Youth Wellbeing

IN SAN DIEGO

POLICY & INNOVATION CENTER

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In San Diego today, some kids thrive while others struggle. At the same time, there are areas of broad progress and rising threats. This report celebrates our successes, calls attention to our challenges, and identifies the areas of greatest disparity.

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Executive Summary

Youth wellbeing is essential to our region's long-term prosperity. An individual's early education, health, stability, and safety shapes their ability to thrive and reach their full potential for the rest of their life.

This report presents indicators of educational access, economic stability, physical health, mental well-being, victimization, and risky behaviors for San Diegans ages 0 to 24 years from 2005 to 2023. We disaggregate this data to show disparities by race, sex, disability, immigration status, age, and sexual orientation. This approach helps us identify the progress our region has made in supporting youth, the rising challenges we face, and the most promising opportunities for policy change and targeted support.

This report is not the final word on youth wellbeing, but the launching point for a data-informed conversation within our region. At the time of writing, most data was only available up to 2023; more data will be released on an annual or biennial basis, and it will be important to update this report as new information becomes available. Since 2023, new local, state, and federal policy has dramatically impacted San Diego's young people. Public schools have later start times and offer free breakfast and lunch, which may positively affect students' sleep, eating habits, and standardized test scores. Federal immigration enforcement, on the other hand, may negatively impact students' school attendance, test scores, graduation rates, mental wellbeing and physical health. It will be important to monitor how these and other changes impact our community's young people so we can identify strategies to mitigate harm and policies that have brought progress.

In addition to the recommendation for continued research and programming for San Diego's youth, this report also identifies evidence-backed strategies the City of San Diego can implement now to support young people. Examples include child and youth priority-based budgeting, leveraging data, and supporting youth ambassadors. Our key findings are below, followed by the full results along with extensive background information.

We wish to thank the San Diego Foundation, Conrad Prebys Foundation, and the City of San Diego for their generous support in producing this report.

Key Findings: The Good, the Bad, and the Unequal

Areas of Progress

- **Preschool enrollment** remained stable in San Diego County, ranging from 52% in 2005 to 56% in 2023. While there was a dip in enrollment to 38% following the COVID-19 pandemic in 2021, the county's enrollment rate since increased to 56%.
- The percentage of **students who attended high-poverty schools** has decreased substantially over time. Black students in San Diego County were attending high poverty schools at less than half the rate in 2022 than they were in 2014; Hispanic students have seen a 73% decrease. There was a similar decrease in the City of San Diego, starting from higher baseline rates.
- The percentage of **high school graduates** in San Diego County increased from 84% to over 95% in 2023; in 2023, the City of San Diego's high school graduation rate was 96%.

- College enrollment in San Diego County increased from 56% in 2005 to 64% in 2023. Although there was a slight dip from 2019 to 2021, **college enrollment** has recovered above 2019 levels.
- 90% of San Diego County youth had **residential stability**; the rate of young people who have not had to move in the previous year increased from 2005 (83%) to 2023 (90%).
- In 2023, a high share (90%) of San Diego County young adults in the labor force were **employed**.
- 97% of San Diego County youth had **health insurance coverage** in 2023, up from 88% in 2008**.** The disparities by race and immigration status narrowed over time to relatively small differences.
- Some risky behaviors, including cigarette use, declined substantially over time. **Frequent cigarette use** among SDUSD high school students has all but stopped, going from 4% in 2005 to 0.5% in 2021.

Areas of Concern

- The share of students meeting or exceeding expectations on **standardized test** scores in English and mathematics decreased overall since the COVID-19 pandemic. The decline happened at both at the city and county level and had not recovered as of 2023.
- The number of **homeless students** in both the City of San Diego and San Diego County increased from 2021 to 2023. There were over 9K homeless students in the City and over 21K homeless students in the county.
- In 2023, only half of County youth lived in households making **family-sustaining wages**, a slight decrease from the 54% in 2008.
- The percentage of San Diego County **young adults making a self-sufficient wage** decreased since 2008, from 20% to 9% in 2023.
- In 2023, only around 30% of SDUSD students got **sufficient sleep**, indicating a majority of youth were not meeting recommended sleep levels.
- Only around one-third of SDUSD students ate **breakfast** every day. Policy changes since the last reported data may have changed this.
- In 2023, 19% of students in SDUSD were engaged in daily **physical activity**. This was lower than the US rate that year (25%) as well as a decline from San Diego's rate a decade prior.
- While long-term trends show a decline in **drinking** among SDUSD high school students, there was an increase since 2021, especially among students 18 years and older, White and multiracial students, and bisexual and gay and lesbian students.
- Around 14% of SDUSD students used **vapes** in 2023.
- In 2023, 28% of SDUSD students reported having **poor mental health.**
- **Suicidal ideation** among SDUSD students increased from 2005 rates. In 2023, 21% of students seriously considered suicide, and approximately 10% reported having **attempted suicide**.
- In 2023, 10% of students at SDUSD **skipped school due to feeling unsafe** at or on their way to school, up from 6% in 2021.
- The percentage of SDUSD students who were **victims of bullying** on school property increased from 12% in 2021 to 17% in 2023.

- The percentage of SDUSD students who reported having been **victims of sexual teen dating violence** increased from 10% in 2013 to 15% in 2023, even as the national average decreased from the same baseline to 6%.
- Almost 40% of SDUSD high school students reported feeling **isolated from peers** in 2023, up from 31% in 2019.
- **Binge drinking** among SDUSD high school students increased since 2017 from 10% to 12% of high school students in 2023.
- Among sexually active students, 88% reported not receiving **STD testing** in 2023.
- One-third of SDUSD high school students reported **driving while texting** in 2023.

Areas of Persistent Inequality

- **Preschool enrollment** differed by race: 57% for White San Diego County residents and 49% for Hispanic San Diego County residents in 2023. Preschool enrollment rates among Hispanic 3- and 4-year-olds have been among the lowest in the County for nearly a decade.
- **Standardized test scores** varied widely across groups in the County. More than three-quarters of Asian students met or exceeded expectations on their English exam in 2023, while only 37% of Black and Indigenous students did the same. Immigrants and students with disabilities both met or exceeded expectations on the English exam at less than half the rate of their non-immigrant and non-disabled peers, respectively. Gaps were similar for math and in the City.
- Wide disparities persisted in **college enrollment and graduation** rates by race, with 88% of AANHPI young adults and only 46% of Black young adults in San Diego County meeting this milestone in 2023. There have been widening gaps by sex over time, with 73% of San Diego County women and 57% of men ages 18- to 24-years either enrolled or having obtained a college degree in 2023.
- The percentage of youth in **households making family-sustaining wages** varied widely by racial group (68% of White youth and 22% of Black youth), as well as by immigrant status (50% for non-immigrants, 34% for immigrants) in San Diego County.
- The percent of **low-birth-weight** births varied between racial groups. In 2023, 13% of Black mothers in San Diego County had a child of low birth weight, compared to 5% of White mothers.
- Substance use varied by sex and sexual orientation. SDUSD girls reported **using vapes** at almost twice the rate of their male peers; similarly, bisexual students reported twice the rate of vape use as their heterosexual peers. The pattern was similar for **current drinking**, with girls and bisexual students (as well as gay and lesbian students) at highest risk.
- **Mental health** varied widely by sexual orientation, sex, and race. In 2023, 60% of SDUSD students who identified as some “other” sexual orientation reported having poor mental health in the preceding month: the highest risk group. Nearly half of gay or lesbian and bisexual students reported the same, compared to 21% of heterosexual students. Girls were at more than double the risk of poor mental health than boys (38% vs. 19%, respectively). And while there were fewer differences by race generally, 42% of multiracial students reported poor mental health in the previous month (compared to 28% of students on average).
- Gender was strongly related to **suicidal ideation**. While 15% of SDUSD high school boys strongly considered suicide in the previous year, 27% of girls did the same in 2023. Even more striking was the relationship with sexual orientation.

14% of heterosexual students reported feeling suicidal at some point in the previous year in 2023, but for LGBTQIA+ students, that rate ranged between 30% (for questioning youth) to 46% (for those reporting some other sexual orientation).

- 15% of gay or lesbian students and students with a sexual orientation of "other" **skipped school due to feeling unsafe** in 2023, compared to 9% of heterosexual SDUSD high school students.
- The youngest SDUSD high school students were the age group most likely to experience **bullying at school** in 2023. Gay or lesbian students reported bullying at the highest rate (30%) of any group. Twenty percent of girls experienced bullying compared to 14% of boys.
- There were big disparities by sex and sexual orientation for SDUSD high school students reporting being victims of **sexual teen dating violence**. In 2023, 21% of girls reported this experience, compared to 8% of boys. That same year, LGBTQ+ students reported experiencing sexual dating violence at rates ranging from 21% (students identifying as some other sexuality) to 28% (bisexual students). Just over one-tenth of heterosexual students reported the same. While differences between racial groups had been narrowing, there was a sharp increase in White students experiencing sexual teen dating violence between 2021 and 2023, from 12% to 21%.
- The percentage of SDUSD high school students **witnessing neighborhood violence** differed by race, with 35% of Black students compared to 21% of AANHPI students reporting witnessing neighborhood violence in 2023.
- Gay or lesbian SDUSD high school students were at twice the risk of being **threatened or injured with a weapon** at school as the average student in 2023.
- SDUSD high school students who reported having **physical fight at school** differed markedly by sexual orientation and race. In 2023, 16% of gay or lesbian students reported being in a fight, compared to the average student: 7%. 12% of Black students reported being in a fight compared to 3% of AANHPI students.
- In 2023, close to 40% of SDUSD high school students reported **peer isolation.** Disparities were most noticeable by race and sexual orientation: 49% of Black students (compared to 28% of White students) and 56% of gay and lesbian students (compared to 36% of bisexual students) reported not feeling close to people at their school.
- **Frequent vape use** differed by sex among SDUSD high school students; 6% of girls reported frequent vape use compared to 2% of boys in 2023.
- There were noticeable differences by race, sexual orientation, and sex in terms of **binge drinking** among SDUSD high school students. District-wide, 12% of high school students reported binge drinking in 2023. That rate ranged from a low of 6% among AANHPI students to a high of 19% of White students. Bisexual students were at high risk, with 17% reporting binge drinking. And 15% of girls (compared to 10% of boys) reported the same.
- The percentage of SDUSD high school students who reported **driving while texting** in 2023 varied by race. AANHPI students were the least likely to so (24%), while White students were the most likely to report this behavior (41%).

Key Findings by Issue Area

Education

- The City of San Diego had a slightly lower rate (48%) of preschool enrollment than the state of California (49%) and the US overall (49%) but was outperforming the state and nation on all other included measures of education in 2023. San Diego County had a higher rate of preschool enrollment (56%) than both the state and nation and was outperforming both in other indicators as well.
- Multiple language fluency has been a major strength of our region's youth. Many of our young people were multilingual: they spoke more than one language. In fact, our youth spoke more than 70 different languages at home in 2023. Multilingualism not only opens economic opportunity, social, and cultural worlds to young people but also supports cognitive development and flexibility.
- In San Diego County in 2022, Black (24%) and Hispanic (15%) students were substantially more likely to attend high poverty schools than White (4%) students.
- High school completion rates have been rising in both the City and the County, though disparities still existed in both graduation rates and post-graduation outcomes.
- In San Diego County, college enrollment and completion rates were rising (up to 64% in 2023), and gaps between immigrant and non-immigrant students and between disabled and non-disabled students appear to have narrowed over the last ten years.

Economic Stability

- In 2023, measures of economic stability, including labor force participation, employment, and working students, compared favorably in San Diego County to the state average.
- Residential stability among San Diego County youth was high (90%) in 2023. Surprisingly, COVID-19 did not noticeably disrupt this trend. Student homelessness in San Diego, however, increased between 2021 and 2023.
- Family-sustaining wages continued to be inaccessible for many San Diego County parents and caregivers in 2023, likely due to the unaffordable costs of housing and childcare. Approximately half of San Diego children lived in households where total household income was insufficient to meet the estimated basic needs of the family without government assistance.
- Among 18–24-year-olds who worked in San Diego County in 2023, less than one in ten were earning a self-sufficient wage for an adult with no dependents. This was a substantial decrease from 2008 (20%), and since 2015 the decrease was especially sharp among young men, narrowing the gender gap.

Physical and Mental Health

- San Diego Unified high school students engaged in healthier behaviors, on average, than US high school students in 2023. Exceptions were for physical health and suicidal ideation; while San Diego students were more likely to get the recommended amount of physical activity than California students, they were less likely than US students overall.

- Health insurance coverage for adolescents in San Diego County increased from 88% in 2008 to 97% in 2023, especially after the Medi-Cal and Children's Health Insurance Program expansion in 2014. Despite overall gains, disparities persisted by race and immigration status.
- Infants born to Black mothers in San Diego County in 2023 were almost three times more likely to be born at a low birth weight than those born to White mothers.
- Daily breakfast consumption was declining nationwide (33% in 2019). Among SDUSD high school students, 34% ate breakfast all seven days of the previous week. These data are from 2019, however, and California's Universal Meals Program may have increased this rate. In 2019, White students, younger students, and male students were most likely to eat breakfast every day.
- Daily physical activity declined nationally and locally between 2011 and 2023. Male SDUSD high school students consistently reported more physical activity than female students. This gap has narrowed over time, although this was due to a decline in male activity rather than an increase in female activity. AANHPI and Hispanic students were less physically active than other groups, and overall, every racial group had a lower physical activity rate in 2023 compared to 2007.
- While SDUSD high school students generally showed lower drinking rates than the national average between 2005-2019, there was a slight increase in 2023, with 23% reporting alcohol use in the previous month. Older students consistently drank more, and White and multiracial students had the highest rates. Female students' alcohol consumption rates had not declined as much as males since 2013, showing higher current use in 2023 than male students.
- Current cigarette smoking declined over time nationwide. Among SDUSD high school students, it reduced from over 15% in 2005 to under 3% by 2021.
- While initial frequent vaping rates were similar between female and male SDUSD high school students, female students (6%) vaped more in 2023 than male students (2%).
- Over one-quarter of SDUSD high school students reported poor mental health days in 2023, an increase since 2021. Female, multiracial, and LGBTQ+ students were disproportionately affected.
- Suicidal ideation and attempts increased from 2009 to 2021 and remained high in 2023 for SDUSD students (21% for suicidal ideation and 10% for suicide attempts). Female students and LGBTQ+ students were at higher risk than their male and heterosexual peers.

Victimization

- In comparison to the state of California, San Diego Unified high school students reported a lower rate of many types of victimization, with physical dating violence the exception. In comparison to the US, on the other hand, results were mixed. SDUSD high school students reported higher rates of sexual dating violence, witnessing neighborhood violence, and being involved in physical fights at school. They reported lower rates of skipping school due to feeling unsafe, being a victim of school bullying, physical dating violence, and being threatened or injured with a weapon at school.
- Nearly 10% of SDUSD high school students reported skipping school due to feeling unsafe on their way to or at school in 2023. While Hispanic students were historically most likely to report this, in 2023, multiracial and White

students were at greater risk. Female students, gay/lesbian, and students reporting some other sexual orientation were at particularly high risk.

- Bullying on SDUSD high school campuses dropped from approximately 15% (2013-2019) to 12% in 2021, likely due to COVID-19 stay-at-home orders, and then rose to 17% in 2023. Female, LGBT, and White, Hispanic, and multiracial students were more likely to report being bullied in 2023. Black, Asian, and Hispanic students have experienced high rates of bullying in landmark years.
- Physical dating violence was lower among SDUSD high school students (6%) than in the US (10%) in 2023 and remained relatively flat over time; sexual dating violence, however, was higher in San Diego (15%) than nationally (6%) and was increasing. Female students and LGBT students were at high risk for both.
- SDUSD high school students reported witnessing neighborhood violence at a rate of about 30% in 2023, about one-third higher than the national average. Black, multiracial, and Hispanic students reported the highest rates of witnessing violence in their neighborhoods.
- SDUSD high school students reporting being threatened or injured with a weapon at school has slowly declined over time but ticked up in 2023. Gay students and male students were at greater risk, although the gender gap has narrowed since 2021.
- Physical fighting at SDUSD high school campuses has decreased over time, from 13% in 2005 to 7% in 2023. Black students, male students, and gay students were more likely to be involved in physical fights at school.

Risky Behaviors

- San Diego Unified high school students participated in more risky behaviors (including vaping and binge drinking) than the average California student but about the same number as high school students nationally. San Diego students were more likely to be socially isolated and less likely to use some method of pregnancy prevention and get STD tests. They were less likely to vape, binge drink, and drive while texting than US students overall.
- Around 40% of SDUSD high school students reported being socially isolated in 2023. Female, Black, Hispanic, and LGBT students were more likely to be socially isolated.
- Frequent cigarette use among SDUSD high school students declined (0.5% in 2021), as in the US. Frequent vaping was slowly increasing, especially among girls. Binge drinking was increasing, especially among older students, girls, and White students. Binge drinking among bisexual students was particularly high.
- In 2023, 88% of sexually active SDUSD high school students reported not receiving an STD test in the previous year, highlighting a significant gap in testing. Female students were more likely to be tested than males. Around 15% of sexually active students did not use any method to prevent pregnancy during sex with an opposite-sex partner.
- Rates of drinking and driving among SDUSD high school students slightly decreased between 2019 and 2021, to around 5% from 8% in 2013, but rose again to 6% in 2023. Texting and driving among San Diego teens was lower (34%) than the national average (42%) but took an alarming jump between 2021 and 2023, from 23% to 34%. Boys (35%) and White students (41%) were most likely to report driving while texting.

Policy Recommendations

In response to the challenges and disparities identified in this report, the Policy & Innovation Center has provided recommendations to address disparities in access, opportunity, and engagement. Recommendations are organized into three action types: City (drawing on municipal tools), community (emphasizing regional partnerships), and advocacy (pursuing wider change) as well as by issue type. Spanning short- to long-term timeframes, these recommendations are both achievable and aspirational and will require collaboration with children, youth, parents, and stakeholders across San Diego to implement.

Overarching Recommendations

The City should adopt **child and youth priority-based budgeting** to track and quantify its investment in young people, who make up nearly 30% of San Diego's population. The City should also **convene a regular regional working group** of municipal representatives to coordinate efforts and share data across jurisdictions, **update this report periodically** to track the impact of programs over time, and **expand the Youth Commission** by creating a youth ambassador program that empowers young people to drive solutions to the challenges they face.

Education & Child Care

- The City should continue implementing the Child Care Blueprint, expanding facilities and easing permitting for operators
- The City should support the countywide childcare ballot measure (November 2026)
- The City should expand library programming for young adults (19–24) and disconnected youth
- The City and community members should support nonprofits coaching immigrant, minority, and disabled students on standardized tests
- Regional partners should strengthen enrollment pipelines to community colleges and local universities
- Community partners should advocate for continued alignment with school district and Child Care Blueprint policy priorities

Economic Stability

- The City should expand the youth internship clearinghouse across the region
- Libraries should offer financial literacy and entrepreneurship programs for young adults and disconnected youth. The City should provide funding to support these programs.
- The City should allow GED or college credit to be earned through City internships
- The City should evaluate and share findings from the expanded parental leave policy
- Local businesses should commit to hiring youth
- Regional partners should work with 211, schools, and colleges to connect students with basic needs resources and City employment opportunities

- The City should work with regional partners to analyze internal municipal staffing and regional workforce needs to share wage potential data with students
- Community partners should support AB 752 to incorporate childcare into affordable housing projects
- Community partners should support housing programs for youth (e.g., County's Housing Our Youth program)
- Community partners should support expansion of corps programs (Youth Corps, California Corps)

Health Insurance

- The City should provide health resource navigation as part of the small business licensing process
- Community partners should support creation of a diverse healthcare workforce to better serve patients of color
- Regional partners should work with 211 and the County to streamline access to Medi-Cal and other entitlement program

Physical Health

- The City should create community gardens at parks and joint-use school spaces, supported by youth
- The City should provide permitting assistance and grants for community gardens
- The City should use youth ambassadors to shape recreation center programming around physical activity
- The City should expand Parks After Dark programs across the region with County and municipal partners
- Community partners should support schools in enforcing vaping bans and removing flavored products from stores
- Community partners should implement Safe Streets for All DOT grant funding to make school routes safer for youth

Mental Health

- The City should engage youth ambassadors to shape mental health communications and outreach
- The City should share youth wellbeing data in Livewell K–12 briefings
- The City should strengthen County partnerships for child and youth behavioral health resources
- Community partners, including schools, should collect and analyze data on social media usage and smartphone ban efficacy
- Community partners should map mental health and wellness programs across schools and recreation centers
- Community partners should be an active partner in planning for First 5 San Diego's long-term funding

Victimization

- The City should connect youth in City programs (internships, libraries, parks) with information about support services
- Community partners should share victimization data broadly to inform program design and impact
- Community partners should pursue litigation against social media companies that addict children and advocate for statewide enabling legislation

Risky Behaviors

- The City should align with the Child & Teen Friendly City initiative to improve physical infrastructure and community spaces
- Community partners should support creation of student resource groups at schools and community colleges
- Community partners should help plan for the future of First 5 Commission San Diego funding as tobacco revenue declines
- Community partners should support continuation of Youth Opportunity Passes, providing free transit for young people under age 26

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Introduction

In 2019, San Diego youth, collaborating with the regional nonprofit Youth Will, presented a Youth Bill of Rights for the region:[1]

> *We, the youth of San Diego County, believe every young person has a right to everything we need to be happy, healthy, and prepared to reach our potential. We demand the following rights be provided for all youth, with the acknowledgment that systemic racism and economic inequality have created vast disparities in the opportunities present in our diverse communities.*

The Youth Bill of Rights, among other things, lists the rights to be free from abuse, neglect, and exploitation; freedom of expression without fear of retribution; free, quality, comprehensive, and holistic health care; transformative and restorative justice; free, culturally-responsive, and inclusive education and training; and safe and sustained housing.[2]

The local Youth Bill of Rights bears remarkable resemblance to a definition of youth well-being proposed by the United Nations H6+ Technical Working Group on Adolescent Health and Well-Being to define and measure adolescent well-being. The expanded definition asserts, "adolescents have the support, confidence, and resources to thrive in contexts of secure and healthy relationships, realizing their full potential and rights." The H6+ Technical Working Group lists five subdomains under which youth should be well, including good health and optimum nutrition; connectedness, positive values, and contribution to society; safety and a supportive environment; learning, competence, education, skills, and employability; and agency and resilience.[3]

Youth Will also touched on the pillars of support the Urban Institute considers essential to upward mobility: rewarding work, high-quality education, opportunity-rich and inclusive neighborhoods, healthy environment and access to good health care, and responsive and just governance.[4]

One of the things San Diego's Youth Bill of Rights, the UN's definition of adolescent well-being, and the Urban Institute's Mobility Metrics have in common is an understanding that youth well-being is multidimensional. It crosses multiple domains of life, including health, personal relationships, education, and economics. They each

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[1] Taketa, K. (2019, May 3). Students draft a 'youth bill of rights' for San Diego County. *The San Diego Union Tribune*. Retrieved May 30, 2025 from https://www.sandiegouniontribune.com/2019/05/02/students-draft-a-youth-bill-of-rights-for-san-diego-county/

[2] Youth Will. (n.d.). Youth bill of rights. Retrieved May 30, 2025 https://www.youthwill.org/youth-bill-of-rights

[3] Banerjee, A., & Mohan, A. (2020). Adolescent well-being: A definition and conceptual framework. *Journal of Adolescent Health, 67*(4), 472-476.

[4] The Urban Institute's Upward Mobility Framework provides an evidence-based foundation for advancing upward mobility and racial equity for people and communities. According to this framework, upward mobility consists of three interconnected dimensions: dignity and belonging, economic success, and power and autonomy. To help communities make measurable progress in these dimensions, the Urban Institute identifies five pillars of support: rewarding work, high quality education, opportunity-rich neighborhoods, a healthy environment and access to good healthcare, and responsive and just governance (Urban Institute. (n.d.). Upward Mobility Framework. Retrieved May 30, 2025 from https://upward-mobility.urban.org/framework). We include all of the Urban Institute's Mobility Metrics that specifically pertain to children.

also recognized that while all youth have the right to health, happiness, and prosperity, not all have been afforded the same opportunities to reach those goals.

Governmental, nonprofit, and philanthropic resources have been dedicated to supporting San Diego's youth. San Diego County's two largest governments, the City of San Diego and San Diego County, have each created at least one department specifically dedicated to the advancement of youth. Many governments involve young people in policymaking through their youth commissions, and nearly all dedicate space on their websites to resources for young people (see Appendix I: Governmental Youth Resources for a selection). Nonprofits such as San Diego Youth Services, the Chicano Federation, and YMCA of San Diego County provide programming that support the region's youth, and philanthropic donations are made every year in support of the same goals.

Despite the targeted investment in young people, some of our region's youth must still overcome barriers to meet their full potential. This report, commissioned by the San Diego Foundation, Conrad Prebys Foundation, and City of San Diego Office of Child and Youth Success, identifies some of the areas of greatest need affecting San Diego youth in education, economics, health, experiences of victimization, and risky behaviors. Using the Youth Bill of Rights, the United Nations H6+ Technical Working Group on Adolescent Health and Well-Being's definition of adolescent well-being, the Urban Institute's mobility metrics, and the research literature, we identified 40 key indicators of youth well-being that have reliable data, collected over many years. We use data from the US Census Bureau, the California Department of Education, the US Centers for Disease Control and Prevention (CDC), the Urban Institute, the County of San Diego, and the US Federal Bureau of Investigation (FBI) collected from 2005 - 2023[5] to understand how San Diego's young people are doing, and how that has changed over time. Where data are available, we compare how young people are doing in the City of San Diego to those in San Diego County, the state of California, and the US overall.

By analyzing these indicators across age, disability, gender, sexual minority status, immigration status, and race, we aim to identify disparities, guide targeted investments, and help all young people break the cycle of poverty and reach their full potential.

Demographics

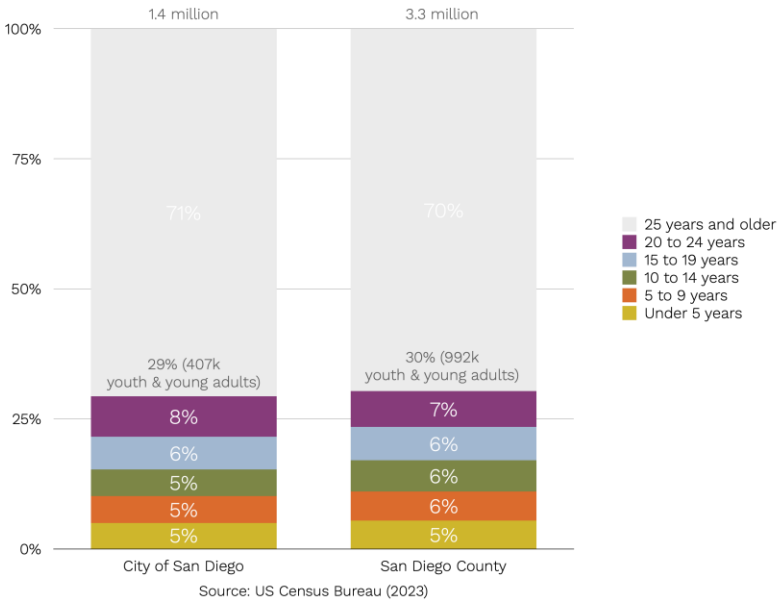
San Diego Population

In 2023, the City of San Diego accounted for 42% of San Diego County's population. The proportion of the population by age was similar in both places, with youth and young adults accounting for approximately 30% of the total population of each (see Figure 1. Definitions of youth and young adults vary by study, report, and data source. In this report, we typically refer to youth as those under the age of 18 and young adults as those 18- to 24-years-old.). Among those youth and young adults, 5% were under the age of five years, 5% – 6% were five to nine years old, 5% – 6% were 10- to 14-years old, 6% were 15- to 19-years old, and 7% – 8% were 20- to 24-years old. Each of these groups has unique needs and considerations, such as round-the-clock

[5] Where available. Some data sources do not allow for the full timeframe.

childcare for those under the age of five, after school sports and activities for school-age children, and transportation to work for young adults.

Figure 1 San Diego City & County population by age, 2023



San Diego Youth

There are also other differences by age. Among area youth (those under the age of 18), an estimated 35% of City of San Diego and 40% of San Diego County youth were Hispanic, 28% and 30% respectively were White (non-Hispanic), 18% and 17% were multiracial, 12% and 9% were Asian, Native Hawaiian, or Pacific Islander (AANHPI); 6% and 4% were Black; and less than 1% of youth in each location were American Indian or Alaska Native. See Figure 2 for the share of the San Diego County youth population by race.

Figure 2 San Diego City & County youth by race, 2023

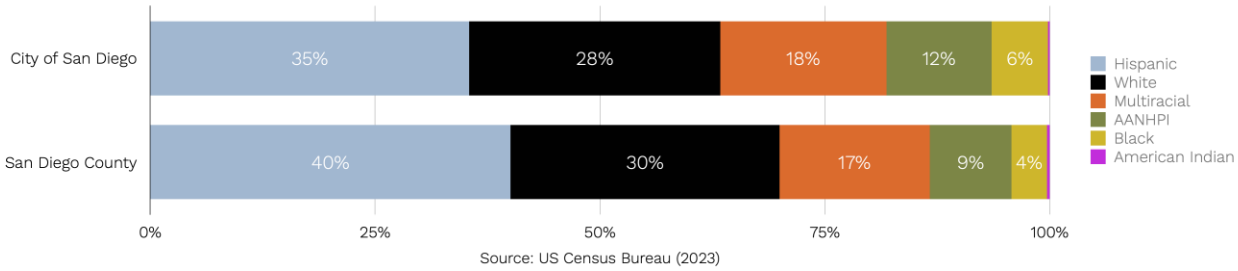
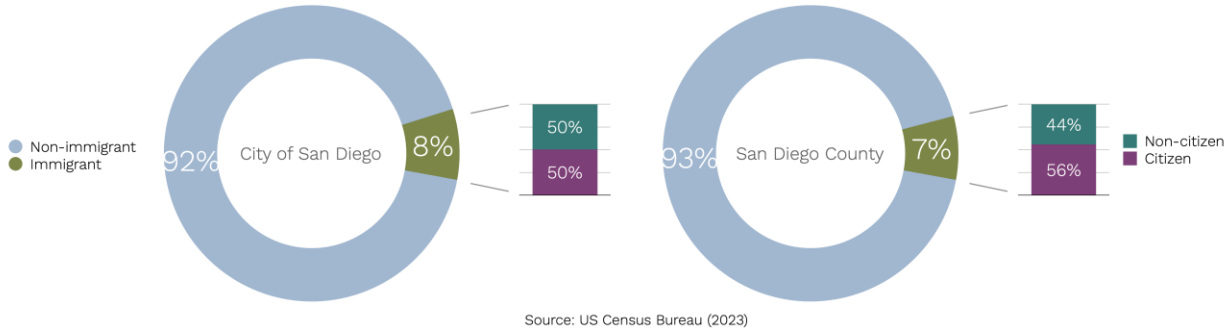


Figure 3 shows the share of the youth immigrant and non-immigrant communities in each location.[6] The majority of young people in San Diego are not immigrants; only

[6] For the purposes of this report, young people who immigrated to the US at any time in their lives are classified as immigrants. "Immigrant" status refers to whether they have immigrated and does not reflect whether or not they are documented.

8% of City and 7% of County residents under the age of 18 immigrated to the US. Of those, half or more have already obtained US citizenship.

Figure 3 San Diego youth population by immigrant and citizenship status, 2023



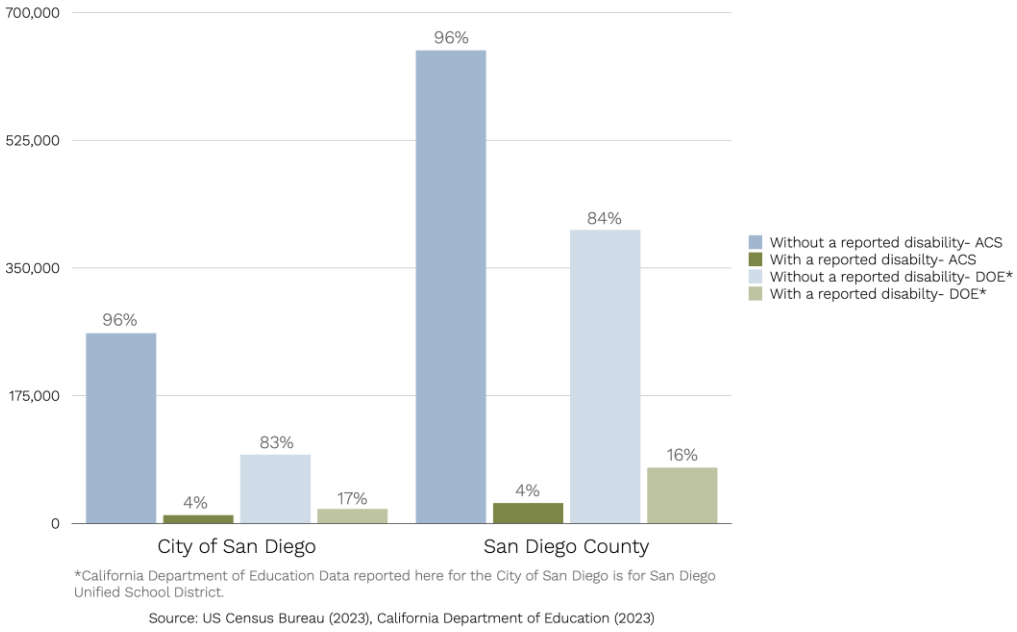
Source: US Census Bureau (2023)

Disabled youth appear to represent between 4% and 17% of the total youth population in San Diego. The ACS estimate of 4% is likely conservative: it asks about persons ages five and older[7] and is not a medical tool (it asks, for example whether respondents have "any physical, mental, or emotional conditions lasting six months or more that makes it difficult or impossible to perform basic activities outside the home alone" which is more likely in aging populations, or if they have "cognitive difficulties…because of a physical, mental, or emotional condition). The estimates reported by the California Department of Education of 16% and 17% in San Diego County and the City of San Diego, respectively, are more in line with national estimates. Zablotsky and colleagues[8] estimate that nationally, 17% of children ages three to 17 years have some type of developmental disability, including neurodevelopmental disorders, blindness, hearing loss, physical, and other disabilities.

[7] IPUMS USA. (n.d.) DIFFREM. Minnesota Population Center, University of Minnesota. https://usa.ipums.org/usa-action/variables/DIFFREM#universe_section

[8] Zablotsky, B., Black, L. I., Maenner, M. J., Schieve, L. A., Danielson. M. L., Bitsko, R. H., Blumberg, S. J., Kogan, M. D., & Boyle, C. A. (2020). Prevalence and trends of developmental disabilities among children in the US: 2009-2017. *Pediatrics, 144*(4). e20190811.

Figure 4 San Diego youth population by disability status, 2023



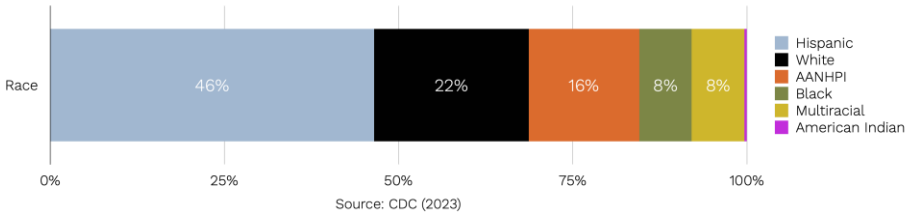
City of San Diego High School Students

In the 2022-2023 academic year,[9] there were approximately 34,600 students enrolled in San Diego Unified School District (SDUSD) high schools.[10] Close to 1,500 9th through 12th graders participated in the Youth Risk Behavior Survey (YRBS), part of the Center for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System. The survey was designed to capture information about risk behaviors among youth and is representative of all SDUSD high school students.[11]

In 2023, the SDUSD student population looked similar to the youth population in the county. In Figure 5 we see close to half of high school enrollees were Hispanic; 22% were White, non-Hispanic; 16% were Asian American, Native Hawaiian, or Pacific Islander; 8% each were Black and multiracial, and less than 1% were American Indian or Alaska Native.

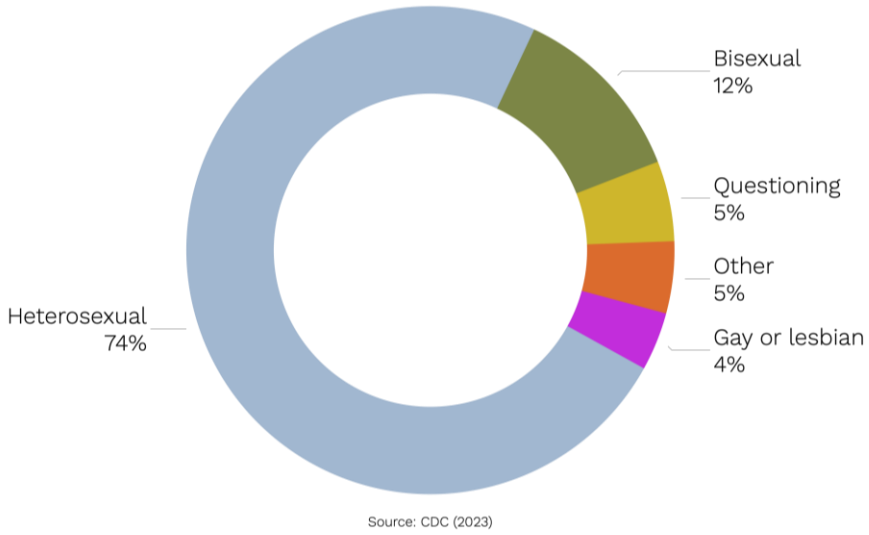
[9] Referred to hereafter as 2023.
[10] Data Reporting Office, California Department of Education. (n.d.). 2022-23 Enrollment by Grade, San Diego Unified Report (37-68338). https://dq.cde.ca.gov/dataquest/dqcensus/EnrGrdLevels.aspx?cds=3768338&agglevel=district&year=2022-23
[11] San Diego Unified School District. (n.d.). 2023 YRBS Data and Reports. https://www.sandiegounified.org/cms/One.aspx?portalId=27732478&pageId=62417376

Figure 5 SDUSD high school students by race, AY 2022-2023



The YRBS recently started gathering data on sexual orientation. Most (74%) students were heterosexual, but more than one-quarter identified as LGBTQ+. See Figure 6 for details.

Figure 6 SDUSD high school students by sexual orientation, AY 2022-2023



Education

A broad, high-quality education sets the foundation for a socially and economically engaged future. In this section, we look at indicators of academic access and education quality from preschool to college.

Preschool Enrollment

Early childhood education can improve children's social development, jumpstart their academic growth, and allow parents to work and provide financial security for their families. Preschool lays the foundation for early literacy and numeracy skills – predictors of academic achievement in later years.[12] Other positive effects for children's development include improved language, social and emotional outcomes, and health in the long-term, including for children learning multiple languages and those with disabilities.[13]

High quality preschool not only boosts individual academic achievement but also contributes to greater upward mobility across socioeconomic lines, helping to reduce disparities tied to race, gender, and household income and composition.[14,15] Because it boosts access to economic success, it is one of the Urban Institute's Mobility Metrics.[16]

Unfortunately, access to high quality preschool programs is not universal. Children of color, those from low-income families, those who are learning English as a second language, and those with disabilities face the greatest barriers to accessing high quality programs. Even when they are able to enroll in a preschool program, these and immigrant children tend to benefit less from the programs than children that are not from historically marginalized groups due to under-investment in marginalized communities.[17]

The American Community Survey (ACS) gathers information annually about school enrollment. Figure 7 shows the average school enrollment of three- and four-year-olds in the US, California, San Diego County, and the City of San Diego from 2005 to 2023.[18] San Diego County and the City of San Diego have typically had a higher rate of

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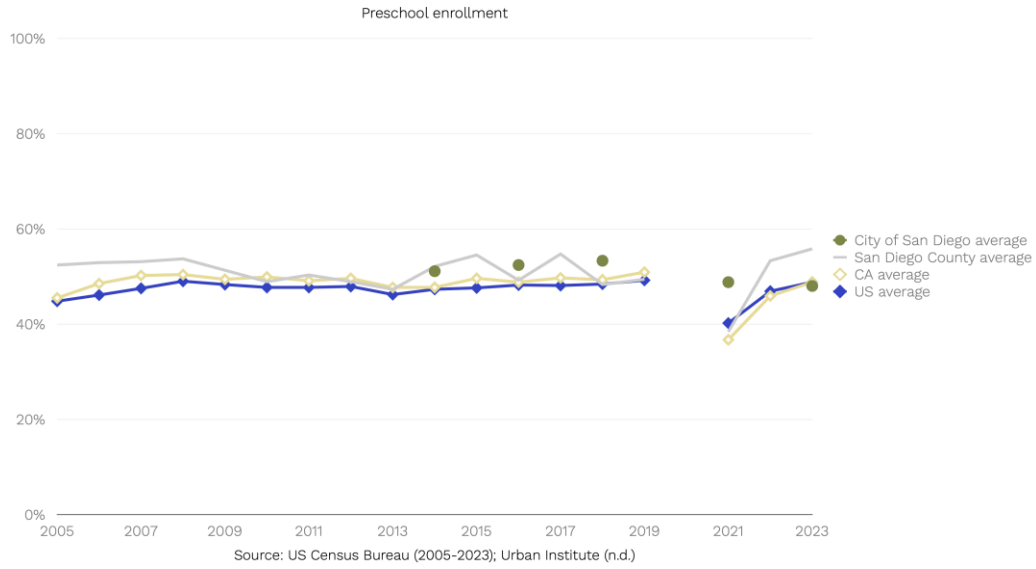
[12] Magnuson, K., & Duncan, G. J. (2016). Can early childhood interventions decrease inequality of economic opportunity? *RSF The Russell Sage Foundation Journal of the Social Sciences, 2*(2), 123–141.
[13] Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M., Espinosa, L. M., Gormley, Jr., W. T., Ludwig, J., Magnuson, K. A., Phillips, D. A., & Zaslow, M. (2013). Investing in our future: The evidence base on preschool education. *Society for Research in Child Development; Foundation for Child Development.* https://www.srcd.org/sites/default/files/resources/mb_2013_10_16_investing_in_children.pdf
[14] National Center for Education Statistics. (2007). Preschool: First findings from the third follow-up of the Early Childhood Longitudinal Study, Birth Cohort (ECLS-B). Retrieved October 31, 2022, from https://nces.ed.gov/pubs2008/preschool3/findings.asp
[15] Lee, R., Zhai, F., Brooks-Gunn, J., Han, W.-J., & Waldfogel, J. (2014). Head Start participation and school readiness: Evidence from the Early Childhood Longitudinal Study-Birth Cohort December 10, 2012. *Developmental Psychology, 50*(1), 202–215.
[16] Urban Institute. (n.d.). Upward mobility initiative. Predictor: Access to preschool. Retrieved June 11, 2025 from https://upward-mobility.urban.org/framework/education/preschool.
[17] Joshi, P. (2023). *Closing the opportunity gap for young children*. L. Allen, & R. Hutton (Eds.). National Academies Press.
[18] US, California, and San Diego County data are original analyses. Data for the City of San Diego were retrieved from Urban Institute. (n.d.). Upward Mobility Initiative. Retrieved July 30, 2025 from https://upward-mobility.urban.org/dashboard/results?ShareStudentPoverty_confidence_intervals=0&ShareStudentPoverty_sub

preschool enrollment than the rest of the US and California. In 2023, the County still had a greater share than the state and national average, with 56% of San Diego County three- and four-year-olds enrolled in preschool, while the City was on par with 48% of this age group enrolled in school in 2023 compared to 49% of those in the US.

Figure 7 Preschool enrollment in the US, California, San Diego County, & City of San Diego, 2005 – 2023



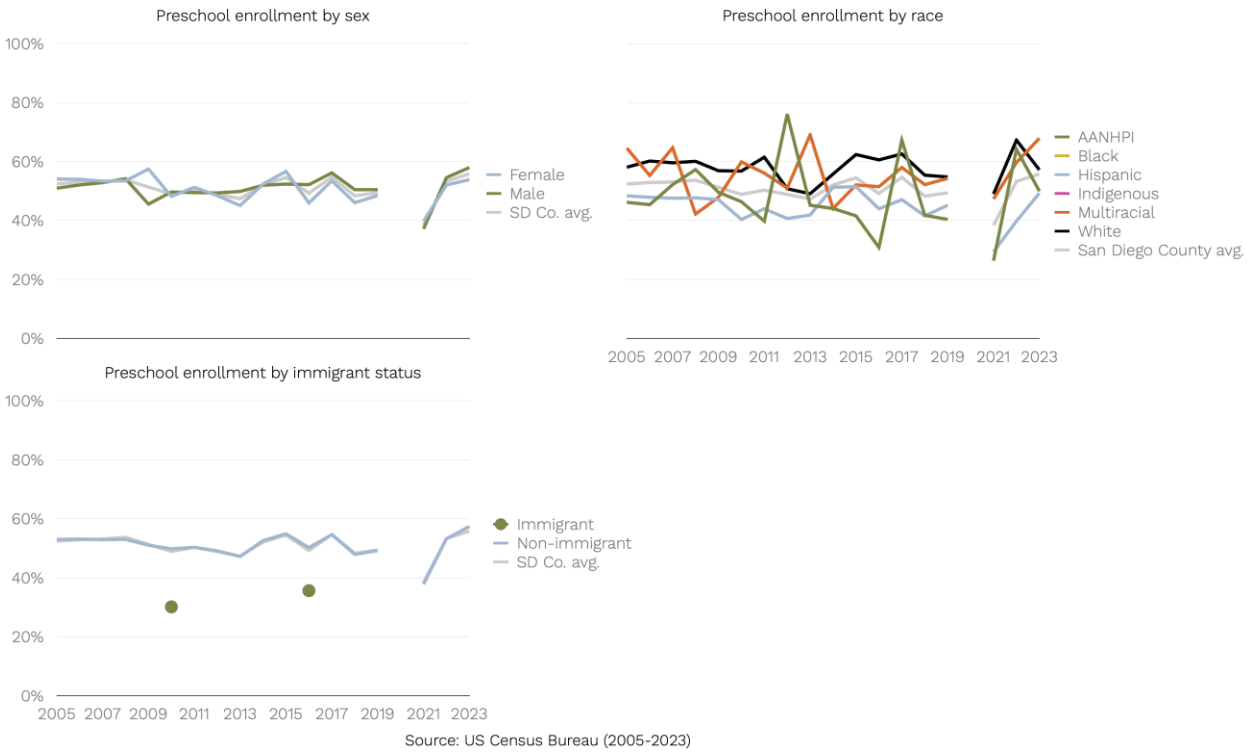
California is moving toward universal access to early childhood education by the 2025-2026 school year, but neither preschool nor kindergarten are mandatory in the state. As a result, enrollment rates vary by race and ethnicity, gender, and household income, perpetuating gaps that early education is intended to close.[19] Figure 8 shows the share of San Diego County three- and four-year-olds who were enrolled in preschool by sex, race, and immigrant status from 2005 to 2023.[20] Over the timeframe studied, approximately half of San Diego County three- and four-year-olds enrolled in preschool (the exception was in 2021, the year after the start of the COVID-19 pandemic, when enrollment dropped to 38%). In 2023, 56% of San Diego County three- and four-year-olds were enrolled in preschool.

group_type=all&location_ids=0666000&ShareStudentPoverty_year=2021&HighSchoolDegree_confidence_intervals=0&HighSchoolDegree_subgroup_type=all&_year=2023&HighSchoolDegree_year=2023&predictor_ids=AccessToPreschool&ShareInPreschool_year=all&ShareInPreschool_confidence_intervals=0&ShareInPreschool_subgroup_type=all. San Diego County data retrieved from data dashboard may not match results reported here due to differences in data sources. For more information, see **Appendix II: Methodology**.

[19] Allen, L., & Hutton, R. (Eds.). (2023). *Closing the opportunity gap for young children*. National Academies Press.

[20] Because we are restricting to just two years of age and further breaking these data out by smaller groups, some groups, including preschool enrollment by disability status, were too small to analyze. We do not report on groups with an effective sample size less than 30. We also do not report on data from 2020 due to data quality issues. For more information, see **Appendix II: Methodology**.

Figure 8 Preschool enrollment by sex, race, and immigrant status in San Diego County, 2005 – 2023



Source: US Census Bureau (2005-2023)

Standardized Test Scores in English and Math

Standardized testing is one way of measuring student achievement. Designed to assess whether students have mastered grade-level standards, these tests ideally set common expectations for all students while providing data to improve instruction and close achievement gaps. In practice, standardized test scores often vary by gender, race, disability, and economic status and serve as gatekeepers to future opportunities, including college admissions, professional certifications, and specialized academic programs.

While standardized tests measure important skills like recall and content mastery, they offer a limited view of student capabilities.[21] Standardized tests do not capture creativity, leadership, resilience, or real-world problem-solving skills, nor do they account for external factors like housing instability, nutrition, or trauma that can affect performance. Time-limited tests in particular are less valid, reliable, inclusive, and equitable because they primarily measure test-taking speed rather than actual knowledge or skills, disadvantaging students with disabilities, English learners, and those from underrepresented backgrounds. Research shows that removing time limits yields a more accurate assessment of cognitive abilities.[22]

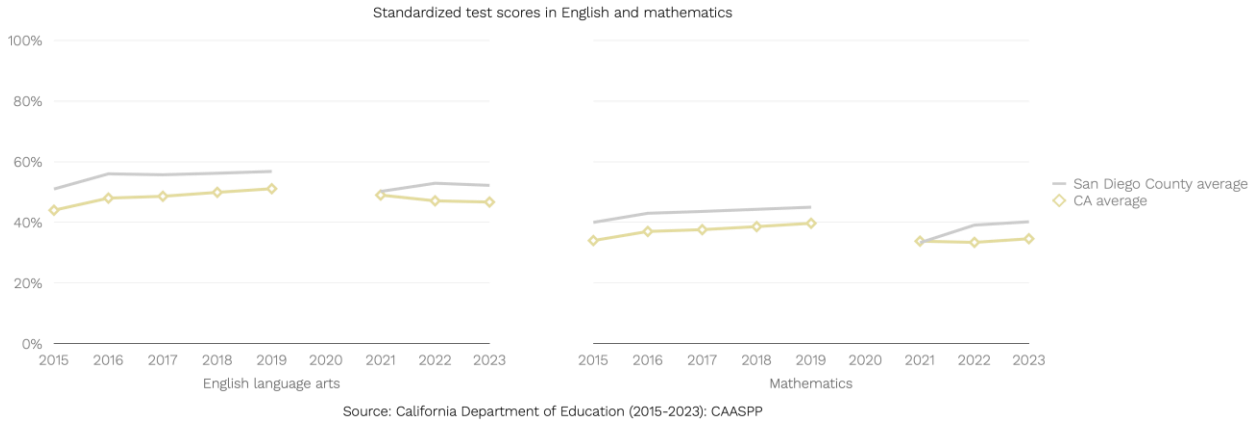
[21] Loeb, S., & Byun, E. (2019). Testing, accountability, and school improvement. *The ANNALS of the American Academy of Political and Social Science, 683*(1), 94-109.
[22] Gernsbacher, M. A., Soicher, R. N., & Becker-Blease, K. A. (2020). Four empirically based reasons not to administer time-limited tests. *Translational Issues in Psychological Science, 6*(2), 175–190.

Despite the limitations, effective public education is one of the Urban Institute's Mobility Metrics and standardized test scores are a way to measure the effectiveness of public education.[23]

In Figure 9, we show the share of third- through eighth- and eleventh-grade students who met or exceeded expectations on the Smarter Balanced Summative Assessments in English language arts (ELA) and mathematics in California and San Diego County.[24]

In 2015, San Diego County students outperformed the state average, with 51% of students meeting or exceeding standards in ELA and 40% in math (compared to 44% in ELA and 34% in math for the state of California). By 2019, both San Diego County and the state showed improvements in ELA and math scores, but the COVID-19 pandemic seems to have set students back. In 2021, only 49% and 50% of California and San Diego County students met or exceeded expectations in ELA; those figures were 34% and 33% for California and San Diego students in math. By 2023, the shares had changed to 47% and 52% for ELA and 35% and 40% for math in California and San Diego County, respectively.

Figure 9 Meets or exceeds expectations in ELA and math in California & San Diego County, 2015 – 2023

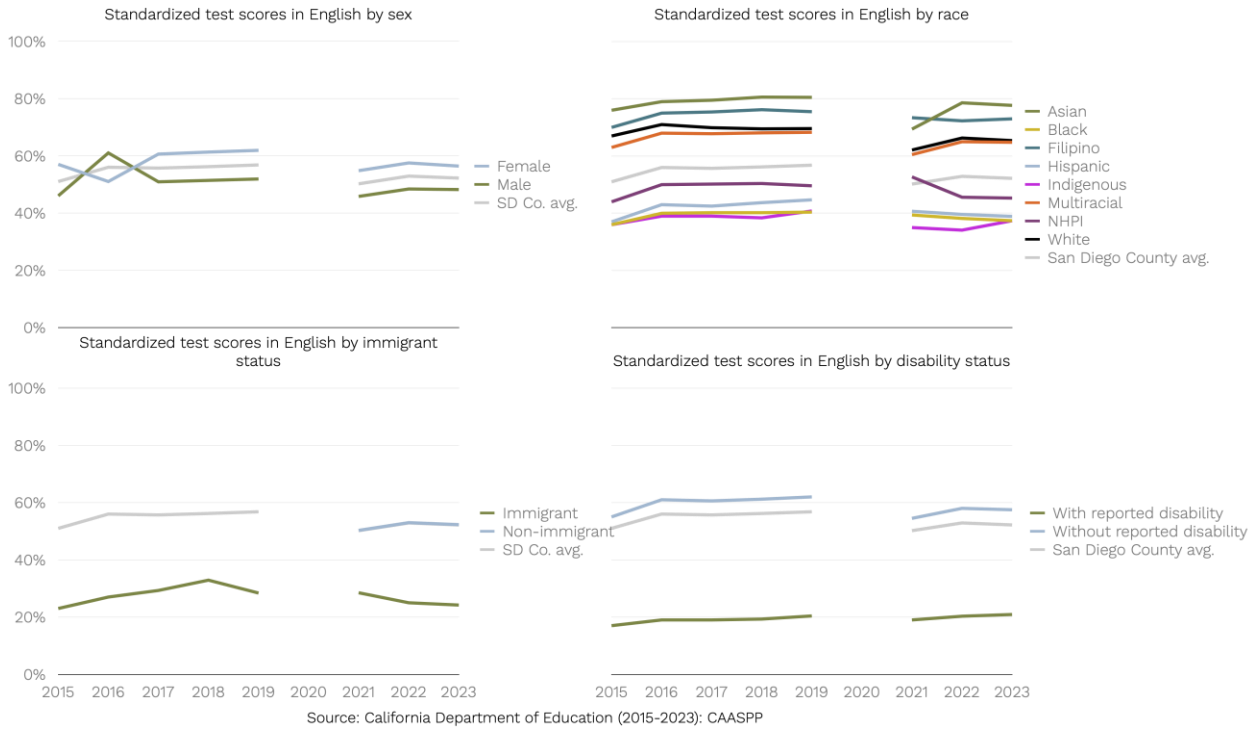


As noted, there are differences by sex, race, immigrant status, and disability status in standardized test performance. Female students almost consistently outperformed their male peers in ELA, with about 57% of females meeting or exceeding expectations compared to 48% for males in 2023 (see Figure 10). The share of Asian, Filipino, White, and multiracial students who met or exceeded expectations on ELA tests was consistently greater than those for other groups. Hispanic or Latino students, who make up a substantial share of the student population, improved only slightly from 37% to 39% over the timeframe.

[23] Urban Institute. (n.d.). Upward mobility initiative. Predictor: Access to preschool. Retrieved June 11, 2025 from https://upward-mobility.urban.org/framework/education/public.
[24] These tests were not administered in the 2019-2020 school year because of disruptions from the COVID-19 pandemic.

There were persistent, substantial achievement gaps between immigrant and non-immigrant students and students with reported disabilities and those without. In 2023, immigrant students had less than half the rate of meets or exceeds expectations on the ELA test than nonimmigrant students (24% compared to 52%). The achievement gap was greater for students with disabilities – only 21% of students with a reported disability met or exceeded expectations on the ELA test, compared to 57% of students without a reported disability.

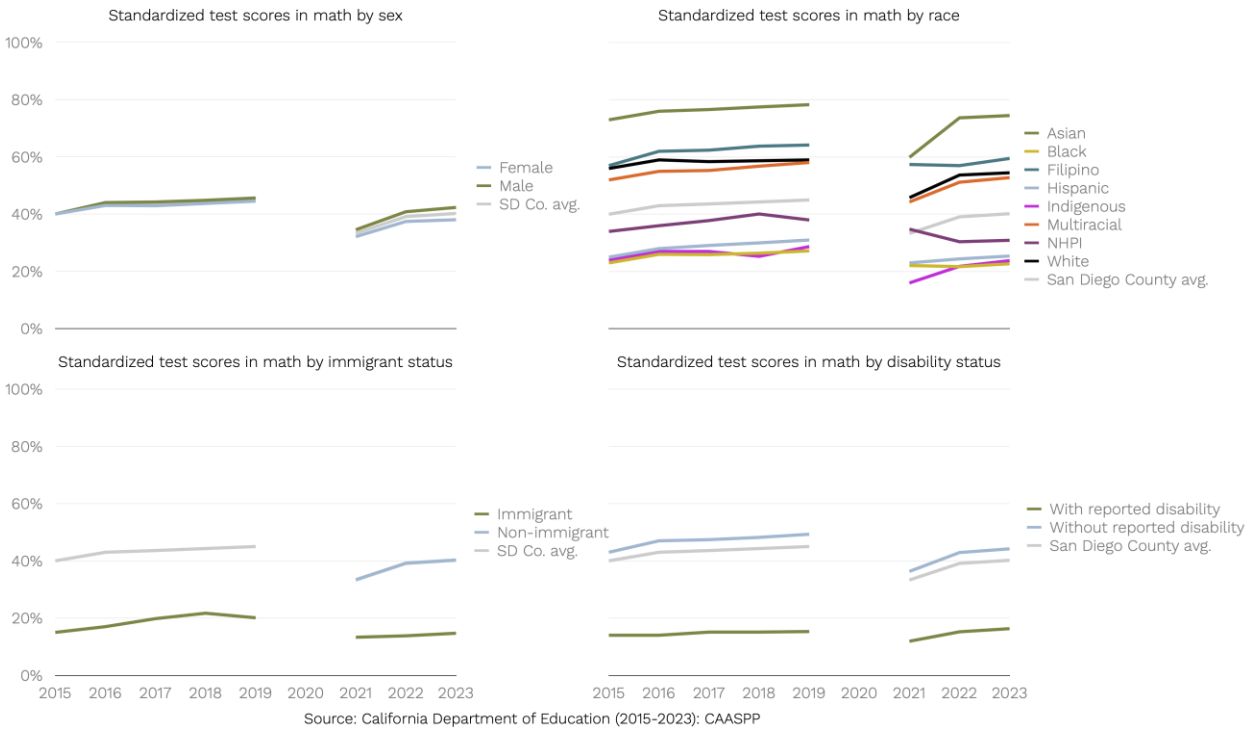
Figure 10 Meets or exceeds expectations in ELA by sex, race, immigrant status, and disability status in San Diego County, 2015 – 2023



Source: California Department of Education (2015-2023): CAASPP

Math proficiency scores in San Diego County reveal meaningful differences across student groups (see Figure 11). While the share of female and male students who were meeting or exceeding expectations in math was very similar prior to the pandemic, males returned in 2021 with a slight edge and gained a percentage point over females each year since. The same patterns of achievement that were observed for ELA test scores by race, immigrant status, and disability status on the ELA test were mirrored on the standardized math test.

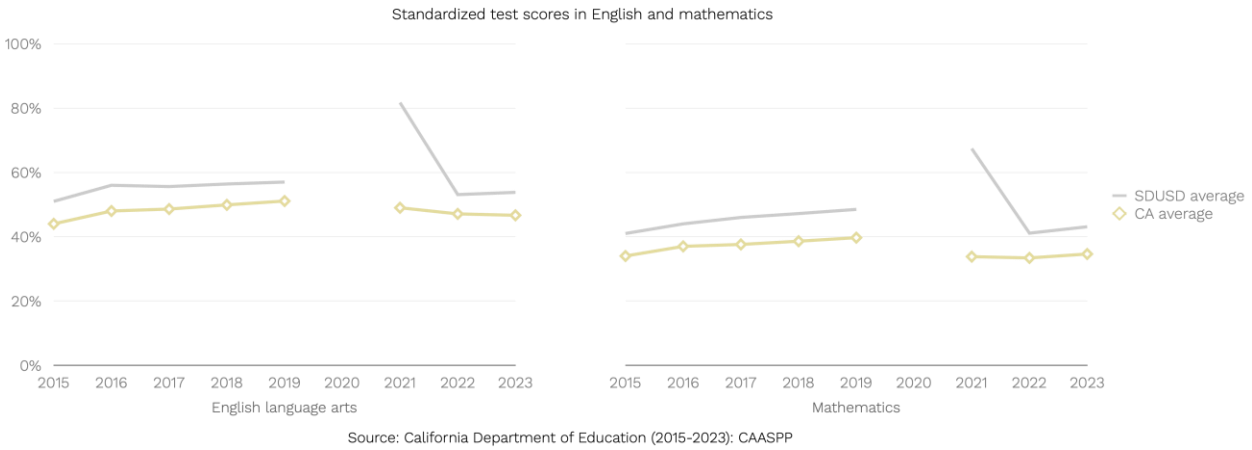
Figure 11 Meets or exceeds expectations in math by sex, race, immigrant status, and disability status in San Diego County, 2015 – 2023



Trends in San Diego Unified School District largely mirrored those in San Diego County, both with the overall test scores (see Figure 12) and the disaggregated ELA and math scores (see Figure 13 and Figure 14, respectively). There were few exceptions. In 2021, the share of SDUSD students meeting or exceeding expectations on both the ELA and math tests far exceeded the California and County averages. That year, standardized testing was optional due to the COVID-19 pandemic[25] and approximately 90 students at SDUSD took the exams (compared to more than 45,000 in San Diego County overall). The high scores of those 90 students may be reflective of selection bias if the students who were highly motivated to take the exams were students who aspired to go to top colleges and did not want to miss the exam. We observed largely similar patterns by sex, immigrant status, disability status, and race, with the exception that White students were consistently top performers on the English exams at SDUSD.

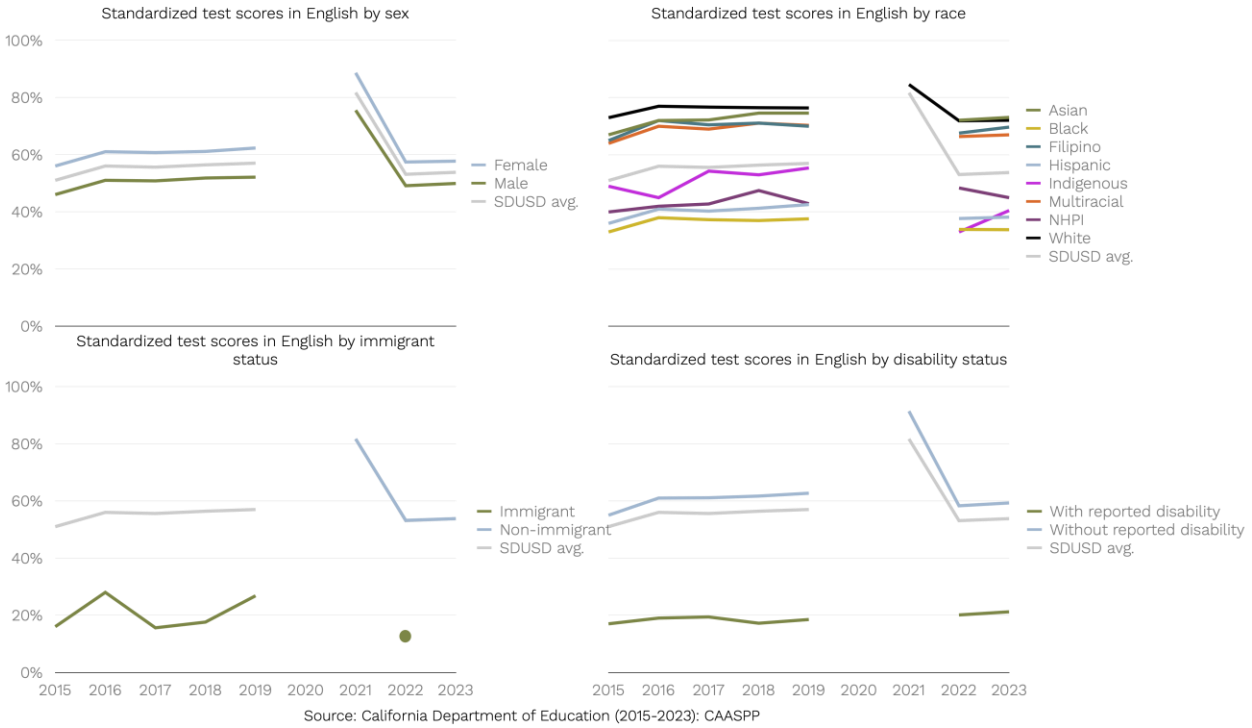
[25] EdSource. (n.d.). Smarter Balanced Test Results: San Diego Unified. Retrieved July 30, 2025 from https://caaspp.edsource.org/sbac/san-diego-unified-37683380000000

Figure 12 Meets or exceeds expectations in ELA and math in California & SDUSD, 2015 – 2023



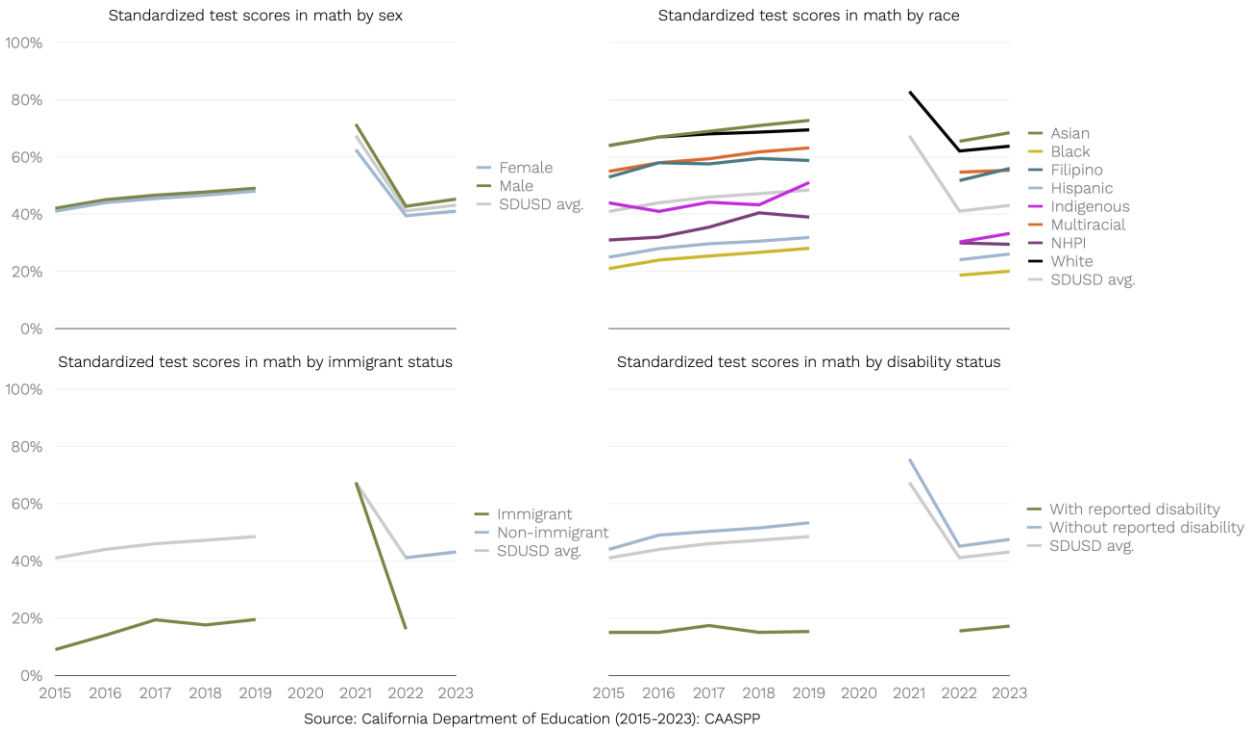
Source: California Department of Education (2015-2023): CAASPP

Figure 13 Meets or exceeds expectations in ELA by sex, race, immigrant status, and disability status in SDUSD, 2015 – 2023



Source: California Department of Education (2015-2023): CAASPP

Figure 14 Meets or exceeds expectations in math by sex, race, immigrant status, and disability status in SDUSD, 2015 – 2023



The Public Policy Institute of California reports an increasing gap between the lowest- and highest-scoring students, both nationally and in California, since 2015. From 2003 to the early 2010s, students scoring in the lowest 10th percentile on the National Assessment of Educational Progress increased their average scores by approximately double the amount students scoring in the highest 90th percentile did. In 2015, the average score of students in the lowest 10th percentile began to fall year-over-year, and 2024 scores were lower than the 2003 baseline. Average scores of students in the highest 90th percentile, on the other hand, continued to increase after an initial pandemic drop. Similar trends were observed for California's standardized tests over the same timeframe.[26]

[26] Lafortune, J., & Ugo, I. (2025, March 4). Recent test results show widening gap between high- and low-scoring K-12 students. Blog post. Public Policy Institute of California. Retrieved July 16, 2025 from https://www.ppic.org/blog/recent-test-results-show-widening-gap-between-high-and-low-scoring-k-12-students/

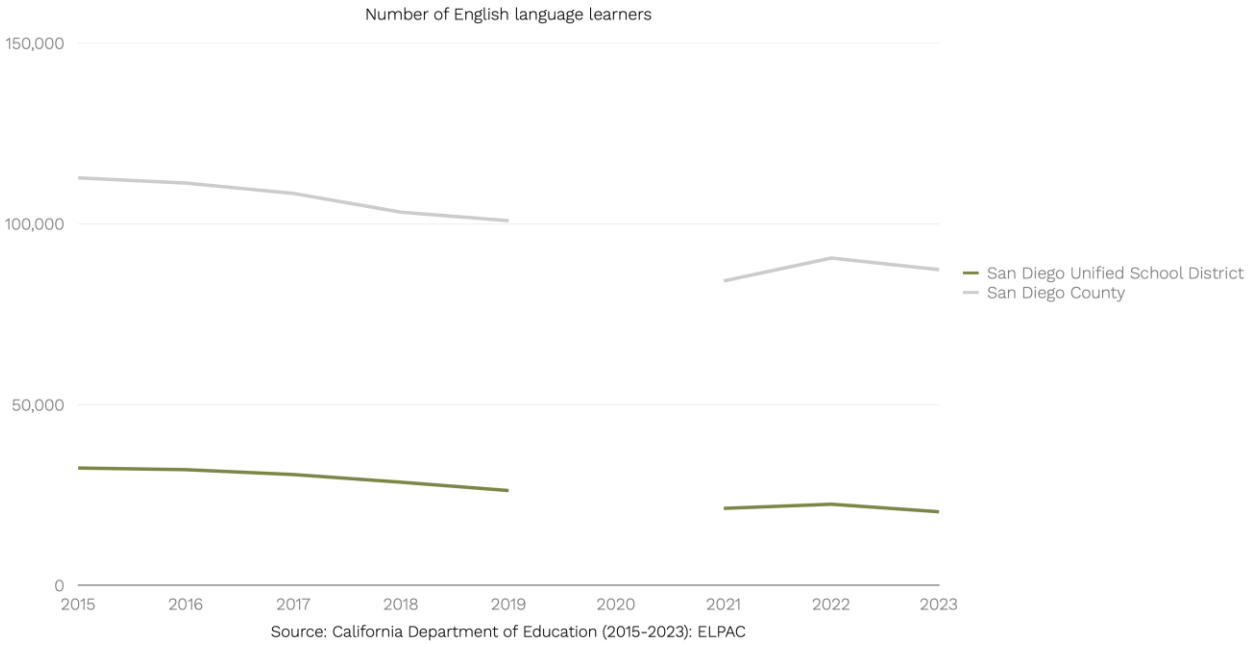
Multiple Language Fluency

Speaking more than one language, or multilingualism, opens not only economic opportunity to young people, but also new social and cultural worlds. Children who speak multiple languages have greater openness to new learning and higher executive functioning skills, including improved problem-solving abilities, working memory, and cognitive flexibility.[27,28] Research has also shown that increased use of native language at home within family environments is linked to fewer behavioral problems and improved mental health among children.[29] Multilingual fluency represents both a challenge and a strategic opportunity. For educators and policymakers, this supports the need for continued investment in culturally responsive pedagogy, dual-language programs, and professional development for teachers. For the broader community, it offers a pipeline of globally competent youth who are poised to contribute in increasingly interconnected economic and civic spaces.

We have data about multiple language fluency in public-school students who are learning English as a second language.[30] Between 2015 and 2023, the number of students identified as English language learners declined in San Diego County by 23%, from 112,730 in 2015 to 87,338 in 2023. In San Diego Unified School District, there was a corresponding 37% decrease, from 32,471 to 20,360. The decreasing number of students learning English as a second language does not necessarily suggest diminished multilingualism. It may reflect increased English proficiency among early-grade learners, naturalized linguistic assimilation over time, or may just reflect the trend of decreasing enrollment rates in public schools.

[27] Bialystok, E. (2015), Bilingualism and the development of executive function: The role of attention. *Child Development Perspectives. 9*, 117-121.
[28] Kroll, J.F., & Dussias, P.E. (2017), the benefits of multilingualism to the personal and professional development of residents of the US. *Foreign Language Annals. 50*, 248-259.
[29] Kilpi-Jakonen, E., & Kwon, H.W. (2023). The behavioral and mental health benefits of speaking the heritage language within immigrant families: The moderating role of family relations. *Journal of Youth Adolescence. 52*, 2158–2181.
[30] Both the California State University and University of California require incoming students to have two years of a language other than English. Students can apply for a waiver from the school if they can prove that they are fluent in a language other than English. Since 2016, San Diego Unified has required two years of foreign language, with an exception available for some students who can pass an alternative assessment in a language for which such an assessment is available. In 2017, there were 20 languages with available assessments.

Figure 15 Number of English language learners in San Diego County & SDUSD public schools, 2015 – 2023



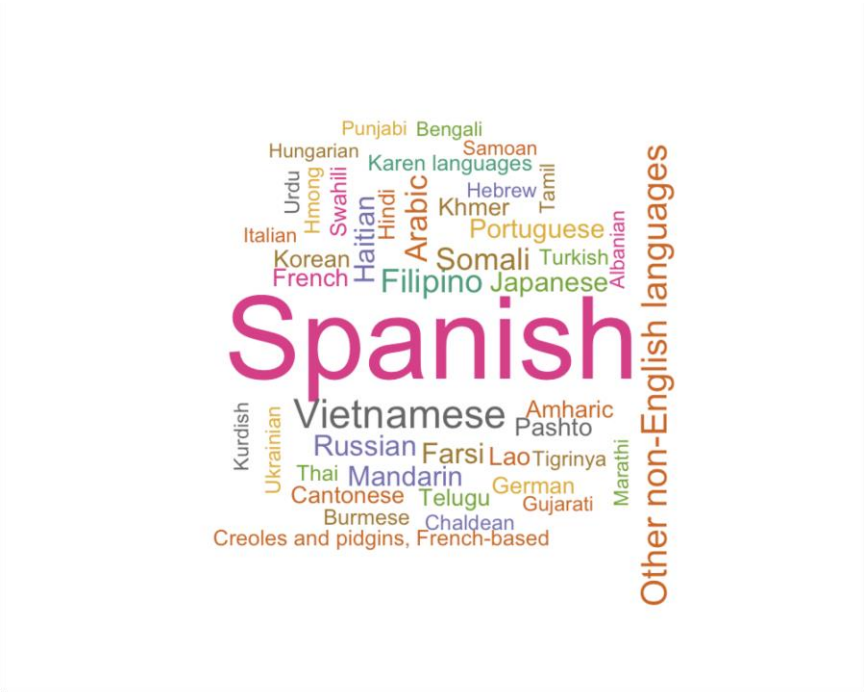
The multiple language fluency data highlights the incredible diversity and great potential of San Diego students. In the 2022-2023 academic year, English language learners in San Diego County spoke 85 different languages at home. In Figure 16 we present a word cloud of languages spoken by at least two students, with the text size of the language corresponding to the number of speakers. Most English-language learners in San Diego County spoke Spanish at home, with nearly 70,000 students reporting this as their home language. There were more than 2,500 Arabic speakers and more than 1,000 speakers each of Chaldean, Filipino, Vietnamese, and Farsi.

Figure 16 Languages spoken at home by at least two English language learners in San Diego County, 2023

Source: California Department of Education (2015-2023): ELPAC

In San Diego Unified School District, 74 languages were spoken at home by English-language learners in the 2022-2023 academic year (see Figure 17). The top language was again Spanish (with over 15,000 speakers), followed by Vietnamese (873), Filipino (385), and Somali (300).

Figure 17 Languages spoken at home by at least two English language learners in SDUSD, 2023



Source: California Department of Education (2015-2023): ELPAC

School Economic Diversity

School economic diversity refers to a mix of students from varying income levels within a school, and growing evidence highlights its notable role in shaping long-term academic and life outcomes.[31] Students, especially those from low-income backgrounds, consistently perform better when they attend schools with a balanced socioeconomic composition, as opposed to those with concentrated poverty.[32] Economically diverse schools tend to offer more qualified teachers, lower turnover, stronger peer environments, and greater access to advanced coursework.[33,34] These learning conditions help students achieve better grades, graduate on time, and succeed in college, outcomes that are closely tied to economic success in adulthood. In contrast, students in high-poverty schools face systemic disadvantages that hinder long-term upward mobility, including reduced academic growth and lower

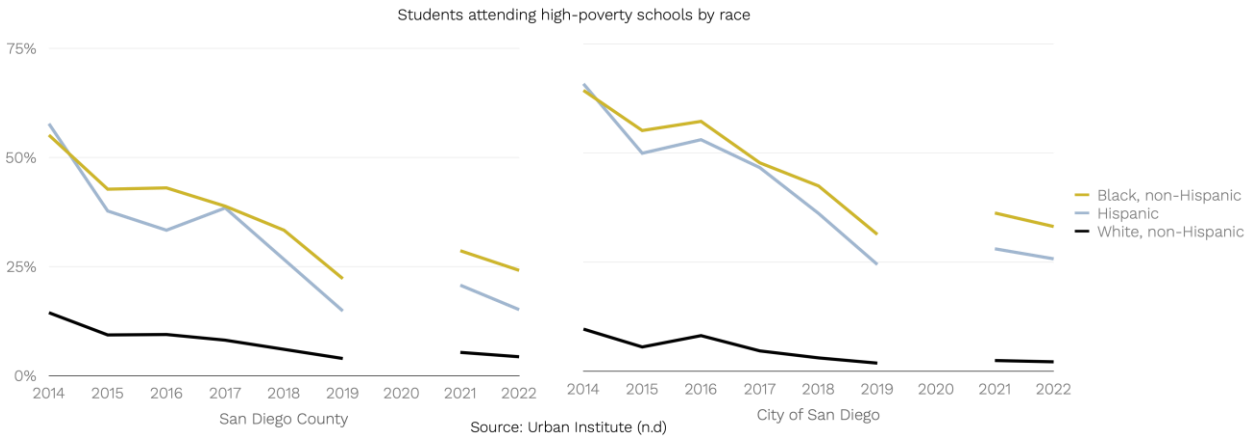
[31] Urban Institute. (2021). Evidence on the relationship between school economic diversity and upward mobility outcomes. Retrieved from https://upward-mobility.urban.org/framework/education/econ-diversity
[32] Mickelson, R. A. (2018). Is there systematic meaningful evidence of school poverty thresholds? Research Brief No. 14. National Coalition on School Diversity.
[33] Nowicki, J. (2018). Public high schools with more students in poverty and smaller schools provide fewer academic offerings to prepare for college. GAO-19-8. Washington, DC: US Government Accountability Office. Retrieved from https://www.gao.gov/assets/gao-19-8.pdf
[34] Goldstein, R., Henneberger, A. K., Rose, B., Mushonga, D. D. R., Nam, B., & Preston, A. (2019). Student and school concentrated poverty in Maryland: What are the long-term high school, college, and career outcomes?. Baltimore, MD: Maryland Longitudinal Data System Center.

postsecondary enrollment rates.[35] Importantly, research shows that economic segregation is tightly linked to racial segregation, and disparities in exposure to poverty among schoolmates account for a substantial portion of racial achievement gaps.[36] These findings highlight that school economic diversity is not only a matter of educational equity, but also a predictor of future earnings, wealth, and opportunity. Because of its strong link to improved academic achievement and long-term outcomes, school economic diversity is included in the Urban Institute's Mobility Metrics.

The Urban Institute provides publicly available data on their indicators for select communities on their Urban Mobility Dashboard.[37] Data on school economic diversity was calculated using Common Core of Data from the National Center for Education Statistics and modeled by the Urban Institute.[38] In Figure 18 we present the share of Hispanic, Black, and White students in San Diego County and the City of San Diego attending schools where 20% or more of students' families are at or below the federal poverty level. In 2014, more than half of Black and Hispanic students in San Diego County and approximately 65% of those in the City of San Diego attended high-poverty schools, compared to 14% and 10% of White students, respectively. The share of students in high-poverty schools declined precipitously between 2014 and 2019. In 2021, students in schools with concentrated poverty had increased again and then dropped slightly in 2022 (the most recently available data as of the time of writing). In 2022, Black students most likely to attend high-poverty schools (24% of Black students in San Diego County and 33% of Black students in City of San Diego), followed by Hispanic students (15% and 26% of County and City Hispanic students, respectively), and distantly by White students (4% and 2% of County and City White students, respectively).

[35] *Ibid*.
[36] Reardon, S. F. (2016). School segregation and racial academic achievement gaps. *RSF The Russell Sage Foundation Journal of the Social Sciences, 2*(5), 34-57.
[37] Urban Institute. (n.d.). Upward Mobility Data Dashboard. Retrieved July 28, 2025 from https://upward-mobility.urban.org/dashboard
[38] Urban Institute. (n.d.). Upward Mobility Initiative. Retrieved July 28, 2025 from https://upward-mobility.urban.org/dashboard/results?predictor_ids=SchoolEconomicDiversity&ShareStudentPoverty_confidence_intervals=0&ShareStudentPoverty_subgroup_type=all&location_ids=0666000&ShareStudentPoverty_year=2021&_year=2021

Figure 18 School economic diversity by race in San Diego County & the City of San Diego, 2014 – 2022



High School Completion

High school completion is a pivotal milestone in youth development, serving as a gateway to higher education, stable employment, and improved health outcomes. A high school diploma or equivalency test[39] represent exposure to a broad range of knowledge and skills in reading, writing, math, science, and social studies. Americans who have completed high school (without further education) have more than 20% higher wages and are less likely to be unemployed than those who have not.[40] A high school diploma or equivalent is often a minimum requirement for jobs and, if you want to pursue further education like an associate degree, bachelor's degree, or certificate, a high school education is often required. The Urban Institute classifies high school completion, or "college readiness," as an indicator of economic success under its Mobility Metrics framework.[41]

High school graduation is linked to better health and well-being beyond financial benefits. High school graduates have decreased rates of infant mortality and depression, increased life expectancy, child vaccination rates, and preventive healthcare than those without a high school degree.[42] Individuals without a high school diploma face higher risks of unemployment, lower wages, and poverty – all factors that can negatively impact health.[43,44]

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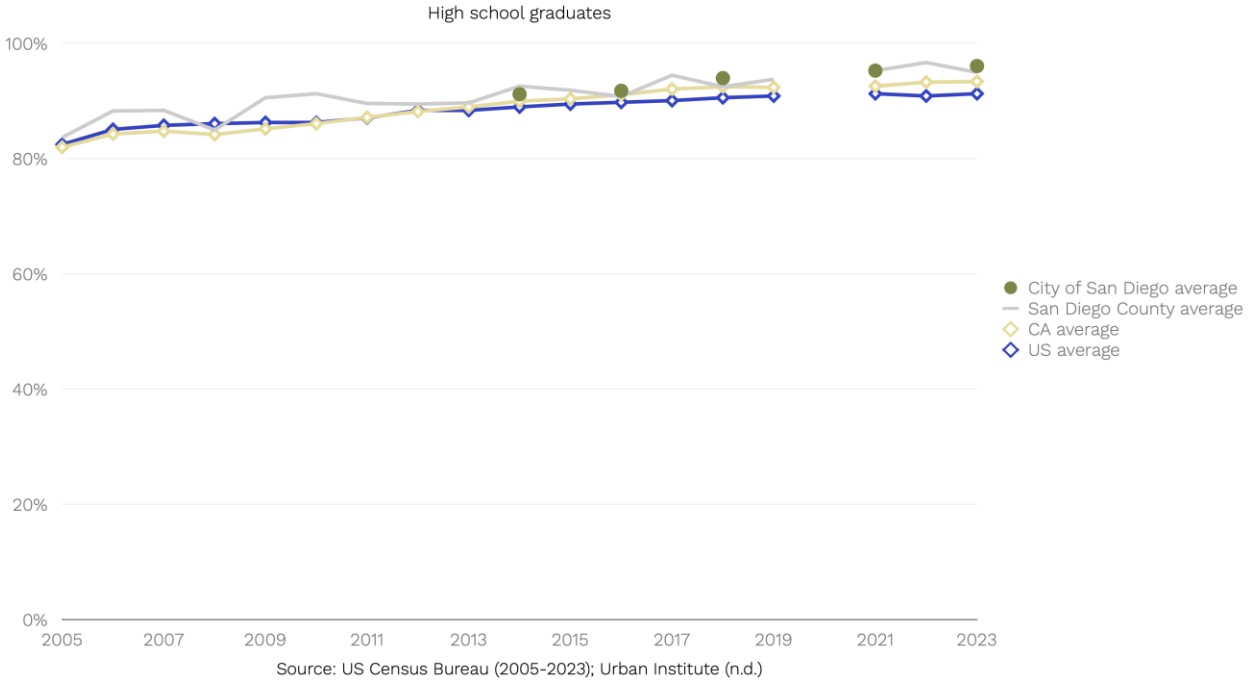
[39] California recognizes both the Graduate Educational Development test (GED) and the High School Equivalency Test (HiSET).
[40] US Bureau of Labor Statistics. (2025). Education pays, 2024. Retrieved June 3, 2025 from https://www.bls.gov/careeroutlook/2025/data-on-display/education-pays.htm
[41] Urban Institute. (n.d.). Upward mobility initiative. Predictor: Access to preschool. Retrieved June 11, 2025 from https://upward-mobility.urban.org/framework/education/college-preparation.
[42] Raghupathi, V., Raghupathi, W. (2020). The influence of education on health: An empirical assessment of OECD countries for the period 1995–2015. *Archives of Public Health, 78*(20), 1-18.
[43] American Public Health Association. (2021, April). Creating the healthiest nation: Opportunity youth. https://www.apha.org/getcontentasset/e8b11a22-f42e-45ce-b138-bbf365bf5129/7ca0dc9d-611d-46e2-9fd3-26a4c03ddcbb/opportunity_youth.pdf?language=en
[44] Office of Disease Prevention and Health Promotion. (n.d.). High school graduation: Literature summary. Healthy People 2030. US Department of Health and Human Services.

To include late graduates and students who graduate from private and homeschool programs, we use the ACS to report the share of 19- and 20-year-olds who have completed a high school degree or equivalent in the US, California, and San Diego County. We used data from the Urban Institute to report this information for the City of San Diego.[45] National high school graduation or equivalency increased from 83% in 2005 to 91% in 2023 while California increased from 82% to 93% (see Figure 19). Between 2005 and 2023, the overall high school graduation or equivalency attainment for San Diego County rose from 84% to 95%. Data for the City of San Diego is limited, but we also see a rise from 91% in 2014 to 96% in 2023. Both the County and City rates surpassed state and national rates in the most recent year.

Figure 19 High school graduates (19- & 20-year-olds) in the US, California, San Diego County, & the City of San Diego, 2005 – 2023



As can be seen in Figure 20, one of the most notable improvements within San Diego County occurred among immigrant students. In 2005, just 61% of immigrant young adults graduated or obtained an equivalency (see Figure 20). By 2023, that figure surged to 94%. Non-immigrant students, already achieving relatively high completion

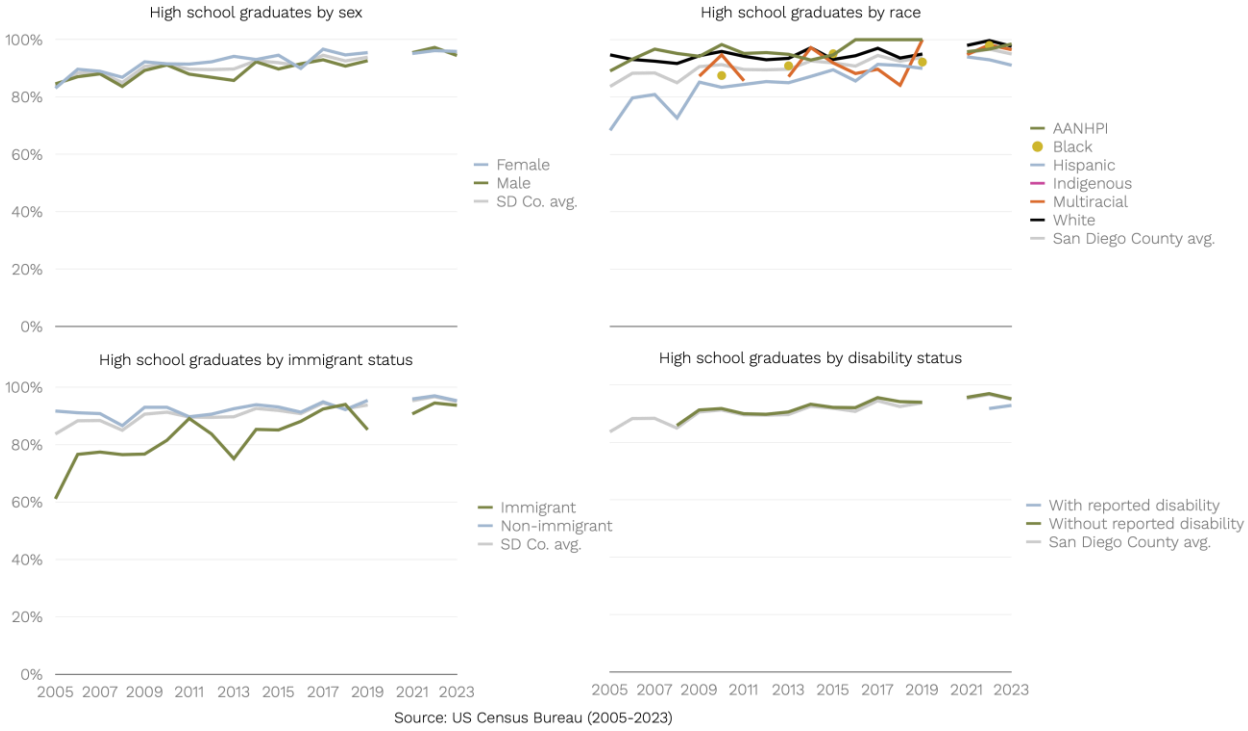
https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/high-school-graduation

[45] US, California, and San Diego County data are original analyses. Data for the City of San Diego were retrieved from Urban Institute. (n.d.). Upward Mobility Initiative. Retrieved July 30, 2025 from https://upward-mobility.urban.org/dashboard/results?predictor_ids=PreparationForCollege&ShareStudentPoverty_confidence_intervals=0&ShareStudentPoverty_subgroup_type=all&location_ids=0666000&_year=2023&ShareStudentPoverty_year=2021&HighSchoolDegree_year=all&HighSchoolDegree_confidence_intervals=0&HighSchoolDegree_subgroup_type=all. San Diego County data retrieved from data dashboard may not match results reported here due to differences in data sources. For more information, see **Appendix II: Methodology**.

rates in 2005 (92%), saw continued gains, reaching 95% in 2023. The gap between immigrant and non-immigrant graduation rates shrank from over 30-percentage points in 2005 to just one-percentage point in 2023, signaling an increasingly equitable educational landscape.

Substantial progress has also been made in closing racial and ethnic disparities in high school graduation. Hispanic or Latino students experienced the most dramatic improvement, from 68% in 2005 to 91% in 2023, a more than 20-percentage point increase that exceeds all other racial groups for which we have complete information. White, non-Hispanic students maintained high completion rates, growing from 95% in 2005 to 98% in 2023. Asian American, Native Hawaiian, and Pacific Islander students had the highest high school completion rate in 2023, with 99% of 19- and 20-year-olds having obtained a high school diploma or equivalent.

Figure 20 High school graduates (19- & 20-year-olds) by sex, race, immigrant status, and disability status in San Diego County, 2005 – 2023



Source: US Census Bureau (2005-2023)

College Enrollment & Completion

College can be a gateway to further academic, professional, and social success for many Americans. Higher education is a substantial driver of upward mobility. According to the Bureau of Labor Statistics (BLS), the national median wage with an associate degree was 17% higher and a bachelor's degree was 50% higher than the median wage with a high school diploma in the US in 2024.[46] These earnings

[46] US Bureau of Labor Statistics. (2025). Education pays, 2024. Retrieved June 3, 2025 from https://www.bls.gov/careeroutlook/2025/data-on-display/education-pays.htm

differentials show the economic value of higher education credentials. Moreover, college graduates are more likely to be employed and have access to job benefits such as retirement plans and health insurance.[47]

Beyond financial advantages, higher education is linked with better health outcomes. College graduates report better self-rated health and are less likely to suffer from chronic conditions like heart disease and diabetes. They are also more likely to engage in health-promoting behaviors, such as regular exercise and preventive healthcare.[48] Higher education also fosters greater civic participation. College graduates are more likely to vote, volunteer, and engage in community activities.[49]

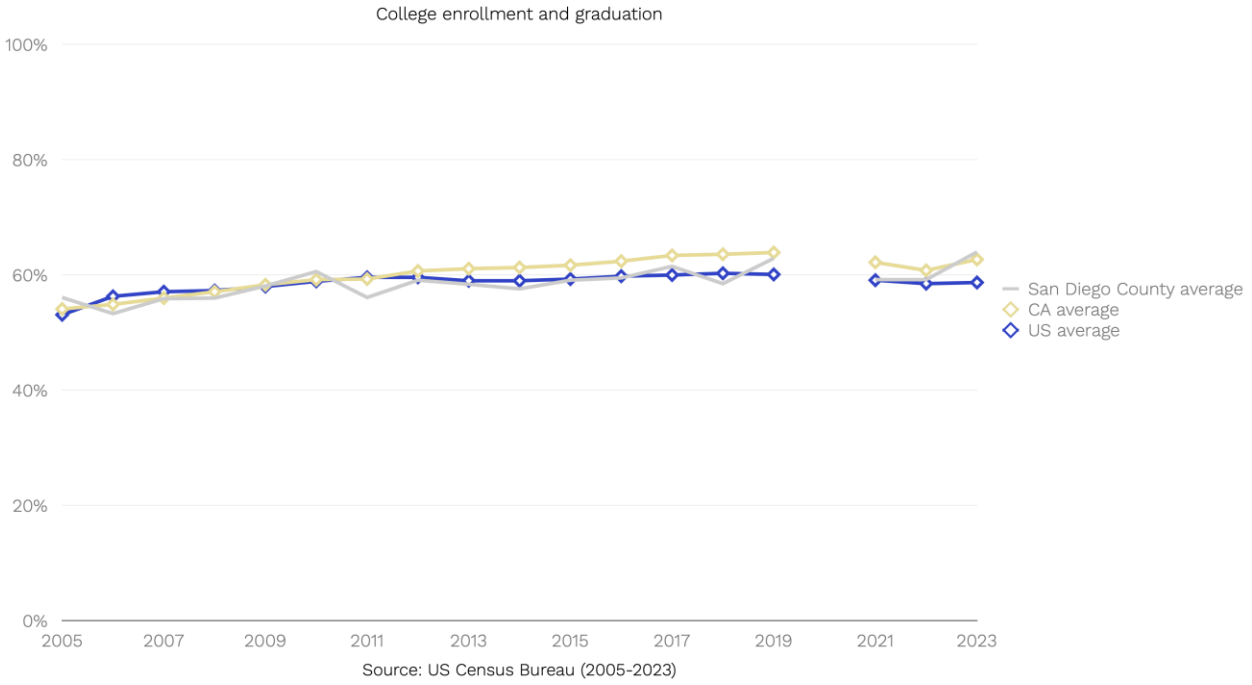
The ACS gathers information on both school enrollment and achievement. In Figure 21 we present the share of 18- to 24-year-olds who are currently attending or have completed college, including public and private community college or university to seek education towards a degree beyond high school level. College enrollment rates overall have increased, with national averages rising from 53% to 59% while rates in California have increased from 54% to 63% between 2005 and 2023. College enrollment rates in San Diego County have demonstrated moderate overall growth since 2005 and are comparable to national and state figures. In 2005, 56% of young adults were enrolled in or had graduated from college. By 2023, this number increased to 64%. While this growth is a positive indicator of improved postsecondary engagement, the gains have not been evenly distributed.

[47] College Board. (2023). Education pays 2023: Presents data on the benefits of education for individuals and society. https://allaccess.collegeboard.org/education-pays-2023-presents-data-benefits-education-individuals-and-society

[48] Office of Disease Prevention and Health Promotion. (n.d.). Enrollment in higher education: Literature summary. Healthy People 2030. US Department of Health and Human Services. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/enrollment-higher-education

[49] Perrin, A. J., & Gillis, A. (2019). How college makes citizens: Higher education experiences and political engagement. *Socius, 5*.

Figure 21 College enrollees and graduates (18- to 24-year-olds) in the US, California, & San Diego County, 2005 – 2023



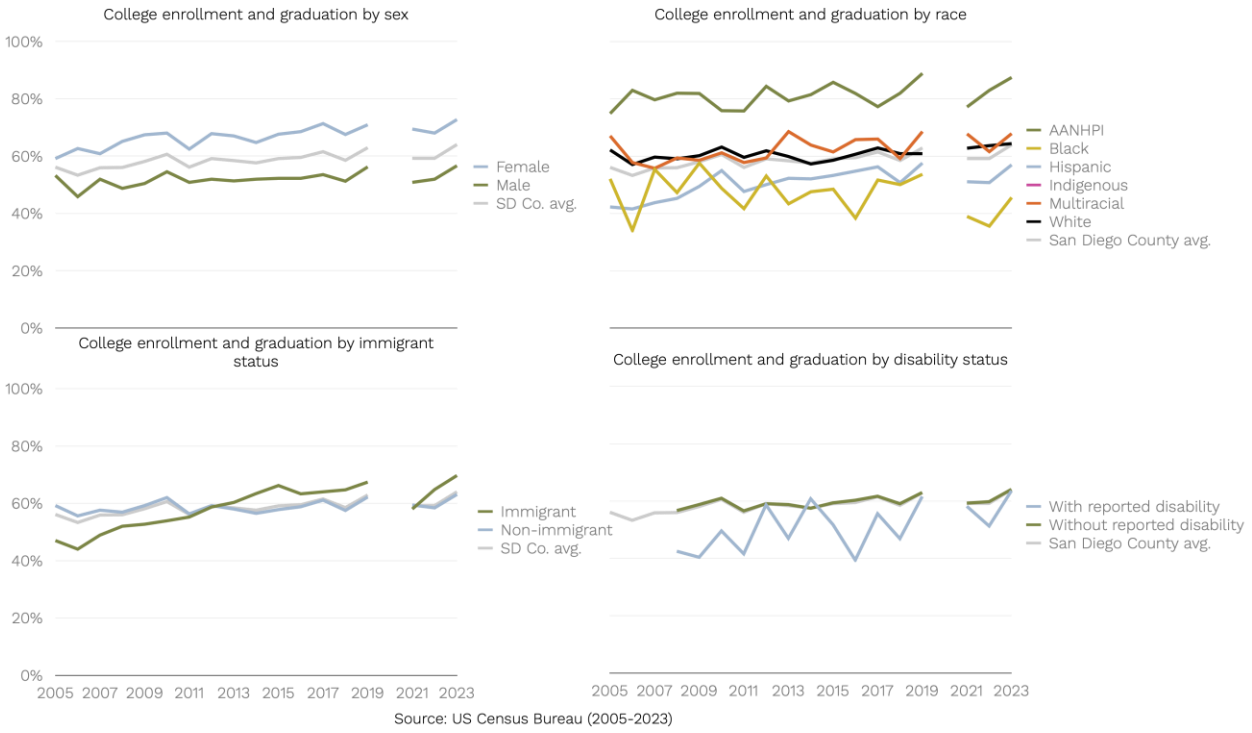
In Figure 22 we see notable gains among immigrant students, students with disabilities, and women in San Diego County. These shifts suggest a more inclusive higher education trajectory for traditionally underserved groups, although persistent gaps underscore the need for targeted interventions. The largest gains were observed among immigrant students, whose college enrollment rates jumped from 47% in 2005 to 70% in 2023, an almost 50% increase. In 2023 the college enrollment and completion rates of immigrant young adults surpassed those of non-immigrants, with 63% pursuing or finishing higher education in 2023.

Students with disabilities also made substantial progress, with less than half of young adults pursuing higher education in 2008 and 64% doing so in 2023. This improvement appears to have closed the gap with students without disabilities, whose enrollment rose from 55% to 64%. There is, however, substantial variation year to year which could indicate an ongoing need for support.

College enrollment rate trends by race and ethnicity reveal a complex and uneven picture. AANHPI students consistently engaged in higher education at rates exceeding those of other groups, increasing from 75% in 2005 to 88% in 2023. Hispanic or Latino participation increased, growing from 42% to 57%. This suggests progress in addressing systemic barriers, but the rate remains below the county average. Black or African American students, however, saw a decline in enrollment and completion from 52% in 2005 to 46% in 2023 (and were below the county average over the timeframe), a troubling reversal that signals the need for community-specific college access strategies.

Gender-based disparities have widened, favoring young women, whose college enrollment and completion rates surged from 59% in 2005 to 73% in 2023. In contrast, young men saw only a modest increase, from 53% to 57% This growing divide highlights the importance of male-focused academic engagement strategies, especially for young men of color, who may face intersecting barriers in the transition from high school to higher education.

Figure 22 College enrollees and graduates (18- to 24-year-olds) by sex, race, immigrant status, and disability status in San Diego County, 2005 – 2023



Source: US Census Bureau (2005-2023)

Economic Stability

Economic stability in early life gives young people a financial head start, supports a sense of psychological safety, and can offer a safety net in the precarious first years of independence. In this section, we review indicators of economic stability for children and young people.

Residential Stability Among Children

Staying in the same home for the long term offers children not only familiarity, but continuity in education, social networks, healthcare, and childcare.

Frequent residential moves can disrupt a child's educational trajectories, leading to lower academic achievement and increased behavioral difficulties. Studies have shown that children who experience residential instability are more likely to face challenges in school, including decreased academic performance, such as lower reading and math test scores, greater challenges with concentration and impulsivity,

and higher dropout rates. Residential instability can also harm the formation of strong social networks, which are essential for emotional support and community engagement.[50,51,52]

Healthcare access is another area affected by residential stability. Children in stable housing situations are more likely to have regular healthcare providers, ensuring continuity of care and timely medical interventions. Children from highly mobile families often face barriers to consistent healthcare, leading to unmet medical needs and poorer health outcomes.[53]

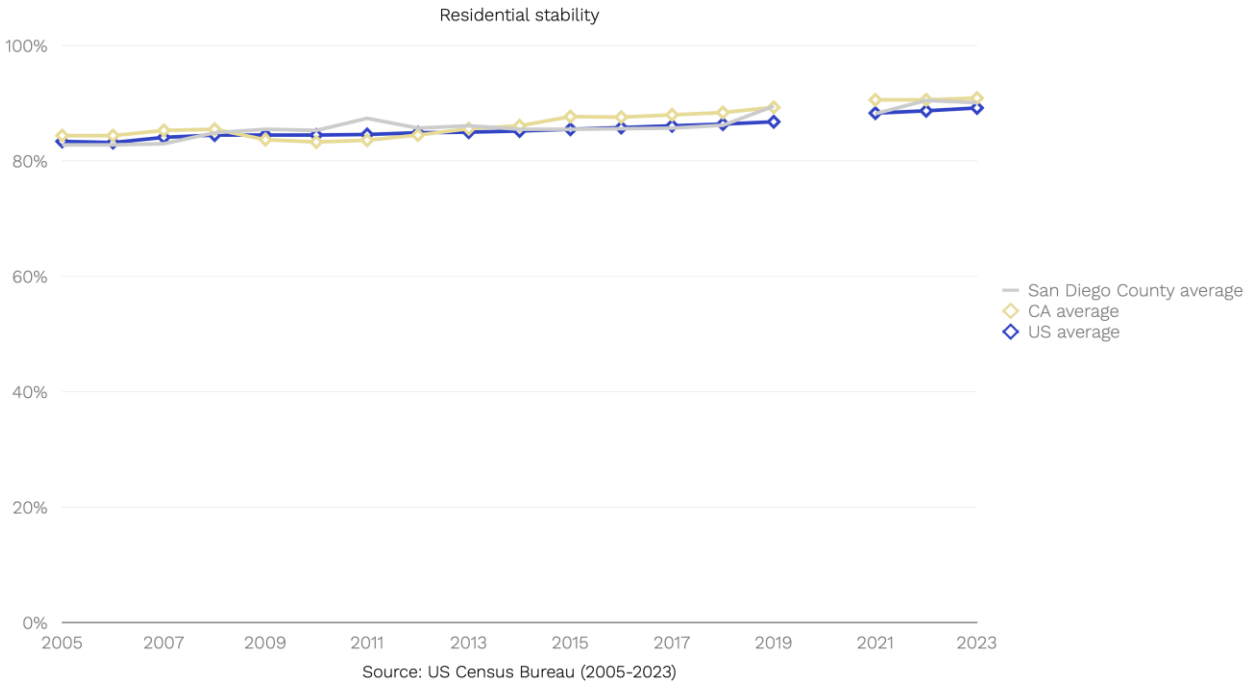
Childcare availability and quality are also influenced by housing stability. Stable housing allows families to establish long-term relationships with childcare providers, which fosters secure attachments and consistent developmental support for children. Frequent moves can disrupt these relationships, leading to gaps in care and developmental delays.[54]

Housing Stability

In Figure 23, we show children under the age of 18 who have not moved within the last year in the US, California, and San Diego County. Residential stability in San Diego County has improved from 2005 to 2023, rising from an average of 83% to 90%. This is similar to the state's rate, 84% to 90%, as well as the national rate, 83% to 89%.

[50] Bravo, M.A., Zephyr, D. & Miranda, M.L. (2024). Residential instability, neighborhood deprivation, and outcomes for children. *BMC Public Health, 24*(1), 3343.
[51] Gaylord, A. L., Cowell, W. J., Hoepner, L. A., Perera, F. P., Rauh, V. A., & Herbstman, J. B. (2018). Impact of housing instability on child behavior at age 7. *International Journal of Child Health and Human Development IJCHD, 10*(3), 287–295.
[52] Metzger, M. W., Fowler, P. J., Anderson, C. L., & Lindsay, C. A. (2015). Residential mobility during adolescence: Do even "upward" moves predict dropout risk? *Social Science Research, 53*, 218–230.
[53] Bures R. M. (2003). Childhood residential stability and health at midlife. *American Journal of Public Health, 93*(7), 1144–1148.
[54] DeCandia, C. J., Volk, K. T., & Unick, G. J. (2022). Evolving our understanding: Housing instability as an ACE for young children. *Adversity and Resilience Science, 3*(4), 365–380.

Figure 23 Residential stability among youth in the US, California, & San Diego County, 2005 – 2023

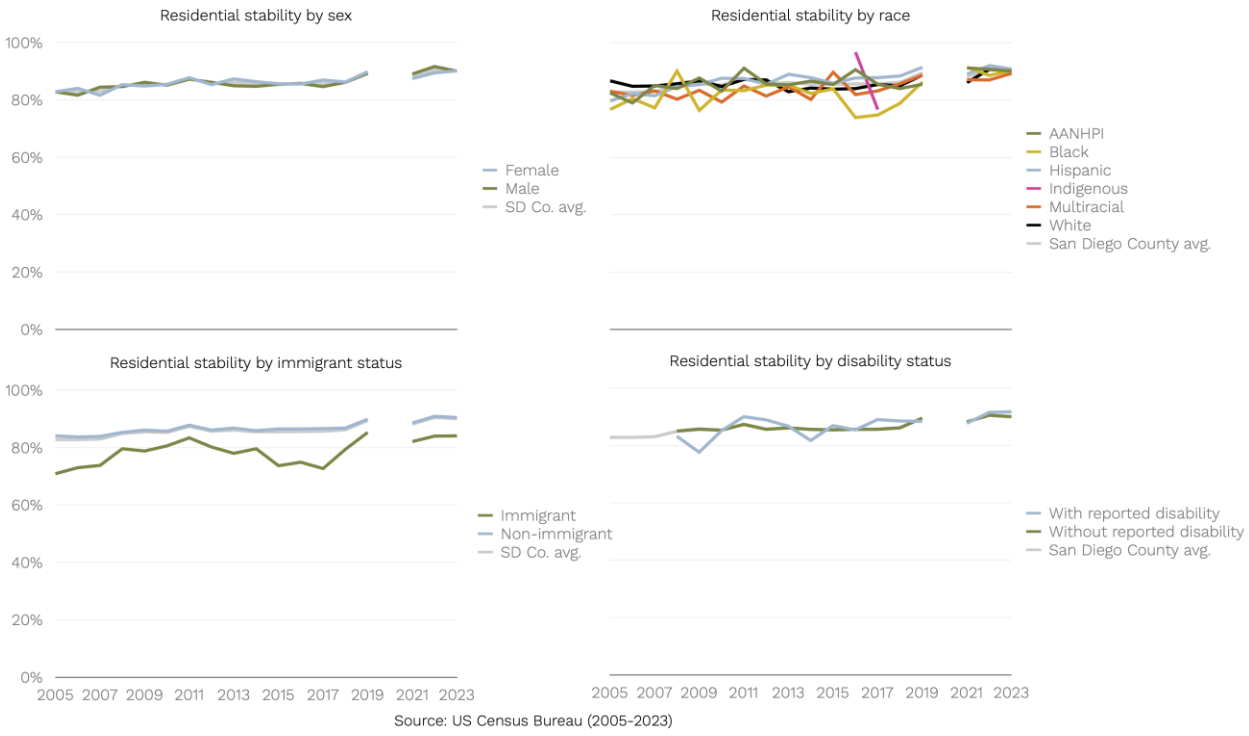


As seen in Figure 24, most demographic groups within San Diego County saw increases in residential stability over this period. Immigrant children saw one of the largest increases in stability, from a much lower baseline of 71% in 2005 to 84% in 2023, narrowing the gap with non-immigrant children, who rose from 84% to 91%. Children with disabilities saw a large increase as well, from 83% to 92%, while those without disabilities had their residential stability improve from 85% to 90%.

Across racial and ethnic groups, Black or African American children saw residential stability rise from 77% to 90%, and Hispanic or Latino children increased from 80% to 91%. AANHPI and White, non-Hispanic children reached just above 90%, showing smaller but steady gains.

Overall, residential stability has increased for most groups, but disparities remain, particularly for immigrant children, indicating the need for further targeted supports.

Figure 24 Residential stability among youth by sex, race, immigrant status, and disability status, 2005 – 2023



Student Homelessness

Student homelessness is a critical and continued challenge in San Diego, with far-reaching implications for youth well-being, educational attainment, and future mobility. According to research from the Urban Institute's Upward Mobility Framework, neighborhood stability, including consistent access to safe housing, is a foundational component of youth success and long-term opportunity. The Urban Institute conceptualizes residential stability as youth homelessness.[55] Research shows that students experiencing homelessness are more likely to have lower rates of academic achievement such as lower math and English growth, are more likely to miss more days of school, and have lower rates of educational attainment.[56,57] In the long term, homeless students are more likely to have lower wages, mental health

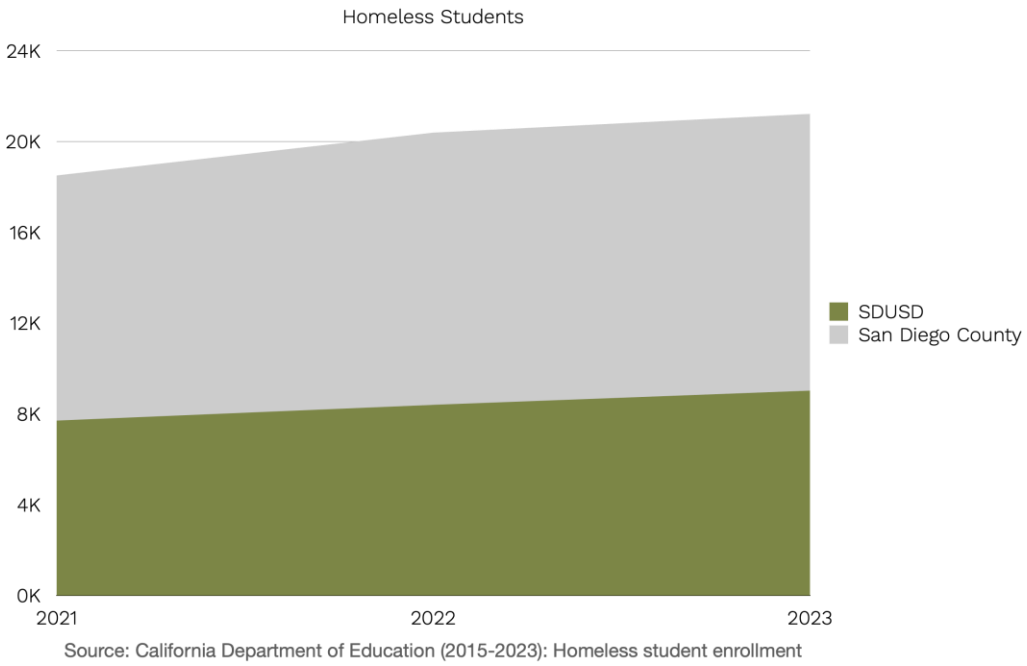
[55] Urban Institute. (nd). Housing stability. Retrieved from https://upward-mobility.urban.org/framework/neighborhoods/stability

[56] Learning Policy Institute. (2019). Students experiencing homelessness: The conditions and outcomes of homelessness among California students. Retrieved from https://learningpolicyinstitute.org/sites/default/files/product-files/Students_Experiencing_Homelessness_BRIEF.pdf

[57] Deck, S. M. (2016). School outcomes for homeless children: Differences among sheltered, doubled-up, and poor, housed children. *Journal of Children and Poverty, 23*(1), 57–77.

challenges, and poorer health outcomes.[58,59] We report student homelessness in San Diego County and San Diego Unified School District in Figure 25.[60] The number of homeless students has been increasing in San Diego since 2021. In 2023, there were more than 9,000 homeless students enrolled in San Diego Unified School District and more than 21,000 in San Diego County schools.

Figure 25 Student homelessness San Diego County & SDUSD, 2021 – 2023



Youth Living in Households Making a Family-Sustaining Wage

Traditional economic indicators like the federal poverty line or minimum wage often fail to capture the true cost of living for families. Financial scarcity is a reality of many families. Even though they may be working, they may not have enough money to pay for all their necessities, including rent, food, utilities, childcare, healthcare, transportation and more. In San Diego County, the 2023 California minimum wage of $15.50 per hour falls short of the income needed to meet basic living costs.[61] While the City of San Diego's minimum wage was higher ($16.30 per hour), it was not

[58] Richards, J., Henwood, B. F., Porter, N., & Kuhn, R. (2023). Examining the role of duration and frequency of homelessness on health outcomes among unsheltered young adults. *Journal of Adolescent Health, 73*(6), 1038 – 1045.
[59] Chassman, S., Littman, D. M., Bender, K., Santa Maria, D., Shelton, J., Ferguson, K. M., Hsu, H.-T., Narendorf, S. C., Barman-Adhikari, A., & Petering, R. (2020). Educational attainment among young adults experiencing homelessness in seven cities across the United States. *Children and Youth Services Review, 119*, 105676.
[60] Homelessness in this report and for school districts utilizes the definition of homelessness in the McKinney-Vento Act which is based off of the definition set forth by the U.S. Code 42 USC §11434a(2).
[61] County of San Diego. (2024, March). San Diego County self-sufficiency standard brief: Single-adult household, 2023. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/Individual%20Self-Sufficiency%20Brief%202023.pdf

enough for many people to pay for their basic needs. Instead of the poverty level (which is a very low threshold that does not account for the cost of living in an area) or the minimum wage (which is set by policy), we can look at whether a household makes a family-sustaining wage for the number of household members and the cost of living in the place they live without public or private assistance.[62]

Children in families who can comfortably afford the essentials have less financial stress in their household and have access to those essential resources, which positively influences their development and well-being. Financial instability affects a child's brain development, which can inhibit their ability to learn and can hinder academic achievement, leading to lower test scores and decreased educational attainment.[63]

In Figure 26 we report the share of children under the age of 18 in San Diego County who are living in households that bring in a family-sustaining income.[64] The share of youth living in households earning a family-sustaining wage in San Diego has declined slightly over the past 15 years, from 54% in 2008 to 49% in 2023. This modest overall decrease masks more dramatic changes across racial and ethnic groups.

White, non-Hispanic youth have pretty consistently had the highest access to family-sustaining wages. AANHPI youth also remained above the average. In contrast, Black or African American youth experienced a steep drop from 39% in 2008 to just 22% in 2023, raising significant equity concerns. Hispanic or Latino youth saw no net change from 2008 to 2023, remaining below the county average at 32%.

Youth in immigrant households saw a decline from 41% to 34% in 2023, remaining well below their non-immigrant peers, who also experienced a slight decrease from 55% to 50%. Youth with disabilities in households earning a family-sustaining wage had access to family-sustaining wages at lower rates than the households with children without disabilities in most years.

[62] Center for Women's Welfare, University of Washington. (2023). The standard: Overview. Retrieved June 11, 2025 from https://selfsufficiencystandard.org/.
[63] Bradley, K. (2022, December). The socioeconomic achievement gap in the US: Public schools. Ballard Brief. https://ballardbrief.byu.edu/issue-briefs/the-socioeconomic-achievement-gap-in-the-us-public-schools?rq=socioeconomic%20achievement%20gap%20in%20the%20us.
[64] We use the University of Washington's Self-sufficiency standard, which considers the number of household members and the approximate ages of children, and includes housing, childcare, healthcare, food, transportation, taxes, and some miscellaneous smaller expenses. Center for Women's Welfare, University of Washington. (2023). The standard: Overview. Retrieved June 11, 2025 from https://selfsufficiencystandard.org/. The self-sufficiency standard is specific to counties, so comparable rates for the state and nation were not calculated.

Figure 26 Youth living in households making a family-sustaining wage by sex, race, immigrant status, and disability status in San Diego County, 2008 – 2023

Source: US Census Bureau (2005-2023); Center for Women's Welfare, University of Washington (2023)

Economic Participation Among Young Adults

Young adults can learn marketable skills and jumpstart their career while earning money by working. They can pursue additional training in college, in trade school, or by seeking a certificate or licensure. Many young people work while they train. All of these activities can advance their careers, increase their earning potential, and build long-term financial stability.

Labor Force Participation

Research shows that steady part-time employment during high school is associated with positive developmental outcomes including better time management, a stronger sense of responsibility, and improved self-confidence as well as developing a sense of professional self. Additionally, early work experiences help young adults develop other soft skills and connect with networks that influence future job opportunities.[65] These traits are linked to smoother transitions into adulthood, higher rates of post-secondary education, and career attainment.[66,67] The quality of the work experience

[65] Urban Institute Upward Mobility Initiative. (n.d.). Employment opportunities. https://upward-mobility.urban.org/framework/rewarding-work/employment.

[66] Thouin, E., Dupere, V., & Denault, A. (2023). Paid employment in adolescence and rapid integration into a career-related job in early adulthood among vulnerable youth: The identity connection. *Journal of Vocational Behavior, 142*, 1–14.

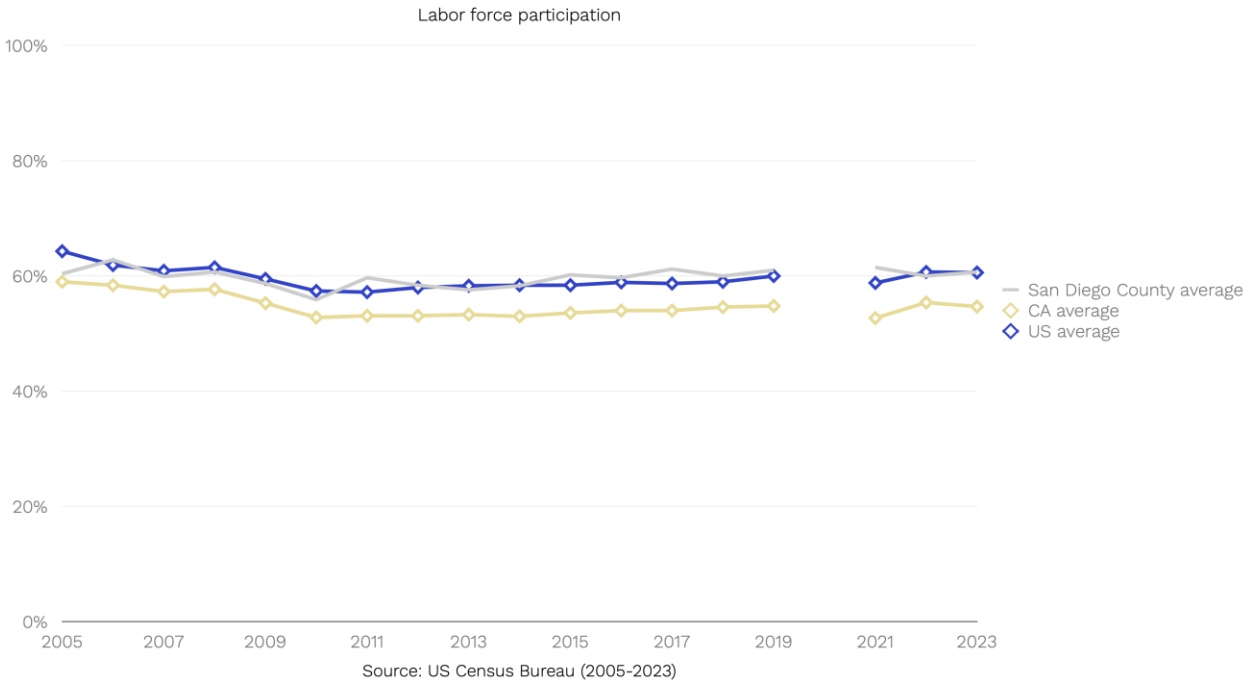
[67] Jackson, D., Lambert, C., Sibson, R., Bridgstock, R., & Tofa, M. (2024). Student employability-building activities: Participation and contribution to graduate outcomes. *Higher Education Research & Development, 43*(6), 1308–1324.

plays a critical role because jobs that provide meaningful responsibilities, opportunities for skill development, and supportive supervision can increase the benefits of working for young people. On the other hand, work environments that are stressful, lack developmental opportunities, or require too many hours per week can lower educational attainment and cancel out the positive benefits.[68]

Here, we present data from the ACS on 16- to 24-year-olds who are in the labor force, employed, and working while in school.

Labor force participation is an indication of the people who are available for work. People who either have a job or are looking for a job are part of the labor force; people not in the labor force may be too young to work (i.e., are below the age of 16) or often are not working or looking for work because they are in school full-time or are full-time caregivers. In Figure 27 we present the labor force participation rate of 16- to 24-year-olds for the US, California, and San Diego County from 2005 to 2023. Labor force participation in this group in San Diego County has remained relatively stable over the past two decades, with no net change between 2005 and 2023. San Diego County's labor force participation rate among young adults was on par with national rates and surpassed California rates through the timeframe.

Figure 27 Labor force participation among 16- to 24-year-olds in the US, California, & San Diego County, 2005 – 2023



Gender trends remained largely static, with participation among young women lower than that among young men (57% compared to 64% in 2023, see Figure 28). Black or

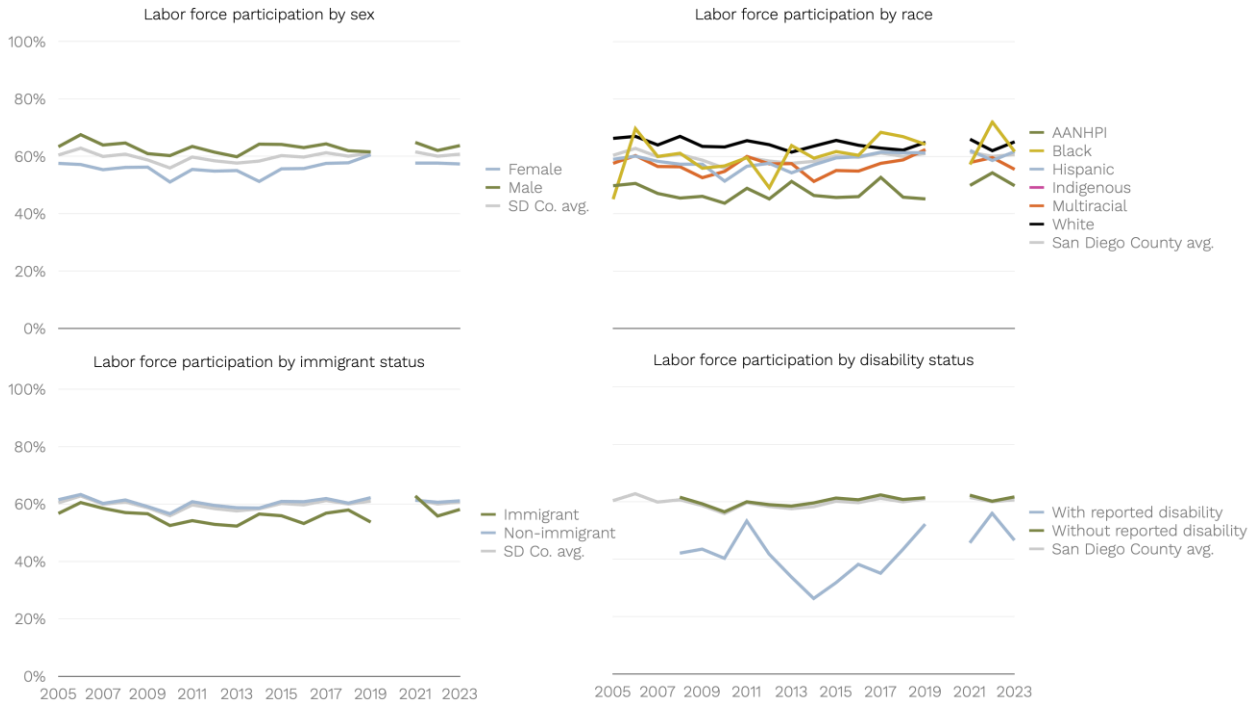
[68] Mortimer J. T. (2010). The benefits and risks of adolescent employment. *The Prevention Researcher, 17*(2), 8–11.

African American young adults experienced a dramatic rise in labor force participation, from 45% to 62%. Labor force participation among AANHPI young adults was consistently below the county average.

Except in 2021, immigrant young adults had lower labor force participation rates than did non-immigrants. Among youth with disabilities, labor force participation increased from 42% to 47%. In contrast, rates of labor force participation among those without disabilities remained steady at 62%.

Variation in labor force participation may have different drivers and meanings. For young adults especially, a lack of labor force participation may reflect cultural or educational priorities over early workforce entry. In contrast, higher rates of labor force participation may reflect greater economic need in the family or a priority for a job or career over education.

Figure 28 Labor force participation among 16- to 24-year-olds by sex, race, immigrant status, and disability status in San Diego County, 2005 – 2023



Source: US Census Bureau (2005-2023)

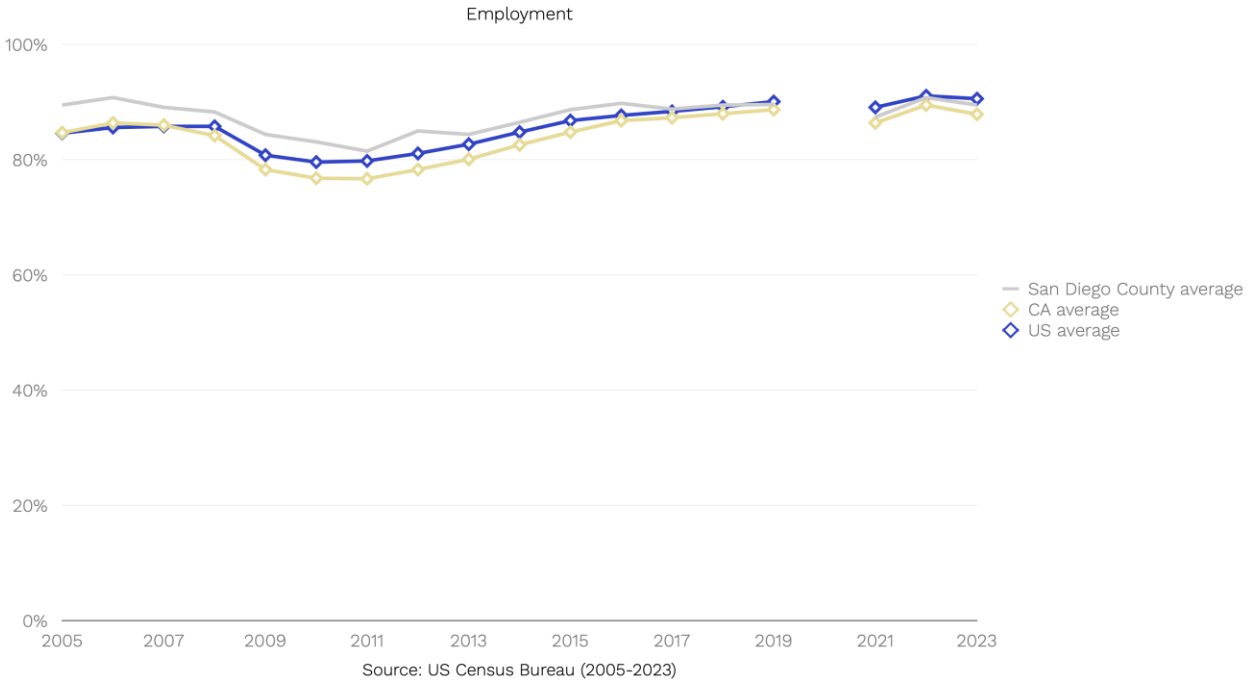
Employment

Next, we present employment. The Urban Institute considers the opportunity for employment a Mobility Metric because it touches on all three parts of their definition of achievement: economic success, power and autonomy, and dignity and belonging.[69] We present data on the share of 16- to 24-year-olds in the labor force who are currently working. Employment trends among 16- to 24-year-olds in San Diego

[69] Urban Institute Upward Mobility Initiative. (n.d.). Employment opportunities. Retrieved May 30, 2025 from https://upward-mobility.urban.org/framework/rewarding-work/employment.

County have mirrored, though usually exceed those, in California and nationally. While there were changes in the interim, San Diego County's employment rate in this group both started and ended at 90% in the timeframe under study. California's average which went from 85% to 88%, while in the US, the change was from 85% in 2005 to 91% in 2023 (see Figure 29).

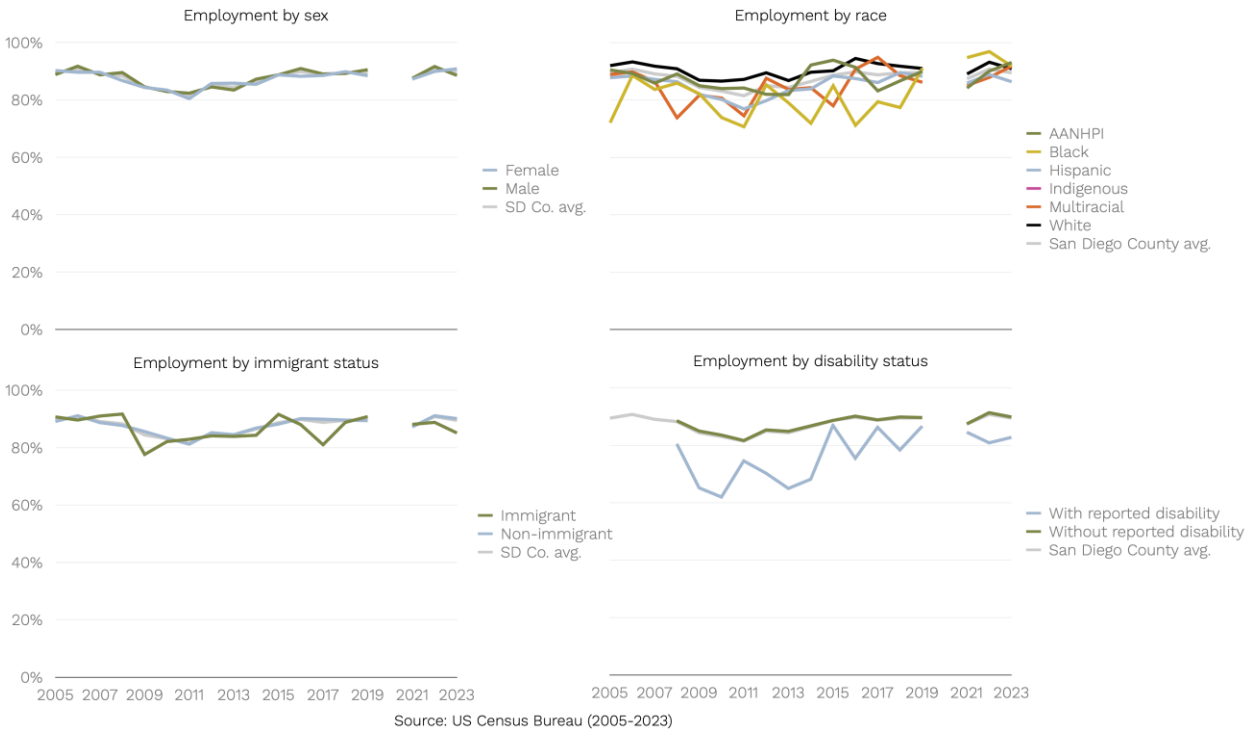
Figure 29 Employment among 16- to 24-year-olds in the US, California, & San Diego County, 2005 – 2023



While the difference in employment rates varied little by sex, there was more variability by race, immigration, and disability status. Black or African American youth, for example, had an employment rate of 72% in 2005, rose to a high of 97% in 2022 (with many peaks and valleys between), and was at 92% in 2023. That year, AANHPI youth had the highest employment rate (at 93%), followed by Black and multiracial youth at 92%. The White employment rate was among the highest for much of the timeframe, though trailed these groups in 2023.

Immigrant youth saw a decline in employment from 91% to 85%, signaling potential challenges in labor market integration despite higher labor force participation rates. Youth with disabilities experienced slight gains, with employment rising from 80% in 2008 to 83% in 2023, while their peers without disabilities maintained higher employment rates, approximately 87-90% over the same timeframe.

Figure 30 Employment among 16- to 24-year-olds by sex, race, immigrant status, and disability status in San Diego County, 2005 – 2023

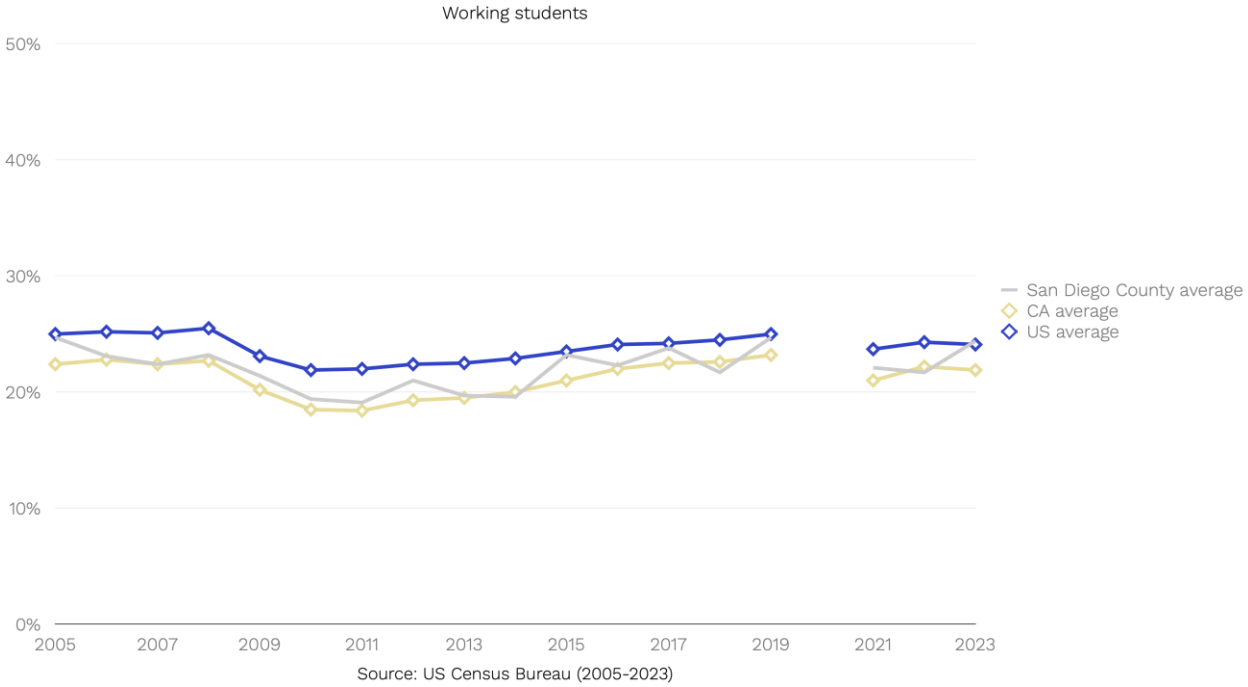


Source: US Census Bureau (2005-2023)

Working While in School

Finally, we see the proportion of 16- to 24-year-olds in the US, California, and San Diego County who are currently both working and in school in Figure 31. Trends in San Diego closely mirrored those in California and the US, with approximately one-fifth to one-quarter of young people working while enrolled in school.

Figure 31 Young adults (16- to 24-years-old) both working and in school in the US, California, & San Diego County, 2005 – 2023

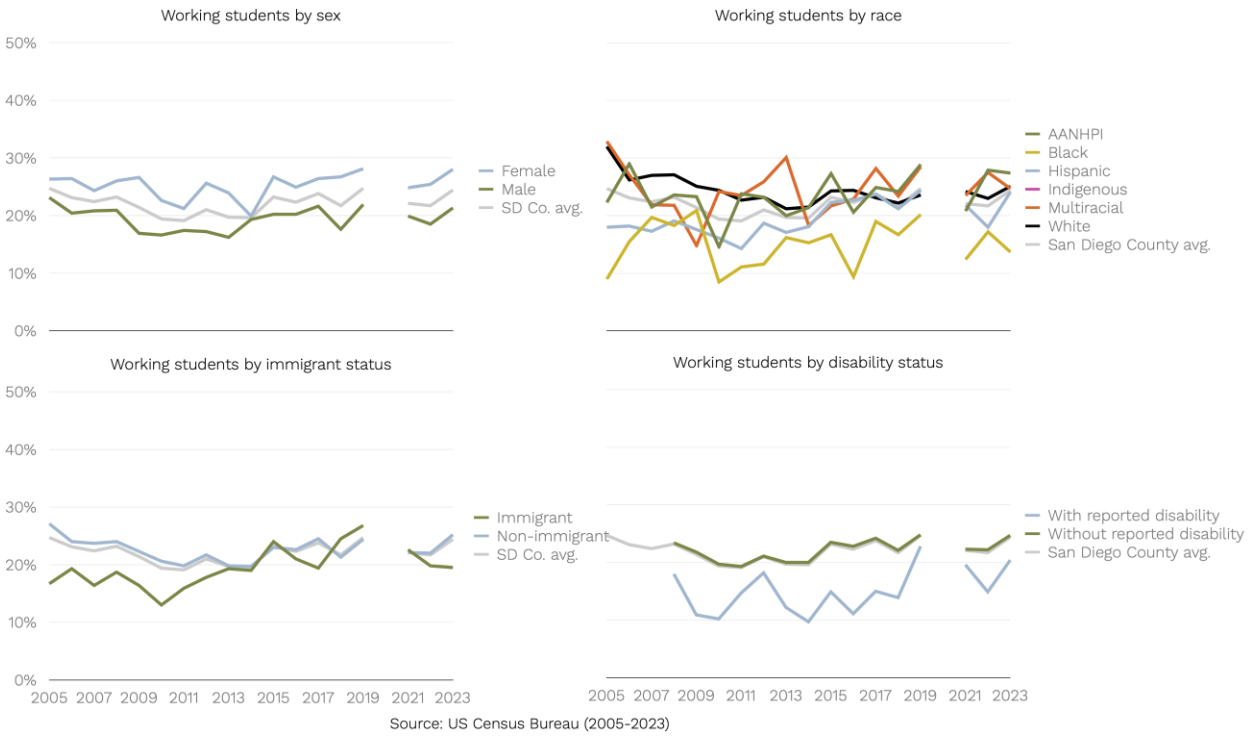


However, beneath this countywide consistency over time are shifts within demographic groups. Young women in San Diego now outpace local, state, and national averages, with 28% of 16- to 24-year-olds in San Diego County working while enrolled in school in 2023 (see Figure 32). In contrast, only 21% of young men did the same, contributing to a widening gender gap in youth work-study engagement.

Racial trends tell a mixed story: AANHPI and Hispanic or Latino students both saw increasing work-study participation, with AANHPI youth increasing from 22% to 27% and Hispanic or Latino students from 18% to 24%. White, non-Hispanic students and multiracial students experienced moderate declines over the timeframe. White, non-Hispanic students dropped from 32% to 25% and multiracial students dropped from 33% to 25%.

Both immigrants and young people with disabilities have increasingly worked while in school. While this may suggest some progress toward inclusive educational and employment pathways, it may also indicate increasing economic need if students can't afford to go to school full-time without working to pay their bills or assist their families.

Figure 32 Young adults (16- to 24-years-old) both working and in school by sex, race, immigrant status, and disability status in San Diego County, 2005 – 2023



Source: US Census Bureau (2005-2023)

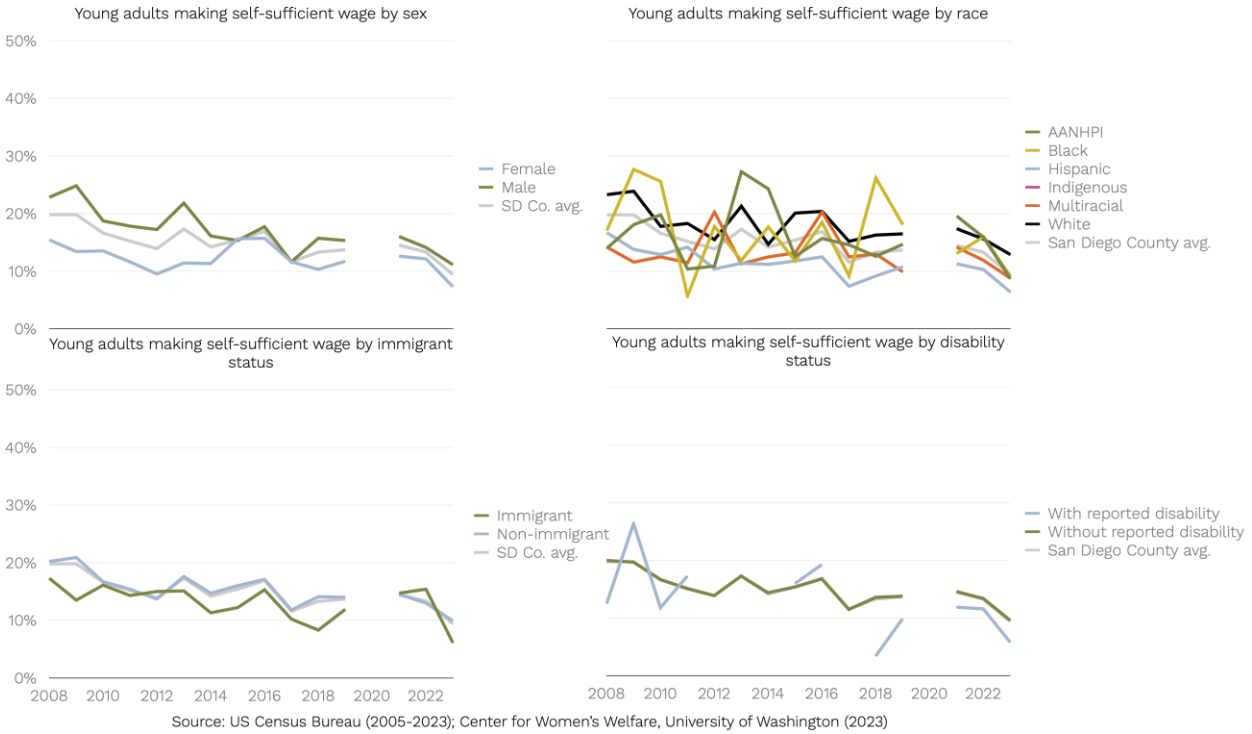
Young Adults Making a Self-Sufficient Wage

Young people today are moving into an economy with high costs for housing, education, healthcare, and childcare. How are early career San Diegans faring? Can they afford to live on their own, or with a roommate? According to the Urban Institute, even full-time workers struggle to meet their basic needs. Many lower wage jobs do not provide reliable hours, benefits, or pathways for advancement, which makes it difficult for young people to gain financial stability.[70] For young adults, this has real implications. It can delay major milestones like moving out, starting a family, or saving for the future. In cities like San Diego, where the average rent for a one-bedroom apartment hovers around $2,350 per month,[71] many young workers need to live with roommates or stay in multigenerational homes. Without significant wage growth or access to affordable housing and training opportunities, financial independence remains out of reach for many.

In Figure 33, we show the proportion of employed 18- to 24-year-olds in single-person households who were earning a self-sufficient wage. Between 2008 and 2023, the share of young adults in San Diego County earning a self-sustaining wage declined substantially, from 20% to 9%. The decline is evident across all demographic groups. Particularly striking is that very few groups had over 10% of their population making a self-sustaining wage in 2023.

[70] Urban Institute Upward Mobility Initiative. Jobs paying living wages. Retrieved May 30, 2025 from https://upward-mobility.urban.org/framework/rewarding-work/wages.
[71] Apartments.com. (2025). Rental market trends in San Diego, CA. https://www.apartments.com/rent-market-trends/san-diego-ca/

Figure 33 Young adults (18- to 24-years-old) making a self-sufficient wage by sex, race, immigrant status, and disability status in San Diego County, 2008 – 2023



Source: US Census Bureau (2005-2023); Center for Women's Welfare, University of Washington (2023)

Health

It's important for San Diego's young people to have access to good physical and mental health care. This section reviews indicators about health care access, physical health and mental health.

Health Insurance

Kids need access to healthcare to stay healthy, treat disease, and promote healthy growth into adulthood. In the US, the most common form of health insurance coverage is that linked to employment, though children may be covered through their parent or caregivers' insurance plans or through public insurance plans (such as the Children's Health Insurance Program.)[72,73]

No matter the source, adolescents' access to healthcare is impacted by health insurance coverage. People with health insurance coverage are more likely to have access to primary and preventive care, treatment for illness and injury, and care of chronic conditions.[74] Minimizing or preventing health complications through

[72] Keisler-Starkey, K., & Bunch, L. N. (2024, September 10). Health insurance coverage in the United States: 2023. US Census Bureau. Retrieved June 12, 2025 from https://www.census.gov/library/publications/2024/demo/p60-284.html.

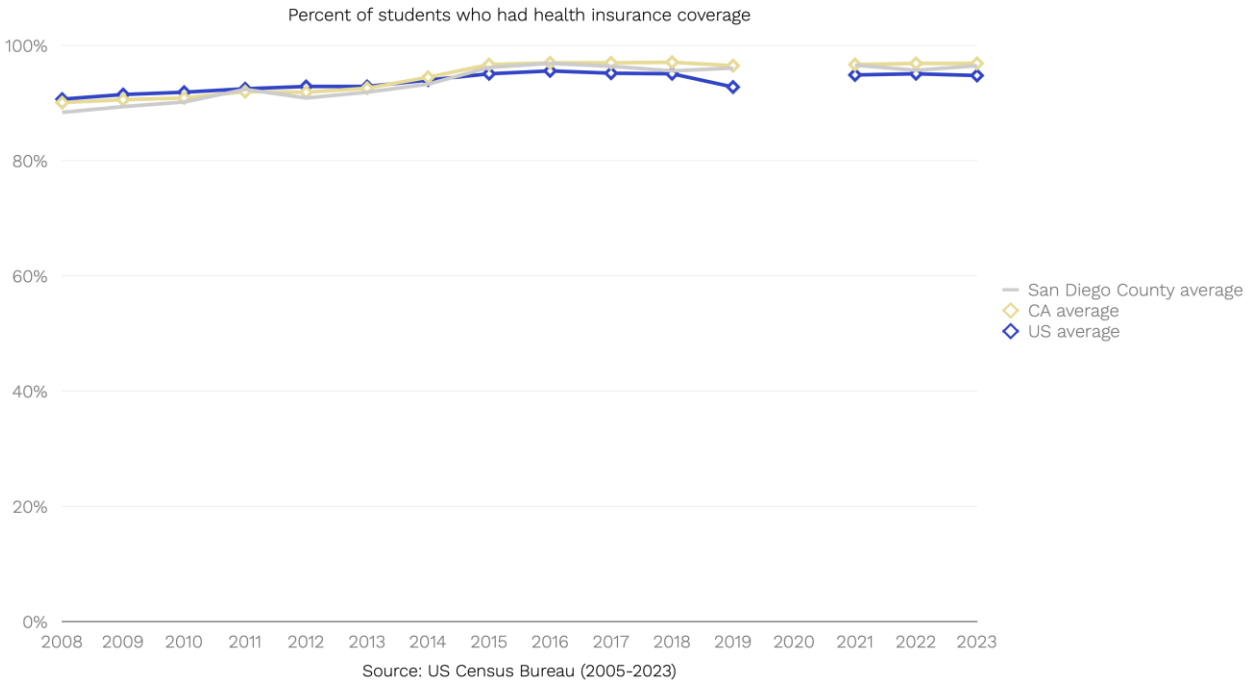
[73] Bunch, L., Ketema, H., & Keisler-Starkey, K.. (2024, September 10). While the share of uninsured remained at about 8% in 2023, rates varied by age and poverty level. Retrieved June 12, 2025 from https://www.census.gov/library/stories/2024/09/health-insurance-coverage.html.

[74] Hoffman, C., & Paradise, J. (2008). Health insurance and access to health care in the United States. *Annals of the New York Academy of Sciences, 1136*(1), 149-160.

healthcare assistance increases adolescents' likelihood of academic and professional success.[75]

The ACS collects information on health insurance coverage from respondents, asking whether the person is currently covered at the time of the survey. In Figure 34 we present the proportion of adolescents in the US, California, and San Diego County who had access to health insurance from 2008 to 2023. These analyses show an overall increase in San Diego health insurance coverage over time (from 88% in 2008 to 97% coverage in 2023).

Figure 34 Youth covered by health insurance in the US, California, & San Diego County, 2008 – 2023



The 2014 Medi-Cal and Children's Health Insurance Program (CHIP) expansion under the Affordable Care Act and a strong pre-pandemic economy contributed to the increase in health insurance coverage among San Diego residents.[76] By 2021, Medi-Cal covered nearly one-quarter of the population. According to the 2023 Children's Health Care Report Card, the rate of uninsured children fell to one of the lowest levels on record in 2022, largely due to continuous coverage protections that prevented children from being disenrolled from Medi-Cal during the COVID-19 pandemic.[77] Other community collaborations, initiatives, and programs such as San Diego County's Essential Public Health Services measures, San Diegans for Healthcare Coverage, Health Reform in San Diego, the Community Health Improvement Plan and

[75] The Center for Children and Families. (2024, February 23). Children's health care report card: California. Georgetown University. https://kidshealthcarereport.ccf.georgetown.edu/states/california/.
[76] Davis, C., & Connolly, C. (2021). San Diego: Competing, collaborating, and forging ahead with population health, 2020 A CHCF regional market study. California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2021/02/RegionalMarketAlmanac2020SanDiego.pdf.
[77] Center for Children & Families. (2023). Children's health care report card: California. Retrieved from https://kidshealthcarereport.ccf.georgetown.edu/states/california/

Regional Community Enrichment Plans additionally helped increase healthcare access and coverage throughout the county.[78,79,80]

While there was equitable access to health insurance by gender and disability status among young people, equity gaps can be observed by race and immigration status in Figure 35. The percentage of Hispanic adolescents with health insurance increased substantially from 81% in 2008 to 96% in 2023. This mirrors national data in which Hispanic adolescents are less likely to be insured.[81] This gap decreased as coverage rates among Hispanic adolescents have improved after the expansion of the 2014 Medi-Cal and Children's Health Insurance Program. Despite this considerable improvement, Hispanic adolescents remained the group with the lowest rate of health insurance coverage in 2023 compared to most other racial groups. The most notable difference though is for American Indian and Alaska Native youth. It appears this group had substantially lower coverage than other groups, but it is unclear whether this is an artifact of low response rates.

[78] San Diegans for Healthcare Coverage. (2012, February 22). Key initiatives. Retrieved from https://sdhcc.org/get-involved/key-initiatives/

[79] County of San Diego, Health and Human Services Agency. (2022). San Diego County local public health system assessment conducted November 2020. Retrieved from https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/Local_Public_Health_System_Assessment.pdf

[80] County of San Diego, Health and Human Services Agency. (2020, December and updated to include FY 2021-22 in May 2022). FY 2019-21 Live Well San Diego Community Health Improvement Plan and Regional Community Enrichment Plans. Retrieved from https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/Updated%202019-22%20Community%20Health%20Improvement%20Plan%20and%20Regional%20Enrichment%20Plans_2022updates.pdf

[81] Whitener, K., & Corcoran, A. (2021, June 8). Getting back on track: A detailed look at health coverage trends for Latino children. Center for Children and Families, Georgetown University McCourt School of Public Policy. Retrieved July 31, 2025 from https://ccf.georgetown.edu/2021/06/08/health-coverage-trends-for-latino-children/

Figure 35 Youth covered by health insurance by sex, race, immigrant status, and disability status in San Diego County, 2008 – 2023

Source: US Census Bureau (2005-2023)

Physical Health

Many adult health and medical conditions can be traced back to pre-disease pathways that begin in early and middle childhood.[82] These early experiences can influence adult health by cumulative damage over time or through biological "memories" that weaken physiological systems[83] such as the nervous, endocrine, or immune systems that emerge as conditions such as coronary artery disease, diabetes, and cancer later in adulthood.[84,85] Addressing the origins of physical and mental health conditions early in life may offer better prevention than attempting to modify health-related behaviors in adulthood.

In this section, we look at indicators that impact physical health in infants and high schoolers. These indicators include low birth weight, sufficient sleep, healthy eating, and physical activity.

[82] Shonkoff, J. P., Boyce, W. T., McEwen, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention. *JAMA, 301*(21), 2252–2259.
[83] The mechanisms may be cumulative damage, a primed stress-response system, or a combination. *Ibid*.
[84] Shonkoff, J. P., Boyce, W. T., McEwen, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention. *JAMA, 301*(21), 2252–2259.
[85] Miller, G. E., Chen, E., & Parker, K. J. (2011). Psychological stress in childhood and susceptibility to the chronic diseases of aging: Moving toward a model of behavioral and biological mechanisms. *Psychological Bulletin, 137*(6), 959–997.

Low Birth Weight

Infants born at a low birth weight (LBW) face higher health risks and complications throughout their lives compared to those born at a normal weight.[86,87] A critical consequence of LBW is an elevated risk of infant mortality, with affected infants facing up to 10 times higher risk of death than infants born at a normal weight.[88] Infants with LBW are often those born prematurely, which can lead to difficulty maintaining body temperature, respiratory problems, and a heightened risk of infections due to an underdeveloped immune system.[89] Beyond the neonatal period, children born with LBW are more likely to experience stunted growth, developmental delays, and long-term physical developmental issues, including chronic illnesses like heart disease later in life.[90] The long-term consequences of LBW extend beyond health. LBW has been linked to a range of adverse social and economic outcomes, including lower educational attainment, reduced earnings, and diminished wealth accumulation later in life.[91] Research has found, for example, that birth weight strongly predicts cognitive performance throughout the school years. These effects held across different socioeconomic backgrounds and school environments, suggesting that these early health disparities are influential and long-lasting.[92] Because neonatal health shapes early cognitive and physical development, academic performance, and long-term economic potential, it has been recognized in the Urban Institute's Mobility framework as a foundational factor influencing mobility.[93]

San Diego County's Health & Human Services Agency makes data on low birth weight births,[94] as well as a range of other perinatal health indicators, publicly available. Low birth weight is defined as an infant weight under 2,500 grams (5 pounds, 8 ounces). In contrast to many other indicators, most of the birth weight data is disaggregated by maternal characteristics (such as maternal race and nativity); sex of the infant is one exception. We present data on LBW in San Diego County from 2005 to 2023 in Figure 36, where between six and seven percent of San Diego County infants have been born at a low birth weight for the last couple of decades. The most concerning disparity has been by race. Over the available timeframe, infants born to Black

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[86] Stanford Medicine Children's Health. (n.d.). Low birth weight. Retrieved from https://www.stanfordchildrens.org/en/topic/default?id=low-birth-weight-90-P02382

[87] Urban Institute. (n.d.). Neonatal health. Upward Mobility Framework. Retrieved from https://upward-mobility.urban.org/framework/health/neonatal

[88] World Health Organization. (2022). WHO recommendations for care of the preterm or low birth weight infant. World Health Organization. Retrieved from https://iris.who.int/bitstream/handle/10665/363697/9789240058262-eng.pdf?sequence=1

[89] Espiritu Martinez, A. P., & Gomez Perez, K. K. (2024). Risk Factors and complications in premature and low birth weight newborns: Review article. *Trends in Nursing and Health Care Research, 4*(1), 1-7.

[90] Blencowe, H., Krasevec, J., De Onis, M., Black, R. E., An, X., Stevens, G. A., ... & Cousens, S. (2019). National, regional, and worldwide estimates of low birthweight in 2015, with trends from 2000: A systematic analysis. *The Lancet Global Health, 7*(7), e849-e860.

[91] Haas, S. A. (2006). Health selection and the process of social stratification: The effect of childhood health on socioeconomic attainment. *Journal of Health and Social Behavior, 47*(4), 339–354.

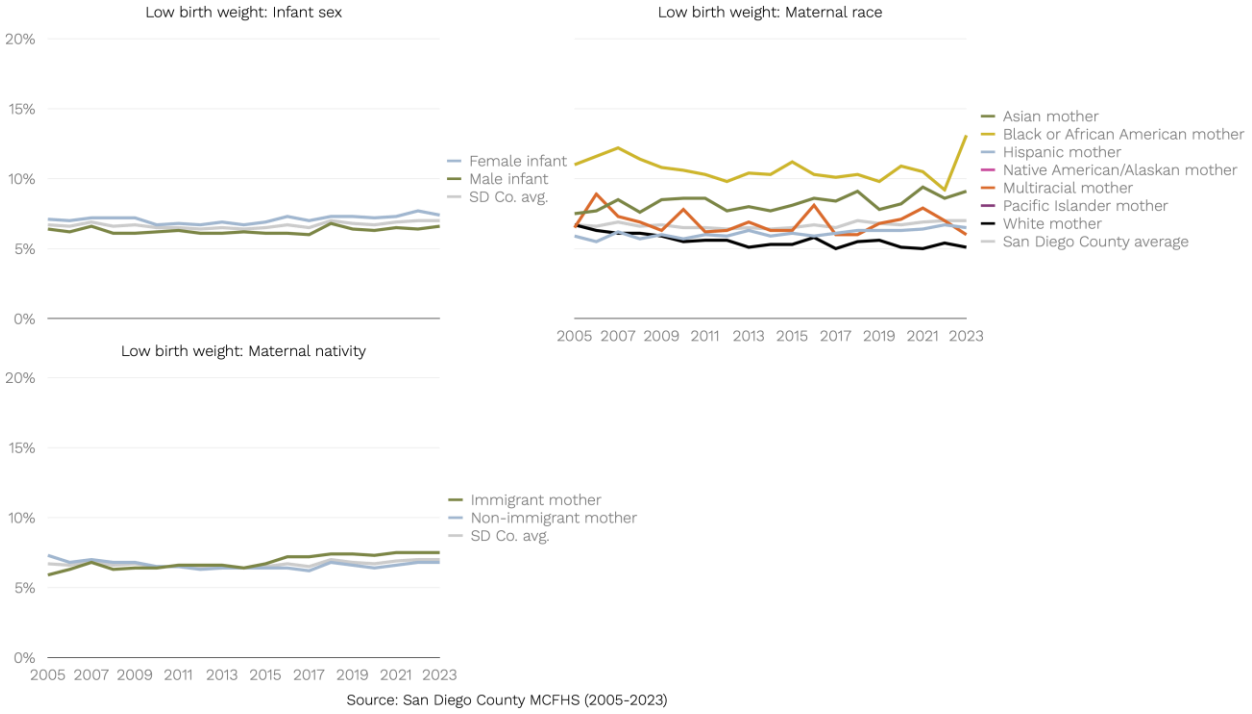
[92] Figlio, D., Guryan, J., Karbownik, K., & Roth, J. (2014). The effects of poor neonatal health on children's cognitive development. *American Economic Review, 104*(12), 3921-3955.

[93] Urban Institute. (n.d.). Neonatal health. Upward Mobility Framework. Retrieved from https://upward-mobility.urban.org/framework/health/neonatal

[94] San Diego County. (2025). Health & Human Services Agency: Maternal, Child, and Family Health Services (MCFHS). Retrieved from https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/maternal_child_family_health_services/MCFHSstatistics.html

mothers had the highest rate of LBW of any group; in 2023, infants born to Black mothers were 2.6 times more likely to be of low birth weight than those born to White mothers. These patterns mirror national trends, and though we did not analyze this here, research suggests that maternal race *combined* with education may worsen these disparities (in other words, highly educated White mothers are least likely to have LBW infants, while Black mothers with low educational attainment are most likely to have LBW infants).[95] Other factors that may contribute include structural and interpersonal racism, economic risk factors, and the stress of both.[96]

Figure 36 Low birth weight births in San Diego County, 2005 – 2023



Source: San Diego County MCFHS (2005-2023)

Sufficient Sleep

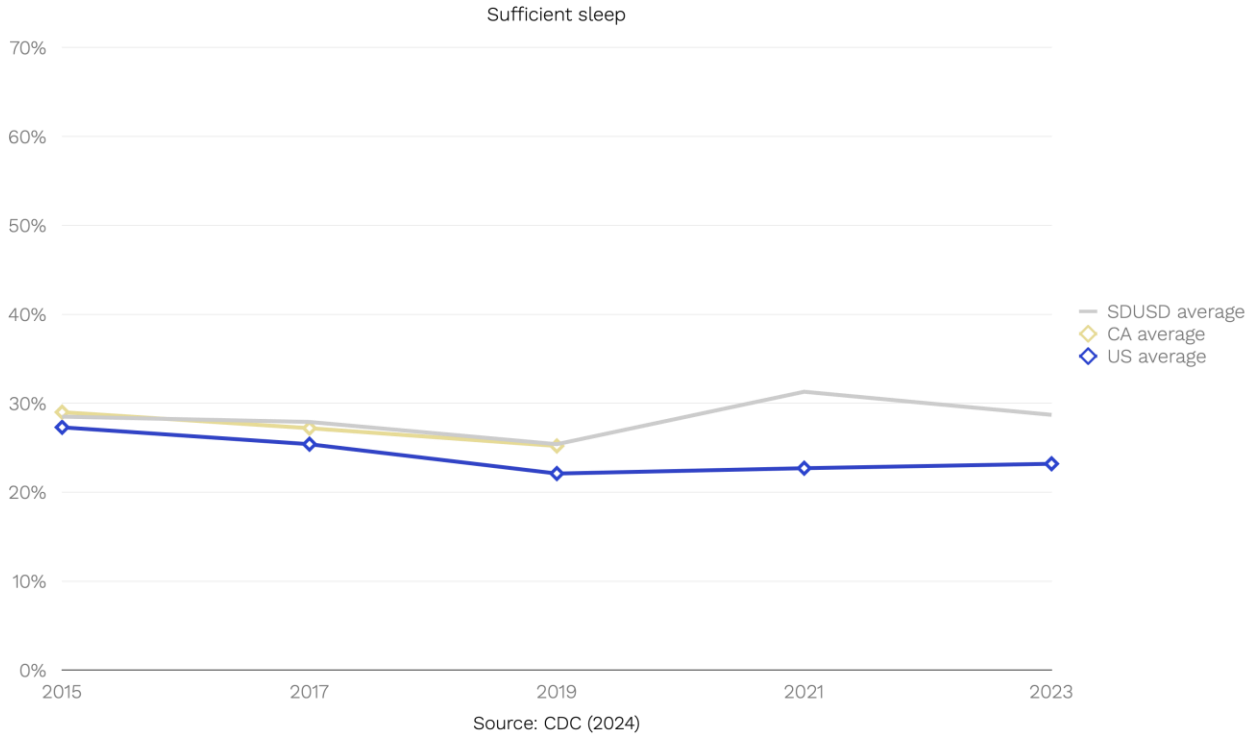
Sleep is critical for the development and performance of adolescents and plays an essential role in their physical and mental health. According to the American Academy of Sleep Medicine, teenagers should be getting eight to ten hours of sleep nightly.[97] Lack of sufficient sleep can negatively impact the academic performance of young people.[98] Additionally, adolescents not receiving the recommended amount of

[95] Pollack, E. A., Gennuso, K. P., Givens, M. L., & Kindig, D. (2021). Trends in infants born at low birthweight and dispartities by maternal race and education from 2003 to 2018 in the United States. *BMC Public Health, 21*: 1117.
[96] *Ibid*.
[97] Paruthi, S., Brooks, L. J., D'Ambrosio, C., et al. (2016). Consensus statement of the American Academy of Sleep Medicine on the recommended amount of sleep for healthy children: Methodology and discussion. *Journal of Clinical Sleep Medicine, 12*(11),1549–1561.
[98] *Ibid*.

sleep per night are at an increased risk for a wide array of health problems, including obesity, type 2 diabetes, injuries, and poor mental health.[99,100]

The Youth Risk Behavior Survey (YRBS) asks high school students how many hours of sleep they got on a typical school night. In Figure 37 we present the share of US, California, and San Diego high school students[101] who slept eight or more hours per night. The San Diego average for students who had sufficient sleep was consistently higher than the national average. In 2023, close to 30% of San Diego high school students got the recommended amount of sleep, compared to 23% of students nationally.

Figure 37 Sufficient sleep among high school students in the US, California, & SDUSD, 2015 – 2023



Sleep patterns differed by sex, race, age, and sexual orientation (see Figure 38). Female students obtained sufficient sleep at a lower rate than male students in all years analyzed. In 2023, for example, 32% of male students slept eight or more hours per night compared to 26% of female students. White students exhibited the highest percentage of sufficient sleep from 2017 to 2023: 36% of this population reported sleeping the recommended number of hours on the average school night in 2023.

[99] *Ibid*.
[100] Owens, J., Adolescent Sleep Working Group, Committee on Adolescence. (2014). Insufficient sleep in adolescents and young adults: An update on causes and consequences. American Academy of Pediatrics. Retrieved from https://publications.aap.org/pediatrics/article/134/3/e921/74176/Insufficient-Sleep-in-Adolescents-and-Young-Adults.
[101] Data was available for San Diego Unified high school students, the largest school district in the County. Results may not be generalizable to public schools or other school districts outside of San Diego Unified School District. For more information, see Appendix II: Methodology.

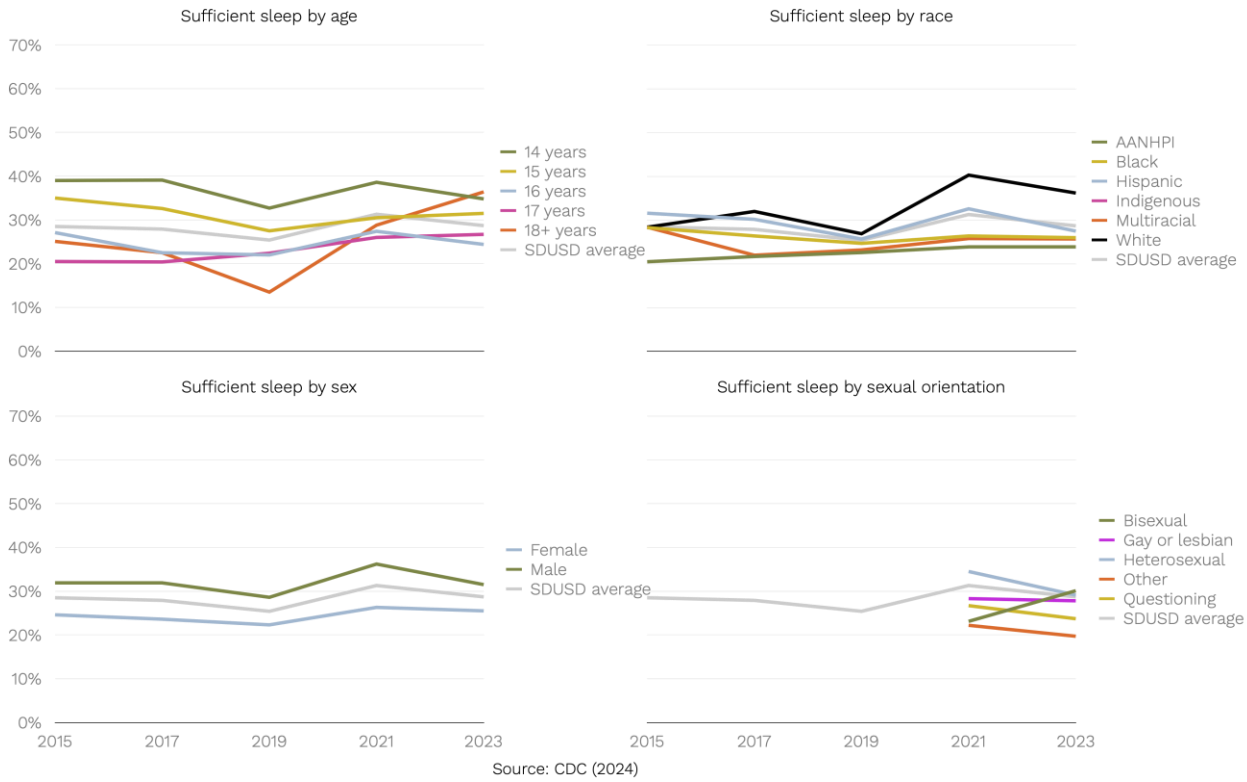
More AANHPI students reported getting sufficient sleep over time, though they remained the group with the lowest rate of sleep attainment.

Younger age groups tend to get more sleep compared to older age groups. Specifically, 14- and 15-year-olds pretty consistently report getting eight or more hours of sleep per night at a higher rate than 16-, 17-, and 18-year-olds. Sufficient sleep has greatly improved for 18-year-olds since 2019, however, and in 2023 they reported the largest share of obtaining eight or more hours of sleep per night. This underscores a persistent challenge in maintaining adequate sleep among older adolescents. Lastly, the analysis by sexual orientation for the few years it has been collected shows that heterosexual students are more likely to get the recommended eight or more hours of sleep. All other sexual orientations fell below the average (31% in 2021; 29% in 2023), except for bisexual students in 2023 (30%).

Sleep research has shown that early school start times deprive adolescents of the sleep they need, undermining their physical, mental and academic health. In response, California implemented SB328 in 2022, requiring later start times for middle and high school students statewide.[102] While we hope this legislation will contribute to healthier sleep patterns in adolescents by removing one of the barriers to sufficient sleep, our current data does not yet capture its impact. As new data becomes available in the coming years, it will be important to assess whether the policy has led to measurable improvements.

[102] California Legislature. (2019, October 13). *Senate Bill No. 328 Pupil attendance School start time (Education Code § 46148)*. Retrieved July 28, 2025, from California Legislative Information website: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB328

Figure 38 Sufficient sleep among high school students by age, race, sex, and sexual orientation, 2015 – 2023



Source: CDC (2024)

Healthy Eating

Establishing healthy eating habits during adolescence can help promote optimal growth, development, and overall well-being. One indicator of healthy dietary patterns among high school students is regular breakfast consumption. As adolescents progress through high school, the impact of breakfast on cognitive function has become an increasingly important subject of study among researchers, partly due to the high prevalence of skipping breakfast in this age group.[103,104] Research suggests positive associations between breakfast consumption and quality of life, well-being, and reduced morbidity risk factors, particularly among high-income households.[105,106] Skipping breakfast has been linked to elevated risks of poor

[103] Lazzeri, G., Ciardullo, S., Spinelli, A., Pierannunzio, D., Dzielska, A., Kelly, C., & Nardone, P. (2023). The correlation between adolescent daily breakfast consumption and socio-demographic: Trends in 23 European countries participating in the Health Behaviour in School-Aged Children Study (2002–2018). *Nutrients, 15*(11), 2453.

[104] Kim, C., Schilder, N., Adolphus, K., Berry, A., Musillo, C., Dye, L., ... & Thuret, S. (2024). The dynamic influence of nutrition on prolonged cognitive healthspan across the life course: A perspective review. *Neuroscience Applied*, 104072.

[105] Lundqvist, M., Vogel, N. E., & Levin, L. Å. (2019). Effects of eating breakfast on children and adolescents: A systematic review of potentially relevant outcomes in economic evaluations. *Food & Nutrition Research, 63*.

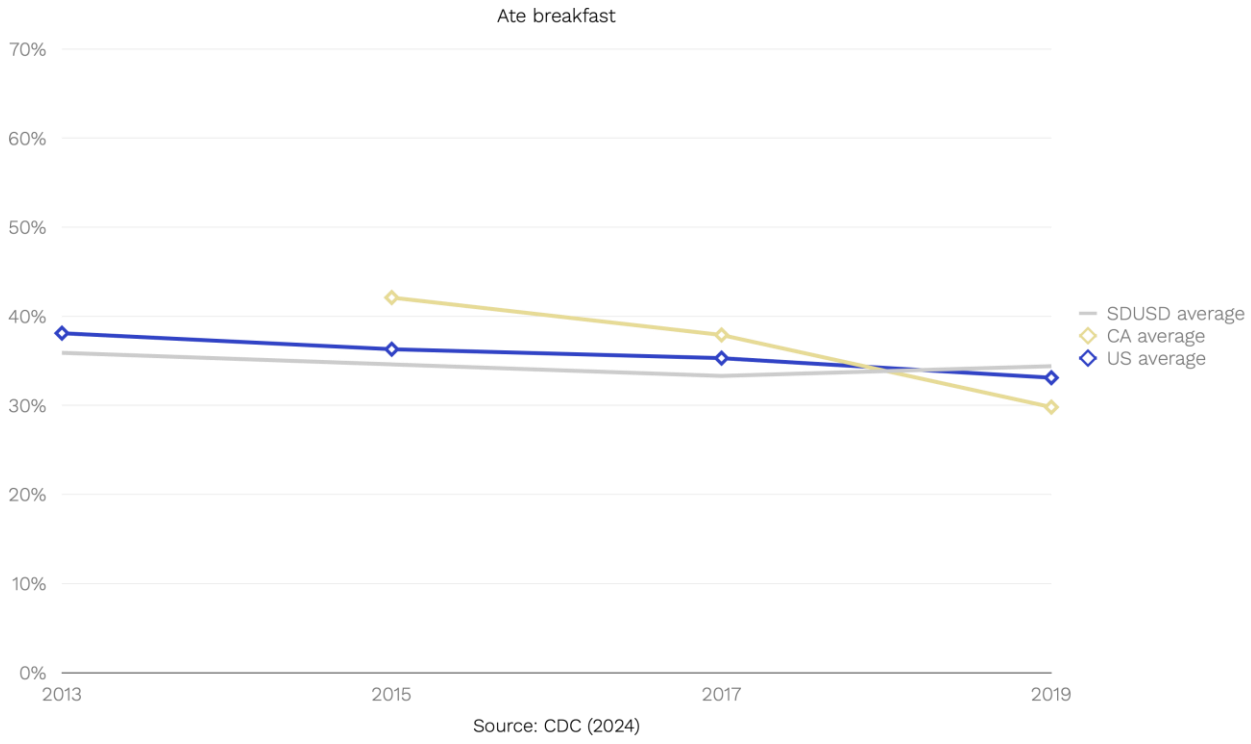
[106] American Heart Association, et al. (2006). Dietary recommendations for children and adolescents: A guide for practitioners. *Pediatrics, 117*(2), 544-559.

mental health outcomes among adolescents, including symptoms of depression, stress, psychological distress, and anxiety.[107]

Consuming breakfast can also have immediate beneficial effects on the cognitive function of adolescents. Breakfast consumption appears to have domain-specific effects: children and adolescents perform better on tasks requiring attention, executive function, and memory after breakfast consumption compared to those who didn't eat.[108] This underscores the importance of breakfast in supporting cognitive performance during the critical high school years.

The YRBS asks high school students how many days in the previous week they ate breakfast. We present the share of high school students who reported eating breakfast all seven days of the previous week from 2013 to 2019.[109] The share of students in California and the United States who ate breakfast all seven days has been declining. San Diego's average also declined between 2013 and 2017, when there was a slight uptick from 33% in 2017 to 34% in 2019.

Figure 39 Ate breakfast all seven days of the previous week among high school students in the US, California, & SDUSD, 2013 – 2021



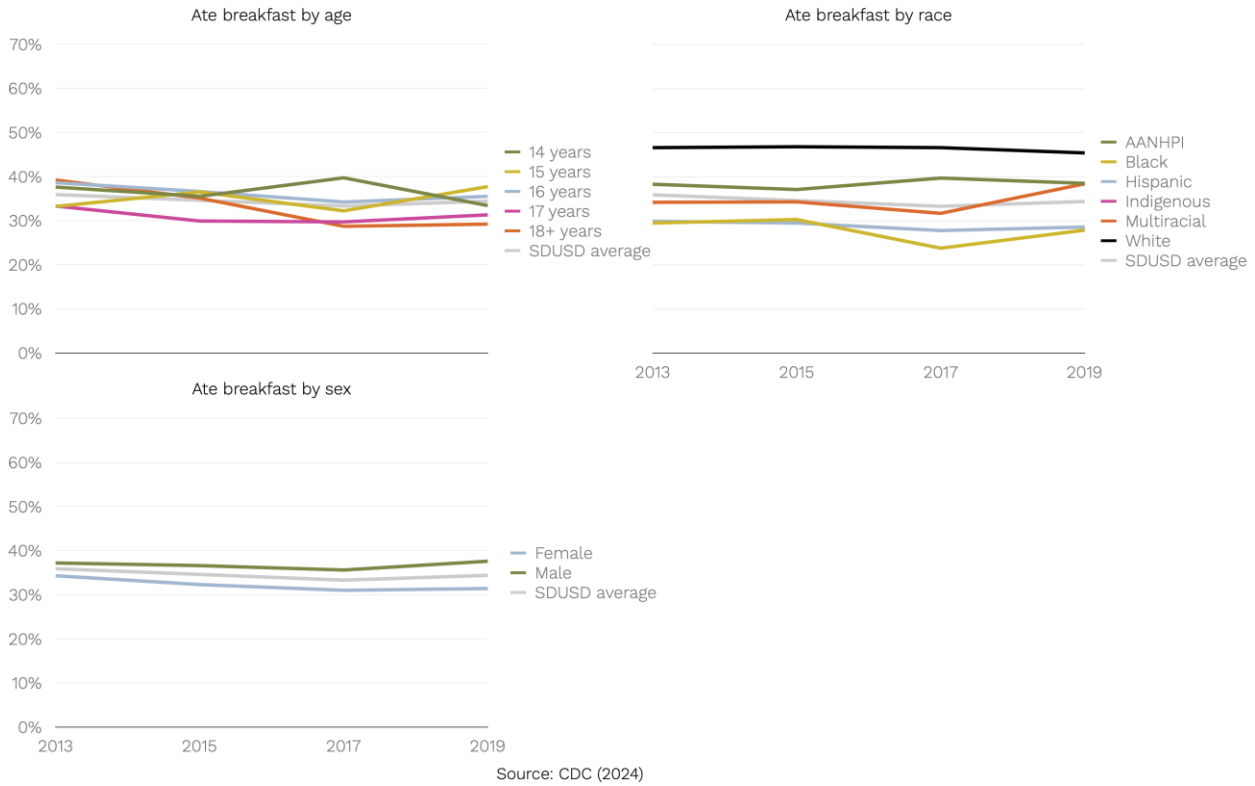
[107] Zahedi, H., Djalalinia, S., Sadeghi, O., Zare Garizi, F., Asayesh, H., Payab, M., Zarei, M., & Qorbani, M. (2022). Breakfast consumption and mental health: A systematic review and meta-analysis of observational studies. *Nutritional Neuroscience, 25*(6), 1250–1264.
[108] Adolphus, K., Lawton, C. L., Champ, C. L., & Dye, L. (2016). The effects of breakfast and breakfast composition on cognition in children and adolescents: A systematic review. *Advances in Nutrition, 7*(3), 590S-612S.
[109] This question was only asked of San Diego students 2013 to 2019.

Male students were more likely to consume breakfast on all seven days of the week than their female counterparts across all years (see Figure 40). In 2019, the most recent year for which San Diego data is available, 31% of female students ate breakfast daily, compared to 38% of male students.

Our analysis of breakfast consumption trends by race also reveals a notable racial disparity. White students consistently report the highest rates of regular breakfast consumption. Specifically, in 2019, approximately 45% of White students ate breakfast every day of the previous week. In contrast, Black students had the lowest rates: only 28% reported daily breakfast consumption in the previous week that year. Hispanic students also ate breakfast less frequently than the average student.

Seventeen and 18-year-olds had lower breakfast consumption rates compared to younger students. Although older students tended to be less likely to eat breakfast on all seven days, the relationship between age and breakfast consumption did not consistently decrease with each additional year of age. There were fluctuations in the percentages across the age groups and years, rather than a pronounced linear pattern.

Figure 40 Ate breakfast all seven days of the previous week among high school students by age, race, and sex, 2013 – 2019



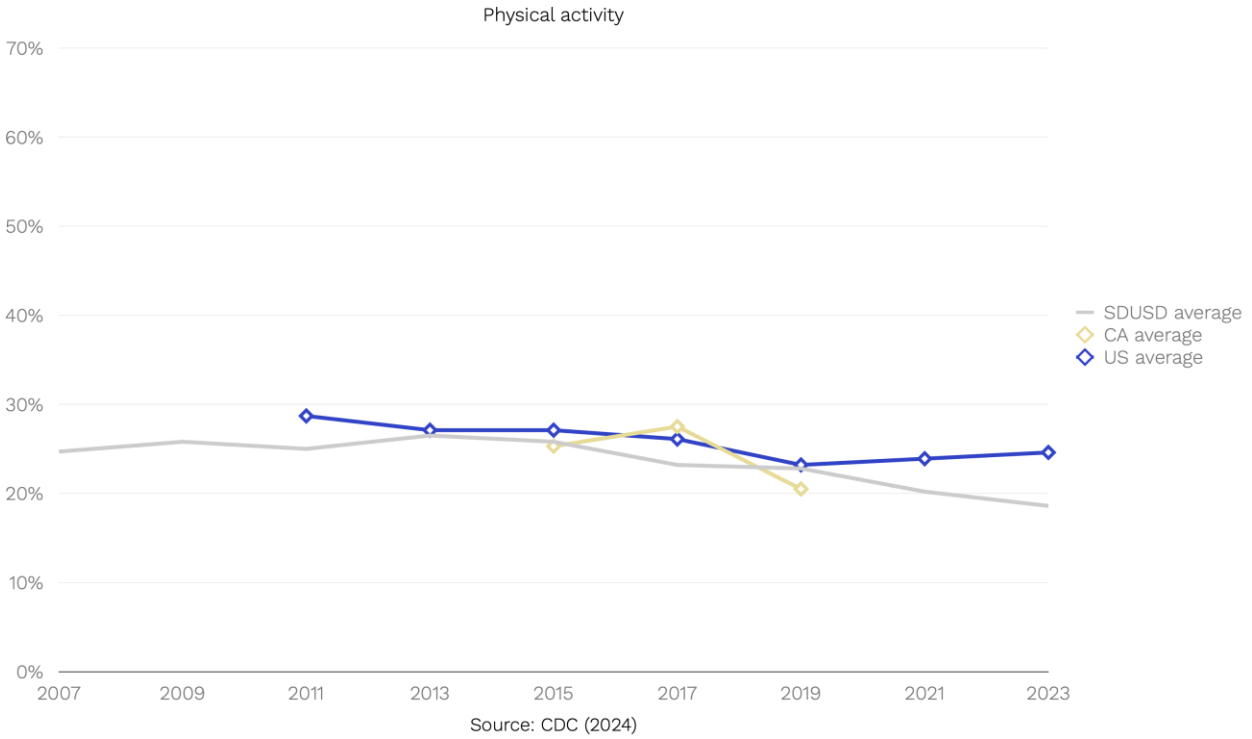
Physical Activity

For adolescents to lead a healthy life, they need to incorporate regular physical activity in their routine. The Physical Activity Guidelines for Americans advises children and adolescents ages 6–17 to partake in at least 60 minutes of moderate-to-

vigorous physical activity each day. Most of this activity should consist of aerobic exercises, while muscle- and bone-strengthening activities should be performed on at least three days per week.[110] Consistent physical activity among children and adolescents can enhance cardiorespiratory fitness, promote the development of sturdy bones and muscles, manage weight, alleviate symptoms associated with anxiety and depression, and lower the likelihood of developing various health issues including heart disease, cancer, type 2 diabetes, high blood pressure, osteoporosis, and obesity.[111]

The YRBS asks students, "During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)" In Figure 41 we present the share of US, California, and San Diego high school students who were physically active for at least 60 minutes per day on all seven days in the previous week from 2007 to 2023. In San Diego, around one-quarter of students exercised on all seven days from 2007 to 2015; that number began to decline in 2019 and was down to 19% of students in 2023. San Diego high school students tended to be less physically active than students in the US on average.

Figure 41 Physical activity all seven days of the previous week among high school students in the US, California, & SDUSD, 2007 – 2023



[110] US Department of Health and Human Services. (2018). Physical activity guidelines for Americans, 2nd edition. https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf.
[111] *Ibid.*

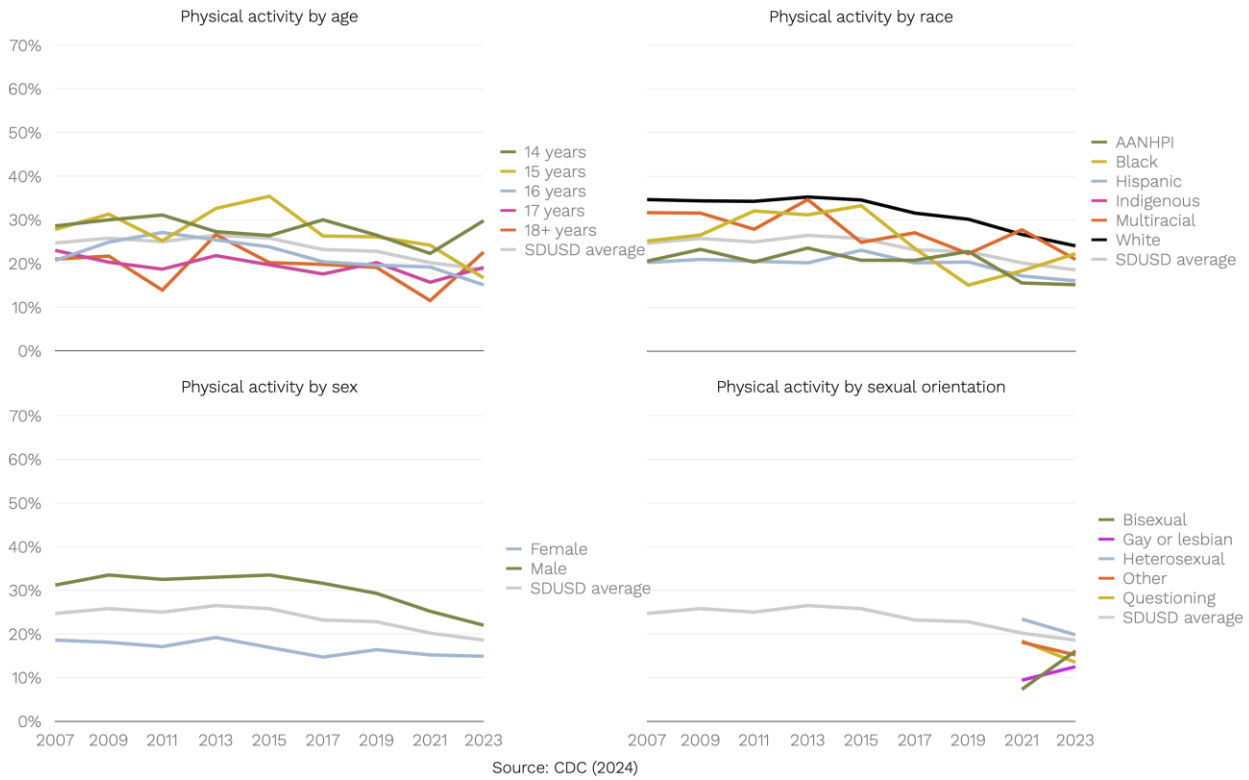
Male students in San Diego were consistently more active than female students (see Figure 42). In 2023, there was a seven-percentage-point gap between the groups, with 15% of girls reporting exercising all seven days compared to 22% of boys. While this was a decrease in disparity over time, it was due to male students' declining physical activity rather than an increase in female students exercising more frequently.

Asian and Hispanic students were less physically active than other groups over time (with the single-year exception of 2019, when Black students had a lower rate of physical activity). Asian and Hispanic students met the recommended physical activity at rates 8-15 percentage points below White students. Overall, every racial group had a lower physical activity rate in 2023 than 2007.

The analysis of physical activity levels by age displayed no clear trend. Although the older students, specifically 17- and 18-year-olds, tended to be less likely to get the recommended amount of exercise than younger-aged students, the relationship between age and physical activity was not linear.

Lastly, the analysis by sexual orientation is similar to previous indicators. Heterosexual students were more likely to meet the recommended amount of physical activity, with other sexual orientations below the average for all students.

Figure 42 Physical activity all seven days of the previous week among high school students by age, race, sex, and sexual orientation, 2007 – 2023



Substance Use

Adolescence represents a critical period of vulnerability for substance use disorders, with the highest risk of onset occurring during these formative years.[112] Drug and alcohol misuse is most likely to start in adolescence. The longer teenagers delay experimenting with substances, the lower their risk of developing long-term drug usage problems in adulthood.[113]

Substance use initiated before the age of 18 significantly increases the risk of developing substance dependence in adulthood.[114] For instance, more than 40% of those who began drinking before age 15 developed alcohol dependence, nearly four times the rate of those who waited until age 20 or older.[115]

In this section, we explore substance use indicators among high schoolers, including alcohol, cigarettes, and vaping. We follow up with information on the more concerning behaviors – frequent smoking and vaping and binge drinking – in the Risky Behaviors section.

Alcohol Use

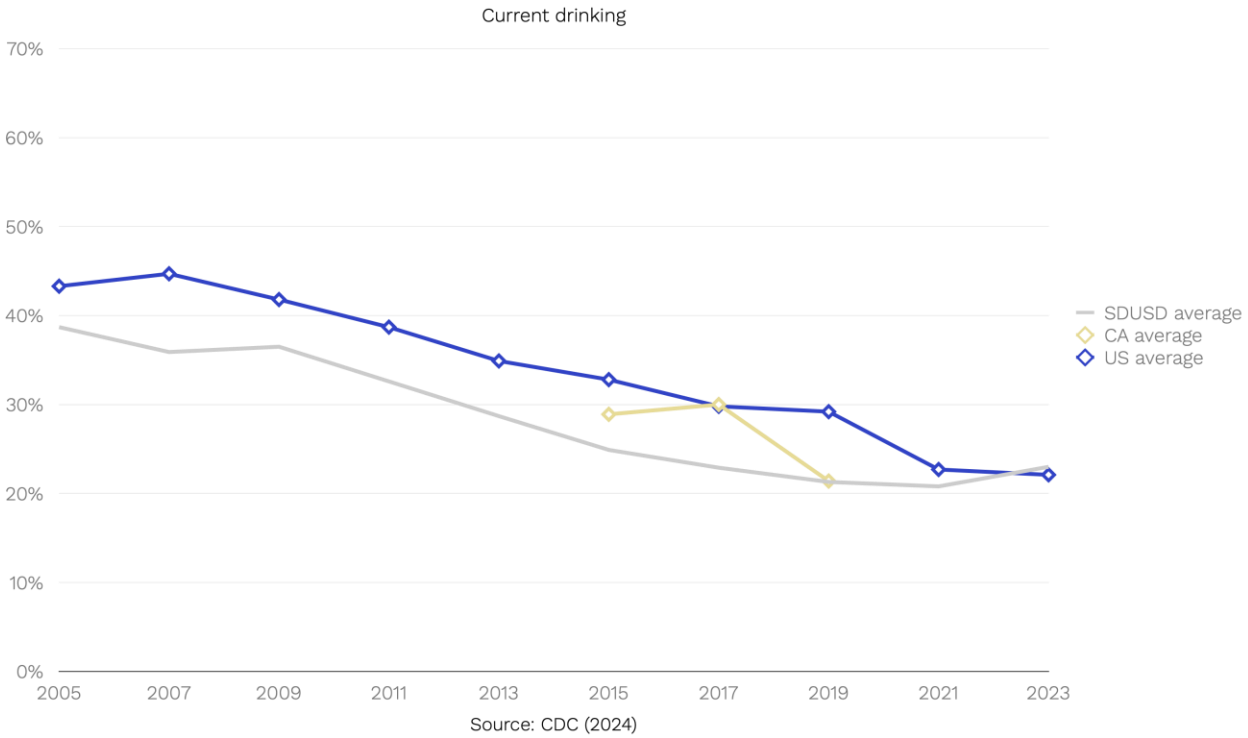
Alcohol use among adolescents is a critical public health issue with far-reaching consequences. During this developmental stage, the brain is still maturing, making it particularly vulnerable to the adverse effects of alcohol. Early exposure to alcohol can interfere with brain development, leading to cognitive impairments and increased risk of developing substance use disorders later in life.[116] Additionally, alcohol use during adolescence is associated with a range of risky behaviors, including impaired driving, unprotected sex, and increased likelihood of engaging in violence.[117,118] Understanding the factors that contribute to alcohol use among adolescents, as well as implementing effective prevention and intervention strategies, is essential to safeguard the health and well-being of young people and to promote healthier communities.

The YRBS asks students how many days out of the previous 30 they had at least one drink of alcohol. To capture current alcohol use, we present the share of US, California, and San Diego high school students who had at least one drink of alcohol on at least one day in the previous month (see Figure 43). There's good news and bad news: while San Diego students have tended to report less drinking than high school students nationally (and rates of drinking locally and nationally declined 2005 to

[112] Winters, K. C., & Arria, A. (2011). Adolescent brain development and drugs. *The Prevention Researcher, 18*(2), 21.
[113] Griswold, K. S., Aronoff, H., Kernan, J. B., & Kahn, L. S. (2008). Adolescent substance use and abuse: Recognition and management. *American Family Physician, 77*(3), 331-336.
[114] Tims, F. M., Dennis, M. L., Hamilton, N., Buchan, B. J., Diamond, G., & Funk, R., et al. (2002). Characteristics and problems of 600 adolescent cannabis abusers in outpatient treatment. *Addiction, 97*(Suppl 1), 46-57.
[115] Grant, B. F., & Dawson, D. A. (1997). Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse, 9*, 103-110.
[116] Tapert, S. F., & Eberson-Shumate, S. (2022). Alcohol and the adolescent brain: What we've learned and where the data are taking us. *Alcohol Research Current Reviews, 42*(1), 07.
[117] Farnia, V., Ahmadi Jouybari, T., Salemi, S., Moradinazar, M., Khosravi Shadmani, F., Rahami, B., Alikhani, M., Bahadorinia, S., & Mohammadi Majd, T. (2024). The prevalence of alcohol consumption and its related factors in adolescents: Findings from Global School-based Student Health Survey. *PLOS ONE, 19*(4), e0297225.
[118] López-Caneda, E., Lannoy, S., Campanella, S., & Carbia, C. (2024). Editorial: Binge drinking in the adolescent and young brain, volume II. *Frontiers in Psychology, 14*.

2019), there was a slight uptick in the most recent data available. In 2023, 23% of San Diego high school students reported drinking on at least one day in the previous month.

Figure 43 Current drinking among high school students in the US, California, & SDUSD, 2005 – 2023



Alcohol consumption among San Diego high school students differed by age, race, sex, and sexual orientation (see Figure 44). Older students (17- and 18-year-olds) were consistently more likely to drink than younger students, and each additional year of age appeared to add additional risk of drinking. In 2023, 16% of 14-year-olds, 18% of 15-year-olds, 23% of 16-year-olds, 26% of 17-year-olds, and 33% of 18-year-olds reported drinking in the previous month.

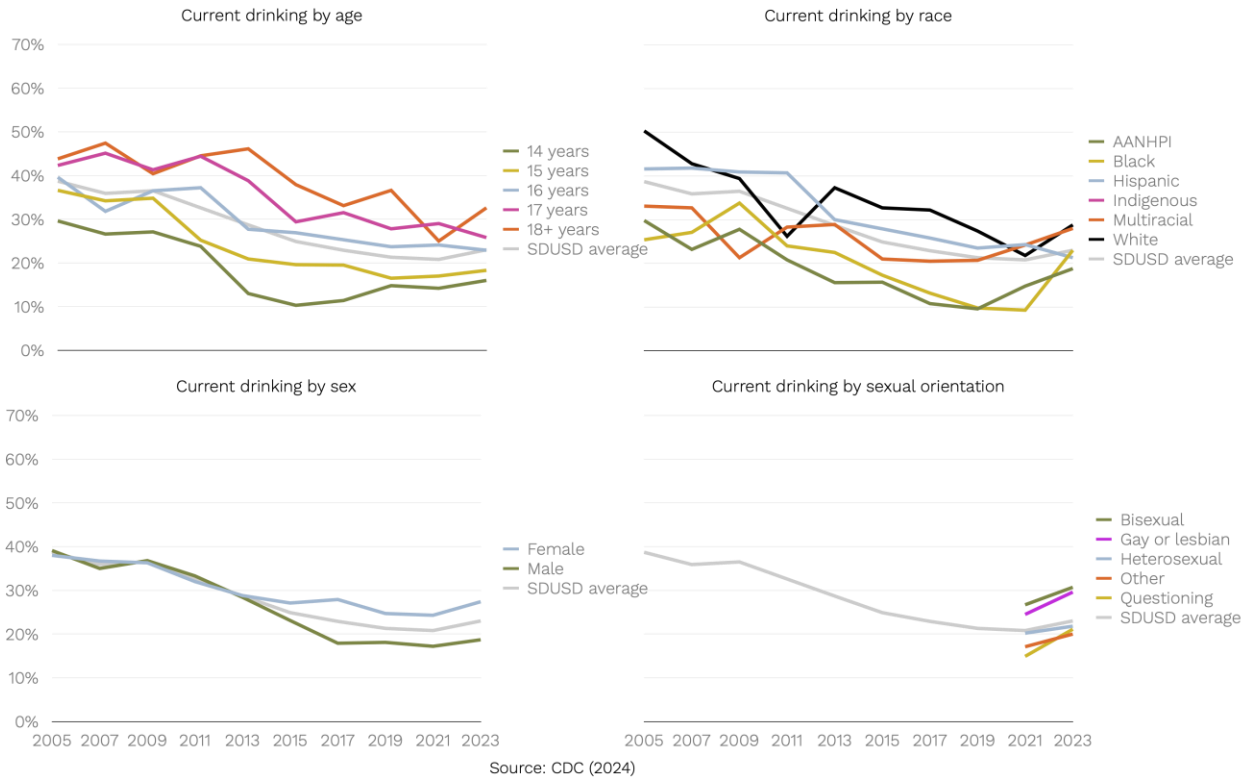
There were also some clear trends in alcohol consumption by race. Black and AANHPI students were among the least likely to report current drinking across the timeframe. White students often exhibited the highest rate of alcohol consumption, including in 2023 with 29% of White students reporting having had an alcoholic drink in the previous month.

Alcohol consumption among female and male students closely mirrored one another between 2005 and 2013, when they began to diverge. While the rate of alcohol consumption has decreased overall, female students' consumption rates have not declined as much as males. In 2023, 27% of female and 19% of male students reported current alcohol use.

When examining alcohol consumption by sexual orientation, bisexual and gay or lesbian students had the highest rate of consuming alcohol at least once in the

previous month (31% and 30%, respectively), with other groups falling below the average for 2021 and 2023.

Figure 44 Current drinking among high school students by age, race, sex, and sexual orientation, 2005 - 2023



Source: CDC (2024)

Cigarette Use

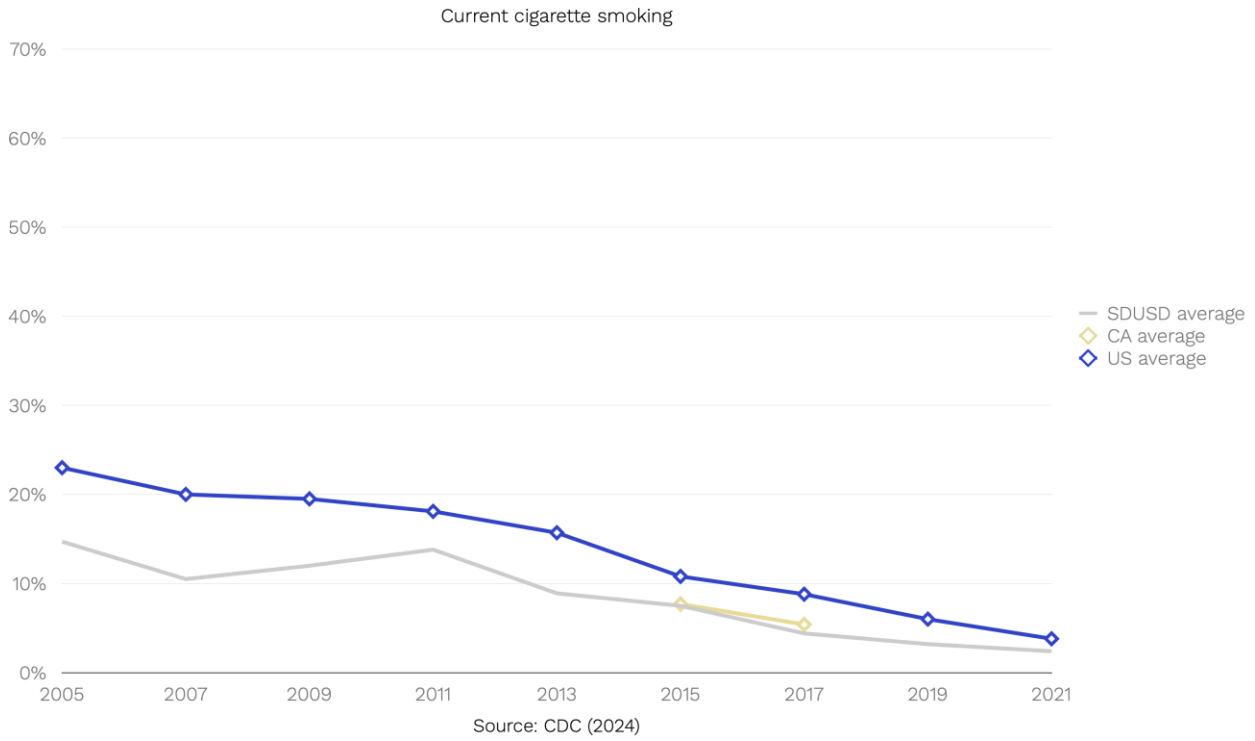
Cigarette use among adolescents remains a public health concern, posing serious risks to both immediate and long-term health. In the US, tobacco use is known as the leading cause of preventable disease, disability, and death among adults.[119] Adolescents who smoke are more likely to develop nicotine addiction, which can lead to a lifetime of health complications, including respiratory diseases, cardiovascular problems, and various forms of cancer.[120,121,122,123]

[119] Park-Lee, E., Ren, C., Cooper, M., Cornelius, M., Jamal, A., & Cullen, K. A. (2022). Tobacco product use among middle and high school students — United States, 2022. *Morbidity & Mortality Weekly Report, 71*, 1429–1435.
[120] Mejia, M. C., Adele, A., Levine, R. S., Hennekens, C. H., & Kitsantas, P. (2023). Trends in cigarette smoking among United States adolescents. *The Ochsner Journal, 23*(4), 289–295.
[121] Pierce, J. P., Luo, M., McMenamin, S. B., Stone, M. D., Leas, E. C., Strong, D., Shi, Y., Kealey, S., Benmarhnia, T., & Messer, K. (2023). Declines in cigarette smoking among US adolescents and young adults: Indications of independence from e-cigarette vaping surge. *Tobacco Control, 34*(3), 286-293.
[122] Delnevo, C. D., & Villanti, A. C. (2023). Dramatic reductions in cigarette smoking prevalence among high school youth from 1991 to 2022 unlikely to have been undermined by e-cigarettes. *International Journal of Environmental Research and Public Health, 20*(19), 6866.
[123] Castro, E. M., Lotfipour, S., & Leslie, F. M. (2023). Nicotine on the developing brain. *Pharmacological Research, 190*, 106716.

Smoking at a young age is often influenced by social factors such as peer pressure, parental smoking, and targeted marketing by tobacco companies.[124] Furthermore, early exposure to nicotine can impair brain development, affecting cognitive function and emotional regulation.[125]

The YRBS asks high school students, "During the past 30 days, on how many days did you smoke cigarettes?" We present the percentage of US, California, and San Diego high school students who reported smoking cigarettes on at least one day of the previous month from 2005 to 2021 in Figure 45.[126] In 2005 less than 15% of San Diego students reported current cigarette use, and this decreased to less than 3% of students smoking by 2021. Although a higher percentage of students across the US smoked cigarettes, sitting at 23% in 2005, they also decreased more dramatically, with only 3.8% of students reporting the same in 2021. California only recorded this variable for the years 2015 and 2017, where the rate closely mirrored San Diego's.

Figure 45 Current smoking among high school students in the US, California, & SDUSD, 2005 – 2021



In San Diego, older students (17-year-olds and those 18 and older) were consistently more likely to smoke than younger students (see Figure 46). The gap between age groups narrowed over time, with all groups converging towards very low smoking rates by 2021. The older age groups, particularly the 18-year-olds, consistently had the highest share of smokers, but also showed the most dramatic improvement, from 22% in 2005 to 8% in 2021.

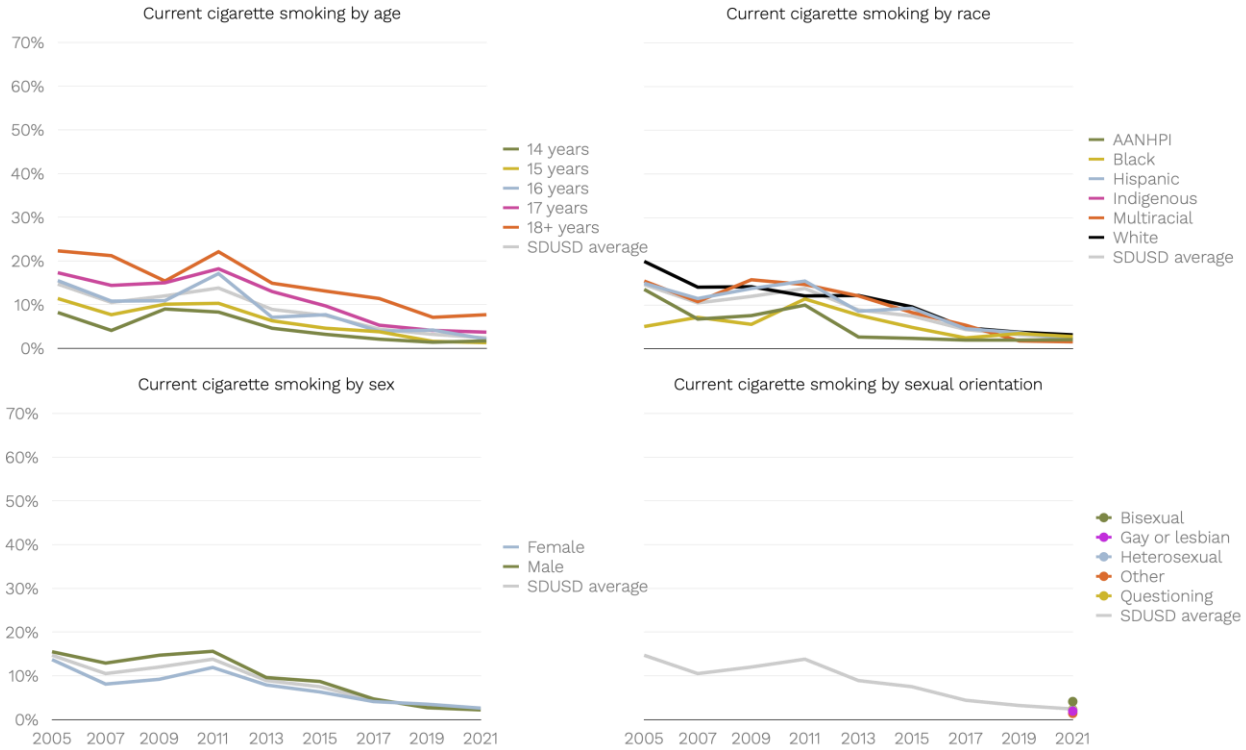
[124] *Ibid.*
[125] *Ibid.*
[126] Data for 2023 is not available.

Some patterns in smoking were also observed by race. For instance, Black and AANHPI students tended to smoke less than White students, who had comparatively high rates of tobacco use. Between 2017 and 2021, previous gaps between racial groups narrowed, with all cigarette use rates dropping to an average of 2%.

From 2005 to 2015, female students consistently exhibited lower rates of cigarette use compared to male students. Between 2017 and 2021, however, the gap narrowed such that female and male cigarette usage became about equal.

There is not enough data on cigarette use and sexual orientation for any trend to emerge, though bisexual students reported double the average rate of cigarette use in 2021.

Figure 46 Current smoking among high school students by age, race, sex, and sexual orientation, 2005 – 2021



Source: CDC (2024)

Vape Use

Since 2014, electronic cigarettes (also known as a vapes or vape pens; usage is referred to as vaping) have become an increasingly popular nicotine product among adolescents in the US. They have been marketed as a safer alternative to traditional smoking and the appeal of various flavors and the perception of vaping as a trendy, less harmful activity contribute to its popularity.[127] Contrary to their marketing, vaping exposes adolescents to elevated levels of nicotine, which can lead to addiction and adversely affect brain development.[128] High levels of heavy metals and toxic elements

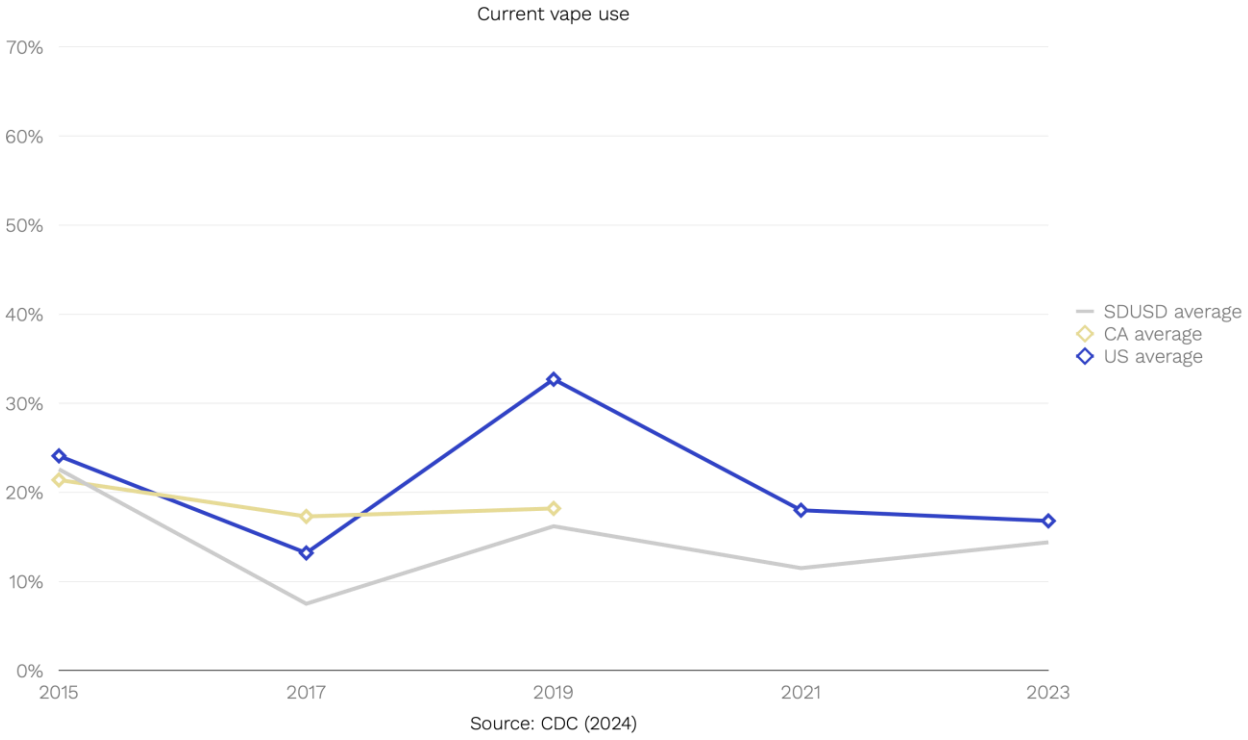
[127] Jones, K., & Salzman, G. A. (2020). The vaping epidemic in adolescents. *Missouri Medicine, 117*(1), 56–58.
[128] *Ibid.*

exceed both noncancer and cancer risk thresholds.[129] The inhalation of chemical-laden aerosols can cause respiratory issues, such as acute lung injuries, chronic obstructive pulmonary disease, and other potential health risks that are not yet fully understood.[130,131] Vaping has increasingly been associated with neurodevelopmental effects as well as mental illness and mood disorders, learning and memory problems, and downstream substance use.[132,133]

The wording in the YRBS for vape use mirrors that of alcohol and cigarette use: "During the past 30 days, on how many days did you use an electronic vapor product?" In the same way, we present the share of US, California, and San Diego high school students who reported vaping on at least one day of the previous month 2015 to 2023 in Figure 47. These analyses show fluctuation, but a net decrease in vape use. In 2023, 14% of San Diego high school students reported vaping. National rates of vape usage have been higher than in San Diego over the timeframe studied.

[129] Salazar, M. R., Saini, L., Nguyen, T. B., Pinkerton, K. E., Madl, A. K., Cole, A. M., & Poulin, B. A. (2025). Elevated toxic element emissions from popular disposable e-cigarettes: Sources, life cycle, and health risks. *ACS Central Science.*
[130] Becker, T. D., & Rice, T. R. (2022). Youth vaping: A review and update on global epidemiology, physical and behavioral health risks, and clinical considerations. *European Journal of Pediatrics, 181*(2), 453–462.
[131] Wold, L. E., Tarran, R., Crotty Alexander, L. E., Hamburg, N. M., Kheradmand, F., St. Helen, G., & Wu, J. C. (2022). Cardiopulmonary consequences of vaping in adolescents: A scientific statement from the American Heart Association. *Circulation Research, 131*(3), e70–e82.
[132] Lyzwinski, L. N., Naslund, J. A., Miller, C. J., & Eisenberg, M. J. (2022). Global youth vaping and respiratory health: Epidemiology, interventions, and policies. *NPJ Primary Care Respiratory Medicine, 32*(1), 1–10.
[133] Javed, S., Usmani, S., Sarfraz, Z., Sarfraz, A., Hanif, A., Firoz, A., Baig, R., Sharath, M., Walia, N., Chérrez-Ojeda, I., & Ahmed, S. (2022). A scoping review of vaping, e-cigarettes and mental health impact: Depression and suicidality. *Journal of Community Hospital Internal Medicine Perspectives, 12*(3), 33–39.

Figure 47 Current vaping among high school students in the US, California, & SDUSD, 2015 – 2023



Similar to other substances, younger students, seem to be at lower risk of vape usage than older students (see Figure *48*). In 2015, there was an almost 12 percentage point gap between the lowest and highest group of vape users; in the following years, vape usage became more similar by age and the gap was around five percentage points each year until 2023, where the gap widened again to around nine percentage points, due to students declining vape use among those 18 and older.

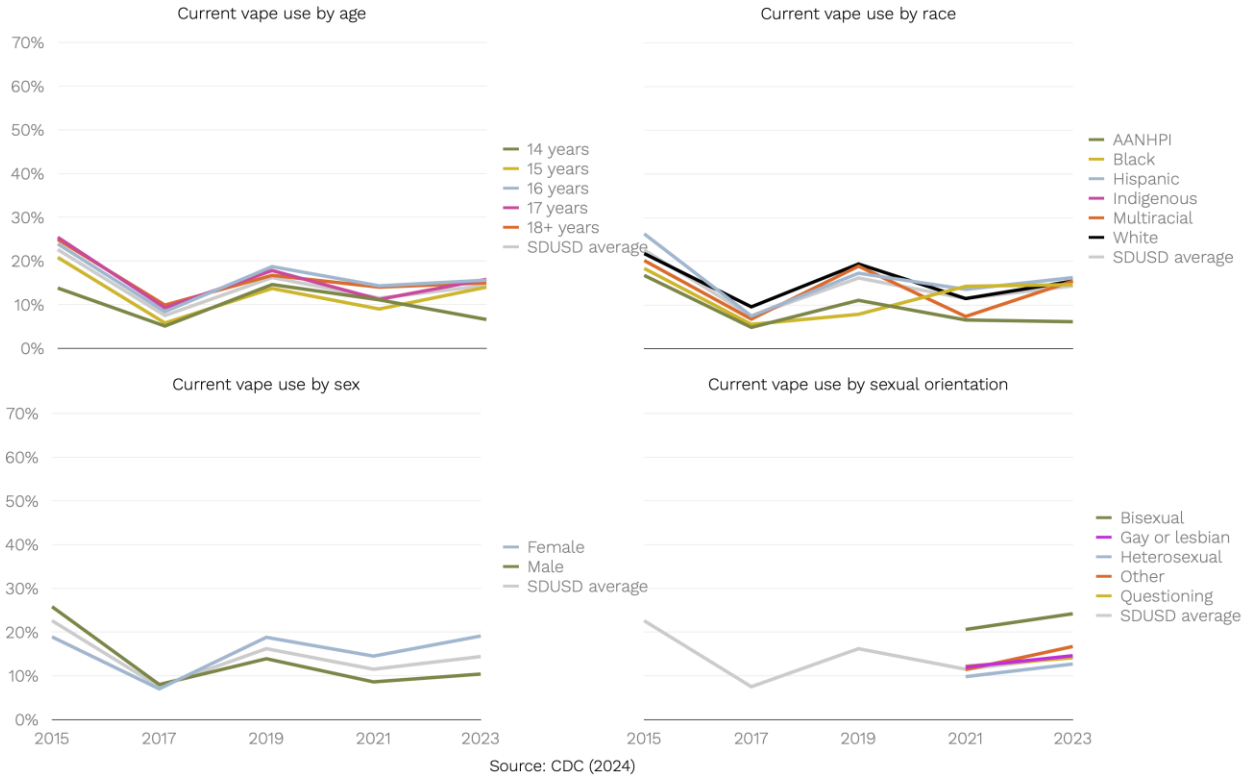
Some racial groups exhibited higher rates of vaping than others. White students, for example, had some of the highest rates of vaping, while Asian American, Native Hawaiian, and Pacific Islander students tended to have lower rates of vaping than others.

In 2015, female students showed slightly lower rates of vape use compared to male students. However, this pattern shifted over the study period, with males demonstrating lower use rates from 2019 to 2023. In 2023, 19% of female students engaged in vaping, compared to only 10% of male students.

Bisexual students were again at particularly high risk of using this type of substance, with nearly double the rate of current vape usage as heterosexual students in 2021 and 2023.

The overall decrease in use over time may suggest that anti-vaping initiatives had the intended effect. Despite the improvement in abstinence from vaping, 14% of San Diego high school students were still vaping in 2023.

Figure 48 Current vaping among high school students by age, race, sex, and sexual orientation, 2015 – 2023



Source: CDC (2024)

Mental Health

The mental health of adolescents can impact many aspects of their lives, such as academic performance, decision-making abilities, and their overall well-being. Additionally, poor mental health in youth is often associated with increased risk-taking behaviors, including substance use, involvement in violent situations, and unsafe sexual practices that may lead to sexually transmitted infections or unintended pregnancies.[134] Neglecting to address mental health issues during adolescence can have lasting repercussions into adulthood, affecting both physical and mental well-being and restricting opportunities for a fulfilling adult life.[135]

In this section, we examine key indicators of the mental health state of high schoolers. These indicators include self-rated mental health, suicidal ideation, and suicide attempts.

Mental Health Self-Assessments

Mental health issues can both cause distress and influence the developmental trajectories of young people. A comprehensive CDC analysis spanning several years

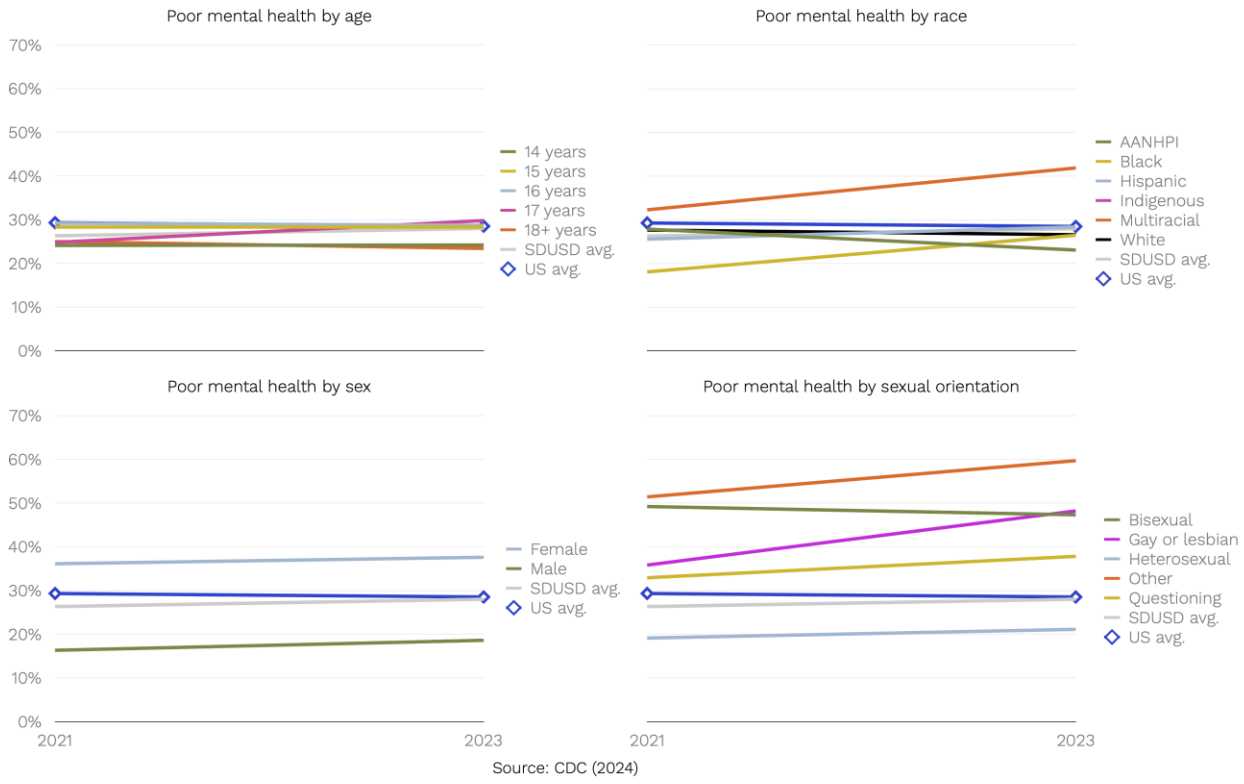
[134] Centers for Disease Control and Prevention. (2024). Mental health: Poor mental health impacts adolescent well-being. Retrieved from https://www.cdc.gov/healthyyouth/mental-health/index.htm.
[135] World Health Organization. (2021, November 17). Mental health of adolescents. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health#:~:text=Mental%20health%20determinants,and%20learning%20to%20manage%20emotions.

reveals that ADHD and anxiety disorders appear to be the most prevalent among US children ages 3-17 years, each having an impact on over one in 11 kids. Additionally, major depressive episodes affect one in five adolescents between 12 and 17 years old. In 2019, nearly 37% of high school students expressed feelings of hopelessness or sadness.[136]

Recently, the YRBS started gathering data about high school students' self-reported mental health, asking, "During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)" We report the share of students who reported their mental health was not good "most of the time" or "always" in the previous month.

There was a substantial disparity in self-reported mental health by sex. While 19% of male students reported always or most of the time having poor mental health in the last month, over a third of female students (38%) reported the same (see Figure 49).

Figure 49 Poor mental health in the US and SDUSD by age, race, sex, and sexual orientation, 2021 – 2023



Source: CDC (2024)

There are also distinct disparities among racial groups. AANHPI students, for example, reported the best mental health, with under a quarter (23%) reporting most of the time or always experiencing poor mental health in 2023. Multiracial students, on the other hand, experienced the highest rates of poor mental health, with 42% having

[136] Bitsko, R. H., Claussen, A. H., Lichtstein, J., Black, L. J., Everett Jones, S., Danielson, M. D., & Ghandour, R. M. (2022). Surveillance of children's mental health–United States, 2013–2019. MMWR Supplements, 71(2), 1-42.

poor mental health in the previous month, an increase from 2021's 32%, which was already high in comparison to other groups.

The oldest high school students (those 18 years and over) reported the best mental health: 23% had poor mental health in the previous month in 2023, a decrease from the previous year's 25%. Sixteen- and 17-year-olds struggled the most, with approximately 29% and 30% in each group reporting poor mental health most of the time or always in the previous month. When examining mental health by sexual orientation, we see that heterosexual students are faring the best, while sexual minority students have substantially worse mental health outcomes for students in both 2021 and 2023.

Suicidal Ideation & Attempts

In the United States, suicide is the second most common cause of death among adolescents 10-14 years and the third most common cause of death among older teenagers (15-19 years).[137] Suicidal thoughts and behaviors typically begin during early adolescence.[138] Among adolescent psychiatric inpatients, many reported having suicidal thoughts and ideations, with nearly half planning to attempt suicide, and one-third attempting suicide. The most notable factors associated with suicide attempts up to that point in their lives were depressive disorders, physical abuse, and engaging in non-suicidal self-injury. Additionally, knowledge of a peer's suicide attempt raised the chances of an individual attempting suicide, particularly among adolescents who progressed from ideation to planned attempts.[139] Monitoring teenagers who have had suicidal thoughts or behaviors can help reduce rates of suicide in the long-term.

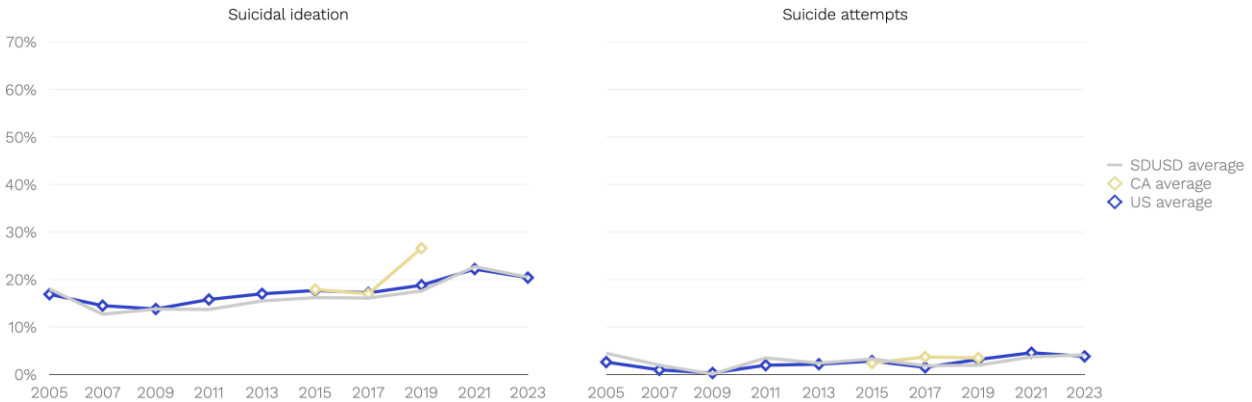
We present data on suicidal ideation and attempts among high school students. The YRBS asks participants, "During the past 12 months, did you ever seriously consider attempting suicide?" and for the same timeframe, "...how many times did you actually attempt suicide?" In Figure 50 we present the share of US, California, and San Diego high school students who reported seriously considering suicide (left panel) and attempting suicide at least once (right panel) in the previous year. Suicidal ideation trended upwards both nationally and in San Diego between 2009 and 2021. In 2021 suicidal ideation rose to levels not seen since the 1990s (22% in the US and 23% in San Diego), likely due in part to the COVID-19 pandemic.[140] One-fifth of San Diego high school students reported seriously considering suicide the previous year in 2023.

There was approximately half the rate of suicide attempts as there was suicidal ideation each year. Trends in San Diego closely mirrored those in the US, with between six and ten percent of high school students reporting attempting suicide

[137] Curtin, S. C., Tejada-Vera, B., & Bastian, B. A. (2024, December 9). Deaths: Leading causes for 2022.National Vital Statistics Reports, 73(10). US Centers for Disease Control and Prevention. Retrieved June 13, 2025 from https://www.cdc.gov/nchs/data/nvsr/nvsr73/NVSR73-10.pdf.
[138] Maslow, G. R., Dunlap, K., & Chung, R. J. (2015). Depression and suicide in children and adolescents. *Pediatrics in Review, 36*(7), 299–310.
[139] Alqueza, K. L., Pagliaccio, D., Durham, K., Srinivasan, A., Stewart, J. G., & Auerbach, R. P. (2021). Suicidal thoughts and behaviors among adolescent psychiatric inpatients. *Archives of Suicide Research, 27*(2), 353-366.
[140] Ivey-Stephenson, A. Z. (2020). Suicidal ideation and behaviors among high school students—Youth Risk Behavior Survey, United States, 2019. *MMWR Supplements, 69.*

annually between 2005 and 2023. Most recently, 10% of San Diego students reported a suicide attempt in the previous year.

Figure 50 Suicidal ideation and attempts in the previous year in the US, California, and SDUSD, 2005 – 2023



Source: CDC (2024)

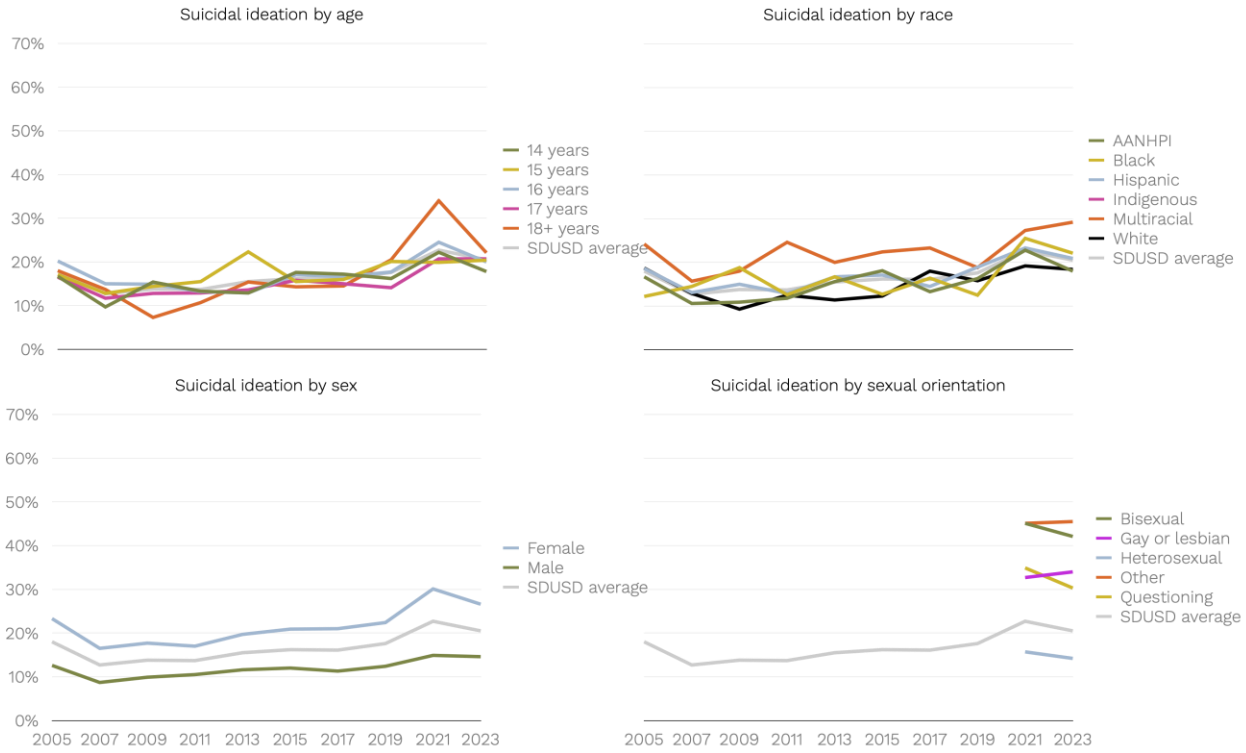
There were notable disparities in both suicidal ideation and attempts by sex. Female students were more likely to both seriously consider and attempt suicide than male students across time (see Figure 51 for suicidal ideation and Figure 52 for suicide attempts). Female students were 82% more likely to consider and 41% more likely to attempt suicide than male students in 2023.

White students were frequently the least likely to seriously consider suicide, while multiracial students were often the most likely. In 2005, approximately 24% of multiracial students seriously considered suicide, which increased to 29% in 2023. A similar pattern was observed with suicide attempts, with White students often exhibiting the lowest rates of suicide attempts compared to other racial groups.

No long-term trend in suicidal ideation was observed by age. Recently, students 18-years and-older were the most likely to seriously consider suicide. In 2019, 21% of 18-year-olds reported suicidal ideation; this figure rose to 34% in 2021 and dropped back to 22% in 2023. Interestingly, they held the lowest rates of suicidal ideation from 2005 to 2017. Similarly, those 18-years and older were the most likely to report a suicide attempt from 2017 to 2021, though the least likely in 2023. Over the course of a decade, 17-year-olds were often the least likely to report suicide attempts, and the most likely in 2023.

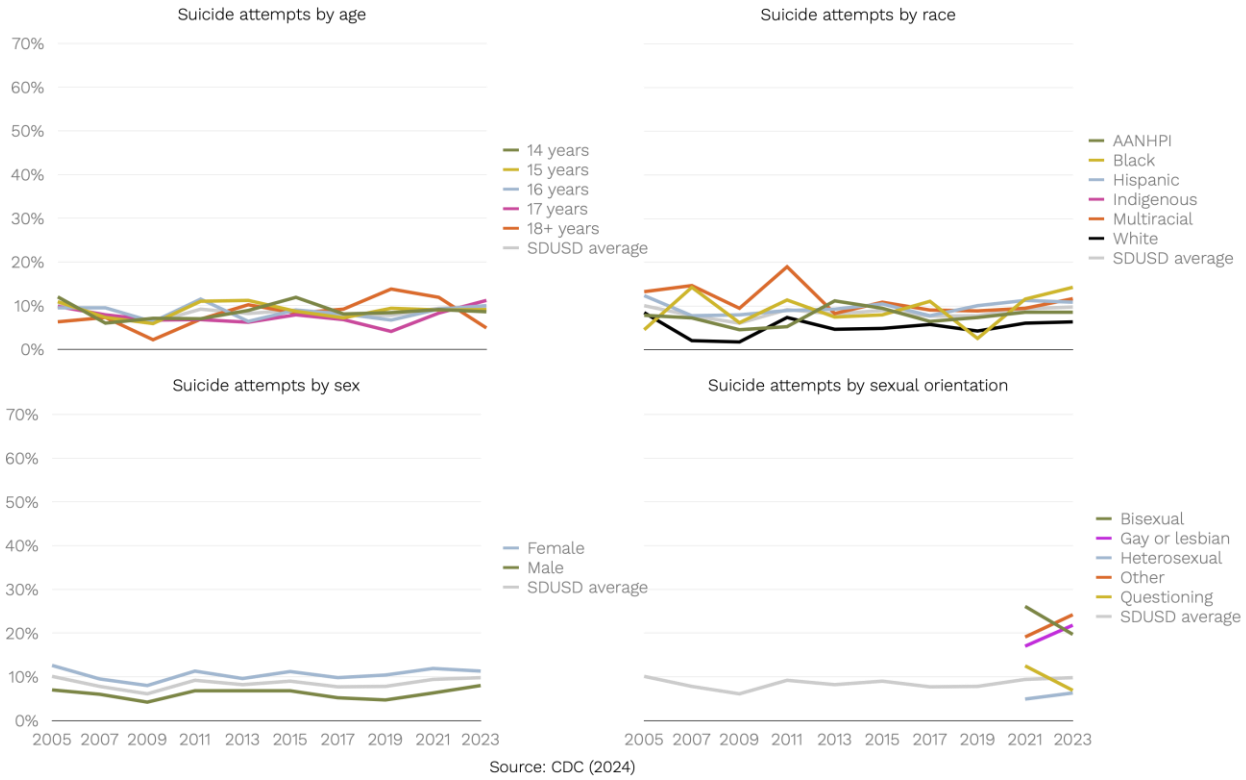
As with other indicators analyzed by sexual orientation, heterosexual students were the least likely to consider and attempt suicide, while other groups, particularly bisexual and those reporting some other sexuality, were likely to do so at higher rates.

Figure 51 Suicidal ideation in the previous year by age, race, sex, and sexual orientation, 2005 – 2023



Source: CDC (2024)

Figure 52 At least one suicide attempt in the previous year by age, race, sex, and sexual orientation, 2005 – 2023



Source: CDC (2024)

Victimization

Victimization consists of a range of harmful experiences that can impact an individual's sense of safety, well-being, and quality of life. Many harmful behaviors and adverse outcomes can be linked to patterns that begin in adolescence. Adverse Childhood Experiences (ACEs), which include experiencing abuse, neglect, and household dysfunction before age 18, are strongly linked to a wide range of health-risk behaviors and poor outcomes across the lifespan.[141] Youth who experience ACEs are more likely to engage in substance use, become involved in physical fights or weapon carrying, early sexual activity and associated risks (e.g., teen pregnancies, sexually transmitted infection), and report mental health struggles, often beginning in adolescence and continuing on to adulthood.[142,143] Teenagers are particularly vulnerable to certain types of victimization, with one in five 12- to 17-year-olds

[141] Centers for Disease Control and Prevention. (2019). Adverse childhood experiences (ACEs) prevention resource for action: A compilation of the best available evidence. Atlanta, GA: National Center for Injury Prevention and Control, CDC. Retrieved from https://www.cdc.gov/violenceprevention/pdf/ACEs-Prevention-Resource_508.pdf

[142] Salo, M., Appleton, A. A., & Tracy, M. (2022). Childhood adversity trajectories and violent behaviors in adolescence and early adulthood. *Journal of Interpersonal Violence, 37*(15-16), NP13978–14007.

[143] Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *Lancet Public Health, 2*(8), E356-366.

nationally reporting a violent victimization in 2023.[144] Various types of victimization can occur in the home, at school, or on the street, with each environment carrying its own set of risks. The strongest predictor of victimization is having been victimized before, creating a cycle that can trap youth in repeated harm.[145]

In this section, we examine key indicators of victimization in high school students. These include fear, bullying, dating violence, and other types of violence.

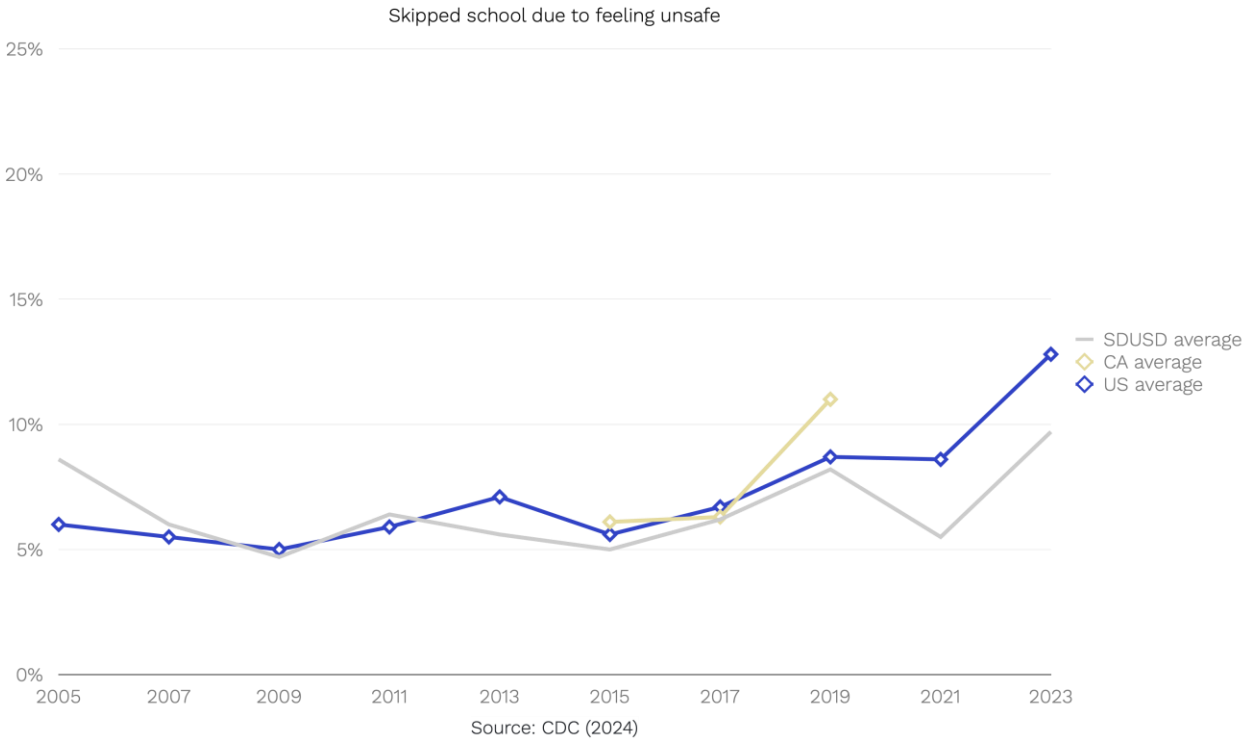
Fear

An important aspect of victimization is that a person does not have to directly experience violence or the threat of violence to feel afraid of being victimized. Personal factors like individual psychology (such as how people understand their past, present, and future) and position in the world (such as their gender, race, age, and sexual orientation) as well as external factors like neighborhood disorder and crime can interact to impact levels of fear, which can in turn have real consequences for health and well-being.[146,147]

One such consequence is avoidant behaviors. On one hand, avoiding potentially dangerous situations can be positive if it helps people avert danger. When avoidant behaviors are overextended and get in the way of everyday life, on the other hand, they can negatively impact well-being.[148] The YRBS asks participants, "During the past 30 days, on how many days did you not go to school because you felt you would be unsafe on your way to or from school?" Missing school, especially due to safety concerns, has been linked to lower course grades, decreased GPA, and an increased risk of dropping out, as students who are absent miss critical instruction time and fall behind academically.[149] Nationally, the share of students reporting they skipped school at least one day in the previous month rose between 2005 and 2013, dipped slightly in 2015, and peaked in 2023 at 13% (see Figure 53). San Diego's rate largely mirrored national trends, though started higher in 2005 and peaked slightly lower in 2023, when close to 10% of students reported skipping school the previous month due to feeling unsafe.

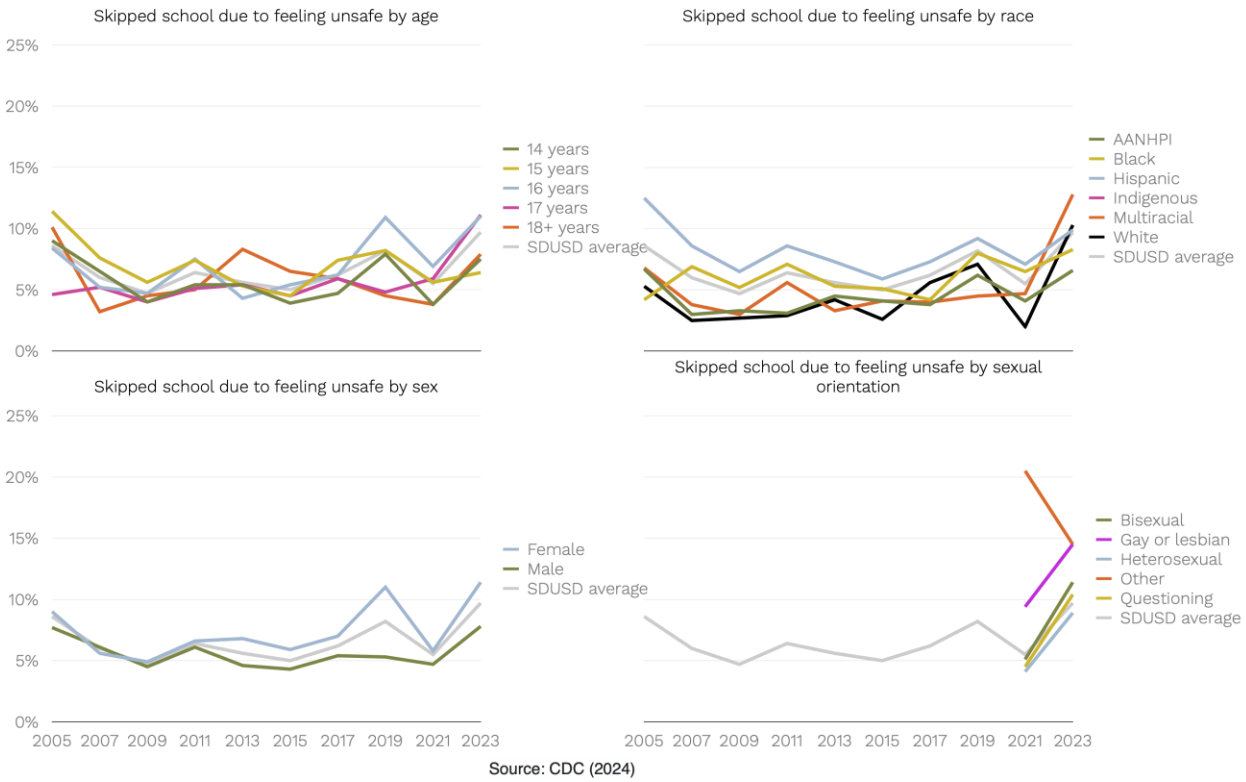
[144] Tapp, S. N., & Coen, E. J. (2024, September). Criminal victimization, 2023. NCJ 309335. Bureau of Justice Statistics. Retrieved June 13, 2025 from https://bjs.ojp.gov/document/cv23.pdf.
[145] Weisel, D. L. (2016). Analyzing repeat victimization. U.S. Department of Justice, Office of Community Oriented Policing Services. Retrieved June 16, 2025 from https://biblioteca.cejamericas.org/bitstream/handle/2015/3833/hak4gu-e07055803.pdf?sequence=1&isAllowed=y.
[146] Chadee, D., Ying, N. K. N., Chadee, M., & Heath, L. (2019). Fear of crime: The influence of general fear, risk, and time perspective. *Journal of Interpersonal Violence, 34*(6), 1224-1246.
[147] Alfaro-Beracoechea, L., Puente, A., da Costa, S., Ruvalcaba, N., & Páez, D. (2018). Effects of fear of crime on subjective well-being: A meta-analytic review. *The European Journal of Psychology Applied to Legal Context, 10*, 89-96.
[148] Henson, B. & Reyns, B. W. (2015). The only thing we have to fear is fear itself…and crime. The current state of the fear of crime literature and where it should go next. *Sociology Compass, 9*(2), 91-103.
[149] Kirksey, J. J. (2019). Academic harms of missing high school and the accuracy of current policy thresholds: Analysis of preregistered administrative data from a California school district. *AERA Open, 5*(3), 2332858419867692.

Figure 53 Skipped school due to feeling unsafe year in the US, California, and SDUSD, 2005 – 2023



Until 2023, Hispanic students were most likely to skip school due to feeling unsafe; that year, both multiracial and White students were more likely to do so (see Figure 54). From 2005 to 2011, female and male students reported skipping school for safety-based concerns at approximately equal rates, at which point females became increasingly likely to do (2021 was the exception, likely due to stay-at-home orders due to the COVID-19 pandemic). Heterosexual students were the least likely to report missing school due to safety concerns in both years data were available. Gay and lesbian and students who identified their sexual orientation as other were at particularly high risk.

Figure 54 Skipped school due to feeling unsafe by age, race, sex, and sexual orientation in SDUSD, 2005 – 2023



Source: CDC (2024)

Bullying

Young people can be involved in bullying, intentionally harmful actions where there is a power difference between perpetrator and victim,[150] as a bully, target, or both which can be in-person or through social media or other digital contexts. Bullying victimization among US youth is associated with a broad range of negative outcomes across mental health, social relationships, and academic performance.[151,152] Youth who are bullied often experience higher levels of depression and anxiety compared to their non-bullied peers. In fact, teenagers who were bullied were nearly twice as likely to report symptoms of anxiety (29.8% of those bullied compared to 14.5% of those not) or depression (28.5% of those bullied compared to 12.1% of those not) in the past two weeks compared to those who were not bullied.[153] Those who were bullied report increased peer rejection and decreased school connectedness, though

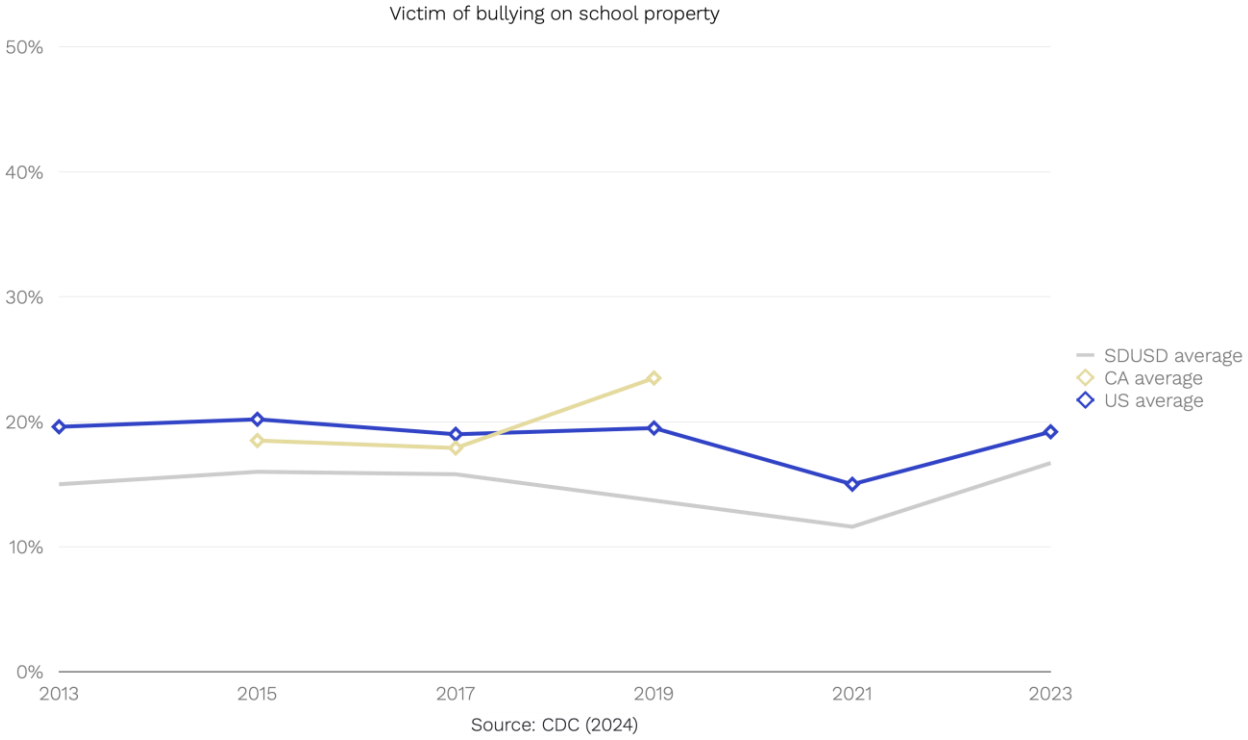
[150] Olweus, D. (1993). Bullying at school: What we know and what we can do. Oxford, England: Blackwell Publishers.
[151] Hong, J. S., Davis, J. P., Sterzing, P. R., Yoon, J., Choi, S., & Smith, D. C. (2014). A conceptual framework for understanding the association between school bullying victimization and substance misuse. *American Journal of Orthopsychiatry, 84*(6), 696.
[152] Halliday, S., Gregory, T., Taylor, A., Digenis, C., & Turnbull, D. (2021). The impact of bullying victimization in early adolescence on subsequent psychosocial and academic outcomes across the adolescent period: A systematic review. *Journal of School Violence, 20*(3), 351-373.
[153] Haile, G., Arockiaraj, B., Zablotsky, B, & Ng, A. E., (2024, October 30). Bullying victimization among teenagers: United States, July 2021 – December 2023. Centers for Disease Control and Prevention. Retrieved from www.cdc.gov/nchs/products/databriefs/db514.htm#:~:text=,teenagers%20who%20were%20not%20bullied.

it is unclear whether this precedes or is a result of bullying victimization.[154] Bullied youth also suffer academically, as bullying is linked to poorer school performance.[155] The impact of bullying can persist beyond adolescent years, as bullying in youth has been linked to long-term psychosocial outcomes.[156]

The YRBS asks participants specifically about school bullying, or whether participants have been bullied on school property in the previous 12 months. Rates of bullying victimization in the US were fairly stable from 2009 to 2019, with about 20% of high school students reporting being bullied at school at least once in the previous year.[157] That figure dropped to 15% in 2021, likely related to stay-at-home orders during the COVID-19 pandemic (see Figure 55), then returned to 19% in 2023. The trend in San Diego was similar, though lower, with approximately 15% of students reporting bullying victimization from 2013 to 2019 and dropping to 12% in 2021. There was a concerning rise in 2023, with 17% of students reporting having been bullied in the previous year.

[154] Halliday, S., Gregory, T., Taylor, A., Digenis, C., & Turnbull, D. (2021). The impact of bullying victimization in early adolescence on subsequent psychosocial and academic outcomes across the adolescent period: A systematic review. *Journal of School Violence, 20*(3), 351-373.
[155] *Ibid*.
[156] *Ibid*.
[157] This may be an underestimate, however, of the true number of students who experienced some form of bullying. Research has found that questions that ask about specific types of experiences or behaviors yield higher rates of victimization (Sjögren, B., Bjereld, Y., Thornberg, R., Hong, J. S., & Espelage, D. L. (2025). Prevalence rates of bullying: A comparison between a definition-based scale and a behavior-based scale. *Journal of Interpersonal Violence, 40*(7-8), 1530-1552.). This may be because people do not define an experience as bullying, even if it meets the definition.

Figure 55 Bullying victimization in the previous year in the US, California, and SDUSD, 2013 – 2023



Prior to 2019, younger students in San Diego were more likely to report bullying victimization than older students (see Figure 56). By 2021, that had changed, and older students were most likely to report having been bullied. In 2023, 14-year-olds were again the most likely to report bullying victimization, followed by 16-year-olds. Female students reported greater rates of bulling victimization than males in all years except 2021, when they were approximately equal. Gay, lesbian, and bisexual students were at particularly high risk of being bullied, with these groups reporting more than twice and 1.5 times the rate of bullying victimization as heterosexual students, respectively.

Multiracial and White students reported greater than average rates of bullying across the study timeframe but there were also concerning spikes for other groups in landmark years. In 2017, 26% of Black students reported having been bullied in the previous year, up 55% from the previous year. In 2021, 12% of AANHPI students reported bullying victimization (down from the previous year but the only year this communities' share was among the highest), and in 2023, Hispanic students were most likely to report having been bullied (with 18% of students affected).

It is important to understand bullying as not just an interpersonal phenomenon, but one rooted in social context and reflective of what types of behaviors are and are not considered acceptable for the time, place, and participants.[158] For many Black Americans, the 2016 election was characterized by the politics of race (and racial animus), with appeals to support for the police by then-candidate Trump tied to

[158] Yahn, M. (2012). The social context of bullying. *ENCOUNTER Education for Meaning and Social Justice, 25*(4), 1-9.

racial resentment, and his subsequent election bolstering racially dehumanizing beliefs among supporters.[159,160,161] The COVID-19 pandemic of 2020 was related to an increase in discrimination and violence against Asian Americans, with those referring to the virus as the "Chinese virus" or "Asian virus" more likely to express anti-Asian sentiment.[162,163,164] Nationally, anti-Hispanic hate crimes have spiked during midterm election years and when Hispanic immigration has increased, both of which occurred in 2022.[165,166,167] These macro-level social phenomena may be trickling down to high school students, providing cues about the types of people it is "acceptable" to pick on at the time.

[159] Sanders, S. (2016, October 16). For much of Black America, election 2016 has been rough. NPR. Retrieved May 20, 2025 https://www.npr.org/2016/10/16/497841789/for-much-of-black-america-election-2016-has-been-rough

[160] Drakulich, K., Wozniak, K. H., Hagan, J., & Johnson, D. (2020). Race and policing in the 2016 presidential election: Black Lives Matter, the police, and dog whistle politics. *Criminology, 58*, 370-402.

[161] Jardina, A., & Piston, S. (2023). Trickle-down racism: Trump's effect on whites' racist dehumanizing attitudes. *Current Research in Ecological and Social Psychology, 5*, 100158.

[162] Ruiz, N. G., Im, C., & Tian, Z. (2023, November 30). Asian Americans and discrimination during the COVID-19 pandemic. Pew Research Center. Retrieved May 20, 2025 https://www.pewresearch.org/race-and-ethnicity/2023/11/30/asian-americans-and-discrimination-during-the-covid-19-pandemic/#:~:text=These%20survey%20findings%20follow%20a,statistics%20published%20by%20the%20FBI.

[163] U.S. Commission on Civil Rights. (2023). The federal response to anti-Asian racism in the United States. Retrieved May 20, 2025 https://www.usccr.gov/files/2023-09/fy-2023-se-report_0.pdf

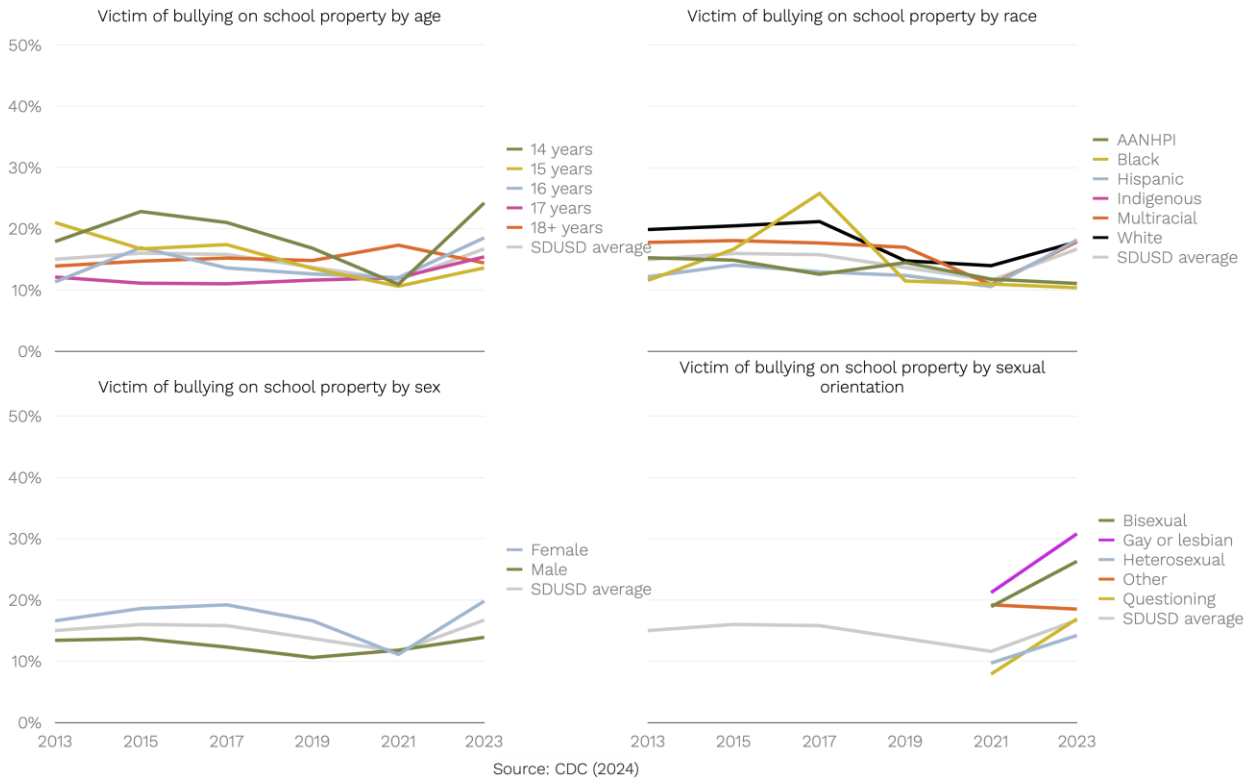
[164] Hswen, Y., Xu, X., Hing, A., Hawkins, J. B., Brownstein, J. S.. & Gee, G. C. (2021). Association of "#covid19" versus "#chinesevirus" with anti-Asian sentiments on Twitter: March 9-23, 2020. *American Journal of Public Health, 111*(5), 956-964.

[165] Levin, B., Perst, K., Venolia, A., & Levin, G. (2022). Report to the nation: 2020s- Dawn of a decade of rising hate. Center for the Study of Hate & Extremism, California State University, San Bernardino.

[166] Stacey, M., Carbone-López, K., & Rosenfeld, R. (2011). Demographic change and ethnically motivated crime: The impact of immigration on anti-Hispanic hate crime in the United States. *Journal of Contemporary Criminal Justice, 27*(3), 278-298.

[167] Castellanos-Canales, A. (2023, February 9). The reasons behind the increased migration from Venezuela, Cuba, and Nicaragua. National Immigration Forum. Retrieved May 21, 2025 https://immigrationforum.org/article/the-reasons-behind-the-increased-migration-from-venezuela-cuba-and-nicaragua/#:~:text=In%20FY%202022%20that%20number%20skyrocketed%20to%20above%20220%2C000%2C%20a%20nearly%20six%2Dfold%20increase.

Figure 56 Bullying victimization in the previous year by age, race, sex, and sexual orientation in SDUSD, 2013 – 2023



Source: CDC (2024)

Dating Violence

High school is often when teens begin exploring romantic relationships. Young people may not realize that some behaviors can be early warning signs of abuse that may escalate into serious dating violence. Teen dating violence refers to harmful behaviors that take place within a close romantic relationship during adolescence. Teen dating violence may involve physical harm, sexual abuse, emotional or psychological manipulation, and/or stalking.[168] The issue is prevalent, with close to 20% of female and 8% of male high school in the US saying they experienced dating violence in the previous year in 2021.[169]

There are a range of risk factors for experiencing teen dating violence victimization. Female and sexual minority students (e.g., lesbian, gay, bisexual, transgender) experience disproportionately higher rates of physical and sexual dating violence than their male, heterosexual, and cisgender peers.[170] Having an older partner, exposure to sexual harassment or bullying, and being involved with peers who engage in risky or harmful behaviors are each linked with higher risk of victimization in teen

[168] Centers for Disease Control and Prevention. (2025, January 14). Teen dating violence. Retrieved May 12, 2025 from www.cdc.gov/intimate-partner-violence/about/about-teen-dating-violence.html.
[169] Clayton, H. B., Kilmer, G., DeGue, S., Estefan, L. F., Le, V. D., Suarez, N. A., Lyons, B. H., & Thornton, J. E. (2023). Dating violence, sexual violence, and bullying victimization among high school students – Youth Risk Behavior Survey, United States, 2021. *MMWR Supplements, 72*(1), 66-74.
[170] Clayton HB, Kilmer G, DeGue S, Estefan LF, Le VD, Suarez NA, Lyons BH, & Thornton JE (2023). Dating violence, sexual violence, and bullying victimization among high school students -Youth Risk Behavior Survey, United States, 2021. *MMWR Supplements, 72*(1), 66–74.

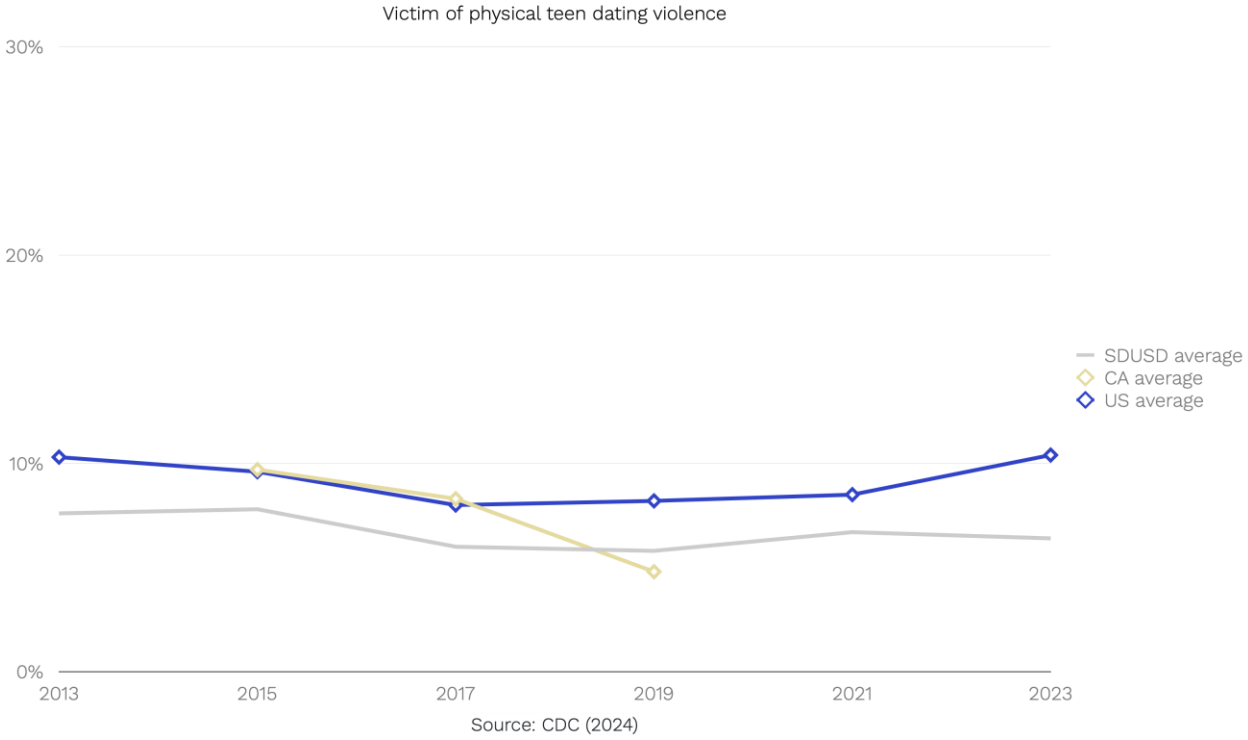
dating.[171,172,173] Youth who have been exposed to violence at home, in school, or in their community, such as witnessing domestic abuse, being bullied, or living in high crime areas are more likely to experience dating violence.[174,175] Certain types of prior victimization, including child maltreatment, sexual violence, and statutory rape, appear to put young people at particularly high risk for teen dating violence victimization.[176]

Victims of teen dating violence are more likely to experience mental health problems such as depression, anxiety, and suicidal thoughts or attempts.[177] They are also more prone to engaging in unhealthy behaviors, such as the use of tobacco, alcohol, and drugs.[178]

The YRBS collects data on two types of teen dating violence: physical dating violence and sexual dating violence. For physical dating violence, study participants are asked, "During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)" National rates of physical dating violence amongst high school students have remained fairly stable, with no net change from 2013 to 2023 from 10%. Similarly, rates of physical dating violence in San Diego have remained stable, though lower – with 8% of students reporting this type of victimization in 2013 and 6% a decade later (see Figure 57).

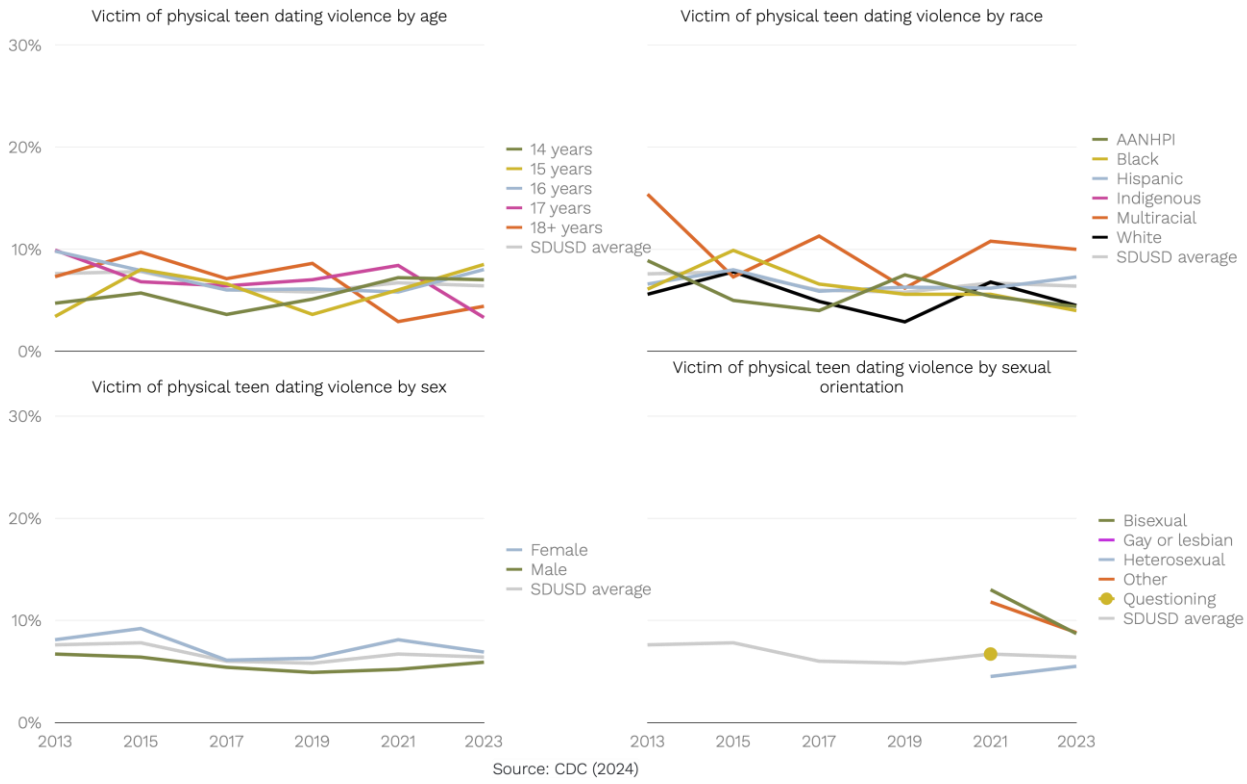
[171] Claussen, C., Matejko, E., & Exner-Cortens, D. (2022). Exploring risk and protective factors for adolescent dating violence across the social-ecological model: A systematic scoping review of reviews. *Frontiers in Psychiatry, 13*, 933433.
[172] Hébert, M., Daspe, M. È., Lapierre, A., Godbout, N., Blais, M., Fernet, M., ... & Lavoie, F. (2019). A meta-analysis of risk and protective factors for dating violence victimization: The role of family and peer interpersonal contexts. *Trauma, Violence, & Abuse, 20*(4), 574–590.
[173] Zych, I., Viejo, C., Vila, E., & Farrington, D. P. (2021). School bullying and dating violence in adolescents: A systematic review and meta-analysis. *Trauma, Violence, & Abuse, 22*(2), 397-412.
[174] National Institute of Justice. (2023, April). Five things about teen dating violence (NCJ 306271). U.S. Department of Justice, Office of Justice Programs. https://www.govinfo.gov/content/pkg/GOVPUB-J28-PURL-gpo213465/pdf/GOVPUB-J28-PURL-gpo213465.pdf
[175] Cadely, H. S. E., Mrug, S., & Windle, M. (2019). Comparisons of types of exposure to violence within and across contexts in predicting the perpetration of dating aggression. *Journal of Youth and Adolescence, 48*(12), 2377–2390.
[176] Hamby, S., Finkelhor, D., & Turner, H. (2012). Teen dating violence: Co-occurrence with other victimizations in the National Survey of Children's Exposure to Violence (NatSCEV). *Psychology of Violence, 2*(2), 111-124.
[177] Roberts, T. A., Klein, J. D., & Fisher, S. (2003). Longitudinal effect of intimate partner abuse on high-risk behavior among adolescents. *Archives of Pediatrics & Adolescent Medicine, 157*(9), 875-881.
[178] *Ibid*.

Figure 57 Physical dating violence victimization in the previous year in the US, California, & SDUSD, 2013 – 2023



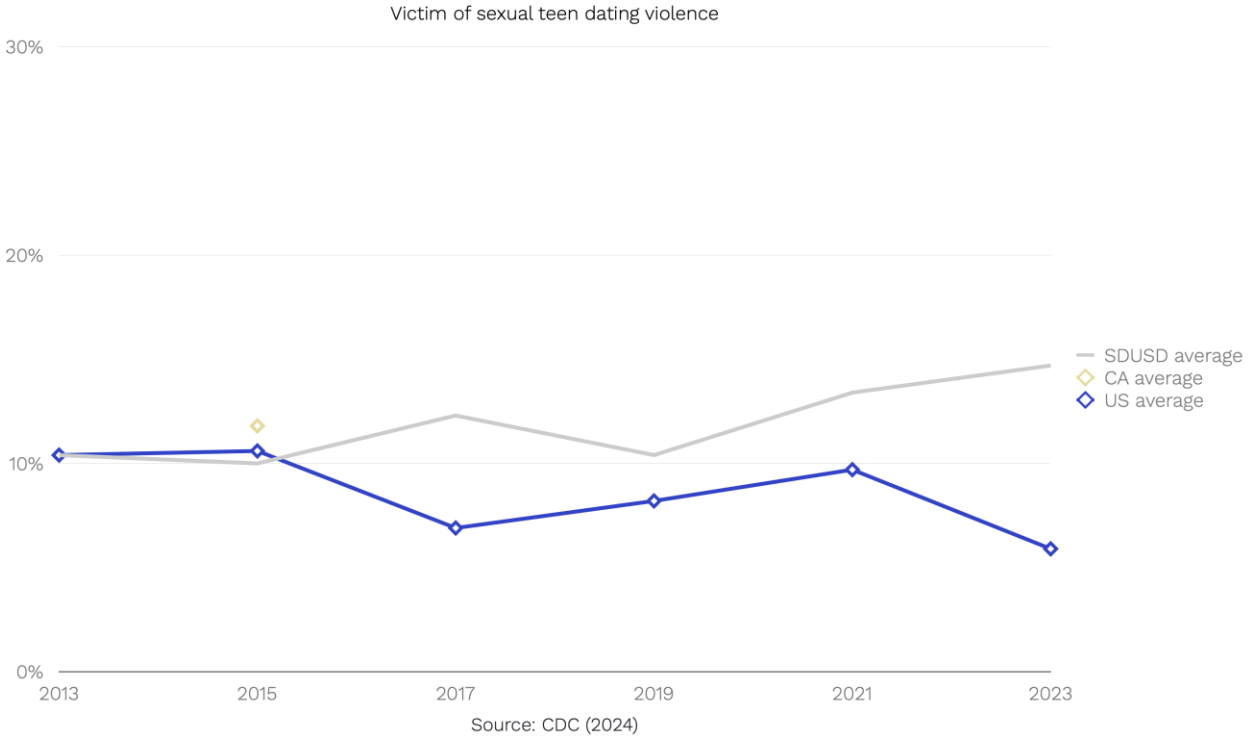
Two clear patterns emerge from the disaggregated data pictured in Figure 58: female students are more likely to report physical dating violence victimization than male students and students identifying as bisexual or some other sexual orientation are at higher risk of this type of violence than heterosexual students.

Figure 58 Physical dating violence victimization in the previous year by age, race, sex, and sexual orientation in SDUSD, 2013 – 2023



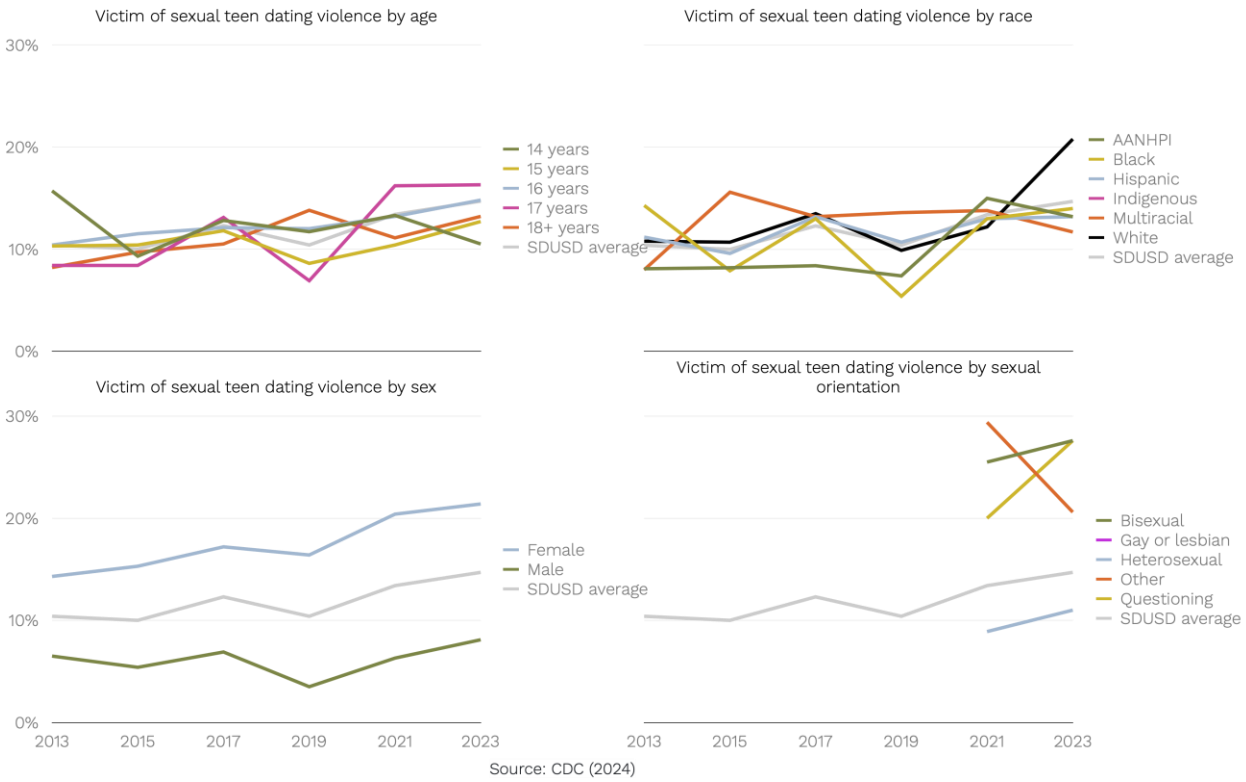
In contrast with physical dating violence, rates of sexual dating violence (including being forced to kiss, touch, or have sexual intercourse) in San Diego were greater than nationally from 2017 to 2023 (see Figure 59). And while the share of students experiencing this type of violence declined nationally from 2021 to 2023, it increased in San Diego.

Figure 59 Sexual dating violence victimization in the previous year in the US, California, & SDUSD, 2013 – 2023



There are also some parallel trends to those of physical dating violence, as can be seen in Figure 60. Female students and bisexual, questioning, and other students are at particularly high risk of experiencing sexual dating violence. In 2023, one-fifth of female students and those identifying with some other sexual orientation, and more than one-quarter of bisexual and questioning students reported sexual TDV. There was also a concerning spike among White students reporting this type of victimization, with a more than 70% increase in the share of students reporting being a victim of this type of violence between 2021 and 2023.

Figure 60 Sexual dating violence victimization in the previous year by age, race, sex, and sexual orientation in SDUSD, 2013 – 2023



Source: CDC (2024)

Other Types of Violence

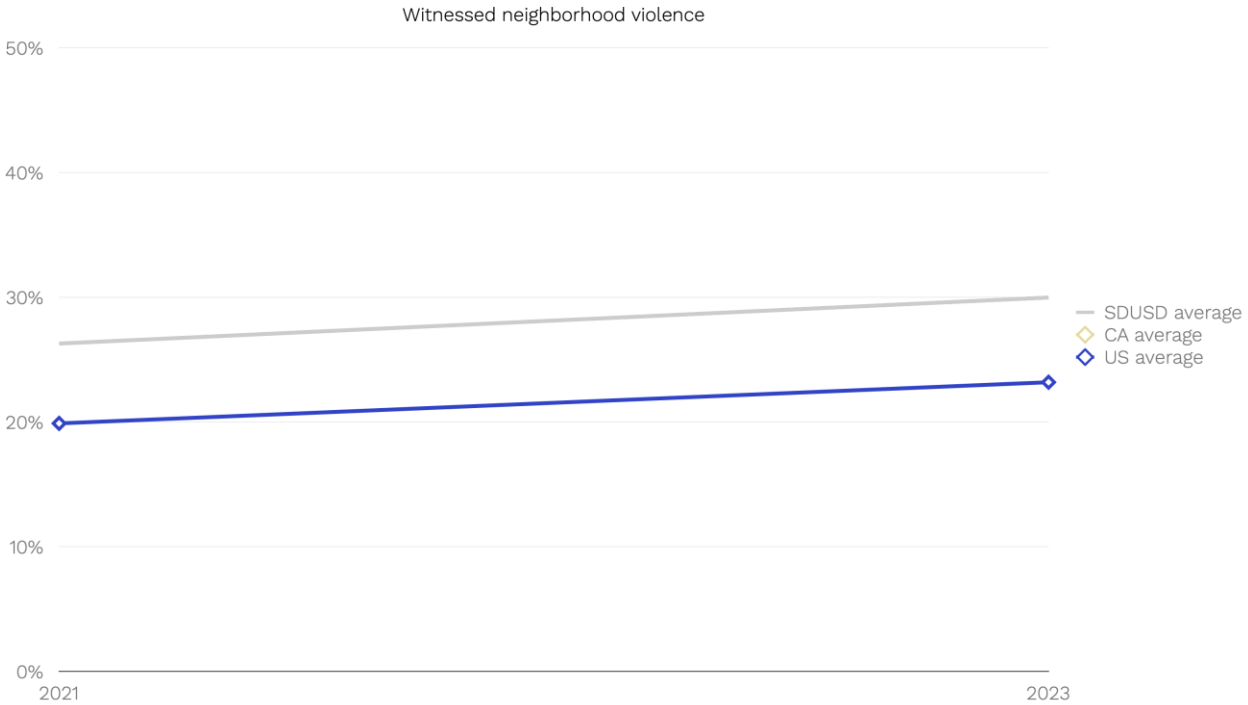
Youth violence refers to young people (typically between the ages of 10 and 24) intentionally using physical force or power to hurt or intimidate others. It includes behaviors like bullying, fighting, using weapons to threaten, and gang activity.[179] In 2023, more than 20% of US youth ages 12 to 17 and close to 45% of those ages 18 to 24 experienced some type of violent victimization.[180]

The CDC began collecting data on witnessing neighborhood violence in 2021, asking participants, "Have you ever seen someone get physically attacked, beaten, stabbed, or shot in your neighborhood?" As can be seen in Figure 61, the share of San Diego students witnessing violence was about one-third higher than the national share over the timeframe and increased 14% in 2023.

[179] Centers for Disease Control and Prevention. (2024, February 15). About youth violence. Retrieved May 13, 2025 from https://www.cdc.gov/youth-violence/about/index.html

[180] Not including murder. Tapp, S. N., & Coen, E. J. (2024, September). Criminal victimization, 2023. Bureau of Justice Statistics. NCJ 309335. Retrieved June 16, 2025 from https://bjs.ojp.gov/document/cv23.pdf

Figure 61 Witnessing neighborhood violence, US & SDUSD, 2021 – 2023

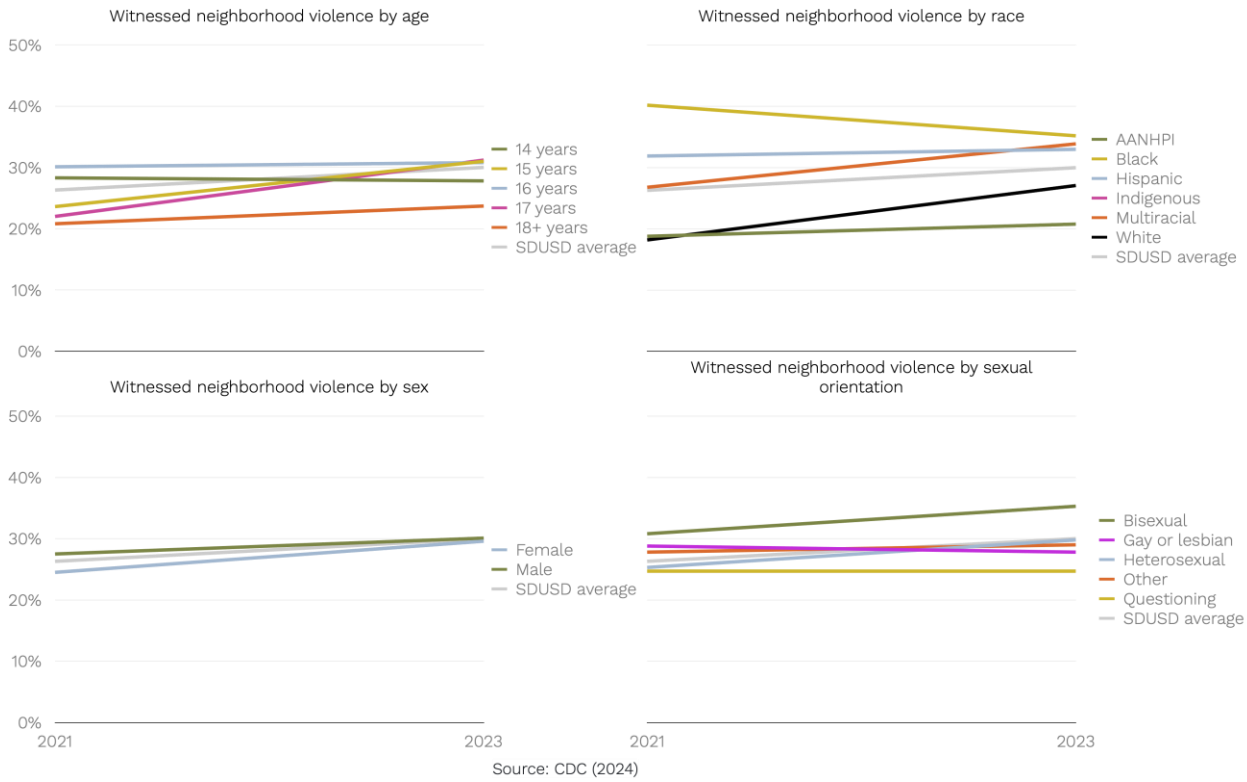


Source: CDC (2024)

Black and Hispanic students reported the highest rates of witnessing violence in their neighborhoods (see Figure 62), likely because they were more likely to live in unsafe neighborhoods than White and AANHPI students. Bisexual students also reported higher levels of witnessing neighborhood violence than other groups. This aligns with national research that finds sexual minority youth generally are at higher risk of witnessing community violence.[181] Sexual minority youth are both at higher risk of experiencing violence in the home and witnessing community violence, so it is possible that sexual minority youth have more exposure to neighborhood violence if they are spending more time outside to escape family violence.[182,183]

[181] Harper, C. R., Li, J., Sheats, K., Hertz, M. F., Merrill-Francis, M., Friar, N. W., Ashley, C. L., Shanklin, S., Barbero, C., Gaylor, E. M., & Hoots, B. E. (2023, April 28). Witnessing community violence, gun carrying, and associations with substance use and suicide risk among high school students – Youth Risk Behavior Survey, United States, 2021. *MMWR Supplements, 72*(1), 22-28.
[182] McGeough, B. L. & Sterzing, P. R. (2018). A systematic review of family victimization experiences among sexual minority youth. *Journal of Primary Prevention, 39*(5), 491-528.
[183] Margolin, G., Vickerman, K. A., Ramos, M. C., Serrano, S. D., Gordis, E. B., Iturralde, E., Oliver, P. H., & Spies, L. A. (2009). Youth exposed to violence: Stability, co-occurrence, and context. *Clinical Child and Family Psychological Review, 12*(1), 39-54.

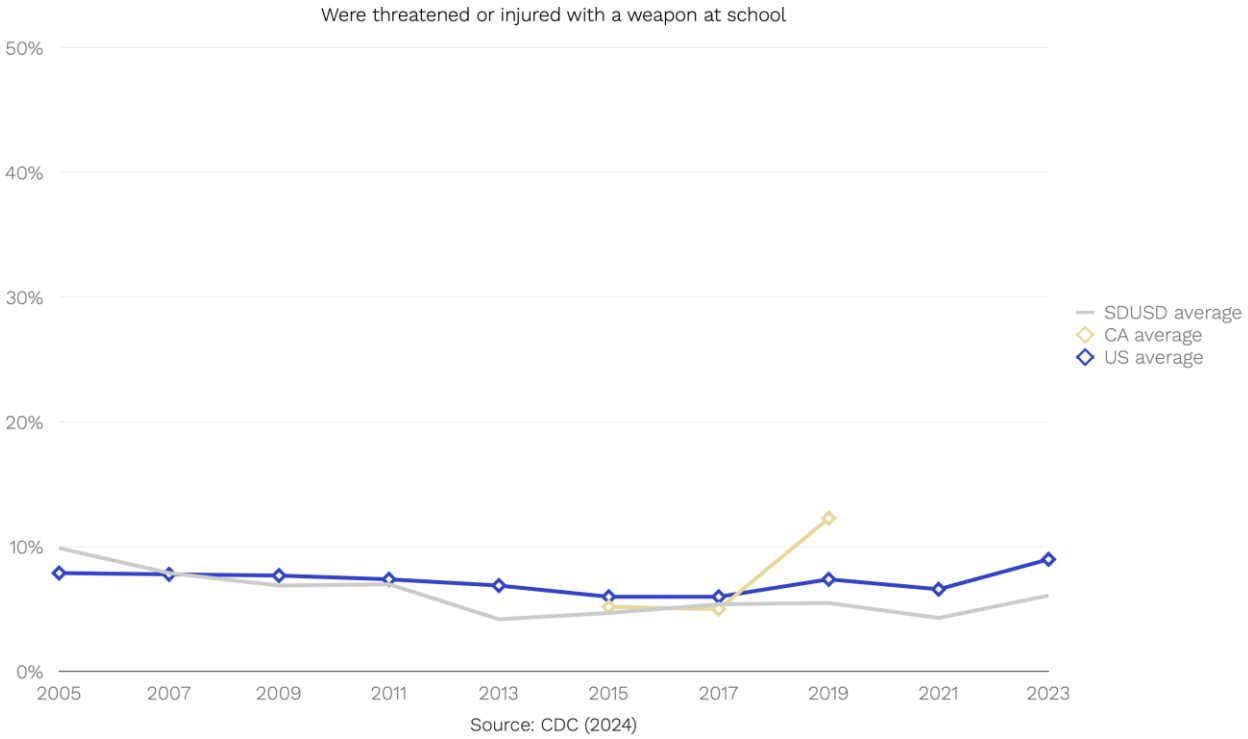
Figure 62 Witnessing neighborhood violence by age, race, sex, and sexual orientation in SDUSD, 2021 – 2023



Source: CDC (2024)

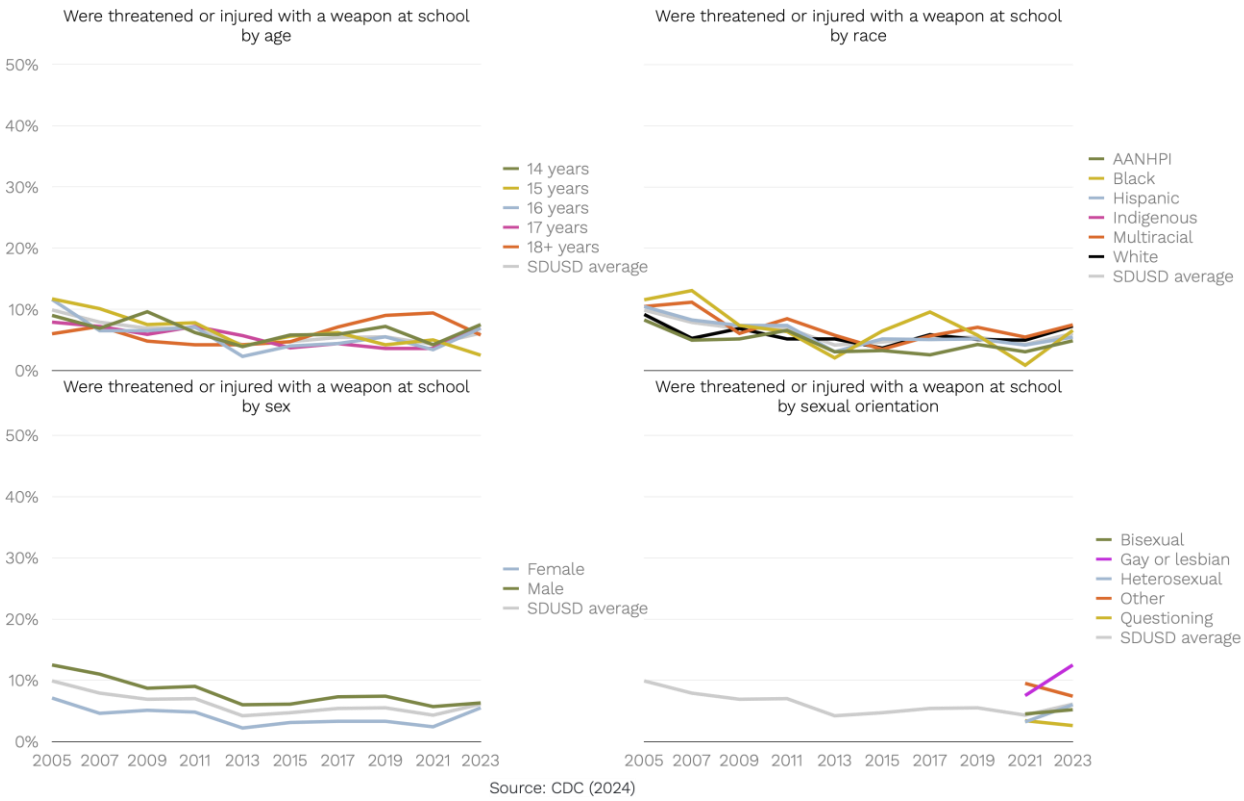
In addition to witnessing violence, young people can also be threatened with or engage in violence. Focusing on school violence, the YRBS asks students, “During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?” While the share of high school students being threatened with a weapon at school nationally has increased marginally between 2005 and 2023, rates have declined in San Diego from 10% of students in 2005 to 6% of students in 2023 (see Figure 63).

Figure 63 Threatened with a weapon at school, US, CA, & SDUSD, 2005 – 2023



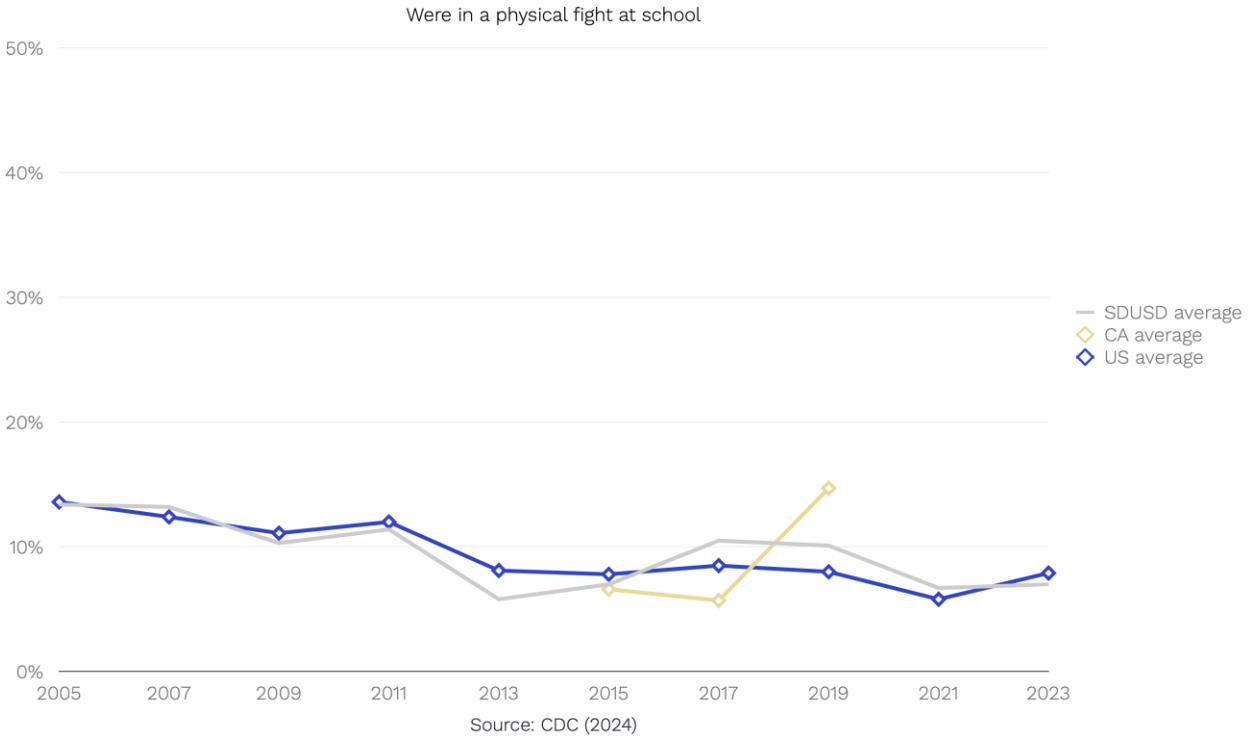
Certain groups within San Diego were more likely to experience this type of violence than others – see Figure 64. Multiracial students were at highest risk during the last three data collection cycles and were in the three riskiest groups in all but one year since 2005. White students were at second highest risk in 2021 and 2023 and the top three for seven of 10 years studied. Black students also reported high shares of this type of victimization, being in the top three riskiest groups for seven of ten years studied and the highest risk group for half of those years. Male students were consistently more likely to report being threatened or injured with a weapon than female students, and gay and lesbian students were at particularly high risk of this type of victimization in 2023 with double the share of this group reporting weapon-based violence at school than heterosexual students.

Figure 64 Threatened with a weapon at school by age, race, sex, and sexual orientation in SDUSD, 2005 – 2023



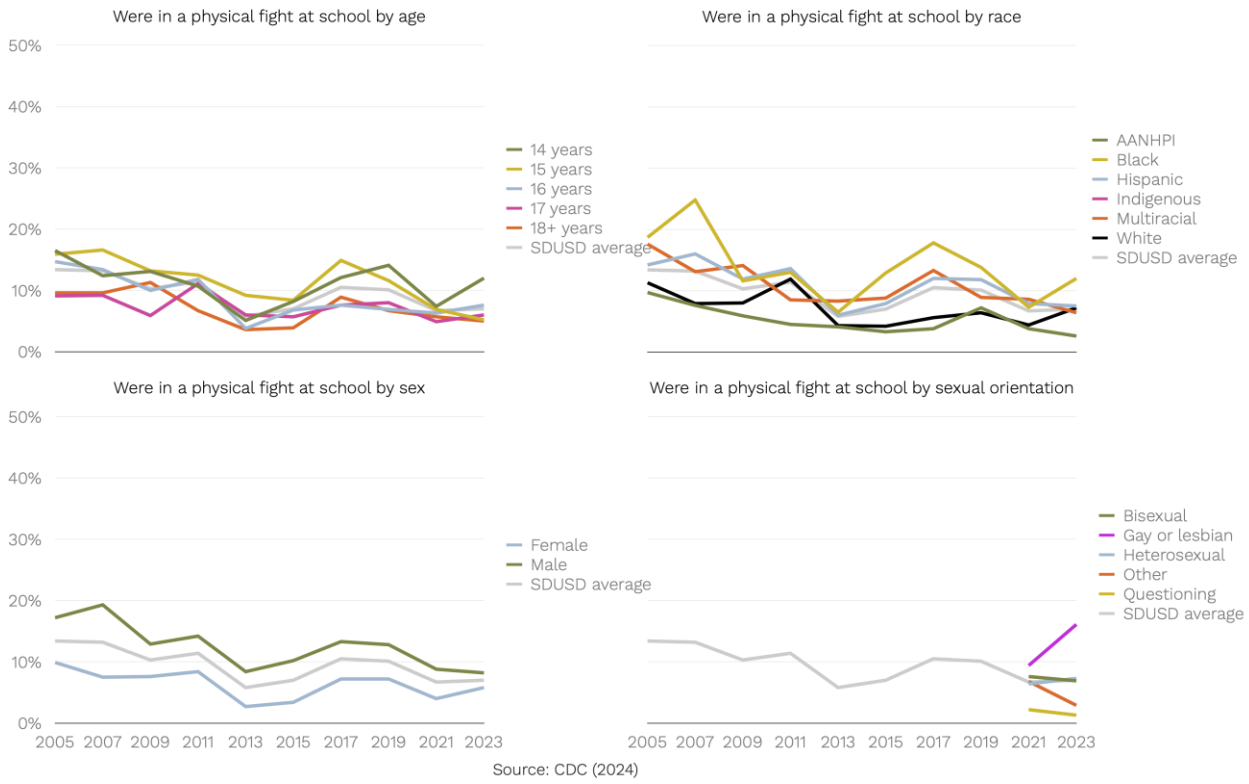
Finally, we analyze the share of students who were in a physical fight on school property. Fighting can be considered both a form of victimization and risky behavior; the YRBS does not distinguish between aggressors and victims, asking only how many times participants were in a fight in the previous year. As can be seen in Figure 65, rates of physical fighting in schools declined between 2005 and 2023, both nationally and in San Diego. San Diego and the US both saw a slight rise in 2023 from 2021, likely related to students being off-campus due to the COVID-19 pandemic for large parts of 2021 and back on campus in 2023.

Figure 65 Were in a physical fight at school, US, CA, & SDUSD, 2005 – 2023



Unlike many other types of victimization discussed here, there does appear to be a relationship between age and fighting, with 15- and 14-year-olds at particularly high risk over time (see Figure 66). Black, Hispanic, and Multiracial students were most likely to report fighting over time, as were male and gay and lesbian students.

Figure 66 Were in a physical fight at school, by age, race, sex, and sexual orientation in SDUSD, 2005 – 2023



Source: CDC (2024)

Risky Behaviors

Risky behavior in adolescence often stems from deeper, preventable causes rooted in early life experiences.[184] We discussed adverse childhood experiences and other types of victimization in the previous section on Victimization; often, victimization early in life is related to engaging in risky behaviors later on.[185,186] While there is a popular belief that risk-taking behavior is highest in adolescence, young adults are at highest risk.[187] Typically, risk-taking is low in childhood, rises during puberty, peaks in late adolescence to early adulthood, and then declines later in life.[188] Risky behaviors often emerge during periods of rapid development, however, when peer influence is high and decision-making skills are still forming.[189] Addressing these early experiences

[184] Swedo, E. A., Pampati, S., Anderson, K. N., Thorne, E., McKinnon, I. I., Brener, N. D., Stinson, J., Mpofu, J. J., & Niolon, P. H. (2024). Adverse Childhood Experiences and health conditions and risk behaviors among high school students — Youth Risk Behavior Survey, United States, 2023. *MMWR Supplements, 73*(4), 39–49.
[185] Salo, M., Appleton, A. A., & Tracy, M. (2022). Childhood adversity trajectories and violent behaviors in adolescence and early adulthood. *Journal of Interpersonal Violence, 37*(15-16), NP13978–14007.
[186] Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *Lancet Public Health, 2*(8), E356-366.
[187] Willoughby, T., Heffer, T., Good, M., & Magnacca, C. (2021). Is adolescence a time of heightened risk taking? An overview of types of risk-taking behaviors across age groups. *Developmental Review, 61*, 100980.
[188] Romer, D., Reyna, V. F., & Satterthwaite, T. D. (2017). Beyond stereotypes of adolescent risk taking: Placing the adolescent brain in developmental context. *Developmental Cognitive Neuroscience, 27*, 19–34.
[189] Chein, J., Albert, D., O'Brien, L., Uckert, K., & Steinberg, L. (2011). Peers increase adolescent risk taking by enhancing activity in the brain's reward circuitry. *Developmental Science, 14*(2), F1-10.

and the behaviors they drive is essential to preventing harm before it becomes long-lasting.

In this section, we examine key indicators of risky behavior in high school students. These include social isolation, substance use, risky sexual behaviors, distracted and impaired driving, and juvenile arrests.

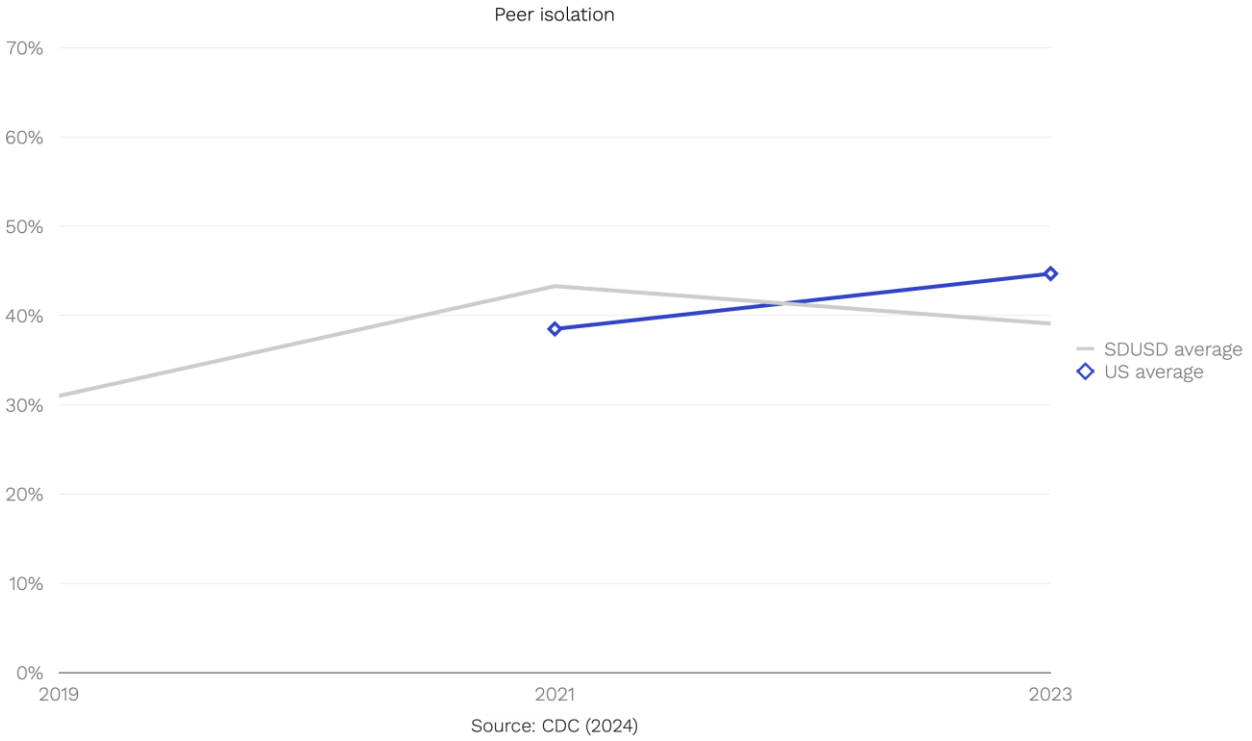
Isolation

While adolescence is a formative time for social development, many teens experience isolation and a lack of connection. Social isolation is defined as a state in which a person has few or no meaningful interactions or relationships or lacking a sense of belonging.[190,191,192,193] Among adolescents, social isolation is recognized as a significant risk factor for behavioral health challenges.[194] Young people who feel lonely, isolated, or disconnected from peers are at heightened risk for depression, anxiety, suicidal ideation, and suicide attempts.[195,196] Feelings of exclusion, rejection, and social isolation can also increase vulnerability to other types of risk taking and victimization, such as bullying.[197]

The YRBS asks students "Do you agree or disagree that you feel close to people at your school?" In Figure 67 we present the share of students who reported feeling isolated from their peers (that is, reporting "not sure," "disagree," or "strongly disagree") from 2019 to 2023. Overall, there was a nearly 40% increase in peer isolation in San Diego from 2019 to 2021, likely due to the COVID-19 pandemic. Peer isolation in San Diego decreased slightly from 2021 to 2023 (43% to 39%) but did not return to pre-pandemic levels.

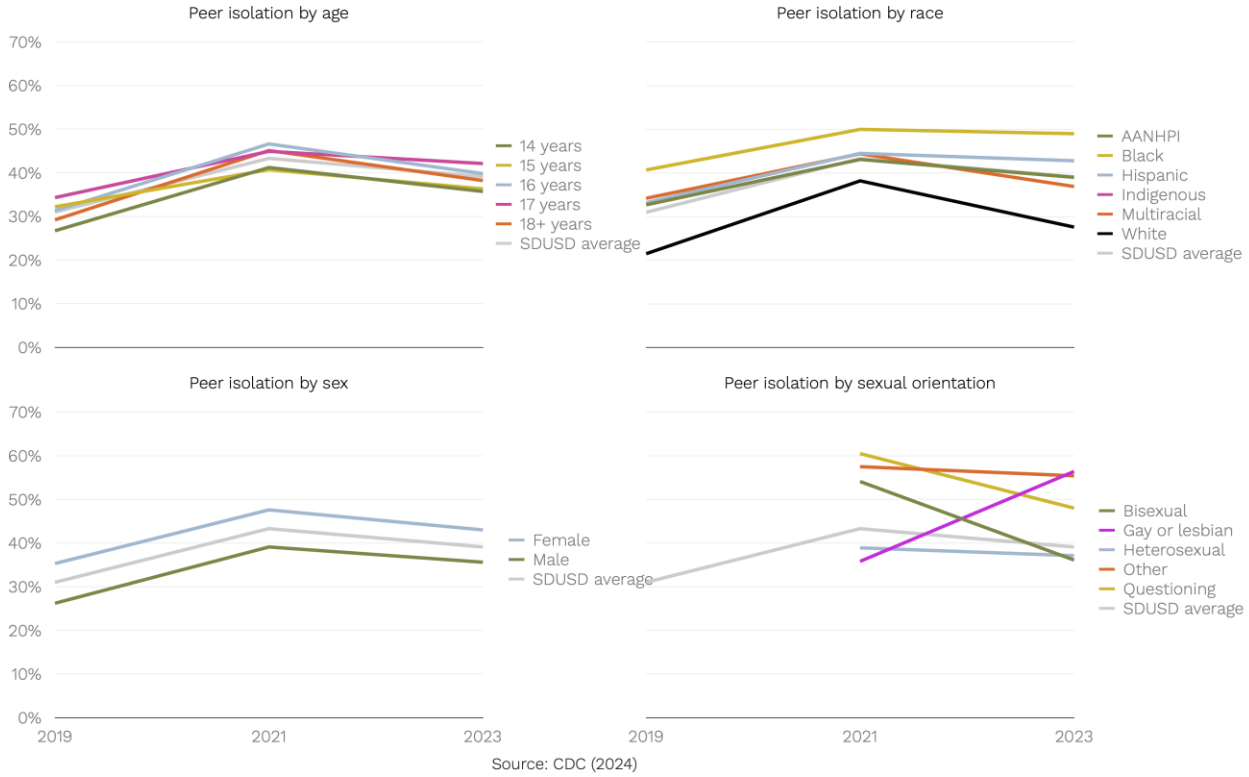
[190] de Jong Gierveld, J., Havens, B., 2004. Cross-national comparisons of social isolation and loneliness: Introduction and overview. *Canadian Journal of Aging, 23*, 109–113.
[191] Centers for Disease Control and Prevention. (n.d.). Health effects of social isolation and loneliness. U.S. Department of Health & Human Services. Retrieved from https://www.cdc.gov/social-connectedness/risk-factors/index.html
[192] Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine, 40*(2), 218-227.
[193] Calati, R., Ferrari, C., Brittner, M., Oasi, O., Olié, E., Carvalho, A. F., & Courtet, P. (2019). Suicidal thoughts and behaviors and social isolation: A narrative review of the literature. *Journal of Affective Disorders, 245*, 653–667.
[194] Foster, C. E., Horwitz, A., Thomas, A., Opperman, K., Gipson, P., Burnside, A., Stone, D. M., King, C. A. (2017). Connectedness to family, school, peers, and community in socially vulnerable adolescents. *Children and Youth Services Review, 81*, 321-331.
[195] Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., ... & Crawley, E. (2020). Rapid systematic review: the impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry, 59*(11), 1218-1239.
[196] Calati, R., Ferrari, C., Brittner, M., Oasi, O., Olié, E., Carvalho, A. F., & Courtet, P. (2019). Suicidal thoughts and behaviors and social isolation: A narrative review of the literature. *Journal of Affective Disorders, 245*, 653–667.
[197] Siddique, B., Khan, W., & Rauf, U. (2023). Bullying behavior and human health: factors and causes. *PalArch's Journal of Archaeology of Egypt/Egyptology, 20*(2), 860-881.

Figure 67 Peer isolation in the US & SDUSD, 2019 – 2023



There was no clear pattern of social isolation by age (see Figure 68). Black students reported the highest levels of isolation across all three years, with more than a 50% difference between them and White students (who reported the lowest levels of peer isolation in all three years) in 2023. Female students reported greater peer isolation than male students over time. The starkest difference was by sexual orientation: while peer isolation was decreasing on average from 2021 to 2023, gay and lesbian students reported close to a 60% increase in peer isolation during that time.

Figure 68 Peer isolation by age, race, sex, and sexual orientation in SDUSD, 2019 - 2023



Source: CDC (2024)

Substance Use

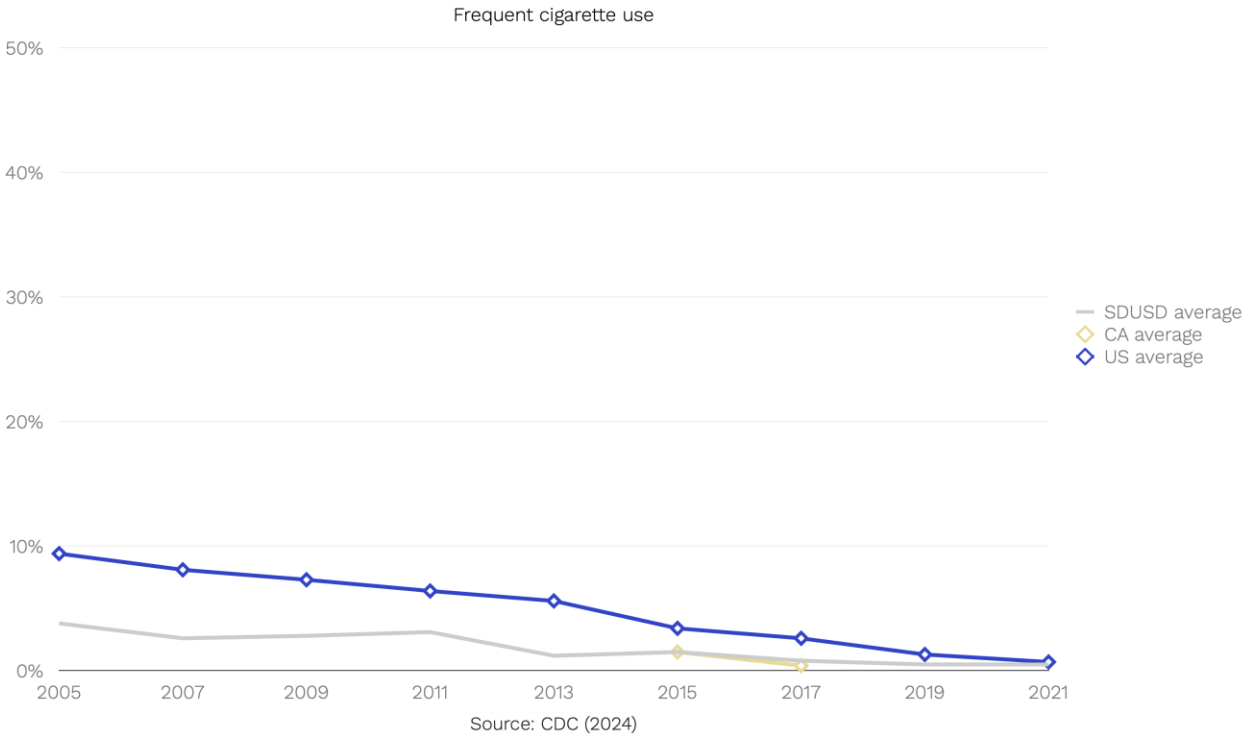
In the Physical Health section on Substance Use, we discussed the negative health effects of smoking cigarettes and electronic vapor products. Frequent use is particularly concerning, as daily cigarette smokers are more likely to die from heart disease and other causes than non-smokers.[198] And while e-cigarettes are too new on the market to understand the long-term consequences of frequent use, the American Heart Association warns they can have a range of negative impacts on the body, including on lung structure and function, the heart, and immune system, as well as decreased mental health and increased addiction and sleep problems.[199] Additionally, adolescents who vape are more likely to smoke cigarettes later: higher frequency of vape usage is associated with higher risk of cigarette smoking.[200] As of 2024, 1.63 million, nearly 6%, of high school and middle school students in the US have reported

[198] Bjartveit, K., & Tverdal, A. (2005). Health consequences of smoking 1-4 cigarettes per day. *Tobacco Control, 14*, 315-320.
[199] Wold, L. E., Tarran, R., Crotty Alexander, L. E., Hamburg, N. M., Kheradmand, F., St. Helen, G., & Wu, J. C. on behalf of the American Heart Association Council on Basic Cardiovascular Sciences; Council on Arteriosclerosis, Thrombosis and Vascular Biology; Council on Hypertension; and Stroke Council. (2022). Cardiopulmonary consequences of vaping in adolescents: A scientific statement from the American Heart Association. *Circulation Research, 131*, e70-82.
[200] Leventhal, A. M., Stone, M. D., & Andrabi, N. (2016). Association of e-cigarette vaping and progression to heavier patterns of cigarette smoking. *JAMA, 316*(18), 1918-1920.

current e-cigarette use. This includes about 410,000 middle school students and 1.21 million high schoolers.[201]

Fortunately, San Diego students have not been frequent cigarette smokers (defined as smoking on 20 or more days in the previous 30[202]) for more than a decade. The trend for all US students has been decreasing over time, from 8% in 2007 to less than 1% in 2021. San Diego high school students were ahead of that curve, with approximately 3% reporting frequent cigarette use from 2007 to 2011, less than 2% 2013 to 2015, and less than 1% 2015 to 2021 (see Figure 69).

Figure 69 Frequent cigarette use in the US, California, & SDUSD, 2007 – 2021

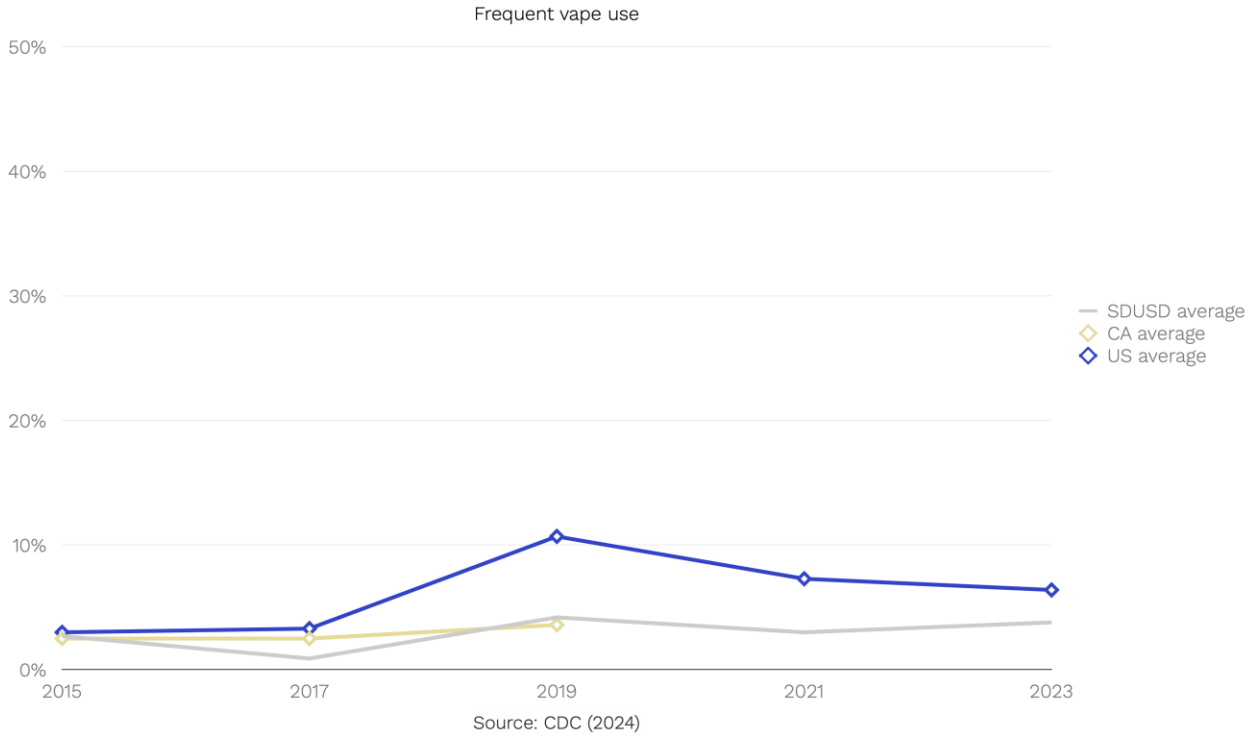


San Diego high school students have also reported lower rates of frequent vape use (that is, using electronic vapor products on 20 or more days of the previous 30 days[203]) since they came on the market and data were first collected than the average US student. The national trend was stable from 2015 to 2017, increased in 2019 to its peak (11% of high school students reporting frequent use) and then

[201] Jamal A., Park-Lee, E., Birdsey J., West, A., Cornelius, M., Cooper, M. R., Cowan, H., Wang, J., Sawdey, M. D., Cullen, K. A., & Navon, L. (2024). Tobacco product use among middle and high school students — National Youth Tobacco Survey, United States. *MMWR Morbidity & Mortality Weekly Report, 73*(41), 917–924.
[202] Centers for Disease Control and Prevention. (n.d.). High school YRBS 2019-2021 results, Currently smoked cigarettes frequently. Retrieved Apr. 22, 2025 from https://nccd.cdc.gov/youthonline/App/Default.aspx
[203] Centers for Disease Control and Prevention. (n.d.). High school YRBS 2019-2021 results, Currently used electronic vapor products frequently. Retrieved Apr. 22, 2025 from https://nccd.cdc.gov/youthonline/App/Default.aspx

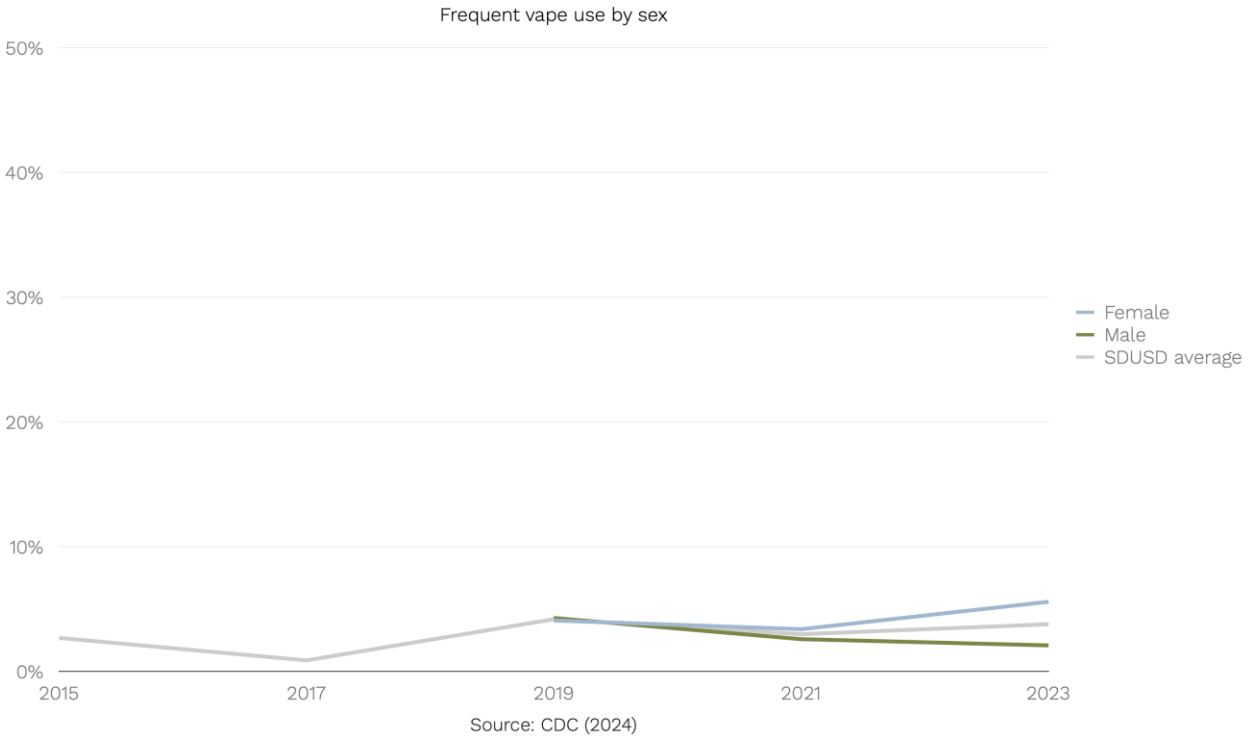
decreased to 6% 2023. San Diego high school students' frequent vape usage peaked in 2023, with 4% of students reporting vaping 20 or more days of the previous month.

Figure 70 Frequent vape use in the US, California, & SDUSD, 2015 – 2023



While female and male students initially reported frequent vaping at approximately equal rates, female students reported an increase in frequent vaping from 2021 to 2023 and male students reported a slight decrease during the same timeframe (see Figure 71).

Figure 71 Frequent vape use by sex in SDUSD, 2015 – 2023

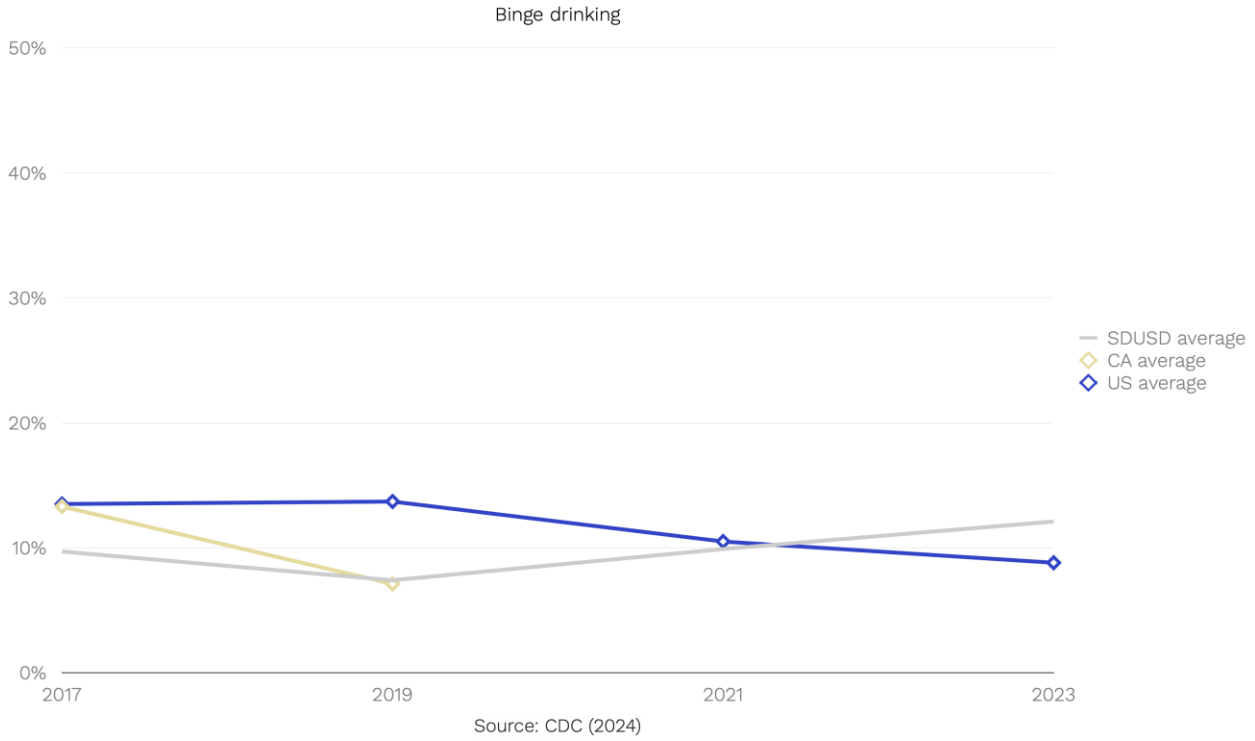


We also discussed the negative health effects of drinking any alcohol in the Physical Health section on Substance Use. Binge drinking, defined by the CDC as drinking four or more drinks in a row for females and five or more drinks in a row for males on at least one day of the previous 30, is of particular concern because it is associated with a higher risk of alcohol related injuries, risk taking, long-term health consequences, and an increased risk of developing alcohol use disorders.[204]

In 2017 and 2019, about 14% of high school students nationally reported binge drinking. By 2023, the share had dropped to 9%. In San Diego, the rate of binge drinking was lower until 2021. The rate of binge drinking among San Diego high school students rose to 12% in 2023 (see Figure 72).

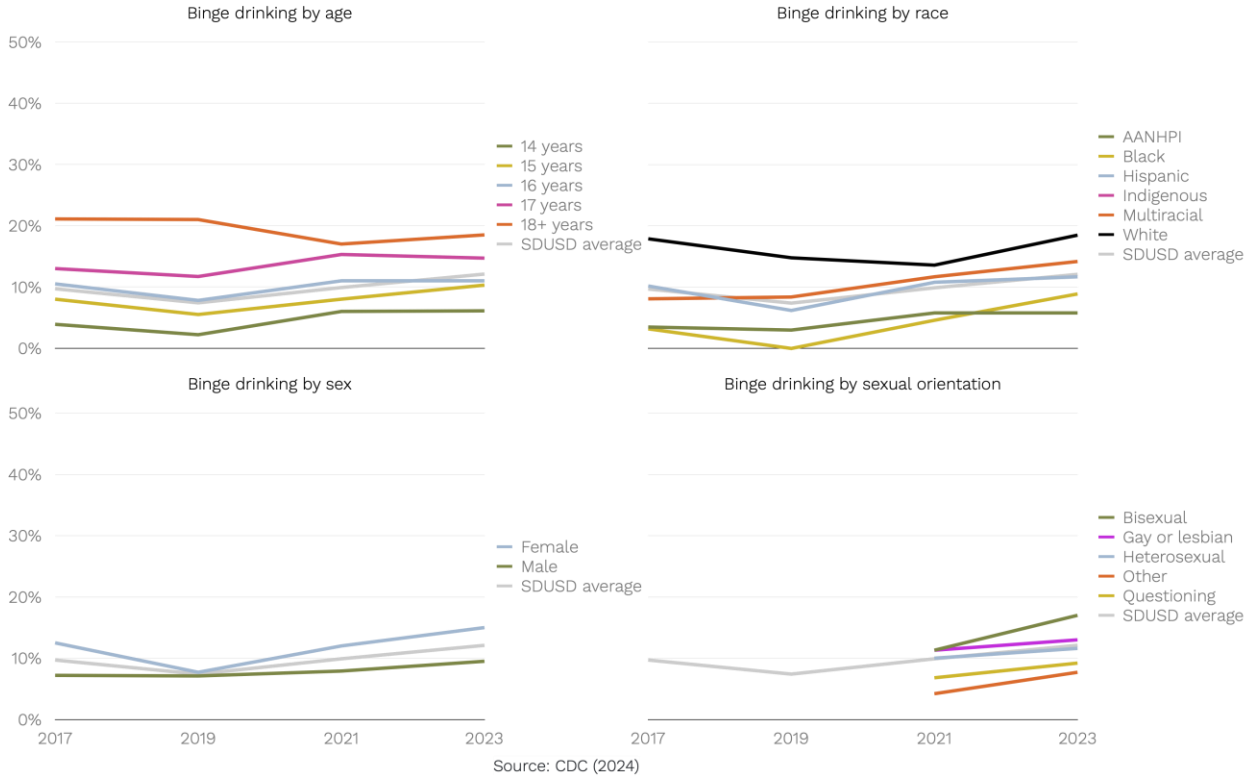
[204]National Institute on Alcohol Abuse and Alcoholism. (2025). Understanding binge drinking. U.S. Department of Health and Human Services. Retrieved from https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/binge-drinking

Figure 72 Binge drinking in the US, California, & SDUSD, 2017 – 2023



As can be seen in Figure 73, there was a clear relationship between age and binge drinking: with each additional year of age, students were more likely to report binge drinking in the previous month. White students were the most likely, and Black and AANHPI students the least likely, to report binge drinking in San Diego. Female students reported higher rates of binge drinking than males in most years, though rates were similar in 2019. Bisexual students reported both the highest rates of binge drinking and the greatest increase from 2021 to 2023, with rates one-third higher than the average student in 2023.

Figure 73 Binge drinking by age, race, sex, and sexual orientation in SDUSD, 2017 - 2023



Source: CDC (2024)

Risky Sexual Behaviors

Risky sexual behaviors are sexual activities that increase the likelihood of negative health outcomes, including sexually transmitted infections (STIs), HIV, and unplanned pregnancies.[205] Among high school students, early sexual initiation is linked to a range of risks including lower rates of condom and contraceptive use, higher chances of sexually transmitted infections, substance use, unplanned pregnancies, and psychosocial health issues.[206] Such behaviors place adolescents at elevated risk for infections like chlamydia, gonorrhea, and syphilis, and can lead to an increased chance of HIV transmission.[207] Left untreated, these conditions can lead to long-term reproductive health issues, including pelvic inflammatory disease and infertility.[208] Addressing risky sexual behaviors early through education, resources, and support is critical to reducing these risks and promoting long-term health for youth.

[205] Centers for Disease Control and Prevention. (n.d.). Sexual risk behaviors. Retrieved from https://www.cdc.gov/youth-behavior/risk-behaviors/sexual-risk-behaviors.html

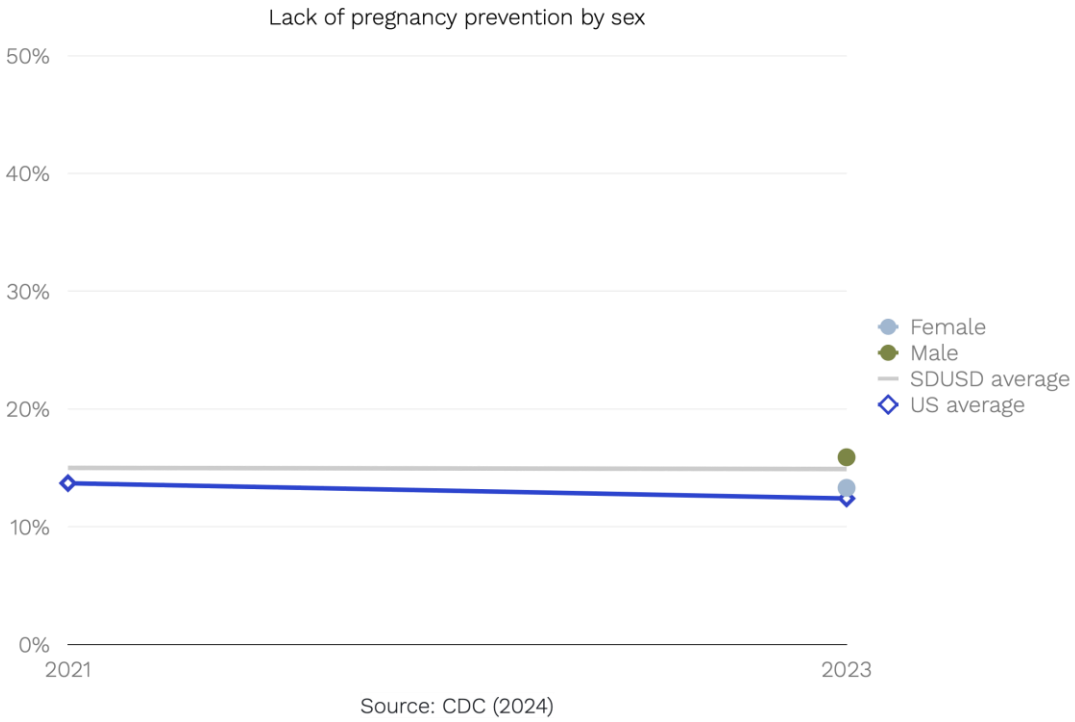
[206] Költő, A., Winter, K., Maloney, R., Lunney, L., Nicolaou, C., Cosma, A., ... & Martin, G. (2025). Cross-national trends in early sexual initiation among 15-year-old adolescents, 2002–2022. *International Journal of Public Health, 70,* 1607711.

[207] Sexton, J., Garnett, G., Rottingen, J. A. (2005). Metaanalysis and metaregression in interpreting study variability in the impact of sexually transmitted diseases on susceptibility to HIV infection. *Sexually Transmitted Diseases, 32*(6), 351- 357.

[208] Centers for Disease Control and Prevention. (2019) Sexually transmitted disease surveillance 2018. U.S. Department of Health and Human Services. Retrieved June 22, 2020 from https://www.cdc.gov/std/stats18/STDSurveillance2018-full-report.pdf

Among San Diego high school students who were currently sexually active, approximately 15% did not use any method to prevent pregnancy during their last sexual intercourse with an opposite-sex partner (see Figure 74). This figure remained steady from 2021 to 2023 and was marginally higher than the national average (14% in 2021 and 12% in 2023). Male students in San Diego were more likely to report not using prophylactics in 2023,[209] though it is unclear whether they are less likely to use pregnancy prevention methods at all or less likely to be aware of their female partners' method of pregnancy prevention (if something other than a condom).

Figure 74 Did not use any method to prevent pregnancy during last sexual intercourse with an opposite-sex partner by sex in the US & SDUSD, 2021 - 2023

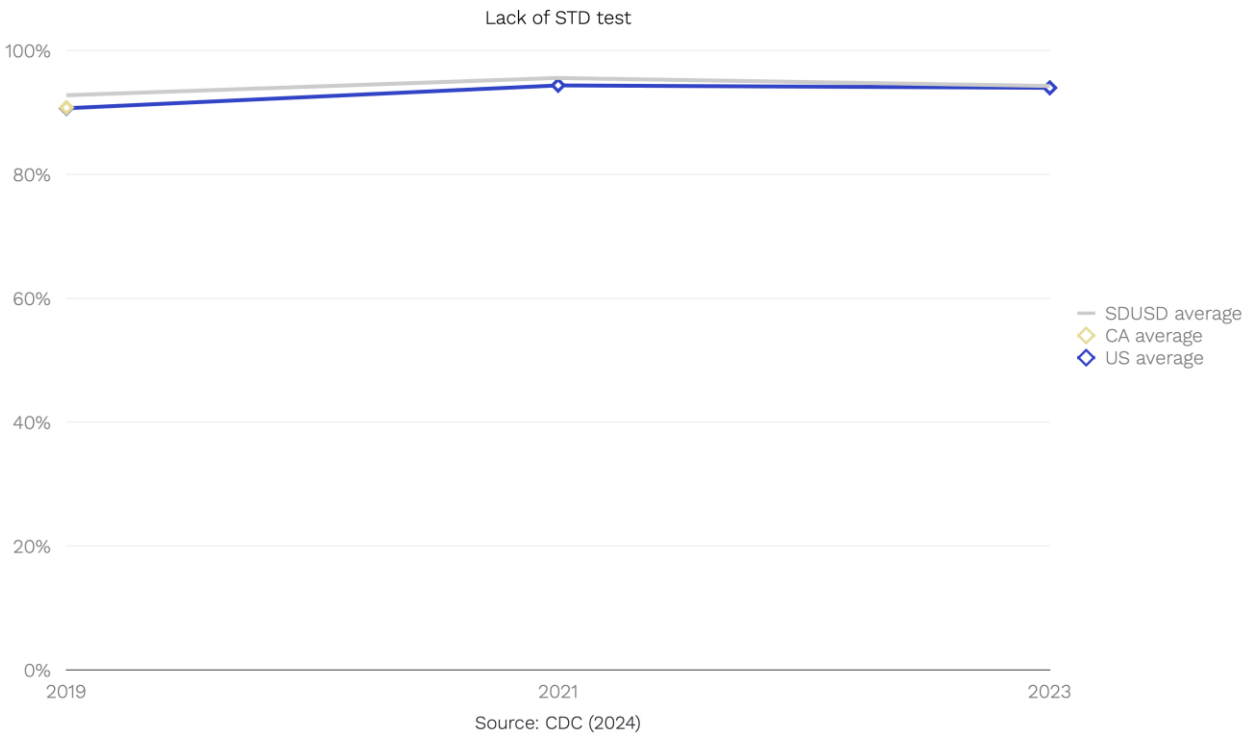


Source: CDC (2024)

No matter where they live, most high school students are not getting tested for STDs regularly. The YRBS asks participants, "During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?" Across the US, 94% of high school students responded no, they had not been tested in 2023 (slightly higher than the 91% of students in 2019). In San Diego, that figure was 93% in 2019 (the highest rate in the nation among participating local school districts), 96% in 2021 (the third highest rate),[210] and 94% in 2023 (see Figure 75).

[209] There were insufficient cell sizes to disaggregate the data by sex in 2021 or by other characteristics in 2023.
[210] Centers for Disease Control and Prevention. (n.d.). High school YRBS 2019-2021 results, Were not tested for a sexually transmitted disease (STD) other than HIV (such as chlamydia or gonorrhea, during the 12 months before the survey). Retrieved Apr. 30, 2025 from https://nccd.cdc.gov/youthonline/App/Default.aspx

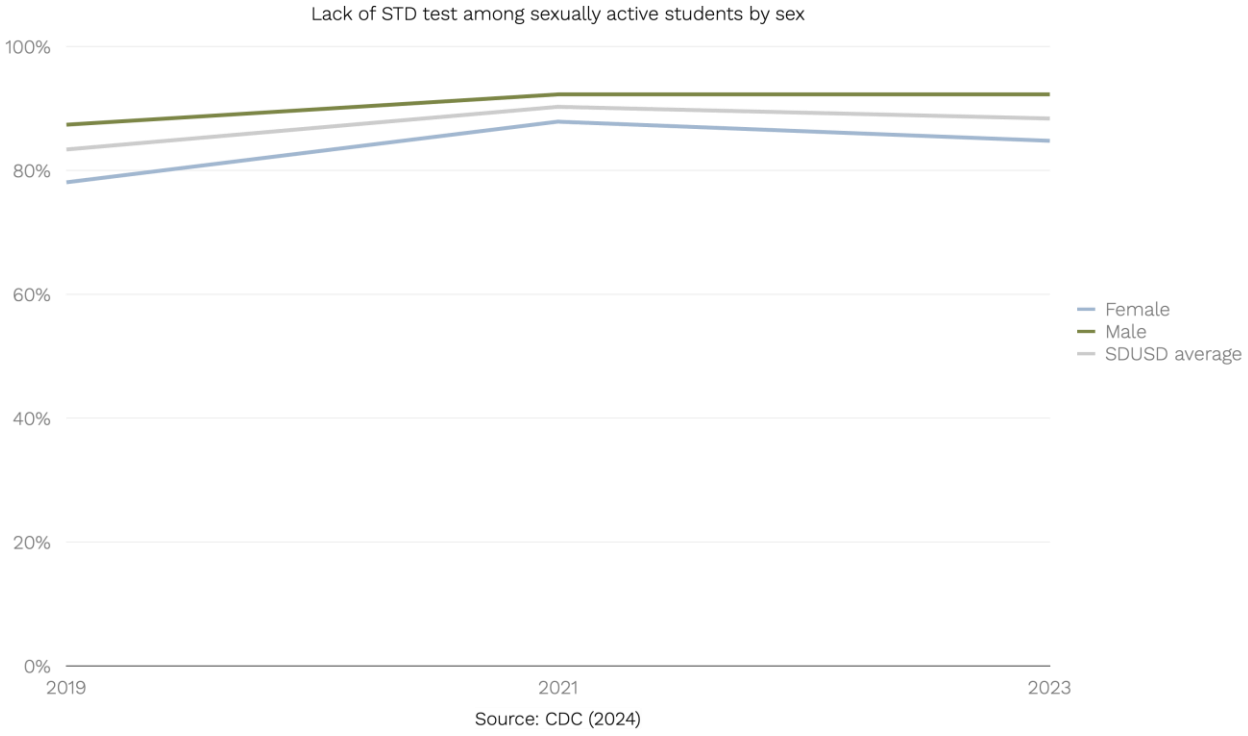
Figure 75 Were not tested for an STD other than HIV in the US, California, & SDUSD, 2019 – 2023



It may be that many students are not being tested because they have not had sexual intercourse and perceive their risk to be low. In Figure 76, we present the share of students who were not tested for an STD other than HIV who had ever had sexual intercourse by sex from 2019 to 2023.[211] Rates of STD testing were low even among students who were sexually active; in 2023, 88% of sexually active students reported not receiving an STD test in the previous year. Female students were more likely to have been tested from 2019 to 2023 than were male students.

[211] There were insufficient cell sizes to disaggregate data by sex in 2021 and by other categories in any year.

Figure 76 Were not tested for an STD other than HIV among sexually active students by sex in SDUSD, 2019 – 2023



Source: CDC (2024)

Risky Driving

In 2023, motor vehicle accidents were the second leading cause of death among US teens ages 15-19.[212] While teens are less likely than adults to drive after drinking, their risk of a deadly crash is higher when they do.[213,214]

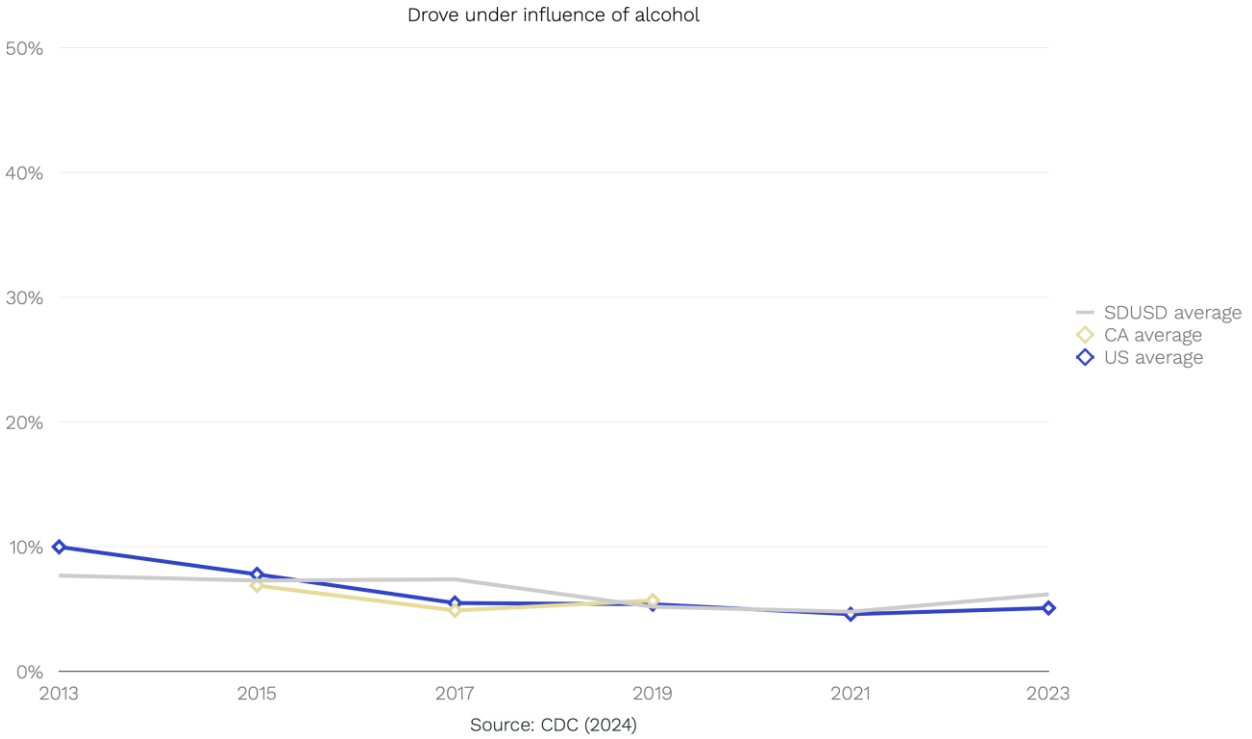
A decade ago, 10% of high school students across the US reported drinking and driving at least once in the previous month; that figure was halved by 2021. As can be seen in Figure 77, rates of drinking and driving among San Diego students fell slightly between 2019 and 2021 and were on par with the national average. Like in the US more broadly, they rose again slightly in 2023.

[212] Centers for Disease Control and Prevention (2022). WISQARS — Web-based Injury Statistics Query and Reporting System. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved June 17, 2025 from https://wisqars.cdc.gov/

[213] Royal, D. (2000). Volume 1: Findings. Racial and ethnic group comparisons: National Surveys of Drinking and Driving Attitudes and Behavior – 1993, 1995 and 1997. U.S. Department of Transportation. Retrieved June 17, 2025 from https://rosap.ntl.bts.gov/view/dot/1682

[214] Voas, R. B., Torres, P., Romano, E., & Lacey, J. H. (2012). Alcohol-related risk of driver fatalities: An update using 2007 data. *Journal of Studies on Alcohol and Drugs, 73*(3), 341-350.

Figure 77 Driving under the influence of alcohol in the US, California, & SDUSD, 2013 – 2023

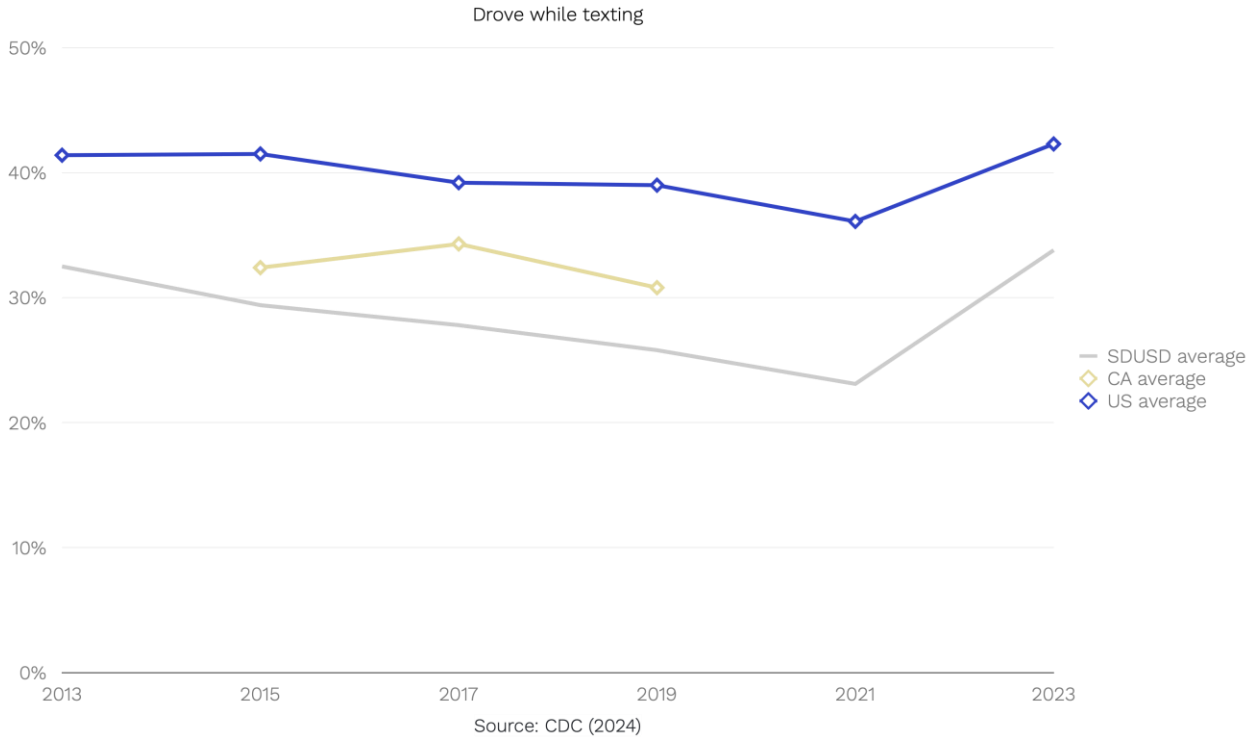


Drinking and driving is not the only risky driving behavior. Driving while distracted by cellphones, eating, adjusting the radio or other vehicle controls, or talking to passengers all pose risks to the driver and other drivers and pedestrians on or near the road. In 2023, 8% of fatal crashes and 13% of injury crashes across the US (accounting for approximately 3,275 deaths and 324,819 people injured) were related to distracted drivers.[215]

Here we focus on driving while texting or emailing. The YRBS asks high school students how many days out of the past 30 they texted or emailed while driving a car or other vehicle. In Figure 78 we present the share of students who drove while texting or emailing at least once in the previous month from 2013 to 2023. The US rate trended downward from 2015 to 2021, then rising to its highest recorded rate in 2023 at 42%. In San Diego, the rate similarly decreased from 33% in 2013 to 23% in 2021 but spiked to 34% in 2023.

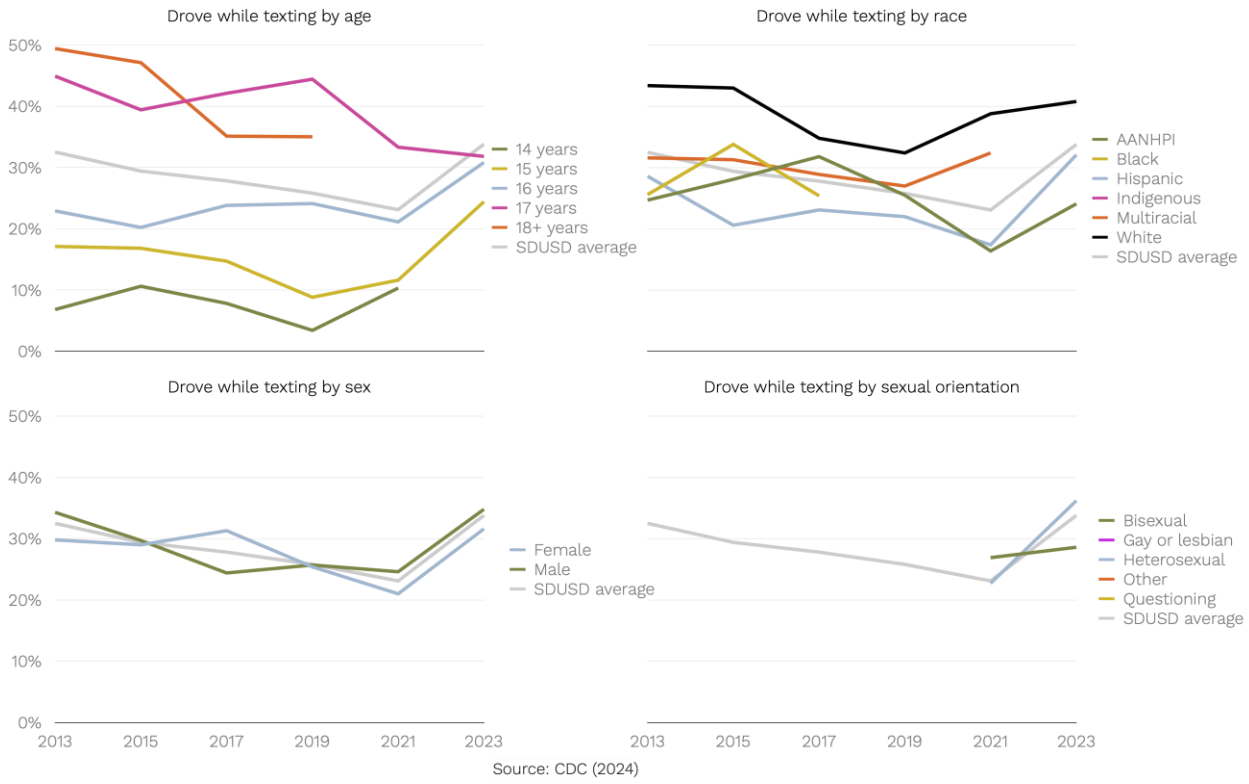
[215] NHTSA National Center for Statistics and Analysis. (2025, April). Traffic safety facts research note: Distracted driving in 2023. U.S. Department of Transportation. Retrieved from https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813703

Figure 78 Driving and texting in the US, California, & SDUSD, 2013 – 2023



The biggest differences observed within San Diego were by age and race (see Figure 79). Older students, that is, 17-year-olds and those 18 years and older, were more likely than younger students to report this type of distracted driving than all other ages. Fourteen-year-olds were the least likely, followed by 15-year-olds, then 16-year-olds to drive while texting or emailing. Across time, Hispanic students were the least likely and White students the most likely to report texting or emailing and driving.

Figure 79 Driving and texting by age, race, sex, and sexual orientation in SDUSD, 2013 – 2023



Source: CDC (2024)

Juvenile Arrests

Juvenile arrests represent one of the more severe consequences of youth risk-taking: the risk-taking rose to the level of delinquent behavior and the legal system got involved. Young people can be arrested for violating the law in the same ways as adults, including through felony and misdemeanor crimes. Additionally, because of their age, young people are also subject to arrest for status offenses, such as skipping school, curfew violations, and underage drinking.[216] Some, but not all, of the risky behaviors we have covered in this section are illegal (either generally or specifically for young people). In the US, the legal drinking age is 21; consuming alcohol under the age of 21 is a status offense. Similarly, the age at which it is legal to use tobacco products in California is 21. The State of California also prohibits the use of handheld devices while driving (i.e., texting and driving) for people of all ages.

Police contact may negatively impact the mental health of those impacted[217] and reduce their contact with other institutions that capture formal administrative data, including medical, financial, labor market, and educational institutions.[218] The Urban Institute considers overly punitive policing, measured as the number of juvenile

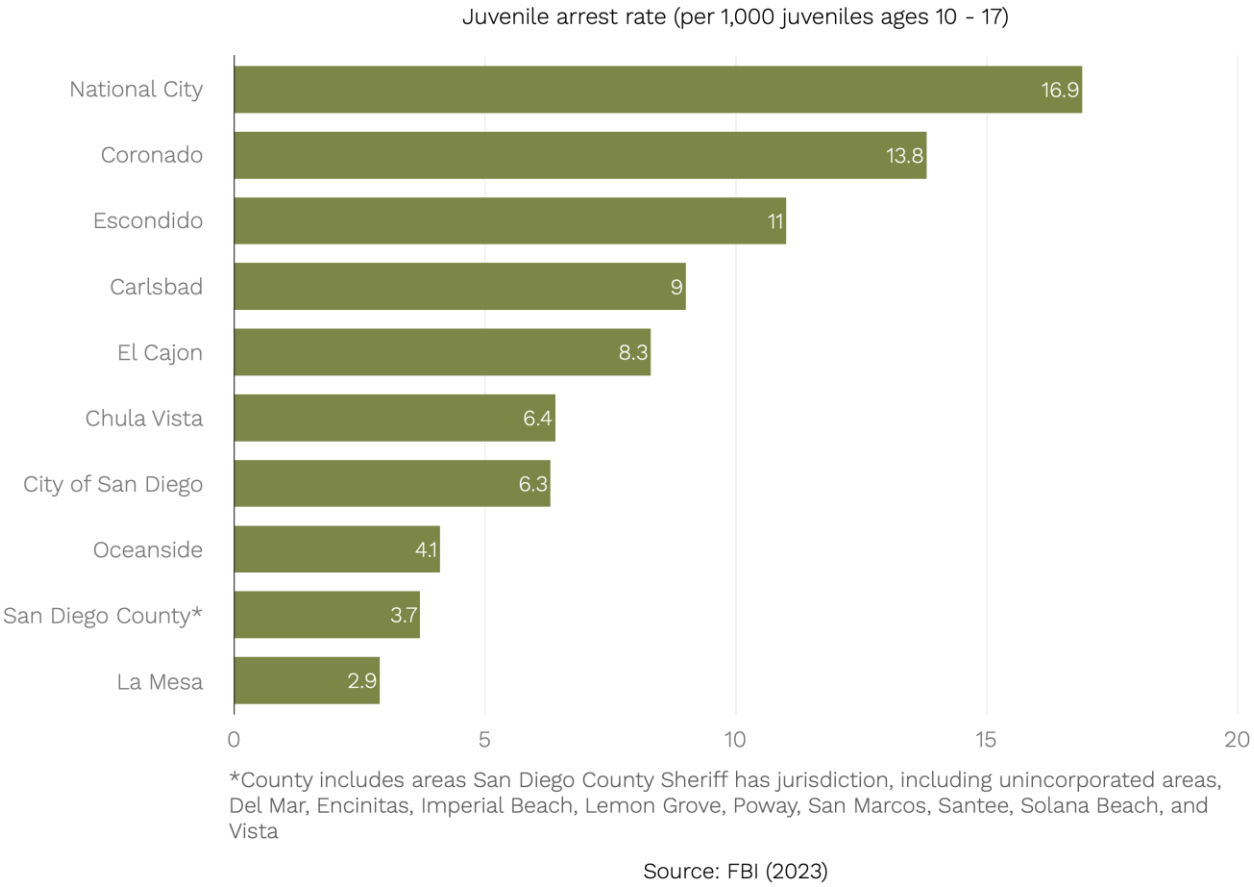
[216] Hayes, J., & Tafoya, S. (2014). Juvenile justice in California. Public Policy Institute of California. Retrieved June 17, 2025 from https://www.ppic.org/publication/juvenile-justice-in-california/.
[217] Kyprrianides, A., & Bradford, B. (2025). Policing and mental health: A rapid evidence assessment of the effect of police activity on people's mental health. International Journal of Police Science & Management, 27(1), 95-112.
[218] Brayne, S. (2014). Surveillance and system avoidance: Criminal justice contact and institutional attachment. American Sociological Review, 79(3), 367-391.

arrests per 100,000 juveniles in the community, as a mobility metric because it impacts economic success, power and autonomy, and dignity and belonging.[219]

The National Incident Based Reporting System collects information about arrests, including by age.[220] We calculated the rate of arrests per 1,000 people between the ages of 10 and 17. This has the benefits of standardizing the measure for comparison and easing interpretation in smaller jurisdictions (presenting rates per 100,000 in locations with small populations can make them appear artificially high: three arrests in a town with a population of 100 juveniles, for example, would have an arrest rate of 3,000 per 100,000 people under 18 years). The Urban Institute reports the overall juvenile arrest rate in San Diego County in 2023 was 798 per 100,000 juveniles,[221] or 7.9 per 1,000. In 2023, there were 32,047 juvenile arrests in the state of California, making the juvenile arrest rate 7.8 per 1,000 juveniles.[222] See Figure 80 for comparison of jurisdictions within the county but results from smaller jurisdictions should be interpreted with caution due to the aforementioned issue with interpretation of rates in small populations.

[219] Urban Institute. (n.d.) Predictor: Just policing. Retrieved June 17, 2025 from https://upward-mobility.urban.org/framework/governance/policing.
[220] These data are counts of the number of arrests made by the reporting police agency, not individuals arrested. If, for example, an individual is arrested, released, and rearrested later that year, they are counted as having more than one arrest.
[221] Urban Institute. (n.d.) Predictor: Just policing, San Diego County. Retrieved June 17, 2025 from https://upward-mobility.urban.org/dashboard/results?predictor_ids=JustPolicing&JuvenileArrests_confidence_intervals=0&JuvenileArrests_subgroup_type=all&JuvenileArrests_year=2023&location_ids=06073&_year=2023
[222] California Department of Justice, Office of the Attorney General. (n.d.). 2023 Juvenile justice in California. Retrieved July 18, 2025 from https://data-openjustice.doj.ca.gov/sites/default/files/2024-07/Juvenile%20Justice%20In%20CA%202023f.pdf

Figure 80 Juvenile arrest rates by jurisdiction in San Diego County, 2023



Source: FBI (2023)

Discussion

In 2023, there were approximately 407,000 young people in the City of San Diego and 992,000 in San Diego County, all under the age of 25. Each comprised approximately one-third of the respective population – a substantial number of people that are impacted by current policies and will shape the future of our region's workforce, economy, politics, civic, and cultural life.

The average young person in San Diego is doing well, comparatively speaking. Students in San Diego are outperforming the averages for the state and nation and report many healthier behaviors and better mental health than the average California and US high school student. Young people are participating in the economy at higher rates regionally than in California and report lower rates of many types of victimization. San Diego high school students unfortunately do participate in more risky behaviors than the average California student, but about the same number as high school students nationally. Disparities persist, however: how "the kids" are doing depends on which ones you're talking about. In the following section, we summarize patterns of results by life domain. We then discuss results by demographic group.

The most notable pattern in youth education in San Diego is the apparent effect of the COVID-19 pandemic. Prior to 2020, preschool enrollment, standardized test

scores in ELA and mathematics, and college enrollment and graduation were increasing. In 2021, all of these metrics decreased. Preschool enrollment dipped to levels not seen since before 2005 and standardized test scores declined to levels not seen since before 2015. Fortunately, preschool enrollment and college enrollment and completion had returned to (and exceeded) pre-pandemic levels in 2023, though preschool enrollment rates in the City of San Diego were still lower than those of the state overall. Standardized test scores still lagged in 2023. The single education metric we analyzed that did not seem affected by the pandemic was high school graduation rates. In San Diego, the share of 19- and 20-year-olds who completed a high school degree or equivalent rose between 2005 and 2019, was higher again in 2021 and 2022 (we did not assess 2020 due to data quality issues), and settled at 95% in 2023. Despite the high graduation rate, high school seniors' performance in math and reading have dropped significantly nationally,[223] a trend that seems to be reflected locally. UC San Diego's Senate-Administration Working Group on Admissions reported that first-year students are increasingly unprepared for their time in college. One in eight students had math skills below those of a middle-school level in 2025, with similarly disappointing results in writing and language. The Working Group concluded these declines coincided with learning loss during the COVID-19 pandemic, the elimination of mandatory standardized testing, an increase in grade inflation, and an increase in admissions from under-resourced schools. Among other action items at the college level, the Working Group recommended working with high schools to address curriculum quality and grade inflation.[224]

We found mixed results among our indicators of economic well-being. While housing stability has increased (people under the age of 18 are moving less frequently), student homelessness has also recently increased. Indeed, the number of homeless students has increased even while there has been declining enrollment overall. Additionally, the share of youth living in homes making a family sustaining wage has also recently decreased, with just under half of San Diego youth living in households making enough money to live without outside assistance. Turning to young people of working age (16- to 24-year-olds), the labor force participation rate has remained stable since 2005 while the employment rate has increased. This indicates that more young people who want to work have been able to find jobs. The share of young adults making a self-sufficient wage, however, has been declining. While 20% of young people were able to pay their bills without assistance in 2008, only 9% were able to do the same in 2023.

Our physical health indicators revealed both causes for concern and celebration. More than 60% of San Diego high school students did not regularly eat breakfast in 2019 (local data were not gathered after that time, but national trends indicate this rate increased in 2021) and more than 80% did not meet the recommended amount of physical activity in 2023. Approximately 70% of students did not get the

[223] Blagg, K. (2025, September 9). New math and reading data demonstrate the state of postpandemic high school achievement and attendance. Urban Institute. Retrieved November 21, 2025 from https://www.urban.org/urban-wire/new-math-and-reading-data-illustrate-state-postpandemic-high-school-achievement-and?&umt_source=newsletters&utm_campaign=UIU

[224] UC San Diego Senate-Administration Workgroup on Admissions. (2025, November 6). Final report. Retrieved November 20, 2025 from https://senate.ucsd.edu/media/740347/sawg-report-on-admissions-review-docs.pdf?utm_source=Voice+of+San+Diego+Master+List&utm_campaign=94e2cbf4eb-Learning_Curve&utm_medium=email&utm_term=0_c2357fd0a3-94e2cbf4eb-84387499&goal=0_c2357fd0a3-94e2cbf4eb-84387499

recommended amount of sleep on the average school night in 2023. This was an increase over 2015 to 2019, however. It seems the stay-at-home orders of the pandemic did allow high school students to get more sleep initially but that those changes were not sustained in the long term.[225] The trends for substance use are cause for celebration – current use of alcohol, cigarettes, and electronic cigarettes (vapes) has been declining over time. There were slight rises in alcohol and vape usage between 2021 and 2023, likely due to more time spent away from the home and out of view of adult guardians, which should be monitored over time.

While our measures of mental health were limited, they were concerning. The YRBS just recently began asking high school students to self-assess their mental health. In the two years of data we have available, close to 30% of students reported their mental health was not good "most of the time" or "always." Suicidal ideation has been trending upwards since 2009, peaking at 23% of students seriously considering suicide in the previous year in 2021. Twenty percent of high school students seriously considered suicide in 2023 – greater than the national average – and 10% made at least one attempt.

We assessed victimization experiences within intimate relationships, in neighborhoods, and at school. While physical dating violence was on the decline, more San Diego teens reported being the victim of sexual dating violence than a decade prior. About 15% of San Diego high school students reported this type of victimization in 2023, greater than the California state average. Witnessing neighborhood violence also increased between 2021 and 2023, though it is difficult to know whether this is a long-term trend or related to loosening of stay-at-home orders as risks from the COVID-19 pandemic have been mitigated. Trends for school-based violence were mixed. The share of students who reported being in a fight and being threatened with a weapon both declined but those reporting having been bullied and skipping school due to feeling unsafe either at school or on their way to school increased. It is unclear from the data what students were afraid of.

Finally, there were several concerning trends for risky behaviors. Peer isolation has been increasing among San Diego high school students (and is higher among San Diego students than the state average), which may impact their mental well-being. While frequent cigarette use has been declining for more than a decade, frequent vape use and binge drinking have both been on the rise in the last couple of years (it's important to note, however, that while rising, not many students reported engaging in either behavior). Though most students did use some method of pregnancy prevention, more than 90% reported not having been tested for sexually transmitted infections in the previous year. The share of students reporting drinking and driving has been low for a decade, but there was a spike in driving and texting in 2023, with more than a third of students reporting this behavior.

In addition to the overall trends, we also presented results disaggregated, where possible, by sex, race, immigrant status, disability status, age, and sexual orientation. Some of the most common and concerning disparities observed were by race. Hispanic, Black, and American Indian students in both the City and the County were less likely to meet or exceed expectations on standardized test scores than other groups. This is almost certainly related to the fact that Black and Hispanic students

[225] Rocha, S., & Fuligni, A. (2023). The impact of the COVID-19 pandemic on adolescent sleep behavior, *Current Opinion in Psychology, 52.*

are also more likely to attend high poverty (and thus, lower-resourced) schools (data were not available for American Indian students attending disadvantaged schools). Despite this, achievement gaps by race in high school graduation rates have been decreasing and all groups had a high school graduation rate above 90% in 2023. Hispanic and Black young adults, however, were again less likely to enroll in and graduate from college than other groups. Similar patterns are observed in the economic data, likely due to these same patterns being repeated over generations. Black youth were less likely to live in households making a family-sustaining wage in 2023, Hispanic youth were less likely to have health insurance coverage than other groups over the time studied, and less than 10% of AANHPI, Black, Multiracial, and Hispanic young adults who were working made a self-sufficient wage in 2023 (see the State of San Diego Asian Americans, Native Hawaiians & Pacific Islanders Report[226] for more information on differences within the AANHPI community).

Turning to health, infants born to Black mothers were substantially more likely to be of low birth weight than other infants. This may be related to economic circumstances as well as structural and interpersonal racism and the stress of dealing with these barriers. Black and Hispanic youth were the least likely to eat breakfast on all seven days of the week, which may have been a contributing factor to these groups' lower performance on standardized test scores. Despite stereotypes to the contrary, Black students (along with AANHPI students) were among the least likely to drink alcohol. The mental health of multiracial students was of particular concern, with this group reporting the highest rates of poor mental health in 2021 and 2023, the highest rates of suicidal ideation over time, and among the highest rates of suicide attempts. In 2023, Black and Hispanic students also had elevated rates of suicide attempts.

We also observed several patterns in victimization and risky behaviors. Hispanic students were the most likely to skip school due to feeling unsafe on the way to school or while at school from 2005 to 2021. Probably in connection with that, they were also among the most likely to report witnessing neighborhood violence and fighting at school. Black students were also likely to witness neighborhood violence and report fighting at school and also reported a high rate of peer isolation. These factors may have contributed to the lower average standardized test scores of these groups.

Multiracial students experienced a disproportionate share of several types of interpersonal violence, including bullying victimization, physical teen dating violence victimization, being threatened with a weapon on school property, and fighting. White students reported a spike in sexual teen dating violence victimization in 2023 and elevated rates of some concerning behaviors, including binge drinking and driving while texting.

Race was not the only factor that affected these trends. Female youth reported elevated rates of many risk factors compared to their male peers: lower rates of obtaining sufficient sleep and exercise, higher rates of alcohol use and binge drinking, vape use and frequent use, bullying victimization, sexual teen dating violence victimization, peer isolation, poor mental health, and suicidal ideation and attempts.

[226] Stone, G., Jurek, A. L., & Boyd, K. L. (2024, December). State of San Diego Asian Americans, Native Hawaiians, & Pacific Islanders Report. Report prepared for San Diego Foundation. https://www.sdfoundation.org/wp-content/uploads/2024/12/SDF-AANHPI-Report.pdf

Despite these challenges, female students outperformed their male peers on standardized test scores in English Language Arts and college enrollment and graduation. These academic achievements did not translate to economic achievements for young adults, however. Only 7% of young working females made a self-sufficient wage in 2023 (the situation was only slightly better for males: 11% were able to make enough money to pay bills without outside assistance), and more females than males reported both working and being in school (which may be indicative of economic need).

While the share of female students reporting poor mental health was double that of males, nearly 20% of male students also reported experiencing poor mental health symptoms in the previous month. The true rate is likely higher – males are less likely to recognize and describe emotional states, are more likely to report self-stigma and shame regarding their mental health concerns (and thus may be less likely to self-report) and may have different symptoms than females. Males may be more likely to engage in externalizing behaviors (such as aggression, risk taking, or substance use) than internalizing behaviors (such as feelings of sadness or worthlessness) as part of their mental health concerns.[227] We see some evidence for increased risk taking in San Diego high school boys, in that they were more likely to be in a physical fight in school and more likely to drive while texting than girls, but girls were more likely to use and abuse alcohol and vapes. Regardless of sex, teens' self-reported mental health predicts mental health diagnoses in adulthood,[228] so this is an essential metric to track and a possible intervention point.

Sexual orientation was another area where a number of disparities were observed (despite having only two years of YRBS data on sexual orientation). Sexual minority students, accounting for more than a quarter of all students, were less likely to obtain sufficient sleep and exercise and more likely to report peer isolation than their heterosexual peers. Gay and lesbian students were more likely to report drinking. Sexual minority students, especially those identifying as some other sexuality, reported elevated poor mental health and suicidal ideation and attempts. Gay, lesbian, and students identifying with some other sexuality were most likely to skip school due to feeling unsafe there or on their way there. Gay and lesbian students reported high rates of bullying, being threatened with a weapon at school, and being in physical fights at school. Bisexual students were at particularly high risk. In addition to the previously identified risks under the umbrella of sexual minority students, bisexual students were also more likely to drink and binge drink, vape, experience bullying victimization, be the victim of both physical and sexual teen dating violence, and witness neighborhood violence. With 12% of the high school population identifying as bisexual, this is a substantial group experiencing a great deal of risk.

Our ability to detect trends by immigrant status and disability status were limited by our data sources, but there were some commonalities. Both immigrant students and students with a reported disability were less likely to meet or exceed expectations on

[227] Rice, S. M., Purcell, R., & McGorry, P. D. (2018). Adolescent and young adult male mental health: Transforming system failures into proactive models of engagement. *Journal of Adolescent Health, 62*(3), S9-S17.
[228] Carlén, K., Suominen, S., Augustine, L., Saarinen, M. M., Aromaa, M. Rautava, P., Sourander, A., & Sillanpää, M. (2022). Teenagers' mental health problems predict probable mental diagnoses 3 years later among girls, but what about boys? *Child and Adolescent Psychiatry and Mental Health, 16*(41).

standardized tests. Despite this, achievement gaps have been decreasing in high school graduation rates and immigrant graduation rates were nearly on par with non-immigrants and students with reported disabilities were nearly on par with those without disabilities in 2023. Both immigrant children and children with disabilities were less likely to live in households making a family sustaining wage, and immigrant youth were less likely to be covered by insurance than non-immigrant youth. Disabled young adults were less likely to participate in the labor force, and once participating, were less likely to be employed, than their abled counterparts.

Relatively few disparities were observed by age. Older students were less likely to get sufficient sleep than younger students and were more likely to drink, binge drink, and drive while texting.

One important factor we were not able to measure was social media usage. Social media plays an increasingly weighty role in young people's lives; as of 2022, almost two-thirds of US teens reported daily social media use[229] and in 2023, more than half of US teens reported spending at least four hours a day on social media.[230] Its impact on youth well-being, however, is uncertain and is still being studied. In 2023, the US Surgeon General addressed the growing concerns about social media's effects on youth mental health, exploring the evidence for its impacts on children and adolescents.[231] When used in moderation, social media can support youth development – digital platforms offer young people, especially those from marginalized groups, essential opportunities to express themselves, build community, and access social support.[232] Excessive use, on the other hand, can be detrimental. Adolescents spending more than three hours per day on social media doubled their risk of poor mental health outcomes.[233] Excessive use has also been linked to sleep and attention problems. Teens may be exposed to harmful content online, including self-harm content, body comparisons, hate-based content, or predatory behavior. Depending on the content they are exposed to and the amount of time spent on social media, teenagers may be at a greater risk of cyberbullying-related depression,[234] body image issues and disordered eating behaviors,[235] lack of social

[229] Rideout, V., Peebles, A., Mann, S., & Robb, M.B. (2022). Common Sense Census: Media use by tweens and teens. Common Sense. Retrieved from https://www.commonsensemedia.org/sites/default/files/research/report/8-18-census-integrated-report-final-web_0.pdf

[230] Rothwell, J. (2023, October 13). Teens spend average of 4.8 hours on social media per day. Gallup. Retrieved November 20, 2025 from https://news.gallup.com/poll/512576/teens-spend-average-hours-social-media-per-day.aspx

[231] Office of the U.S. Surgeon General. (2023). Social media and youth mental health: The U.S. Surgeon General's advisory. U.S. Department of Health and Human Services. Retrieved from https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf

[232] Anderson, M., Jiang, J. (2018). Teens' social media habits and experiences. Pew Research Center. Retrieved from https://www.pewresearch.org/internet/2018/11/28/teens-social-media-habits-and-experiences/

[233] Riehm, K. E., Feder, K. A., Tormohlen, K. N., Crum, R. M., Young, A. S., Green, K. M., Pacek, L. R., La Flair, L. N., & Mojtabai, R. (2019). Associations between time spent using social media and internalizing and externalizing problems among US youth. *JAMA Psychiatry, 76*(12), 1266–1273.

[234] Hamm, M. P., Newton, A. S., Chisholm, A., Shulhan, J., Milne, A., Sundar, P., Ennis, H., Scott, S. D., & Hartling, L. (2015). Prevalence and effect of cyberbullying on children and young people: A scoping review of social media studies. *JAMA Pediatrics, 169*(8), 770–777.

[235] Holland, G., & Tiggemann, M. (2016). A systematic review of the impact of the use of social networking sites on body image and disordered eating outcomes. *Body Image, 17*, 100–110.

interaction, poor sleep quality,[236] and suicidal ideation and behavior.[237] While research has found that limiting social media use to 30 minutes a day significantly improved depression severity among college-aged individuals,[238] social media is designed to maximize user engagement so decreasing habitual use and avoiding harmful content can be extremely difficult. Parents and caregivers can support their children by creating tech-free zones and encouraging in-person relationships, modeling responsible social media behavior, and reporting cyberbullying and online abuse.[239] Policymakers can, among other things, pursue policies to further limit access to social media for all children, including aspects like age minimums, and support the development of digital and media literacy curricula in schools.

Directions for Future Research

As can be seen in this report, trends in youth well-being change over time. It is important to continue to monitor these changes to understand how things are improving and where course corrections are needed. We recommend governments and philanthropies come together every two years to fund an updated report: this will coincide with the release of updated YRBS data so stakeholders can stay apprised of trends in health, victimization, and risky behaviors.

We also recommend funding be made available for targeted local research. We found in this report that Black and Hispanic students are more likely to witness neighborhood violence and skip school due to feeling unsafe. A survey of local residents could identify specific communities where residents feel less safe. Interventions could then be designed using principles of crime prevention through environmental design that would benefit whole communities, increasing feelings of safety. The survey should encompass other indicators of well-being, such as access to parks and green spaces, where interventions could increase well-being and neighborhood cohesion.

In addition to this large-scale survey research of our community, funding should also be made available for targeted research with small populations. Several disparities in well-being were identified for Black and sexual minority youth; sample sizes of American Indian youth were often too small to analyze. In-depth qualitative and mixed-methods research would bring into focus specific challenges faced by these communities and the community strengths they have to overcome the challenges.

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[236] Alonzo, R., Hussain, J., Stranges, S., & Anderson, K. K. (2021). Interplay between social media use, sleep quality, and mental health in youth: A systematic review. *Sleep Medicine Reviews, 56*, 101414.
[237] Xiao, Y., Meng, Y., Brown, T. T., Keyes, K. M., & Mann, J. J. (2025). Addictive screen use trajectories and suicidal bahviors, suicidal ideation, and mental health in US youths. *JAMA, 334*(3), 219-228.
[238] Hunt, M. G., Marx, R., Lipson, C., & Young, J. (2018). No more FOMO: Limiting social media decreases loneliness and depression. *Journal of Social and Clinical Psychology, 37*(10), 751–768.
[239] Office of the U.S. Surgeon General. (2023). Social media and youth mental health: The U.S. Surgeon General's advisory. U.S. Department of Health and Human Services. Retrieved from https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf

Policy Recommendations

This section provides a set of policy recommendations in response to the various factors analyzed throughout the report. It reflects the overarching concern of the City of San Diego's Office of Child and Youth Success (OCYS) that San Diego must urgently address the wide disparities in access, opportunity, and engagement for children and youth across the region and create a city where children and youth thrive. As articulated in the data analysis, of particular concern are the barriers faced by vulnerable populations, including LGBTQ+ youth, youth of color, and youth experiencing homelessness. The policy recommendations outlined here are grounded in a commitment to equity and aim to create a more inclusive and supportive environment for all young people.

For each child and youth well-being factor, several policy approaches are offered, along with broader strategies for the OCYS and City to consider. Recommendations are organized into three categories: **City**, which focuses on tools such as municipal code, charter provisions, public funding, economic development, and permitting; **Community**, which emphasizes partnership-building with regional organizations; and **Advocacy**, which identifies opportunities to pursue change at the county, state, and federal levels. Recommendations span short-, medium-, and long-term timelines (up to four years) and include both achievable and aspirational policies. Each section is also cross-referenced with one of the six OCYS strategic priorities to support coordinated implementation. Working with children, youth, parents, and stakeholders across San Diego to implement these recommendations will help our children and youth thrive.

Role of the City of San Diego and the Office of Child and Youth Success

The City of San Diego and OCYS play a pivotal role in shaping the conditions that enable children and youth to thrive. This section outlines key policy levers available to the City and OCYS to address disparities in youth well-being identified throughout the report. At its core, the City's role is about investing in future generations—supporting young people to grow, learn, and lead in a San Diego that values their voices and reflects the richness of our cultural diversity. We hold a bold, clear vision: without our children and youth, we have no future.

Within City government, OCYS helps coordinate cross-departmental efforts that directly impact youth and families. This includes aligning internal functions such as public funding, permitting processes, and economic development initiatives to advance youth well-being. Departments with a strong nexus to youth outcomes—such as Parks and Recreation, Libraries, Homeless Strategies & Solutions, and Economic Development—are vital partners in this work. OCYS also plays a key role in bringing in external grant funding and supporting the City's efforts to become a more family-friendly employer, ensuring that public systems work in concert to support children and families.

Beyond City Hall, OCYS serves as a connector and collaborator, helping to build strong partnerships across San Diego's vibrant youth-serving ecosystem. This includes supporting cross-sector collaborations and incentivizing organizations to work together in ways that expand access to opportunities. Key priorities include creating alternative education and workforce pathways, empowering youth leadership in issues like climate and education, and supporting the capacity of youth-serving

organizations to thrive. Robust partnerships with educational institutions, like San Diego Unified School District (SDUSD) and San Diego Community College District (SDCCD) are essential to achieving shared goals.

Finally, OCYS engages in strategic advocacy alongside other local and regional governmental partners. Many challenges facing youth—such as housing instability, mental health access, or education disparities—require coordinated solutions across jurisdictions. By working with the County, school districts, and state agencies, OCYS can help elevate youth-centered policies at higher levels of government, ensuring San Diego's children and youth are represented in broader policy decisions that shape their lives.

OCYS Strategies & Icons

OCYS has identified six strategies, identified below, that articulate the work they do to support positive social, health, and educational outcomes for all children and youth in San Diego. Each strategy includes a corresponding icon that is used throughout this policy section to connect potential policy options with OCYS strategy areas.

OCYS Strategy	Icon
Develop and strengthen partnerships	
Navigate and strengthen systems and resources	
Support and expand access for youth leadership and voice	
Collect, share, and use data	
Advise on the priorities of children, youth, and families	
Seek funding	

Overarching Recommendations

This section highlights overarching recommendations for City and OCYS to implement that will have numerous benefits for child and youth well-being.

Recommendation #1: Child and Youth Priority-Based Budgeting

The City could adopt a priority-based budgeting system to better understand the relative portion of the City budget toward children, youth, youth-serving programs, and families with young children. This could be an effective metric to quantify and understand the City's prioritization of youth, and track progress over time. Children and youth represent close to 30% of the City of San Diego population – over 400,000 individuals. The City of San Diego has used this method for tracking funds related to Climate Action Plan implementation.[240]

The City of Los Angeles has a Youth Development Department; performance measures included in the FY 2025-26 Proposed Budget include the "number of constituents receiving youth information."[241] The City could establish a methodology and baseline calculation that could be updated on a recurring basis, coinciding with updates to the Youth Well-being Report.

Recommendation #2: Government Agency Convening

[240] Modica, C. (2024, October 29). The public's guide to the budget process and the FY 2025 adopted budget. Independent Budget Analyst, The City of San Diego. Retrieved from https://www.sandiego.gov/sites/default/files/2024-10/iba-budget-guide-eng.pdf

[241] City of Los Angeles. FY 2025-2026 Proposed budget. Retrieved from https://cao.lacity.gov/budget25-26/ProposedBudget/2025-26Proposed_Budget.pdf

While many agencies have staff that contribute to child and youth success, few have dedicated positions that are focused directly on child and youth development outcomes. The County of San Diego's Child and Family Well-Being Department incorporates numerous services, including First 5 Commission of San Diego, Child Welfare Services, childcare services, and other functions that support children, youth, and families. Many other cities run programs that serve children, youth, and families with young children through Library and Parks and Recreation programs. As such, the region could benefit from regular convening of municipally designated representatives to focus regionally on child and youth success. Such convenings could help facilitate regional coordination and collaboration, better understanding of top issues and trends facing the region and create shared resources to better serve children and youth across San Diego. A regular convening of representatives could help foster regional collaboration, strategic and targeted regional investments, state legislative priorities, and seek grant funding. Resources are limited, and if government agencies can work together to identify best practices, strategies, and maximize their own limited resources, more impactful programs can be supported or sustained.

Many of the recommendations outlined in this report could be adopted by cities throughout the region, broadening their impact. Data from the Youth Well-being Report should be shared with this group to help ensure that all stakeholders can make data-informed decisions.

Recommendation #3: Leveraging Data

This report is the first to examine well-being statistics for youth and children across San Diego, and it is hoped that this data will inform the City's efforts to improve outcomes for children and youth. These policy recommendations are tailored to a four-year planning horizon, and the report should be updated periodically to link the impact of programs and policies with outcomes for children and youth. Some additional data insights that could be valuable for analysis include: childcare availability, quality, and affordability; child poverty rates; food security rates; parental monitoring; perceptions of safety; and social media use. The City's Performance & Analytics Department will be a valuable partner for furthering data analysis.

Recommendation #4: Support Youth Ambassadors

The policy recommendations outlined in this report for children and youth will only go so far. Youth often come up with creative ideas to support and connect with the challenges that they face in their daily life. The City of San Diego has a Youth Commission that advises the Mayor and City Council on youth issues; the City could consider expanding the Commission's impact by creating a new program to support youth ambassadors. This could potentially be done in

conjunction with Live Well San Diego's Youth Leadership Team, who organize town halls to gather input on topics important to youth and young adults.[242] Ambassadors could help with creative ideas for engaging other youth and finding ways to implement them. As an example, the Aspen Challenge was recently held in San Diego and students looked at the issues around a lack of belonging and the role that smartphones and social media usage was playing in their lives. The students decided to establish a "No Phone Club" and promote it at their school. There is greater resonance when youth identify problems and can drive change themselves, supported by external stakeholders. There is creativity and innovation. Supporting youth ambassadors and creativity in youth will help our children and youth advance solutions to the problems that they confront.

Education & Child Care

OCYS Goal: Education and Educational Enrichment, Child Care

The OCYS goals around Education and Educational Enrichment and Child Care are informed by the education-focused data analysis, including preschool enrollment, standardized test scores, language fluency, and high school and college enrollment and completion. It's important to note, however, that chronic absenteeism and an increasing number of students opting out of exams complicates our understanding of student performance.[243]

While the City of San Diego is not an educational or childcare provider, the City does play a role in permitting childcare businesses, offering youth programming through the City's Recreation Centers and Library facilities, and supporting municipal employees to meet their childcare needs. There are several strategies that the City could implement to help address some of the racial disparities in childcare access and educational attainment that the data indicate.

For childcare, there are opportunities for the City to invest in its own childcare strategies as well as help advance the goals and objectives of the regional Child Care Blueprint. For education, partnerships will be critical to advance child and youth well-being. A collaborative that consists of San Diego Unified School District, the community colleges, San Diego County Office of Education, and out-of-school-time networks and childcare networks could regularly share data and engage on educational issues, as well as many of the other data categories articulated in this report.

[242] Live Well San Diego. (n.d.). Youth leadership team. Retrieved from https://www.livewellsd.org/i-want-to/get-involved/sector-engagement/youth/youth-leadership-team

[243] Lafortune, J., & Ugo, I. (2025, March 4). Recent test results show widening gap between high- and low-scoring K-12 students. Blog post. Public Policy Institute of California. Retrieved July 16, 2025 from https://www.ppic.org/blog/recent-test-results-show-widening-gap-between-high-and-low-scoring-k-12-students/

Type	Policy options	Alignment with OCYS Strategies
City	Recommendation Childcare (CC)1: Continue implementing the Child Care Blueprint overall, along with partners, with particular focus on increasing the supply of childcare by expanding facilities and easing the process for childcare operators to develop and renovate facilities.	
	Recommendation CC2: Consider supporting the countywide childcare ballot measure (tentatively scheduled for November 2026) that would raise revenues, similar to the model proposed by San Francisco, CA.[244]	
	Recommendation CC3: Accelerate implementation and funding of Measure H (expanding the use of city-owned property to be used for early education/out-of-school-time educational purposes).[245]	
	Recommendation Education (ED)1: Expand library programming and services aimed toward young adults (ages 19-24) and disconnected youth.	
	Recommendation ED2: The City of San Diego should become a formal partner in the San Diego Unified School District (SDUSD) Community School Initiative, which is a whole-child school improvement strategy.[246]	
	Recommendation ED3: Support community groups to work with students who are immigrants, racial minorities, or who have disabilities to mitigate the gaps on standardized tests. Trusted nonprofit partners could coach and work with students.	

[244] San Francisco Department of Early Childhood. (n.d.). San. Francisco Proposition C – Early Care and Education for All Initiative. Retrieved from https://sfdec.org/san-francisco-proposition-c-early-care-and-education-for-all-initiative/

[245] BallotPedia. (n.d.). San Diego, California, Measure H, Authorize Childcare on Parkland Property Amendment (November 2022). Retrieved from https://ballotpedia.org/San_Diego,_California,_Measure_H,_Authorize_Childcare_on_Parkland_Property_Amendment_(November_2022)

[246] California Department of Education. (2025). California Community Schools Partnership Program. Retrieved from https://www.cde.ca.gov/ci/gs/hs/ccspp.asp

Type	Policy options	Alignment with OCYS Strategies
	Recommendation ED4: Convene regularly with additional educational entities (SDUSD, community colleges, universities) to share data and advance strategies collaboratively.	
Community	Recommendation ED5: Strengthen the pipeline for students to be enrolled at community colleges and other local universities.	
Advocacy	Recommendation CC4: Continue alignment with school district and early education (Child Care Blueprint) policy priorities.	

Economic Stability

OCYS Goal: Workforce Development & Financial Well-being, Education and Educational Enrichment

OCYS goals of Workforce Development & Financial Well-being and Education and Educational Enrichment are informed by data around economic stability. This includes data around housing stability, student homelessness, families making a family-sustaining wage, and employment opportunities.

Likely driven by the high cost of living in San Diego County, youth homelessness has risen slightly over the past few years, and there's been a decline in youth living in homes making a self-sufficient wage, particularly for immigrant groups, Hispanic, and Black families. Labor force participation is low for young people with a reported disability. Young adults are also increasingly unable to earn a self-sufficient wage. Across many indicators surveyed, the disparities were greater for Hispanic, Black, and immigrant youth, and youth with a reported disability.

The affordability challenge is real for youth and families with young children, and the result may be that more families move away from the region or slip further into poverty. The City of San Diego's existing work on housing, economic development, and supporting living wages will continue to be of great importance in addressing these trends, particularly for families with young children and youth. The creation and support of more housing in high-opportunity areas will be helpful. As a large employer in the region, the City of San Diego also has a critical role to play in supporting youth through its own employment practices, as well as encouraging economic development broadly throughout the region. This report focuses less on housing opportunities, as this is the subject of numerous city initiatives (e.g., Complete Communities: Housing Solutions; Blueprint SD; Housing Action Package 2.0, Small-scale Neighborhood Homes Initiative).

Partnerships will help accelerate progress in these areas. This includes working with educational partners (e.g., SDUSD, community colleges) to foster employment

pipelines and training programs that can help youth identify and obtain jobs paying self-sufficient wages.

In addition to existing City work, there are additional economic opportunities that the City can help foster employment and economic opportunity for youth and facilitate connections across the broader employment ecosystem.

Additional efforts that will improve outcomes for youth, children, and families with young children to advance OCYS goals include:

Type	Policy options	Alignment with OCYS Strategies
City	Recommendation Economic (EC)1: Develop a regular convening with local partners, including school district and community colleges, to facilitate a clear pipeline for students through the educational system and training for employment within the City of San Diego at a self-sustaining wage.	
	Recommendation EC2: Expand the existing clearinghouse of youth internship opportunities within municipal government to other opportunities in the region.	
	Recommendation EC3: Provide specific City of San Diego internship and workforce programs for neurodivergent individuals (e.g., County of San Diego's Jay's Program) that includes specific training for supervisors on managing neurodivergent individuals.	
	Recommendation EC4: Provide young adults (ages 19-24) and disconnected youth with relevant training programs at libraries, which could include financial literacy/wellness training and entrepreneurship programs at libraries.	
	Recommendation EC5: Obtain credit toward GED or community college credit through employment or internship opportunities at the City.	
	Recommendation EC6: Evaluate the impact of the expanded parental leave policy for City of San Diego employees, enabling parents to care for their newborn while earning their wages, and share findings with other San Diego employers.	

Type	Policy options	Alignment with OCYS Strategies
Community	Recommendation EC7: Develop partnerships with businesses and other large employers in the region to commit to hiring youth.	
	Recommendation EC8: Collaborate with 211, school districts, community colleges, and other educational institutions to provide basic needs coordinators to connect students with resources (e.g., SNAP, MediCal) and City employment opportunities.	
	Recommendation EC9: Develop analysis of internal municipal staffing needs and regional workforce needs/projections, along with understanding which careers will provide students with self-sustaining wages and share analysis on wage potential with students.[247]	
Advocacy	Recommendation Housing (H)1: Continue to support Assembly Bill (AB) 752 (Ávila Farías, 2025) that would incorporate onsite childcare, other amenities into communities, affordable housing projects, and other regional efforts. If not adopted statewide, identify strategies to implement locally.	
	Recommendation H2: Support efforts to provide housing to youth (e.g., County of San Diego's Housing Our Youth (HOY) program).	
	Recommendation EC10: Support continued expansion of corps programs (e.g., Youth Corps, California Corps) that provide youth with valuable training programs.	

Health Insurance

OCYS Goal: Workforce Development & Financial Well-being, Education and Educational Enrichment, and Youth Empowerment

The OCYS goals of Workforce Development & Financial Well-being, Education and Educational Enrichment, and Youth Empowerment are informed by data around health insurance access.

[247] Jurek, A. L., Boyd, K. L., Gonzalez, G., Nasrollazadeh, N., & Enemark, D. (2023, December). Planning a Thriving Ecosystem of Higher Education in South County: A Workforce & Education Needs Assessment. Retrieved from https://thinkpic.org/wp-content/uploads/2024/09/PIC_Report_HigherEducationinSouthCounty.pdf

Overall, health insurance coverage rates have increased over the past decade, with nearly 97% of adolescents in San Diego County having access to health insurance in 2023. However, barriers to access remain particularly for immigrant populations. Access to health insurance is crucial to the physical and mental health of children and youth in San Diego.

While health insurance, particularly Medi-Cal access, falls more under the purview of the County of San Diego and the State of California, the City of San Diego's municipal services such as Fire and EMS are connected to the healthcare system and resident's access to health insurance. The City of San Diego can take additional steps to advance equitable health insurance access in the region.

Partners for improving health insurance access can include:

- County of San Diego
- State of California
- Health care providers

Additional efforts that will improve outcomes for youth, children, and families with young children to advance OCYS goals include:

Type	Policy options	Alignment with OCYS Strategies
City	Recommendation Health Insurance (HI)1: Provide small businesses with health resource navigation as part of the annual business license process for small businesses.	
Community	Recommendation HI2: Support the creation of a diverse healthcare workforce that can better serve patients of color.	
Advocacy	Recommendation HI3: Create a partnership with 211, County, and others to create streamlined access to all entitlement programs, including Medi-Cal.	

Physical Health

OCYS Goal: Engaging Activities & Spaces

Data around physical health informs the OCYS goal of Engaging Activities & Spaces.

Economic well-being and social media usage likely play an underlying role in some of the trends related to physical health. Sleep has declined over the past decade or so, which could be linked to increased social media and smartphone usage. Physical activity has also decreased. Economic well-being can also play a role in terms of access to quality healthcare, spaces for physical activity, feeling safe in the community, and being able to eat healthy meals. And while cigarette use has declined substantially, vaping use has increased over the past few years.

The City of San Diego can offer great programs and opportunities for youth to be outside and physically active by providing engaging activities and spaces. San Diego benefits from wonderful weather year-round and nearby access to excellent recreational amenities, including the ocean and hiking. However, these amenities are not accessible to many San Diego children and youth. More can be done to bring children and youth outside, facilitating connections and programming that meet their interests.

Partners for improving the physical health of children and youth include:

- Educational institutions
- Community groups, including community gardens
- County of San Diego

Additional efforts that will improve outcomes for youth, children, and families with young children to advance OCYS goals include:

Type	Policy options	Alignment with OCYS Strategies
City	Recommendation Physical Health (PH)1: Leverage youth voices to create community gardens at parks (e.g., County community garden program) and joint use spaces (which are a partnership between the City and San Diego Unified School District). Explore partnerships to support local food, community gardens at school locations and opportunities for youth to manage the gardens.	
	Recommendation PH2: Provide additional support for community gardens, including permitting assistance and grant funding to cover water bills.	
	Recommendation PH3: Engage youth ambassadors to solicit recommendations from youth in the community to ensure recreation center programming incorporates youth priorities for physical activity.	
	Recommendation PH4: Expand the reach of the Parks After Dark program operated by Parks and Recreation Department, including working with the County and other municipal stakeholders to expand the model across the region.	
Community	Recommendation PH5: Provide support for schools for enforcement of vaping bans and removing flavored products from stores.	
	Recommendation PH6: Support the implementation of existing Safe Streets for All DOT grant funding to make streets for children, youth, and families with young	

Type	Policy options	Alignment with OCYS Strategies
	children going to school safer (e.g., dips in sidewalks, larger sidewalks, etc.). This can include support for the City Planning Department's Child & Teen Friendly City initiative.	

Mental Health

OCYS Goal: Workforce Development & Financial Well-being, Education and Educational Enrichment, and Engaging Activities & Spaces

The OCYS goals of Workforce Development & Financial Well-being, Education and Educational Enrichment, and Engaging Activities & Spaces are informed by data around mental health.

The data indicate that females have poorer mental health than males, as do LGBTQ+, multiracial, and Black students. There are probably also geographic and socioeconomic disparities in our region as it relates to mental health, which could be analyzed at a later point in time.

The City can play a role in finding opportunities to connect with youth on the types of programs, services, and connections that will be most helpful. Engaging youth ambassadors, as well as experts in the San Diego community (e.g., behavioral health contractors, Rady Children's Hospital, and the Strategic Behavioral Health Initiative), will be imperative to creating a culture of support for children and youth.

Partners:

- County of San Diego
- Behavioral Health contractors
- AAP Strategic Behavioral Health Initiative
- Rady Children's Hospital

Additional efforts that will improve outcomes for youth, children, and families with young children to advance OCYS goals include:

Type	Policy options	Alignment with OCYS Strategies
City	Recommendation Mental Health (MH)1: Engage youth ambassadors to tailor effective communications for youth mental health services and programs.	

Type	Policy options	Alignment with OCYS Strategies
	Recommendation MH2: Participate in the American Academy of Pediatrics Strategic Behavioral Health Initiative[248] convenings.	
	Recommendation MH3: Participate in and share Youth Well-being Data in the Livewell K-12 briefings.	
	Recommendation MH4: Strengthen partnerships with the County for resources for child and youth mental and behavioral health and participate in the County's Optimal Care Pathway (OCP) for young children to transitional aged youth (TAY).	
Community	Recommendation MH5: Collect and analyze data around social media usage and efficacy of smartphone bans to better understand effective strategies to promote healthy behavior as it relates to social media.	
	Recommendation MH6: Partner with school districts to map out mental health, wellness, and belonging programs and identify whether any should also be offered at City Recreational Centers.	
Advocacy	Recommendation MH7: Be an active partner in future planning for First 5 San Diego and long-term funding sources.	

Victimization

OCYS Goals: Education & Educational Enrichment, Workforce Development & Financial Well-being, Education and Educational Enrichment, and Youth Empowerment

The OCYS goals of Workforce Development & Financial Well-being, Education and Educational Enrichment, Engaging Activities & Spaces, and Youth Empowerment are informed by data around victimization.

While most of this work is outside of the purview of the City of San Diego, there are additional priorities that the City could consider, particularly around ensuring children and youth who are engaging with the City (e.g., employed or interning with the City,

[248] American Academy of Pediatrics. (2025). About SBHI: Strategic Behavioral Health Initiative. Retrieved from https://aapca3.org/strategic-behavioral-health-initiative/

participating in Library or Parks and Recreation programs) are provided with supportive services.

Partnerships with school districts, community colleges, and other educational institutions will also be necessary. Other youth-serving organizations in the region could also benefit from understanding the data.

Additional efforts that will improve outcomes for youth, children, and families with young children to advance OCYS goals include:

Type	Policy options	Alignment with OCYS Strategies
City	Recommendation Victimization (VI)1: Connect youth engaging with the City of San Diego (e.g., employed or conducting internships, attending Library or Parks and Recreation programming) with information regarding services.	
Community	Recommendation VI2: Share data on victimization broadly within the community and community-based organizations to help inform the design and impact of programs.	
Advocacy	Recommendation VI3: Conduct proactive litigation against social media companies who are found to use methods that addict children, and to conduct statewide advocacy around legislation enabling proactive litigation, including partnerships with the County of San Diego and other partners.	

Risky Behaviors

OCYS Goals: Education & Educational Enrichment, Workforce Development & Financial Well-being, Education and Educational Enrichment, and Youth Empowerment

The OCYS goals of Workforce Development & Financial Well-being, Education and Educational Enrichment, and Youth Empowerment are informed by data around risky behaviors.

While most of this work is outside of the purview of the City of San Diego, there are additional priorities that the City could consider, particularly around ensuring children and youth feel safe and supported by their community through investments in physical infrastructure and providing children and youth with safe ways to get around the region.

Partnerships with school districts, community colleges, and other educational institutions will also be important.

Additional efforts that will improve outcomes for youth, children, and families with young children to advance OCYS goals include:

Type	Policy options	Alignment with OCYS Strategies
City	Recommendation Risky Behaviors (RB)1: Continue alignment on the City Planning Department's Child & Teen Friendly City initiative, and greater community and physical infrastructure to ensure children, youth, and families with young children feel safe in their neighborhood, including the creation of more community spaces.	
Community	Recommendation RB2: Support the creation of student resource groups at schools and community colleges.	
Advocacy	Recommendation RB3: Help participate in envisioning the future of funding for the First 5 Commission San Diego, which is funded through declining tobacco sales.	
	Recommendation RB4: Support the continuation of Youth Opportunity Passes (YOP) that fund free transit passes for youth under the age of 26.	

Conclusion

There are many stakeholders and actors involved in supporting our children, youth, and families with young children. The City of San Diego has a vital role to play in fostering youth well-being through the services they provide, the partnerships and connections that the largest city region can create, and the spotlight on funding, data and trends. These policy recommendations are intended to serve as a starting point for the City of San Diego and OCYS to consider as they advance their Strategic Plan and Positive Youth Development Framework, creating a city where children and youth thrive.

Appendix I: Governmental Youth Resources

- Carlsbad
  - City services for kids
- Chula Vista
  - Classes & activities
- Coronado
  - Find an activity / register
- Del Mar
- El Cajon
  - Classes & programs for all ages
  - Teen coalition
- Encinitas
  - Youth commission
- Escondido
  - Youth services - kids
- Imperial Beach
  - Youth (ages 17 and under)
- La Mesa
  - Classes & camps
  - Youth advisory commission
- Lemon Grove
  - Day camp
- National City
  - Programs
- Oceanside
  - Youth commission page
  - Youth programs
- Poway
  - Programs & activities
  - Teens
- San Diego (City)
  - Kids and Teens – Public Library
  - Office of Child and Youth Success
    - Child and Youth Strategic Plan 2024-2026
  - Recreation programs
  - Youth commission
- San Diego (County)
  - Behavioral Health Services Children, youth, and families (CYF) council
  - Behavioral Health Services Children, youth, & families system of care
  - Health & Human Services Agency Child and family well-being
  - Health & Human Services Agency Youth resources: Youth rights
  - Health & Human Services Agency Youth resources: Websites you can trust
  - Youth commissioner recruitment
  - Youth Opportunity Pass: MTS & NCTD riders under 18 years ride free
- San Marcos
  - Classes and specialty camps

    - Preschoolers & toddler time
    - Youth commission
    - Youth sports leagues & organizations
- Santee
    - Santee teen center
    - Youth sports and equity
- Solana Beach
    - Solana Beach is seeking junior commissioners!
    - Summer day camps
- Vista
    - Activities for youth
    - Youth advisory commission

Appendix II: Methodology

To provide a well-rounded picture of youth well-being in San Diego, we used data from multiple sources, including the US Census Bureau, the California Department of Education, the US Centers for Disease Control and Prevention, the Urban Institute, the County of San Diego, and the Federal Bureau of Investigation. Details about each follow.

Across data sources, we disaggregate data by race, sex, immigrant status, disability status, sexual orientation, and age when data exists to understand how identity impacts experience and where targeted resources may be focused. We do not report on groups with an effective sample size lower than 30, both to preserve the anonymity of research participants and to ensure estimates are reliable.[249,250] We also do not report on data from 2020 due to data quality issues.

US Census Bureau

The United States Census Bureau conducts a 1% representative sample survey of the US population annually through the American Community Survey (ACS). The ACS includes information about respondent's demographics, household composition, economic characteristics, housing characteristics, and more. We conducted original analysis of ACS microdata available from IPUMS USA.[251] Details follow in order of appearance in the report.

Data on the San Diego Population (City and County) and San Diego Youth (City and County) were estimated using ACS microdata from IPUMS. For the calculations of youth by disability status (see Figure 4: San Diego youth population by disability status, 2023), we supplemented the ACS data with data from the California Department of Education (see below).

We used ACS microdata from IPUMS to report on Preschool Enrollment and High School Completion (each supplemented with data from The Urban Institute, see below),

College Enrollment & Completion, and Housing Stability.

To calculate the share of

Youth Living in Households Making a Family-Sustaining Wage, we combined ACS microdata on family size, expenses, and income and compared that to data from the Center for Women's Welfare at the University of Washington on self-sufficient wages by county.[252] The self-sufficiency estimates are available for 2000, 2003, 2008, 2011,

[249] A sample size of 30 is the minimum size that approximates a normal distribution, see Kwak, S. G., & Kim, J. H. (2017). Central limit theorem: The cornerstone of modern statistics. *Korean Journal of Anesthesiology, 70*(2), 144-156. Smaller sample sizes would likely lead to biased and/or unrepresentative estimates.
[250] The effective sample size is a measure for weighted samples that represents the size of a simple random sample that would provide the same level of precision as the weighted data (Kish, L. (1992). Weighting for unequal Pi. *Journal of Official Statistics, 8*(2), 183.). We set a minimum effective sample size of 30 to preserve the same precision across sampling methods.
[251] Ruggles, S., Flood, S., Sobek, M., Backman, D., Cooper, G., Rivera Drew, G. A., Richards, S., Rodgers, R., Schroeder, J., & Williams, K. C. W. (2025). IPUMS USA: Version 16.0 [dataset]. Minneapolis, MN: IPUMS.
[252] Center for Women's Welfare, University of Washington. (2023). The standard: Overview. Retrieved June 11, 2025 from https://selfsufficiencystandard.org/.

2014, 2018, 2021, and 2024. Prior to 2008 a reduced number of family sizes were not available, so we did not use this data. We adjusted for inflation using the Consumer Price Index for San Diego[253] to estimate the household sufficiency estimates for years estimates were not available.

We used ACS microdata from IPUMS to report on Labor Force Participation,

Employment, and

Working While in School.

To calculate the share of Young Adults Making a Self-Sufficient Wage, we used the same methodology described above for Youths Living in Households Making a Family Sustaining Wage. The sample was limited to employed 18- to 24-year-olds and we used their personal income rather than their household income.

We also used ACS microdata from IPUMS to calculate Health Insurance coverage.

California Department of Education

Among other things, the California Department of Education collects data on California's students and schools. Much of this data is made available on DataQuest,[254] including information on enrollment, achievement, graduation, and school climate. Data for the following metrics were retrieved from this source.

San Diego Youth (City and County) by disability status (see Figure 4: San Diego youth population by disability status, 2023) were retrieved from the 2022-23 Special Education Enrollment by Program Setting data[255].

Data on

Standardized Test Scores in English and Math were analyzed using the California Assessment of Student Performance and Progress Research Files for Smarter Balanced Assessments.[256]

Data on Multiple Language Fluency were analyzed using the English Language Proficiency Assessments for California Research Files for Summative ELPAC.[257]

Student Homelessness data were retrieved from the Homeless Enrollment downloadable data files.[258]

[253] US Bureau of Labor Statistics. (n.d.) Consumer price index for all urban consumers (CPI-U), San Diego-Carlsbad, CA. Retrieved from https://data.bls.gov/pdq/SurveyOutputServlet?data_tool=dropmap&series_id=CUURS49ESA0,CUUSS49ESA0
[254] Available from https://www.cde.ca.gov/ds/ad/dataquest.asp
[255] Retrieved from https://www.cde.ca.gov/ds/ad/filesspedps.asp
[256] Retrieved from https://caaspp-elpac.ets.org/caaspp/ResearchFileListSB?ps=true&lstTestYear=2024&lstTestType=B&lstCounty=00&lstDistrict=00000#dl
[257] Retrieved from https://caaspp-elpac.ets.org/elpac/ResearchFilesSA?ps=true&lstTestYear=2024&lstTestType=SA&lstCounty=00&lstDistrict=00000#dl
[258] Retrieved from https://www.cde.ca.gov/ds/ad/fileshse.asp

US Centers for Disease Control and Prevention

The US Centers for Disease Control and Prevention (CDC) conducts a biennial survey of middle and high school students designed to measure behaviors and experiences that can lead to poor health, disability, and death in young adults.[259] The Youth Risk Behavior Survey (YRBS) has gathered data on topics including sexual behavior, substance use, experiences of violence, mental health, and suicidal thoughts and behaviors as well as demographic information from respondents. We analyzed data for San Diego Unified School District, California, and US high school students.[260] Because San Diego data were collected from public high school students in one district, results may not be generalizable to regional students who are homeschooled, attending private school, or in other school districts. Data for the following metrics were retrieved from this source.

SDUSD high school students by race, AY 2022-2023, SDUSD high school students by sexual orientation, AY 2022-2023, Physical and Mental Health metrics (with the exception of health insurance and low birth weight), Victimization metrics, and Risky Behavior metrics (with the exception of juvenile arrests).

The Urban Institute

The Urban Institute's Mobility Metrics were designed to help people understand challenges to getting out of poverty and community racial equity. The Upward Mobility Data Dashboard[261] provides data on 24 mobility metrics for every US county and many major cities. We reported the Urban Institute's data on Preschool Enrollment in the City of San Diego,

School Economic Diversity in the City of San Diego and San Diego County, and High School Completion in the City of San Diego.

County of San Diego

San Diego County's Health & Human Services Agency Maternal, Child, and Family Health Services division makes available data on perinatal health issues.[262] We used Table 20. Low Birthweight to report on Low Birth Weight.

The Federal Bureau of Investigation

The Federal Bureau of Investigation compiles crime data from police agencies across the US in the National Incident Based Reporting System (NIBRS).[263] NIBRS collects data on crimes reported to the police, crime victims, arrests, and more. We used NIBRS data to identify Juvenile Arrests across San Diego County.

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[259] CDC. (2023). YRBSS Overview. Retrieved from https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm
[260] San Diego Unified School District. (n.d.). Youth risk behavior survey. Retrieved from https://www.sandiegounified.org/departments/sexual_health_education/surveillance/youth_risk_behavior_survey. This data does not include all high school students in the city, such as private school students.
[261] Available at https://upward-mobility.urban.org/dashboard
[262] San Diego County. (2025). Health & Human Services Agency: Maternal, Child, and Family Health Services (MCFHS). Retrieved from https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/maternal_child_family_health_services/MCFHSstatistics.html
[263] Retrieved from https://www.icpsr.umich.edu/web/ICPSR/studies/39270