Understanding your

Community Health Status Reports –

The Overview and The Details

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The **Community Health Status Report Overview** (CHSR - Overview) and **Community Health Status Report Details** (CHSR - Details) are designed to help local Maternal Child and Adolescent Health (MCAH) jurisdictions by summarizing for your review data for a variety of health status indicators. These data should be used for completing your local Title V Needs Assessment. Local jurisdictions are also encouraged to use additional local data as available to help you understand the particular needs and status of your local MCAH population.

FHOP prepared data for the CHSRs with input from State MCAH, and the local MCAH jurisdictions, and conducted the analyses summarized in the CHSR Details. There are a number of reasons why FHOP prepared the statistics in the CHSR Details for the local and state indicators. The first is to assure uniformity in the definitions of the numerator and denominator for each indicator in the CHSR Details. The second is to assure uniformity in the way indicators are calculated. This generates uniform statistics that allow counties to compare themselves to each other and the state. It also is intended to minimize the resources local jurisdictions need to allocate to generate local statistics, and provide local analysts with the opportunity to concentrate more effort on in-depth analyses of problems identified by the indicator statistics.

You will notice that the indicator values that come from the CHSR Details and that are also in the CHSR Overview are three year aggregate rates for the earliest and most recent periods for which data are available. Three-year aggregate rates allow for more uniform assessment of both small and large jurisdictions and result in narrower confidence intervals with a greater accuracy in assessing differences when comparing rates.

1.   Accessing and Downloading your Community Health Status Reports – Overview and Details

Your jurisdiction's CHSRs are available in the password-protected section of the Family Health Outcomes Project (FHOP) website accessible through the following link:

https://fhop.ucsf.edu/california-county-mcah-data

1. Click this link to get to the California County MCAH Data

California County Data Spreadsheets

Print   PDF

California County Data Spreadsheets

Alameda	Kern	Orange	Santa Cruz
Berkeley	Kings	Pasadena	Shasta
Alpine	Lake	Placer	Sierra
Amador	Lassen	Plumas	Siskiyou
Butte	Long Beach	Riverside	Solano
Calaveras	Los Angeles	Sacramento	Sonoma
Coastal Health	Madera	San Benito	Stanislaus
Colusa	Marin	San Bernardino	Sutter
Contra Costa	Mariposa	San Diego	Tehama
Del Norte	Mendocino	San Francisco	Trinity
El Dorado	Merced	San Joaquin	Tulare
Fresno	Modoc	San Luis Obispo	Tuolumne
Glenn	Mono	San Mateo	Ventura
Humboldt	Monterey	Santa Barbara	Yolo
Imperial	Napa	Santa Clara	Yuba
Inyo	Nevada		

Home » California C...

Links of Interest

2014-2015 Title V CCS Needs As...

AFA Package 2018-2019

Needs Assessment Resources

MCAH TA Webinars

CA County MCAH Data

MCAH Marketplace

Intervention Planning Resources

Program Evaluation and Perform...
Resources

FHOP Site Map

FHOP NEWSLETTER

MCAH Topical Fact Shee...

MCAH Action Title...
Perinatal Mood & ...
Teen Pregnancy in ...
Preconception He...
Breastfeeding in C...

3. Click on your county or jurisdiction

and you will be taken to this page:

County Databooks

Print   PDF

County

4. Click on the CHSR Overview to open it

Community Health Status Report (CHSR) Overview - Includes all indicators listed below, updated every five years: CHSR Overview

Community Health Status Report (CHSR) Details - Subset of the indicators below, FHOP analyzes, updated every year: CHSR2017

Databooks labeled "PROVISIONAL": Because of the co... ...assification of Diseases, Ninth Revision, Clinical Modification) to ICD-10-CM for certain h... ...be 9 months of data for the year 2015. So all Databooks labeled "Provisional" only ha...

OR

5. Click on the CHSR Details to open it

NUMBER	DOMAIN & INDICATOR:
	Maternal/ Women's Health Indicators
1-A	Medi-Cal insured deliveries per 100 live births: MCAL
1-B	Uninsured pre-pregnancy per 100 females delivering a live birth: **CHSR Overview only**
1-C	Prenatal care in the first trimester per 100 females delivering a live birth: APNC
	Also in this databook:
	▪ Prenatal care beginning in the last trimester or never per 100 females delivering a live birth
	▪ Inadequate prenatal care per 100 females delivering a live birth
	▪ Adequate prenatal care (80% Kotelchuck index) per 100 females delivering a live birth
1-D	Pre-pregnancy overweight or obesity per 100 females delivering a live birth **CHSR Overview only**

3. Enter your password. If you do not have your password, email FHOP at fhop@ucsf.edu to request it.

4. Save your CHSR overview on your computer. By default, we have saved these files as 1997-2003 excel files as some counties do not have a more recent version of excel.
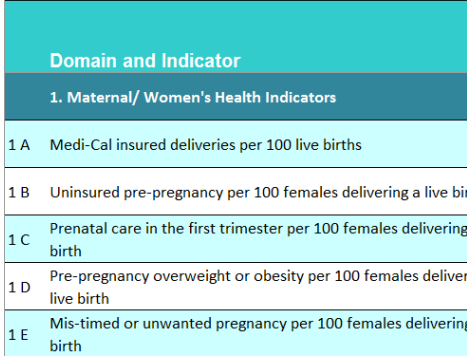
2. Community Health Status Report Overview

The **CHSR Overview** provides a snapshot with the most recent data available for a variety of MCAH indicators that were selected to reflect the Maternal Child Adolescent Health Program scope of work goals. Additional data on demographics and the social and environmental determinants of health are also included to provide a context for understanding the health of your MCAH population. The CHSR Overview is organized into the following sections

1. Maternal and Women Health Indicators
2. Infant Health Indicators
3. Child/Adolescent Health Indicators
4. Population Demographics
5. Socio-Economic and Environmental Health Determinants
6. Children and Youth with Special Health Care Needs (CYSHCN)

Data from the CHSR Overview come from a variety of sources and include data from birth certificates and death certificates, hospital discharge records, surveillance data, census data, survey data, and program data. The source of the data, type of data and availability over time, as well as other logistical and budget constraints, influence the extent to which the data in the CHSR Overview has been statistically analyzed and the slight variations in the layout of the form.

2.1. What does your CHSR Overview Tell You?

Domain and Indicator	Domains are broad topic areas such as access to and utilization of care that reflect MCAH goals, and the indicators are specific data measures within domains.
Domain and Indicator **1. Maternal/ Women's Health Indicators** 1 A Medi-Cal insured deliveries per 100 live births 1 B Uninsured pre-pregnancy per 100 females delivering a live bir 1 C Prenatal care in the first trimester per 100 females delivering birth 1 D Pre-pregnancy overweight or obesity per 100 females deliver live birth 1 E Mis-timed or unwanted pregnancy per 100 females delivering birth	
Time Period	What year(s) the data is from. For the indicators that FHOP has analyzed, rates reported are based on 3-year averages. Three-year averages allow for more uniform assessment of both small and large jurisdictions and result in narrower confidence intervals with a greater accuracy in assessing differences when comparing rates.

ty Health St **Local Pe** | Period	Rate | 2013-2015	90.: | 2013-2015	18.§ | 2013-2015	13.4 | 2013-2015	23.f |	
Local Rate and 95% Confidence Interval ounty **eport Overview** 		Local		
	Rate	95% Conf. Int	
		Lower	Upper
5	62.0	58.8	65.0
5	20.6+	17.8	23.4
5	71.1	68.1	73.9
	57.8	52.0	63.3
5	31.8+	28.4	35.1		The local rate for the specified time period, along with the lower and upper bounds of the 95% confidence interval when available. The confidence interval is the range in which we are 95% certain the true rate falls. Cautions should be used in interpreting rates with very large confidence intervals. For some indicators, due to county level rates being unstable for many counties, regional data are reported instead of county level data. The **+** symbols appears next to rates that are regional rates. If you see no data for a given indicator, it is either unavailable due to a low number of events in that county, or because the county did not have sufficient participation in a survey, such as the California Healthy Kids Survey, to generate reliable county rates.
State Rate and 95% Confidence Interval 		State		
	Rate	95% Conf. Int	c
		Lower	Upper
	44.3	44.3	44.4
	21.6	20.5	22.7
	83.3	83.3	83.4
	50.0	49.8	50.1
	30.5	29.3	31.8
	19.9	19.7	20.1		The same as above but for the state as a whole
Local compared to State	For some indicators, analyses have been done comparing the

Local compared to State	
⇧	local rate to the state rate. Color coded arrows indicate if the local is doing better or worse than the state and if the local rates are higher or lower.
⬇	• ⬇ ⬆ **Blue circled arrows** are used when a decreasing or increasing rate is moving in the desired direction.
⬇	• ⇩ ⇧ **Red hollow arrows** are used when a decreasing or increasing rate is moving away from the desired direction.
⇔	• ⇧ ⇩ **Black hollow arrows** are used when a decreasing or increasing rate has no common understanding. (See ***Note**)
⬇	• ⇔ **Black hollow arrow pointing in both directions** is used to signify that there is no statistically significant difference in the rate between the local and state.
	• NA = indicates that the comparison is not available

3.   Indicators not analyzed by FHOP

Data for indicators identified at the bottom of this section came from resources outside of FHOP. Layouts and data elements varied enormously from indicator to indicator. FHOP retrieved the source files from the internet or in some cases directly from the organizations that prepare them.

1 B   Pre-pregnancy Health Insurance per 100 females delivering a live birth

1 D   Pre-pregnancy overweight or obesity per 100 females delivering a live birth

1 E   Mistimed or unwanted pregnancy per 100 females delivering a live birth

1 G   Any smoking during the 1st or 3rd trimester per 100 females with live births

1 K   Prenatal depressive symptoms per 100 females delivering a live birth

1 L   Postpartum depressive symptoms

1 M   Had a routine checkup with doctor in the last year per 100 females age 18-44

1 N   Ever been diagnosed with heart disease per 100 females age 18 and older

1 S   Current smoker per 100 females 18 and older

1 T   Binge drinking in the last year per 100 females age 18 and older

1 U   Total Early Syphilis*, Cases and Incidence Rates for Females, per 100,000

2 D   Tdap immunizations during pregnancy per 100 females delivering a live birth

2 E   Exclusive Breastfeeding 3 months after delivery per 100 live births

2 F   Exclusive in-hospital breastfeeding per 100 females delivering a live birth

3 B   Percentage of overweight and obese public school students in grade 7

3 C   Estimated percentage of children ages 0-17 who have experienced two or more adverse experiences as of their current age

3 D   Percentage of children and teens who walked/biked/skated to school in last week

3 E   Percentage of public school students in grade 9 who experienced depression-related feelings

3 F	Percentage of public school children in grade 9 who perceive that their school is very safe
3 G	Percent of public school students in grade 11 who report NO binge drinking in the last month
3 H	Percent of public school students in grade 11 who report NO E-cigarette use in the last month
3 I	Percent of public school students in grade 11 who report NO marijuana usage in the past month
3 N	Gonorrhea rate per 100,000 female population age 15 to 19
3 O	Chlamydia rate per 100,000 female population age 15 to 19
4 A	Total Population
4 B	Total Population African American
4 C	Total Population American Indian/ Alaska Native
4 D	Total Population Asian/ Pacific Islander
4 E	Total Population Hispanic
4 F	Total Population White
5 C	Single mothers living in poverty per 100 single mothers
5 E	High school dropout per 100 students in grades 9-12
5 F	Felony arrests per 1,000 children age ages 0-17 years
5 G	Children receiving free or reduced price meals at school per 100 students
5 I	Percentage of adults with 4 or more ACEs
5 J	Food insecurity during pregnancy per 100 females delivering a live birth
5 K	Quartile ranking for income inequality ratio (Ranking of ratio of household income at the 80th percentile to income at the 20th percentile)
5 L	Percentage of households with severe housing problems
5 M	Number of days with ozone above regulatory standards
6 A	Percentage of public school children enrolled in special education with an autism diagnosis
6 B	Percentage of public school children enrolled in special education
6 C	Number of CSHCN enrolled in CCS
6 D	Percentage CCS CSHCN receiving transition services (ages 13-17)
6 E	% of children 0-18 with one or more major disabilities

Indicators 1 B, 1 D, 1 E, 1 G, 1 K, 1 L, 2 D, 2 E, and 5 J are from the Maternal Infant Health Assessment and these data have been analyzed by the state MCAH Epidemiology Section to compare local or county regions to the state.

3.1 Using Confidence Intervals to determine if your local rates differ significantly from state rates

Most evaluations of progress are based on evaluating confidence intervals. For indicators that have rates where the 95% confidence interval was calculated, *there is a statistically significant difference between two rates if the confidence intervals for both rates do not overlap. If confidence intervals overlap, rates are likely not significantly different from each other*. A jurisdiction may have a rate of 15 and the state a rate of and 25, which may seem

like the jurisdiction is doing better. However, if confidence intervals overlap, the rates are usually not significantly different. To do this analysis, we urge attention to confidence intervals rather than rates.

4. Community Health Status Report Details

The **CHSR Details** contains two worksheets, or tabs: County and State. The County tab name identifies your jurisdiction. If the County tab has the name of another jurisdiction, please notify FHOP immediately, as there will have been an error in posting the data to the website.

The CHRS Details allows jurisdictions to more easily review changes in indicator values over time, compare local and state values, assess trends in local and state values, and measure progress toward meeting the Healthy People (HP) 2020 objective.

## 4.1   What does your CHSR Details Tell You?

Local Period End			
		95% Conf. Int	
Period	Rate	Lower	Upper
2013-2015	90.3	90.0	90.5
2013-2015	18.9	17.8	20.1
2013-2015	13.4	13.1	13.7
2013-2015	23.6	23.1	24.0

Local Period Start and Local Period End

The two major column sets, Local Period Start and Local Period End, each contain the same types of information. For the 28 required indicators, cells in these columns have been filled in for you, so you do not have to do any of the calculations. You will only need to calculate rates and confidence intervals for the optional indicators you choose to add.

- *Period* refers to the 3-year interval for which a given statistic is calculated.

- *Rate* refers to the value obtained after dividing the numerator by the denominator and multiplying by the appropriate scale (100; 1,000; 10,000, etc).

- *Lower* refers to the lower 95% confidence limit (LCL) for the reported rate. These are not the same statistic as the 3-year standard error values from the relevant Databook table.

- *Upper* refers to the upper 95% confidence limit (UCL) for the reported rate. These are not the same as the standard error values from the relevant Databook table.

After evaluation, a jurisdiction may seem to have a problem with a certain indicator. In deciding whether a **problem is important enough to develop a program, it is important to understand prevalence. Be sure the** number of events supports developing a program. To make that assessment, it will be necessary to unhide columns containing the numerator and denominator.
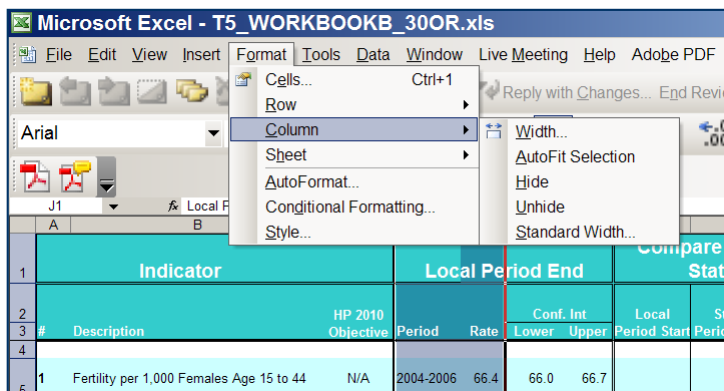
**HINT**: FHOP hid columns E, F, K, and L to facilitate viewing. These columns contain numerators and denominators for each three-year period. To unhide these, select the columns headed period and rate. Then click on *Format*, *Column*, *Unhide* as shown in the picture on the left.

After work is completed, we recommend rehiding these columns.

- ***Numer(ator)*** refers to the *total number of events* in the reference period. This column is filled in for all indicators. Note that small numbers are reported. *(Hidden column)*

- ***Denom(inator)*** refers to the *total number of people* in the population in the reference period. *(Hidden column)*

Local Period End Compared To

Compare Local End Status to		
Local Period Start	State Period End	HP 2020 Objective
⊍	⇔	✪
⇧	⇧	✪
⇔	⇔	✪

This set of columns is intended to evaluate how the jurisdiction is doing, comparing its local end rate to its period start rate, to the State period end rate, and to the HP 2020 objective.

Local Period Start. This comparison summarizes how your jurisdiction's Local Period End compared to the Local Period Start.

State Period End. This comparison summarizes how your jurisdiction's Local Period End compared to the State Period End on the State tab.

Symbols used:

- ⊍ ∩ **Blue circled arrows** are used when a decreasing or increasing rate is moving in the desired direction.
- ⇩ ⇧ **Red hollow arrows** are used when a decreasing or increasing rate is moving away from the desired direction.
- ⇧ ⇩ **Black hollow arrows** are used when a decreasing or increasing rate has no common understanding. (See ***Note)**
- ⇔ **Black hollow arrow pointing in both directions** is used to signify that there is no statistically significant difference in the rate between the local and state.
- If you had no events in your Local Period End, select the 0 events indicator ✳.

- ✪ **Circled Blue Star - Objective Met.** HP2020 objective is met. Hooray!

Local Trend Line, Non-Linear Explain

If the indicator trend is improving when it goes down (e.g., low birthweight), you will see the blue downward circle ⊍. If the indicator trend is worsening when it goes down (e.g., children with health insurance), you will see the red downward arrow ⇩.

If there is a non-linear trend, for example the rate decreased significantly for a while but then was essential flat, you will see the non-linear trend symbol 〰⇨. You can find out more about the trend by examining your corresponding MCAH Indicator Spreadsheet.

Comment Explain
From 2004-2010, the rate decreased significantly (-1.85, P-value = 0.000) and was essentially flat thereafter (-0.11, P-value 0.870)

You can use the "Comment-Explain." Box to write in a description of your non-linear trend. You can add more detail in the written report if you think it is needed. Examples of what might be discussed further in the written report are whether certain race/ethnic groups have higher or lower rates such that they affect your total rate, an analysis of whether sufficient numbers are available to develop an intervention, etc. Text will wrap in this cell. If you want to make the column wider, feel free to do so.

If the trend was linear and non-significant, you will see the non-significant symbol ⇔

If your jurisdiction had too few events to calculate a trend line, you will see this box symbol ☐

*Note: Some indicators have no commonly understood definition of progress. Examples include fertility, hospital admissions with mental health diagnoses, and domestic violence. Some people think rising fertility is desirable while others believe rising fertility is undesirable. Some people think a high rate of mental health hospital admissions means people are getting appropriate care for an acute psychiatric episode. Others interpret a high rate to mean that the community has inadequate local outpatient care to prevent admissions. A low rate could mean that people are getting adequate care in community programs, that they are allowed to roam the streets without care, or that they are incarcerated for loitering and are not eligible for hospitalization. Similarly, we are not sure whether a high domestic violence rate reflects good outreach at the local level or whether rates truly are high or low. For these indicators, **black hollow arrows** are used when a decreasing or increasing rate or trend has no common understanding. ⇧ ⇩

5. Support

If you have further questions about the use of this Workbook, please contact Jennifer Rienks or Adrienne Shatara at FHOP:

fhop@ucsf.edu
415-476-5283

7. Table of Indicators Data Sources

	Domain and Indicator	Data Source
	Maternal/ Women's Health Indicators	
1 A	Medi-Cal insured deliveries per 100 live births	California Center for Health Statistics, Vital Statistics, Birth Statistical Master File.
1 B	Pre-pregnancy Health Insurance per 100 females delivering a live birth	MIHA (Maternal Infant Health Assessment Survey).
1 C	Prenatal care in the first trimester per 100 females delivering a live birth	California Center for Health Statistics, Vital Statistics, Birth Statistical Master File.

1 D	Pre-pregnancy overweight or obesity per 100 females delivering a live birth	Birth statistical master file
1 E	Mistimed or unwanted pregnancy per 100 females delivering a live birth	MIHA (Maternal Infant Health Assessment Survey).
1 F	Substance use diagnoses per 1,000 hospitalizations of pregnant females age 15 to 44	Office of Statewide Health Planning and Development (OSHPD). Hospital discharge data.
1 G	Any smoking during the 1st or 3rd trimester per 100 females with live births	MIHA (Maternal Infant Health Assessment Survey).
1 H	Gestational diabetes per 1,000 females age 15 to 44 delivering a live or still-born infant in-hospital	Office of Statewide Health Planning and Development (OSHPD). Hospital discharge data.
1 I	Births conceived within 18 months of a previous live birth per 100 females age 15 to 44 delivering a live birth	California Center for Health Statistics, Vital Statistics, Birth Statistical Master File.
1 J	Cesarean births per 100 low risk females delivering a live birth	California Center for Health Statistics, Vital Statistics, Birth Statistical Master File.
1 K	Prenatal depressive symptoms per 100 females delivering a live birth	MIHA
1 L	Postpartum depressive symptoms	MIHA
1 M	Had a routine checkup with doctor in the last year per 100 females age 18-44	CHIS (California Health Interview Survey).
1 N	Ever been diagnosed with heart disease per 100 females age 18 and older	CHIS (California Health Interview Survey).
1 O	Uninsured per 100 female population age 18-64	Small Area Health Insurance Estimates (SAHIE).
1 P	Mood disorder hospitalizations per 100,000 female population age 15 to 44	Office of Statewide Health Planning and Development (OSHPD). Hospital discharge data.
1 Q	Assault hospitalizations per 100,000 females age 15 to 44	Office of Statewide Health Planning and Development (OSHPD). Hospital discharge data.
1 R	Domestic violence calls per 100,000 population	California State Department of Justice. Office of the Attorney General. Domestic Violence-Related Calls for Assistance.
1 S	Current smoker per 100 females 18 and older	CHIS (California Health Interview Survey)
1 T	Binge drinking in the last year per 100 females age 18 and older	CHIS (California Health Interview Survey)
1 U	Total Early Syphilis*, Cases and Incidence Rates for Females, per 100,000	State CDPH STD data
Infant Health		
2 A	Births less than 37 weeks gestation per 100 live births	California Center for Health Statistics, Vital Statistics, Birth Statistical Master File.
2 B	Births weighing less than 2,500 grams per 100 live births	California Center for Health Statistics, Vital Statistics, Birth Statistical Master File.

2 C	Births weighing less than 1,500 grams per 100 live births	California Center for Health Statistics, Vital Statistics, Births Statistical Master File.
2 D	Tdap immunizations during pregnancy per 100 females delivering a live birth	2013-2015 MIHA
2 E	Exclusive Breastfeeding 3 months after delivery per 100 live births	2013-2015 MIHA
2 F	Exclusive in-hospital breastfeeding per 100 females delivering a live birth	California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2012
2 G	Deaths at age less than 1 year per 1,000 live births	California Office of Health Information and Research, Death Statistical Master File
Child and Adolescent Health		
3 A	Uninsured per 100 population age 0 to 18	Small Area Health Insurance Estimates (SAHIE).
3 B	Percentage of overweight and obese public school students in grade 7	California Department of Education, Physical Fitness Testing Research Files via kidsdata.org
3 C	Estimated percentage of children ages 0-17 who have experienced two or more adverse experiences as of their current age	Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health, using synthetic estimation from the 2011/12 National Survey of Children's Health and 2008-2012 American Community Survey (Jun. 2016).
3 D	Percentage of children and teens who walked/biked/skated to school in last week	California Health Interview Survey
3 E	Percentage of public school students in grade 9 who experienced depression-related feelings	California Healthy Kids Survey via Kidsdata.org
3 F	Percentage of public school children in grade 9 who perceive that their school is very safe	California Healthy Kids Survey via Kidsdata.org
3 G	Percent of public school students in grade 11 who report NO binge drinking in the last month	California Healthy Kids Survey via Kidsdata.org
3 H	Percent of public school students in grade 11 who report NO E-cigarette use in the last month	California Healthy Kids Survey via Kidsdata.org
3 I	Percent of public school students in grade 11 who report NO marijuana usage in the past month	California Healthy Kids Survey via Kidsdata.org
3 J	Substance abuse hospitalizations per 100,000 population age 15 to 24	Office of Statewide Health Planning and Development (OSHPD). Hospital discharge data.
3 K	Mental health hospitalizations per 100,000 population age 15 to 24	Office of Statewide Health Planning and Development (OSHPD). Hospital discharge data.
3 L	Births per 1,000 females age 15 to 19	California Center for Health Statistics, Vital Statistics, Birth Statistical Master File.
3 M	Births within 18 months of a previous birth per 100 females age less than 20 delivering a live birth	California Center for Health Statistics, Vital Statistics, Birth Statistical Master File.

3 N	Gonorrhea rate per 100,000 female population age 15 to 19	CDPH STD Branch
3 O	Chlamydia rate per 100,000 female population age 15 to 19	California Department of Public Health, STD Control Branch (data reported through 08/19/2013)
3 P	Motor vehicle injury hospitalizations per 100,000 population age 0 to 14	Office of Statewide Health Planning and Development (OSHPD). Hospital discharge data.
3 Q	Deaths per 100,000 population age 1 to 4 years	California Office of Health Information and Research, Death Statistical Master File.
3 R	Deaths per 100,000 population age 5 to 14 years	California Office of Health Information and Research, Death Statistical Master File.
3 S	Deaths per 100,000 population age 15 to 19	California Office of Health Information and Research, Death Statistical Master File.
3 T	Deaths per 100,000 population age 20 to 24	California Office of Health Information and Research, Death Statistical Master File.
Population		
4 A	Total Population	California Department of Finance Population Estimates
4 B	Total Population African American	California Department of Finance Population Estimates
4 C	Total Population American Indian/ Alaska Native	California Department of Finance Population Estimates
4 D	Total Population Asian/ Pacific Islander	California Department of Finance Population Estimates
4 E	Total Population Hispanic	California Department of Finance Population Estimates
4 F	Total Population White	California Department of Finance Population Estimates
Social Determinant of Health		
5 A	Poverty (0-200% FPL) per 100 population age 18 to 64	Small Area Health Insurance Estimates (SAHIE).
5 B	Poverty (0-200% FPL) per 100 population age 0 to 18	Small Area Health Insurance Estimates (SAHIE).
5 C	Single mothers living in poverty per 100 single mothers	2012 American Community Survey 1-Year Estimates.
5 D	Unemployment per 100 people in the employment market	State of California Employment Development Department.
5 E	High school dropout per 100 students in grades 9-12	Via kidsdata.org, California Dept. of Education, California Basic Educational Data System (CBEDS).
5 F	Felony arrests per 1,000 children age ages 0-17 years	Via kidsdata.org, California Dept. of Justice, Arrest Data
5 G	Children receiving free or reduced price meals at school per 100 students	Via kidsdata.org, California Dept. of Education, Free/Reduced Price Meals Program & CalWORKS Data Files,
5 H	Children in foster care per 1,000 children age 0 to 17	Child Welfare System point-in-time count of children and adolescents age 0 to 17 in foster care placement as of 01-July annually, by place of residence; Data from UC Berkeley
5 I	Percentage of adults with 4 or more ACEs	Center for Youth Wellness, Public Health Institute analysis of Behavioral Risk Factor Surveillance Survey data
5 J	Food insecurity during pregnancy per 100 females delivering a live birth	2013-2015 MIHA

5 K	Quartile ranking for income inequality ratio (Ranking of ratio of household income at the 80th percentile to income at the 20th percentile)	RWJ County Health Rankings (from American Community Survey data)
5 L	Percentage of households with severe housing problems	RWJ County Health Rankings (from Comprehensive Housing Affordability Strategy (CHAS) data)
5 M	Number of days with ozone above regulatory standards	As cited on kidsdata.org, Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network
	CYSHCN	
6 A	Percentage of public school children enrolled in special education with an autism diagnosis	Via KidsData.org, reporting data from California Dept. of Education
6 B	Percentage of public school children enrolled in special education	Via KidsData.org, reporting data from California Dept. of Education
6 C	Number of CSHCN enrolled in CCS	California Children's Services
6 D	Percentage CCS CSHCN receiving transition services (ages 13-17)	California Children's Services
6 E	% of children 0-18 with one or more major disabilities	Via KidsData.org, reporting American Community Survey data
6 F	Rate of emergency department visits for Asthma (ages 0-17)	Emergency Department Data