 Substantiated Cases of Child Abuse and Neglect for Children Ages 0-17, 2002



Source: Needell, Webster, Cuccaro-Alamin, Armijo, Lee, Brookhart, Lery, et al. (2003).

## SECTION 4. Well-Being Indicators

### 37. Domestic Violence

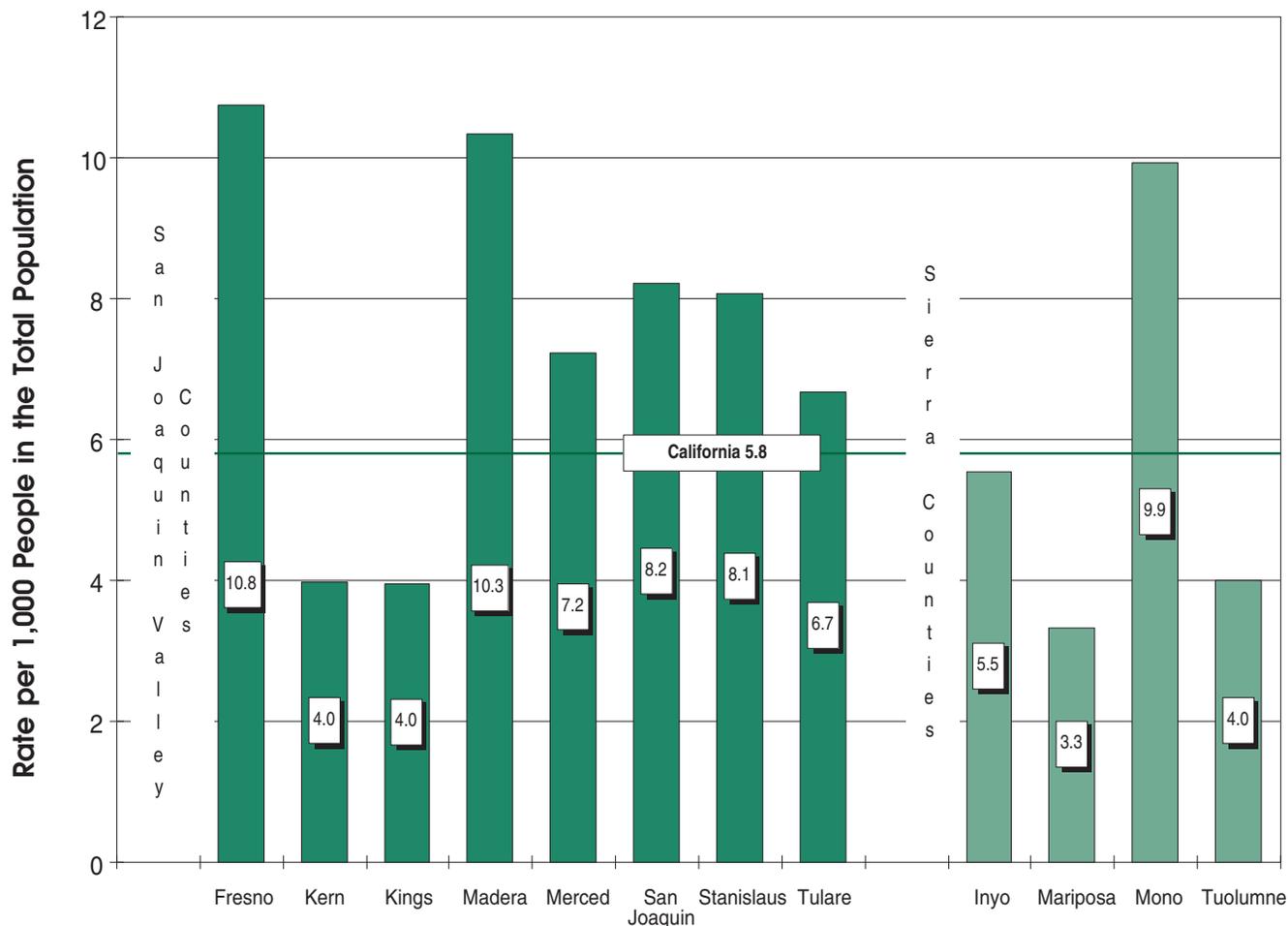
This indicator represents the number of persons, per 1,000 people in the general population, who made a domestic violence-related call for assistance in 2001.<sup>26</sup> Figure 42 shows the rate of domestic violence-related calls for assistance in the Central California region.

#### Highlights

- In 2001, the Central California region had higher rates of domestic violence-related calls for assistance than did the state as a whole. These rates were higher than the state rate in the San Joaquin Valley subregion and overall were lower than the state rate in the Sierra subregion.
- Within the San Joaquin Valley, Fresno (10.8) and Madera (10.3) counties had rates of domestic violence-related calls for assistance that was almost two times higher than that of the state (5.8). Kern and Kings County had the lowest rates with each at 4.0.
- Within the Sierra counties, Mono County had the highest rate of domestic violence-related calls for assistance at 9.9. The remaining three counties had rates that were below the state rate, with Mariposa County having the lowest rate at 3.3.

<sup>26</sup> Domestic violence has been defined as “all acts of violence against women within the context of family or intimate relationships”(U.S. Department of Health and Human Services, Administration for Children and Families, 2001). Domestic violence, however, is not limited to abuse against women and has been found to occur between spouses and partners, parents and children, children and grandparents, and brothers and sisters (American College of Emergency Physicians, 1998).

Figure 42 Domestic Violence-Related Calls for Assistance, 2001



Note. Rates are based on 2001 population estimates.

Source: California Department of Justice, Criminal Justice Statistics Center (2002).  
California Department of Finance, Demographic Research Unit (2003).

## SECTION 4. Well-Being Indicators

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### 38. Homicide

This indicator represents the number of homicides of children ages 0-17 in 2002. Table 17 shows the number of homicides of children in the Central California region. No homicides of children ages 0-17 were reported for the Sierra counties of Inyo, Mariposa, Mono, and Tuolumne.

#### Highlights

- In 2002, of all the homicides of children ages 0-17 that occurred in California, almost 10% occurred in the San Joaquin Valley.
- Homicide by firearm was the most common cause of homicide of children ages 0-17 in the San Joaquin Valley, where 13 children were murdered with a firearm in 2002.
- Homicides of children in Fresno and Merced counties accounted for almost half of all homicides of children in the San Joaquin Valley.

Table 17 Homicides of Children Ages 0-17, 2002

	Abuse and Neglect	Blunt Object	Cut/Pierce	Firearm	Other	Total
<b>San Joaquin Valley Counties</b>						
Fresno	1	-	1	3	-	5
Kern	2	-	-	1	-	3
Kings	-	1	-	1	-	2
Madera	-	-	-	-	-	-
Merced	-	-	-	4	1	5
San Joaquin	1	-	-	2	-	3
Stanislaus	-	-	-	-	1	1
Tulare	-	-	-	2	-	2
<b>Sierra Counties</b>						
Inyo	-	-	-	-	-	-
Mariposa	-	-	-	-	-	-
Mono	-	-	-	-	-	-
Tuolumne	-	-	-	-	-	-
<b>California</b>	<b>22</b>	<b>2</b>	<b>12</b>	<b>156</b>	<b>46</b>	<b>238</b>

Source: California Department of Health Services, Epidemiology and Prevention for Injury Control Branch (n.d.).



## SUMMARY

The indicators presented in this report summarize the current state of health and well-being of children living in the Central California region. The findings of this report must take into account the context of the economic and social characteristics of Central California. Many factors have to be considered in order to identify effective interventions for persistent conditions that compromise the health and well-being of children.

### Demographics

The 2000 Census documents that children comprise nearly one third of the total population in the Central California region. The child population continues to grow across Central California, and is especially strong in the San Joaquin Valley, where one in three residents is a child. In addition, Central California represents one of the most ethnically and racially diverse regions in the state. Almost 6 out of 10 child residents of Central California come from ethnically and racially diverse backgrounds. Linguistic differences are also characteristic of the child population in Central California. In the San Joaquin Valley alone, 1 in 10 children speaks a language other than English at home.

### Growing Rates of Poverty

The prosperity experienced by most of the State in the mid to late 1990s has not materialized for many children in the Central California region. It is now one of the areas hardest hit economically, with high rates of low income and poverty. On average, the median family income in Central California is one third less than the median family income for the state. Consequently, one-third of all children and one-half of children in female householder families in Central California live below the poverty level. Child poverty is exacerbated by the low educational attainment levels of parents. Central California lags behind the state in high school graduation rates and college enrollment, a factor that contributes to the persistently lower income levels and higher poverty rates.

Poverty affects the ability of families to obtain health insurance for their children. One in 10 children in the Central California region is uninsured. Although this proportion is comparable to that of the state, the main source of insurance for children in the region is the Medi-Cal program. Enrollment in the Medi-Cal program also reflects the extent of poverty in Central California, where one-third of children are enrolled in this publicly funded health insurance program. Children in Central California are also enrolled at higher rates in other government-sponsored programs such as the Healthy Families program and the Child Health and Disabilities Prevention program. Ironically, rates of enrollment in school nutrition programs in Central California are equal to or lower than that of the state. Lower enrollment figures in these programs in low income and high poverty areas have been attributed to bureaucratic barriers, such as complicated enrollment procedures and the stigma of receiving assistance (California Food Policy Advocates, 2003).

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## Specific Health Issues for Children

### Prenatal Care

The preservation of a child's health and well-being starts early, even before they are born. Prenatal care is the primary indicator of how well children will fare physically and developmentally. Currently, over 7 out of 10 women in the Central California region receive prenatal care in the first trimester of pregnancy, which is less than the proportion of women who receive such care across the state. Early prenatal care, which includes monitoring fetal development, screening for high-risk pregnancy, and pregnancy and child education, has been associated with positive birth outcomes and fewer complications during pregnancy, delivery, and postpartum recovery.

### Low Birthweight and Infant Mortality

Birthweight is one measure of positive birth outcomes and a key indicator of the health status of a population. In the Central California region, over 1 in 20 babies is born with low birthweight, less than 2,500 grams. Infant mortality is another such indicator. The rate of infant deaths in Central California is 25% higher than it is for the state as a whole. The data for these indicators imply a need for continued surveillance, interventions, and improvement of these conditions in Central California.

### Breastfeeding

Breastfeeding has been identified as a key component in infant health, growth, immunity, and development. The benefits of breastfeeding include decreases in respiratory infections, diarrhea, ear infections, and financial costs to the family (U.S. Department of Health and Human Services, 2000). During the last decade, there has been a marked shift in terms of encouraging new mothers to breastfeed, but the rates of breastfeeding in Central California still need improvement and lag behind state rates for mothers who breastfeed their babies. In the San Joaquin Valley counties, only 3 out of 10 women exclusively breastfeed their babies. Approximately 70% of San Joaquin Valley women report any breastfeeding at all, which was well below the California percentage of 80%.

### Immunization

Immunization is another major strategy for supporting the physical growth and development of children. Vaccinations are designed to prevent unnecessary disability and death from communicable diseases. In the Central California region, the efforts to immunize children have been resoundingly successful. In Central California, almost 95% of children entering kindergarten and licensed child care are immunized. Nevertheless, improvements are still necessary for seventh grade children, of whom almost one-third still lack required immunizations.

**Oral Health**

Oral health is important to children's overall health and well-being. Research has shown that many children still lack needed dental health care (National Institute on Dental and Craniofacial Research, 2001). In the Central California region, 2 out of 10 children ages 2-11 and 5 out of 10 children ages 2-5 have never visited a dentist, dental hygienist, or orthodontist. Tooth decay may begin even before a child's first visit to a dentist (National Institute on Dental and Craniofacial Research, 2001). Early intervention is needed because dental and oral disorders can have a profound impact on children's growth and school attendance (National Institute on Dental and Craniofacial Research, 2001). Community-based strategies to prevent tooth decay in the Central California region have included community water fluoridation, which has been shown to reduce tooth decay by 29% (Centers for Disease Control and Prevention, 2002b).

**Asthma**

Another factor that affects children in the Central California region is the high prevalence of asthma. Asthma is a serious illness that can affect many aspects of life, such as health, well-being, education, and family economics. Asthma triggers include environmental factors such as dust, mold, and certain air pollutants. The poor air quality in several of the counties in the Central California region contributes to the high rates of asthma in the region, especially in Fresno and Kings counties. Children with asthma also experience symptoms more frequently if they fail to take appropriate or adequate medication. Low income and lack of health insurance both contribute to failed attempts to manage asthma symptoms in children (Brown, Meng, Babey, & Malcolm, 2002).

**Overweight**

Children in the Central California region experience high rates of overweight. It is estimated that one in five children and young adults (ages 6-20) and one in seven children (ages 2-5) are overweight. A sedentary lifestyle (e.g., watching television for extended periods) and a lack of exercise contribute to the occurrence of overweight in children. Being overweight also increases children's risk for diabetes.

**Disabilities**

Children in the Central California region are affected disproportionately by disabilities, which may impede their ability to integrate fully into mainstream activities in their communities. The 2000 Census documents that disabilities among children and young people occur at a higher rate in the Central California region than they do at the state level. This suggests the need to investigate the current needs of children with disabilities, to assess for adequacy of health and social services for this population.

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## Safety Concerns for Children

### Fatal Injuries

Injuries have an impact on children in the Central California region. Fatal injuries of children in the San Joaquin Valley account for approximately 10% of these injuries statewide. Children's fatal injuries include drowning, motor vehicle traffic accidents, and assault/homicide. Drowning accidents are highest among young children. Motor vehicle traffic accidents are the leading cause of death among children 6-11 and adolescents ages 12-17 in California. Wearing a seatbelt reduces the risk of motor vehicle fatalities (U.S. Department of Transportation, 2002) and the data in this report show that over three-fourths of children ages 12-17 in Central California report always wearing a seatbelt while riding in or driving a vehicle. Nevertheless, motor vehicle accidents are the leading cause of fatal injuries for children and adolescents in the 6-11 and 12-17 age groups in the Central California region.

### Suicide

Suicide claimed the lives of over a dozen children ages 12-17 in the Central California region in 2002. However, the suicide data that are available from the California Department of Health Services might not reflect the true extent of suicide among children and adolescents. Currently, the incidence of attempted suicides is mostly unknown, especially among young people who seek the psychiatric services of a private physician instead of a publicly funded mental health clinic that maintains public record of suicide attempts. The failure of public health, mental health, and school systems in identifying children and young adults at risk for suicide can have devastating effects on families, peers, and communities.

### Child Abuse and Neglect

Children in the Central California region experience high rates of child abuse and neglect as well as exposure to domestic violence. In the Central California region, the rate of substantiated cases of child abuse and neglect exceeds the state rate by 46%. In addition, the rate of domestic violence-related calls for assistance in the Central California region is higher than that of the state and over 25% higher than the state rate in the San Joaquin Valley. Research supports a substantial overlap between domestic violence and child maltreatment (Hartley, 2002). Research also has shown that children who witness their mothers' abuse by a father or other intimate partner are more likely to experience multiple school and health problems, even if the children are not abused themselves (Kernic et al., 2002; Onyskiw, 2002).

## Lifestyle-Related Behaviors

### Teen Births and Sexually Transmitted Infections

Teenage births compromise the health and well-being of young people and their offspring in the Central California region. Teen childbearing has educational, social, and economic consequences for young parents who are often unequipped to care for their children independent of their own families of origin. This often leads to dependence upon publicly funded programs to support the health, nutrition, and child care needs of children of teen parents. Teen childbearing is often the consequence of unprotected sexual activity as are sexually transmitted infections (STIs). STIs are a major concern in Fresno County, where 4.5 per 1,000 females ages 15-24 was diagnosed with chlamydia in 2002.

### Tobacco and Alcohol Use

Other behaviors that diminish the quality of life of young people are smoking and alcohol consumption. Smoking causes significant health problems, such as respiratory illness, physical fitness, cardiovascular disease, and decreased lung growth and function (Centers for Disease Control and Prevention, 2000a). Smoking among young people also increases the likelihood of long-term nicotine addiction as an adult. Young people who smoke are also three times more likely than young people who are nonsmokers to use alcohol (Centers for Disease Control and Prevention, 2000a).

Alcohol is often a factor in motor vehicle traffic injuries. When young people drive after drinking, they are more likely than are adults to be involved in an motor vehicle accident, even when they consume less alcohol than adults. Alcohol is involved in about 35% of driver fatalities among drivers ages 15-20. National estimates show that alcohol is also involved in 40% of deaths by drowning among young people (Centers for Disease Control and Prevention, 1999).

## Conclusion

Specific population and community characteristics of the Central California region underscore the urgency of addressing the prevalence of dire social, economic, and health conditions. As this report indicates, rapid child population growth, poverty, child health, lifestyle-related behaviors, and limited health care access are active threats to the health and well-being of children across the region. The trajectory of growth among the child population in the Central California region, especially among young children and children from low income and impoverished households, exacerbates the urgency even further. These findings indicate that specific interventions by health, educational, and social systems need to be strengthened in order to secure the future health and well-being of children in the region.

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## **POLICY IMPLICATIONS**

The findings in this report point to several major issues that must be taken into consideration when attempting to develop systems of care for children and adolescents in the Central California region.

### **Expanding Needs for Service**

Explosive growth in the child population in the Central California region threatens to outstrip services currently provided by health, educational, and social service agencies. Likewise, the expansion of immigrant populations and the diversity of cultures and languages demand that systems of care accommodate growing cultural and linguistic differences. These factors alone will require ingenuity in planning and delivering services to children and their families in Central California.

### **Unique Central California Characteristics**

The context within which services are delivered cannot be dismissed when developing health, educational, and social services. The Central California region is characterized by factors such as poor air quality, low educational attainment, numerous isolated, rural communities, seasonal agricultural employment that generates low incomes, and a high presence of immigrant and ethnic populations who bring with them value systems and customs that sometimes clash with the traditional western middle-class values that shape service delivery systems. These factors should be considered when adapting or developing interventions to deal with problems that currently characterize Central California.

### **Underutilization of Existing Services**

Findings indicate that there is underutilization of certain services, such as the school nutrition programs and the Healthy Families Program. Maximizing the use of existing services must be aggressively promoted. These services also need to be restructured to ensure that they are culturally and linguistically appropriate. Therefore, services must be designed to address the issues of low income and cultural and linguistic differences. Addressing socioeconomic, cultural, and linguistic barriers is a key to maximizing use of services and ultimately enhancing the health and well-being of children who might otherwise not receive these services.

## Need for Prevention

Maternal and child health care services and access to prenatal care are critical in order to reduce the risks of low birthweight births and infant mortality. Likewise, immunization programs work and need to continue so that all children receive the benefit of protection from communicable diseases. Nevertheless, more work is still needed. For example, efforts should be concentrated to increase the awareness of the importance of pediatric oral health and to provide pediatric oral health services, including community water fluoridation. The prevalence of chronic conditions such as asthma and childhood obesity have reached critical proportions in the Central California region; therefore, collaborative efforts to prevent these and other health-compromising conditions are required in order to improve child health and well-being in the region.

## Conclusion

In order to address the issues identified in this report, a process for setting priorities for the service needs of children must be determined by local, regional, state, and national leaders. These processes should be based on the principle of maximizing the utilization of current services while forecasting the need for future ones. The unique characteristics of Central California must be considered if communities are to effectively address the pressing needs of children in the region. Communities are also confronted with the stark reality of having to plan for future services intended to reach an increasing population. These efforts represent a dilemma for many communities in the Central California region, especially those with limited and decreasing budgets. In an era of budget cuts, dependence on public programs (as is the case in Central California) will be limited by a lack of resources, thereby forcing communities to explore innovative revenue-generating and service-delivery strategies that have yet to be defined.

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