



**CHILDREN
NOW**



**California County Scorecard of Children's Well-Being:
Creating Healthier Communities for Our Future**

08

Funded by The California Endowment



Within the next 20 years, the 10.1 million children growing up in California's communities will become adults who shape our economic viability, social fabric and civic life.

Place Matters: Shaping Children’s Environments to Strengthen California



Within the next 20 years, the 10.1 million children growing up in California’s communities will become adults who shape our economic viability, social fabric and civic life. Yet, while the quality of our collective future is determined by the well-being of these children, California’s current patchwork system of supports for them remains inadequate, failing to address all their basic needs. A large percentage of children continue to lack access to quality oral, mental and medical health care services, precluding preventative care and further burdening an already strained health care system. The places where children live, play and learn are often unsafe, undermining their ability to thrive. And California’s education system is failing to prepare children to become strong members of the workforce, undermining their livelihoods and threatening the state’s competitiveness in the global market. California must do better for its children on behalf of us all.

Creating More Supportive Environments for Children Today Will Ensure A Much Stronger Society Tomorrow

Every community has a complex ecology composed of interconnected social, physical, service and economic components that profoundly impact children. When these environmental components work in concert, children thrive. When communal spaces are

attractive and safe, its members are more likely to spend time outdoors and build positive support networks, such as Neighborhood Watch, with other community members. Children benefit by having more opportunities to play outdoors and adopt an active, healthy lifestyle. And as communities flourish, businesses become more likely to start up or expand, thus increasing local employment opportunities and lessening children’s risk of poverty. Economically vibrant communities are better able to invest in schools, hospitals, public safety and support services, and ensure they are held to high standards.

Yuba County

Grade: **C-**

Yuba County is a low income, rural community that is home to 10.1 million children ages 0-18. Of the children in the county, 2% are African American, 27% are Latino, 53% are white, and 7% are other ethnicities.

The following data represent key environmental influences pertaining to children’s well-being in Yuba County, from birth to adolescence.

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INDICATOR	TERCILE
Children who report “very good” to “excellent” health	Low
Children with health insurance	

The online application accompanying this report provides comprehensive and comparative county-level data on children’s well-being. Go to www.childrennow.org/scorecard.



Learn more from the *Scorecard’s* complete county-level data and functionality, only available online at www.childrennow.org/scorecard.

Place Matters:

Shaping Children's Environments to Strengthen California

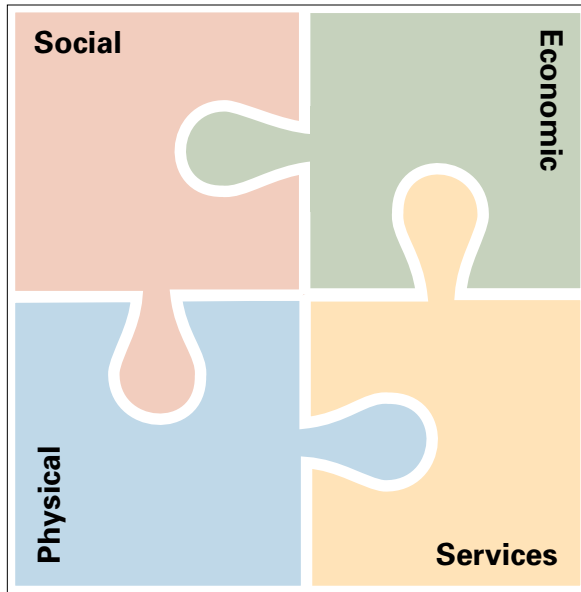


Figure 1
ENVIRONMENTAL INFLUENCES

A community's health is affected by its interrelated economic, social, physical and service environments.

Just as every community has interconnected physical, social, service and economic environments that make them distinct, every child has a unique set of assets and needs. To repair the ineffective, patchwork system of supports that currently exist for children, state and local communities must take a holistic approach to children's well-being. Too often, children's services are siloed, addressing only a single aspect of children's health, safety or readiness to learn. This approach fails to recognize the interdependence of all the elements children need to thrive. A child in poor health will have difficulty learning. A child who is not safe is less likely to be healthy. The state and local

communities must ensure that children's physical, social, service and economic environments work together to support the whole child. Only then will children have a better chance to reach their full potential.

The California County Scorecard: A Tool for Measuring Progress

Enabling all California children to be healthy, safe and ready to learn will require multifaceted solutions and ongoing community- and state-level engagement. The *2008 California County Scorecard*, an online application accompanying this report and available at www.childrennow.org/scorecard, supports this long-term effort by highlighting and tracking data that provide a holistic picture of children's status and unmet needs. It presents information by county in recognition of the richly diverse and unique places that characterize our state.

Our goal is to ensure that 100% of children have access to the resources and supports they need to be successful. This target provides a directional vision for California's children, which is shared

Just as every community has interconnected physical, social, service and economic environments that make them distinct, every child has unique assets and needs.





by policymakers, children's advocates and the general public, and which will serve as a consistent benchmark for progress over time. The *Scorecard* contains county-level profiles, including racial/ethnic, trend and comparative data that let counties see clearly where their efforts are needed and where they can celebrate success.

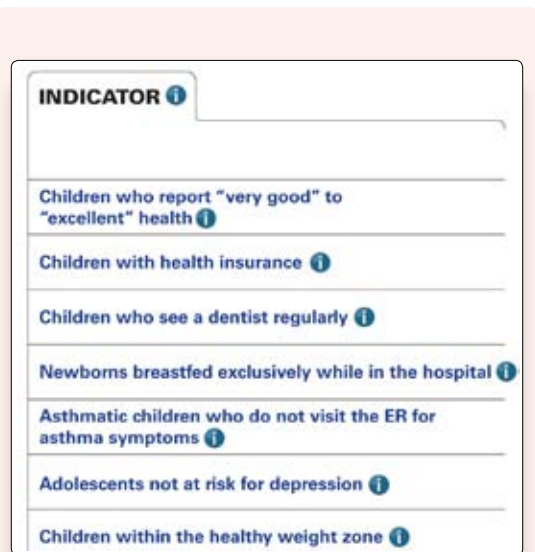
The content of the *Scorecard* is intended to support state- and local-level action to improve children's well-being by:

- (1) Providing current, county-level information about children and families, and measuring progress over time;
- (2) Showing counties where they are improving overall and where there are continuing disparities through trend data and data by race/ethnicity;
- (3) Encouraging the identification and sharing of best practices among similar counties by grouping counties according to population density and per capita income;
- (4) Encouraging counties to collaborate with one another to address common environmental determinants of children's well-being;
- (5) Encouraging counties to pursue the promotion of children's well-being through cross-sector solutions that are grounded in community data, knowledge of local assets and best practices of similar counties;
- (6) Highlighting the need for high-quality, county-level data that are regularly available and provide a holistic view

of children's well-being, covering the environments in which children live, play and learn.

Indicators of Children's Well-Being

To provide a comprehensive view of children's status and needs, this report measures California's 58 counties on 26 indicators of children's well-being.¹ These indicators represent a mix of environmental influences and children's outcomes from birth through adolescence, using survey and administrative data sources.



The *Scorecard*'s online application enables you to click on any indicator to see how your county is doing relative to all other California counties.

1. The *Scorecard*'s Notes & Sources, beginning on page 21, contains detailed information about each indicator, including information about the data sources.

Indicators

The indicators were chosen in consultation with the *Scorecard's* Advisory Committee, a panel of highly-regarded experts in children's health, safety and readiness to learn. The data sources for all 26 indicators are updated regularly, which allows for timely tracking of changes.

All children deserve to be healthy, safe and ready to learn. With this goal in mind, all indicators have a target of 100%. As such, each indicator is expressed as a percentage of that desired outcome. In total, the *Scorecard* tracks and supports California's state- and local-level efforts to ensure that:

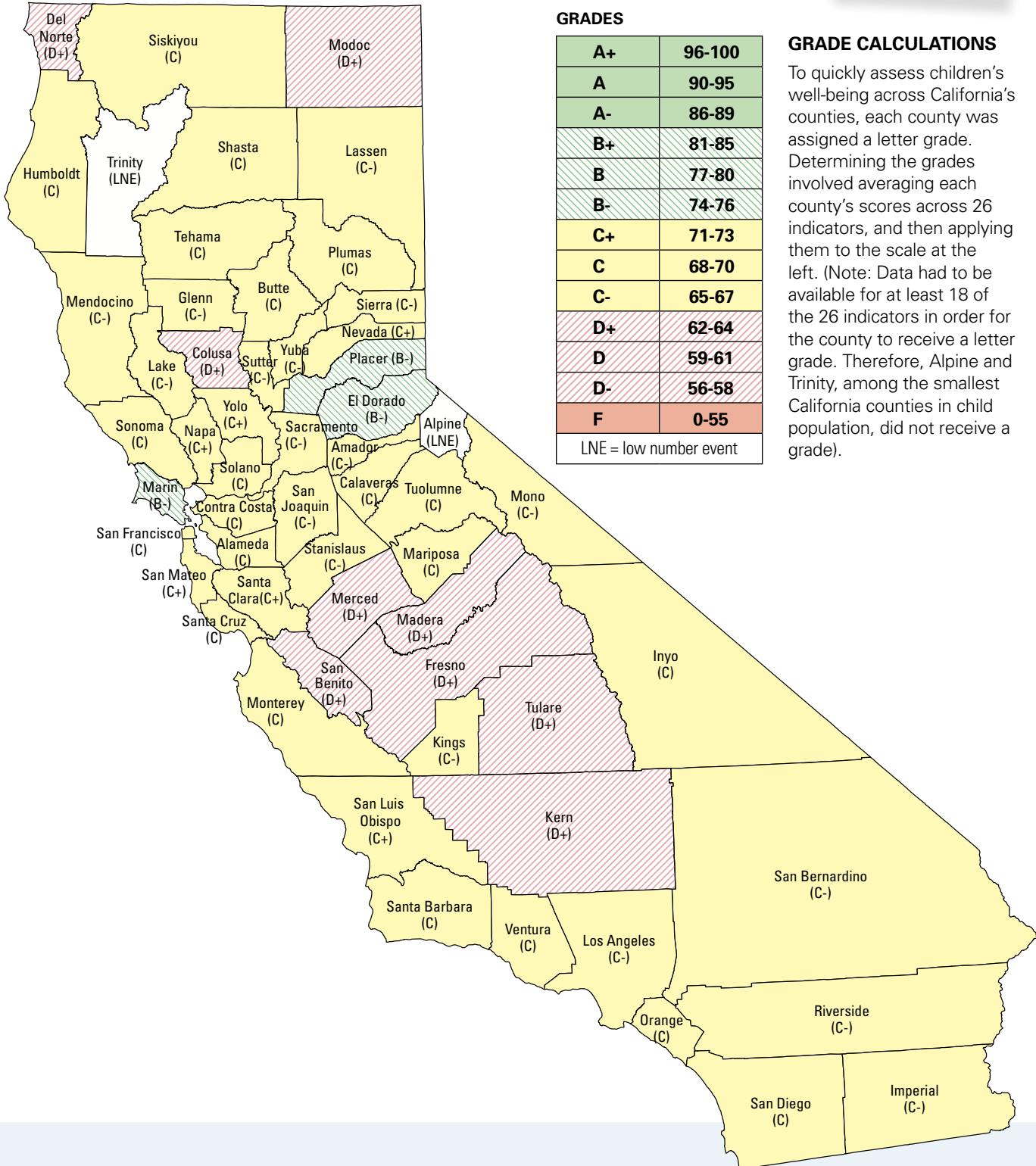
1. All children report "very good" to "excellent" health status
2. All children have health insurance
3. All children are seeing a dentist regularly
4. All newborns are breastfed exclusively while in the hospital
5. All asthmatic children have well-managed asthma, which does not require an emergency room visit
6. All adolescents are not at risk for depression
7. All children are in the healthy weight zone
8. All children live within walking distance to a park, playground or open space
9. Every school has a school nurse
10. All adolescents feel connected to an adult
11. All elementary and middle school-age children have adult supervision during after school hours
12. All elementary and middle school-age children feel safe in their school
13. All high school students feel safe and have not been victimized at school
14. All children are safe on and around roads²
15. All children in the child welfare system are safe from repeat maltreatment
16. All adolescents are substance-free
17. All children and youth are safe from homicide
18. All youth do not commit violent crimes
19. All women receive prenatal care by the end of the second trimester
20. All young children are read to often
21. All 3- and 4-year-olds are enrolled in preschool
22. All children miss no more than four school days due to illness
23. All children feel connected to their school
24. All 4th-graders meet or exceed state standards in English Language Arts
25. All 8th-graders are enrolled in Algebra
26. All 10th-graders pass the English portion of the California High School Exit Exam

2. This indicator measures unintentional injuries among children that are not due to motor vehicle, traffic, bicycling or pedestrian accidents.



FIGURE 2

County Grades



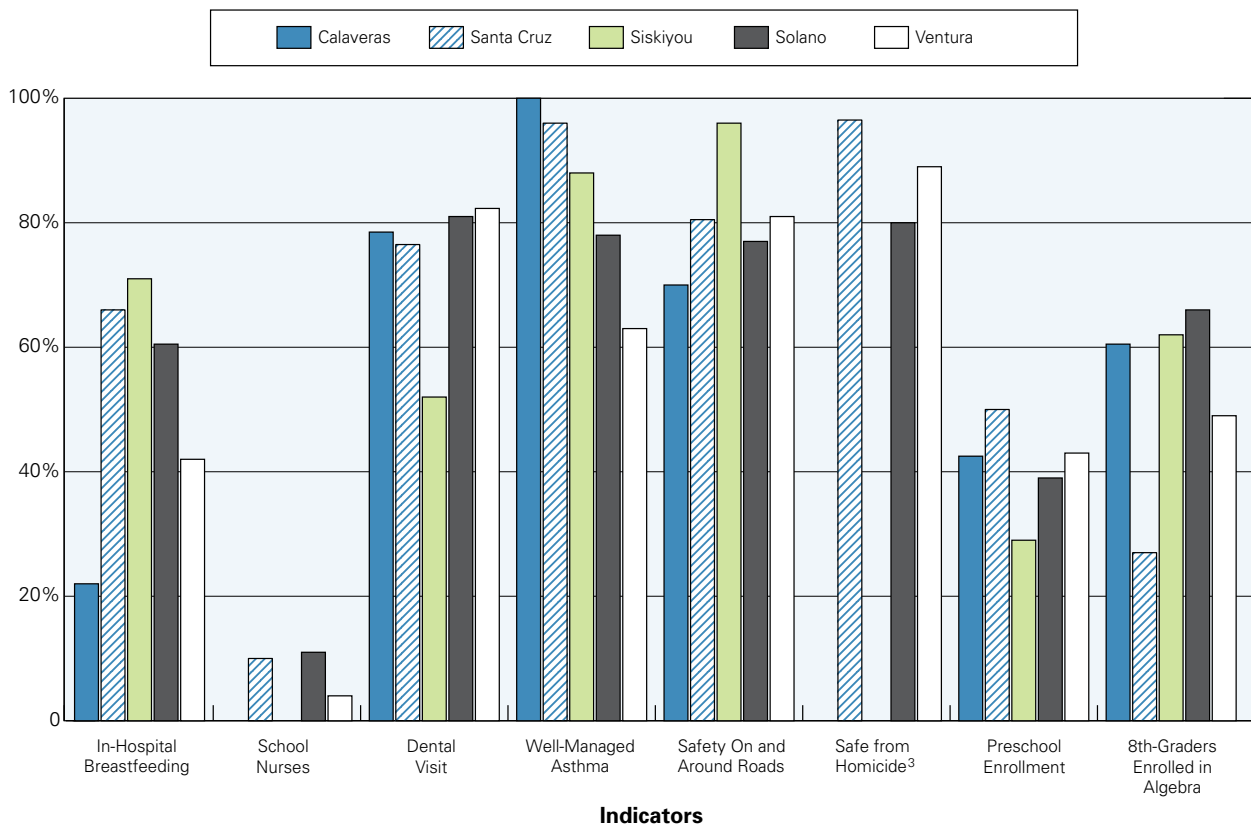
Not All C's Are Created Equal

While 44 of 58 counties received “C” grades (including “C-,” “C” and “C+”), this similarity masks key differences in children’s well-being within each county. Moreover, such differences occur even among counties that are presumed to be similar.

Figure 3 includes a sample set of indicator data from five of the 44 counties that received “C’s.” It illustrates a wide range in performance on individual indicators. Calaveras County, a middle-income rural county in central

California, is doing well in supporting the management of children’s asthma and is average to better-than-average on children’s oral health, preschool enrollment and the percentage of 8th-graders enrolled in Algebra. Calaveras County, however, is performing below average on the number of breastfed newborns, schools with nurses, and safety of children on and around roads. In contrast, Santa Cruz County, a high-income urban county in the central coast, is performing above average in the number of

FIGURE 3: NOT ALL C'S ARE CREATED EQUAL: SAMPLE OF "C" COUNTIES



3. This indicator measures the percentage of deaths among children that are not due to homicide.



breastfed newborns, schools with nurses, management of children’s asthma, safety of children on and around roads, prevention of homicides, and preschool enrollment. Santa Cruz County, however, is below average in ensuring children have good oral health and enrollment of 8th-graders in Algebra.

The many environmental factors that influence children’s well-being in a given community are distinct to that community. As such, improving children’s outcomes will require locally-tailored and multifaceted solutions. In the table on pages 8 and 9, counties’ grades are displayed, along with a sample set of the 26 indicators. This subset was chosen to highlight variations in individual indicators among counties with similar grades; it should not be considered more or less important than any of the other indicators that make up the *Scorecard*. Using counties’ population density and per capita income of families with children, counties are grouped on the basis of their being “urban” or “rural” and “high-,” “middle-” or “low-income.” Grouping counties

in this way allows readers to understand how counties in California are faring overall and how similar counties’ grades compare to one another.



The assets available to children and their remaining needs are distinct to each individual county. The online *Scorecard*, available at www.childrennow.org/scorecard, allows you to see and learn from these important differences.

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TABLE 1

County Grades & Exemplar Indicators

Counties' grades, along with a sample set of the 26 indicators, are displayed in the following table. Please note that the individual indicators included below are no more or less important than any others included in the *Scorecard*. They are shown here to highlight the variations in grade composition among counties that received similar grades.

County	Grade	Park Proximity	Health Insurance	School Nurses	Preschool	Caring Adult	High Schoolers Safe at School
High Income, Urban							
Alameda	C	84%	95%	11%	52%	64%	28%
Contra Costa	C	81%	95%	9%	57%	68%	28%
Marin	B-	89%	98%	7%	74%	72%	37%
Napa	C+	85%	95%	10%	59%	67%	29%
Orange	C	86%	91%	20%	40%	67%	33%
Placer	B-	83%	97%	14%	60%	72%	35%
San Diego	C	79%	92%	29%	49%	66%	30%
San Francisco	C	88%	100%	0%	47%	52%	33%
San Mateo	C+	85%	98%	2%	68%	66%	30%
Santa Barbara	C	81%	86%	7%	50%	64%	30%
Santa Clara	C+	86%	97%	6%	50%	63%	32%
Santa Cruz	C	80%	98%	11%	52%	65%	32%
Sonoma	C	86%	98%	6%	44%	68%	29%
Ventura	C	85%	90%	5%	46%	68%	29%
Middle Income, Urban							
Los Angeles	C-	74%	93%	32%	42%	62%	23%
Riverside	C-	71%	89%	9%	27%	65%	24%
Sacramento	C-	84%	93%	19%	35%	64%	24%
San Joaquin	C-	80%	92%	17%	28%	61%	24%
Solano	C	85%	96%	13%	38%	65%	22%
Sutter	C-	77%	95%	9%	52%	67%	32%
Yolo	C+	90%	94%	6%	50%	65%	32%
Low Income, Urban							
Fresno	D+	68%	89%	31%	34%	58%	27%
Stanislaus	C-	76%	94%	10%	42%	64%	27%





County	Grade	Park Proximity	Health Insurance	School Nurses	Preschool	Caring Adult	High Schoolers Safe at School
High Income, Rural							
Alpine	LNE*	70%	97%	0%	45%	LNE	LNE
El Dorado	B-	62%	96%	8%	61%	73%	37%
Mono	C-	70%	97%	5%	45%	61%	24%
Nevada	C+	68%	94%	8%	52%	75%	33%
San Luis Obispo	C+	78%	97%	4%	68%	71%	33%
Middle Income, Rural							
Amador	C-	70%	97%	0%	45%	68%	32%
Butte	C	68%	90%	12%	56%	70%	28%
Calaveras	C	70%	97%	0%	45%	73%	32%
Humboldt	C	73%	93%	8%	33%	66%	32%
Inyo	C	70%	97%	0%	45%	64%	40%
Mariposa	C	70%	97%	0%	45%	66%	34%
Mendocino	C-	74%	88%	4%	38%	67%	26%
Monterey	C	79%	92%	10%	38%	62%	28%
Plumas	C	67%	95%	20%	52%	67%	27%
San Benito	D+	60%	93%	0%	38%	66%	25%
Shasta	C	63%	83%	5%	27%	70%	33%
Sierra	C-	67%	95%	0%	52%	76%	40%
Tuolumne	C	70%	97%	0%	45%	71%	29%
Low Income, Rural							
Colusa	D+	66%	88%	5%	26%	65%	35%
Del Norte	D+	67%	95%	0%	29%	66%	20%
Glenn	C-	66%	88%	6%	26%	70%	32%
Imperial	C-	74%	86%	2%	48%	63%	25%
Kern	D+	77%	89%	5%	29%	68%	25%
Kings	C-	75%	98%	9%	28%	65%	22%
Lake	C-	72%	95%	0%	38%	65%	27%
Lassen	C-	67%	95%	0%	29%	59%	19%
Madera	D+	57%	94%	12%	40%	58%	23%
Merced	D+	71%	93%	5%	28%	61%	27%
Modoc	D+	67%	95%	0%	29%	73%	22%
San Bernardino	C-	71%	90%	8%	38%	63%	21%
Siskiyou	C	67%	95%	0%	29%	72%	28%
Tehama	C	66%	88%	2%	26%	69%	26%
Trinity	LNE	67%	95%	0%	26%	LNE	LNE
Tulare	D+	70%	93%	5%	23%	63%	27%
Yuba	C-	69%	96%	3%	52%	63%	27%

* LNE = low number event

The 2008 California County Scorecard:

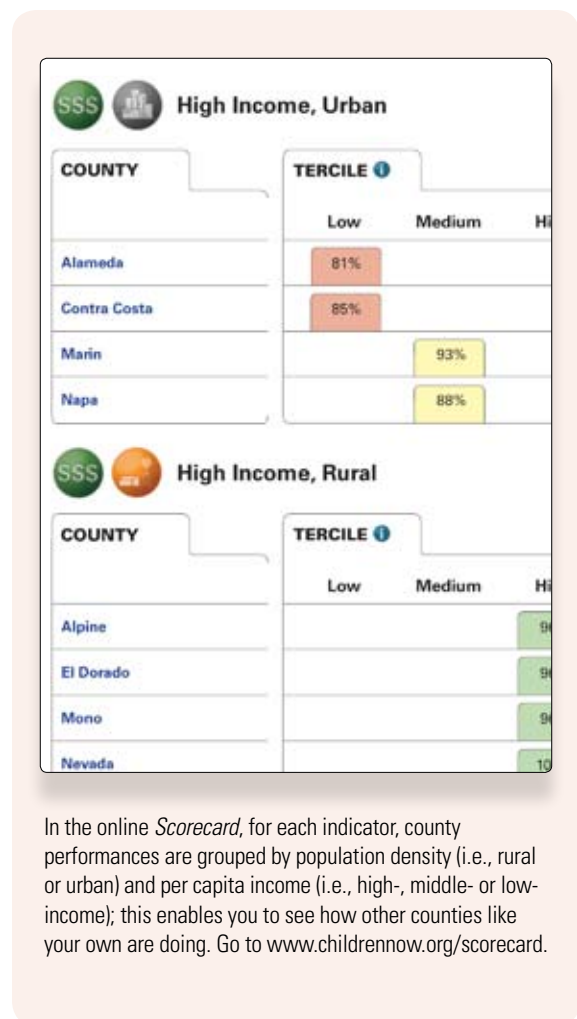
A Tool That Promotes Inquiry & Action

The 2008 California County Scorecard is a tool for local and state leaders to use to encourage action and cross-county collaboration. Using the Scorecard (www.childrennow.org/scorecard) alongside other local information sources, policymakers, advocates and other community members can better understand their county's current standing by exploring such questions as:

- Where is my county making progress or losing ground?
- Are there other data that we need to better understand the local landscape of our children's well-being?
- What systems are currently in place to support our children?
- Based on the available data and our knowledge of our community's assets, how might we continue to improve our children's well-being?
- Given the relative performance of other counties like our own, are there best practices we can employ locally?
- Can we develop and begin to implement a long-term plan to improve our children's well-being?
- What additional strategies could be implemented to ensure children's success?

In the Scorecard, counties are grouped into six categories, based on population density and per capita income of families with children (see Notes & Sources, beginning on page 21, for details), in order to allow counties to identify

others similar to themselves. In doing so, the Scorecard encourages community leaders to look beyond their own data, to the data of counties with similar physical and economic environments, as a way to discover new, effective strategies being used by other communities with comparable constraints and resources.



In the online Scorecard, for each indicator, county performances are grouped by population density (i.e., rural or urban) and per capita income (i.e., high-, middle- or low-income); this enables you to see how other counties like your own are doing. Go to www.childrennow.org/scorecard.

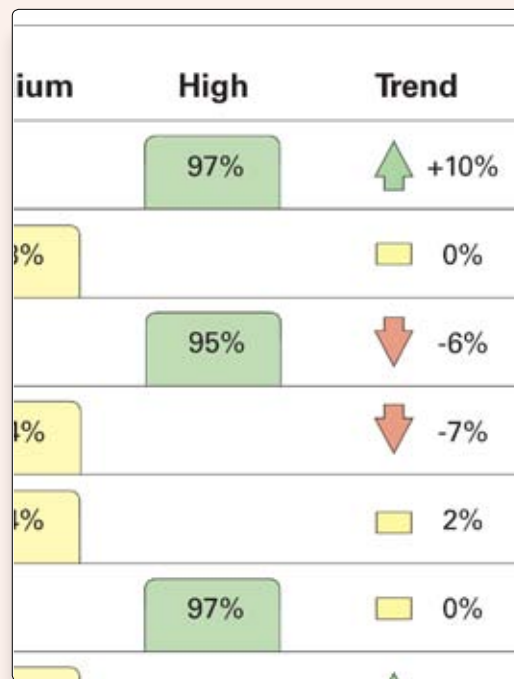


The 2008 California County Scorecard is a tool for local and state leaders to use to encourage action and cross-county collaboration.

These examples highlight that each community has unique strengths and weaknesses in addressing the environmental conditions that support children’s well-being. Furthermore, they illuminate opportunities to collaborate in sharing best practices to promote the health, safety and readiness to learn of all California children. The *Scorecard* provides a framework for analysis and learning that can be used by community leaders as a springboard for inquiry and a roadmap for identifying solutions.

There are numerous instances where the data suggest counties could learn from the experiences of one another. For example:

- Placer County, a high-income urban county, and Butte County, a middle-income rural county, report the highest percentages of children in very good or excellent overall health.
- Mono County, a high-income rural county; Sierra and Tuolumne counties, two middle-income rural counties; and Solano County, a middle-income urban county, have no juvenile arrests for violent crimes.
- Marin and Napa counties, both high-income urban counties; El Dorado and Nevada counties, both high-income rural counties; and Tuolumne County, a middle-income rural county, report the highest levels of safety at school among elementary and middle school-age children.



The *Scorecard's* online application may help you identify best practices by showing similar counties' higher performances and/or positive trends for a given indicator.

A Guide to Using the *Scorecard's* Online Application, www.childrennow.org/scorecard

Dedicated, interactive data pages for each of California's 58 counties are provided in the online *Scorecard*.

The overall performance of each county is reflected in the letter grade it received. However, the composition of a county's grade is very distinct to that county and can be explored further in the data table below.

Printable PDF versions of each county-level page and the complete online application are available to you.

All 26 key indicators of children's well-being tracked by the *Scorecard* are included in each county's data table. Click on any indicator title and you will see the relative performances of all counties, grouped by population density and income level. This may help you to discover best practices.

2008 California County Scorecard | Home

Alameda County

Grade: **C**

Alameda County is a high income, urban community that is home to 375,000 children, ages 0-18. Of the children in the county, 13% are African American, 23% are Asian American, 30% are Latino, 27% are white, and 6% are of other ethnicities.

The following data represent key environmental influences and outcomes pertaining to children's well-being in Alameda County, from birth through adolescence.

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INDICATOR ⓘ	TERCILE ⓘ		
	Low	Medium	High
Children who report "very good" to "excellent" health ⓘ		67%	
Children with health insurance ⓘ		95%	
Children who see a dentist regularly ⓘ			84%
Newborns breastfed exclusively while in the hospital ⓘ			
Asthmatic children who do not visit the ER for asthma symptoms ⓘ		84%	
Adolescents not at risk for depression ⓘ			
Children within the healthy weight range ⓘ			
Children who live within walking distance of a park, playground or open space ⓘ			
Schools with nurses ⓘ			

Low, Medium and High tercile designations were determined independently for each indicator and reflect the performance of an individual county relative to the performances of all 58 counties. If a county's performance fell in the lowest third of all counties, it received a Low; if in the middle third, it received a Medium; and, if in the highest third, it received a High.





Each county is classified by population density (i.e., rural or urban) and per capita income (i.e., high-, middle- or low-income).



HOW TO READ THE DATA

- Hover over any "i" icon to view a complete definition of the item.
- Click on any indicator title to view the county's performance on that indicator relative to other similar counties in terms of population density (i.e., rural or urban) and per capita income of families with children (i.e., low, middle and high income). This may help you to identify where best practices are being applied in counties like your own.
- The complete methodology, including Notes and Sources, is available here.

On-screen help is available to you here as well as by hovering your mouse over any "i" icon on the page to receive more information on an item.

DATA BY RACE/ETHNICITY

	Latino	White	African American	Asian	Other
	50%	80%	84%	63%	47%
	87%	100%	98%	100%	72%
	65%	88%	95%	89%	60%
	75%	83%	68%	79%	79%
NA	71%	92%	70%	89%	73%
	94%	77%	LNE	97%	100%
	59%	75%	62%	71%	71%
	81%	88%	82%	79%	84%
NA	NA	NA	NA	NA	NA

Data for each indicator is broken down into these race/ethnic subgroups: Latino, White, African American, Asian and Other. These figures illustrate that inequitable access to supportive environments and systems exists in communities and across the state.

Up, down and neutral trend designations were assigned as follows: if the percent change between the earliest and most recent data point included for an individual indicator was $\geq +5\%$, the trend was considered upward and labeled with a green up arrow; if the change was between $+4\%$ and -4% , the trend was considered flat and labeled with a yellow bar; if the change was $\leq -5\%$, the trend was considered downward and labeled with a red down arrow.

Creating Equitable Opportunities for All Children

California's child population is ethnically, socio-economically and regionally diverse. Given California's children will collectively determine the state's future, its continued success depends on our ability to fully nurture this entire pool of talent. Yet, the developmental support systems for children, including health care and educational institutions, are not reaching all California children equally. In too many cases, poor, Latino and African American children are less likely to have access to the same caliber of supports and services that promote the health, safety and readiness to learn of their peers. Ultimately, this inequity limits children's opportunities to succeed and California's long-term prosperity.

Scorecard data illustrate that inequitable access to supportive environments and systems of care exist for children in California. Children living in low-income rural counties are less likely to have access to opportunities that support their health and readiness to learn, as fewer children are enrolled in preschool and attend schools with nurses. Latino children have poorer service environments, as they are less likely to have access to regular, preventive health care (see Figure 4) and oral health care (see Figure 5). Too few Latino and African American children live in communities that support active lifestyles and healthy food choices; as a result, they are at an increased risk of becoming obese (see Figure 6). Moreover, Latino and African American children lack the learning supports that would allow them to thrive academically

FIGURE 4: CHILDREN WITH HEALTH INSURANCE, BY RACE/ETHNICITY

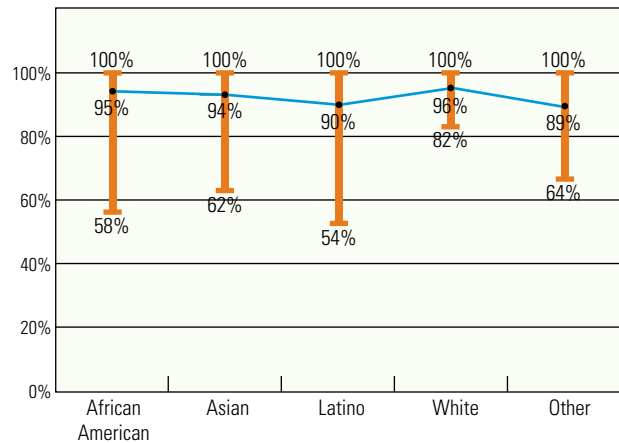
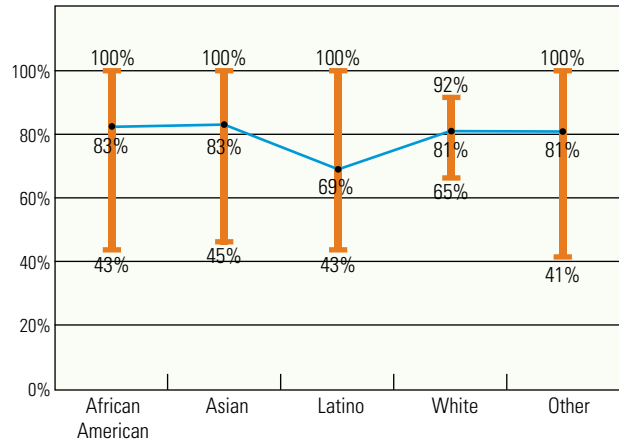


FIGURE 5: CHILDREN WHO SEE A DENTIST REGULARLY, BY RACE/ETHNICITY



and instead are learning in environments that consistently undermine their potential. Latino children are less likely to be enrolled in preschool, and both Latino and African American children regularly perform below their peers throughout their K-12 experience (see Figure 7).



These figures point to a disturbing lack of fair and adequate state- and community-level supports for poor, Latino and African American children. But counties can and are making a difference. Imperial and Riverside counties, both low-income rural counties, lead the state with more than half of their children supervised by an adult during after school hours. In Colusa County, a low-income rural county, 100% of Latino and 98% of white families report supporting early learning by reading to their young children at least three times a week. And Tuolumne County, a middle-income rural county, has outperformed similar counties, with 89% of Latino 10th-graders passing the English portion of the California High School Exit Exam. Collectively, these examples illustrate that counties can meet the needs of all children. They can provide each child the opportunity to grow into a prosperous adult, who then contributes to his or her community.

FIGURE 6: CHILDREN WITHIN THE HEALTHY WEIGHT ZONE, BY RACE/ETHNICITY

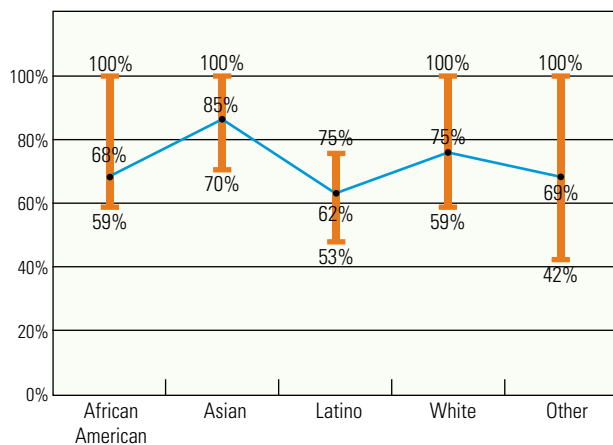
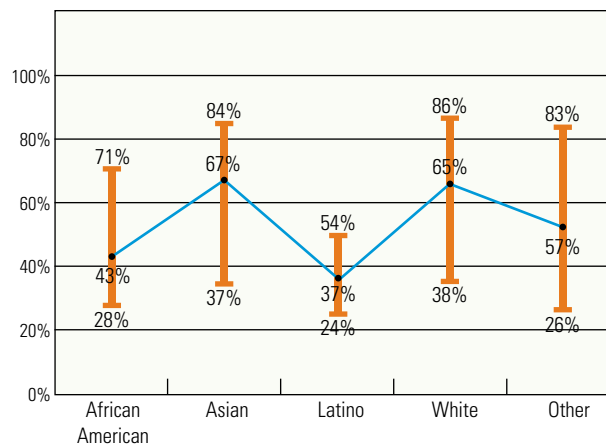


FIGURE 7: 4TH-GRADERS WHO MEET OR EXCEED STATE STANDARDS IN ENGLISH LANGUAGE ARTS, BY RACE/ETHNICITY



Figures 4 through 7 illustrate the racial and ethnic disparities in children’s well-being. As seen in these figures, disparities are not only evidenced by differences across racial/ethnic groups (statewide averages are represented by a dot), but also by differences within each racial and ethnic group (the range among counties is represented by vertical lines). Data indicate that there is great disparity across various racial and ethnic groups overall and within individual groups across counties.

Figure 4 shows the average rate at which children are insured varies from 89% to 96%. Closer examination of the data available in the online *Scorecard* (see www.childrenow.org/scorecard), however, shows wider disparities between racial and ethnic groups. For example, 54% of Latino children living in Butte County are insured, the lowest in the state for that ethnic group; in contrast, the lowest coverage rate for white children is 82% in Imperial County. Moreover, Latinos and African Americans have a spread of more than 45% between the most insured county and the least insured county, underscoring huge county-based disparities within those communities.

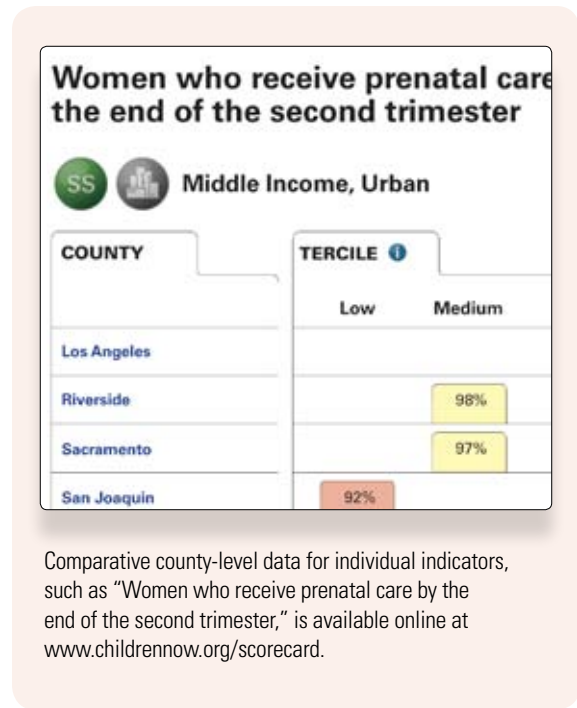
When We Prioritize Children’s Issues, We Can Make Great Advances

Creating and sustaining communities where all children are healthy, safe and ready to learn is an ambitious, but achievable goal. Californians have proven they have the ingenuity to solve large-scale problems that once seemed insurmountable. Prenatal care is a prime example.

Across the state, 97% of mothers receive prenatal care before or during their second trimester, thereby reducing preterm births and children’s risk of developing health problems and learning and behavioral disabilities. Increasing early prenatal care has been an area of considerable focus across the state. Between 1989 and 2005, the number of California women receiving care prior to the second trimester has grown from 72% to 86%, while the percentage of women receiving prenatal care before or during their second trimester has increased from 92% to 97%. In Marin and Orange counties, 99% of mothers begin prenatal care before or during their second trimester. Moreover, an additional 13 counties report that 98% of expectant mothers are receiving timely medical care.

California’s counties have also worked with the state to make tremendous strides to provide health coverage to all children. Today, 93% of children are covered statewide. Keeping children healthy and ready to learn depends

on their access to consistent, preventive health care, which requires that all children have health coverage. For children without access to affordable health insurance through their parents’ employers, Medi-Cal, Healthy Families and local Children’s Health Initiatives play a central role in providing access to vital health services. San Francisco County, in particular, has proven that covering all children is possible: 99.7% of children in the county have health insurance. This isn’t an isolated success. From 2001 to 2005, 27 counties increased the percentage of children with health coverage. During the same period, only one county trended downward. Yet, since 2005, the economic environment has changed drastically, and recent state budget decisions will



Comparative county-level data for individual indicators, such as “Women who receive prenatal care by the end of the second trimester,” is available online at www.childrennow.org/scorecard.



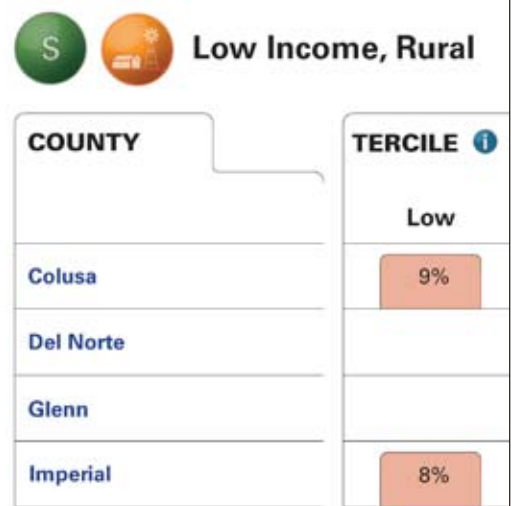
Californians have proven they have the ingenuity to solve large-scale problems that once seemed insurmountable.

make it even harder for families to find affordable health coverage for their children. It is vital that progress to insure all children continue, as it is the first step in providing each child regular access to preventive health care.

Success can occur at the local level, too, as evidenced by positive trends in the percentage of newborns who are breastfed exclusively while in the hospital. Hospital policies have a significant impact on a mother's decision and ability to breastfeed her infant, and implementing smart practices at the hospital can dramatically increase the number of infants who benefit from breastfeeding. The prioritization of breastfeeding varies across California counties and in county-level outcomes. Fewer than one in 10 new mothers in Imperial and Colusa counties initiate exclusive breastfeeding while in the hospital; but, in Plumas and Shasta counties, more than four out of every five do.

Growing rates of prenatal care, health coverage and initiation of breastfeeding while in the hospital all demonstrate how leadership and commitment can dramatically improve the quality of life for California children.

Newborns who are breastfed exclusively while in the hospital



Differences in counties' performances on individual indicators, such as "Newborns breastfed exclusively while in the hospital," can point to best practices. See this online at www.childrennow.org/scorecard.

Counties, Cities & Neighborhoods:

Ensuring the Well-Being of All Children Requires Good Data, Innovation & A Commitment to Cross-Sector Collaboration by Those Who Serve Children

Too often, policies that impact the lives of children focus only on one piece of their well-being, ignoring the interrelationships between their social, physical, economic and service environments. Are they healthy? Are they safe? Are they ready to learn? For all children to have the opportunity to reach their full potential, these questions can't be asked in isolation. Children's needs can't be compartmentalized. Policymakers, community leaders, service providers and the public-at-large have a responsibility to look past the individual institutions and funding sources that touch the lives of children and work in concert to create healthy places where children can thrive.

Creating economic, physical, social and service environments that promote children's health, safety and readiness to learn will require collaboration, ingenuity and a holistic approach to children's well-being at every scale, whether policymakers, communities and businesses work toward a common solution at the county, city or neighborhood level. Fortunately, California's communities are making great strides toward this end every day.

- San Diego County is working to keep children safe and provide them with enriching environments after school by blending funding from the county's education, health and juvenile justice departments.
- The City of Richmond in Contra Costa County is prioritizing the health and well-being of its citizens by becoming the first city in California to include community health and wellness in its General Plan Update.
- In a neighborhood in Los Angeles, youth are bridging the divide between community

organizations, policymakers and themselves by gathering and presenting data on the dangers in their high-crime community; their work is being lauded as a catalyst for change.

These examples highlight the innovation that is possible at the county, city and neighborhood levels. Policymakers, advocates, community leaders and service providers would benefit from learning from one another's experiences, thinking outside the box and collaborating to improve children's well-being for the benefit of all Californians.

County Level: Blended Funding Keeps San Diego County Children Safe

Keeping children safe has been a high priority for The Children's Initiative, a nonprofit agency that works to improve the well-being of children and youth in San Diego County. Working across jurisdictions, The Children's Initiative secured more than \$243 million by blending local and state funds for after school programs from the county's education, health and juvenile justice departments. Working within communities, each after school program is tailored to meet local needs, while also ensuring the agency's five core components: homework assistance and tutoring, healthy snacks, enrichment activities, inclusion and safety are implemented at each site. Currently, The Children's Initiative is looking at how to better address data indicators on children living in poverty. It is bringing community stakeholders and program and policy leaders together to begin the dialogue on the factors behind the poverty data, so the agency can find solutions to improve children's outcomes.





City Level: Richmond Plans for Health

In a bold move, the City of Richmond, located in Contra Costa County, became the first city in the state to include a comprehensive Community Health and Wellness Element in its General Plan Update. In an effort to support the well-being of city residents, Richmond is working to link the city's design policies to its public health issues. As such, the general plan will pay close attention to environmental elements that affect mental and physical health, such as violent crime, hazardous materials and contamination, air and water quality, housing quality, and bicycle and pedestrian safety. It will also address health issues directly by including preventive medical care, nutrition, homelessness and physical activity in the plan. Richmond's Community Health and Wellness Element was developed by MIG, the lead consultants for the city's General Plan Update, and PolicyLink, a nonprofit that specializes in social equity issues. This historic focus on community health is strengthened by resident leadership trainings, organizing and advocacy on the part of the Richmond Equitable Development Initiative (REDI), a coalition of advocates from environmental justice, labor and faith-based organizations, as well as policy experts and residents. REDI has the support of members from the City Council and Mayor Gayle McLaughlin.

Too often, policies that impact the lives of children focus only on one piece of their well-being.

Neighborhood Level: Improving Safety by Tapping Los Angeles Youths' Knowledge of Their Community

The Healthy City Project of Los Angeles worked with the Urban League and its youth participants to develop a plan to improve safety in a 70-block, low-income, high-crime community in south Los Angeles. The youth used maps to mark areas where they felt unsafe. (Later comparisons showed a close match with official crime records from LAPD.) The maps were then used to identify youths' perceptions of inadequate or "inappropriate" police presence; problem businesses (e.g., liquor stores that permit patrons to drink in the parking lot or auto body shops, viewed by youth as hubs of dangerous activity); and poor lighting. They identified resources and responsible parties for dealing with those challenges. With assistance from the Urban League, the youth then presented their findings and recommendations to a commissioner of the county's Department of Public Works, who committed to a full review of the department's activities in the 70-block area to find ways to respond to the challenges identified by the youth. The youth also presented their findings to the Crenshaw/Dorsey Safety Collaborative, a neighborhood group, which agreed to take up their recommendations within and around Crenshaw High School.

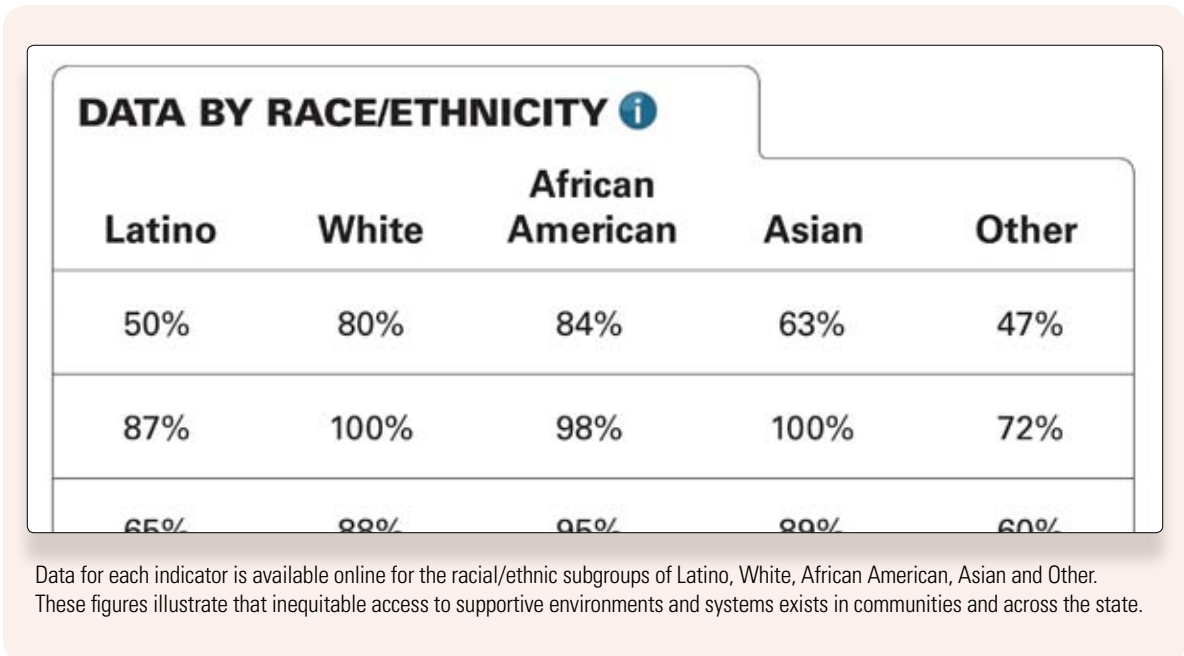
These are just a few examples of the exciting cross-sector work happening across the state to improve children's well-being. They underscore the ingenuity and collaboration that is possible when Californians come together to prioritize children. More examples will be available in the future. Please check www.childrennow.org/scorecard for details.

Building Healthy Communities Where All Children Are Healthy, Safe & Ready to Learn

Building communities where all children are healthy, safe and ready to learn requires local and state leaders to work together to improve the various environments in which children live, play and learn. California’s cultural and economic health depends on the state’s ability to assure every child’s well-being. Still, children’s health, safety and readiness to learn fail to be a priority, resulting in an inadequate and inequitably distributed system of children’s services. Moreover, current efforts are often hindered by funding stream or jurisdictional mandates that continue to breed one-dimensional solutions to multifaceted problems. Fortunately, despite such barriers, many communities have made a positive impact on children’s well-being, proving that progress can be made. While the challenges are great,

state and community leaders can and must make profound improvements to the support system for children.

The *2008 California County Scorecard* provides easily accessible data and insights to improve children’s outcomes. It can be used to identify key children’s issues in your community, to learn from the experiences of other communities, to promote collaboration across child-serving sectors and to prioritize the needs of all children. California has made some progress in certain areas of children’s well-being, but not nearly enough. In order to give all children the opportunity to reach their full potential, state and community leaders need to engage, commit and, most importantly, act on making children their priority.



Notes & Sources



This report relies heavily on survey data from the U.S. Census Bureau's 2006 American Community Survey, California Health Interview Survey and California Healthy Kids Survey. As with all survey data, information from these sources are estimates based on samples of the population and should be interpreted as best available representations of the community rather than as precise estimates.

Child Population by County

Includes all children, ages 0-18, and living in the designated county in 2006. Estimates are for all counties except Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Monterey, Nevada, Plumas, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne and Yuba from Children Now analysis of data from the U.S. Census Bureau's 2006 American Community Survey 1% Public Use Microdata Sample (PUMS), as accessed through IPUMS, a project of the Minnesota Population Center, <www.ipums.org> (April 21, 2008). Estimates for counties listed are from Children Now analysis of data from the State of California, Department of Finance, "2006 Population Estimates by County, Age, Race, and Sex" (Sacramento, CA: Department of Finance, 2007).

Race/Ethnicity

All race/ethnicity categories are self-reported by the respondent or her/his parent. "Latino" includes any respondent who is Hispanic or Latino, regardless of race. "White" includes all white, non-Hispanics in the sample. "Asian" includes Asians and Pacific Islanders. "Other" includes Native American, multiracial and non-respondents.

Urban and Rural Categorizations

Includes 2005 population density estimates for all California counties, according to population estimates from the California Department of Finance, and square mileage numbers from the California State Controller's Office. For the purposes of this report, counties with a population of 140 people per square mile or above were considered "urban"; counties with 139 people per square mile or below were considered "rural."

Income Categorizations

Includes income categorizations for families with children in all California counties, according to estimates from the 2006 American Community Survey. For the purposes of this report, counties with a per capita income at or below \$20,557 are categorized as "low-income"; those between \$21,282 and \$26,222 are "middle-income"; and those above \$26,714 are categorized as "high-income."

Data that is not available is noted as NA.

Data is not reported when fewer than 10 cases exist or when applicable percentage is based on fewer than 10 observations.

Multi-county estimate for health data

The California Health Interview Survey groups responses into multi-county groups for select low-population counties. County groups are as follows: Alpine, Amador, Calaveras, Inyo, Mariposa, Mono and Tuolumne counties; Del Norte, Lassen, Modoc, Plumas, Sierra, Siskiyou and Trinity counties; Colusa, Glenn and Tehama counties.

All children report "very good" to "excellent" health status

Includes children, ages 0-18, in "very good" or "excellent" health. Children Now analysis of California Health Interview Survey for years 2001, 2003 and 2005, "Health status compared by County or county group," <www.chis.ucla.edu> (April 9, 2008). Counties with fewer than 10 cases are not reported.

All children have health insurance

Includes children, ages 0-18, who have health insurance. Children Now analysis of California Health Interview Survey for years 2001, 2003 and 2005, "Currently insured compared by County or county group," <www.chis.ucla.edu> (April 9, 2008). Counties with fewer than 10 cases are not reported.

All children are seeing a dentist regularly

Includes children, ages 2-18, who have seen a dentist in the past year. Children Now analysis of California Health Interview Survey for years 2001, 2003 and 2005, "Time since last dental visit compared by County or county group," <www.chis.ucla.edu> (April 9, 2008). Counties with fewer than 10 cases are not reported.

All newborns are breastfed exclusively while in the hospital

Includes all mothers in California who had initiated exclusive in-hospital breastfeeding during that year. Children Now analysis of California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data for years 2002, 2004 and 2006, "In-hospital breastfeeding by County and Infant Race/ Ethnicity," <<http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx>> (March 31, 2008). Counties with fewer than 10 cases are not reported.

All asthmatic children have well-managed asthma, which does not require an emergency room visit

Includes asthmatic children, ages 2-18, who had not visited an emergency room for asthma during that year. Children Now analysis of California Health Interview Survey for years 2003 and 2005, "Had emergency room/ urgent care visit for asthma within past 12 months compared by County or county group," <www.chis.ucla.edu> (May 28, 2008). Data for 2003 and 2005 were combined to produce statistically significant results. Counties with fewer than 10 cases are not reported.

All adolescents are not at risk for depression

Includes teens, ages 12-17 years old, who were not at risk for depression during that year. Children Now analysis of California Health Interview Survey for years 2003 and 2005, "Teen at risk for depression compared by County or county group," <www.chis.ucla.edu> (April 22, 2008). Data not available for years prior to 2003. Counties with fewer than 10 cases are not reported.

All children are in the healthy weight zone

Children in Healthy Weight Zone are students in the 5th, 7th and 9th grades who are in the Healthy Fitness Zone for Body Composition. Children Now analysis of California Physical Fitness Test data for school years 2002-03, 2004-05 and 2006-07. Educational Data Systems, "State Research Data Files," *California Physical Fitness Test Summary Data Files*, <www.eddataonline.com> (March 26, 2008). Counties with fewer than 10 cases are not reported.

Notes & Sources

All children live within walking distance to a park, playground or open space

Includes children, ages 0-18, who live within walking distance to a park, playground or open space. Children Now analysis of California Health Interview Survey for 2003, "Park, playground, or open space within walking distance compared by County or county group," <www.chis.ucla.edu> (April 22, 2008). Data currently only available for 2003, but the Scorecard will include trend data for this measure as the data becomes available for subsequent years. Counties with fewer than 10 cases are not reported.

Every school has a school nurse

Includes the number of school nurses and number of schools in each California county. Children Now analysis of the California Department of Education, Educational Demographics Unit data, "Number of pupil services staff by type, with county data" and "Number of schools per county" for 2002, 2004 and 2006. For the purposes of this report, the average number of school nurses in school per county was derived by dividing the number of school nurses by the number of schools in that county for years 2002, 2004 and 2006, <<http://dq.cde.ca.gov/dataquest/>> (July 24, 2007).

All adolescents feel connected to an adult

Includes students in the 9th and 11th grade who have a caring adult in their school or community. Children Now analysis of California Healthy Kids Survey 2003-2005 and 2005-07 includes the following set of questions asked of 9th and 11th graders to create a composite measure: "At my school, there is a teacher or other adult who cares about me; notices when I'm not there; who listens to me when I have something to say. Outside of my home and school, there is an adult who really cares about me; who notices when I'm upset about something; whom I trust," <www.wested.org/chks/> (April 15, 2008). Counties with fewer than 10 cases are not reported.

All elementary and middle school-age children have adult supervision during after school hours

Includes students in the 5th and 7th grade who are not home alone in a normal school week. Children Now analysis of California Healthy Kids Survey 2003-2005 and 2005-07 includes the following set of questions asked of 5th and 7th graders to create a composite: "Are you home alone after school," for 5th grade respondents, and "In a normal week, how many days are you home after school for at least one hour without an adult there," for 7th grade respondents, <www.wested.org/chks/> (April 15, 2008). Counties with fewer than 10 cases are not reported.

All elementary and middle school-age children feel safe in their school

Includes students in the 5th and 7th grade who feel safe at school. Children Now analysis of California Healthy Kids Survey Kids Survey 2003-2005 and 2005-07 includes the following set of questions asked of 5th and 7th graders to create a composite for this report: "Do you feel safe at school," for 5th grade respondents, and "How safe do you feel when you are at school," for 7th grade respondents, <www.wested.org/chks/> (April 15, 2008). Counties with fewer than 10 cases are not reported.

All high school students feel safe and have not been victimized at school

Includes students in the 9th and 11th grade who feel safe at school. Children Now analysis of California Healthy Kids Survey 2003-2005 and 2005-07 includes the following set of questions asked of 9th and 11th graders to create a composite for this report: "How safe do you feel when you are at school? During the past 12 months, how many times on school property have you been pushed, shoved, slapped hit or kicked by someone who wasn't kidding around; afraid of being beaten up; been in a physical fight; been threatened or injured with a weapon (gun, knife, club, etc)? During the past 12 months, how many times on school property were you harassed or bullied for any of the following reasons: race, ethnicity or national origin; your religion; your gender; because you are gay or lesbian or someone thought you were; a physical or mental disability; any other reason," <www.wested.org/chks/> (April 15, 2008). Counties with fewer than 10 cases are not reported.

All children are safe on and around roads

Includes all children, ages 0-18, who suffered an unintentional injury not due to a motor vehicle, traffic, bicycle or pedestrian accident. Children Now analysis of California Department of Health Services 2001, 2003 and 2005 EPICenter non-fatal data. California Department of Health Services, Epidemiology, Prevention, and Injury Control Branch, <www.applications.dhs.ca.gov/epicdata/default.htm> (May 22, 2008). Counties with fewer than 10 cases are not reported.

All children in the child welfare system are safe from repeat maltreatment

Includes all children, ages 0-18, who did not have a report of recurrence of maltreatment within six months of the original report. Children Now analysis of Child Welfare Dynamic Report System data for years 2002, 2004 and 2006, "Maltreated during the first 6 months of the year: No recurrence within 6 months," California Department of Social Services & University of California at Berkeley, <<http://cssr.berkeley.edu/ucb%5Fchildwelfare/>> (May 30, 2008). Counties with fewer than 10 cases are not reported.

All adolescents are substance-free

Includes students in the 9th and 11th grades who have not used alcohol, drugs or tobacco in the past 30 days. Children Now analysis of California Healthy Kids Survey 2003-2005 and 2005-07 includes the following set of questions asked of 9th and 11th graders to create a composite for this report: "During the past 30 days, on how many occasions did you use cigarettes, smokeless tobacco, have at least one drink of alcohol, have five or more drinks of alcohol in a row, that is, within a couple of hours, marijuana, inhalants, cocaine, methamphetamines, LSD/other psychedelics, or any other drugs," <www.wested.org/chks/> (April 15, 2008). Counties with fewer than 10 cases are not reported.





All children and youth are safe from homicide

Includes all children, ages 1-24, whose death was not due to homicide. Children Now analysis of RAND California data for years 2001, 2003 and 2005. Calculation for this indicator was determined by dividing the number of deaths due to homicide by the total number of deaths for this population and subtracting the percentage of deaths due to homicide from 100%. <<http://ca.rand.org/>> (June 23, 2008). Counties with fewer than 10 cases are not reported.

All youth do not commit violent crimes

Includes all juvenile arrests that were not due to violent crimes. Children Now analysis of California Department of Justice data for 2001, 2003 and 2005, "Juvenile Arrests Offense by County and Gender, Statewide" and the Office of Juvenile Justice and Delinquency Prevention, Easy Access to FBI Arrest Statistics for 2001, 2003 and 2005, "Percent of all arrests involving persons under age 18 in the United States, Violent Crime Index," <<http://ojjdp.ncjrs.org/ojstatbb/ezaucr/>> (June 30, 2008). For the purposes of this report, our calculation of youth arrests that are non-violent was obtained by subtracting the number of violent youth arrests from total youth arrests. Counties with fewer than 10 cases are not reported.

All women receive prenatal care by the end of the second trimester

Includes mothers whose first prenatal care visit took place within the first or second trimester. Location is based on mother's place of residence as reported on child's birth certificate, and ethnicity is based on mother's race/ethnicity. Children Now analysis of California Department of Health Services 2001, 2003 and 2005 Public Use Birth File (Sacramento, CA: California Department of Health Services, Center for Health Statistics, 2005). Counties with fewer than 10 cases are not reported.

All young children are read to often

Includes all children, ages 0-3, who have books read to them three days or more throughout the week. Children Now analysis of California Health Interview Survey for years 2003 and 2005, "Reading books with child (how many days per week) compared by County or county group," <www.chis.ucla.edu> (June 6, 2008). Data not available for years prior to 2003. Counties with fewer than 10 cases are not reported.

Multi-county estimate for preschool enrollment

The American Community Survey groups responses into multi-county groups for select low-population counties. County groups are as follows: Monterey and San Benito counties; Nevada, Plumas, Sierra, Sutter and Yuba counties; Alpine, Amador, Calaveras, Inyo, Mariposa, Tuolumne and Mono counties; Colusa, Glenn, Tehama and Trinity counties; Del Norte, Lassen, Modoc and Siskiyou counties.

All 3- and 4-year-olds are enrolled in preschool

Includes children, ages 3-4, who attend nursery school or preschool, as reported by their parents. Children Now analysis of data from the U.S. Census Bureau's 2006 American Community Survey 1% Public Use Microdata Sample (PUMS), as accessed through IPUMS, a project of the Minnesota Population Center, <www.ipums.org> (April 21, 2008). Counties with fewer than 10 cases are not reported.

All children miss no more than four school days due to illness

Includes all children, ages 12-17, who have missed school due to a health problem. Children Now analysis of California Health Interview Survey for 2001, 2003 and 2005, "School days missed in past month due to a health problem compared by county or county group," <www.chis.ucla.edu> (April 9, 2008). Counties with fewer than 10 cases are not reported.

All children feel connected to their school

Includes all students in the 9th and 11th grade who feel connected to their school. Children Now analysis of California Healthy Kids Survey 2003-2005 and 2005-07 includes the following set of questions asked of 9th and 11th graders to create a composite for this report: "How strongly do you agree or disagree with the following statements about your school: I feel close to people at this school; I am happy to be at this school; I feel like I am a part of this school; the teachers at this school treat students fairly; I feel safe in my school," <<http://www.wested.org/chks/>> (April 15, 2008). Counties with fewer than 10 cases are not reported.

All 4th-graders meet or exceed state standards in English Language Arts

Includes all students in 4th grade who scored at "Advanced" or "Proficient" on the California Standards Test as a percentage of all test takers. Children Now analysis of California Department of Education 2002-03, 2004-05 and 2006-07 STAR Research Files. California Department of Education, Educational Demographics Unit, "California Statewide Research File—All Students," <<http://star.cde.ca.gov>> (April 9, 2008). Counties with fewer than 10 cases are not reported.

All 8th-graders are enrolled in Algebra

Includes all students in the 8th grade who took the California Standards Test in either Algebra or Algebra II, expressed as a percentage of all 8th-graders. Children Now analysis of California Department of Education 2002-03, 2004-05 and 2006-07 STAR Research Files and Enrollment figures provided by the Department. California Department of Education, Educational Demographics Unit, "California Statewide Research File—All Students," <<http://star.cde.ca.gov>> and "Statewide Enrollment by Grade (with County Data)," <<http://dq.cde.ca.gov>> (April 9, 2008). Counties with fewer than 10 cases are not reported.

All 10th-graders pass the English portion of the California High School Exit Exam

Includes all 10th grade students who passed the English Language Arts section of the California High School Exit Exam (CAHSEE). Students take the CAHSEE for the first time in the 10th grade and may re-take the test twice per academic year until they pass, through the end of 12th-grade. Children Now analysis of California Department of Education 2002-2003, 2004-2005 and 2006-2007 STAR Research Files. California Department of Education, Educational Demographics Unit, "California High School Exit Exam Research Files," <<http://cahsee.cde.ca.gov/data-files.asp>> (May 6, 2008). Counties with fewer than 10 cases are not reported.

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Children Now is a nonpartisan research and advocacy organization working to raise children's well-being to the top of the national policy agenda. The organization focuses on ensuring quality health care, a solid education and a positive media environment for all children. Children Now's strategic approach creates awareness of children's needs, develops effective policy solutions and engages those who can make change happen.





Every community has a complex ecology composed of interconnected social, physical, service and economic components that profoundly impact children. When these environmental components work in concert, children thrive.



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Learn more from the *Scorecard's* complete county-level data and functionality, only available online at www.childrennow.org/scorecard.