CHILD, YOUTH AND FAMILY HEALTH

Child, Youth and Family (CYF) programs are in a division of the Health and Human Services Agency of the County of San Diego. The mission of the CYF division is to promote a community of children, youth and families who are healthy in body, mind and spirit.

Data Sources: California Department of Health Services, Center for Health Statistics, Vital Statistics Section, Birth and Death Master Files.

DEFINITIONS

Birth Rates - See crude birth rate

Crude Birth Rate - The number of births in a defined area over a year's time per 1,000 population. The term crude is used because the entire population is used as the denominator of the rate, rather than just using the population of childbearing-age women for the denominator as the fertility rate does.

Fertility - The number of live births that the women of the population experience.

Fertility Rates - The number of live births per 1,000 women of childbearing age (15-44 years) in the population.

Healthy People 2000 - A report by the U.S. Department of Health and Human Services, Public Health Services, on the national health promotion and disease prevention objectives for the nation for the year 2000. Healthy People 2000 is a comprehensive report which serves to guide local communities and states in addressing their own highest priority needs.

Infant mortality rates - Deaths to children less than 1 year of age per 1,000 live births per year. In this report, the live births are births of residents and do not include births occurring in San Diego County to non-residents.

Low birth weight percentage - The percentage of live births weighing less than 2,500 grams (about 5.5 pounds).

Race/ethnicity - Persons were classified into the following mutually exclusive racial/ethnic categories: White, Hispanic, Black, Native American, and Asian/Pacific Islander. Persons of Hispanic origin were classified as Hispanic regardless of racial identification. All other racial groups do not include Hispanics in their enumeration. Native American includes American Indians, Alaskan Natives and Aleuts. Asian/Pacific Islander includes persons classified as Chinese, Japanese, Korean, Vietnamese, Cambodian, Thai, Filipino, Hawaiian, Guamanian, Samoan, and Pacific Islander. Births are classified into racial/ethnic groups based solely on the classification of the birth mother.

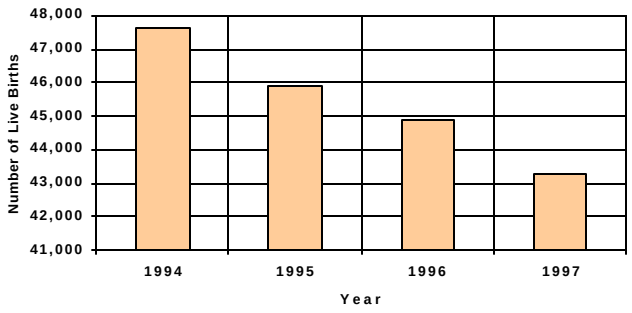
Residence - Defined as the ZIP code of residence at time of the event.

Vital Statistics - These data are compiled from the registrations required for births, deaths, and fetal deaths, maintained by County Health Services, Records and Vital Statistics.

BIRTHS

Births and Birth Rates: There were 43,255 live births to San Diego County residents in 1997 (Figure 6.1). The number of births in San Diego County increased steadily between 1970 and 1990, but has leveled off and has decreased slightly each year, since 1990. The crude birth rate (the number of births per 1,000 total population) in San Diego County also peaked at approximately the same time and has gradually decreased since 1989. The crude birth rate in San Diego County was 15.7 in 1997 (Figure 6.2).

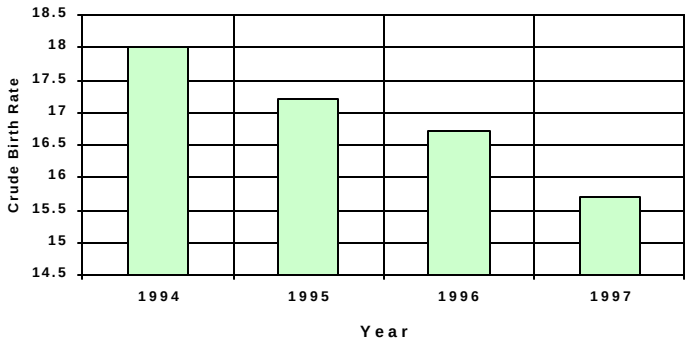
Figure 6.1
Live Births to Residents of San Diego County: 1994-1997



Forty-two percent of the infants born to San Diego County residents in 1994-1997 were born to White, non-Hispanic mothers, 40.2 percent to Hispanic mothers, 9.7 percent Asian/Pacific Islander, 7.1 percent Black, and 0.5 percent Native American. The percentages of births to Hispanic and Asian/Pacific Islander mothers have increased since 1990, while the percentage of births to White, non-Hispanic mothers has decreased. The percentage of births to Black and Native American mothers has remained relatively constant.

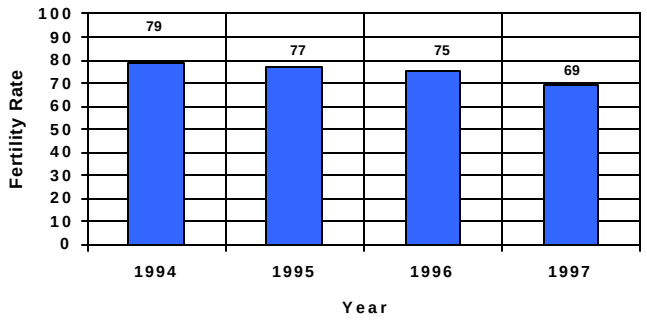
Appendix A describes the number of births by geographical area. The number of births per SRA varies widely across the County. Because of the small number of births in certain SRAs, events such as infant death are infrequent as well. Rates and percentages based on small numbers of events can be unstable, therefore, the data should be interpreted with caution.

Figure 6.2
Crude Birth Rate* to Residents in San Diego County: 1994-1997



* Number of resident live births per 1000 total population

Figure 6.3
Fertility Rate*of Residents in San Diego County: 1994-1997

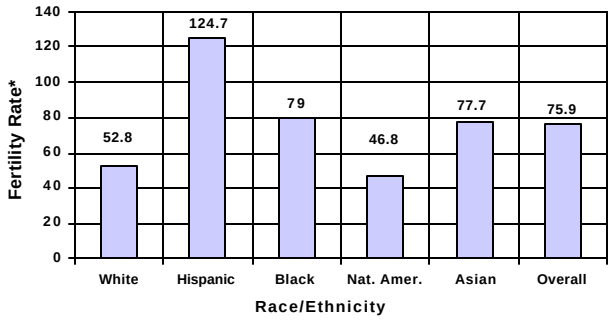


* Number of resident live births per 1,000 females aged 15-44

Fertility Rate: The fertility rate (the number of births per 1,000 women ages 15-44 within the population) was 69.4 in 1997 (Figure 6.3). Fertility rates are a more accurate reflection of childbearing patterns than the crude birth rate because they take into consideration the age and gender structure of the population. In San Diego County the fertility rate increased between 1980 and 1989, but has decreased slightly since 1990.

Fertility rates vary among racial/ethnic groups (Figure 6.4). The fertility rate was considerably higher for Hispanic women in 1994-1997 than for any other racial/ethnic group. The lowest fertility rates were for Native American and White women. The fertility rates decreased in the last few years for all racial/ethnic groups.

Figure 6.4
Fertility Rates*by Race/Ethnicity in San Diego County: 1994-1997

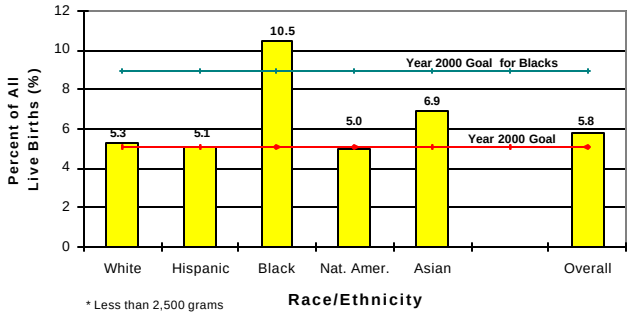


* Number of resident live births per 1,000 females aged 15-44

Fertility rates also vary by SRA (Appendix A). This variance is partly due to the different racial/ethnic makeup of the subregions' populations. Some differences may also be associated with variations in income and education levels. In general, the fertility rate decreases as income and years of education increase.

LOW BIRTHWEIGHT

Figure 6.5
Low Weight* Births of Residents by Race/Ethnicity in San Diego County: 1994-1997



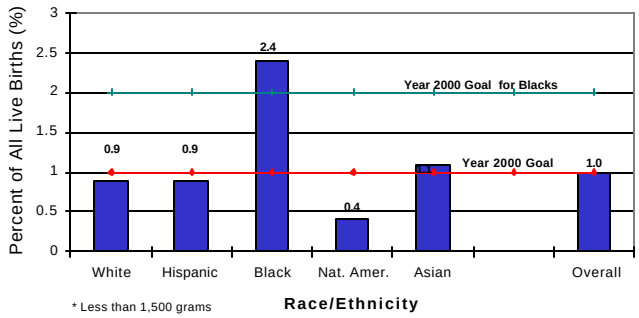
Low Birthweight: Number of infants weighing less than 2,500 grams (5.5 pounds) at birth as a percentage of all live births (Figure 6.5).

All births	5.8%
Black births	10.5%

Very Low Birthweights: Number of infants weighing less than 1,500 grams (3.3 pounds) at birth as a percentage of all live births (Figure 6.6).

All births	1.0%
Black births	2.4%

Figure 6.6
Very Low Weight* Births of Residents by Race/Ethnicity in San Diego County: 1994-1997



Comments: Low birthweight is the single strongest predictor of infant death. In San Diego County, low birthweight infants are more likely to die during the first year of life than normal birthweight infants. Very low birthweight infants are at especially high risk of death during the first year of life compared to normal weight newborns.

Overall, San Diego County has a relatively low percentage of low birthweight babies, only slightly higher than the Year 2000 Objective. However, for Black infants the percentage that are low birthweight is almost twice the overall rate and higher than the Year 2000 Objective. The percentage of births in San Diego County with very low birthweight meets the Year 2000 Objective overall, but the percentage of very low birthweight Black births is higher than the Year 2000 Objective.

Maternal Characteristics: Certain maternal characteristics are associated with poor birth outcomes such as low birthweight and infant mortality. These characteristics are known as risk factors. Some of these risk factors, such as age below 18, are not necessarily the cause of poor birth outcomes in and of themselves. However, the presence of the risk factor is often related to other conditions that directly cause poor birth outcomes. For example, teenagers more often have poor nutritional status and/or experience high levels of stress because of lack of social support for their pregnancy.

Risk factors associated with poor birth outcomes include:

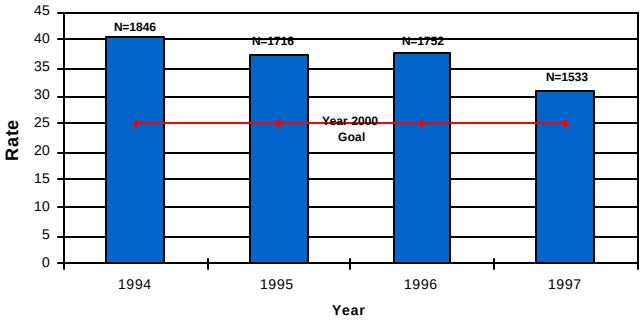
- low income
- low level of educational attainment
- unmarried status
- member of Black racial group
- age over 40 and age less than 18
- inadequate prenatal care
- substance abuse, including smoking tobacco
- poor nutritional status or food intake patterns
- history of pre-term labor and delivery
- pre-existing medical problems

The occurrence of select maternal risk factors is described here.

Teenage Childbearing: Births to teenage mothers aged 15-17 accounted for 3.8% of all births in 1997. The teen birth rate had increased over the last decade, peaking at 42.9 births per 1,000 females ages 15-17 in 1992 but dropped to 31.0 in 1997 (Figure 6.7). Birth rates for teenagers vary considerably by race/ethnicity. The teen birth rate is three to four times higher for Hispanics and Blacks than for Whites and Asians/Pacific Islanders. The National Year 2000 objective is to reduce pregnancies among girls aged 17 and younger to no more than 50 per 1000 adolescents. (There are generally twice as many pregnancies as births in this age group due to miscarriages and abortions.)

Figure 6.7

Birth Rate to Teenage Mothers* in San Diego County: 1994-1997



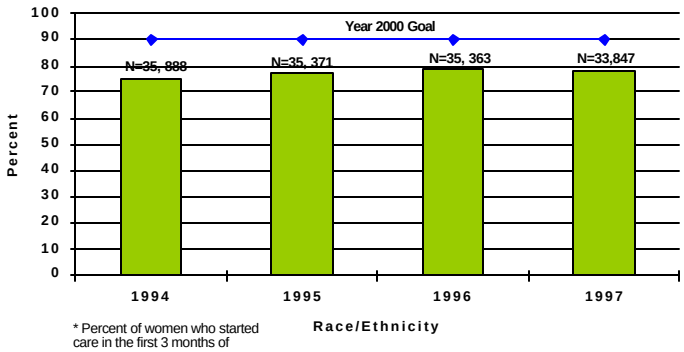
* Number of births to teens aged 15-17 per 1,000 females aged 15-17.
Note: The objective or goal is for 50 pregnancies (incl.Abortions) per 1,000 girls<18yrs. However, since approximately 50% of teen pregnancies end in abortion (Alan Guttmacher Inst., Nat. Abortion Survey, 1985), the objective for teen births is estimated to be no more than 25.

Births to very young teens are numerically smaller, but very disturbing. The birth rate for girls 14 years of age and younger increased from 1.7 in 1989, to 2.6 in 1994 but decreased to 1.4 in 1997. The majority of the births were to girls aged 14 but the youngest mothers were 12 years old in the period 1994-1997.

Prenatal Care: Early and continuous prenatal care is associated with decreases in low birthweight infants and infant mortality. Many components of prenatal care appear to combine together to affect birth outcomes, but the evidence shows that the most effective prenatal care begins early in the first trimester and includes all recommended visits. The National Year 2000 Objective is to increase to at least 90 percent the proportion of all pregnant women who initiate prenatal care in the first trimester of pregnancy. The percentage of births to mothers with first trimester prenatal care has increased since 1990 from 69.7 to 78.2 percent in 1997 (Figure 6.8).

Figure 6.8

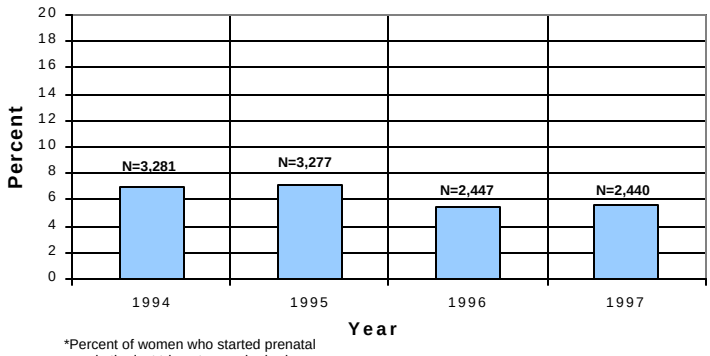
Percent of Women Starting Prenatal Care in the First Trimester* in San Diego County: 1994-1997



* Percent of women who started care in the first 3 months of pregnancy. Goal is at least 90%.

Figure 6.9

Percent of Women with Little or No Prenatal Care* in San Diego County: 1994-1998

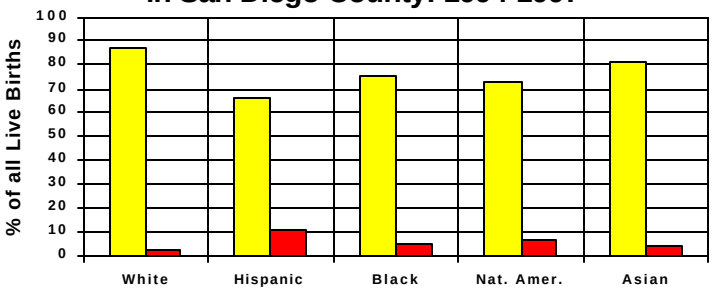


*Percent of women who started prenatal care in the last trimester or who had no prenatal care.

There has been a concurrent decrease in the percentage of births to mothers with late or no prenatal care. The percentage of births to mothers who initiated prenatal care in the third trimester or not at all was 5.6 in 1997, a decrease from 11.7 in 1990 (Figure 6.9).

Figure 6.10

Initiation of Prenatal Care* by Race/Ethnicity in San Diego County: 1994-1997



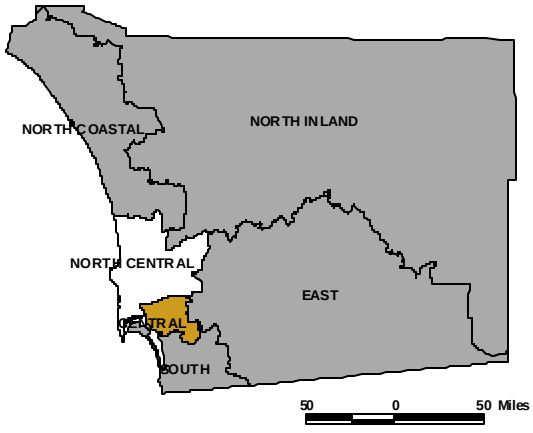
* Prenatal care for resident births beginning in the 1st Trimester vs. 3rd trimester, or none.

The percent of births to mothers with late or no prenatal care varies by racial/ethnic group (Figure 6.10) and by geographic area (Figure 6.11, see also Appendix A). Hispanic mothers have the highest rate of late or no care and this is reflected in the geographic areas with a higher proportion of Hispanic residents.

Figure 6.11

Percent Late or No Prenatal Care

by Regional Area In San Diego County: 1994-1997



Regional Areas

CENTRAL
Central San Diego
Southeast San Diego
Mid City

NORTH CENTRAL
Peninsula
Kearny Mesa
Coastal
University
Del Mar/ Mira Mesa
Miramar
Elliott Navajo

SOUTH
Coronado
National City
Sweetwater
Chula Vista
South Bay

NORTH COASTAL
San Dieguito
Carlsbad
Oceanside
Pendleton
Vista

EAST
Jamul
Spring Valley
Lemon Grove
La Mesa
El Cajon
Santee
Lakeside
Harbison Crest
Alpine
Laguna/Pine Valley
Mountain Empire

NORTH INALND
North San Diego
Poway
Ramona
Escondido
San Marcos
Valley Center
Pauma
Fallbrook
Palomar/Julian
Anza -Borrego Springs

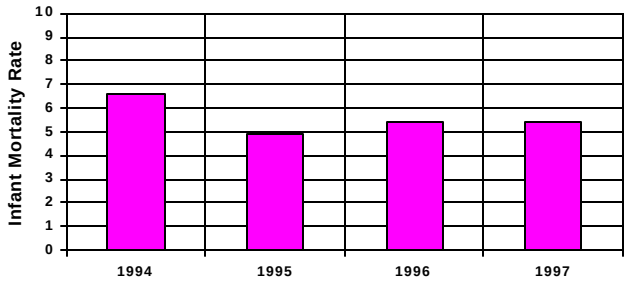
Source: Birth Certificate Records, Health and Human Services Agency, County of San Diego, 1994-1997

DEATHS

Infant Mortality: Infant death is a multifactoral problem. Factors that can affect an infant's chances of survival to the age of one year include maternal medical conditions and health practices, access to and utilization of prenatal and well child care, child abuse and domestic violence. Any of these factors alone or in combination with others can result in an infant's demise. Infant mortality rate is often cited as a sentinel health status indicator that measures not only the health and well-being of a society's maternal and infant population, but that of the society as a whole.

Figure 6.12

Infant Mortality Rate* in San Diego County: 1994-1997



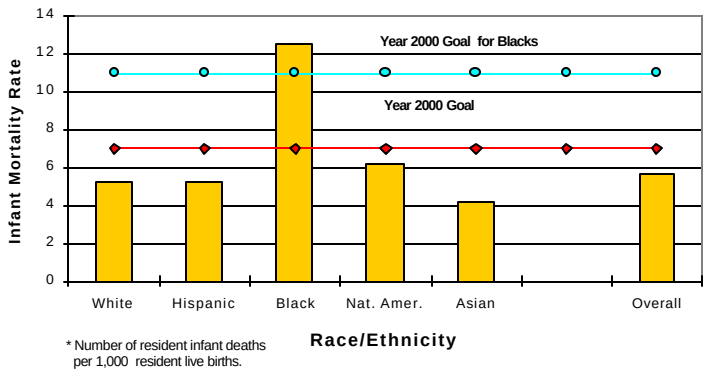
* Resident infant deaths per 1,000 resident live births.

Infant mortality declined sharply in the early 1970s, due largely to improvements in neonatal intensive care technology. The overall improvement in San Diego County's infant mortality rate continued at a slower rate from the 1980s to the present. The County reached the Healthy People 2000 Objective of 7.0 infant deaths per 1000 live births in 1991. In 1995, the overall infant mortality rate dropped to its lowest recorded rate, 4.9. It increased slightly in 1996 to 5.4 deaths per 1000 live births and remained at that rate in 1997 (Figure 6.12).

In San Diego County, the infant mortality rates vary widely by race and ethnicity (Figure 6.13), which is similar to national patterns. Black infant mortality has historically been twice the overall infant mortality rate. In 1994-1997, the San Diego County infant mortality rate for Black infants was 12.6, more than two times higher than the countywide rate.

Figure 6.13

Infant Mortality Rate* by Race/Ethnicity in San Diego County: 1994-1997



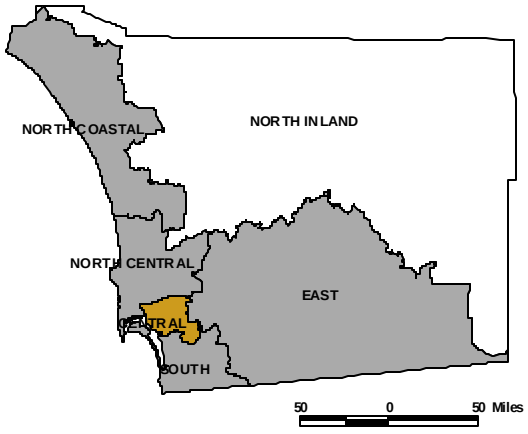
* Number of resident infant deaths per 1,000 resident live births.

Infant mortality rates also vary by geographic area (Figure 6.14, see also Appendix A). Higher rates occur in regions of lower socioeconomic status and in regions with a higher proportion of Blacks.

Figure 6.14

Infant Mortality Rate

per 1,000 Live Births by Regional Area In San Diego County: 1994-1997



Regional Areas

CENTRAL
Central San Diego
Southeast San Diego
Mid City

NORTH CENTRAL
Peninsula
Kearny Mesa
Coastal
University
Del Mar/ Mira Mesa
Miramar
Elliott Navajo

SOUTH
Coronado
National City
Sweetwater
Chula Vista
South Bay

NORTH COASTAL
San Dieguito
Carlsbad
Oceanside
Pendleton
Vista

EAST
Jamul
Spring Valley
Lemon Grove
La Mesa
El Cajon
Santee
Lakeside
Harbison Crest
Alpine
Laguna/Pine Valley
Mountain Empire

NORTH INALND
North San Diego
Poway
Ramona
Escondido
San Marcos
Valley Center
Pauma
Fallbrook
Palomar/Julian
Anza -Borrego Springs

Source: Death Certificate Records, Health and Human Services Agency, County of San Diego, 1994-1997