

9. Community Health

Health and human services agencies are extremely important in treating and monitoring the needs of the community. Community health indicators can determine and assess the success of programs and services that provide access to physical and mental support for a community.

When considering community health indicators, it is helpful to look not only at traditional medical indicators, but individual and collective health as well. Individual health may be influenced by a variety of factors including educational attainment, employment, environmental factors, and even community relations.

According to El Dorado County's most recent Health Status Report, the county in general represents a healthy society, and as any area, faces challenges and also has positive qualities of community health. Chronic and infectious diseases do not appear to pose a major problem, although melanoma and hepatitis B may show high rates. Social issues, such as substance abuse, violent behavior, and access to medical care appear to be the areas that need more attention than others.

Health service facilities in El Dorado County provide a wide range of services to the members of the community. The El Dorado County Public Health Department administers services such as breast cancer detection, AIDS prevention, child car seat safety, substance abuse treatment and prevention, family planning services, and many more.

The Public Health Department, located in Placerville, ensures that community members in need of medical treatment are cared for. A new division of the Health Department, The Public Health Preparedness Division, provides the community a resource in response to increasing concerns about the safety and health of the public. The mission of the PHPD is to prepare El Dorado County to effectively respond to public health threats by focusing on planning and preparation, epidemiology and

surveillance, laboratory capacity, communication, education, and training.

Health factors in a community provide an overall understanding of the health care knowledge, importance, and availability in a county. By analyzing the trends in El Dorado County, the needs of the community become clear.

In this section:

Births, Deaths, and Leading Causes of Death.	78
Teenage Pregnancy Rates	80
Low Birth Weight.	82
Infant Mortality	83
Medical Service Providers.	84
AIDS Cases.	85
Persons Living with a Disability	86
Alcohol and Drug Program Clients	87
Child Health and Disability Prevention Program	88
Child Abuse Referrals and Allegations.	89
Foster Care Entries.	91
Offices for Adoption/Foster Care Services.	93

Births, Deaths, and Leading Causes of Death

Birth and death statistics are essential in putting together public health information. This data is used for planning educational initiatives, problem identification, and targeting public health programs and services.

A population's birth rate can be used to plan maternal and childcare services such as childhood immunizations, or Women, Infants, and Children (WIC). WIC is a supplemental food and nutrition program serving low-income pregnant, breastfeeding, or postpartum women, infants, and young children who are at nutritional risk. Its purpose is to prevent health problems and improve the health of participants during critical times of growth and development. For further information about this program and others like it, please visit www.fns.usda.gov/wic/.

Another resource available to expecting or current mothers is the Child Care Bureau (CCB). The CCB is dedicated to enhancing the quality, affordability, and availability of childcare for all families. The Child Care Bureau administers federal funds to states, territories, and tribes to assist low-income families in accessing quality childcare for children when the parents work or participate in education or training. For more information on the CCB, visit <http://www.acf.dhhs.gov/programs/ccb/>.

In the following figures, data is represented for the years 1990 through 2001. The "number" of live births refers to those births given by a resident of the county, while it may have taken place outside of that county. "Occurrence" is the number of live births that took place in the county, regardless of whether it was to a resident. The live birth rate is the number of live births per thousand people in the county.

Number of Live Births

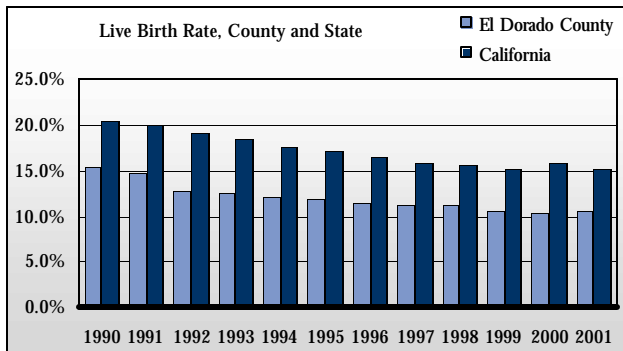
Year	Residence		Occurrence
	Number	Rate	
1990	1,993	15.5%	1,566
1991	1,956	14.7%	1,504
1992	1,773	12.8%	1,333
1993	1,789	12.5%	1,359
1994	1,792	12.2%	1,346
1995	1,726	12.0%	1,353
1996	1,664	11.5%	1,329
1997	1,666	11.3%	1,271
1998	1,677	11.2%	1,311
1999	1,637	10.7%	1,229
2000	1,628	10.4%	1,169
2001	1,698	10.6%	1,192

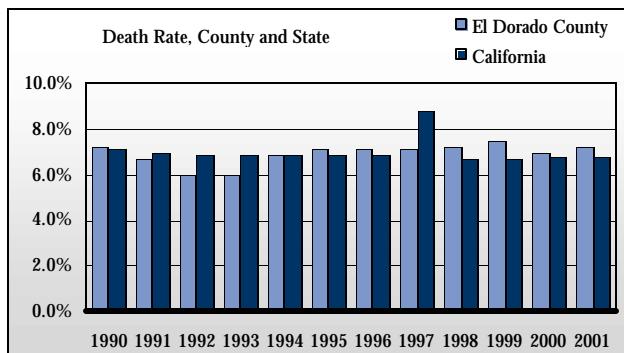
Source: California Department of Health Services

Number of Live Births, California

Year	Residence		Occurrence
	Number	Rate	
1990	611,666	20.4%	612,834
1991	609,228	19.9%	610,393
1992	600,838	19.2%	602,037
1993	584,483	18.4%	585,344
1994	567,034	17.6%	567,892
1995	551,226	17.2%	552,083
1996	538,628	16.5%	539,487
1997	524,174	15.9%	525,246
1998	521,265	15.6%	522,653
1999	518,073	15.2%	519,248
2000	531,285	15.7%	532,611
2001	527,371	15.3%	528,609

Source: California Department of Health Services





Number of Deaths

Year	Residence		Occurrence
	Number	Rate	
1990	929	7.2%	824
1991	901	6.7%	774
1992	827	6.0%	733
1993	856	6.0%	739
1994	1,004	6.9%	861
1995	1,026	7.1%	873
1996	1,024	7.1%	862
1997	1,053	7.1%	895
1998	1,078	7.2%	926
1999	1,149	7.5%	960
2000	1,101	7.0%	n/a
2001	1,161	7.2%	n/a

Source: California Department of Health Services

Leading Causes of Death, El Dorado County

Disease	1994	1995	1996	1997	1998	1999	2000	2001
All causes	1,004	1,026	1,024	1,053	1,078	1,149	1,101	1,161
Heart Disease	279	298	286	268	283	343	275	324
Cancer	259	283	253	275	291	302	300	295
Cerebro-Vascular Disease	67	63	66	97	69	76	69	66
Pneumonia & Influenza	48	58	42	61	60	40	29	38
Pulmonary Disease	55	51	59	41	72	51	67	71
Accidents	55	45	67	61	33	47	54	65
AIDS	10	12	7	n/a	n/a	n/a	n/a	n/a
Cirrhosis	n/a	n/a	16	17	15	21	18	13
Diabetes	23	20	16	23	23	28	28	23
Suicide	19	31	33	26	23	21	19	25
Homicide	7	5	n/a	2	5	n/a	n/a	n/a
Alzheimers	n/a	n/a	n/a	n/a	n/a	17	22	33
All other causes	182	160	179	182	204	203	220	208

Source: California, Department of Health Services

Number of Deaths, California

Year	Residence		Occurrence
	Number	Rate	
1990	213,766	7.1%	214,919
1991	214,220	7.0%	216,006
1992	214,586	6.9%	216,379
1993	220,271	6.9%	222,330
1994	222,854	6.9%	224,733
1995	222,626	6.9%	224,604
1996	222,308	6.9%	224,084
1997	223,438	8.8%	225,243
1998	225,450	6.7%	227,897
1999	227,965	6.7%	230,054
2000	228,281	6.8%	n/a
2001	232,790	6.8%	n/a

Source: California Department of Health Services

Leading Causes of Death, California

Disease	1994	1995	1996	1997	1998	1999	2000	2001
All causes	222,854	222,626	222,308	223,438	225,450	227,965	228,281	232,790
Heart Disease	68,312	67,990	67,676	68,273	68,946	69,900	68,533	69,004
Cancer	51,247	51,217	50,904	51,818	51,186	52,880	53,005	53,810
Cerebro-Vascular Disease	15,703	16,176	16,481	16,649	16,385	18,079	18,090	18,078
Pneumonia & Influenza	10,237	10,548	11,134	12,286	13,316	8,014	8,355	8,167
Pulmonary Disease	11,017	10,765	11,373	11,737	12,261	13,187	12,754	13,056
Accidents	9,233	9,372	9,217	8,762	8,620	8,940	8,814	9,274
AIDS	6,739	6,450	4,207	n/a	n/a	n/a	n/a	n/a
Cirrhosis	n/a	n/a	3,501	3,502	3,460	3,546	3,673	3,759
Diabetes	4,918	5,096	5,380	5,611	5,796	6,004	6,203	6,457
Suicide	3,821	3,823	3,408	3,424	3,215	3,047	3,113	3,256
Homicide	3,690	3,623	n/a	2,780	2,265	n/a	n/a	n/a
Alzheimers	n/a	n/a	n/a	n/a	n/a	3,934	4,398	4,897
All other causes	37,937	37,566	39,027	38,596	40,000	40,434	41,343	43,032

Source: California, Department of Health Services

Teenage Pregnancy Rates

Teen pregnancy is a major national and state concern. Problematic births, such as preeclampsial, pre-term delivery, and low birth weight infants are all commonly associated with teenage pregnancies. Teen mothers are also more likely to experience single parenthood, marital instability, poor socioeconomic status, and decreased educational attainment. According to the California Senate Office of Research, one quarter of teen mothers in California are themselves children of teen mothers.

Although teenage birth rates slowed to the lowest point ever in 2003, it remains an important concern throughout the United States. A teenage birth can result in many complications for those involved, including health risks for mother and child, as well as economic and financial stresses.

There are many common trends related to teen birth including the marital status and age of the mother. The majority of teens that give birth are single mothers, and the father of the child is typically older than the mother. Older teens have the highest number of births, while younger teens have few comparatively. Other trends in teen birth include race and ethnicity, and regional location. Despite these factors, the children born to teens are bound to incur consequences. Poverty is common among young families, and often leads to a cycle in following generations.

Teenage birth rates include all births to mothers who are 19-years old or younger at the time they give birth.

NOTE:

“a” denotes that rates are not calculated for fewer than five births.

County Teen Birth Rates

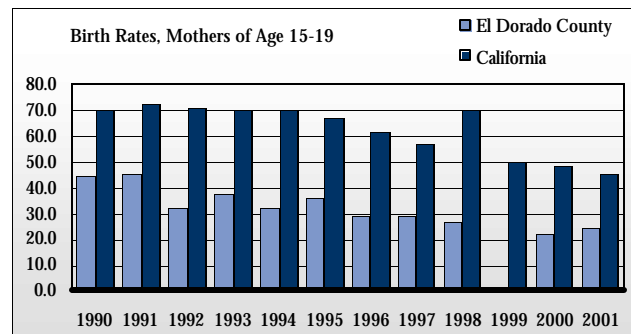
Year	Age of mother	
	10-14	15-19
1990	a	44.5
1991	a	45
1992	0	31.9
1993	0	37.6
1994	a	32.1
1995	a	35.8
1996	0	29.1
1997	a	29
1998	a	26.8
1999	a	a
2000	a	21.8
2001	0	24.5

Source: California Department of Finance (1990 Population), and California Department of Health Services

California Teen Birth Rates

Year	Age of mother	
	10-14	15-19
1990	1.4	69.9
1991	1.5	72.7
1992	1.5	71.1
1993	1.5	70.6
1994	1.5	69.9
1995	1.5	67.2
1996	1.3	61.6
1997	1.1	56.7
1998	1.4	69.9
1999	0.9	50.2
2000	0.7	48.1
2001	0.6	45.1

Source: California Department of Finance (1990 Population), and California Department of Health Services



The following terms are defined to aid in better understanding the possible problems involved with teenage pregnancy:

- Albumin is any of the numerous simple, heat-coagulable, water-soluble proteins that occur in blood plasma or serum, muscle, the whites of eggs, milk, and other animal substances, and in many plant tissues and fluids.
- Albuminuria indicates the presence of albumin⁴ in the urine.

- Edema is an abnormal infiltration and excess accumulation of serous fluid in connective tissue or in the serous cavity.
- Preeclampsia is a toxic condition developed in late pregnancy that is characterized by a sudden rise in blood pressure, excessive weight gain, generalized edema², albuminuria³, severe headaches, and visual disturbances.

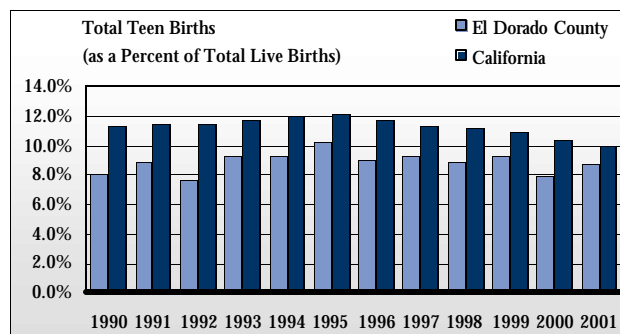
In the following figures, data is represented for the years 1990 through 2001.

County Total Teen Births		
Year	Total teen births	Percent of total live births
1990	159	8.0%
1991	174	8.9%
1992	135	7.6%
1993	167	9.3%
1994	167	9.3%
1995	176	10.2%
1996	150	9.0%
1997	155	9.3%
1998	149	8.9%
1999	153	9.3%
2000	129	7.9%
2001	148	8.7%

Source: State of California, Department of Health Services, Birth Records

California Total Teen Births		
Year	Total teen births	Percent of total live births
1990	69,560	11.4%
1991	70,322	11.5%
1992	69,272	11.5%
1993	68,519	11.7%
1994	68,198	12.0%
1995	66,644	12.1%
1996	63,118	11.7%
1997	59,851	11.4%
1998	58,141	11.2%
1999	56,577	10.9%
2000	55,373	10.4%
2001	52,966	10.0%

Source: State of California, Department of Health Services, Birth Records



Low Birth Weight

Low birth weight is the primary cause of infant mortality. Birth weight is also an important element in childhood development. There are many factors that lead to low birth weight for infants, such as smoking tobacco during pregnancy, use of alcohol or other non-prescribed substance, poor nutrition, lack of or late prenatal care, and premature birth. By increasing society's awareness of the hazards that cause low birth weight and developing assistance programs, these factors may be reduced.

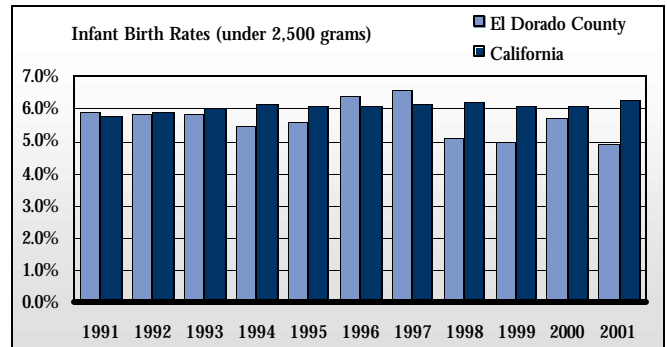
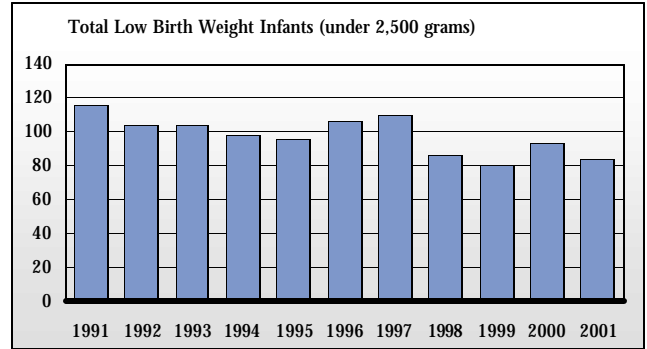
The National Center for Health Statistics and the Department of Health Services agree that low birth weight is defined as "a live birth weighing less than 2500 grams or 5 pounds 8 ounces."

In the following figures, data is represented for the years 1991 through 2001.

Low Birth Weight Infants (under 2,500 grams)

Year	El Dorado County		California	
	Number	Percent of total live births	Number	Percent of total live births
1991	116	5.9%	35,359	5.8%
1992	104	5.9%	35,608	5.9%
1993	104	5.8%	35,116	6.0%
1994	98	5.5%	34,876	6.2%
1995	96	5.6%	33,588	6.1%
1996	107	6.4%	32,649	6.1%
1997	110	6.6%	32,232	6.1%
1998	86	5.1%	32,438	6.2%
1999	81	4.9%	31,686	6.1%
2000	93	5.7%	32,853	6.1%
2001	84	4.9%	33,196	6.3%

Source: State of California, Department of Health Services, Birth Records



Infant Mortality

Infant mortality is a topic that requires extended attention in the United States, according to the California Department of Health Services. Infant mortality rates can demonstrate the motivation behind many assistance programs and increase awareness of existing health concerns.

There are many social programs that help reduce the number of infant deaths, such as WIC and CCB. For more information on these programs, see section 9.

Infant mortality rates are the sum of infant and neonatal deaths, which are described below:

- Neonatal death is a death occurring before the first 28 days of life.
- Infant death is a death occurring during the first year of life.

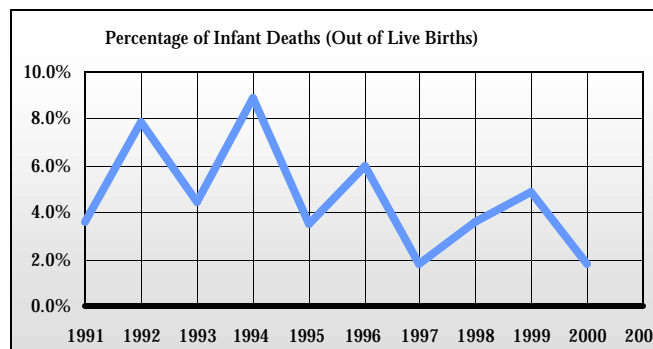
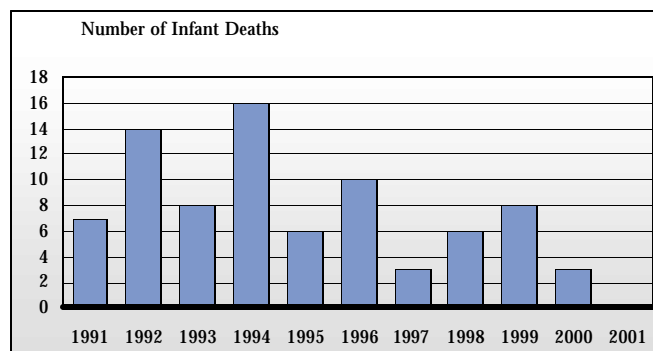
In the following figures, data is represented for the years 1991 through 2001.

*Percent of infant deaths out of every 1,000 live births.

Number of Infant Deaths

Year	Number of infant deaths	Percent of infant deaths*
1991	7	3.6%
1992	14	7.9%
1993	8	4.5%
1994	16	8.9%
1995	6	3.5%
1996	10	6.0%
1997	3	1.8%
1998	6	3.6%
1999	8	4.9%
2000	3	1.8%
2001	9	5.3%

Source: California Department of Finance (1990)

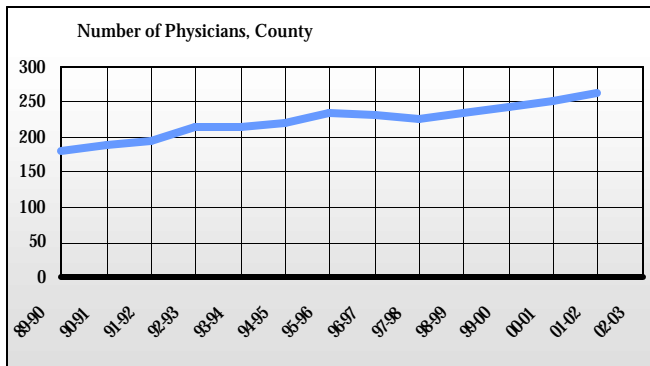


Medical Service Providers

The number of practitioners providing services within an area indicates the available healthcare resources within a community. Access to health care and preventative services such as immunizations and health screenings are important to an individual's health. Those lacking preventative services are at a higher risk for some diseases, especially those that are preventable by vaccine, since many diseases can be manageable if detected early and treated regularly.

The Medical Board of California regulates the majority of medical issues and concerns in California, and is responsible for reporting the number of physicians in specific areas in their annual report. The State of California's Department of Consumer Affairs is responsible for recording the number of licensed dentists for each county. As of November 26, 2003, there were 136 licensed dentists located within El Dorado County.

In the following figures, data is represented for the years 1990 through 2003.



Year	Number of physicians	Total
		physicians in CA
89-90	181	71,652
90-91	188	74,437
91-92	193	76,043
92-93	214	76,367
93-94	215	76,411
94-95	220	77,311
95-96	234	78,169
96-97	232	79,048
97-98	224	80,341
98-99	234	81,762
99-00	242	82,872
00-01	251	84,675
01-02	261	86,934
02-03		

Source: Medical Board of California

The number of physicians in California has increased more rapidly than the state's population in the last two decades! According to the Office of Statewide Planning and Health Development (OSPHD), in 1995, California had 77,732 practicing physicians and a ratio of one physician for every 364 persons, compared with one in 457 persons twenty years earlier. Although there are no universally accepted standards on what the ratio of patients per doctor needs to be, there is a general agreement that California has a sufficient number of physicians.

AIDS Cases

Acquired Immune Deficiency Syndrome (AIDS) has become a worldwide epidemic since first reported in the United States in 1981. Over 800,000 AIDS cases have been reported in the United States since 1981, and many more may be infected with the Human Immunodeficiency Virus (HIV), the virus that causes AIDS.

AIDS is not aware of race, gender, or sexual preference. However, the epidemic is growing most rapidly among minority populations and is the leading killer of African-American males, according to the National Institute of Allergy and Infectious Disease (NIAID).

The statistics provided by the California Department of Health Services are essential in beginning to understand the AIDS related problems California is currently facing, and will continue to face in the future.

AIDS Cases & Cumulative Incidence (1981 - June 30, 2003)

	AIDS cases	Deaths		Incidence (per 100,000)
		Number	Percent	
El Dorado County	165	101	61.0%	105.57
California	124,118	75,491	61.0%	361.48

Source: California Department of Health

According to the Centers for Disease Control and Prevention (CDC), AIDS includes all people infected with the HIV virus in its most advanced stage. At this advanced stage, people have fewer than 200 CD4+ T cells, whereas healthy adults not infected normally have CD4+ T cell counts of 1,000. The definition also includes 26 clinical conditions that affect people with advanced HIV. Most of these conditions are opportunistic infections that rarely cause harm in healthy individuals. To people with AIDS, these infections can be fatal. People infected with AIDS are also prone to developing various cancers that can be very difficult to treat. Young children with AIDS are susceptible to the same opportunistic infections as well as some severe forms of bacterial infections.

Often people with AIDS cannot hold steady employment or perform household chores due to conditions brought on by the illness. In some cases, people may experience phases of intense life-threatening illness followed by phases of normal function.

In the following figures, data is represented for the years 1981 through 2000.

Today, 42 million people are estimated to be living with HIV/AIDS in the world. Of these, 38.6 million are adults. 19.2 million are women, and 3.2 million are children under the age of fifteen.

Persons Living with a Disability

In order to understand the special needs of a community, it helps to look at the number of people in a county that live with a disability and the types of facilities are available. Six of the major disabilities are listed below:

- Sensory disabilities are conditions that affect the sensory organs, such as blindness, deafness, or a severe vision or hearing impairment.
- Physical disabilities are conditions that substantially limit one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying.
- Mental disabilities are conditions that affect the thinking process, such as learning, remembering, or concentrating.
- Self-Care disabilities are conditions in which basic everyday routines are not met, such as bathing and dressing oneself, or getting around inside the home without assistance.

- Going outside the home disabilities are conditions in which people are confined to their home and cannot leave it without assistance.
- Employment disability is the inability to work at a job or business.

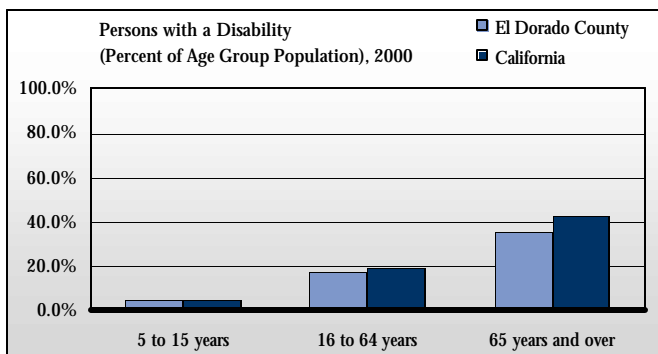
Sensory and physical disabilities alone were considered long-lasting conditions, while the mental, self-care, going outside the home, and employment were considered to be conditions lasting six months or longer. For some people, the conditions overlap.

Resources and facilities that can help people with these conditions may include special health care in public facilities, or specialized care in the home, wheelchair access to public buildings, and transportation.

During the 2000 Census, the U.S. Department, Bureau of the Census, collected more detailed disability information than in previous years. For this reason, data shown here cannot be compared accurately with data from the 1990 Census.

The totals in the following figures include the disabilities listed above. Only persons 16-64 years of age were asked about employment disabilities. Only persons 65 and older were asked about a going outside the home disability.

In the following figures, data is represented for the year 2000.



Persons with a Disability, 2000

Age	El Dorado County			California		
	Employment disability	Total with a disability	Percent of age group population	Employment disability	Total with disability	Percent of age group population
5 to 15 years	n/a	1,273	4.7%	n/a	277,503	4.8%
16 to 64 years	11,371	17,378	17.3%	2,770,128	4,180,265	19.4%
65 years and over	n/a	6,884	35.7%	n/a	1,465,593	42.2%
Total	11,371	25,535	69.7%	2,770,128	5,923,361	66.4%

Source: U.S. Department of Commerce, Bureau of the Census

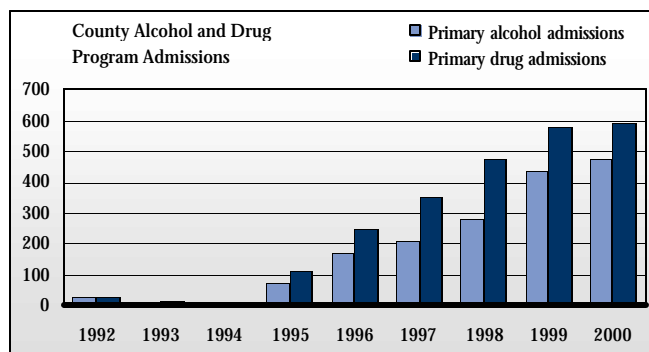
Alcohol and Drug Program Clients

Data on the number of participants in an area's available substance addiction and abuse programs can be useful in determining the need and utilization of public funds for such services, as well as establishing a basis for further study into the promotion of healthy individuals within a community.

The data collected here was provided by RAND California, and based on California Alcohol and Drug Data Programs. The department develops, administers, and financially assists treatment and prevention programs throughout the state and also offers certification of residential and non-residential programs.

Most of the information reported is submitted by treatment providers who receive state or federal funds. Licensed Narcotic Treatment Programs, which may or may not receive public funds, and Drug Medi-Cal providers, are required to submit information. Analysis and compilation of the data is performed, excluding client names and any identifying personal information.

Drug program admissions are due to primary problems with one or more of the following: heroin, barbiturates, methamphetamines, amphetamines, stimulants, cocaine/crack, marijuana/hashish, PCP, hallucinogens, tranquilizers (benzodiazepine), other tranquilizers, non-prescription methadone, inhalants, and other opiates and synthetics. It does not include other sedatives or hypnotics, over-the-counter drugs, or secondary problems.



In the following figures, data is represented for the years 1992 through 2000.

County Alcohol and Drug Program Admissions

	Primary alcohol admissions	Primary drug admissions	Total admissions
1992	25	29	54
1993	6	14	20
1994	9	9	18
1995	72	114	189
1996	172	250	422
1997	209	355	564
1998	280	472	757
1999	437	579	1,020
2000	473	594	1,079

Source: RAND California

City of Placerville Alcohol and Drug Program Admissions

	Primary alcohol admissions	Primary drug admissions	Total admissions
1992	n/a	8	8
1993	n/a	4	4
1994	2	2	4
1995	21	28	49
1996	35	67	102
1997	31	82	113
1998	69	130	200
1999	98	172	270
2000	111	169	285

Source: RAND California

City of South Lake Tahoe Alcohol and Drug Program Admissions

	Primary alcohol admissions	Primary drug admissions	Total admissions
1992	14	9	23
1993	4	2	6
1994	n/a	3	3
1995	20	6	27
1996	71	71	142
1997	104	124	228
1998	119	152	273
1999	169	174	345
2000	185	188	373

Source: RAND California

Child Health and Disability Prevention Program (CHDP)

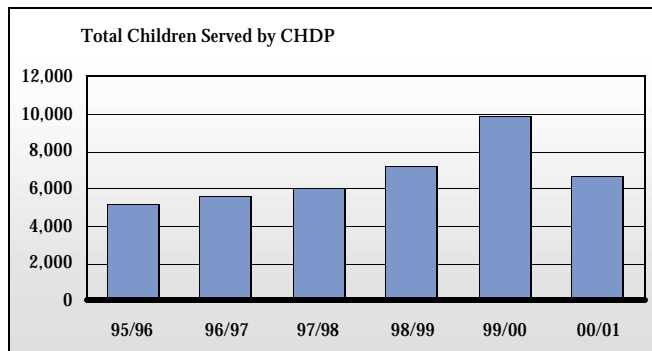
The prevention and early awareness of health problems in young children can reduce the risk of further medical complications in the future. CHDP is a preventative health care program that provides early services to children whether or not they show signs of health problems. Children and teens, especially those in low-income families, receive periodic health evaluations and further diagnosis and treatment referrals if problems are evident. The department works with local health agencies in ensuring health services for those children referred for further examination or treatment. Services offered include, but are not limited to, nutritional assessments, immunizations, vision testing, Tuberculin skin testing, and various other laboratory tests.

In the following figures, data is represented for fiscal years 95/96 through 00/01.

Children Served by CHDP

Year	Total children served by CHDP	Total children receiving health assessments	Total children receiving dental assessments
95/96	5,185	n/a	n/a
96/97	5,559	4,652	4,595
97/98	5,987	n/a	n/a
98/99	7,258	4,928	4,773
99/00	9,951	7,644	7,525
00/01	6,643	4,931	4,764

Source: California Department of Health Services



Child Abuse Referrals & Allegations

Child abuse is determined by a lack of or improper treatment of a child by a caretaker. Mistreatment of the child is defined as the actions, or lack of actions, that present a risk to the child's safety. The four main types of mistreatment include physical abuse, neglect, sexual abuse, and emotional abuse. In child abuse cases, the age of the child is a key factor in determining the needs and risks of the child.

The Child Abuse Prevention and Treatment Act (CAPTA) sets forth the definition of child abuse as stated above, and provides funding to states in support of prevention, assessment, investigation, prosecution, and treatment activities as well as providing grants to public agencies and nonprofit organizations for demonstration programs and projects. CAPTA also uses federal support for research, evaluation, technical assistance, and data collection activities, establishes the Office on Child Abuse and Neglect, and mandates the National Clearinghouse on Child Abuse and Neglect Information.

Child Protective Services (CPS), a division of Child Welfare Services, is responsible for investigating child abuse allegations, determining their validity, and making referrals for alternative placement of a child. CPS makes determinations based on facts and statements of the persons involved with the allegation. If the claim is valid, the child will be removed from parental or caretaker custody and placed in the Child Welfare System. If there is insufficient evidence, the claim will be inconclusive or unfounded and the child will remain in parental or caretaker custody. Assessments made by the CPS include the initial assessment or investigation, which is defined as "the stage of the CPS case process where the CPS caseworker determines the validity of the child maltreatment report, assesses the risk of maltreatment, determines if the child is safe, develops a safety plan if needed to assure the child's protection, and determines services needed." The other assessment is on the family, and is defined as "the stage of the child protection

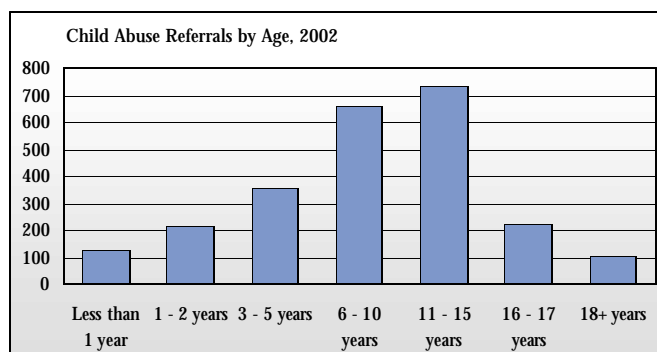
process when the CPS caseworker, community treatment provider, and the family reach a mutual understanding regarding the behaviors and conditions that must change to reduce or eliminate the risk of maltreatment, the most critical treatment needs that must be addressed, and the strengths on which to build."

In the following figures, data is represented for 2002. The abuse types are broken down further to reflect the sub-categories of the four main types of abuse.

County Child Abuse Referrals by Age, 2002

Age-Class	Substantiated	Inconclusive	Unfounded	Assessment only	Total
Missing	0	0	0	n/a	n/a
Less than 1 year	33	12	19	61	125
1 - 2 years	41	34	39	99	213
3 - 5 years	59	49	65	184	357
6 - 10 years	76	83	114	389	662
11 - 15 years	100	71	124	439	734
16 - 17 years	13	21	30	157	221
18+ years	0	0	n/a	106	107
Total	322	270	392	1,438	2,422

Source: CWS/CMS Q1 2003 Extrzet

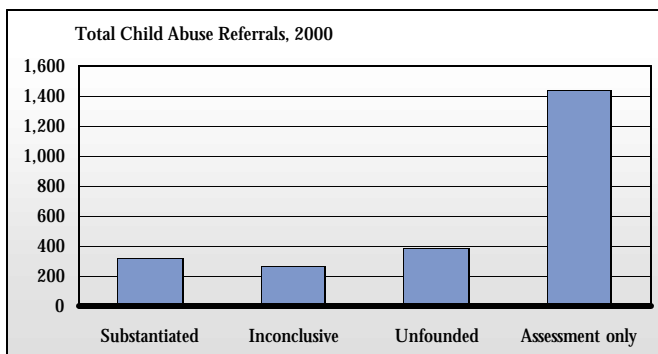


NOTE: In the following data, a child is counted only once per year in the county for the category of the highest severity. Percent calculations do not include the allegation “missing/other”. The number zero under the allegation category “missing/other” acts as a placeholder. Those numbers representing between 1 and 4 allegations are denoted as “n/a”, so as to protect confidentiality.

County Child Abuse Referrals by Allegation, 2002

Allegation	Substantiated	Inconclusive	Unfounded	Assessment	Total
				only	
Sexual abuse	14	11	34	175	234
Physical abuse	56	78	145	192	471
Severe neglect	11	8	5	14	38
General neglect	114	118	166	327	725
Exploitation	n/a	n/a	0	0	n/a
Emotional abuse	18	29	19	92	158
Caretaker absence/incapacity	81	5	14	16	116
At risk, sibling abused	n/a	n/a	n/a	0	9
Substantial risk	23	17	6	83	129
Missing/other	0	0	0	539	539
Total	322	270	392	1,438	2,422

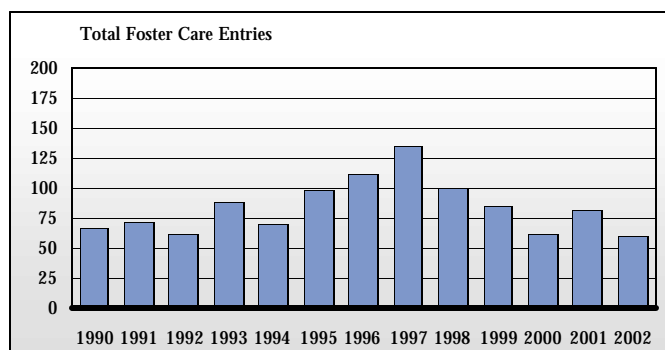
Source: CWS/CMS Q1 2003 Extrct



Foster Care Entries

Foster care is an out-of-home care system designed to protect children that cannot safely remain in the care of their families. Child abuse or neglect are the main causes of a child being removed from their home and made a dependant of the court. The foster care program is aimed at placing these children that have been removed from their family in an environment where they will receive proper care and attention.

Foster care entries can be of many different types, including kinship, foster, foster family agencies, group homes, shelters, and guardian care. Each of these are assessed to find the best and most appropriate placement for the child.



It is common for children placed in foster care to remain in the system, with multiple placements, until age 18. Depending on the success of the initial placements, the time spent in the welfare foster system can have lasting effects on the child's adult life following emancipation. For example, statistics show that children with over five placements suffer more hardships than a child that had fewer than five placements. A small but disturbing number of males enter the state prison system after they leave the child welfare system, while those women that become mothers while in foster care are four times as likely to receive welfare or state aid as other young females in their age group.

Other outcomes of multiple placements and prolonged participation in the foster care system may include mood, behavior, psychotic, anxiety, and adjustment disorders. Though the occurrence of these disorders is not solely due to the foster care system, the percentage of children in foster care with these conditions far exceed those children not in foster care.

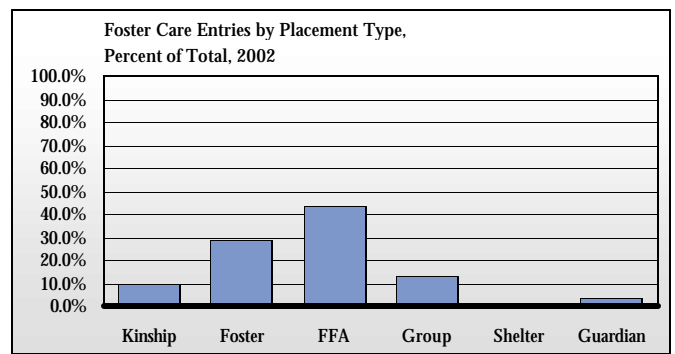
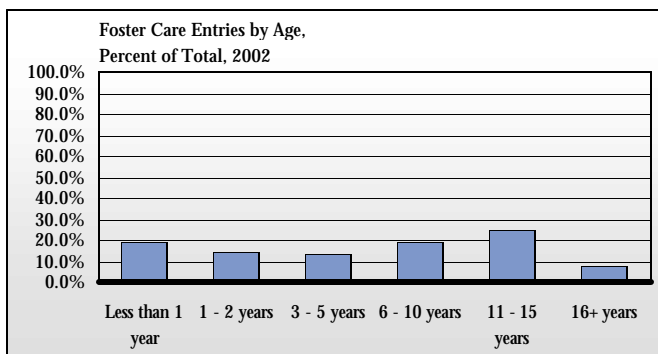
In the following figures, data is represented for the years 1990 through 2002.

County Foster Care Entries by Age

Year	Less than 1 year	1 - 2 years	3 - 5 years	6 - 10 years	11 - 15 years	16+ years	Missing	Total	Annual percent change
1990	11	8	12	8	20	9	0	68	n/a
1991	n/a	7	14	22	14	12	0	73	7.4%
1992	5	8	10	7	24	9	0	63	-13.7%
1993	12	5	9	34	27	0	0	89	41.3%
1994	10	9	13	18	16	n/a	0	70	-21.3%
1995	10	13	27	26	20	0	0	99	41.4%
1996	6	20	21	31	27	6	n/a	112	13.1%
1997	15	30	23	36	25	7	0	136	21.4%
1998	6	11	15	27	32	7	n/a	101	-25.7%
1999	11	12	18	21	21	0	0	85	-15.8%
2000	7	13	8	12	16	6	0	62	-27.1%
2001	11	12	14	20	21	0	0	82	32.3%
2002	12	9	8	12	15	5	0	61	-25.6%

Source: CWS/CMS Q1 2003 Extrzt

NOTE: In the following data, a child is counted only once per year in the county for the category of the highest severity. Percent calculations do not include the allegation “missing/other”. The number zero under the allegation category “missing/other” act as placeholders. Those numbers representing between 1 and 4 allegations are denoted as “n/a”, so as to protect confidentiality.



County Foster Care Entries by Placement Type and Entry Year

Year	Kinship	Foster	FFA	Group	Shelter	Guardian	Missing	Total	Annual Percent Change
1990	12	43	6	5	n/a	n/a	0	68	n/a
1991	17	38	16	n/a	0	n/a	0	73	7.4%
1992	10	23	22	5	0	n/a	n/a	63	-13.7%
1993	26	36	24	n/a	0	n/a	0	89	41.3%
1994	17	26	22	n/a	0	n/a	0	70	-21.3%
1995	44	15	34	0	0	n/a	n/a	99	41.4%
1996	42	48	20	n/a	0	n/a	0	112	13.1%
1997	52	35	42	0	n/a	5	n/a	136	21.4%
1998	15	27	32	5	n/a	5	16	101	-25.7%
1999	14	25	37	5	0	n/a	n/a	85	-15.8%
2000	11	19	22	n/a	0	5	n/a	62	-27.1%
2001	11	26	30	7	n/a	n/a	n/a	82	32.3%
2002	6	17	26	8	0	n/a	n/a	61	-25.6%

Source: CWS/CMS Q1 2003 Extrtzt

El Dorado County Offices for Adoption/Foster Care Services

Placerville Office

3057 Briw Road

Placerville, CA 95667

Telephone: (530) 642-7100

Fax: (530) 626-7427

South Lake Tahoe Office

971 Silver Dollar

South Lake Tahoe, CA 96150

Telephone: (530) 573-3200

Fax: (530) 541-2803

E-mail address for both offices:

edcsocsv@co.el-dorado.ca.us

