Health Profile 2008: CHILDREN & YOUTH

Monterey County Health Department
Monterey County Health Profile 2008: Children and Youth

Produced by the
Monterey County Health Department
Office of the Health Officer
Community Assessment and Data Analysis Unit

July 2009

Monterey County Board of Supervisors

Fernando Armenta  District 1
Louis Calcagno, Chairman  District 2
Simon Salinas  District 3
Jane Parker  District 4
Dave Potter  District 5

Monterey County Administrators

Lew Bauman, Ph. D.  Administrative Officer
Len Foster  Director of Health
Hugh F. Stallworth, MD, MPH  Health Officer
Interested Readers:

Thank you for taking the time to review Monterey County Health Profile 2008: Children and Youth. You will note that this year’s Health Profile has a different look than previous versions. It was intended to be used primarily as an electronic document, and very few paper copies were produced. As a result, the cost of production was dramatically reduced without compromising the availability of the data and analysis contained herein. I hope you find the document useful, and that you will share any thoughts about improving future reports.

The focus of this year’s Health Profile is on the youngest of Monterey County residents. The data and analysis presented covers a broad range of topics relating to this important, and often vulnerable, population, and attempts to utilize available data to present how well this group of residents is faring over time. It is important to note that not all data categories lend themselves to statistically valid conclusions. Still, the information provided does demonstrate important trends. Of particular note are a number of important findings in data analyzed over recent years:

Positive findings
- Infant death rates significantly declined.
- Kindergarteners recently demonstrated notable gains in all four developmental dimensions of school readiness.
- Teen smoking rates continued to decline.
- Teens’ soda consumption declined.
- Significantly more children and teens received annual flu shots.
- Bike helmet use by 5th graders more than doubled.
- Chlamydia infections among teens were at a 10-year low.

Negative findings:
- Significantly fewer women entered prenatal care in the first trimester.
- More children were diagnosed with asthma.
- Nearly a quarter of the County’s 5th graders reported having seen another student with a knife or gun at school during the prior 12 months.
- A great percentage of teens were at risk for depression.
- An estimated 1,036 children and teens were homeless in 2007.

While many findings do reflect some very positive trends, there are a number of areas that cause significant concern. Clearly, there is much work ahead of us if we are to maximize the opportunities our children have to lead healthy, safe, and productive lives.

Len Foster
Director of Health,
Monterey County Health Department
## Table of Contents

**Introduction and Acknowledgements** ................................................................. 5  
**Executive Summary** ......................................................................................... 7  
**Demographic and Social Characteristics** ....................................................... 9  
Population by Jurisdiction, Population by Race/Ethnicity, Languages Spoken at Home, Educational Attainment, Economic Benchmarks, Poverty Status, Poverty by Household, Grandchildren Cared for by Grandparents, Free/Reduced Price School Meals  
**Health and Well Being:**  
**Access to Care** .................................................................................................. 17  
Current Health Insurance, Health Insurance in Past Year, Type of Insurance Coverage, Timely Medical Care, Prescription Drug Coverage, Delay in Obtaining Prescription Drugs, Medi-Cal Enrollment, Healthy Families/Healthy Kids Enrollment, Usual Source of Care, Time Since Last Physical Exam  
**Birth and Early Childhood** ................................................................................ 25  
Entry to Prenatal Care, Low and Very Low Birth Weight, Fetal and Infant Deaths, Teen Fertility, In-Hospital Breastfeeding, Age Child’s Breastfeeding Stopped, Age Child’s Solid Food Started, Licensed Child Care Slots, Child Care Slots in Centers and Homes, Licensed Child Care Slots per Working Parents  
**Health Behaviors** .............................................................................................. 32  
Obesity and Overweight, Perception of Weight, Fruit and Vegetable Consumption, Soda Consumption, Fast Food Consumption, Time Spent in TV/Video Game Activities, Achieving Fitness Goals, Smoking Status, Substance Use  
**Disease** .................................................................................................................. 41  
Required Immunizations, Tuberculosis, Flu Shots, Chlamydia, Gonorrhea, Condom Use, Sexually Transmitted Disease Testing, Asthma  
**Oral Health** ......................................................................................................... 47  
Dental Insurance, Time Since Last Dental Visit, Missed School Due to Dental Problem  
**Injury and Prevention** ........................................................................................ 51  
Household Safety Measures, Bike Helmet Use, Seat Belt Use, Ridden with Drinking Driver, Guns or Knives at School, Guns in Household, Handling Gun without Adult Supervision, Weapons at School, Safety of Parks, Nonfatal Hospitalized Injuries, Fatal Hospitalized Injuries  
**Social and Emotional Health** ............................................................................ 58  
Internal Assets, External Assets, Threatened by Peers, Hit or Pushed on School Grounds, Times in Physical Fight, Sad and Hopeless, At Risk for Depression, Discussed Emotions with Doctor, Consider Self a Gang Member, Felony and Misdemeanor  
**Family Stability** .................................................................................................. 65  
**School Success** .................................................................................................. 71  
Parents Reading to Children, Number of Times Moved, School Readiness, Parents Preparing Child for Kindergarten, Child Attention Span, Breakfast Consumption, Perception of School Safety, Special Education, California Standardized Test Scores, Student to Computer Ratio, Expulsion and Suspension, Four-Year Derived Dropout Rate  
**Community Supports** ....................................................................................... 79  
Perception of Safety Outside School, Adults Children Look Up To, Availability of Parks or Playgrounds, Perception of Neighborhood Safety  
**Technical Notes** ................................................................................................. 83
Introduction

Monterey County Health Profile 2008: Children and Youth was prepared by the Monterey County Health Department Community Assessment and Data Analysis Unit of the Office of the Health Officer. We hope that this report provides a useful continuation of the health assessment process begun in 2002, and is used for furthering health education, program planning, and policy development by the community, organizations, and agencies in Monterey County.

Some of the health and social indicators contained herein are reported for a single year, while others present multiple years of data. Statistical testing was conducted for data presented for three or more periods of time.

The self-reported data presented in this report were primarily collected from two surveys that are conducted statewide on a regularly scheduled basis: the California Health Interview Survey (CHIS), and the California Healthy Kids Survey (CHKS). Where possible, multiple years of survey results are provided.

While a more detailed description of these survey methodologies can be found in the Technical Notes section of this report, appearing below are clarifications to remember about these survey results:

California Health Interview Survey (CHIS)
- CHIS survey results were conducted via telephone with a randomly selected sample of children, teens, and adults according to these age groups:
  - Children represent ages 0 to 11
  - Teens represent ages 12 to 17
  - Adults represent ages 18 and older
- Unless stated otherwise, these age groups apply to the data presented.
- Survey questions for children were asked of their parent or guardian.
- Data are presented to one (1) decimal place as provided by the survey administrator, the Center for Health Policy Research.

California Healthy Kids Survey (CHKS)
- CHKS surveys were conducted in writing with students in randomly selected school classrooms.
- All answers are confidential and aggregated by school and grade.
- Parental approval was required for 5th grade students, and was passively required for 7th, 9th, and 11th grade students.
- Data are presented in whole numbers (no decimal points), as provided by WestEd, the survey administrator.
Acknowledgements

This report was created with support of the Monterey County Board of Supervisors and the County Administrative Officer Lew Bauman. Authors, editors, and contributors from the Monterey County Health Department include:

Len Foster, Director of Health
Hugh F. Stallworth, M.D., M.P.H., Health Officer
Lisa Hernandez, M.D., M.P.H., Deputy Health Officer
Krista Hanni, M.S., Ph.D., Program Manager
Patricia Zerounian, M.P.P., Project Evaluation Specialist
Susan Barnes, M.P.H., Epidemiologist
Bryan Rees, M.S.T., Research Analyst

Special thanks to Lawrence Jacob Siebert, Intern

Questions or comments about the content of this report may be directed to:

Patricia Zerounian, M.P.P.
Research Analyst/Project Evaluation Specialist
Office of the Health Officer, Community Assessment and Data Analysis Unit
Monterey County Department of Health
1270 Natividad Road, Salinas, CA 93906
Phone: (831) 755-4583
E-mail: zerounianp@co.monterey.ca.us

This report is available for download at:
http://www.co.monterey.ca.us/health/publications

Cover Design: Old Coast Design, Pacific Grove, CA
www.oldcoast.com
Executive Summary

Positive Findings

Having health insurance is a leading protective factor for achieving and maintaining good health from the beginning of life. In recent years, Monterey County has experienced an increase in children and youth with health insurance, a decrease in Infant death rates,* an increase in mothers who exclusively breastfed prior to leaving the hospital, a continued high percentage of children who receive all required immunizations by age two, an increase in children and youth who received a flu shot* and a decrease in children who had never seen a dentist*, all which may be attributed to having health insurance, receiving regular medical care, and obtaining health awareness and education.

Healthy behavioral habits are another important factor in maintaining good fitness, productivity, and wellbeing. Monterey County saw a decrease in children and youth fast food consumption and youth soda consumption, a continued low percentage of youth who smoke, and a decrease in the chlamydia rate among youth.

A stable family environment greatly contributes to the academic achievement, emotional wellbeing, and successful maturing of children and youth. Monterey County parents reported reading to their children with greater frequency and kindergarteners demonstrated notable gains in all four developmental dimensions of school readiness. More Monterey County 5th graders ate breakfast on school days, more 3rd and 7th graders had higher math and spelling scores, and fewer Monterey County students had to share a single computer*. Over 90% of 5th graders were never or only sometimes home alone after school. Additionally, Monterey County saw an increase in 5th graders who scored high in internal and external assets.

Most unintentional injuries can be prevented through behavioral changes. In Monterey County, more 5th graders wore bike helmets while biking and seat belts while riding in the car. Monterey County also experienced a high percentage of teens who reported having never been threatened by peers, a decrease in fatal hospitalization injuries due to assault*, and a decrease in misdemeanor and felony arrests*.

**Bold text** designates data results presented in this report, which generally represent the years 2001 through 2007.

*Indicates the data results were statistically significant.
Problematic Findings

Low socioeconomic status can greatly impact an individual’s and family’s ability to obtain health care, proper nutrition and housing, education, employment and a secure future. As of 2007, nearly half of Monterey County’s families have an annual income below the Self Sufficiency Level of $54,996 for a family of four. Nearly 47,000 Monterey County residents - 38% of which are children and youth - live below the federal poverty level. Monterey County has seen an increase in children and youth estimated to be homeless. Lack of education can reinforce a cycle of poverty. Nearly one-third of Monterey County adults over age 18 do not have a high school diploma. In two working parent families, childcare for preschool and school age children is a necessity. As seen nationally, in Monterey County the need for childcare continues to far outweigh availability of childcare slots.

Quality health care has become increasingly more difficult to obtain, and without it, people may delay or forego regular health screening and treatment. Monterey County has experienced a decrease in women who entered prenatal care in the first trimester,* which can have negative implications for the mother and child. Monterey County has additionally seen a decrease in children and youth with prescription drug insurance coverage and a decrease in children and youth who had a physical exam in the prior 12 months. Little improvement has been seen in the percentage of children and teens who are overweight and obese.

Lack of or limited health care may increase the potential for the spread of communicable disease. Little improvement has been seen in Monterey County tuberculosis case rates among children and youth. Recently, increases in gonorrhea rates were seen in Monterey County teens.

The relationship between physical and emotional health and social interaction is complex, especially for preteens and teens. Recent estimates indicate an increase in Monterey County teens who are considered to be at risk for depression. Difficulties with emotional health can manifest in ways that affect the larger community. For example, Monterey County has seen an increase in the percentage of 5th graders who saw a student with a knife or gun at school. Among 9th graders, 10% reported being a member of a gang. In recent years, Monterey County has experienced a significant increase in the rate of school suspensions*.

**Bold text** designates data results presented in this report, which generally represent the years 2001 through 2007.

*Indicates the data results were statistically significant.
DEMOGRAPHICS AND SOCIAL CHARACTERISTICS
Demographics and Social Characteristics

Monterey County, located on California’s central coast, features beaches and seaside cliffs, estuaries, the Salinas Valley, the Gabilan Hills, and the Santa Lucia Mountain Range. The county’s 3,322 square miles are bounded by Santa Cruz County to the north, San Benito, Fresno, and King Counties to the east, San Luis Obispo County to the south, and the Pacific Ocean to the west.

Monterey County’s 12 incorporated cities comprise approximately 75% of the population and 15% of the total land area. Five cities are located in the Salinas Valley and seven on the Monterey Bay Peninsula, with small towns and housing areas located in unincorporated areas.

Approximately 53% of the county’s residents in 2008 were Hispanic, and 34% were White, Non-Hispanic. About 6% of residents were Asian/Pacific Islander, 4% were African American, and the remaining 3% were other or multi-race/ethnicity.

These proportions are different for the County’s subpopulation of children and youth ages 0 to 17. Of that subpopulation in 2008, 69% were Hispanic, and 21% were White, Non-Hispanic. Approximately 5% of residents were Asian/Pacific Islander, 3% were African American, and the remaining 3% were other or multi-race/ethnicity.

Approximately 33% of the region’s population works in the agriculture industry and about 13% in the tourism and hospitality industries. Unfortunately, these industries tend to provide a higher proportion of lower paying and seasonal jobs compared to other industries (75% of tourism industry jobs start at minimum wage). Combined with a relatively high cost of living in Monterey County, this creates a growing disparity between income and cost of living.

More than 20 higher education and research institutions are located within the Monterey Bay area, with enrollment of 65,000 students annually. Military and language schools, marine and oceanographic sciences, and other disciplines offer unique programs that bring students, visitors, and other professionals into the region.

---

1 Affordable/Workforce Housing Study. Fort Ord Reuse Authority. (2003, March).
Population Estimates by Jurisdiction
Monterey County Residents, 2000-2008

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>2000 Population (n)</th>
<th>2008 Population (n)</th>
<th>Percent Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carmel</td>
<td>4,081</td>
<td>4,049</td>
<td>-0.8</td>
</tr>
<tr>
<td>Del Rey Oaks</td>
<td>1,650</td>
<td>1,627</td>
<td>-1.4</td>
</tr>
<tr>
<td>Gonzales</td>
<td>7,564</td>
<td>8,803</td>
<td>16.4</td>
</tr>
<tr>
<td>Greenfield</td>
<td>12,648</td>
<td>17,316</td>
<td>36.9</td>
</tr>
<tr>
<td>King City</td>
<td>11,204</td>
<td>11,852</td>
<td>5.8</td>
</tr>
<tr>
<td>Marina</td>
<td>18,925</td>
<td>19,171</td>
<td>1.3</td>
</tr>
<tr>
<td>Monterey</td>
<td>29,696</td>
<td>29,322</td>
<td>-1.3</td>
</tr>
<tr>
<td>Pacific Grove</td>
<td>15,522</td>
<td>15,472</td>
<td>-0.3</td>
</tr>
<tr>
<td>Salinas</td>
<td>142,685</td>
<td>150,898</td>
<td>5.8</td>
</tr>
<tr>
<td>Sand City</td>
<td>261</td>
<td>298</td>
<td>14.2</td>
</tr>
<tr>
<td>Seaside</td>
<td>33,097</td>
<td>34,194</td>
<td>3.3</td>
</tr>
<tr>
<td>Soledad*</td>
<td>23,015</td>
<td>27,905</td>
<td>21.2</td>
</tr>
<tr>
<td>Unincorporated</td>
<td>101,414</td>
<td>107,642</td>
<td>6.1</td>
</tr>
<tr>
<td><strong>County Total</strong></td>
<td><strong>401,762</strong></td>
<td><strong>428,549</strong></td>
<td><strong>6.7</strong></td>
</tr>
</tbody>
</table>

*Includes Salinas Valley State Prison population.

Note: The jurisdictional population estimate was based on estimates of total and occupied housing units, household size, household population, and group quarters population. Census 2000 data provide the baseline for these estimates, and revisions are made according to data provided to the State from local jurisdictions, military, and group quarter facilities. Data may be affected by the timeliness of reporting agencies.


Population by Race/ Ethnicity
Monterey County Residents Ages 0-17, 2008

Source: California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050.

Population by Race/ Ethnicity
Monterey County Residents, 2008

Source: California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050.
## Languages Spoken at Home

**Monterey County Residents, 2007**

<table>
<thead>
<tr>
<th>Language Spoken at Home</th>
<th>0-17 Year Olds (n) (%)</th>
<th>All Ages (n) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>37,000 30.5%</td>
<td>160,000 38.9%</td>
</tr>
<tr>
<td>Spanish</td>
<td>26,000 21.7%</td>
<td>83,000 20.2%</td>
</tr>
<tr>
<td>One other language</td>
<td>0 0.0%</td>
<td>6,000 1.4%*</td>
</tr>
<tr>
<td>English &amp; Spanish</td>
<td>53,000 44.2%</td>
<td>120,000 29.1%</td>
</tr>
<tr>
<td>English &amp; one language other than Spanish</td>
<td>1,000 1.2%*</td>
<td>30,000 7.2%</td>
</tr>
<tr>
<td>Two or more languages</td>
<td>2,000 2.0%*</td>
<td>13,000 3.2%*</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>119,000 100.0%</strong></td>
<td><strong>412,000 100.0%</strong></td>
</tr>
</tbody>
</table>

*Data are statistically unstable and should be interpreted with caution.*


## Educational Attainment

**Monterey County Residents Ages 25 and Older, 2007**

![Bar Chart](chart.png)

Note: Data are based on an estimated household population and exclude populations living in institutions, college dormitories, and other group quarters.

Source: United States Census Bureau, 2007 American Community Survey, Table S1501.
Federal and State Economic Benchmarks Compared to Monterey County Family Income Distribution
Monterey County, 2008

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$150,000 or more</td>
<td>7.5%</td>
</tr>
<tr>
<td>$149,999 - $100,000</td>
<td>14.1%</td>
</tr>
<tr>
<td>$99,999 - $75,000</td>
<td>14.0%</td>
</tr>
<tr>
<td>$74,999 - $50,000</td>
<td>20.6%</td>
</tr>
<tr>
<td>$49,999 - $35,000</td>
<td>11.6%</td>
</tr>
<tr>
<td>$34,999 - $25,000</td>
<td>22.0%</td>
</tr>
<tr>
<td>$24,999 - $15,000</td>
<td>10.9%</td>
</tr>
<tr>
<td>$14,999 - $10,000</td>
<td>6.0%</td>
</tr>
<tr>
<td>Less than $10,000</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

2008 California Median Family Income: $70,712
2008 Monterey County Median Family Income: $65,874
2008 Self-Sufficiency Income for Family of 4: $54,996 (150% of Lower Living Standard Income Level)
2008 Subsidized Child Care Eligibility: $53,034 (75% State Median Family Income ($61,463))
2008 Medi-Cal Healthy Families Eligibility: $53,000 (Family income below 250% Federal Poverty Level)
2008 Reduced Cost School Lunch Eligibility: $45,580 (185% Federal Poverty Level)
2008 Free School Lunch Eligibility: $27,560 (130% Federal Poverty Level)
2008 Federal Poverty Level for Family of 4: $21,200 (100% Federal Poverty Level)

Poverty Status in the Prior 12 Months
Monterey County Residents, 2007

<table>
<thead>
<tr>
<th>2007 Residents in Poverty</th>
<th>Monterey County Residents (n) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Under Age 5</td>
<td>6,884    14.7%</td>
</tr>
<tr>
<td>Children Ages 6 to 11</td>
<td>5,813    12.4%</td>
</tr>
<tr>
<td>Children Ages 12 to 17</td>
<td>5,300    11.3%</td>
</tr>
<tr>
<td>Adults Age 18 to 64</td>
<td>26,446   56.4%</td>
</tr>
<tr>
<td>Adults Age 65 and Over</td>
<td>2,439    5.2%</td>
</tr>
<tr>
<td>All People</td>
<td>46,882   100.0%</td>
</tr>
</tbody>
</table>

Source: United States Census Bureau, 2007 American Community Survey, Selected Economic Characteristics, Table B17001.
**Grandchildren Under Age 18 Cared for by Grandparent(s)  
Monterey County, 2007**

Note: A total of 3,580 children under age 18 were in care of a grandparent in 2007.  
Source: U.S. Census Bureau, 2007 American Community Survey, Selected Economic Characteristics, Table B17001.

---

**Students Enrolled in Free or Reduced Price School Meal Program  
Monterey County Residents ages 5-17, 2004-2005 to 2007-2008**

Notes: (1) "Enrolled" indicates children's and teens' family has met eligibility criteria for the free or reduced price meals program and student has "signed up" to participate. (2) The change in percentage from 2004-2005 to 2007-2008 is not statistically significant.  
Demographics and Social Characteristics Summary

Monterey County’s southern region has experienced the greatest population growth. From 2000 to 2008, Greenfield’s population increased by 37%; Soledad by 21%, and Gonzales by 16%.

Hispanics represented the largest percentage of Monterey County’s population in 2008. The County’s residents were composed of 53% Hispanic, 34% White non-Hispanic, 6% Asian/Pacific Islander, 4% African American, and 3% multi or other race/ethnicities.

Trends indicate Monterey County’s percentages of Hispanic residents will continue to increase with time. Hispanic children and youth ages 0 to 17 years comprised a larger percentage (69%) in 2008 when compared to the population as a whole (53%). White children and youth ages 0 to 17 years comprised a smaller percentage (21%) when compared to the population as a whole (34%).

When compared to the county’s population as a whole, Monterey County’s children and youth ages 0 to 17 were less English monolingual and more English/Spanish bilingual. In 2007, 44% of children and youth were bilingual, while only 29% of residents of all ages had bilingual abilities.

Nearly one-third of Monterey County adults over age 25 had not yet earned a high school diploma. In 2007, 21% had earned a high school diploma or equivalent, 17% had some college education, and 32% had earned an academic or professional degree.

Monterey County’s 2008 median family income was nearly $5,000 less than California’s median family income. Moreover, 56% of Monterey County families had incomes below the 2008 Self Sufficiency Income Level of $55,000 for a family of four.

In 2008, nearly 47,000 of Monterey County residents lived in poverty. Of those living in poverty, 38% were children and youth ages 0 to 17. The balance were composed of adults ages 18 to 64 (56%) and older adults ages 65 and older (5%).

Monterey County families headed by single adults - especially single females - were more likely to be living in poverty than families headed by couples. In 2007, female-headed households comprised 17% of all families, but 37% of families in poverty; male-headed households comprised 8% of all families, but 15% of families in poverty.

64% of Monterey County 5 to 17 year olds were enrolled in free or reduced price school meal programs. This trend has held steady from the 2004-2005 through 2007-2008 school years.
HEALTH AND WELL BEING: ACCESS TO CARE
Health and Well Being: Access to Care

Health care access refers to the ability for children and youth to have regular exams, required and recommended immunizations, and health treatments. This is most likely when families have access to medical and dental insurance through private or public sources, a usual source of primary care, and the ability to communicate with health professionals in culturally appropriate ways.²

Poverty and high costs of living are intertwined with other factors that can put children and youth at risk for poor health outcomes. One of the foremost of these factors is lack of health insurance. Studies have demonstrated that even among higher-income families, lack of health insurance is associated with significantly decreased use of recommended medical services.³ Other factors that may negatively impact health care access for children and youth include parent’s education level, language and literacy skills, culture, and health behaviors, as differences in these areas can interfere with family health care utilization and knowledge.⁴

Proximity to a regular source of health care has also been shown to lessen health disparities for children and youth in rural areas,⁵ as studies indicate that disparities decrease with closer proximity to health centers and clinics.⁶

With the implementation of the Children’s Health Insurance Program in 1999 it was estimated the 93% of children nationally had a specific source for ongoing health care.⁷ Funding for low and no-cost health insurance programs such as California Healthy Families may be in jeopardy, however, as California considers ways to address its budget deficiencies. Restrictions for program eligibility and even the elimination of some programs all together may especially affect health care for low income children and those who are undocumented.⁸

---

⁴ Ibid.
⁵ Politzer, R. M. Inequality in America: The contribution of health centers in reducing and eliminating disparities in access to care. Medical Care Research and Review. 2001: Vol. 58, No. 2; 234-248.
⁶ Hadley, J., Cunningham, P. Availability of safety net providers and access to care of uninsured persons health services research. 2004: Vol. 39 No. 5; 1527.
No Current Health Insurance Coverage
Monterey County Residents Ages 0-17, 2001-2007

Notes: (1) Yellow markers indicate statistical instability and should be interpreted with caution. (2) The change in percentage from 2001 to 2007 is not statistically significant.
Parents were asked a series of questions about their child’s/teen’s health insurance.

Health Insurance in the Prior 12 Months
Monterey County Residents Ages 0-17, 2001-2007

Notes: (1) Yellow markers indicate statistical instability and should be interpreted with caution. (2) The change in percentage from 2001 to 2007 is statistically significant.
Parents were asked a series of questions about their child’s/teen’s health insurance.
Type of Current Health Insurance Coverage
Monterey County Residents Ages 0-17, 2001-2007

Notes: (1) Yellow markers indicate statistical instability and should be interpreted with caution. (2) The change in percentage of government-based insurance from 2001 to 2007 is statistically significant. (3) Government based data includes Medicare, Medicaid, Healthy Families/CHIP, other public sources and combinations thereof.
Parents were asked a series of questions about their child’s/teen’s health insurance.

Delayed or Didn’t Get Timely Medical Care
Monterey County Residents Ages 0-17, 2003-2007

Notes: (1) Yellow markers indicate statistical instability and should be interpreted with caution. (2) The change in percentage from 2003 to 2007 is not statistically significant.
Parents were asked: “During the past 12 months, did your child/teen delay or not get needed medical care – such as seeing a doctor, a specialist, or other health professional?”
No Prescription Drug Insurance Coverage
Monterey County Residents Ages 0-17, 2001-2005

Notes: (1) Yellow markers indicate statistical instability and should be interpreted with caution. (2) The change in percentage from 2001 to 2005 is not statistically significant.
Parents were asked: "Is your child/teen covered for prescription drugs?"

Delayed or Didn’t Get Prescription Drugs
Monterey County Residents Ages 0-12, 2001-2007

Notes: (1) Yellow markers indicate statistical instability and should be interpreted with caution. (2) The change in percentage from 2001 to 2007 is not statistically significant.
Parents were asked: "During the past 12 months, did you delay or not get a medicine that a doctor prescribed for your child?"
Medi-Cal Enrollment
Monterey County Residents Ages 0-17, 2001-2005

Healthy Families and Healthy Kids Enrollment
Monterey County Residents Ages 0-17, 2001-2007

Note: The change in percentage from 2001 to 2007 is not statistically significant.
Source: Central Coast Alliance for Health, 2001-2005.

Notes: (1) 2005 was the first full year of operation for the Healthy Kids program. (2) The change in percentage of Healthy Families Enrollment from 2001 to 2007 is not statistically significant.
Usual Source of Health Care
Monterey County Residents Ages 0-17, 2001-2007

Notes: (1) Yellow markers indicate statistical instability and should be interpreted with caution. (2) The change in percentage of Clinic/Hospital use as Usual Source of Care from 2001 to 2007 is not statistically significant.
Parents were asked questions about their child’s/teen’s last doctor’s visit and where the doctor was seen.

Time Since Last Routine Physical Exam
Monterey County Residents Ages 13-17, 2003-2007

Notes: (1) Yellow markers indicate statistical instability and should be interpreted with caution. (2) The change in percentage of 1-2 years ago since last routine physical exam from 2003 to 2007 is not statistically significant.
Teens were asked: “When was the last time you saw a doctor for a physical exam or check-up?”
Health and Wellbeing: Access to Care Summary

More Monterey County children and youth had health insurance coverage. Nearly 6% of children and youth did not have health insurance coverage in 2007, compared to 12% who did not have coverage in 2001.

Of Monterey County children and youth ages 0 to 17 who had health insurance in 2007, 91% had coverage for the entire year. Approximately 7% had insurance coverage for six months or less.

The percentage of Monterey County children and youth without prescription drug coverage increased. In 2005, 8% of children and youth ages 0-17 had no prescription drug coverage, compared to slightly over 4% in 2001 and 2003.

Government-based insurance coverage increased from 2001 to 2007 in Monterey County, while employment-based insurance coverage decreased. In 2007, government-based insurance coverage for children and youth (51%) exceeded employment-based insurance (38%).

Monterey County Medi-Cal enrollment for children and youth increased from 2005 to 2007. More than 31,000 children and youth were enrolled in 2007, compared to 28,000 in 2005.

Monterey County enrollment in the government-sponsored Healthy Families program increased since 2001. In 2007, 1,500 families were enrolled, compared to 1,300 in 2005.

In 2007, one in ten Monterey County children and youth had no usual source of health care. When ill or injured, these children were most likely seen at a hospital emergency room.

Fewer Monterey County children and youth received a routine physical exam in 2007 than in 2005. In 2007, 77% of Monterey County children and teens ages 13-17 had received a physical exam or check up in the prior 12 months, compared to 84% in 2005.
Health and Well Being:
Birth and Early Childhood
Health and Well Being: Birth and Early Childhood

For children, health care begins prior to birth with quality prenatal care. Preconception screening and counseling offer opportunities to identify and mitigate parental risk factors before pregnancy begins. Examples include mother’s daily folic acid consumption (a protective factor), mother’s alcohol use and substance use, and mother’s use or exposure to smoking (risk factors).

Timely, high-quality prenatal care can help to prevent poor birth outcomes that may result in fetal or infant death, preterm delivery, low birth weight, and other complications that may lead to disability. More than half of all infant deaths are due to birth defects, disorders related to short gestation, sudden infant death syndrome, and respiratory distress syndrome.

Teen mothers are themselves at risk for poor health outcomes: they are more likely to drop out of high school and thereby limit possibilities for employer-based health coverage; more likely to live in poverty; and more likely to have difficulty fulfilling their role as a parent.

A widely acknowledged protective factor for infants is breast milk for the first six months of life. Breast milk provides a complete form of nutrition that promotes a range of benefits for infant growth, immunity, and development. The introduction of solid food prior to six months of age has been correlated with excess fat in infants and children.

Quality child care and preschool experiences can provide developmentally appropriate enrichment and pre-literacy activities, and can help children learn the behavioral and social skills that are essential in kindergarten and later in school. Many parents struggle to find dependable, quality child care for infants, preschoolers, and school age children. The need for licensed child care by working parents exceeds the supply in the nation, the state, and locally. When licensed care is unavailable or unaffordable, families shift work schedules, hire sitters, seek unlicensed home care, utilize afterschool programs, or rely on the children to care for themselves.

---

15 Ibid.
Entry to Prenatal Care in the First Trimester
Monterey County Mothers, 1999-2008

Note: The change in percentage from 2002 to 2008 is statistically significant.

Low Birth Weight (<2500 grams)
Monterey County Infants, 1999-2008

Notes: The change in percentage from 1999 to 2008 is not statistically significant. (2) 2500 grams is approximately 5.5 pounds.

Very Low Birth Weight (<1500 grams)
Monterey County Infants, 1999-2008

Notes: (1) The change in percentage from 1999 to 2008 is not statistically significant. (2) 1500 grams is approximately 3.3 pounds.
Fetal and Infant Death Rates
Monterey County Live Births, 1998-2007

Note: The change in fetal death rate from 1998 to 2007 is not statistically significant. The change in infant death rate from 1998 to 2007 is statistically significant.

Teen Fertility Rate
Monterey County Women Ages 15-17, 1999-2008

Notes: (1) The change in rate from 1999 to 2008 is not statistically significant. (2) The teen fertility rate is calculated by dividing the total number of births by the total female population ages 15-17. (3) Fertility rates for births to teens under age 15 cannot be accurately calculated.
Any and Exclusive In-Hospital Breastfeeding  
Monterey County Mothers of Newborns, 2003-2007

Note: Changes in any and exclusive breastfeeding from 2003 to 2007 are not statistically significant.  

Age when Child Started on Solid Food  
Monterey County Children Ages 0-3, 2003-2005

Note: Patterned columns are statistically unstable and should be interpreted with caution.  
Mothers were asked: “How old was your child when you (or child’s mother) stopped breastfeeding altogether?” Asked of mothers whose children were breastfed or fed breast milk.
Types of Licensed Child Care Center Slots
Monterey County, 2001-2007

Availability of Licensed Child Care Slots for Children of Working Parents
Monterey County Families with Children Ages 0-13, 2001-2007

Licensed Child Care Slots in Centers and Homes
Monterey County, 2001-2007

Note: Changes in the percentages of infant, preschool, and school age slots from 2001 to 2007 are not statistically significant.

Note: Changes in percentages for licensed centers and licensed family home slots from 2001 to 2007 are not statistically significant.
Health and Wellbeing: Birth and Early Childhood Summary

75% of Monterey County mothers in 2008 entered into prenatal care during their first trimester. This represents a statistically significant decrease compared to 2002, when 86% of women entered prenatal care in the first trimester.

The prevalence of very low birth weight infants (weighing less than 3.3 pounds) and low birth weight infants (weighing less than 5.5 pounds) in Monterey County remained relatively unchanged from 1999 to 2008. Very low birth weight infants comprised less than 1% of all births during the ten-year period, while low birth weight infants comprised approximately 4% to 5% of all births.

Monterey County’s fetal death rate fluctuated from 4 to 6 deaths per 1,000 live births from 1998 to 2007. Ten-year highs in fetal death rates (6 per 1,000 live births) were seen in 1998 and 1999.

Infant death rates per 1,000 live births significantly declined in recent years. Infant death rates declined from 5.9 deaths per 1,000 live births in 2000 to 4.5 in 2007.

Recent increases were seen in the percentage of in-hospital mothers who exclusively breastfed. While not a statistically significant change, the percentages increased from 51% in 2003 to 64% in 2007.

In 2005, 39% of Monterey County mothers stopped breastfeeding their infants between the ages of birth to three months. Slightly over half (54%) of Monterey County mothers introduced solid foods to their children at four to six months of age.

The percentage of Monterey County’s licensed child care center slots for preschoolers far exceeded the percentage of infant or school age slots. Preschool slots totaled 84% of all the 5,900 licensed slots available in 2007.

The number of Monterey County’s children ages 0 to 13 with working parents exceeded the number of available licensed child care slots in 2007. In 2007, licensed child care was available for only 22% of all children who had a single working parent or who had both parents in the workforce.
Health and Well Being: Health Behaviors
Health and Wellbeing: Health Behaviors

Researchers have associated the three leading causes of death in the United States to behaviors and lifestyle choices. In 2000, the causes of 18% of all deaths in the United States were associated with tobacco use (these deaths also included those complicated by the affects of secondhand smoking and infant deaths complicated by maternal smoking). The second leading causes of death (17%) were associated with overweight and obese conditions attributed to poor diet and physical inactivity. The third leading causes of death (4%) were associated with the impacts of alcohol consumption on cancers, disease, and injury death. Taken together, approximately 40% of the causes of deaths in the United States can be associated with a limited number of behavior and exposure factors that are largely preventable.

Overweight and obese conditions substantially raise the risk of illness from high blood pressure, high cholesterol, and type 2 diabetes, even in children and youth. Obese individuals also may suffer from social stigmatization, discrimination, and lowered self-esteem.

Establishing healthy behaviors early in life helps to set the stage for good health outcomes in the future. Healthy nutritional habits and regular physical activity are essential for a child’s growth and development, and contribute greatly to youth health, ability to succeed in school, a sense of well-being.

Adolescence is a time of many physical, mental, emotional, and social changes. At this time, teens start to become more independent, with their own personality and interests, and may face peer pressure to use alcohol, tobacco products, and drugs. Teens also struggle with adopting behaviors that will protect against the risk of developing chronic diseases in adulthood, such as eating nutritiously, engaging in physical activity, and choosing not to use tobacco and other substances. Establishing healthy behaviors during childhood and adolescence is easier and more effective than trying to change unhealthy behaviors during adulthood.

17 Ibid.
18 Ibid.
obese

21 Ibid.
Teenage Obesity
Monterey County Teens, 2001-2007

Notes: (1) Data represents body mass index in the highest 95th percentile with respect to age and gender. (2) Yellow markers indicate statistical instability and should be interpreted with caution. (3) The change in percentage from 2001 to 2007 is not statistically significant.

Body Mass Index Exceeding Recommended Standards

Notes: (1) The change in percentage from 2001-02 to 2007-08 is not statistically significant. (2) Body Mass Index = (weight in pounds x 703) / (height in inches)^2.

Perceptions of Weight
Monterey County Teens, 2003-2005

Note: Patterned columns are statistically unstable and should be interpreted with caution.
Teens were asked: "Would you say you are very underweight, slightly underweight, about the right weight, slightly overweight, or very overweight?"
Eating 5 or More Fruits and Vegetables
Monterey County Children and Teens, 2001-2007

Notes: (1) The change in percentage of teens from 2001 to 2007 is not statistically significant. (2) 2001 data for children were not available. (3) The change in percentage for children from 2003 to 2007 is not statistically significant; the change in percentage for teens from 2001 to 2007 is not statistically significant.


Respondents were asked: “Yesterday, how many servings of fruit, such as an apple or banana, did you eat?” and “Yesterday, how many servings of vegetables, like corn, green beans, green salad, or other vegetables did you have?”

Drinking 2 or More Cans of Soda
Monterey County Children Ages 2-11, 2003-2007

Notes: (1) Yellow data points represent statistical instability and should be interpreted with caution. (2) The changes in percentage of children and teens from 2003 to 2005 are not statistically significant.


Teens and parents of children were asked: “Yesterday, how many cans of soda (such as Coke) or other sweetened drinks (such as fruit punch or Sunny Delight) did your child drink? Do not count diet and sugar-free drinks.”
Fast Food Consumption on the Prior Day
Monterey County Children Ages 2-11, 2003-2005

Note: Patterned columns are statistically unstable and should be interpreted with caution.
Parents were asked: "Yesterday, how many times did your child eat fast food? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout or drive thru."

---

Fast Food Consumption on the Prior Day
Monterey County Teens, 2003-2005

Note: Patterned columns are statistically unstable and should be interpreted with caution.
Teens were asked: "Yesterday, how many times did you eat fast food? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout or drive thru."
TV or Video Games on Weekdays & Weekends
Monterey County Children Ages 3-11, 2001-2005

Note: Patterned columns are statistically unstable and should be interpreted with caution.
Parents were asked: "Thinking about your child's free time on a typical weekday, about how many hours does your child usually watch TV or play video games?"

TV or Video Games on Weekdays & Weekends
Monterey County Teens, 2001-2005

Notes: Patterned columns are statistically unstable and should be interpreted with caution. (2) Changes in percentages for weekday viewing from 2001 to 2007 are not statistically significant.
Teens were asked: "Thinking about your free time on a typical weekday/weekend, about how many hours do you usually watch TV or play video games?"
Achieving at Least Five of Six Fitness Criteria
Monterey County 5th, 7th, and 9th Graders, 2004-2005 - 2007-2008

Note: Changes in percentages from 2004-2005 to 2007-2008 are not statistically significant.
Students were assessed by the California Physical Fitness Test on meeting criteria in the areas of aerobic capacity, body composition, abdominal strength, trunk extensor strength, upper body strength and flexibility.

Current Smoking Status
Monterey County Teens, 2003-2007

Note: Yellow data points represent statistical instability and should be interpreted with caution. (2) The change in percentage from 2003 to 2007 is not statistically significant.
Source: California Health Interview Survey, 2008.
Teens were asked a series of questions to provide data on current and non-current smoking status.
Alcohol, Tobacco or Other Drug Use

5th Graders were asked: “Have you ever drunk beer, wine, or other alcohol? Have you ever sniffed something through your nose to get “high”? Have you ever smoked any marijuana (pot, grass, weed)?

Alcohol, Tobacco or Other Drug Use
Monterey County 7th, 9th, and 11th Graders, 2004-2006

Teens were asked, “During your lifetime, have you ever used or tried...?”
Health and Wellbeing: Health Behaviors Summary

Monterey County teen obesity remained relatively unchanged from 2001 to 2007. Slightly more than 21% of Monterey County teens were considered to be obese in 2007.

About two-thirds of Monterey County teens perceived themselves in 2005 to be “about the right weight.” In 2005, 63% of teens perceived themselves to be “about the right weight,” compared to 69% in 2003.

In 2007-2008, 35% of Monterey County 5th graders were considered overweight. In 2005-2006, 38% of 5th graders were considered to be overweight.

Only one in four Monterey County teens reported in 2007 that they ate five or more servings of fruits and vegetables on the prior day. That same year, nearly 47% of children ate five or more servings of fruits and vegetables on the prior day.

In 2007, 13% of Monterey County teens reported drinking two or more cans of soda on the prior day. While not statistically significant, this percentage is a decrease from the 34% of teens who reported in 2003 that they had drunk two or more sodas on the prior day.

Almost three-quarters of Monterey County children and teens reported eating less fast food on the prior day in 2005. 73% of children reported eating no fast food on the prior day in 2007 compared to 57% in 2003; 67% of teens reported eating no fast food on the prior day in 2007 compared to 43% in 2003.

In 2005, 63% of Monterey County parents reported their children played video games or watched TV for one hour or less on weekdays.

Approximately half of Monterey County 5th, 7th, and 9th graders achieved at least five out of six fitness criteria in 2007-2008.

Teen smoking rates in Monterey County were low from 2001 through 2007. During that time, less than 1 in 10 teens reported being a current smoker.

The use or trial of alcohol, cigarettes, and marijuana in 2004-2006 appears to have increased among Monterey County 5th, 7th, and 9th graders with each ensuing grade level. For example, alcohol was tried or used by 27% of 5th graders, 47% of 7th graders, and 63% of 11th graders.
HEALTH AND WELL BEING: DISEASE
Health and Wellbeing: Disease

Disease is categorized in two ways. Communicable diseases are spread through contact with infected people or vectors, or through contaminated environs. Chronic diseases occur in the individual as a result of genetic disposition, health behaviors, or environmental factors.

The effects of many communicable diseases can be lessened or avoided with vaccines. Managed care organizations in California (such as Kaiser Permanente and Blue Cross) are required to cover the cost of recommended immunizations for children. Monterey County provides free and low-cost immunizations through its primary care clinics via the Child Health and Disability Prevention program, Medi-Cal, and the Healthy Families program.

California law requires that children receive specific immunizations before entering public and private kindergarten-12th grade schools, licensed child care centers, and related institutions. Immunizations are currently required for polio, diphtheria, tetanus, pertussis (whooping cough), measles, mumps, rubella, hepatitis B and varicella (chicken pox). Most children need booster shots before starting kindergarten to meet these requirements.

No vaccines exist for chlamydia or gonorrhea, which are two of the most common sexually transmitted diseases. Treatable with antibiotics, when left untreated these diseases can cause long-term harm including reproductive health difficulties, fetal and perinatal problems, and increased sexual transmission of HIV, the virus that causes AIDS. While not 100% effective, correct and consistent condom use can reduce the risk of chlamydia or gonorrhea transmission.

Asthma is a serious chronic lung condition that is characterized by episodes or attacks of inflammation and narrowing of the small airways in response to asthma triggers (including exercise, infections, allergens, and irritants), making breathing difficult. Nationally, asthma rates have been increasing more rapidly among preschool aged children than people of any other age group. Asthma is the third most common cause of pediatric hospitalization and one of the most common causes of school absenteeism.

References:

Kindergarteners with All Required Immunizations
Monterey County Kindergarteners, 2004-2008

Notes: (1) The change in percentage from 2004 to 2008 is not statistically significant. (2) Immunization includes four or more doses of DTP, three or more doses of polio, two or more doses of MMR, three or more doses of hepatitis B, and one or more doses of varicella (chickenpox).

Had a Flu Shot in Past 12 Months
Monterey County Children and Teens, 2005-2007

Note: The change in percentage from 2005 to 2007 is statistically significant.
Parents/Teens were asked: “During the past 12 months, has your child/have you had a flu shot?”

Reported Tuberculosis Case Rate

Note: The change in rate from 1998-2002 to 2003-2007 is not statistically significant.
Source: California Department of Public Health, Tuberculosis Control Branch, 1998-2007
Reported Chlamydia Case Rate
Monterey County Teens Ages 15-17, 1998-2007


Reported Gonorrhea Case Rate
Monterey County Teens Ages 15-17, 1998-2007

Note: The change in rate from 1998-2002 to 2003-2007 is not statistically significant.


Used a Condom During Most Recent Sex
Monterey County Teens, 2005-2007

Notes: (1) Yellow markers are statistically unstable and should be interpreted with caution. (2) The change in percentage from 2003 to 2007 is not statistically significant.


Tested for Sexually Transmitted Disease within the Past 12 Months
Monterey County Teens, 2005

Note: Patterned columns are statistically unstable and should be interpreted with caution.

Source: California Health Interview Survey, 2005.

Respondents were asked: “Besides HIV, in the past 12 months, have you ever been tested for a sexually transmitted disease?” Asked of respondents 12-17 years of age who have parent/guardian permission to ask about sex AND have ever had sexual intercourse.
**Asthma Diagnosis**
Monterey County Children and Teens, 2001-2007

Notes: (1) Yellow data points represent statistical instability and should be interpreted with caution. (2) The change in percentage from 2001 to 2007 is not statistically significant.
Parents and Teens were asked: “Has a doctor ever told you that your child/you have asthma?”

---

**Asthma Symptoms in Past 12 Months**
Monterey County Children and Teens, 2003-2007

Notes: (1) Patterned columns are statistically unstable and should be interpreted with caution. (2) Asked of all respondents who had been diagnosed with asthma AND who reported that they still had asthma AND/OR reported that they had an episode/attack within the past 12 months. (3) The change in percentage from 2003 to 2007 is not statistically significant.
Parents and Teens were asked questions based on the respondent's stated asthma symptom frequency in the past 12 months.
Health and Wellbeing: Disease Summary

The percentages of Monterey County kindergarteners having all required immunizations by age two remained relatively unchanged from 2004 through 2008. Between 94% and 95% of Monterey County children had all required immunizations by age two, as measured at time of entry to kindergarten.


Significantly more Monterey County children and teens received a flu shot in 2007 compared to 2005. In 2007, 36% of children and teens received a flu shot within the prior 12 months, compared to 14% in 2005.

Monterey County’s chlamydia case rate for teens ages 15-17 was at a ten year low in 2007. Chlamydia rates for teens ages 15-17 in 2007 were 510 per 100,000, compared to a high of 935 in 2001.

Monterey County’s gonorrhea rate was 74 cases per 100,000 teens ages 15-17 in 2003-2007. While not a statistically significant increase, the rate had been 51 cases per 100,000 teens in 1998-2002.

Of Monterey County teens ages 12 to 17 who said in 2005 they had ever had sexual intercourse, 39% said they had been tested for sexually transmitted disease within the prior 12 months. The question excluded HIV testing.

The percentage of Monterey County teens who reported ever having had sexual intercourse, and who said they had used a condom during their most recent sexual intercourse, ranged from 54% to 87% from 2003 through 2007.

The percentage of Monterey County children diagnosed with asthma ranged from 7% to 12% from 2001 to 2007.

The percentage of Monterey County teens diagnosed with asthma ranged from 13% to 20% from 2001 to 2007.

Of Monterey County children and teens who were diagnosed with asthma and who had continued to experience symptoms from 2003 to 2007, over 76% had experienced an asthma attack in the prior 12 months.
HEALTH AND WELL BEING: ORAL HEALTH
Health and Wellbeing: Oral Health

Although dental caries has declined significantly among school-aged children and youth in the United States since the early 1970s, dental caries has remained the most prevalent chronic disease of childhood, occurring five to eight times as frequently as asthma, the second most common chronic disease in children.

The prevalence of untreated permanent tooth decay has remained nearly unchanged for all youths nationally, except for children age 6–8 years, children living in poverty, some racial/ethnic minority populations, disabled children, and children with HIV infection. Nationally, the prevalence of dental caries is disproportionately higher for Latino children, but the reasons for this disparity are unclear.

Despite the reduction in cases of caries in recent years, more than half of all children have caries by the second grade, and, by the time students finish high school, about 80% have caries.

Early childhood caries (ECC) affects the primary teeth of infants and young children aged 1 to 6 years. The exact cause of ECC is unknown, but factors such as large family size, nutritional status of the mother and the infant, and the transfer of infectious organisms from caregiver to infant are under study. Infant feeding practices in which children are put to bed with formula or other sweetened drinks or sweetened pacifiers, especially if a child falls asleep while feeding, have been associated with ECC. Some professional associations recommend that a child should first visit a dentist at age 1 year, as unless arrested early, caries is irreversible.

---


Current Dental Insurance Coverage Monterey County Children and Teens, 2001-2007

The change in percentage from 2001 to 2007 is not statistically significant.
Children and Teens were asked: "Do you now have any type of insurance that pays for part or all of your dental care?"

Days of Missed School due to a Dental Problem Monterey County Children and Teens Ages 5-17, 2007

Note: Patterned columns are statistically unstable and should be interpreted with caution.
Parents were asked: "During the past 12 months, did you (he/she) miss any time from school because of a dental problem? Do not count time missed for cleaning or a check-up."

Time Since Last Dental Visit Monterey County Children Ages 2-11, 2001-2007

Notes: (1) Yellow data points represent statistical instability and should be interpreted with caution. (2) The change in percentage of children who had never been to the dentist from 2001 to 2007 is statistically significant.
Parents were asked: "How long has it been since your child last visited a dentist, hygienist or orthodontist?"
Health and Wellbeing: Oral Health Summary

From 2001 to 2007, the majority of Monterey County children and teens had insurance that paid for part or all of their dental care. A range of 64% to 81% of children and teens had some type of dental insurance coverage during the five-year period of time. The percentages of Monterey County children who had never been to the dentist significantly decreased from 17% in 2001 to 7% in 2007. The majority of Monterey County children reported in 2007 that they had visited the dentist, hygienist, or orthodontist in the prior six months. In 2007, 76% of Monterey County children ages 2 to 11 had been to the dentist in the prior six months, and an additional 13% had last been to the dentist in the prior 6 to 12 months.

Not counting time missed for dental cleanings or check ups, the majority of Monterey County children and teens reported in 2007 that they had not missed a day of school in the prior 12 months due to a dental problem. In 2007, 95% of children and youth had not missed any school days in the prior year due to a dental problem; 1% missed one day, and 4% missed two or more days.
Health and Well Being: Injury and Prevention
Health and Wellbeing: Injury Prevention

Injury is defined as a trauma to the body caused by acute mechanical, thermal, electrical or chemical exposure, or a lack of life-sustaining essentials such as oxygen or heat. Injuries are categorized as unintentional, (such as that resulting from a motor vehicle collision) or intentional (such as homicide). Most injuries in both categories are thought to be predictable and preventable.37

Nationally, motor vehicle collisions are the leading cause of injury and death for children and adolescents up to age 18. Approximately one-third of U.S. children ages 4 and younger who died in motor vehicle collisions were riding unrestrained.38 For children 4 to 7 years, belt-positioning booster seats reduce injury risk by 59% compared with seat belts alone,39 although it is estimated that only 37% ride in age-appropriate belt-positioning booster seats.40 The risk for injury and death in a motor vehicle collision is highest among 16- to 19-year-olds than in any other child or youth age group.41 Among children ages 10 to 14 in 2006, suicide and homicide were the third and fourth leading causes of death nationally, with 66% and 36% of these deaths, respectively, caused by firearms.42 For adolescents ages 12 to 19 years in 2006, homicide and suicide were the second and third leading causes of death nationally, with 83% and 49% of these deaths, respectively, caused by firearms.43

School-age children are particularly susceptible to nonfatal injuries involving recreational play and sports, although adolescents ages 10 to 14 years have the highest rates of sports- and recreation-related injuries, including those resulting in concussions and traumatic brain injuries.44

43 Ibid.
Took Household Child Safety Measures
Monterey County Parents, 2003

Parents were asked a number of questions concerning safety measures undertaken on behalf of children in their household.

Helmet Use while Bike Riding

5th Graders were asked: “When you ride a bicycle do you wear a helmet?”
**Seat Belt Use**  

5th Graders were asked: “When you ride in a car do you wear a seat belt?”

**Ridden in a Vehicle with a Drinking Driver**  
Monterey County Teens, 2001-2003

Notes: (1) Patterned columns are statistically unstable and should be interpreted with caution. (2) The change in percentage from 2001 to 2003 is not statistically significant.

Teens were asked, “Have you ever ridden in a car with a driver who has been drinking alcohol?”
**Seen a Student with a Gun or Knife at School**

5th Graders were asked, “During the past year, have you ever seen another kid with a gun or knife at school?”

**Seen Someone with a Weapon at School**
Monterey County 7th, 9th, and 11th Graders, 2004-2006

Students were asked, “During the past 12 months, how many times have you seen someone with a weapon on school property?”

**Guns in Household and Guns Handled without Adult Supervision or Knowledge**
Monterey County Adults and Teens, 2001

Note: Patterned columns are statistically unstable and should be interpreted with caution.
Adults were asked: “Do you have guns or firearms in or around the home?”
Teens were asked: “Have you ever handled a gun without adult supervision or knowledge?”
Nonfatal Hospitalization Injuries
Monterey County Children and Teens, 2002-2006

Note: Changes in nonfatal rates due to all causes and due to assault from 2002 to 2006 are not statistically significant.
Source: California Office of Statewide Health Planning and Development, Hospital Discharge Data, 2002-2006.

Fatal Hospitalization Injuries
Monterey County Children and Teens, 2002-2006

Note: The change in the rate of fatal injury hospitalization from 2002 to 2006 is statistically significant; the change in fatal injuries due to all causes from 2002 to 2006 is not statistically significant.
Source: California Office of Statewide Health Planning and Development, Hospital Discharge Data, 2002-2006.
Health and Wellbeing: Injury and Prevention Summary

Most Monterey County parents in 2003 said they installed safety latches and covered electric outlets in their home as a child safety precaution.

More than twice as many Monterey County 5th graders reported they wore a helmet when they rode a bike in 2004-2006 than did those who reported such in 2003-2004.

In 2004-2006, 71% of Monterey County 5th graders said they always wore a seatbelt when in the car, compared to 67% who said they did so in 2003-2004.

In 2001, 13% of Monterey County teens reported having ridden, at least once, in a car with a driver who had been drinking alcohol.

Approximately 24% of Monterey County 5th graders reported in 2004-2006 that they had seen another student with a knife or gun at school during the prior 12 months. This represents an increase from 21% reporting such in 2003-2004.

Approximately 19 to 23% of Monterey County 7th, 9th, and 11th graders reported in 2004-2006 that they had seen another student with a knife or gun at school twice or more during the prior 12 months.

In 2001, approximately 24% of Monterey County adults reported they had a gun or firearm in or around their home.

In 2003, 81% of Monterey County children and teens either “agreed” or “strongly agreed” that the park or playground closest to where they lived was safe during the day - but only 25% either “agreed” or “strongly agreed” that the park or playground was safe at night.

The rate of nonfatal hospitalization injuries for Monterey County children and teens ages 0 to 17 for all causes and for causes due to assault remained stable from 2002 to 2006.

The rate of fatal hospitalization injuries due to assault for Monterey County children and teens significantly declined from 2002 to 2006.

The rate of fatal hospitalization injuries for Monterey County children and teens ages 0 to 17 due to all causes remained stable from 2002 to 2006.
SOCIAL AND EMOTIONAL HEALTH
Social and Emotional Health

Resiliency in children and youth is defined as the capacity and ability to achieve positive outcomes despite living in a high risk environment, being subjected to chronic stress, or experiencing a traumatic event.\(^{45}\)

Protective factors that promote child and youth resiliency include meeting their needs for love and belonging, respect, identity, power, and meaning. Societal customs generally concur that it is the responsibility of parents/caregivers, relatives, teachers, neighbors and other adults to provide developmental supports and opportunities that meet these needs, and in turn promote positive outcomes, ultimately resulting in improved health, social, and academic outcomes.\(^{46}\)

Some stress is expected in every life, and experiencing stress helps children develop the resiliency they need to cope with and adapt to new and potentially threatening situations throughout life. Support from parents/caregivers, relatives, teachers, neighbors and others help children and youth learn how to respond in a physically and emotionally healthy manner. \(^{47}\)

When children and youth display inappropriate stress responses, the results can be directed inward (e.g. self-inflicted injury, depression, or substance abuse) or outward (e.g. bullying, destructive behaviors, or violence toward others). Children and youth who exhibit these behaviors may have co-existing conditions such as learning disorders, mood disorders, anxiety, and attention deficit/hyperactivity disorder, or suffer from post-traumatic stress.\(^{48}\)

Early treatment through a qualified mental health professional that includes personal issues, family conflicts, school problems, and community matters offers children and youth a better chance for considerable improvement and hope for a more successful future.

---


\(^ {48}\) Ibid.
5th Graders’ Internal Asset Scores

Note: Internal Assets are protective factors that promote youth development and resiliency in the face of environmental threat, stress, and risk.
Students were asked a series of questions about empathy, problem solving, goals and aspirations.

5th Graders’ External Asset Scores

Note: External Assets are protective factors that promote youth development and resiliency in the face of environmental threat, stress, and risk.
Students were asked a series of questions about caring relationships, high expectations, meaningful participation in their school and home environment, their personal school connectedness and peer environment.

Teens’ Internal Asset Scores
Monterey County 7th, 9th, and 11th Graders, 2002-2004

Note: Internal Assets are protective factors that promote youth development and resiliency in the face of environmental threat, stress, and risk.
Students were asked a series of questions about empathy, problem solving, goals and aspirations.

Teens’ External Asset Scores
Monterey County 7th, 9th, and 11th Graders, 2002-2004

Note: External Assets are protective factors that promote youth development and resiliency in the face of environmental threat, stress, and risk.
Students were asked a series of questions about caring relationships, high expectations, meaningful participation in their school and home environment, their personal school connectedness and peer environment.
Ever Been Threatened by Peers
Monterey County Teens, 2001-2003

Notes: (1) Patterned columns indicate statistical instability and should be interpreted with caution. (2) Changes in percentages from 2001 to 2003 were not statistically significant.
Teens were asked: “In the past 12 months, about how many times did someone your age threaten to hurt you or threaten to beat you up?”

Hit or Pushed on School Grounds

Notes: (1) Patterned columns indicate statistical instability and should be interpreted with caution. (2) Changes in percentages from 2003 to 2007 were not statistically significant.
5th Graders were asked: “Do other kids hit or push you at school when they are not just playing around (not involving sports or recreational activities)?”

Times in a Physical Fight in Past Year
Monterey County Teens, 2003-2007

Notes: (1) Patterned columns indicate statistical instability and should be interpreted with caution. (2) Changes in percentages from 2003 to 2007 were not statistically significant.
Teens were asked, “In the past 12 months, about how many times did you actually in a physical fight with a guy or girl, or a group of people around your age?”

Pushed, Shoved or Hit on School Grounds
Monterey County Teens, 2004-2006

Notes: (1) Patterned columns indicate statistical instability and should be interpreted with caution. (2) Changes in percentages from 2004 to 2006 were not statistically significant.
Teens were asked: “During the past 12 months, how many times on school property have you been pushed, shoved, hit, etc.”
Feeling Sad and Hopeless Almost Every Day

Note: Changes in percentages for all grades from 1998-2000 to 2004-2006 are not statistically significant.
Students were asked: “In the past 12 months, did you ever feel so sad and hopeless almost every day for two weeks or more that you stopped doing some usual activities?”

Discussed Emotions with Doctor During Last Exam
Monterey County Teens, 2001-2005

Note: Yellow data points represent statistical instability and should be interpreted with caution. The change in percentage from 2003 to 2005 is not statistically significant.
Teens were asked: “When you had your last routine physical exam, did you and a doctor or other health care provider talk about your emotions?”

At Risk for Depression
Monterey County Teens, 2003-2005

Note: (1) Patterned columns indicate statistical instability and should be interpreted with caution. (2) The change in percentage from 2003 to 2005 is not statistically significant.
Teens were asked a series of questions adapted from the Center for Epidemiologic Studies Depression Scale (CES-D8).
Consider Self to be a Gang Member
Monterey County Students, 2004-2006

Source: California Healthy Kids Survey, 2004-2006
7th, 9th and 11th Graders were asked, “Do you consider yourself a member of a gang?”

Felony and Misdemeanor Arrest Rates
Monterey County Children and Teens Ages 10-17
Years, 1998-2007

Notes: Changes in percentages from 1998 to 2007 for misdemeanor and felony arrests are statistically significant.
Source: California Department of Justice, Bureau of Criminal Information and Analysis, 1998-2007
Social and Emotional Health Summary

Nearly two-thirds of Monterey County 5th graders scored high in internal assets in 2004-2006. In 2003-2004, 52% scored high in internal assets.

Monterey County 5th grader scores for external assets were unchanged from 2003-2004 to 2004-2006. In 2003-2004, 70% scored high on internal assets, whereas in 2004-2006, 69% scored high in internal assets.

In 2003-2004 and 2004-2006, approximately 5% to 6% of Monterey County 5th graders said that other kids hit or pushed them at school “all of the time” (not related to play or sports).

The percentage of Monterey County 7th, 9th, and 11th grade students who scored low on internal assets in 2002-2004 increased with each grade level. 17% of 7th graders scored low on internal assets, as did 20% of 9th graders and 26% of 11th graders.

Monterey County 7th, 9th, and 11th grader scores on external assets in 2004-2006 were relatively similar across the three grade levels. Percentages of students scoring high for external assets fluctuated between 46% and 64%; scores for moderate external assets fluctuated between 41% and 46%, and scores for low external assets fluctuated between 5% and 7%.

In 2001 and 2003, 81% of Monterey County teens reported never having been threatened by a peer. In 2003 however, 12% of teens reported having been threatened by peers on three or more occasions in the prior year.

In 2001 and 2003, 81% of Monterey County teens reported never having been threatened by a peer. In 2003 however, 12% of teens reported having been threatened by peers on three or more occasions in the prior year.

In 2004-2006, between 8% and 10% of 7th, 9th, and 11th graders reported that they considered themselves to be a member of a gang.

In 2005, 20% of Monterey County teens were considered to be at risk for depression. In 2004-2006, from 31% to 35% of teens reported they “felt sad and hopeless almost every day.” In 2005, 31% of teens reported they had discussed their emotional health with a health care provider during their last physical exam.

Significant decreases were seen in the rates of youth misdemeanor and felony arrests per 100,000 youth ages 10 to 17 in the ten years from 1998 to 2007.
FAMILY STABILITY
Family Stability

Scientific research has found that family stability can have positive effects on a child's health behaviors and outcomes, academic performance and achievement, social skills development, and emotional functioning. For example:

- Children who have consistent and positive relationships with their parent(s)/caregivers are more likely to have positive health behaviors and lower levels of illness.\(^{49,50}\)
- With regard to accessing health services, stable families of any composition are also more likely to obtain well-child care and the appropriate immunizations for their children.\(^{51}\)
- Children having stable relationships with parent(s) and consistent caregivers perform better academically and on achievement tasks and are less likely to repeat a grade or drop out of school.\(^{52,53}\)

- Children reared in stable environments are more likely to have positive relationships with peers and are less likely to have behavioral problems and to be diagnosed with mental illness.\(^{54,55}\)

A 13-year study of 152 families of varying socio-economic and race/ethnic status measured children's intelligence quotients (IQ) measured at age 4 and age 13. The study found that 10 risk factors were significantly related to lower child IQ scores: mother's behavior, mother's developmental beliefs, mother's anxiety, mother's mental health, mother's educational attainment, family social supports, family size, major stressful life events, occupation of head of household, and disadvantaged minority status. The effects of multi-causal patterns of risk varied by family socio-economic status and race/ethnicity, but importantly, the patterns of risk were found to be less important than the total amount of risk to which the child/youth had been exposed.\(^{56}\)

---


Children and Youth Estimated to be Homeless
Monterey County Children and Youth, 1999-2007

Source: Monterey County Homeless Census and Needs Assessment, 1999; Monterey County Homeless Study 2002; Monterey County Homeless Census 2005; 2007 Monterey County Homeless Census and Survey.

Home After School Without Adult Supervision

Notes: (1) Yellow markers indicate statistical instability and should be interpreted with caution. (2) Changes in percentages from 2001 to 2005 are not statistically significant.
5th Graders were asked, “Are you home alone after school?”

Knowledge of Teen Whereabouts After School
Monterey County Teens, 2001-2005

Notes: (1) Yellow markers indicate statistical instability and should be interpreted with caution. (2) Changes in percentages from 2001 to 2005 are not statistically significant.
Teens were asked: “How much do your parents really know about where you are most afternoons after school?”

Knowledge of Teen Whereabouts At Night
Monterey County Teens Ages 12-17

Notes: (1) Yellow markers indicate statistical instability and should be interpreted with caution. (2) Changes in percentages from 2001 to 2005 are not statistically significant.
Teens were asked, “About how much do your parents (guardians) really know about where you go when you go out at night?”
Maltreatment Referrals to Child Welfare System
Monterey County Children and Teens, 1998-2007

Note: The change in percentage from 2001 to 2005 is not statistically significant.

Substantiated Allegations of Child Maltreatment
Monterey County Residents Ages 0-17, 2007

Note: At Risk includes child and related sibling at risk; Neglect includes severe and general neglect.

Substantiated Child Maltreatment as a Percent of Referrals
Monterey County Children and Teens, 1998-2007

Note: The change in percentage from 1998 to 2007 is not statistically significant.
Children and Teens in Child Welfare System
Monterey County Children and Teens, 1999-2008

Notes: (1) Based on an unduplicated count of entries during time period. (2) The change in percentage from 1999 to 2008 is not statistically significant.

Months From Latest Removal to Family Reunification
Monterey County Children and Teens, 1998-2007

Notes: The change in percentage from 1998 to 2007 is not statistically significant.

Rate of First Entry to Foster Care
Monterey County Children and Teens, 1998-2007

Notes: (1) Based on an unduplicated count of entries during time period. (2) The change in percentage from 1998 to 2007 is not statistically significant.

Reunification with Family Within 12 Months
Monterey County Children and Teens, 1998-2007

Note: The change in percentage from 1998 to 2007 is not statistically significant.
Family Stability Summary

In 2007, it was estimated that 1,036 Monterey County children and youth were homeless. This estimate was nearly double the 2005 estimate of 583 homeless children and teens.

Over 90% of Monterey County 5th graders reported in 2004-2006 that they were never or only sometimes home alone after school. 9% reported they were home alone after school most or all of the time.

93% of Monterey County teens reported in 2005 that their parents knew where they were after school. 7% reported their parents knew little or nothing of their whereabouts after school.

81% of Monterey County teens reported in 2005 that their parents knew where they were at night. 19% reported their parents knew little or nothing of their whereabouts at night.

Monterey County’s rate of referrals to the child welfare system fluctuated from a ten-year low of 34 per 1,000 children and teens ages 0-17 in 2007 to a ten-year high of 41 per 1,000 in 1999.

In 2007, 17% of all Monterey County child and teen referrals to the child welfare system were substantiated as child maltreatment cases.

Neglect (n=313) was the predominant type of Monterey County substantiated child maltreatment case in 2007, followed by physical abuse (n=87) and emotional abuse (n=82).

The prevalence of Monterey County children and teens in the child welfare system was fairly unchanged for a five year period. The rate fluctuated from 3.8 per 1,000 children and teens in 2004 to 3.6 in 2008.

The rate of Monterey County children and teens first entry to foster care remained unchanged for a 10 year period. The rate fluctuated from 1.7 in 1998 to 1.9 per 1,000 children and teens in 2007.

The median number of months from a Monterey County child’s or teen’s latest removal from their family to family reunification was 7.5 months in 2007. The median number of months fluctuated in the past ten years from a low of 1.6 months in 1999 to a high of 8.4 months in 2005.

The percentage of Monterey County children and teens in the child welfare system who were reunified with their families within 12 months was 62% in 2007. This percentage varied from a ten-year high of 80% in 2003 to a low of 62% in 2007.
School Success
School Success

Early childhood health and development provide a foundation upon which children can engage in increasingly more challenging activities that stimulate their physical, cognitive, and social growth. The variety of factors that influence a child’s ability to be successful in school include but are not limited to:

- the child’s physical, cognitive, and emotional health;
- parent/caregiver relationships and family stability; and
- family and community socio-economic status.

Promoting optimal early childhood health and development is therefore important not only in the present but also for the child’s future, as early school success is clearly related to success in adulthood.

By the time a pre-teen enters middle school, their academic success is greatly influenced by both family and school environments. Research has shown that parental values, teacher responsiveness, school responsiveness, and a supportive social environment all have some predictive aspects for students' motivations and academic competence.

Research indicates that students have a better chance of achieving success in high school when their parents and their peers believe in values and accompanying behaviors that stress personal responsibility. Values are found to have both direct effects on school outcomes and indirect effects through out-of-school behaviors. Importantly, it has been shown that the effect of personal responsibility values as a whole is consistently larger than the effect of socio-economic status when predicting both the level of student performance and changes in student performance.

---

Reading to Children
Monterey County Parents, 2005-2007

Number of Times Moved in Past Year

Kindergarteners Ready for School
Monterey County Kindergarteners, 2006

Notes: (1) Patterned columns are statistically unstable and should be interpreted with caution. (2) Changes in percentages from 2005 to 2007 are not statistically significant.

Source: California Health Interview Survey, 2005-2007
Parents in households with children age 5 or younger were asked: “In a usual week, about how many days do you or any other family members read stories or look at picture books with your child?”

Notes: (1) Data represent children with “Fully” or “Almost Mastered” skills critical to school readiness. A random sample of teachers completed an observation checklist, known as the Modified Desired Results Developmental Profile (MDRDP) for each kindergarten student in their classroom between 30 and 60 days after the start of school. The MDRDP is an abbreviated version of an observation tool developed by the California Department of Education. (2) Note: Changes in percentages from 2005 to 2007 are not statistically significant.

Source: First 5 Monterey County, 2006 Kindergarten Readiness Assessment.
## Parents Preparing Child for Kindergarten

**Monterey County Parents in First 5 Kindergarten Readiness Program, 2006**

<table>
<thead>
<tr>
<th>Parent Did the Following with Child</th>
<th>Never (%)</th>
<th>Monthly (%)</th>
<th>Weekly (%)</th>
<th>Daily (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice self-help skills (n=1,341)</td>
<td>2%</td>
<td>2%</td>
<td>12%</td>
<td>83%</td>
</tr>
<tr>
<td>Watch television or videos (n=1,339)</td>
<td>0%</td>
<td>2%</td>
<td>17%</td>
<td>81%</td>
</tr>
<tr>
<td>Play active games (n=1,340)</td>
<td>0%</td>
<td>2%</td>
<td>22%</td>
<td>76%</td>
</tr>
<tr>
<td>Play with other children of the same age (n=1,337)</td>
<td>2%</td>
<td>2%</td>
<td>22%</td>
<td>74%</td>
</tr>
<tr>
<td>Complete tasks to get ready for school (n=1,306)</td>
<td>10%</td>
<td>5%</td>
<td>18%</td>
<td>67%</td>
</tr>
<tr>
<td>Sing songs (n=1,282)</td>
<td>4%</td>
<td>6%</td>
<td>26%</td>
<td>64%</td>
</tr>
<tr>
<td>Practice Kindergarten skills (n=1,347)</td>
<td>3%</td>
<td>5%</td>
<td>29%</td>
<td>63%</td>
</tr>
<tr>
<td>Practice counting (n=1,314)</td>
<td>1%</td>
<td>5%</td>
<td>36%</td>
<td>57%</td>
</tr>
<tr>
<td>Read stories/books (n=1,329)</td>
<td>4%</td>
<td>9%</td>
<td>44%</td>
<td>43%</td>
</tr>
<tr>
<td>Participate in an organized play group (n=1,300)</td>
<td>21%</td>
<td>9%</td>
<td>32%</td>
<td>38%</td>
</tr>
</tbody>
</table>

Source: First 5 Monterey County, 2006 Kindergarten Readiness Assessment.
**Child has Good Attention Span**  
Monterey County Parents, 2003

Note: Patterned columns indicate statistical instability and should be interpreted with caution.  
Parents were asked to respond to the statement: “My child has a good attention span, sees chores or homework through to the end.”

**Felt Safe at School**  

Source: California Healthy Kids Survey, 2008  
5th Graders were asked, "Do you feel safe at school?"

**Ate Breakfast That Morning**  

Source: California Healthy Kids Survey, 2008  
5th Graders were asked, "Did you eat breakfast this morning?"

**Enrollment in Special Education as a Percent of Total Enrollment**  
Monterey County Students Ages 5-17, 2004-2004 – 2007-2008

Note: The change in percentage from 2004-2005 to 2007-2008 is not statistically significant.  
Students Scoring At or Above 50th National Percentile Rank on California Standardized Tests

Note: Changes in percentages from 2004-2005 to 2007-2008 are not statistically significant.

Students Scoring At or Above 50th National Percentile Rank on California Standardized Tests

Note: Changes in percentages from 2004-2005 to 2007-2008 are not statistically significant.

Student to Computer Ratio

Note: The change in percentage from 2004-2005 to 2007-2008 is statistically significant.
Expulsion and Suspension Rate

Note: Change in the expulsion rate from 2005-2006 to 2007-2008 is not statistically significant; change in the suspension rate from 2005-2006 to 2007-2008 is statistically significant.
Source: California Department of Education, Data Quest, 2008.

Four-Year Derived Dropout Rate
Monterey County High School Students, 2005-2006 - 2007-2008

Notes: (1) The four-year derived dropout rate is an estimate of the percent of students who would drop out in a four-year period based on data collected for a single year. (2) The change in the percentage from 2004-2005 to 2007-2008 is not statistically significant.
Source: California Department of Education, Data Quest, 2008.
School Success Summary

Monterey County parents reported reading more frequently to their children aged five and younger in 2007 than in 2005. Although not statistically significant, over 57% of parents reported reading to their young children daily in 2007, and 31% reported reading on three to six days per week.

From 2004 to 2006, Monterey County’s kindergarteners demonstrated noteworthy gains in all four developmental dimensions of school readiness. In 2006, 32% of kindergarteners had fully or almost mastered observation, curiosity, participation, patience, and perseverance skills.

About half of Monterey County 5th graders experienced one or more residential relocations in 2004-2006. Nearly 25% of 5th graders moved twice or more.

In 2006 only 43% of Monterey County parents in the First 5 Kindergarten Readiness Program reported reading books or telling stories to their preschool child in the year prior to kindergarten. The two most common activities that Monterey County parents did with their child were “practice self-help skills” (83%) and “watch television or videos” (81%).

In 2003, nearly half (47%) of Monterey County parents reported their child had a good attention span. 15% of parents reported their child did not have a good attention span.

80% of Monterey County 5th graders reported eating breakfast on a school day in 2004-2006. Although not a significant change, 78% of 5th graders reported eating breakfast on a school day in 2003-2004.

In 2004/2006, only 53% of Monterey County students ages 5 to 17 said they always felt safe at school. 16% reported feeling safe most of the time, 25% felt safe some of the time and 7% never felt safe.

Math and spelling scores at or above the 50th national percentile increased from 2004-2005 to 2007-2008, for Monterey County 3rd and 7th graders, although these changes were not statistically significant.

The ratio of students to computers in Monterey County schools for kindergarten through 12th grade significantly decreased from 2004-2005 to 2007-2008.

The rate of Monterey County student suspensions significantly increased from 39 per 100,000 students in 2005-2006 to 58 per 100,000 students in 2007-2008.

The Monterey County four-year derived dropout rate fluctuated from 6.8 per 100 students in 2005-2006, to 7.5 per 100 students in 2007-2008.
COMMUNITY SUPPORTS
Community Supports

Personal safety, an environment that promotes healthy activities, and a sense of neighborhood connection are three quality of life indicators that define how residents live in and shape their communities.

A child’s first experience of their community is likely to grow from their use of neighborhood surroundings such as sidewalks, streets, parks, buildings, and businesses. In the 1990s sociologists, psychologists, demographers and scholars of many other disciplines began asking how neighborhoods influence a child’s wellbeing, and how youth health, behaviors, and achievements are affected by neighborhood challenges and opportunities.

Prominent researchers have created three models to study community supports. The Institutional Resources model attempts to measure the quality, quantity, and diversity of neighborhood recreational, social, educational, and health resources. The Relationships and Ties model examines parental attributes (e.g., coping skills), social networks, and behavior (e.g., supervision-monitoring, warmth, and harshness), and home environments (e.g., family routines and violence).

Lastly, the Norms and Collective Efficacy model accounts for socially accepted behaviors and the goal of maintaining public order (e.g., violence, availability of illegal and harmful substances). 63

Use of these models resulted in the findings that neighborhoods do matter as a context for the healthy, successful development of children and youth. The degree of impact, however, varies with socio-economic, cultural, mobility, gentrification, and immigration dynamics. 64

---

64 Ibid.
Perception of Personal Safety Outside School

![Bar graph showing perceptions of personal safety outside school for Monterey County 5th Graders, 2003-2004 and 2004-2006.](image)

5th Graders were asked: “Do you feel safe outside of school?”

Park, Playground, or Open Space within Walking Distance of Home
Monterey County Adults, 2003-2007

![Bar graph showing the availability of park, playground, or open space within walking distance of home for Monterey County adults, 2003-2007.](image)

Adults were asked a series of questions about neighborhood conditions.

Advent in Neighborhood that Children Look Up To
Monterey County Parents, 2003

![Bar graph showing the percentage of adults in Monterey County neighborhoods that children look up to, 2003.](image)

Note: Patterned columns are statistically unstable and should be interpreted with caution.
Parents were asked how much they agree with the statement: “There are adults in my neighborhood that children admire or look up to.”

Feel Safe in the Neighborhood
Monterey County Adults, 2005-2007

![Bar graph showing the percentage of adults in Monterey County neighborhoods feeling safe, 2005-2007.](image)

Note: Changes in percentages from 2005 to 2007 were not statistically significant.
Adults were asked: “Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?”
Community Supports Summary

Less than one-third of Monterey County 5th graders said they always felt safe outside of their school. In 2007, an additional 30% said they felt safe most of the time, and 24% felt safe only some of the time. 16% of Monterey County 5th graders said they never felt safe outside of their school.

In 2003, 65% of Monterey County parents said they were adults in their neighborhood that children could admire or look up to. 35% of parents disagreed or strongly disagreed with the statement that there were adults in their neighborhood that children could admire or look up to.

Slightly over 80% of Monterey County residents stated there was a nearby park or playground in their neighborhood. In 2003, 96% thought the park or playground was a safe place during the day, but only 81% thought so in 2007. Likewise, in 2003, 59% thought the park or playground was safe at night, while only 25% thought so in 2007.
TECHNICAL NOTES
Confidence Interval

In this report, where regression tests were not conducted due to less than three years of available data, a 95% confidence interval was used to determine statistical significance.

Denominator Selection

The source of population estimates and projections used for demographic graphs and as the denominator for most of the calculated rates was:


Race/Ethnicity Classification

Race/ethnicity coding was established from self-reported variables. Hispanic origin was determined first and included any race. The remaining non-Hispanics were categorized as follows:

1. Asian/Pacific Islander included Guamanian, Hawaiian, Samoan, Other Pacific Islander, Asian Indian, Asian (unspecified), Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Thai, and Vietnamese;
2. Black included Blacks or African Americans;
3. White included White;
4. Other included Aleutian, American Indian, Eskimo, Multi-Racial, and Other; and
5. Unknown included those who declined to state their race or for whom data were unavailable.

Relative Standard Error

The relative standard error used in calculating rates in this report was >23%. This criterion is more conservative than the standard recommended by the National Center for Health Statistics (25%) to determine the reliability of rates based on small numbers.

Statistical Significance

In this report, statistical significance was determined by regression tests that were conducted on data with three or more points in time intervals. A p value of <0.05 indicated statistical significance. For data with fewer than three points in time, confidence intervals were used to determine the existence of overlap. Confidence intervals were not available for some data, in which case no statistical testing was done. Statistical significance is not equivalent to biological or public health significance. Therefore, results that were not statistically significant were included in this report due to their potential importance in a public health context.
Survey Data

The self-reported data presented in this report were primarily collected from two surveys that are conducted statewide on a regularly scheduled basis. The California Health Interview Survey (CHIS), the largest health survey in the state and one of the largest in the nation, is a collaborative project of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute. The California Healthy Kids Survey (CKHS) is funded by the California Department of Education and conducted by WestEd in all California school districts every two years, in compliance with the national No Child Left Behind legislation.

California Health Interview Survey (CHIS)

CHIS is a computer assisted telephone interview survey that uses a geographically stratified random-digit-dial sample. The survey is conducted in five languages: English, Spanish, Chinese (Mandarin and Cantonese dialects), Vietnamese, and Korean. The survey’s objective is to produce statistically reliable estimates for non-institutionalized populations, stratified by age group, race/ethnicity, gender, and income level.

CHIS is conducted every two years, with many core questions repeated each year to allow for measuring changes over time. Multi-year comparisons are not always possible because some questions are not repeated and new questions are at times added to address emerging concerns that are important for planning and policy development.

CHIS survey results are provided for children, teens, and adults according to these age groups:

- Children represent ages 0 to 11
- Teens represent ages 12 to 17
- Adults represent ages 18 and older

Unless stated otherwise in the exhibit title, these age groups apply to the data presented. Survey questions for children were asked of their parent or guardian.

Survey responses for years 2001 and 2003 include those from residents of San Benito County; however, the small numbers of San Benito County survey respondents were such that when weighted, the data (percentages) largely represented responses of Monterey County residents.

California Health Interview Survey Sample Sizes

<table>
<thead>
<tr>
<th>Survey Year</th>
<th>Counties/County</th>
<th>Children 0-11 Years</th>
<th>Teens 12-17 Years</th>
<th>Adults 18+ Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>Monterey &amp; San Benito</td>
<td>213</td>
<td>102</td>
<td>800</td>
</tr>
<tr>
<td>2003</td>
<td>Monterey &amp; San Benito</td>
<td>126</td>
<td>44</td>
<td>542</td>
</tr>
<tr>
<td>2005</td>
<td>Monterey</td>
<td>158</td>
<td>62</td>
<td>554</td>
</tr>
<tr>
<td>2007</td>
<td>Monterey</td>
<td>131</td>
<td>44</td>
<td>626</td>
</tr>
</tbody>
</table>
To produce population-level estimates from the CHIS data, weights are applied to the sample data to compensate for the probability of selection and a variety of other factors. The sample is weighted to represent the non-institutionalized population for each sampling stratum and statewide. The CHIS survey responses are age-adjusted to provide a better estimate of the relative index of risk for health outcomes across different age distributions. CHIS utilizes California Department of Finance population projections to calculate the estimated county population represented by a particular prevalence.

California Healthy Kids Survey (CHKS)

CHKS is a self-report data collection system for public school students in all district continuation schools, and all charter schools that receive district funds. Survey results are aggregated to the county level and issued in a single report that covers a two-year period (the initial report for Monterey County 5th graders covered a one-year period).

Surveys are conducted in English and Spanish, and provide health status, risk, perception, and behavior data. The survey’s core module provides valid indicators of drug use, violence, crime, and physical and mental health. While all districts must conduct the CHKS core module for compliance with No Child Left Behind legislation, some districts choose to conduct supplementary modules consisting of detailed alcohol and drug use, tobacco use, physical behavior, or sexual behavior questions. In addition to the core module, Monterey County conducts a resiliency and youth development module.

CHKS is conducted in a random sample of school classrooms. For grade 5 students, active consent must be obtained from the parent or guardian before the survey may be administered. Randomly selected students in grades 7, 9, and 11 are administered the survey with either active or passive parental consent. Participation is voluntary. Even if a parent consents, the student need not answer every question, or can refuse to take the survey all together. Student answer sheets are collected confidentially and sent to WestEd for processing.

CHKS survey results are presented as the percentage of students responding to each question, and arranged by grade. The survey’s sampling plan is designed to achieve a response rate of at least 60% to assure validity and representativeness.

California Healthy Kids Survey Student Sample Sizes

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of 5th Grade Students</th>
<th>Number of 7th Grade Students</th>
<th>Number of 11th Grade Students</th>
<th>Number of 9th Grade Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-2004</td>
<td>2,464</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004-2006</td>
<td>3,969</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2002-2004</td>
<td>2,371</td>
<td>1,622</td>
<td>1,246</td>
<td></td>
</tr>
<tr>
<td>2004-2006</td>
<td>4,030</td>
<td>3,303</td>
<td>2,791</td>
<td></td>
</tr>
</tbody>
</table>
Monterey County Health Department is committed to three core functions of public health: assessment, policy development, and assurance.

The assessment process – which this report addresses – involves the regular collection, analysis, and sharing of information about health conditions, risks, and resources in our community.

The assessment function assists with the identification of trends in illness, injury and death, as well as the factors that may cause these events such as available health resources, unmet needs, and community perceptions about health issues.