2016

STATUS OF CHILDREN'S HEALTH

SANTA CLARA COUNTY

VOLUME 1

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To the Residents of Santa Clara County:

During my State of the County Address in January 2015, I called on the Santa Clara County Health and Hospital System to conduct a new assessment of the health of children in our county. A child's health plays a vital role in their development throughout their lifetime. Today's children are the future community leaders, elected officials, and workforce in Santa Clara County. The information we learn through this assessment will help us provide what our children need today to achieve their full potential in the future.

I am proud to present ***Status of Children's Health: Santa Clara County 2016***, the first part of a two-part report detailing the health and social needs of children in Santa Clara County.

This first volume of this assessment is a compilation of secondary data sources focused on key priority areas of children's health and well-being, including behavioral health, preventive health, and medical health status with a focus on the racial/ethnic health disparities.

It is my goal that this report and the next volume will serve as valuable tools for policy makers, foundations, non-profits, researchers, elected officials, and government agencies to allocate resources, plan services, develop programs and policies to address health and social inequities facing this county's most vulnerable residents.

I would like to acknowledge Dr. Sara Cody, Public Health Officer and Director, and her staff for their leadership on this project along with my office staff, Lara McCabe and The-Vu Nguyen. I also wish to acknowledge and thank all of the members of the Children's Health Assessment Advisory Committee who have helped guide this assessment.

The child health assessment is aimed at improving the overall health status of children in Santa Clara County. Together, we have the opportunity to support healthy families.

Best Regards,

Dave Cortese
President, Board of Supervisors

Better Health for All

SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM

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To the Residents of Santa Clara County:

We are proud to present the **Status of Children's Health: Santa Clara County 2016**, the first part of a comprehensive assessment detailing the health and social needs of children's health in our county**.**

Our county has a long-standing commitment to the health and well-being of the children in our county. Data from Volume 1 of this report will be used to partner with stakeholders and help inform new service and policy areas as well as support the evaluation of existing services and policies aimed at improving the overall status of children.

Children and youth experience patterns of health and illness that are different from adults. Although findings from our assessment highlight that most children ages 0 to 17 in Santa Clara County have health insurance, health disparities and health inequities persist across a number of areas, including birth outcomes, health behaviors, mental health needs, and socio-economic status.

As we transition to the second part of this assessment, we look forward to the new data collected to inform the development of concrete next steps to execute the important action-oriented recommendations for improving children's health in Santa Clara County.

However, we strongly believe that in order to be successful, it will require individuals, organizations and agencies that serve our children to coordinate efforts, strengthen our partnerships, develop new strategies, and align existing services and resources around identified priorities.

We wish to thank the members of the Children's Services Committee, and the Public Health Department staff for their dedication, commitment and leadership to elevate and address the needs of all children in Santa Clara County.

Sincerely,

René G. Santiago
Deputy County Executive and Director
Santa Clara Valley Health & Hospital System

Dr. Padmaja Padalkar
Assistant Chief of Pediatrics
Kaiser Permanente San Jose Medical Center

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INTRODUCTION

Santa Clara County has long been committed to improving the health of children and families. This assessment is a natural extension of previous efforts to further Santa Clara County's vision of "Better Health for All" and to ensure all children succeed and are positioned to reach their maximum potential. It is our hope that this report will offer policy makers, foundations, non-profits, researchers, elected officials, and government agencies a valuable tool to inform their individual and collective efforts towards establishing action-oriented strategies to improve communities and the health of all of our county's residents.

Nearly a quarter (23%) of Santa Clara County residents are children under the age of 18. The time from conception to adolescence is an important developmental period as it influences health and well-being across the lifespan.

Although many children in our county experience good health, substantial disparities persist among different populations. Disparities in health and well-being often result from existing inequities. Health inequities are differences in health, are avoidable and unjust, and are disproportionately experienced by vulnerable groups often already facing lower levels of social advantage.[1,2] The intentional work to eliminate disparities and health inequities is critical in order for every child to be given an equal and just opportunity to achieve excellent health. The racial disproportionality in health outcomes experienced by some groups, needs to be examined from a social determinants of health lens. The social determinants of health (SDOH) are the factors and structures of inequality beyond our genetic make-up that influence health outcomes and are shaped by differential access to resources, and opportunities that are influenced by societal factors. SDOH offer context to the interplay of the underlying social, historical, political and economic conditions of a child's environment that affect their overall health and well-being throughout their lifespan. This leads to different access and opportunity to basic needs (housing, food), education, transportation, and healthcare.[3]

In order to address the health and social needs of children in Santa Clara County, the Santa Clara County Health and Hospital System in collaboration with the Santa Clara County Public Health Department, under the direction of the Santa Clara County Board of Supervisors, undertook a two part assessment to examine the health of children in the county. The first part of this assessment presents secondary data on the health status of children living in Santa Clara County, with an emphasis on disparities among various groups and by geographic area. Purposeful and thoughtful consideration should be taken in reviewing the data from this report to help inform large-scale efforts that can lead to a fair, just, inclusive and responsive environment for all children and to ensure that every child in Santa Clara County grows to maximize their full potential.

CHILDREN AND FAMILIES

DEMOGRAPHICS & FAMILY TYPES

Why it's important

Demographics describe a region's population across different areas, including gender, age, race/ethnicity, and language. This information is useful for policy makers when strategizing funding priorities and program planning.

The structure of a family is an important factor in the development and health of children. Household structures and family environments are associated with children's educational achievement and physical well-being.[4]

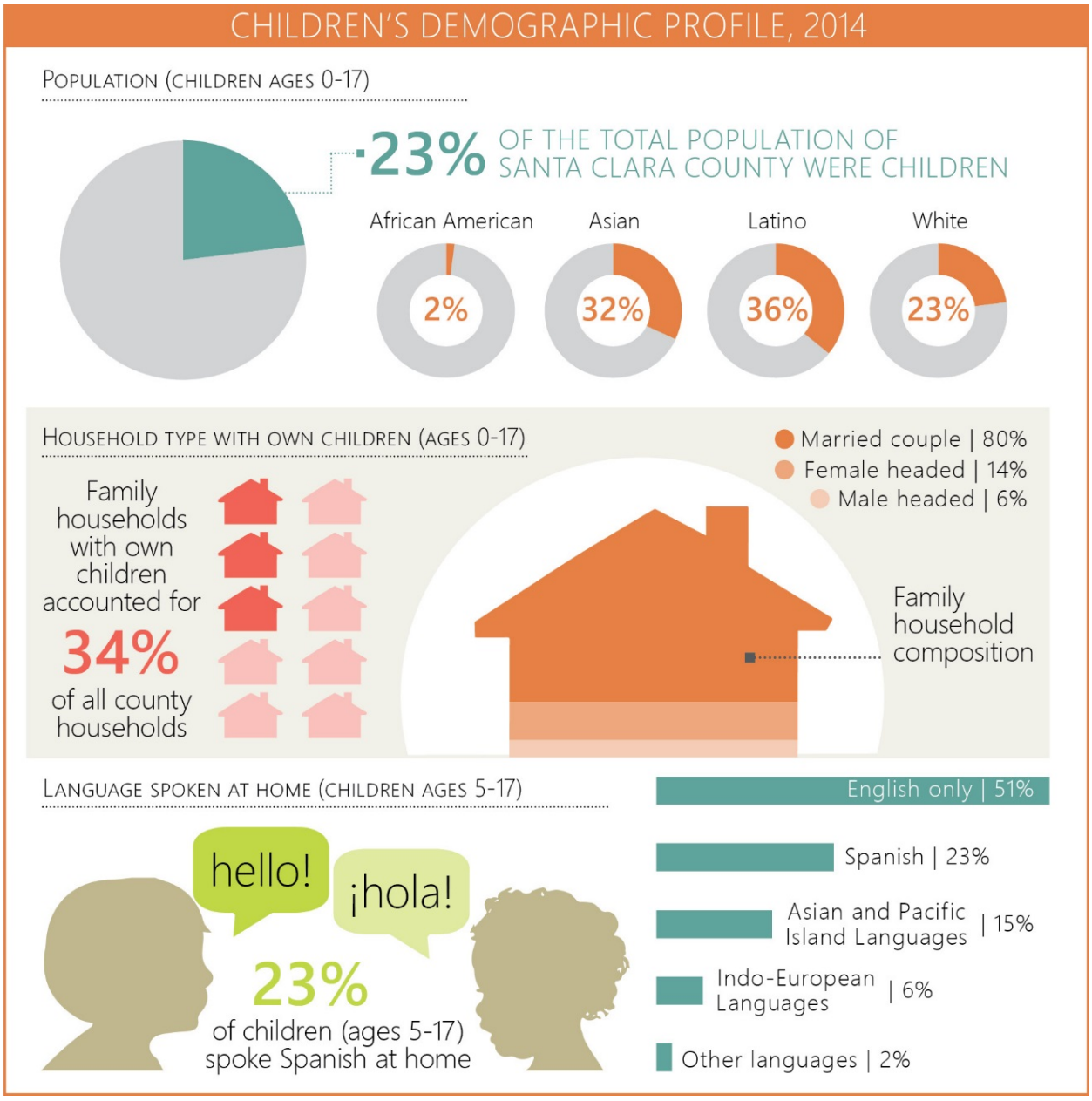
What the data tell us

Children ages 0 to 17 comprised approximately one-quarter (23%) of Santa Clara County's total population, a total of 437,713 children. Of this population, more than one-third (36%) were Latino and one-third (32%) were Asian.

Family households with own children, defined as a child under the age of 18 who is a child by birth, a stepchild, or an adopted child, accounted for 34% of all the households in the county. Of these family households, 1 in 5 (20%) were single parent households with more than 2 times as many female-headed households as male-headed households (14% and 6%, respectively).

Half (49%) of children ages 5 to 17 spoke a language other than English at home.

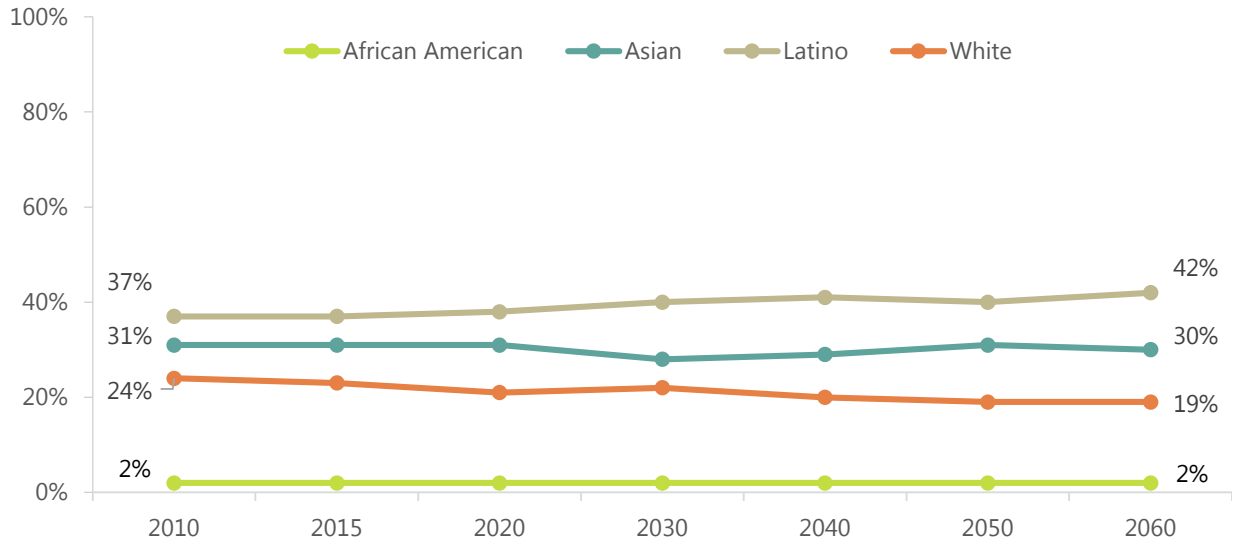
Santa Clara County children



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates [5]

The percentage of Latino children in the county is projected to increase from 37% to 42% by 2060. During the same time period, the percentage of White children is projected to decrease from 24% to 19%. All other racial/ethnic populations are projected to remain stable.

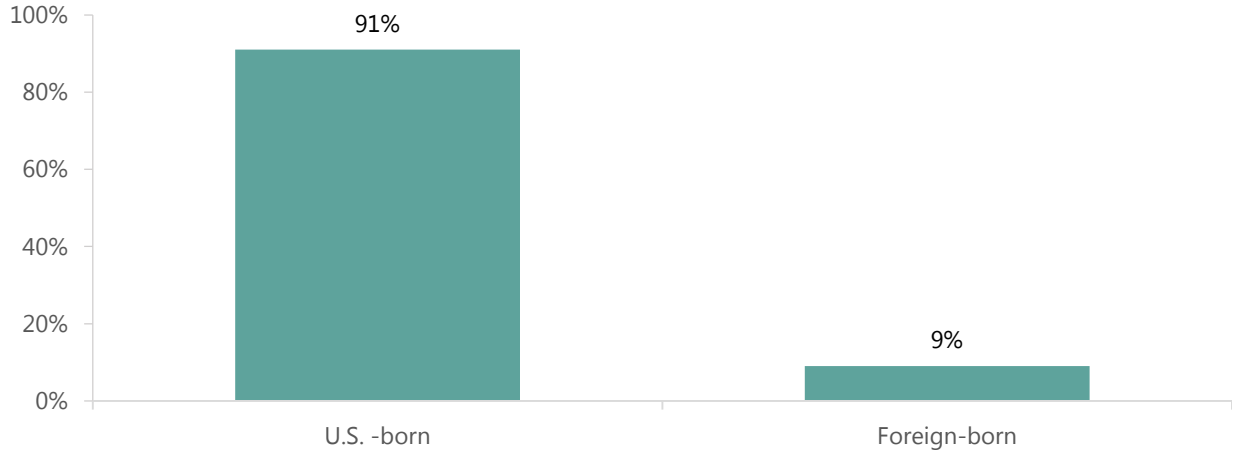
Population projections for children (ages 0-17)



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: State of California, Department of Finance, State and County Population Projection, 2010-2060[6]

While the majority (91%) of children were born in the U.S., nine percent (9%) were foreign born. Approximately two-thirds (65%) of children had 1 or more parents who were foreign-born.

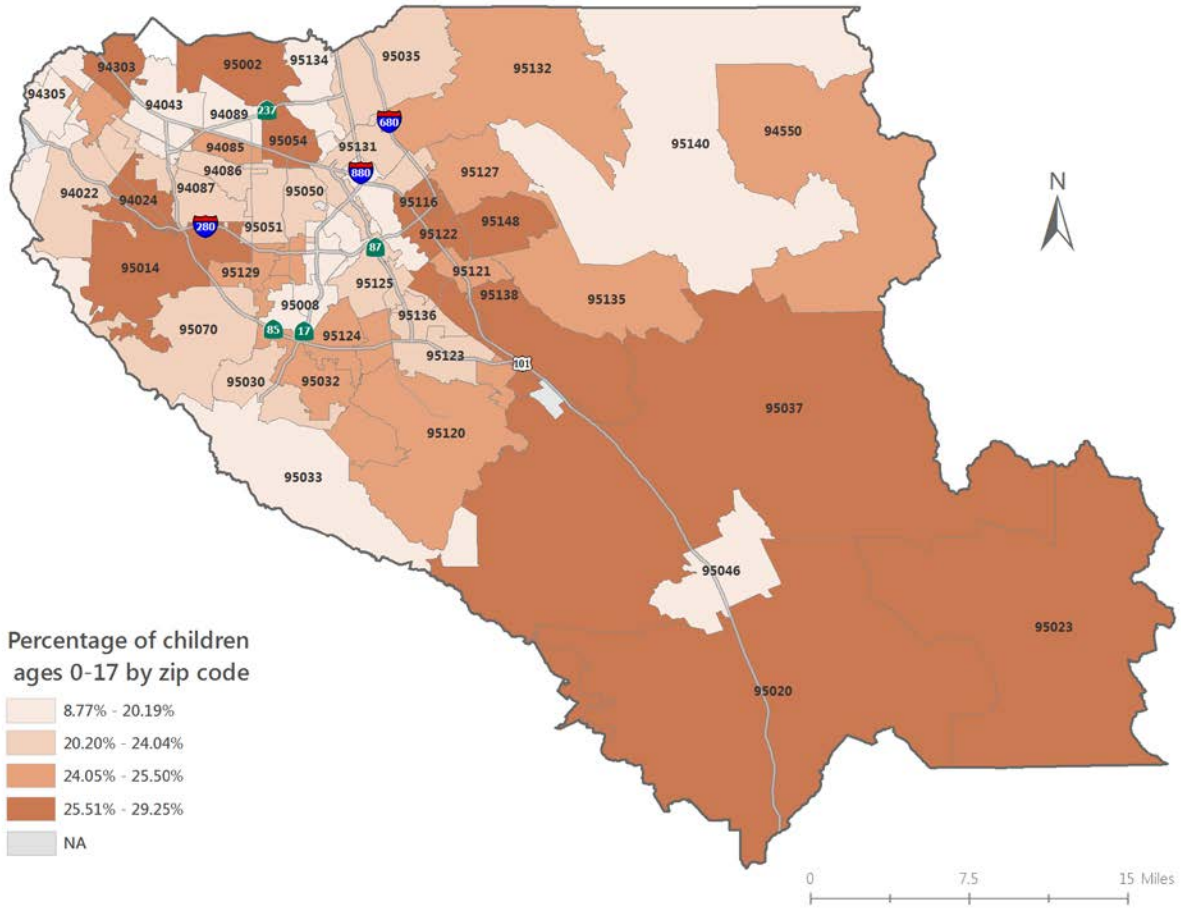
Children (ages 0-17) by place of birth



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates[5]

The population of children ages 0 to 17 ranged from 9% to 29% of the total population per zip code. The highest percentages of children (29% each) were located across eastern areas of the City of San Jose, as well as southern and northern areas of the county in the following zip codes: 95020, 95002, 94303, 95138, and 95023.

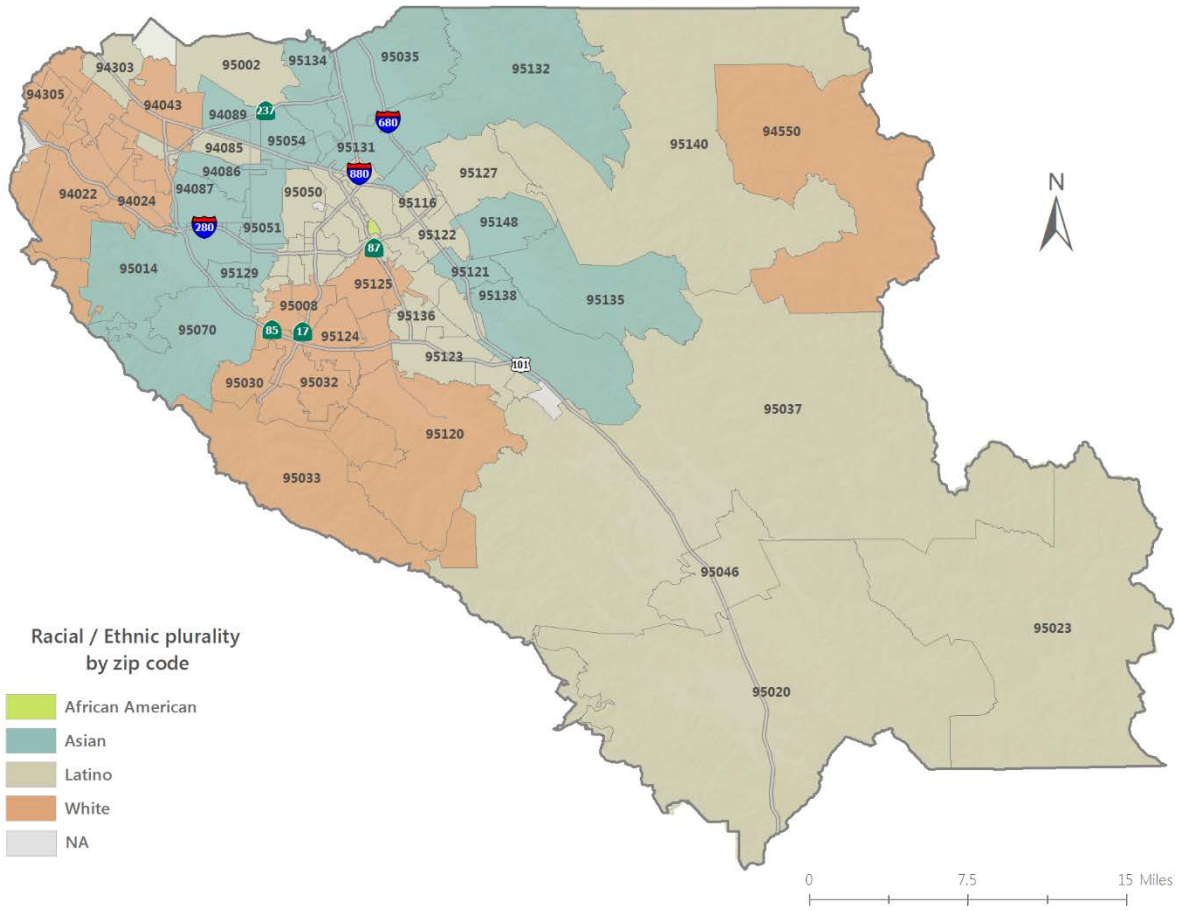
POPULATION DISTRIBUTION OF CHILDREN (AGES 0-17), SANTA CLARA COUNTY, 2009-2013



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: U.S. Census Bureau, 2009-13 American Community Survey 5-Year Estimates[7]

The population of children ages 0 to 17 were predominantly Latino in nearly 4 in 10 zip codes in Santa Clara County. The highest percentage of Latino children lived in zip codes located in the southern areas of the county and some areas in eastern areas of the City of San Jose The population of White children was predominant in zip codes in the western areas of the county; whereas, the population of Asian children was more widespread in Milpitas, East San Jose, and across select zip codes in the western and northern areas of the county.

RACIAL/ETHNIC PLURALITY AMONG CHILDREN (AGES 0-17), SANTA CLARA COUNTY, 2009-2013



Note: Plurality is defined as where no one racial/ethnic group comprises the majority population. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: U.S. Census Bureau, 2009-13 American Community Survey 5-Year Estimates[8]

EDUCATION

ASIAN/PACIFIC ISLANDER AND WHITE STUDENTS GRADUATE AT HIGHER RATES THAN AFRICAN AMERICAN AND LATINO STUDENTS

Why it's important

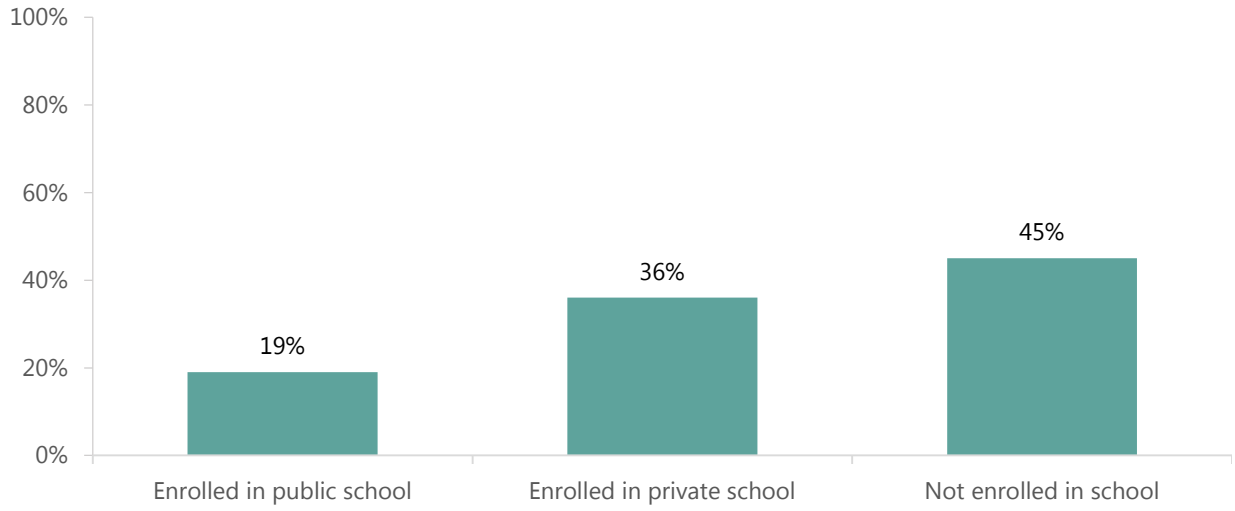
Children who have early involvement in high-quality early childhood education tend to be better prepared for kindergarten than other children. Early childhood education has also been linked to improved educational attainment and outcomes.[9]

High school graduation is an important indicator of future economic and personal success. Youth who leave high school prior to graduation are more likely to experience lower earnings and unemployment than those who graduate.[10]

What the data tell us

Fifty-five percent (55%) of children ages 3 to 4 were enrolled in preschool in Santa Clara County in 2014. More than one-third (36%) were enrolled in private preschool, and 19% were enrolled in public preschool.

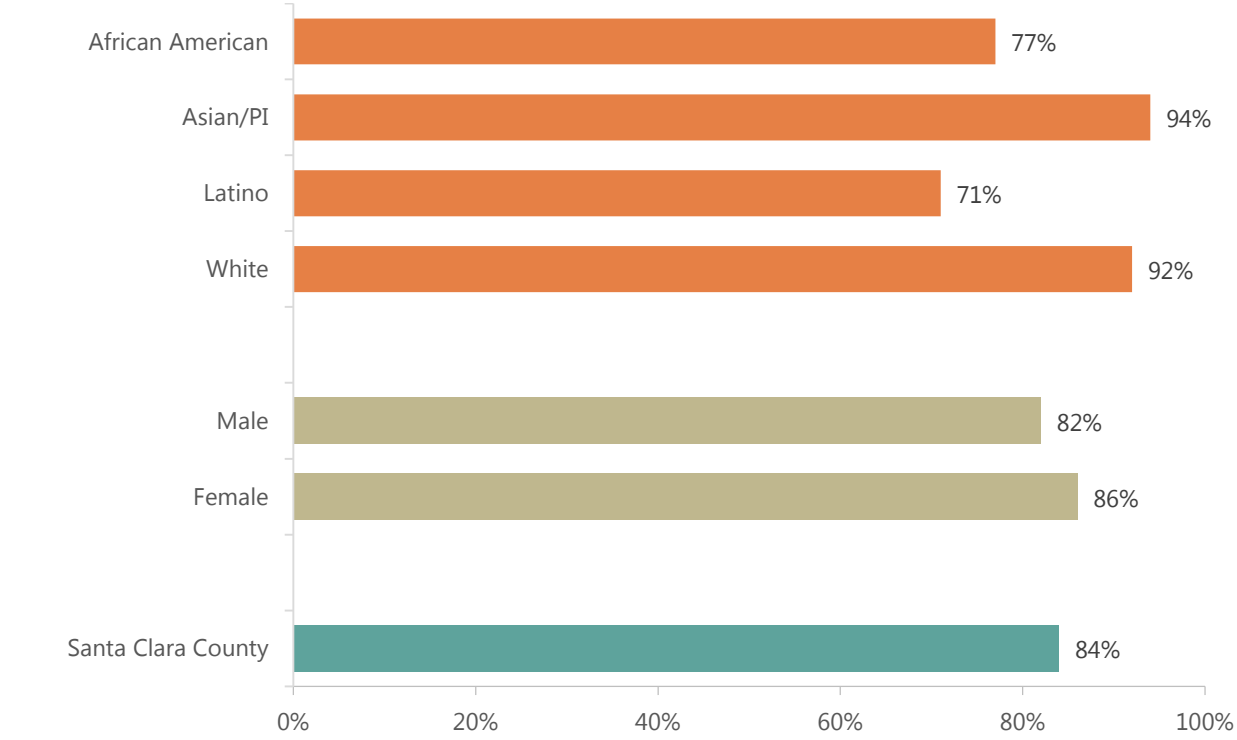
PRESCHOOL ENROLLMENT AMONG CHILDREN (AGES 3-4)



Note: Data for preschool enrollment represents children ages 3 and 4. This does not include children age 5 who are not eligible to enroll in kindergarten. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates[5]

Eighty-four percent (84%) of students in county public high schools graduated in 2013-14 which was higher than the state (81%) and the nation (81% in 2011-12).[11] The highest percentage was among Asian/Pacific Islander students (94%), followed by White (92%), African American (77%), and Latino (71%) students.

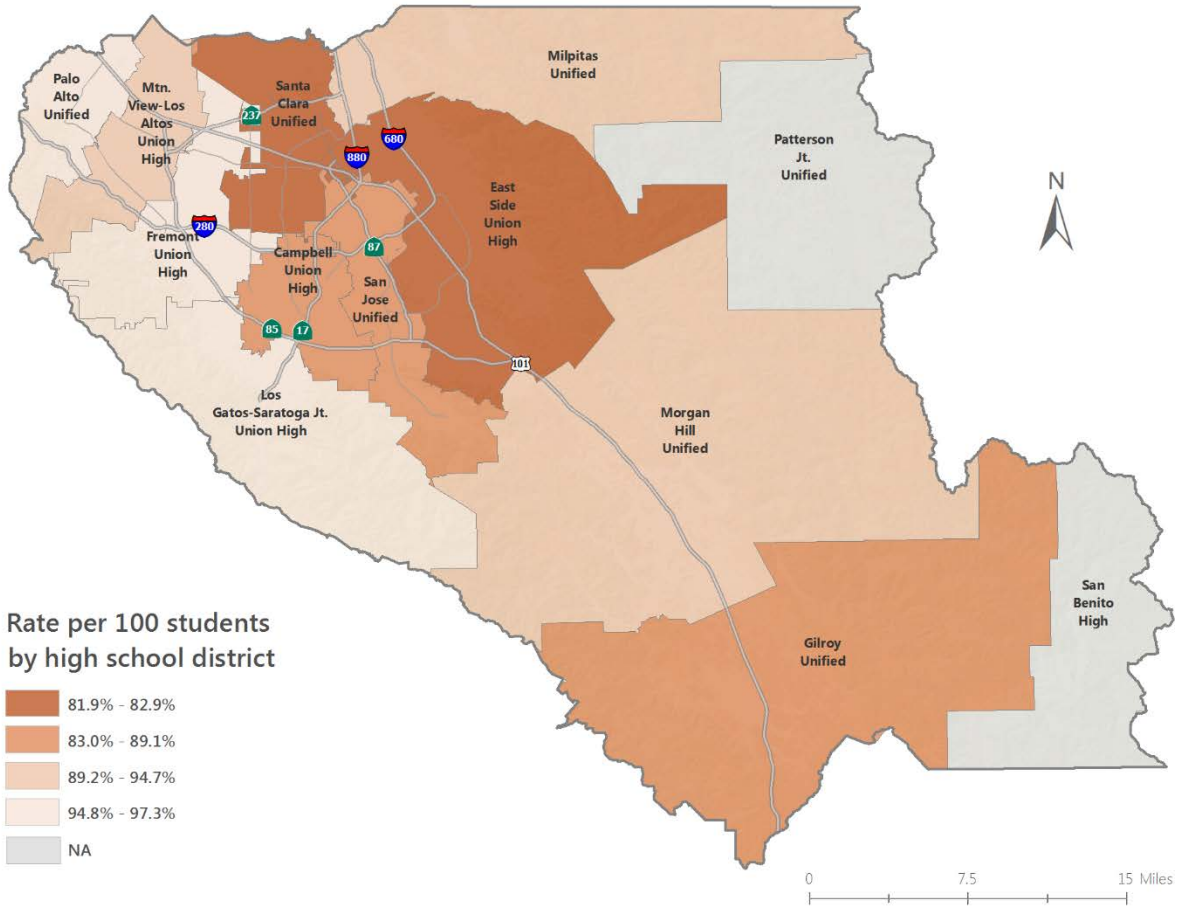
High school 4-year cohort graduation rate among public school students



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Department of Education, DataQuest, 2013-14[12]

A lower percentage of high school students graduated in 4 years from East Side Union High and Santa Clara Unified school districts (83% and 82%, respectively) than other school districts.

HIGH SCHOOL 4-YEAR COHORT GRADUATION RATE AMONG PUBLIC SCHOOL STUDENTS, SANTA CLARA COUNTY



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Department of Education, DataQuest, 2013-14[12]

FAMILY ECONOMICS

INCOME AND POVERTY

Why it's important

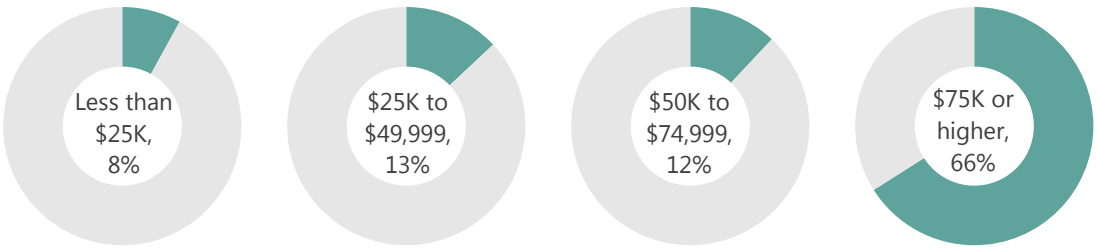
A family's income offers a broad view of the economic circumstances in which a child is living, including those that are living in poverty. Poverty has the ability to alter the course of a child's life, impacting not only social and cognitive development but also affecting physical health.[13]

MORE FEMALE HEADED SINGLE PARENT FAMILIES ARE LIVING IN POVERTY

What the data tell us

Countywide, the median annual family income was $109,884, higher than the state median annual family income of $71,015. Santa Clara County has a high cost of living, with a 2014 self-sufficiency standard of $81,774 for a family of four with two adults, 1 preschool-age child, and 1 school-age child. The California self-sufficiency standard is an annual income of $63,979 for the same family composition.[14] A third (33%) of families in Santa Clara County had an annual income of less than $75,000.

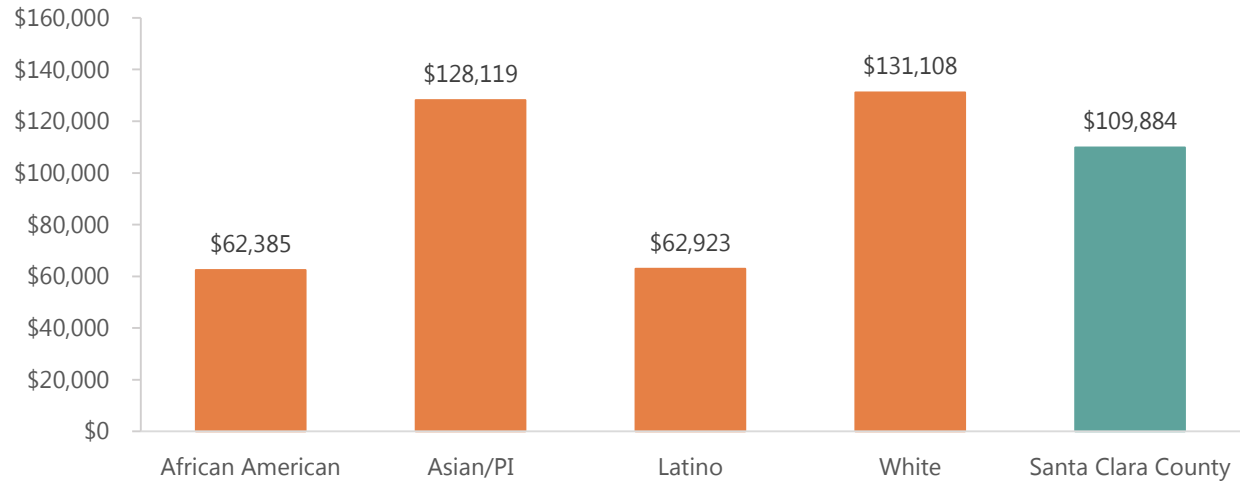
ANNUAL FAMILY INCOME



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates[15]

African American and Latino families had lower annual median family incomes, compared to Asian/Pacific Islander and White families.

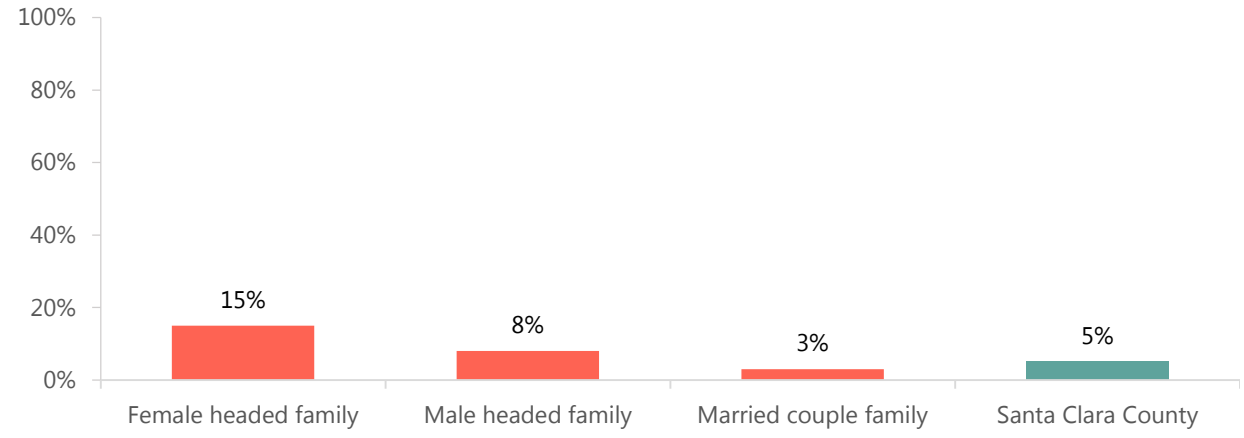
MEDIAN FAMILY INCOME



Note: See Santa Clara County Public Health QuickFacts for additional data and information. Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates[16]

The Federal Poverty Level is a measure of income used to determine eligibility for some assistance programs. A higher percentage of single parent families were living below 100% of the Federal Poverty Level, $23,850 for a family of 4 in 2014, (15% female headed, 8% male headed) compared to married couple families (3%).

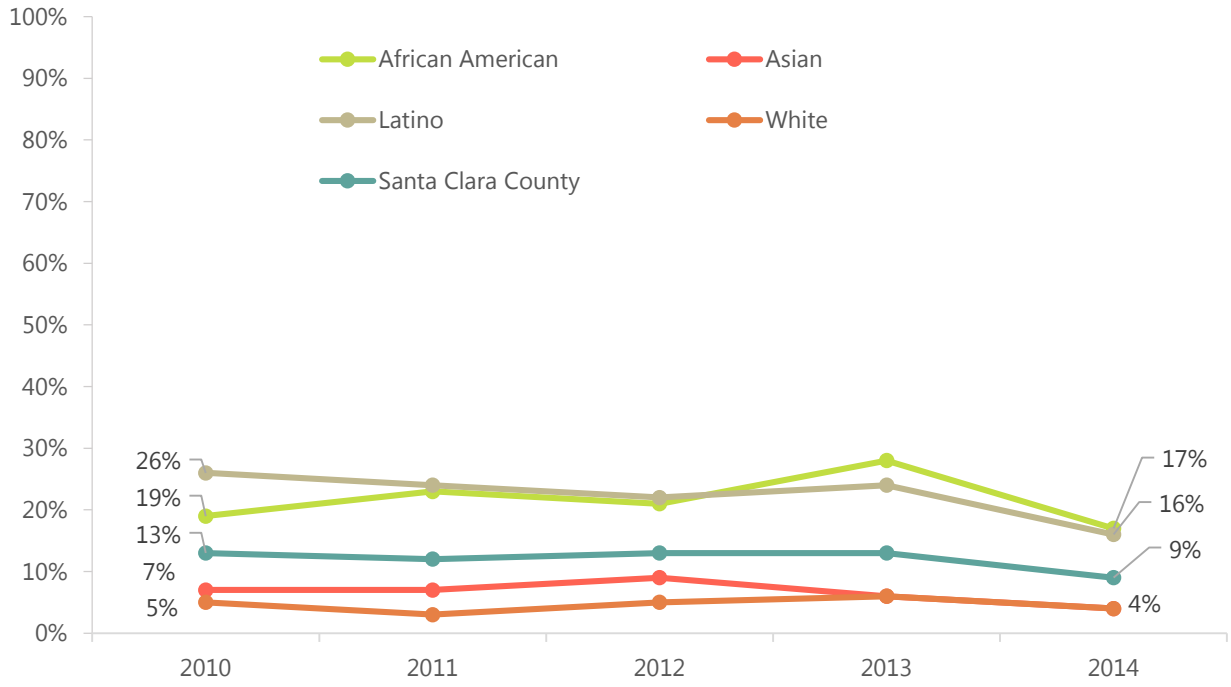
POVERTY STATUS BY FAMILY TYPE



Note: See Santa Clara County Public Health QuickFacts for additional data and information. In 2014, 100% Federal Poverty Level was $23,850 for a family of four.[17]
Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates[15]

Nine percent (9%) of children ages 0 to 17 were living in poverty in Santa Clara County. From 2010 to 2014, poverty rates among African American and Latino children were consistently higher compared to Asian and White children.

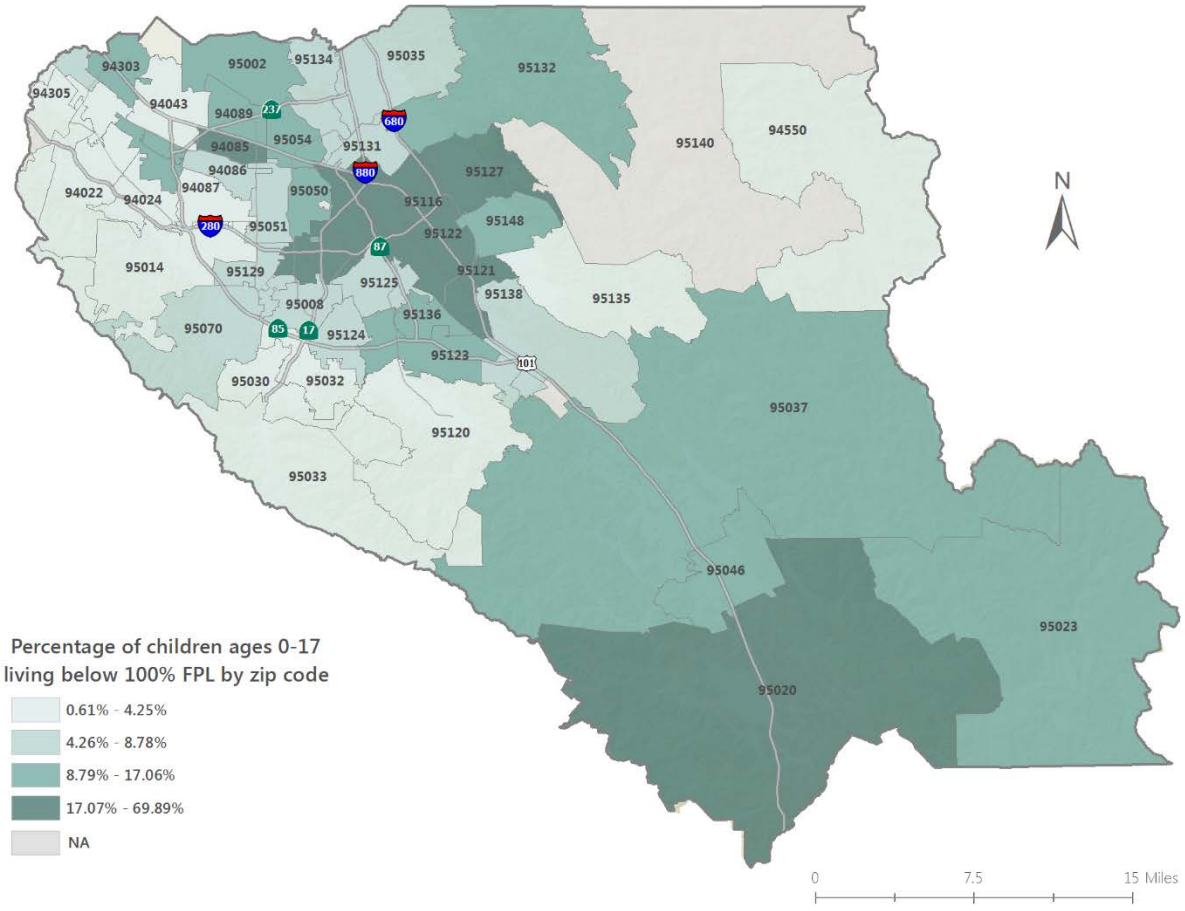
POVERTY STATUS AMONG CHILDREN (AGES 0-17), 2010-2014



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: U.S. Census Bureau, 2010-2014 American Community Survey 1-Year Estimates[18]

In Santa Clara County, 9% of children ages 0 to 17 were living below 100% of the Federal Poverty Level. The largest percentage of children living in poverty resided in the following zip codes: 95113 (70%), 95110 (33%), and 95116 (31%).

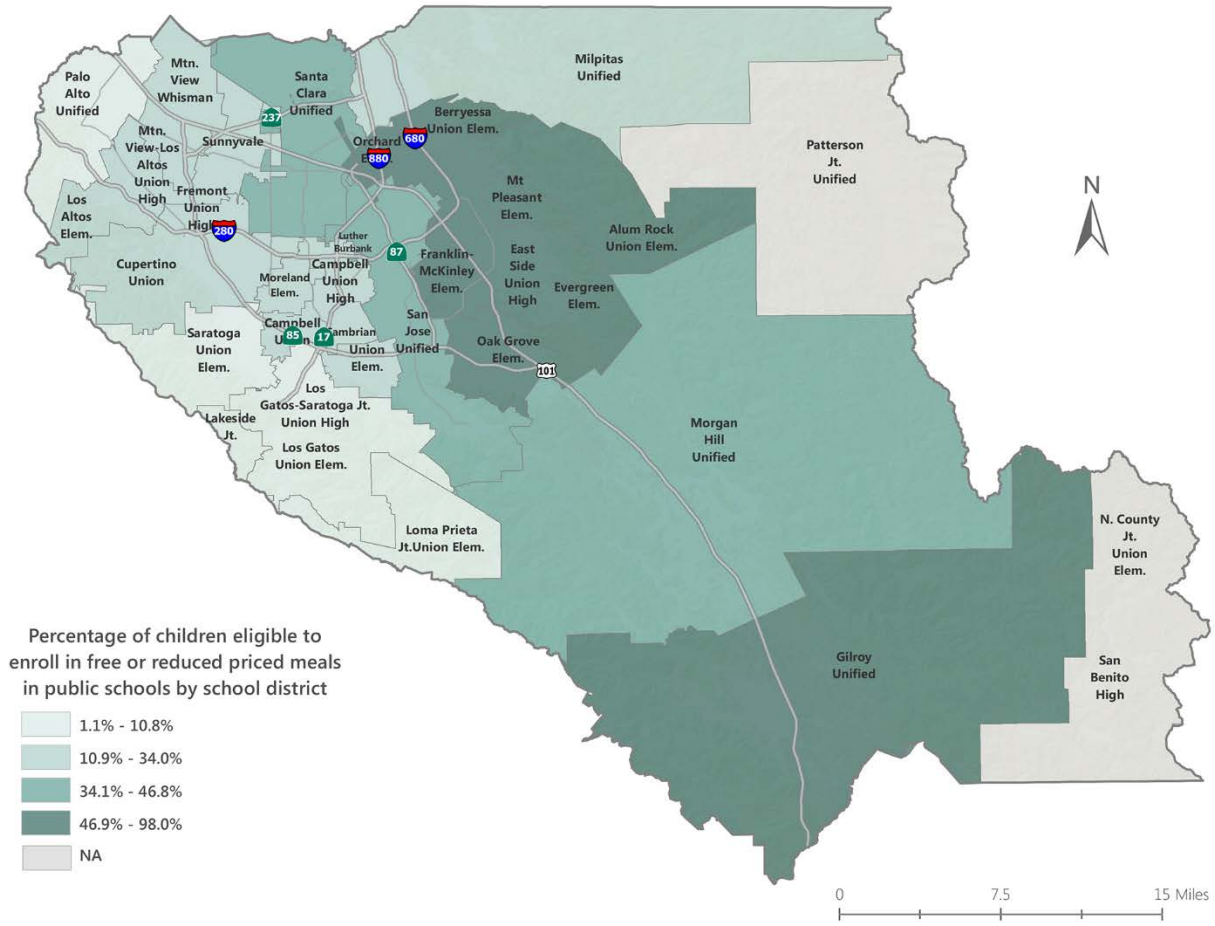
CHILDREN (AGES 0-17) LIVING BELOW 100% FEDERAL POVERTY LEVEL (FPL), SANTA CLARA COUNTY, 2009-2013



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: U.S. Census Bureau, 2009-13 American Community Survey 5-Year Estimates[19]

Eligibility for free and reduced-price meals under the National School Lunch Program provides information about relative poverty in a region.[20] Eligibility is also often used as a proxy measure for the concentration of low-income children within a school district.[21] School districts with the highest percentage of students eligible for free or reduced-price meals were Luther Burbank (98%), Alum Rock Union Elementary (86%), and Franklin McKinley Elementary (82%).

STUDENT ELIGIBILITY TO RECEIVE FREE OR REDUCED-PRICE SCHOOL MEALS, SANTA CLARA COUNTY, 2014-15



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Department of Education, DataQuest, 2014-15[22]

HOUSING

HALF OF RENTER-OCCUPIED HOUSEHOLDS ARE SPENDING 30% OR MORE OF THEIR INCOME ON HOUSING COSTS

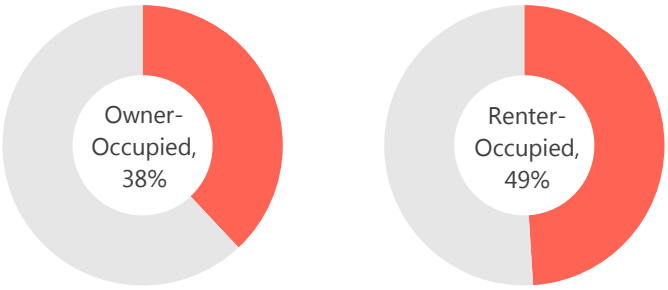
Why it's important

The cost of housing in California, and particularly the Bay Area, is among the highest in the nation, due in part to low housing inventory.[23] The impact of housing insecurity is seen in the percentage of households that spend 30% or more of their total income on housing costs (the amount typically considered affordable[24]) and the percentage of those children and families experiencing homelessness. Development among children and youth is positively impacted by having access to stable housing.[25, 26]

What the data tell us

Nearly 4 in 10 (38%) owner-occupied households spent 30% or more of their income paying their mortgage. Half (49%) of renter-occupied households had a gross rent of 30% or more of their income.

HOUSING COST BURDEN OF 30% OR MORE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS



Note: Owner-occupied represents only those with a mortgage. Data represents only the occupied housing units. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: U.S. Census Bureau; American Community Survey, 2014 American Community Survey 1-Year Estimates[27]

In 2015, Santa Clara County conducted a Point-in-Time Count of homeless persons providing a snapshot of the local homeless population. Of the total homeless population, 587 individuals, or 9%, were children under the age of 18. Thirteen percent (13%) of the total homeless population were unaccompanied children and transition-age youth (age 24 or younger); these individuals were living on their own without a parent or adult family member.

HOMELESS CENSUS RESULTS BY HOUSEHOLD TYPE AND AGE GROUP

	Children under 18	Transition-age youth (18-24)	Santa Clara County
Sheltered	**511**	**152**	**1,929**
Persons in family households	493	67	845
Persons in non-family households	18	85	1,084
Unsheltered	**76**	**745**	**4,627**
Persons in family households	35	6	63
Persons in non-family households	41	739	4,564
Total	**587**	**897**	**6,556**

Source: Applied Survey Research, 2015 Santa Clara County Homeless Census[28]

ACCESS TO CARE

INSURANCE COVERAGE

NEARLY ALL CHILDREN IN SANTA CLARA COUNTY HAVE HEALTH INSURANCE

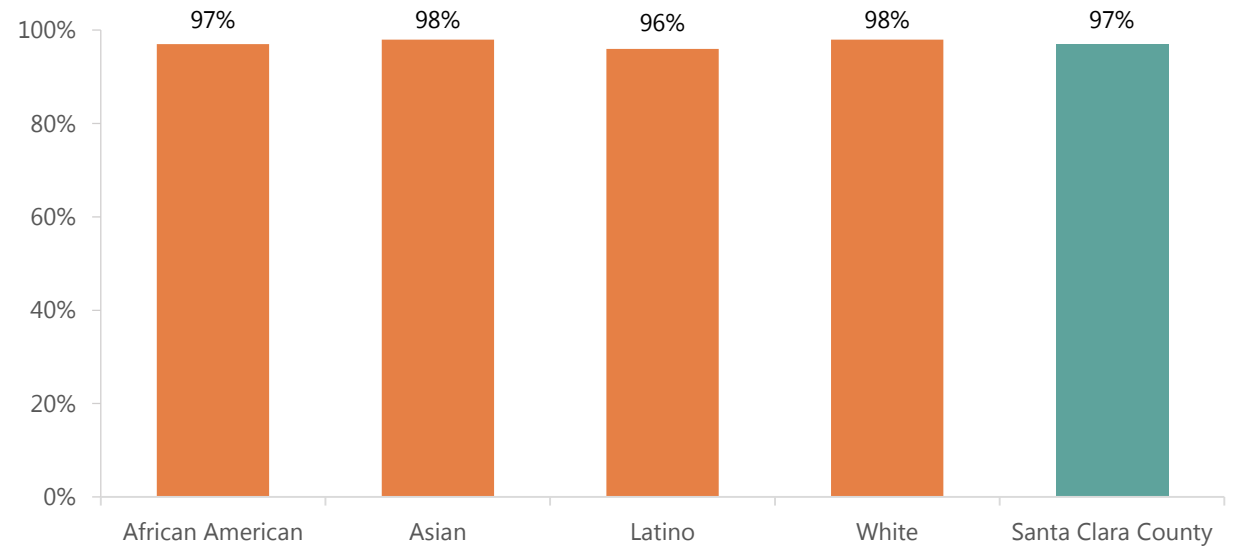
Why it's important

Children who have health insurance are more successful in school and miss fewer days of school. Children who have health insurance are more likely to have a regular source of primary care, and are less likely to be hospitalized for conditions that could have been treated by a primary care physician.[29]

What the data tell us

The majority (97%) of children in Santa Clara County had health insurance, with slight differences by gender, race/ethnicity, and age. While not meeting the Healthy People 2020 target of 100% coverage, the county reports a higher percentage of children in Santa Clara County had health insurance than in the state (95%) and the nation (94%).

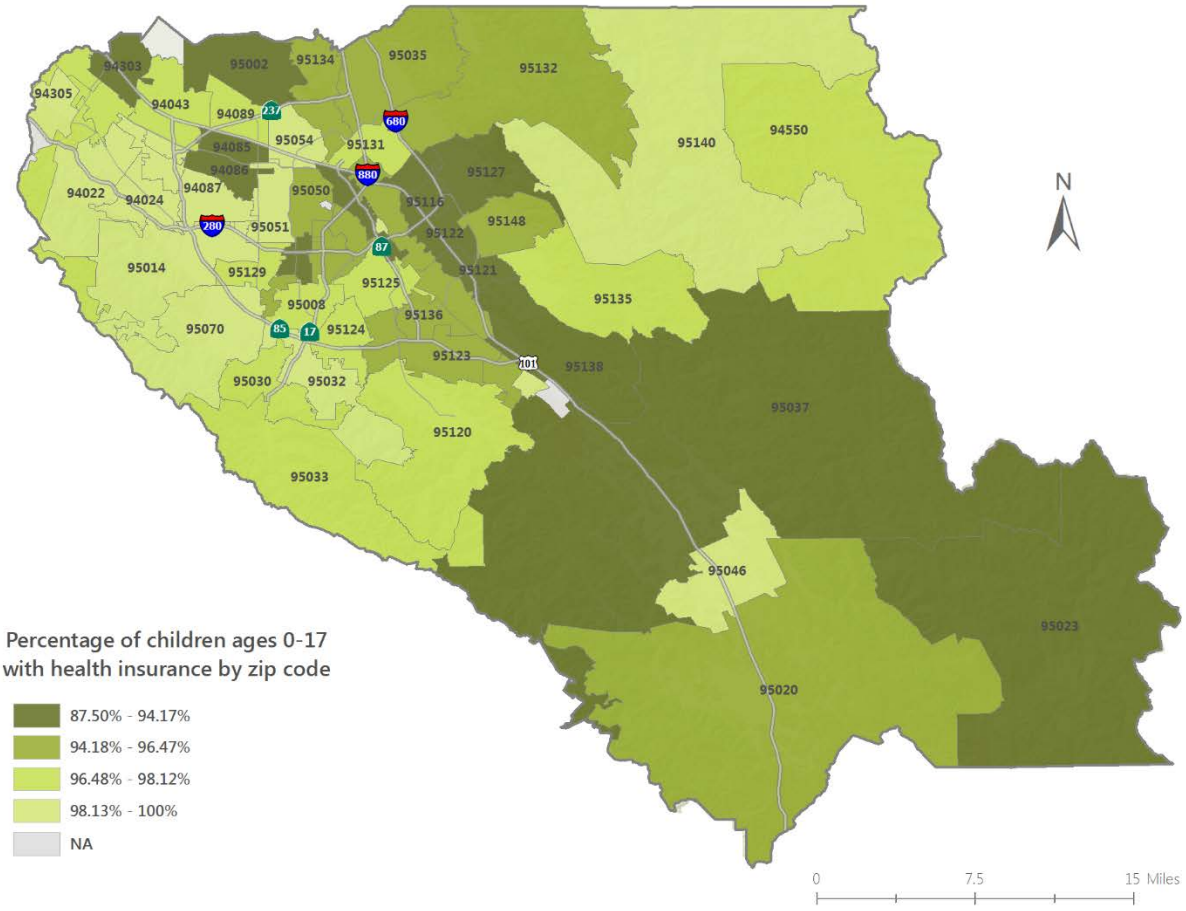
CHILDREN (AGES 0-17) WITH HEALTH INSURANCE



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates [30]

Eastern areas of the City of San Jose and southern areas of Santa Clara County had a lower percentage of children ages 0 to 17 who had health insurance. The zip codes with the lowest percentages of health insurance coverage for children were 95117 (89%), 94085 (89%) and 95002 (88%).

HEALTH INSURANCE COVERAGE AMONG CHILDREN (AGES 0-17), SANTA CLARA COUNTY



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: U.S. Census Bureau, 2009-13 American Community Survey 5-Year Estimates[31]

USUAL SOURCE OF CARE

NEARLY ALL CHILDREN AGES 0 TO 5 HAVE SEEN A DOCTOR IN THE PAST 12 MONTHS

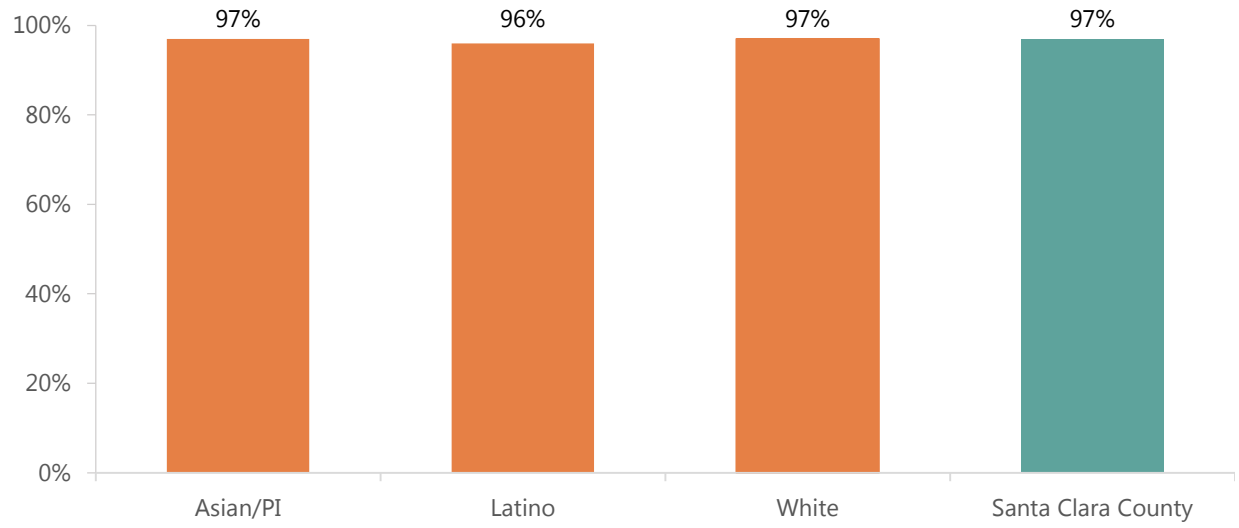
Why it's important

Children's access to primary health care is especially important to monitor healthy growth and development[32] and to prevent everyday illnesses from progressing into more serious problems. Children with a usual source of care are more likely to utilize preventive services and to have better health outcomes.[33]

What the data tell us

Ninety-seven percent (97%) of Santa Clara County children ages 0 to 11 reported having a usual place of health care. While data on African American children were not available due to a small sample size, all percentages for the available data by gender, race/ethnicity, and age exceeded 90% with small differences.

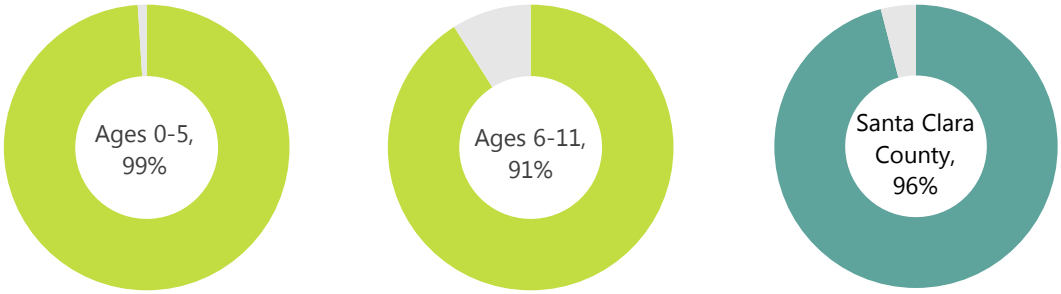
CHILDREN (AGES 0-11) WITH A USUAL PLACE OF HEALTH CARE



Note: Data were not available for African American children due to a small sample size. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey[34]

Most (96%) children ages 0 to 11 in Santa Clara County saw a doctor in the past 12 months. Sixty percent (60%) of middle and high school students in the county had a regular checkup with a doctor when not sick or injured in the past 12 months, and 79% had visited a dentist in the past 12 months.

Children (ages 0-11) who saw a doctor in the past 12 months



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey[34]

Middle and high school students who had a doctor / dentist checkup in the past 12 Months

	African American	Asian/PI	Latino	White	Santa Clara County
Visited a doctor	58%	63%	55%	65%	60%
Visited a dentist	75%	85%	74%	82%	79%

Note: A doctor visit is defined as having a regular check up with a doctor when not sick or injured in the past 12 months. A dental visit is defined as visiting a dentist for an examination, teeth cleaning, or dental work in the past 12 months. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

EMERGENCY DEPARTMENT VISITS / HOSPITALIZATIONS

AFRICAN AMERICAN AND LATINO CHILDREN HAVE A HIGHER RATE OF EMERGENCY DEPARTMENT VISITS

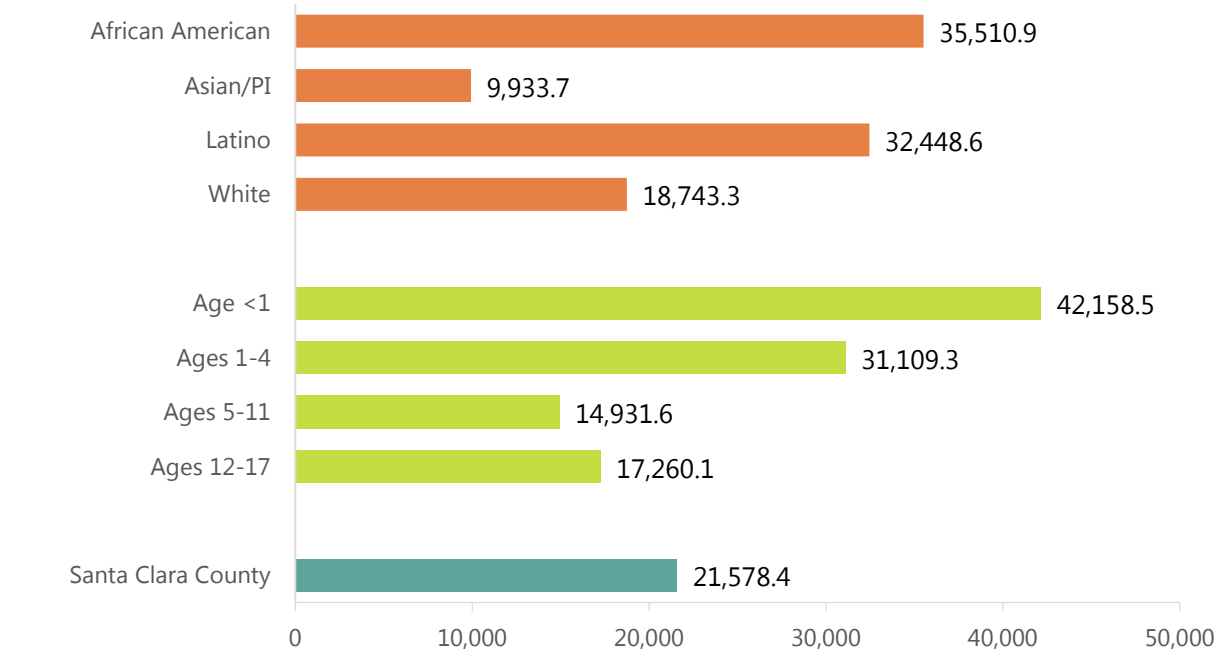
Why it's important

Emergency department usage and hospitalizations are indicators of lack of access to preventive care. Individuals and families without health insurance often use the emergency department for their primary care as well as for emergencies. Delaying medical attention until it necessitates emergency care or hospitalization often leads to poorer health outcomes and increased health care costs.[36]

What the data tell us

In 2013, the rate of emergency department visits for children ages 0 to 17 residing in Santa Clara County was 21,578.4 per 100,000 children, accounting for 23% of all emergency department visits in the county. The rates were higher among African American (35,510.9) and Latino (32,448.6) children than White and Asian/Pacific Islander children. Rate for children under age 1 (42,158.5) was higher than all other age groups.

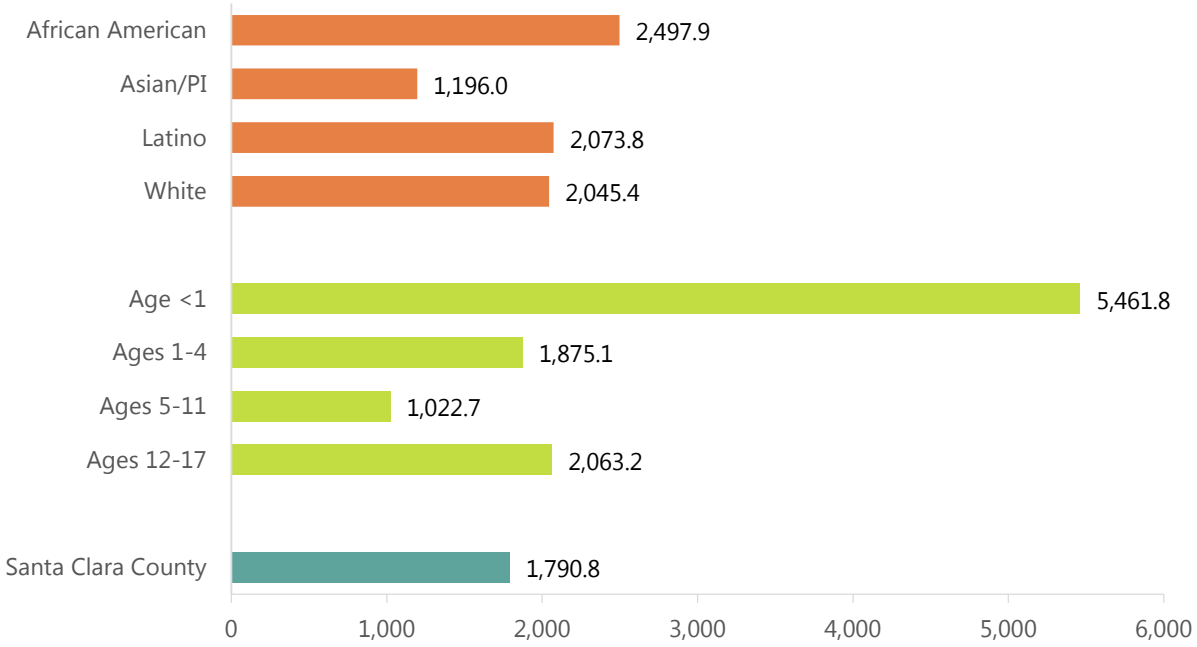
EMERGENCY DEPARTMENT VISITS, RATES PER 100,000 CHILDREN (AGES 0-17)



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Office of Statewide Planning and Development, 2013 Emergency Department Data[37]

In 2013, Santa Clara County children ages 0 to 17 (excluding newborns and neonate conditions that began in perinatal period) accounted for 7% of all hospitalization discharges, a rate of 1,790.8 per 100,000 children. African American children had a higher rate (2,497.9) than all other racial/ethnic groups and the county overall. Children under the age of 1 had a higher hospital discharge rate (5,461.8) than all other age groups and the county overall. In 2013, digestive (14%), respiratory (14%), and mental health (12%) were the top 3 leading causes of hospital discharges.

HOSPITALIZATION RATES PER 100,000 CHILDREN (AGES 0-17)



Note: Indicator excludes newborns. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Office of Statewide Planning and Development, 2013 Patient Discharge Data[38]

HEALTHY DEVELOPMENT

PRENATAL CARE

MOST MOTHERS RECEIVE PRENATAL CARE IN THE FIRST TRIMESTER

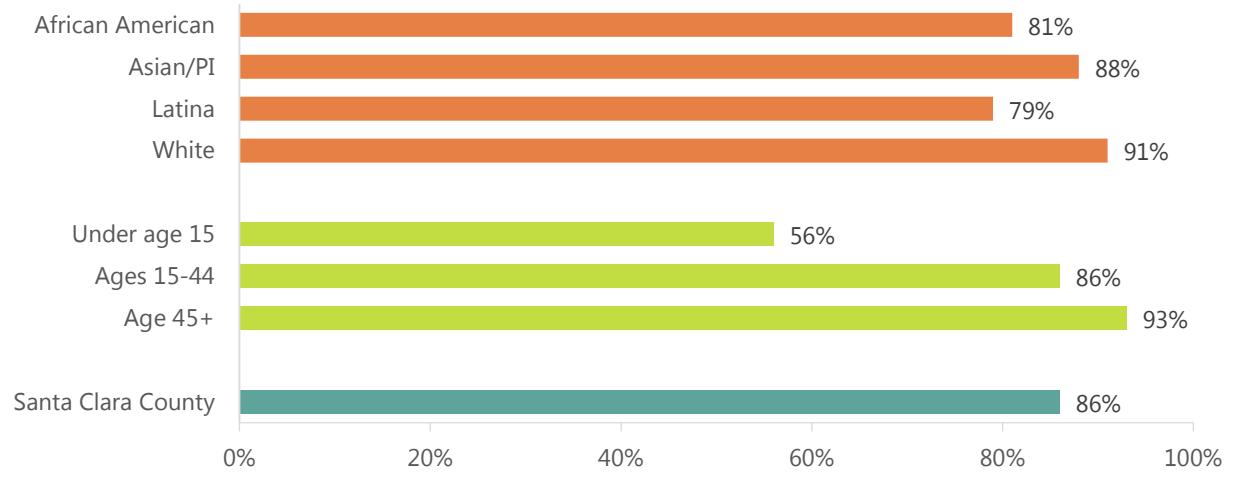
Why it's important

Prenatal care is comprehensive medical care for pregnant women, including screening and management for risk factors and health conditions, as well as education to promote a healthy pregnancy.[39] Women are advised to seek prenatal care in the first trimester of pregnancy and to have quality prenatal care visits throughout pregnancy.[40] Regular prenatal care lowers the risk of adverse birth outcomes, including preterm and low birth weight babies.[41]

What the data tell us

In 2013, 86% of mothers in Santa Clara County received prenatal care in their first trimester of pregnancy. A lower percentage of Latina mothers (79%) and mothers under age 15 (56%) received prenatal care in the first trimester. The county exceeded the state (82%),[42] nation (74%),[43] and the Healthy People 2020 target (77.9%)[44] for mothers receiving prenatal care in the first trimester.

PRENATAL CARE IN THE FIRST TRIMESTER



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Santa Clara County Public Health Department, 2013 Birth Statistical Master File[45]

BIRTH OUTCOMES

THE COUNTY BIRTH RATE HAS DECLINED SINCE 2007

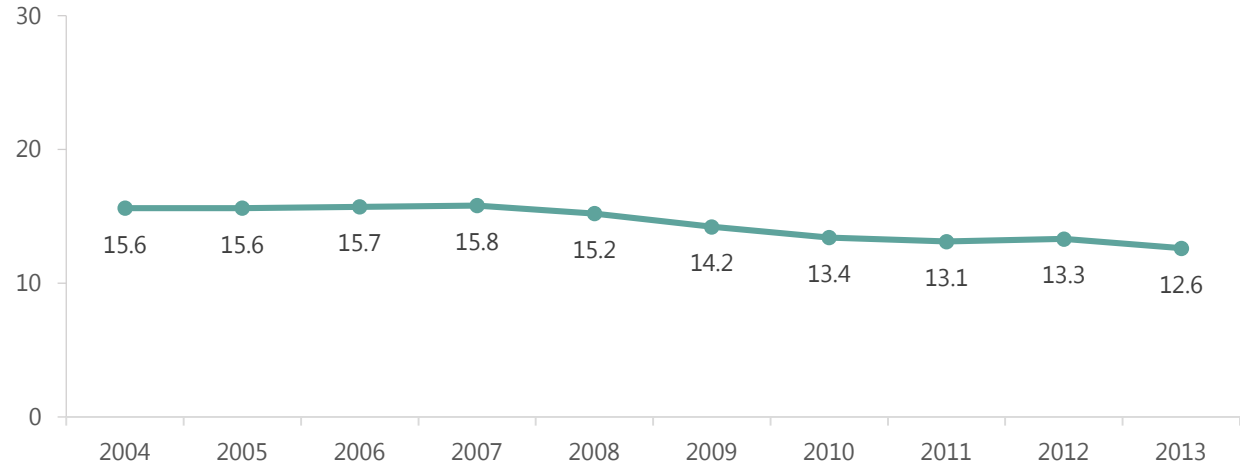
Why it's important

Children born preterm (before 37 weeks of gestation) or at a low birth weight (<2,500 grams or 5.5 pounds) are at increased risk for both immediate as well as long-term health problems.[46] Infant mortality, much like low birth weight, is an indicator of maternal health, reflecting access to health care and socioeconomic conditions.[47] The total number of births in a community is important for anticipating the needs of the population when planning for services.[48]

What the data tell us

Overall births in Santa Clara County have decreased from a high of 15.8 births per 1,000 people in 2007 to 12.6 births in 2013. The birth rate was higher among Latino (14.9) and Asian/Pacific Islander (14.3) residents than among White (9.9) and African American (8.9) residents.

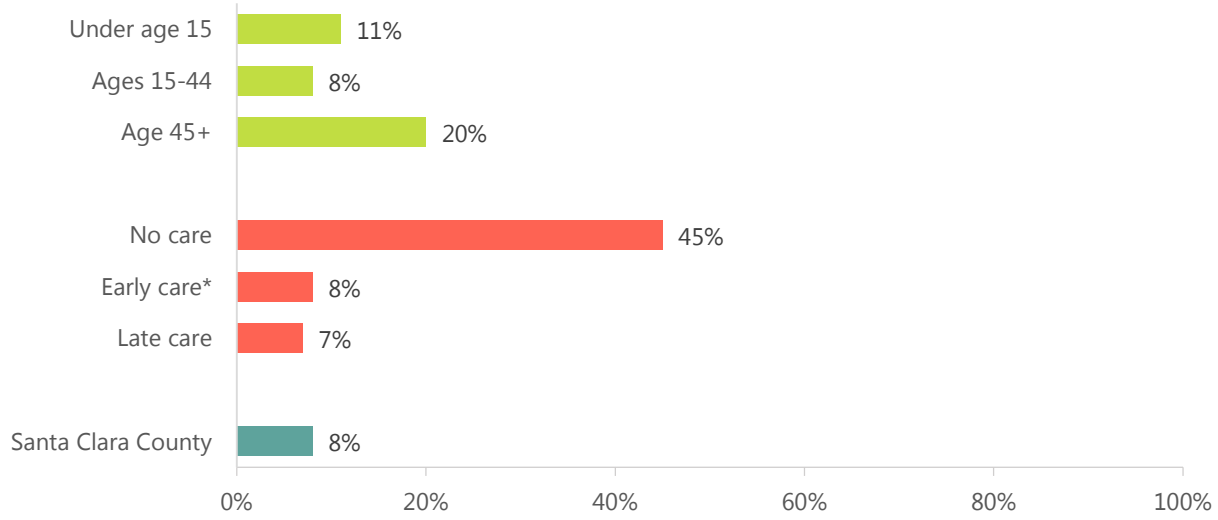
OVERALL BIRTH RATE PER 1,000 PEOPLE, 2004-2013



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Department of Public Health, 2004-13 Vital Statistics[49]

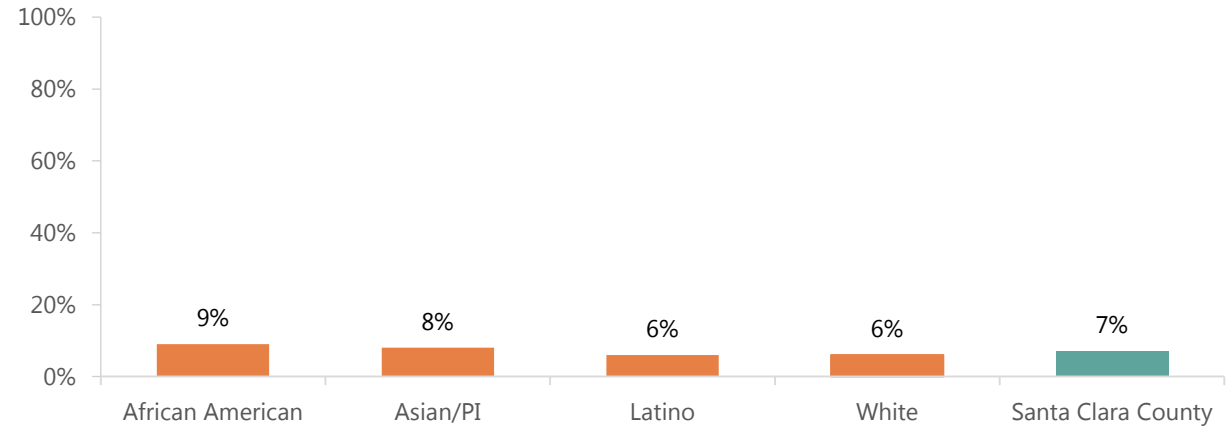
Eight percent (8%) of all births were classified as preterm and 7% of babies born had low birth weights in 2013. African American mothers had a higher percentage of preterm births (11%) compared to Asian/Pacific Islander, Latino and White mothers (8%). African American mothers had a higher percentage of low birth weight births (9%) compared to other racial/ethnic groups and the county. Among mothers who had not received prenatal care, 45% of births were preterm and 23% of births were low birth weight. Santa Clara County reported a lower percentage of preterm births (8%) than the state (9%)[42], nation (11%)[50], and the Healthy People 2020 target (11.4%).[44]

Preterm births



Note: [*] Early care refers to prenatal care in the first trimester. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Santa Clara County Public Health Department, 2013 Birth Statistical Master File[45]

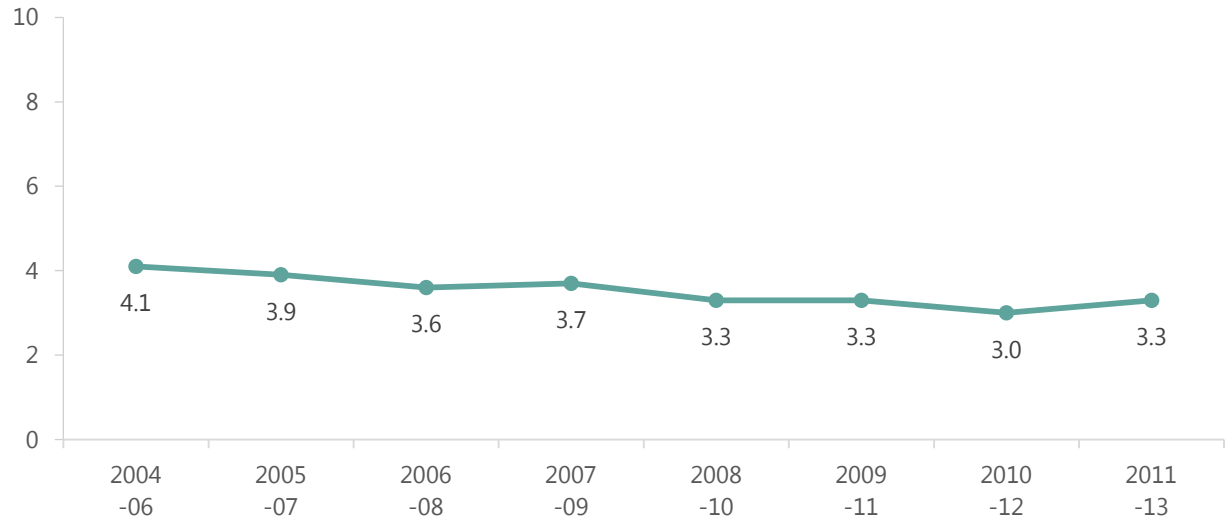
Low birth weight births



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Santa Clara County Public Health Department, 2013 Birth Statistical Master File[45]

From 2004 to 2013, the infant mortality rate decreased from 4.1 to 3.3 infant deaths per 1,000 live births in Santa Clara County. The infant mortality rate was higher among African American infants (7.0) than among Latino (4.2), White (2.9), and Asian/Pacific Islander (2.1) infants in 2013. The county infant mortality rate was lower than the state (4.7)[42], nation (6.0)[50] and the Healthy People 2020 target (6.0).[44]

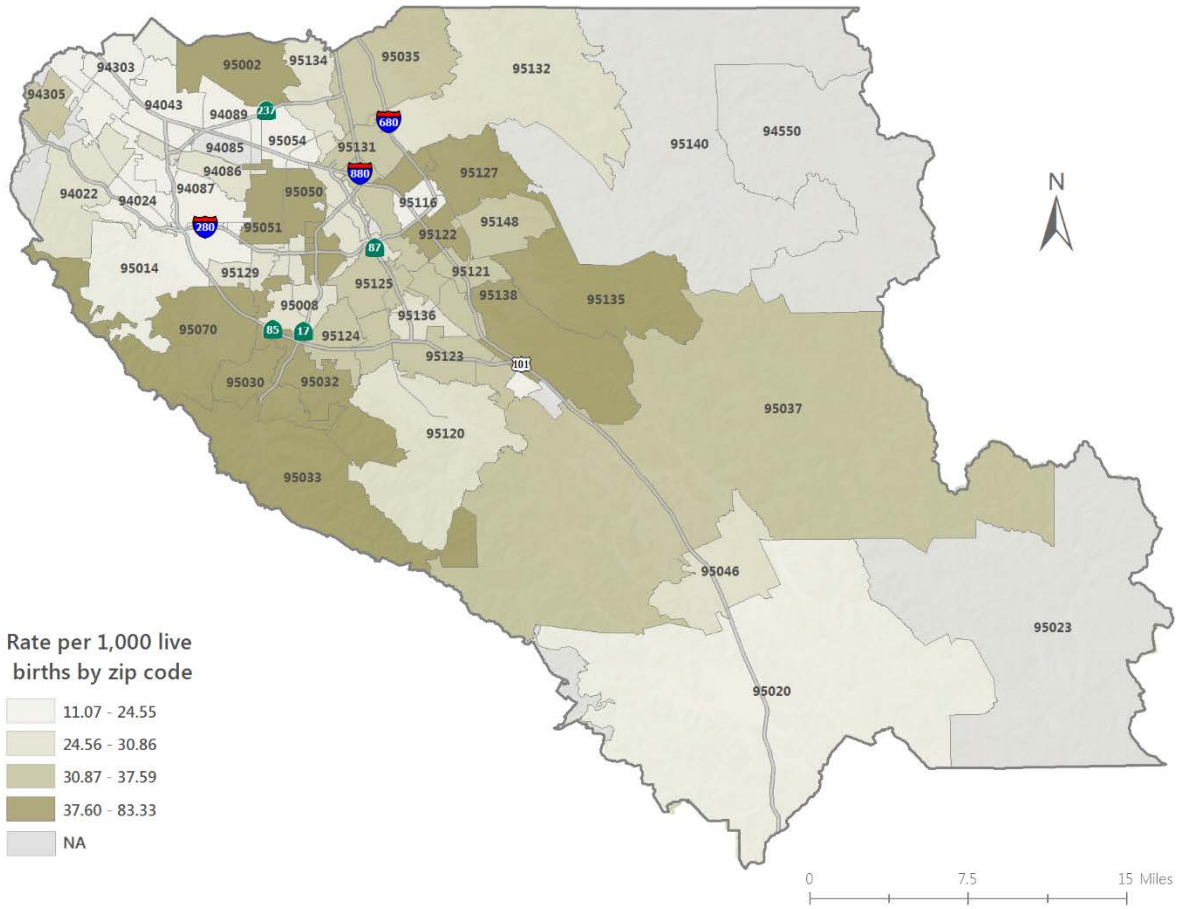
Infant mortality rate per 1,000 live births, 2004-2013



Note: The California Department of Public Health presents data as single year values. The 3-year moving averages presented in this table were calculated by the Santa Clara County Epidemiology & Data Management unit. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Department of Public Health, 2004-2013 Vital Statistics[49]

The infant mortality rate was highest in the northern and unincorporated western areas of Santa Clara County and southern and eastern areas of the City of San Jose in 2004-2013. The 95002 zip code had the highest rate at 83 infant deaths per 1,000 live births, followed by 95135 (56), 95070 (54), and 95030 (52).

Infant mortality rate, Santa Clara County, 2004-2013



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Santa Clara County Public Health Department, 2004-2013 Death Statistical Master File[51]

TEEN BIRTHS

BIRTHS AMONG TEENAGE FEMALES HAVE DECLINED FROM 2004 TO 2013

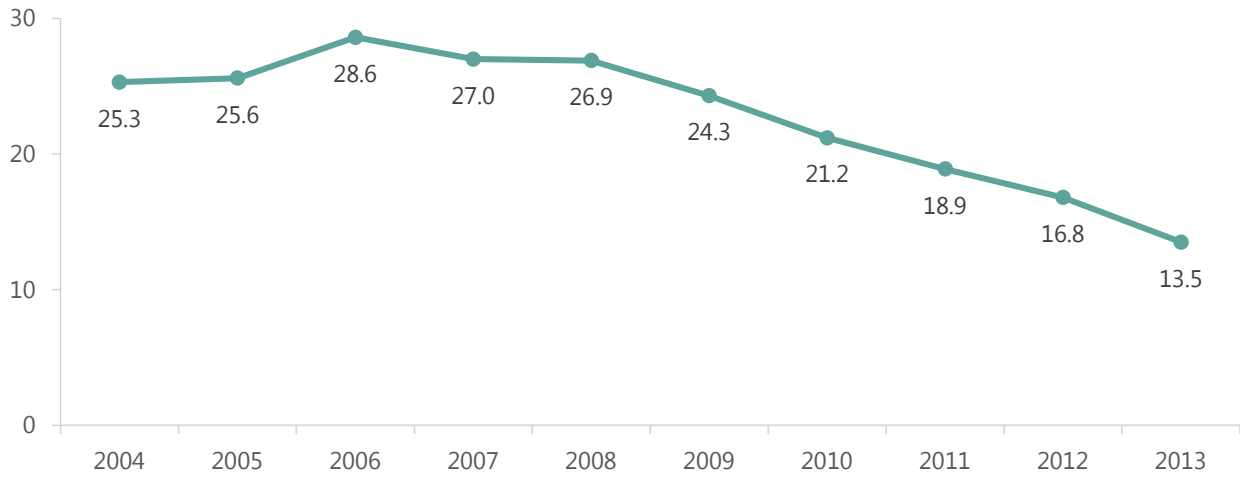
Why it's important

Teen parents and their children are often at greater risk for experiencing negative short- and long-term consequences in the areas of health, school, and economic success, as compared to parents who wait to have children.[52] Research from the National Campaign to Prevent Teen and Unplanned Pregnancy links teen pregnancy to preterm births, low birth weight, and a host of social issues including poverty.[53]

What the data tell us

The number of live births among teenage females ages 15 to 19 in Santa Clara County in 2013 was 13.5 per 1,000 teenage females ages 15 to 19, a decrease of 47% from 25.3 births in 2004. The teen live birth rate was higher among Latina females (29.7) than among African American (13.9), White (4.4), and Asian/Pacific Islander (1.9) females. The county teen birth rate is lower than both the state (23.6) [42] and the nation (26.5).[50]

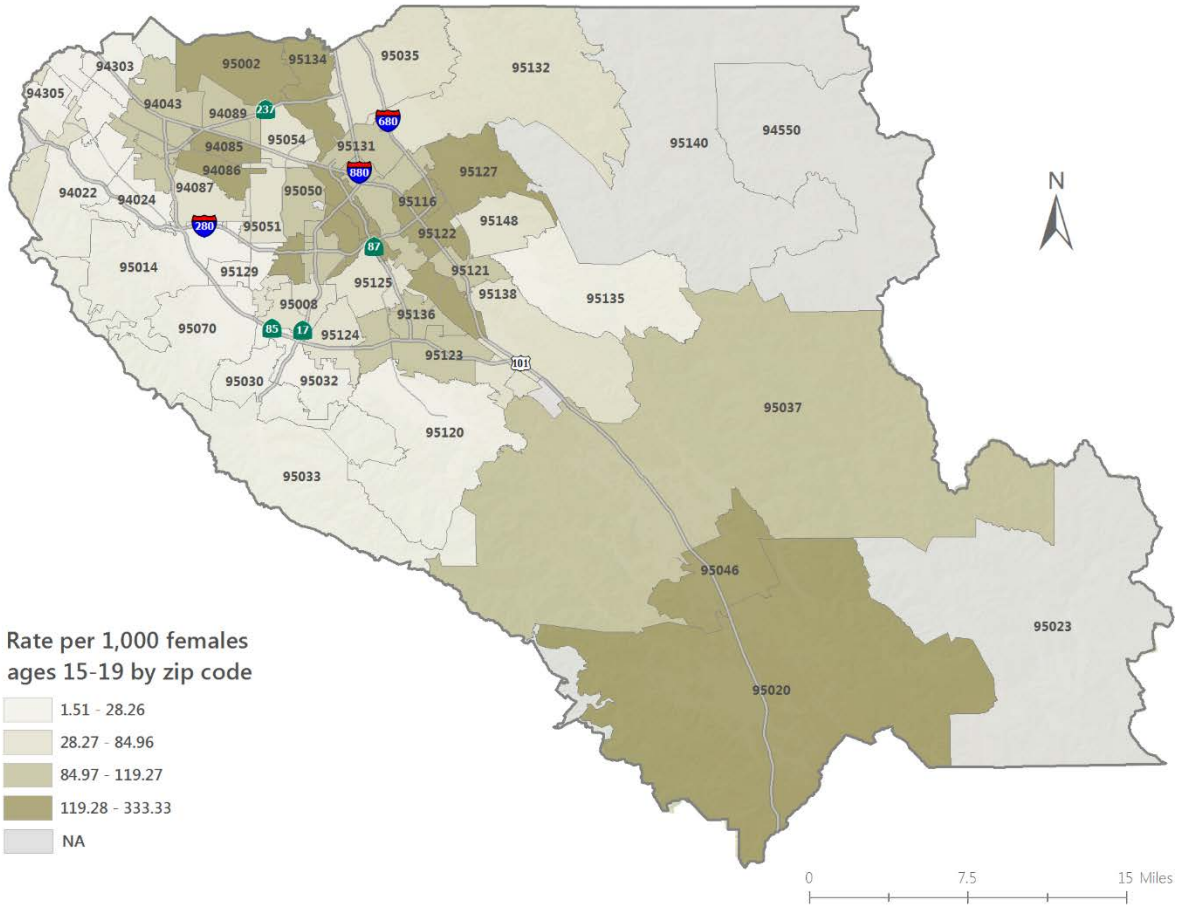
TEENAGE (AGES 15-19) LIVE BIRTH RATE PER 1,000 FEMALES, 2004-2013



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Department of Public Health, 2004-2013 Vital Statistics[49]

The teen live birth rate among females ages 15 to 19 was highest in Santa Clara County among zip codes within the City of San Jose (95116 (245.9 births per 1,000 females ages 15 to 19), 95110 (238.7), 95122 (229.3), and 95111 (187.0) in 2009-2013.

TEEN LIVE BIRTH RATE PER 1,000 FEMALES (AGES 15-19), SANTA CLARA COUNTY, 2009-2013



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Santa Clara County Public Health Department, 2009-2013 Birth Statistical Master File[54]

IMMUNIZATIONS

THE MAJORITY OF CHILDREN HAVE THEIR REQUIRED IMMUNIZATIONS WHEN THEY ENTER KINDERGARTEN

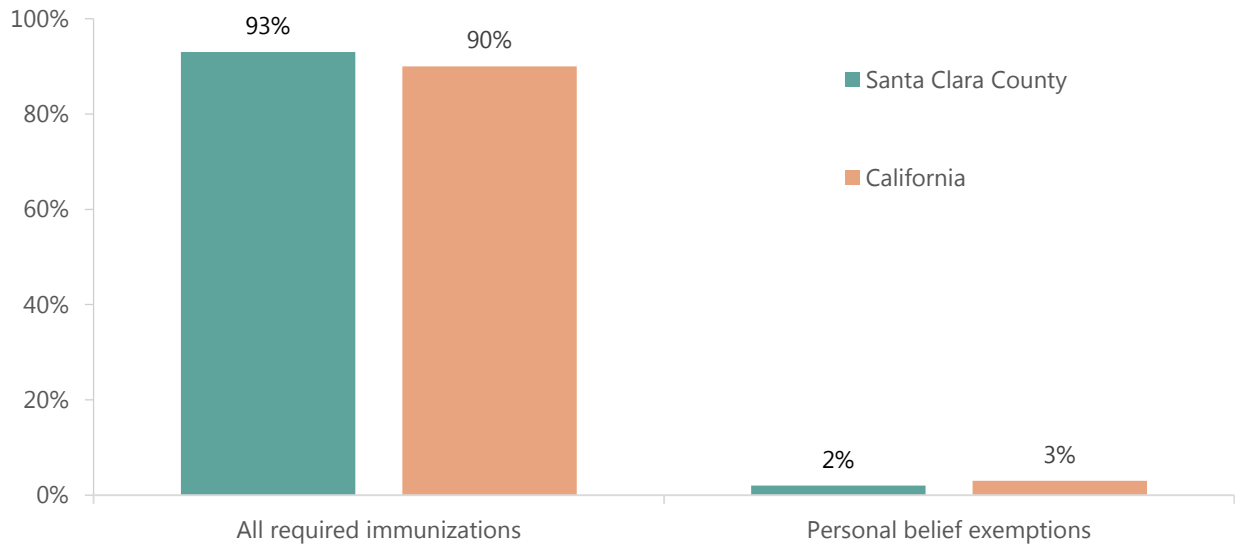
Why it's important

Immunizations are a cost-effective and successful health care intervention to help children avoid getting many infectious diseases.[55]

What the data tell us

At a vaccination rate of 93%, Santa Clara County exceeds California rate of 90% of kindergarten entrants who all had their required immunizations in 2014-15. The county missed the Healthy People 2020 target of 95% of kindergarten entrants who had received the required immunizations.[44] Personal belief exemptions accounted for 2% of incomplete immunizations in the county, compared to 3% in the state.

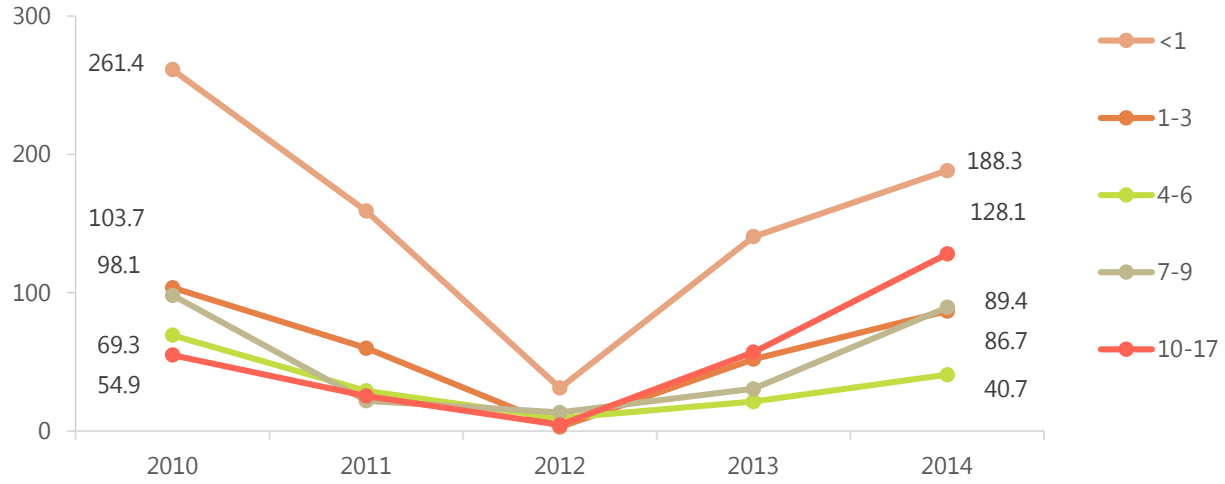
KINDERGARTEN ENTRANTS WITH REQUIRED IMMUNIZATIONS AND PERSONAL BELIEF EXEMPTIONS



Note: The recommended 4:3:1:3:3:1 immunization schedule protects against 16 diseases including, polio, pertussis, and measles; an annual flu shot is also recommended.[56]
Source: California Department of Public Health, School Assessments Unit, Immunization Branch, 2014-15[57]

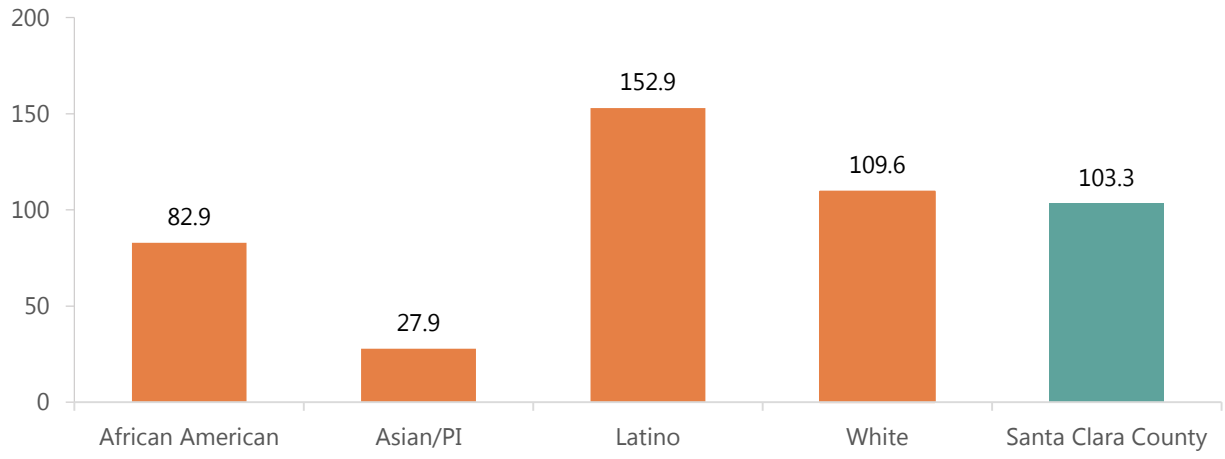
Pertussis or whooping cough, a vaccine preventable disease, is a respiratory tract infection that is highly contagious.[58] It naturally occurs in cycles with the most recent outbreaks in Santa Clara County occurring in 2010 and 2014. Children ages 0 to 17 were diagnosed with pertussis at a rate of 103.3 cases per 100,000 children in 2014. Infants had the highest rates (188.3) overall at nearly 2 times that of all children in the county. Compared to other racial/ethnic groups, Latino and White children had the highest rates of pertussis in 2014 (152.9 and 109.6, respectively).

PERTUSSIS RATE PER 100,000 CHILDREN (AGES 0-17) BY AGE GROUP, 2010-2014



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Santa Clara County Public Health Department, Automated Vital Statistics System (AVSS) (2009-2011) & California Reportable Disease Information Exchange (CalREDIE) (2011-2014)[59]

PERTUSSIS RATE PER 100,000 CHILDREN (AGES 0-17)



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Santa Clara County Public Health Department, California Reportable Disease Information Exchange (CalREDIE), 2014[59]

ASTHMA

HIGHER PERCENTAGE OF AFRICAN AMERICAN AND LATINO STUDENTS REPORTED HAVING ASTHMA EPISODES OR ATTACKS

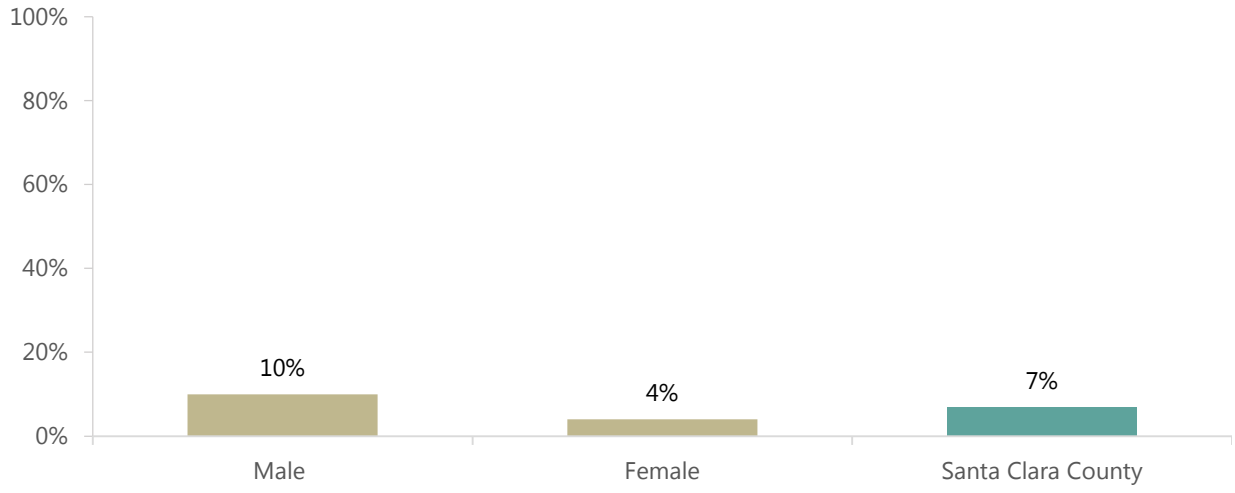
Why it's important

Asthma is one of the most common chronic conditions affecting children across the United States, leading to school absences and hospitalizations.[60] Many factors can cause asthma, including allergens (mold, pollen, animals, and irritants such as, cigarette smoke and air pollution), weather (cold air, changes in weather), exercise, and infections. [61]

What the data tell us

Seven percent (7%) of children ages 0 to 11 were ever diagnosed with asthma. More male (10%) children ages 0 to 11 were ever diagnosed with asthma than female (4%) children.

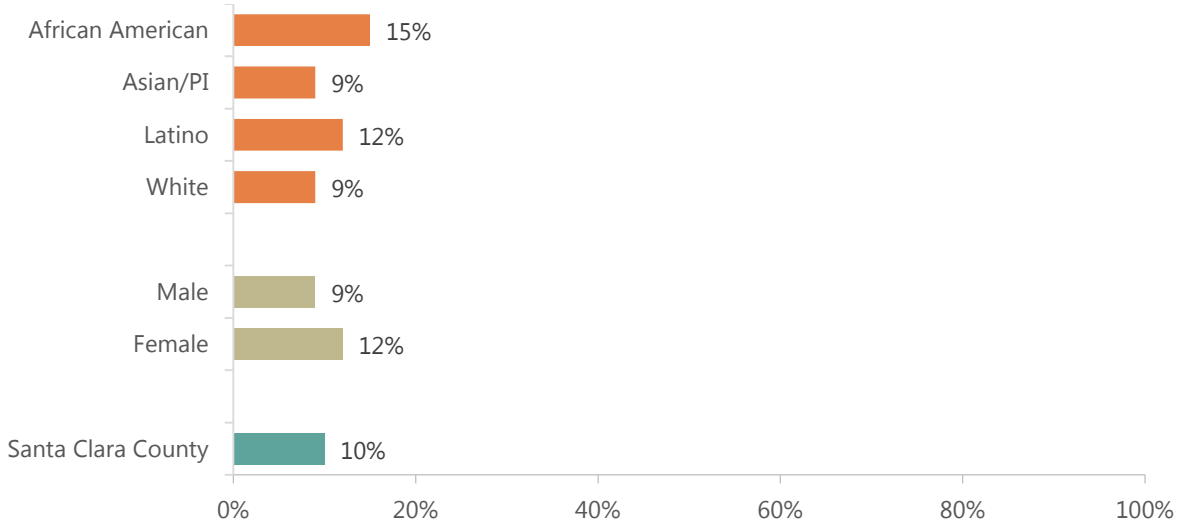
CHILDREN (AGES 0-11) EVER DIAGNOSED WITH ASTHMA



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey[34]

One in 10 (10%) middle and high school students in Santa Clara County reported that they had an asthma episode or attack in the past 12 months. The percentage among African American middle and high school students was 15%, higher than any other racial/ethnic group. Female students (12%) reported a higher percentage of asthma episodes or attacks in the past 12 months than male students (9%).

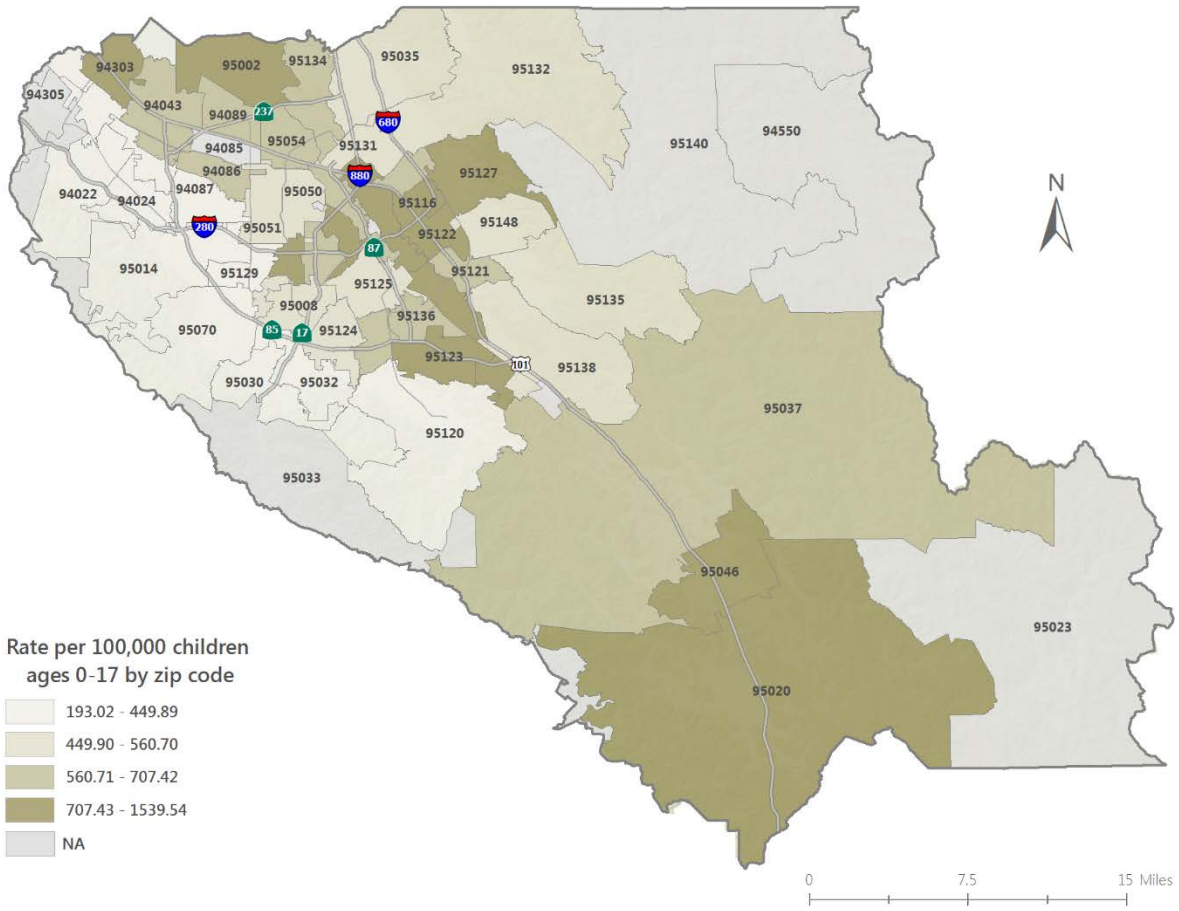
MIDDLE AND HIGH SCHOOL STUDENTS WHO HAD AN ASTHMA EPISODE OR ATTACK IN THE PAST 12 MONTHS



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

Santa Clara County children ages 0 to 17 went to the emergency department for asthma at a rate of 378.9 per 100,000 children in 2013.[37] Asthma-related emergency department visit rates were higher among children living in northern and southern areas of the county and eastern areas of the City of San Jose. Zip codes 94303 (1,539.5 per 100,000 children) and 95020 (1327.0) had the highest rate of emergency department visits for asthma in 2009-2013.

ASTHMA EMERGENCY DEPARTMENT VISIT RATE AMONG CHILDREN (AGES 0-17), SANTA CLARA COUNTY, 2009-2013



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Office of Statewide Health Planning and Development, 2009-2013 Emergency Department Data[62]

HEALTHY LIFESTYLES

ACTIVE LIVING

FEMALES ACROSS ALL AGE GROUPS ARE LESS PHYSICALLY ACTIVE THAN MALES

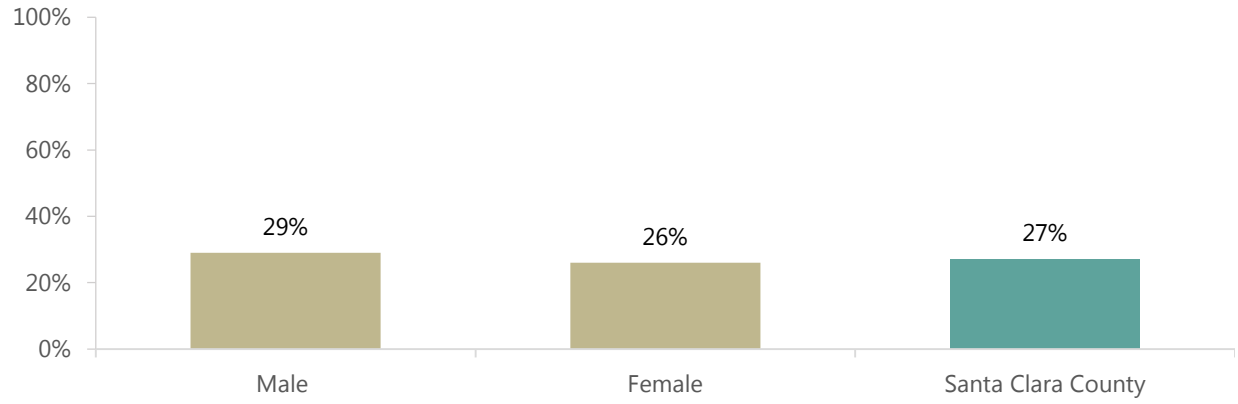
Why it's important

Participating in regular physical activity is tied to many positive outcomes among children and adolescents including: short- and long- term health benefits, improved performance at school and a decreased likelihood of engaging in risky behaviors.[63] The Centers for Disease Control and Prevention (CDC) recommends that children ages 6-17 spend a minimum of 60 minutes each day engaged in moderate to vigorous physical activity.[64]

What the data tell us

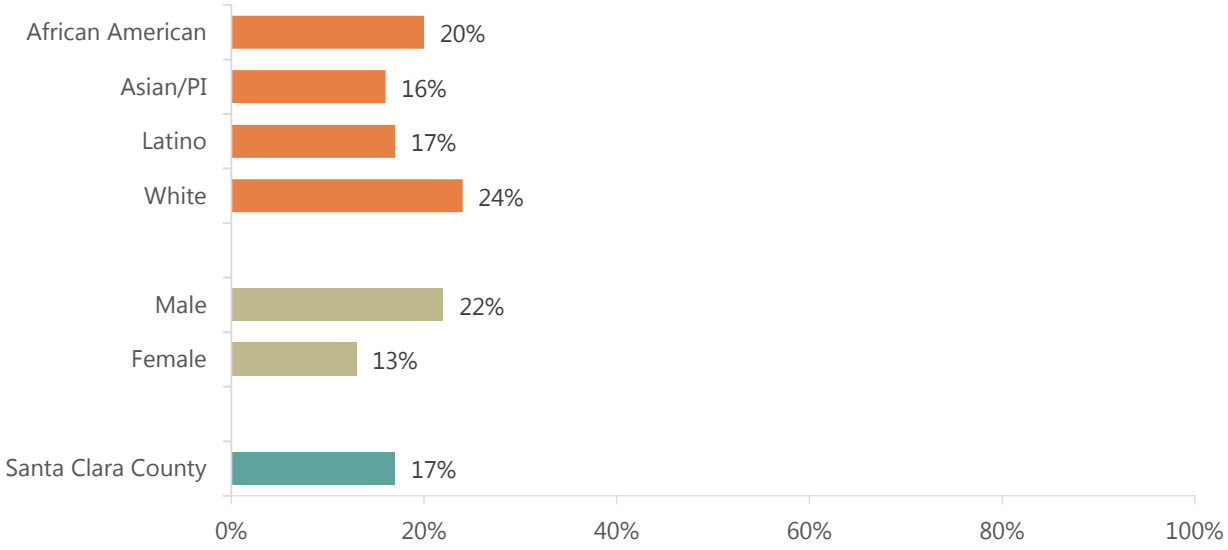
More than one-quarter (27%) of Santa Clara County children ages 5 to 11 were physically active for at least 60 minutes each day in the past 7 days. Seventeen percent (17%) of middle and high school students were physically active for at least 60 minutes each day in the past 7 days. The percentage was lower for females than males across all age groups (26% vs. 29% for ages 5 to 11; 13% vs. 22% for middle and high school students).

CHILDREN (AGES 5-11) WHO WERE PHYSICALLY ACTIVE FOR AT LEAST 60 MINUTES EACH DAY IN THE PAST 7 DAYS



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey[34]

MIDDLE AND HIGH SCHOOL STUDENTS WHO WERE PHYSICALLY ACTIVE 60 MINUTES EACH DAY DURING THE PAST 7 DAYS



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

FOOD ACCESS AND NUTRITION

MORE LATINO CHILDREN ATE FAST FOOD ONE OR MORE TIMES IN THE PAST WEEK THAN ANY OTHER RACIAL/ETHNIC GROUP

Why it's important

More than 6 million children nationwide live in low-income neighborhoods with restricted access to proper nutrition, including the recommended daily amounts of fruits (2+ servings per day) and vegetables (3+ servings per day).[65] Eating a healthy diet promotes optimal growth and development among children and reduces their risk of chronic disease. Regularly consuming fast food or drinking sugar-sweetened beverages puts children at a higher risk of unhealthy weight gain, which can lead to obesity.[66]

What the data tell us

The majority (80%) of children ages 2 to 11 in Santa Clara County consumed 2 or more servings of fruit the previous day, while 10% ate 3 or more servings of vegetables the previous day. Among middle and high school students, more than half (53%) consumed fruit 2 or more times in the past 24 hours, while more than one-quarter (28%) ate vegetables 3 or more times in the past 24 hours.

FRUIT AND VEGETABLE CONSUMPTION AMONG CHILDREN (AGES 2-11) THE PREVIOUS DAY, AND AMONG MIDDLE AND HIGH SCHOOL STUDENTS IN THE PAST 24 HOURS

	African American	Asian/ PI	Latino	White	Male	Female	Santa Clara County
Fruit consumption							
Children (ages 2-11)	NA	73%	83%	85%	77%	84%	80%
Middle and high school students	49%	53%	52%	59%	52%	54%	53%
Vegetable consumption							
Children (ages 2-11)	NA	9%*	6%*	17%	11%	9%	10%
Middle and high school students	26%	32%	24%	29%	28%	29%	28%

Note: Fruit and vegetable consumption data on African American children (ages 2-11) were not available due to a small sample size. [*] indicates estimate is statistically unstable due to a relative standard error of greater than 30% or less than 50 respondents in the denominator. These estimates should be viewed with caution and may not be appropriate to use for planning or policy purposes. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey[34]; California Healthy Kids Survey, 2013-14[35]

Three in 5 (61%) children ages 2 to 11 in Santa Clara County ate fast food 1 or more times in the past 7 days. While data on African American children were not available due to small sample size, the

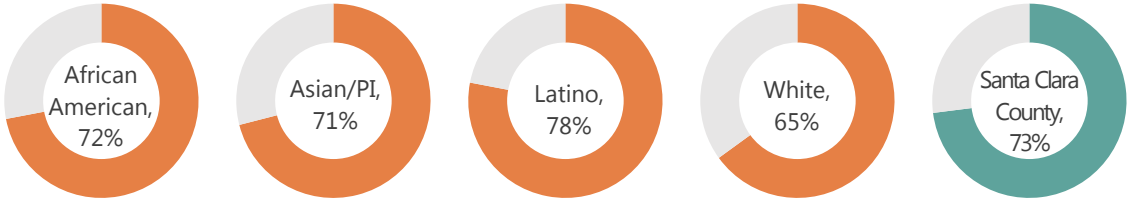
percentage among Latino children (74%) was higher than Asian/Pacific Islander (55%) and White (53%) children.

Children (ages 2-11) who ate fast food 1 or more times in the past 7 days

Note: Data were not available for African American children due to a small sample size. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey[34]

Among middle and high school students, approximately 7 in 10 students (73%) had consumed fast food 1 or more times in the past 7 days. The percentage was higher among Latino students (78%), followed by African American (72%), Asian/Pacific Islander (71%), and White (65%) students.

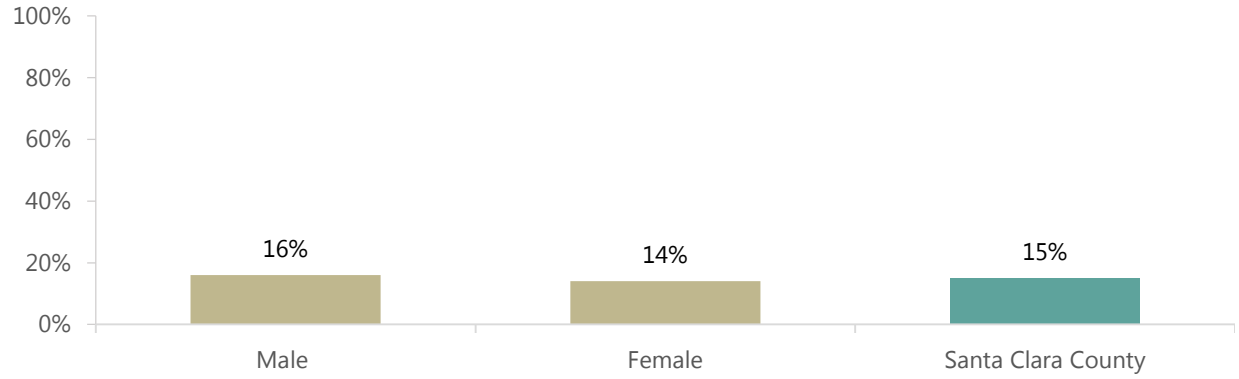
Middle and high school students who ate fast food 1 or more times in the past 7 days



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

Fifteen percent (15%) of children ages 2 to 11 in Santa Clara County drank 1 or more sugar sweetened drinks (including soda) the previous day.

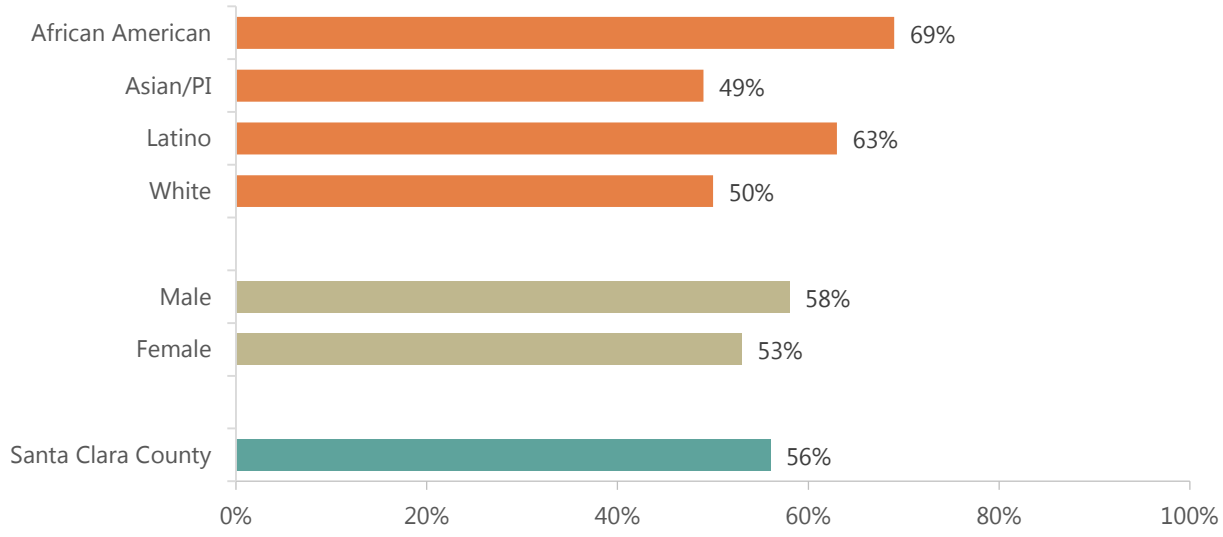
CHILDREN (AGES 2-11) WHO DRANK 1 OR MORE SUGAR SWEETENED DRINKS (INCLUDING SODA) THE PREVIOUS DAY



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Santa Clara County Public Health Department, 2013-14 Behavioral Risk Factor Survey[34]

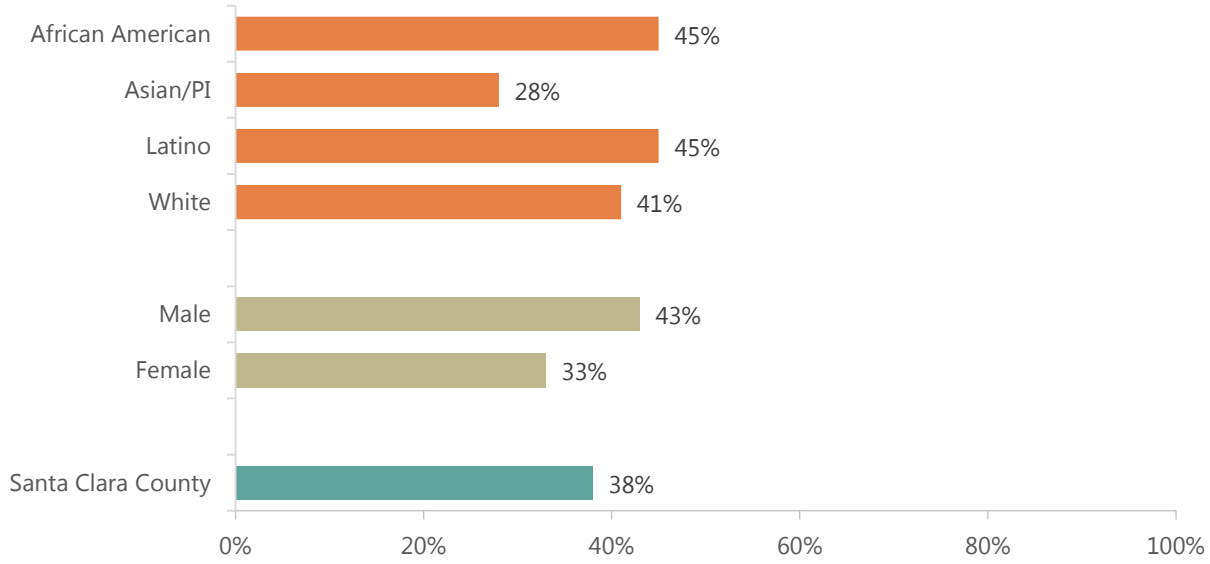
Among middle and high school students, more than half (56%) drank sweetened fruit drinks, sports, or energy drinks 1 or more times in the past 24 hours, while 38% drank soda pop 1 or more times in the same time period. For both indicators, African American and Latino students reported higher percentages than other racial/ethnic groups.

MIDDLE AND HIGH SCHOOL STUDENTS WHO DRANK 1 OR MORE SWEETENED FRUIT DRINKS, SPORTS, OR ENERGY DRINKS 1 OR MORE TIMES IN THE PAST 24 HOURS



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

MIDDLE AND HIGH SCHOOL STUDENTS WHO DRANK SODA POP 1 OR MORE TIMES IN THE PAST 24 HOURS



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

OVERWEIGHT AND OBESITY

NEARLY TWICE AS MANY MALE MIDDLE AND HIGH SCHOOL STUDENTS ARE OBESE COMPARED TO FEMALE STUDENTS

Why it's important

Children who maintain a healthy weight have a lower risk of developing health issues such as heart disease, asthma, and joint problems.[67] Overweight and obesity are defined using body mass index (BMI), which is based on a calculation of a person's height and weight. The BMI of children and teens is specific to age and sex. Children and teens whose BMI is between the 85th percentile and 95th percentile are classified as overweight; BMI equal to or greater than the 95th percentile is deemed obese.[68]

What the data tell us

Fourteen percent (14%) of Santa Clara County middle and high school students were overweight, while 11% were obese. Overweight and obese percentages were higher among African American (19% and 12%, respectively) and Latino (18% and 19%, respectively) students than other racial/ethnic groups. A higher percentage of male students (15%) were obese than female students (8%).

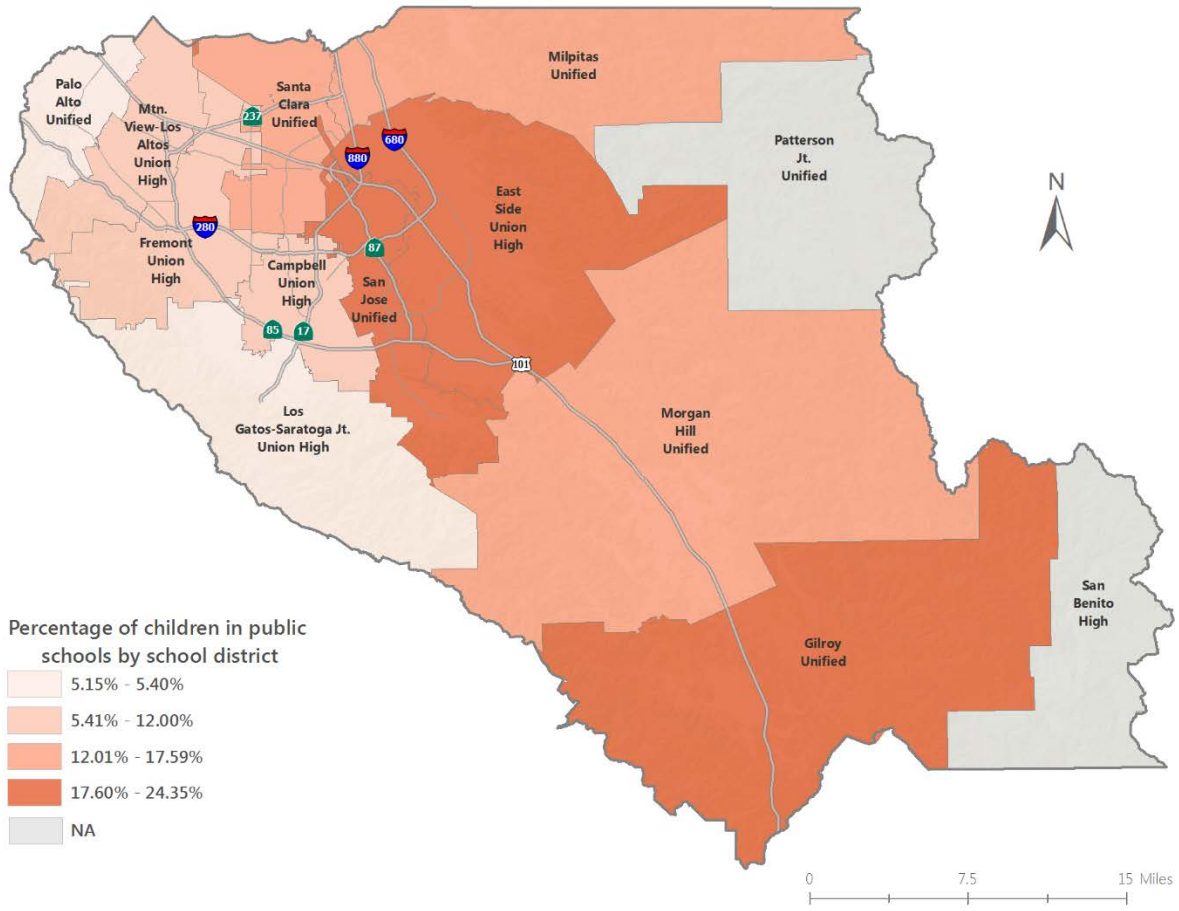
MIDDLE AND HIGH SCHOOL STUDENTS WHO WERE OVERWEIGHT/OBESE

	African American	Asian/ PI	Latino	White	Male	Female	Santa Clara County
Overweight	19%	12%	18%	11%	15%	14%	14%
Obese	12%	7%	19%	7%	15%	8%	11%

Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

FITNESSGRAM, an assessment of physical fitness of 5th, 7th, and 9th graders in the county, measures aerobic capacity and body composition.[69] Students were classified as obese or in the "health risk" zone based on the body composition. A higher percentage of students in the "health risk" zone for body composition were in the City of Gilroy (Gilroy Unified School District (24%)) and the City of San Jose (East Side Union High School District (18%) and San Jose Unified School District (18%)) in 2013-14.

Students who were obese/in "health risk" zone for body composition, Santa Clara County



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Department of Education, FITNESSGRAM, 2013-14[70]

TOBACCO / E-CIGARETTES

ONE IN TEN MIDDLE AND HIGH SCHOOL STUDENTS USE ELECTRONIC CIGARETTES ONE OR MORE TIMES IN THE PAST 30 DAYS

Why it's important

Nicotine use among youth has both short and long term health consequences and increases health risk factors, including alcohol and illicit drug use.[71] Use of electronic cigarettes (e-cigarettes) has increased over that of conventional cigarettes and all other tobacco products according to the findings from the 2014 National Youth Tobacco Survey.[72]

What the data tell us

Four percent (4%) of Santa Clara County middle and high school students smoked 1 or more cigarettes in the past 30 days, compared to 8% in California.[73] Both the county and the state reported lower percentages than the Healthy People 2020 target of 16.0%.[44] One in 10 (10%) middle and high school students used e-cigarettes in the past 30 days. Use of regular cigarettes and e-cigarettes was higher among male than female students. Cigarette use was higher among African American (7%) and Latino (6%) students than other racial/ethnic groups, while more Latino students (15%) used e-cigarettes than other racial/ethnic groups. The percentage of middle and high school students in the county who smoked cigarettes on 1 or more days in the past 30 days declined from 9% to 4% since 2007.[104]

MIDDLE AND HIGH SCHOOL STUDENTS WHO USED A CIGARETTE/E-CIGARETTE IN THE PAST 30 DAYS

	African American	Asian/ PI	Latino	White	Male	Female	Santa Clara County
Cigarette use	7%	2%	6%	4%	5%	3%	4%
E-cigarette use	10%	5%	15%	8%	11%	9%	10%

Note: Cigarette use is defined as smoking cigarettes 1 or more times in the past 30 days. E-cigarette use is defined as using an e-cigarette or other nicotine device 1 or more times in the past 30 days. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

SEXUAL HEALTH

MORE THAN 8 IN 10 MIDDLE AND HIGH SCHOOL STUDENTS HAVE NEVER HAD SEXUAL INTERCOURSE

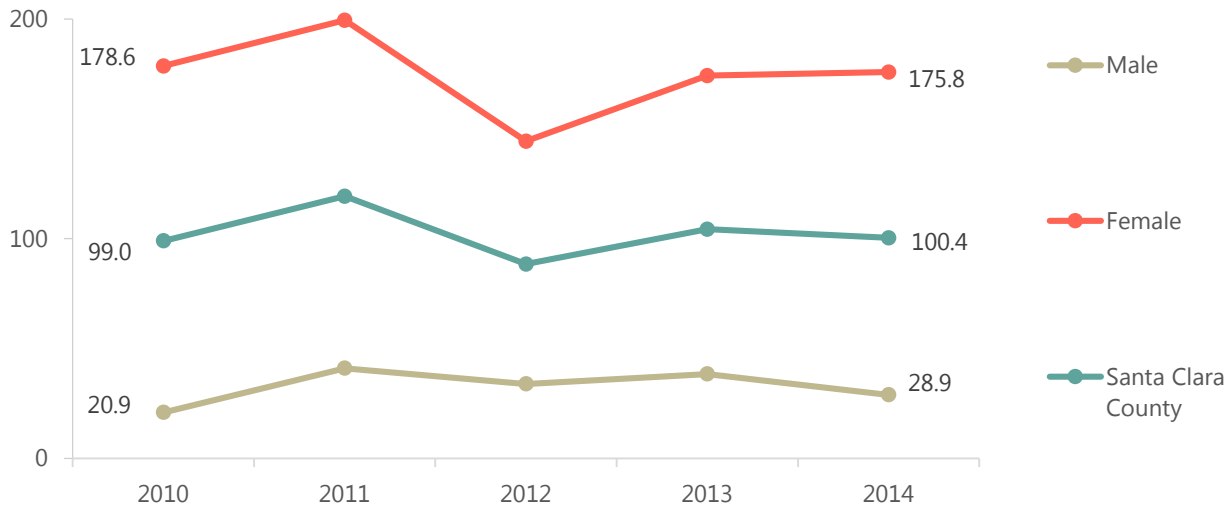
Why it's important

Sexually active adolescents are at risk of acquiring sexually transmitted infections (STIs), including chlamydia and gonorrhea which are most commonly reported among this age group across the nation.[74] The risk of infection increases among teens who engage in certain behaviors, such as not using condoms or other contraceptives, or having multiple sexual partners.[75]

What the data tell us

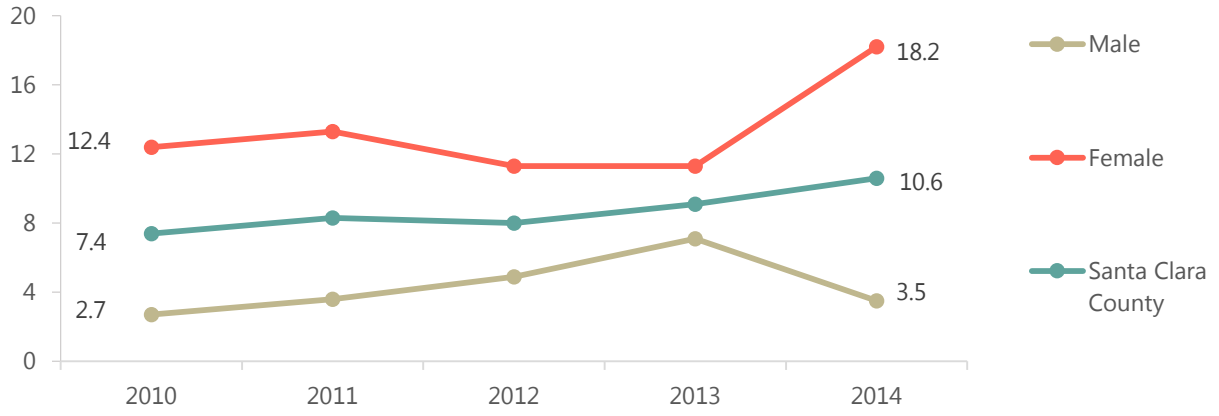
The overall rates of chlamydia and gonorrhea among children ages 0 to 17 in Santa Clara County increased between 2010 and 2014. While the overall rates of chlamydia remained relatively stable between 2013 and 2014, the rate of gonorrhea among females saw a 61% increase and the rate among males declined by 51% in the same time period.

CHLAMYDIA RATE PER 100,000 CHILDREN (AGES 0-17) BY GENDER, 2010-2014



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Santa Clara County Public Health Department, Automated Vital Statistics System (AVSS) (2009-2011) & California Reportable Disease Information Exchange (CalREDIE) (2011-2014) [59]

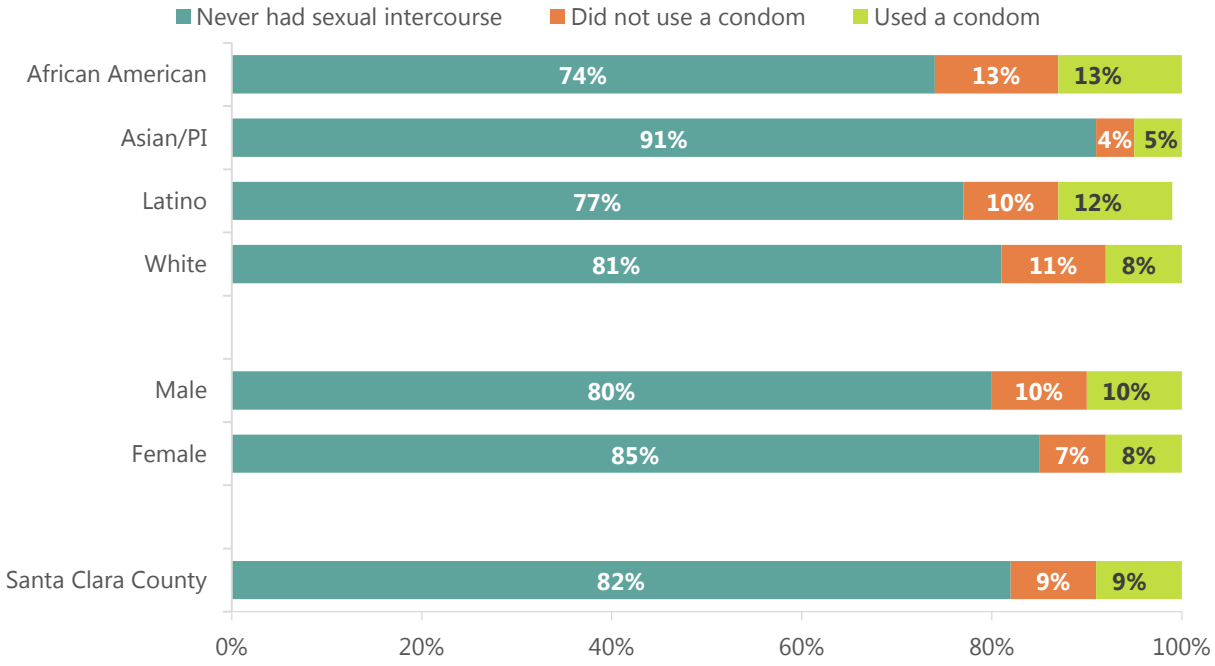
Gonorrhea rate per 100,000 children (ages 0-17) by gender, 2010-2014



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Santa Clara County Public Health Department, Automated Vital Statistics System (AVSS) (2009-2011) & California Reportable Disease Information Exchange (CalREDIE) (2011-2014) [59]

The majority (82%) of middle and high school students in Santa Clara County reported they had never had sexual intercourse. Of those middle and high school students who were sexually active, 53% used a condom the last time they had sexual intercourse.

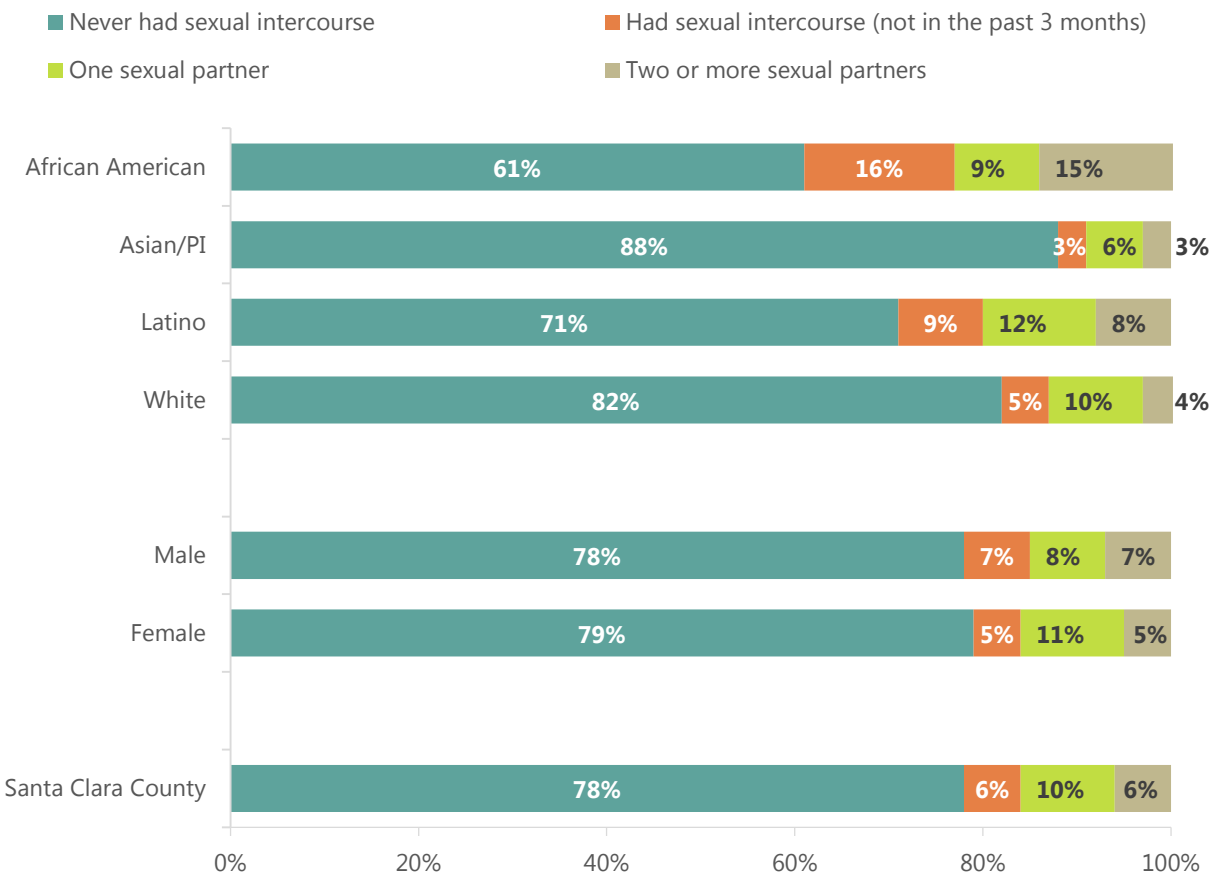
Middle and high school students condom use the last time they had sexual intercourse



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

Among high school students, more than three-quarters (78%) of the students in Santa Clara County reported they had never had sexual intercourse. Of those students who were sexually active, 39% reported having had sexual intercourse with 2 or more people in the past 3 months. The percentage was higher among sexually active African American high school students (63%) than other racial/ethnic groups.

High school students who had multiple sexual partners in the past 3 months



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

BEHAVIORAL HEALTH AND SAFETY

CHILD MALTREATMENT

AFRICAN AMERICAN CHILDREN HAVE A HIGHER RATE OF SUBSTANTIATED CHILD MALTREATMENT THAN OTHER RACIAL/ETHNIC GROUPS

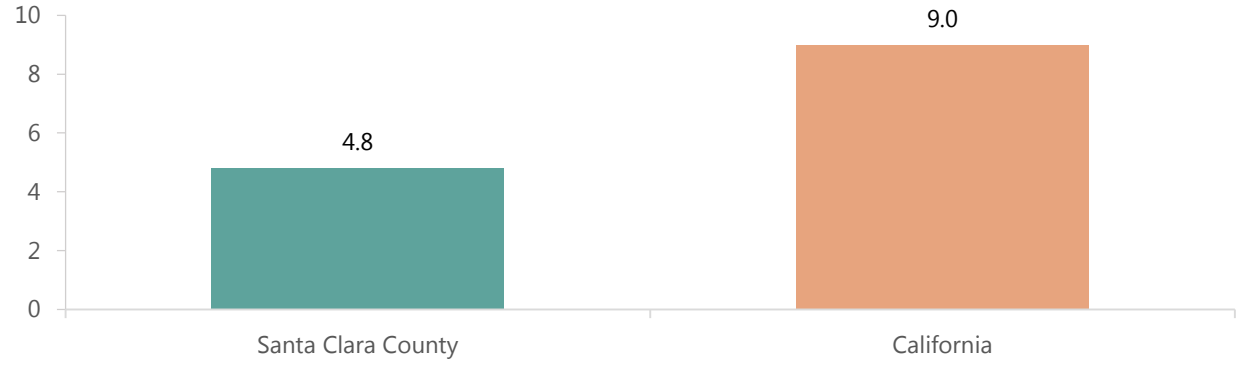
Why it's important

Child maltreatment (abuse and neglect) affects children physically, psychologically, and behaviorally. The effects of maltreatment and associated stress impact brain development and can also harm the progression of the nervous and immune systems. Moreover, physical abuse results in injuries including burns and broken bones.[76] Children who experience maltreatment are more likely to engage in high-risk behaviors, exhibit issues such as eating disorders and depression, and can also have trouble forming healthy relationships as adults.[77]

What the data tell us

The term "substantiated" refers to cases of child maltreatment or risk of child maltreatment that are supported by evidence following an investigation under state policies and laws.[78] Children ages 0 to 17 in Santa Clara County experienced substantiated child maltreatment at a rate of 4.8 per 1,000 children in 2014; a lower rate compared to the state (9.0).[79]

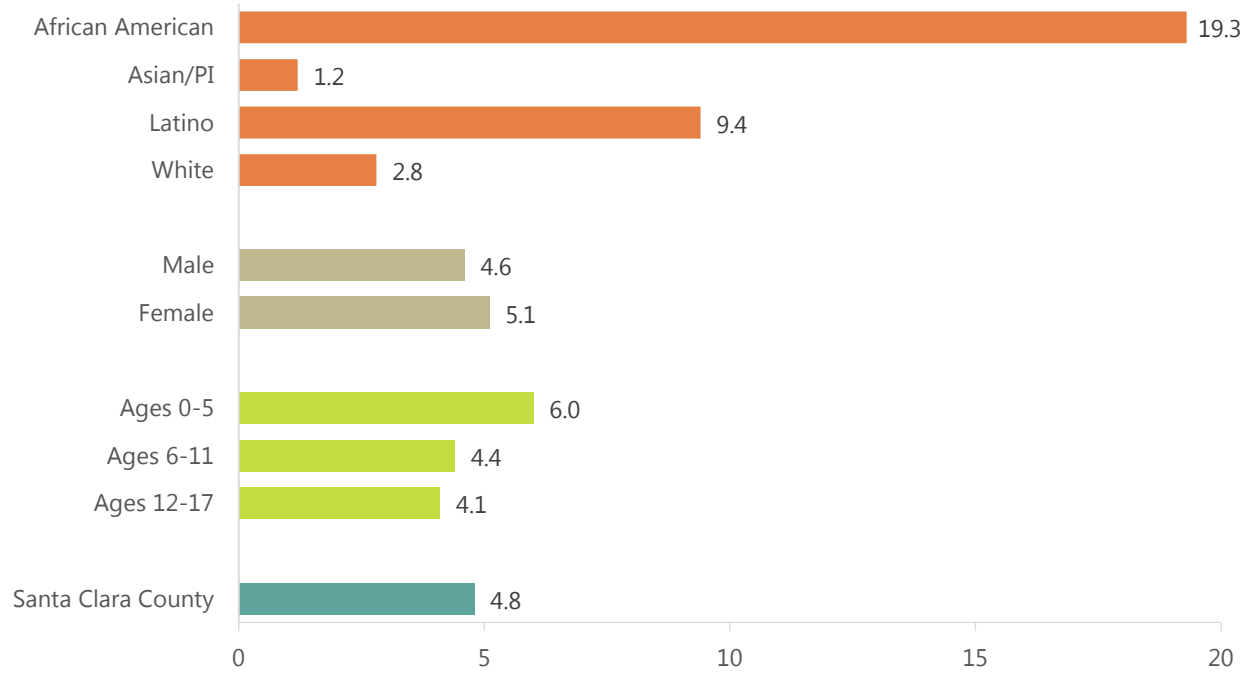
RATE OF SUBSTANTIATED CHILD MALTREATMENT PER 1,000 CHILDREN (AGES 0-17)



Note: See Santa Clara County Public Health QuickFacts for additional data and information. Both fatal and non-fatal cases are included.
Source: University of California, Berkeley, Center for Social Sciences Research, 2014.[80]

The rate was higher among African American children than other racial/ethnic groups and higher among children ages 0 to 5. Research suggests an association between poverty and child maltreatment; with African American and Latino children experiencing higher rates of poverty and higher rates of maltreatment nationwide.[81]

RATE OF SUBSTANTIATED CHILD MALTREATMENT PER 1,000 CHILDREN (AGES 0-17)



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: University of California, Berkeley, Center for Social Sciences Research, 2014[80]

FOSTER CARE

NEARLY HALF (48%) OF THE CHILDREN IN OUT-OF-HOME (FOSTER CARE) PLACEMENTS ARE AGES 11 AND OLDER

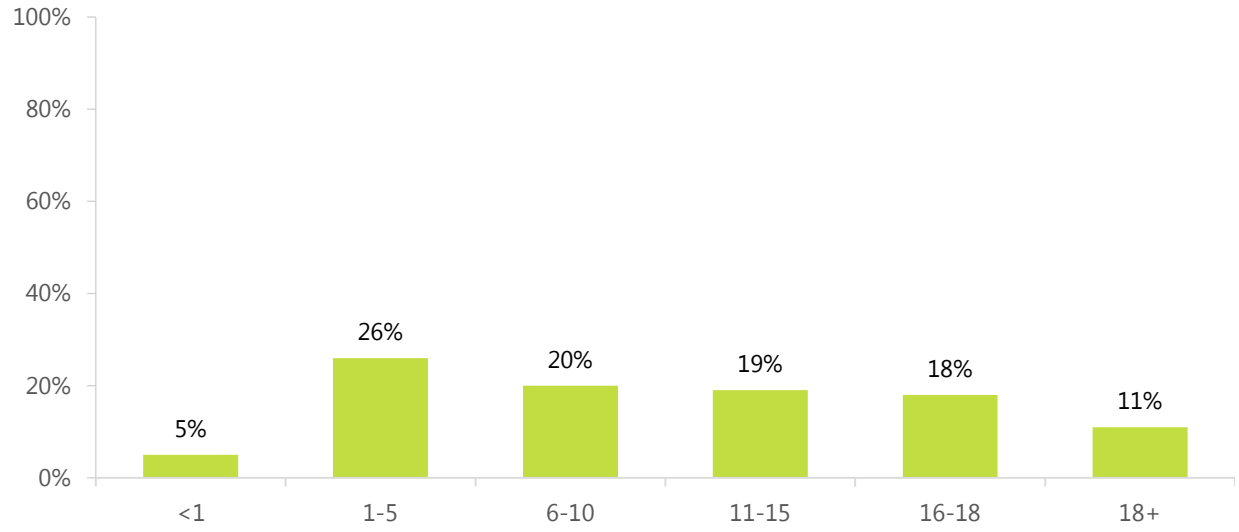
Why it's important

Foster care is meant to provide temporary living arrangements for children who cannot safely remain at home due to circumstances such as inadequate housing, child maltreatment, or neglect.[82] Placements within foster care are meant to be short term with the intent of moving the child into a place of permanence, which can be with birth family members or an adoptive family.[83] Unfortunately, many children stay in foster care for extended periods of time and often go through multiple placements during this tenure. According to the U.S. Department of Health and Human Services, Administration for Children and Families, more than one-quarter (28%) of children in foster care have been in the system for 24 months or more.[84]

What the data tell us

As of September 9th, 2015, 1,262 children were in out of home placements (foster care) in Santa Clara County. Children ages 0 to 5 and pre-teens/adolescents (ages 11-18) accounted for approximately two-thirds of the county's foster care population (31% and 37%, respectively).

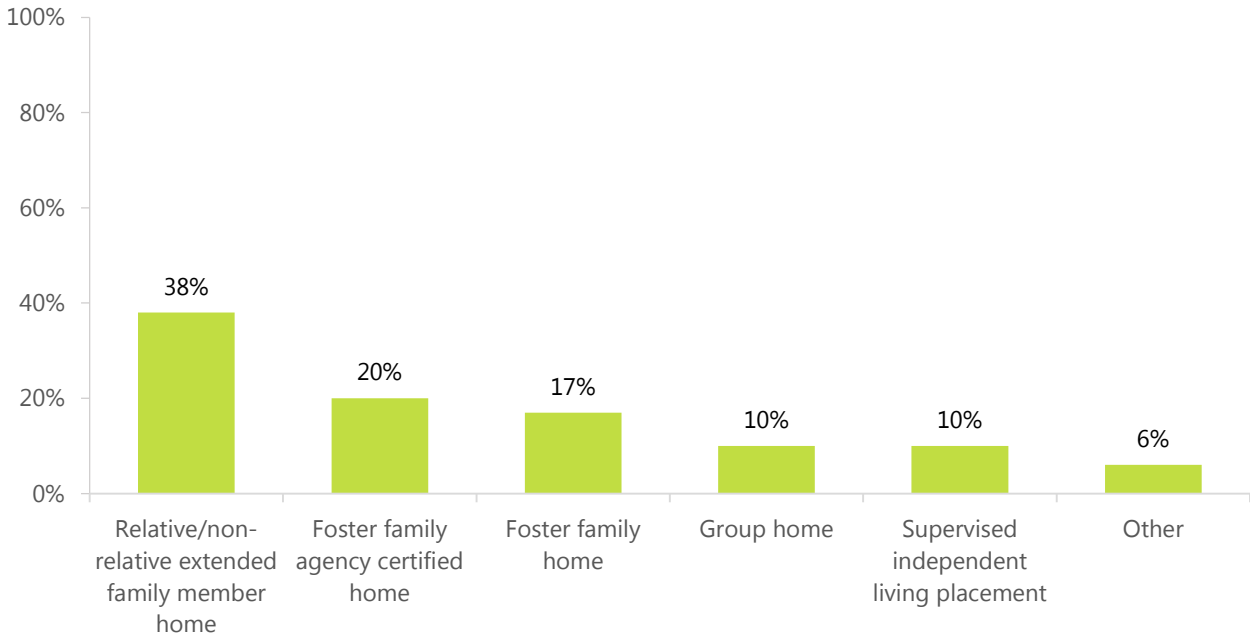
CHILDREN IN OUT OF HOME PLACEMENT (FOSTER CARE) BY AGE GROUP



Note: Percentages do not add to 100% due to rounding.
Source: Santa Clara County Social Services Agency, Department of Family and Children's Services, data as of September 9th, 2015[85]

Nearly 4 in 10 (38%) children in foster care were placed in relative or non-relative extended family member homes.

CHILDREN IN OUT OF HOME PLACEMENT (FOSTER CARE) BY TYPE OF PLACEMENT



Note: Percentages do not add to 100% due to rounding. Other category includes small family home, guardian home, or court specified home. For more information, please refer to the Santa Clara County Social Services Agency, Department of Family and Children's Services website: https://www.sccgov.org/sites/ssa/dfcs/Pages/dfcs.aspx.
Source: Santa Clara County Social Services Agency, Department of Family and Children's Services, data as of September 9th, 2015[85]

EMOTIONAL WELL-BEING

NEARLY 4 IN 10 FEMALE STUDENTS HAVE REPORTED FEELING SAD OR HOPELESS FOR 2 WEEKS OR MORE IN THE PAST 12 MONTHS

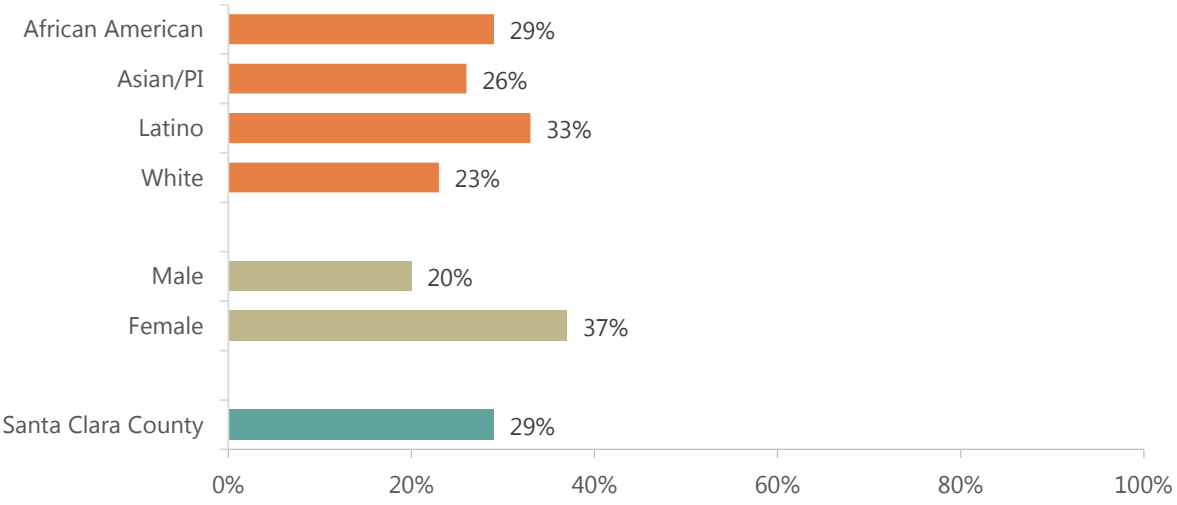
Why it's important

Physical and emotional health go hand in hand. For instance, depression is a common emotional problem among youth that is linked to high-risk behaviors and to poor growth and development.[86] Promotion of positive mental health, including coping skills, building positive relationships and strengthening resilience, are important for youth to develop into healthy adults.[87]

What the data tell us

More than one-quarter (29%) of middle and high school students in Santa Clara County reported that they had felt sad or hopeless for 2 weeks or more in the past 12 months, on par with the state (30%).[73] This percentage was higher among female students than male students. Latino and African American middle and high school students reported higher percentages than all other racial/ethnic groups. The percentage of middle and high school students in the county who experienced depressive symptoms (felt so sad or hopeless almost every day for 2 weeks or more in the past 12 months that they stopped doing usual activities) fluctuated slightly between 27% and 29% since 2007.[104]

MIDDLE AND HIGH SCHOOL STUDENTS WHO FELT SAD OR HOPELESS FOR TWO WEEKS OR MORE IN THE PAST 12 MONTHS



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

SUICIDE

ONE IN FIVE HIGH SCHOOL STUDENTS HAS SERIOUSLY CONSIDERED ATTEMPTING SUICIDE IN THE PAST 12 MONTHS

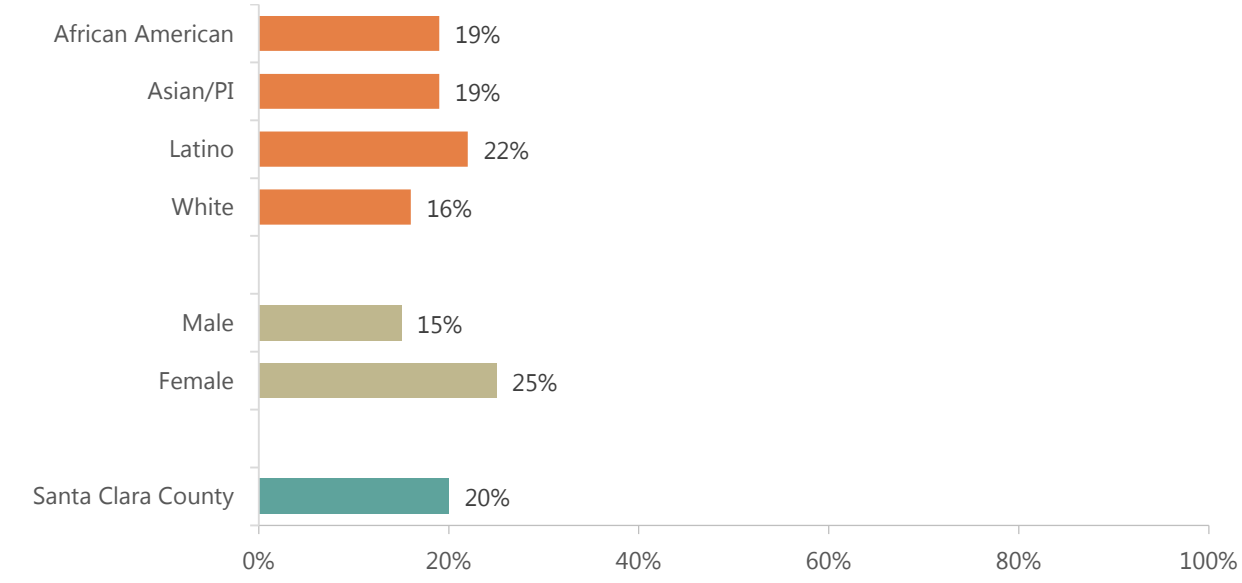
Why it's important

The second leading cause of death for children ages 15 to 19 is suicide, following unintentional injury. Several risk factors can contribute to a youth attempting or committing suicide, including: substance abuse, a history of mental illness or depression, incarceration, and easy access to fatal methods. While suicide affects all demographics, a higher percentage of females report having attempted suicide, while males are more likely to die from suicide.[88]

What the data tell us

One in 5 (20%) high school students in Santa Clara County reported that they seriously considered attempting suicide in the past 12 months compared to 19% statewide.[73] This percentage was higher among female high school students than male high school students (25% vs. 15%, respectively) and Latino high school students (22%) than high school students in other racial/ethnic groups. The percentage of high school students in the county who have ever seriously considered attempting suicide in the past 12 months increased from 17% to 20% since 2009.

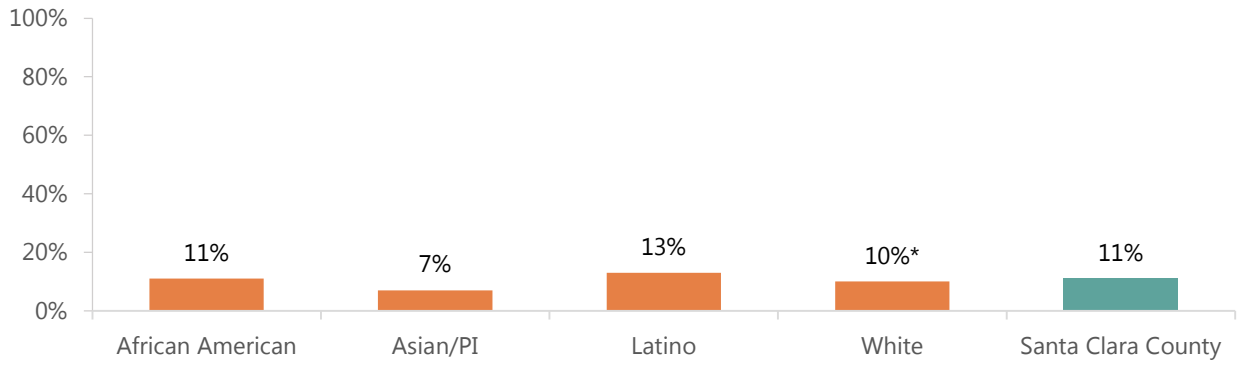
HIGH SCHOOL STUDENTS WHO HAD SERIOUSLY CONSIDERED ATTEMPTING SUICIDE IN THE PAST 12 MONTHS



Note: See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

Among middle and high school students in the county, 1 in 10 (11%) reported that they had attempted suicide 1 or more times in the past 12 months. This percentage was higher among Latino middle and high school students (13%).

MIDDLE AND HIGH SCHOOL STUDENTS WHO ATTEMPTED SUICIDE IN THE PAST 12 MONTHS



Note: [*] + indicates estimate is statistically unstable due to a relative standard error (*) of greater than 30% or less than 50 respondents in the denominator (+). These estimates should be viewed with caution and may not be appropriate to use for planning or policy purposes. This indicator is defined as attempting suicide 1 or more times in the past 12 months. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

ALCOHOL USE / BINGE DRINKING

WHITE STUDENTS REPORT A HIGHER PERCENTAGE OF BINGE DRINKING THAN OTHER RACIAL/ETHNIC GROUPS

Why it's important

Alcohol use among youth is associated with negative outcomes including poor performance in school and adoption of other risky behaviors such as other drug use. Youth who start drinking at a young age are more likely to develop alcohol dependence as adults.[89] Binge drinking, or drinking 5 or more drinks in a row, is a common consequence of youth underage drinking and is linked to alcohol poisoning, sexually transmitted infections, and injury.[90]

What the data tell us

Fourteen percent (14%) of middle and high school students in Santa Clara County had 1 or more drinks of alcohol in the past 30 days; this percentage was lower than students in California (22%).[73] Percentages were higher among females than males, and also among Latino students as compared to other racial/ethnic groups. The percentage of middle and high school students who drank alcohol 1 or more times in the past 30 days declined from 21% to 14% since 2007. [104]

One in 10 (9%) middle and high school students engaged in binge drinking 1 or more times in the past 30 days in the county. While this was lower than students in California (14%)[73], it fell short of the Healthy People 2020 target of 8.6%.[44] White students reported the highest percentage of binge drinking at 13% compared to other racial/ethnic groups. The percentage of middle and high school students who engaged in binge drinking in the past 30 days fluctuated from 11% to 9% since 2007. [104]

MIDDLE AND HIGH SCHOOL STUDENTS ALCOHOL USE/BINGE DRINKING IN THE PAST 30 DAYS

	African American	Asian/ PI	Latino	White	Male	Female	Santa Clara County
Alcohol use							
Middle and high school students	15%	6%	20%	16%	13%	16%	14%
Binge drinking							
Middle and high school students	10%	3%	11%	13%	9%	8%	9%

Note: Alcohol use is defined as having 1 or more drinks of alcohol in the past 30 days. Binge drinking is defined as 5 or more drinks of alcohol in a row within a couple of hours. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

SAFETY AT SCHOOL

FEMALES ARE PSYCHOLOGICALLY BULLIED AND CYBERBULLIED MORE THAN MALES, WHEREAS MALES ARE PHYSICALLY BULLIED MORE THAN FEMALES

Why it's important

The safety of a child's school environment is vital to supporting positive outcomes including regular attendance, better grades, and minimizing engagement in risky behaviors. Exposure to violence in school can affect both the physical and emotional well-being of children, increasing likelihood of depression, anxiety, and fear.[91] These negative outcomes are also associated with the effects of bullying, whether as a victim, a witness, and/or as a bully. Additionally, those who are bullied or bully are at higher risk of suicidal behavior, while those who witness bullying are more likely to report feelings of helplessness.[92]

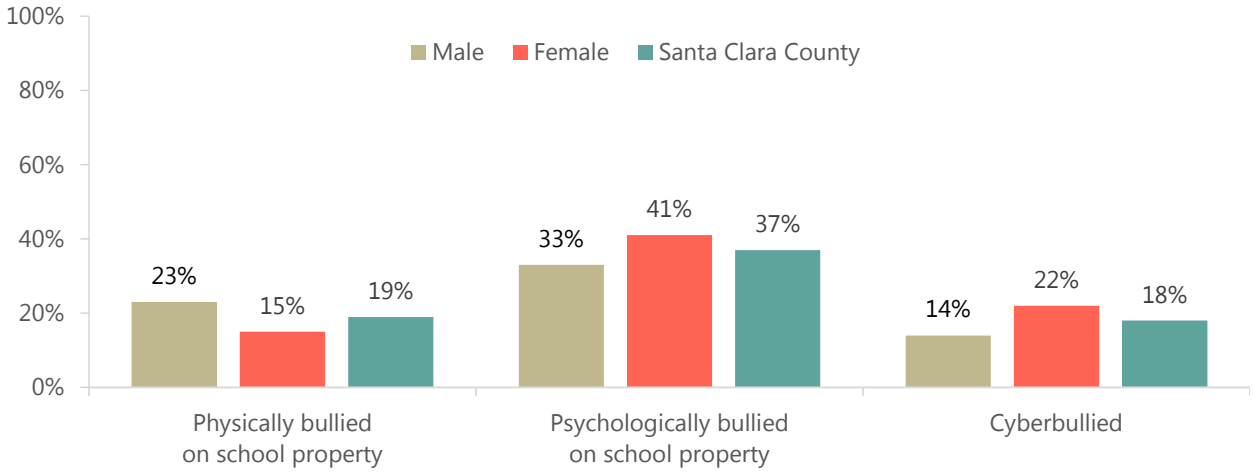
What the data tell us

One in 5 (19%) middle and high school students in Santa Clara County were physically bullied on school property in the past 12 months, higher than the Healthy People 2020 target of 17.9%.[44]

Thirty-seven percent (37%) of students were psychologically bullied on school property in the past 12 months, and 18% reported they were cyberbullied (bullied online) in the past 12 months. The countywide percentage of cyberbullying is similar to the percentage of cyberbullying among students in California (22%).[73] While males (23%) were physically bullied more than females (15%), females were psychologically bullied and cyberbullied at higher percentages (41% and 22%, respectively) than males.

The percentage of middle and high school students who were physically bullied on school property in the past 12 months declined from 32% to 19% since 2007. The percentage of middle and high school students who were psychologically bullied on school property in the past 12 months declined from 48% to 37% since 2007. [104]

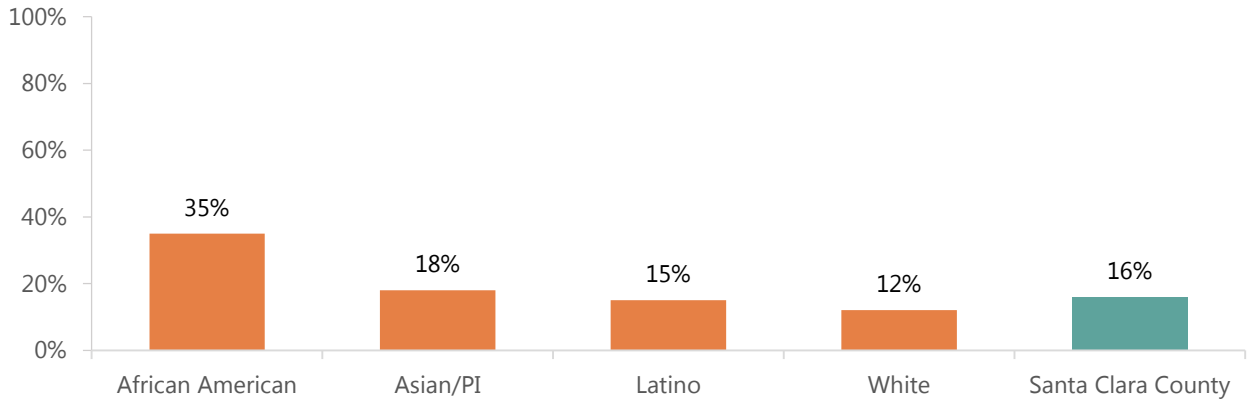
BULLYING AMONG MIDDLE AND HIGH SCHOOL STUDENTS IN THE PAST 12 MONTHS



Note: Physical bullying is defined as the percentage of students who reported being pushed, shoved, hit or kicked by someone who wasn't kidding around 1 or more times in the past 12 months. Psychological bullying is defined as the percentage of students who reported being afraid of being beat up or had mean rumors or lies spread about them on school property in the past 12 months. Cyberbullying is defined as the percentage of students who reported that other students spread mean rumors or lies about them on the Internet 1 or more times in the past 12 months. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

Sixteen percent (16%) of middle and high school students in Santa Clara County were bullied due to race/ethnicity or national origin on school property in the past 12 months, similar to the percentage of students in the state (17%).[73] African American students reported a higher percentage of bullying due to race, ethnicity, or national origin (35%) than any other racial/ethnic group.

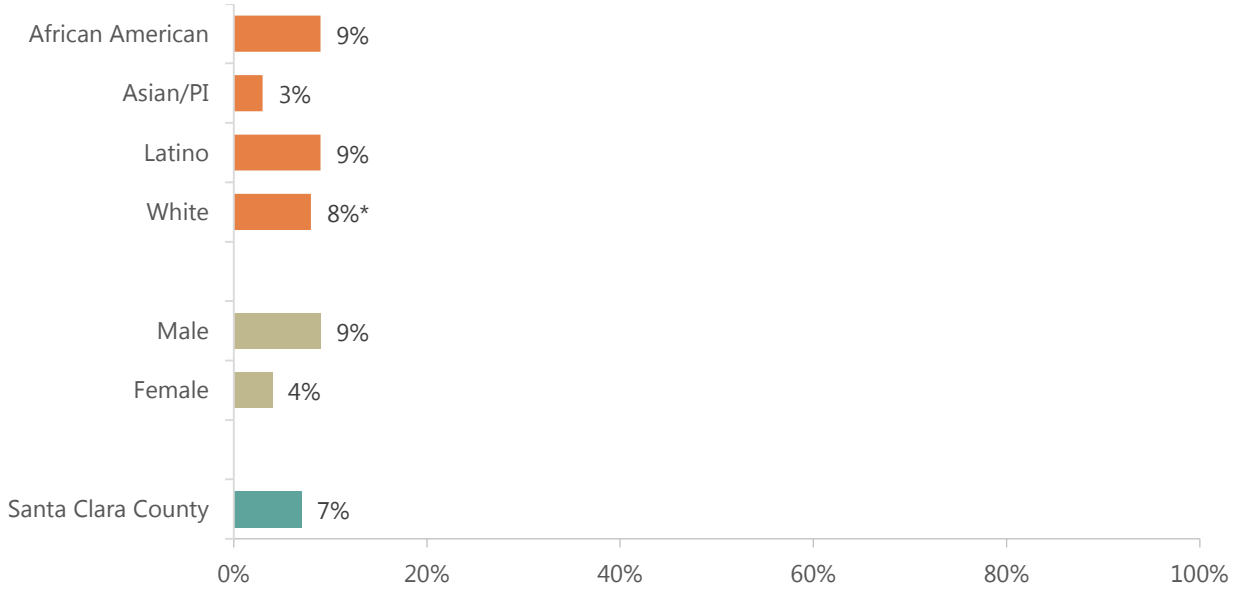
MIDDLE AND HIGH SCHOOL STUDENTS WHO WERE BULLIED DUE TO RACE, ETHNICITY, OR NATIONAL ORIGIN IN THE PAST 12 MONTHS



Note: This indicator is defined as the percentage of students who reported being bullied due to race, ethnicity, or national origin 1 or more times on school property in the past 12 months. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

One in 12 (7%) Santa Clara County middle and high school students had carried a weapon such as a knife or club on school property in the past 12 months, lower than the percentage of middle and high school students in California (9%).[73] The percentage of middle and high school students who carried a weapon such as a knife or club on school property in the past 12 months declined from 9% to 7% since 2007. [104]

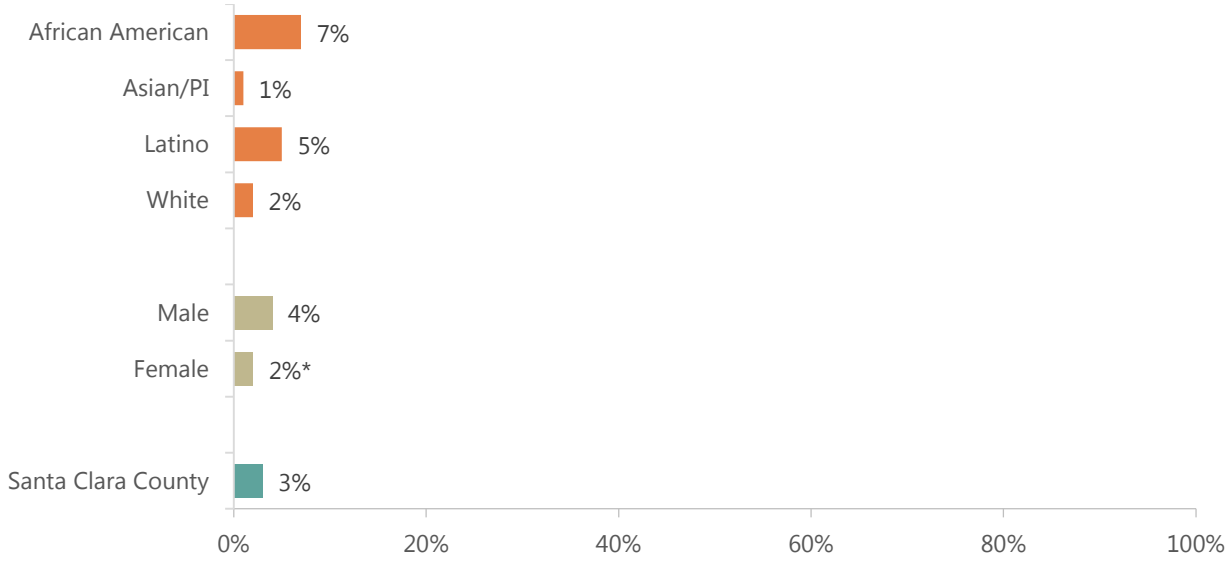
Middle and high school students who carried a weapon such as a knife or club on School property in the past 12 months



Note: [*] indicates estimate is statistically unstable due to a relative standard error of greater than 30% or less than 50 respondents in the denominator. These estimates should be viewed with caution and may not be appropriate to use for planning or policy purposes. This indicator is defined as the percentage of students who reported carrying a weapon on school property 1 or more times in the past 12 months. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

Three percent (3%) of middle and high school students carried a gun on school property in the past 12 months, lower than the percentage of middle and high school students in California (5%).[73] A higher percentage (7%) of African American students carried a gun on school property in the past 12 months than other racial/ethnic groups. The percentage of middle and high school students who carried a gun on school property in the past 12 months declined from 5% to 3% since 2007. [104]

MIDDLE AND HIGH SCHOOL STUDENTS WHO CARRIED A GUN ON SCHOOL PROPERTY IN THE PAST 12 MONTHS



Note: [*] indicates estimate is statistically unstable due to a relative standard error of greater than 30% or less than 50 respondents in the denominator. These estimates should be viewed with caution and may not be appropriate to use for planning or policy purposes. This indicator is defined as the percentage of students who reported carrying a gun on school property 1 or more times in the past 12 months. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: California Healthy Kids Survey, 2013-14[35]

INJURY

MALES HAVE HIGHER RATES OF NON-FATAL UNINTENTIONAL INJURIES, WHILE FEMALES HAVE HIGHER RATES OF NON-FATAL SELF-INFLICTED INJURIES

Why it's important

Nationwide, injuries are the leading cause of death among children and youth ages 0 to 19 and often are preventable. The category of injury is broken down into two classifications, unintentional injury and intentional injury. Unintentional injury refers to incidents such as car accidents and falls while intentional injuries encompass self-inflicted harm, abuse, and assault.[93]

What the data tell us

In 2013, non-fatal emergency department visits for unintentional injuries occurred at a rate of 2,150.1 per 100,000 children ages 0 to 17 in Santa Clara County. Hospital discharges for unintentional injuries among this group occurred at a rate of 42.3 per 100,000 children ages 0 to 17 in 2013. For both emergency department visits and hospital discharges, the rates were higher among males than females and African American children than children in other racial/ethnic groups.

NON-FATAL UNINTENTIONAL INJURIES RATES PER 100,000 CHILDREN (AGES 0-17)

	African American	Asian/ PI	Latino	White	Male	Female	Santa Clara County
Emergency department visits							
Children (ages 0-17)	3,553.7	1,082.7	2,641.5	2,637.1	2,500.7	1,778.6	2,150.1
Hospital discharges							
Children (ages 0-17)	59.5	21.8	49.8	52.1	54.2	29.6	42.3

Note: Rates presented are age-adjusted, see Methods for a definition of age-adjustment. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Office of Statewide Health Planning and Development, 2013 Emergency Department Data; Office of Statewide Health Planning and Development, 2013 Patient Discharge Data[94, 95]

Children ages 0 to 17 visited the emergency department at a rate of 17.0 per 100,000 children for self-inflicted non-fatal injuries in 2011-2013. Hospital discharges for self-inflicted non-fatal injuries occurred at a rate of 5.0 per 100,000 children in 2011-2013. The non-fatal self-inflicted injury rate among females was higher for both emergency department visits and hospital discharges than males. African American (37.0) and White (23.6) children had higher rates of emergency department visits for non-fatal self-inflicted injuries than other racial/ethnic groups, whereas White children (7.8) had higher rates of hospital discharges for non-fatal self-inflicted injuries. The age-adjusted suicide rate among children ages 0 to 17 in the county was 0.7 deaths per 100,000 children in 2004-2013.[98]

NON-FATAL SELF-INFLICTED INJURIES RATES PER 100,000 CHILDREN (AGES 0-17)

	African American	Asian/ PI	Latino	White	Male	Female	Santa Clara County
Emergency department visits							
Children (ages 0-17)	37.0	7.4	18.0	23.6	7.5	27.1	17.0
Hospital discharges							
Children (ages 0-17)	--	2.4	4.4	7.8	1.8	8.4	5.0

Note: Rates presented are age-adjusted, see Methods for a definition of age-adjustment. (--) indicates not reportable due to small number of hospitalizations. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Office of Statewide Health Planning and Development, 2011-2013 Emergency Department Data; Office of Statewide Health Planning and Development, 2011-2013 Patient Discharge Data [96,97]

Children ages 0 to 17 went to the emergency department at a rate of 34.8 per 100,000 children for non-fatal assaults in 2013. The rate was higher among males (40.0) compared to females (29.2) and among African American children (92.8) compared to other racial/ethnic groups. Hospital discharges among children in the county for non-fatal assaults occurred at a rate of 4.5, with a higher rate among males (7.7) than females (1.1) in 2009-2013. The age-adjusted homicide rate among children ages 0 to 17 in the county was 1.3 deaths per 100,000 children in 2004-2013. [98]

NON-FATAL ASSAULT RATES PER 100,000 CHILDREN (AGES 0-17)

	African American	Asian/ PI	Latino	White	Male	Female	Santa Clara County
Emergency department visits (non-fatal assault)							
Children (ages 0-17)	92.8	8.7	60.4	22.9	40.0	29.2	34.8
Hospital discharges (non-fatal assault)							
Children (ages 0-17)	--	--	9.1	2.0	7.7	1.1	4.5

Note: Rates presented are age-adjusted, see Methods for a definition of age-adjustment. (--) indicates not reportable due to small number of hospitalizations. See Santa Clara County Public Health QuickFacts for additional data and information.
Source: Office of Statewide Health Planning and Development, 2013 Emergency Department Data and 2009-2013 Patient Discharge Data [94, 99]

ARRESTS AND PROBATION

THE NUMBER OF YOUTH ARRESTS/ CITATIONS HAVE DECREASED 42% BETWEEN 2011 AND 2014

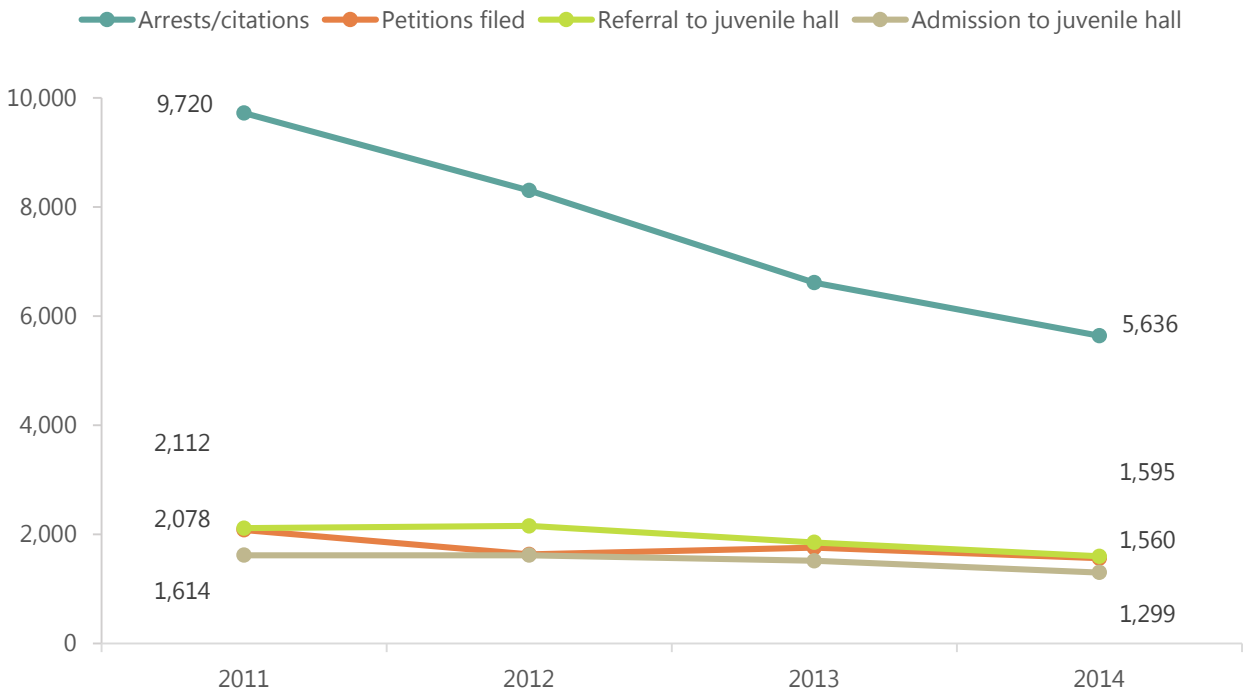
Why it's important

Youth who have been involved with the juvenile justice system are at increased risk of substance abuse, injury, and worse educational outcomes. Many factors have been noted as contributing to crime among youth, including: poverty, exposure to violence, maltreatment, substance abuse, and mental illness.[100] Youth who have spent time in detention are more likely to engage in criminal behavior as adults and experience increased rates of attempted suicide and other mental health disorders.[101]

What the data tell us

Juvenile arrests and citations among youth in Santa Clara County declined from 2011 to 2014 with 15% fewer arrests and citations in 2014 versus 2013 (5,636 and 6,612, respectively).

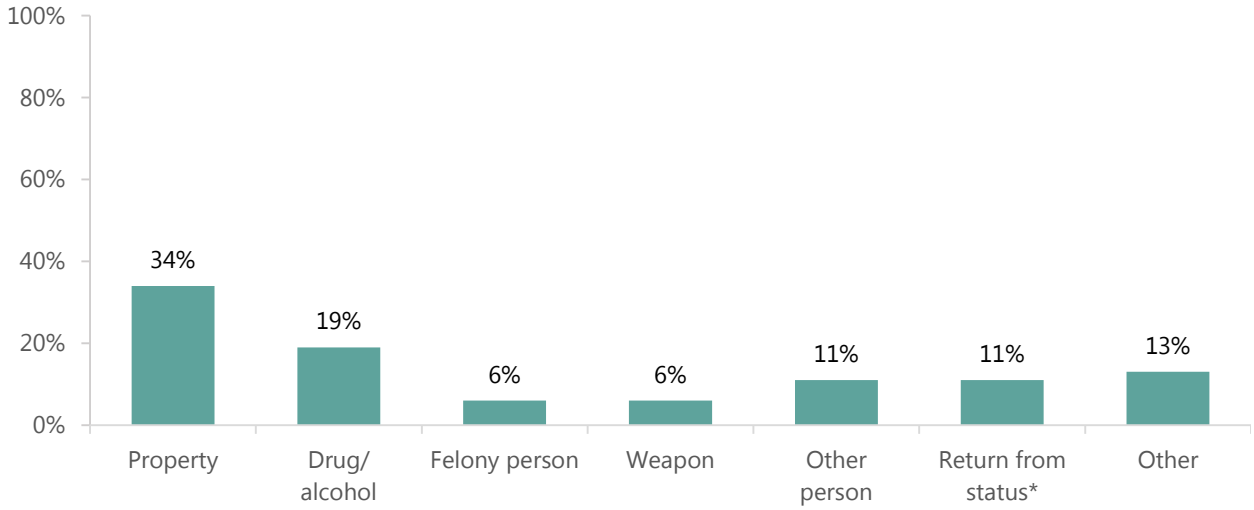
JUVENILE JUSTICE SYSTEM ARRESTS/CITATIONS, 2011-2014



Source: Santa Clara County Probation Department, 2014 Annual Report[102]

In 2014, one-third (34%) of all juvenile arrests/citations were for property crimes followed by drug/alcohol (19%) related offenses.

JUVENILE ARRESTS/CITATIONS BY OFFENSE CATEGORY



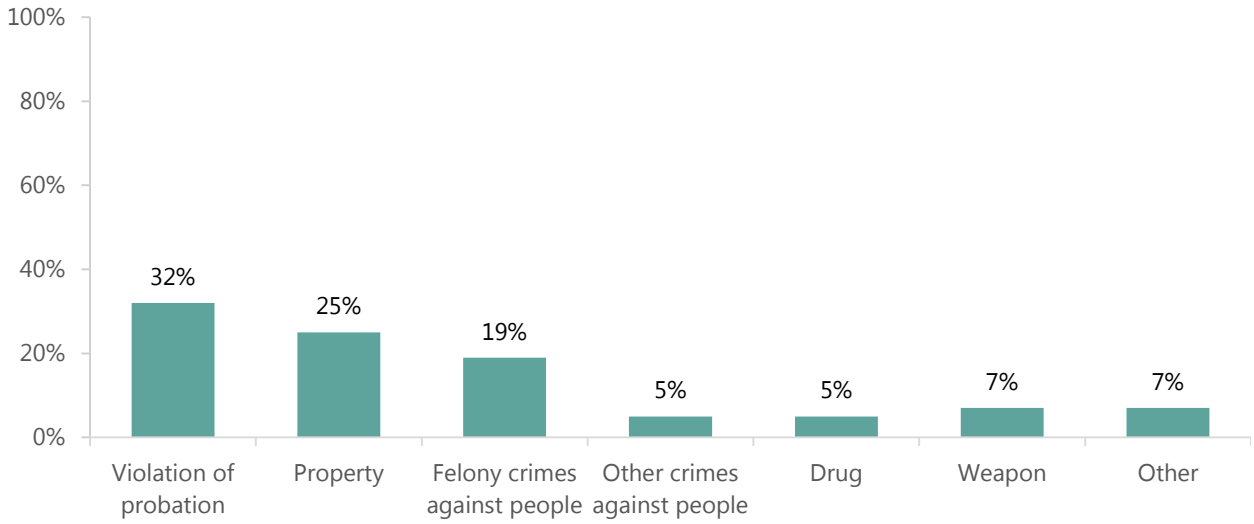
Note: [*] Return from status / courtesy hold / other admits. Return from status includes probation violations.
Source: Santa Clara County Probation Department, 2014 Annual Report[102]

The majority of juvenile arrests/citations in Santa Clara County were among youth ages 16 to 17 (59%), with a higher percentage among males (78%) than females (22%). Latino youth (67%) comprised a higher percentage of arrests/citations than African American (9%), Asian/Pacific Islander (4%), and White (15%) youth.[102]

However, African American youth were arrested/cited at a higher rate of 101 per 1,000 youth, or 6 times that of White youth (16). Latino youth (56) were 3.5 times more likely than White youth (16) to be arrested/cited.[102]

In 2014, 1,595 county youth (28% of those arrested) were booked at juvenile hall and of those youth, 1,299 (81%) were detained. Most youth were admitted for violation of probation (32%), property crime (25%), and felony crimes against people (19%).

JUVENILE INTAKE/ADMISSIONS BY OFFENSE CATEGORY



Source: Santa Clara County Probation Department, 2014 Annual Report[102]

Similar to arrests/citations, the majority of admissions to juvenile hall were youth ages 16 to 17 (68%), with a higher percentage of males (85%) compared to females (15%). More than three-quarters (78%) of the youth detained at juvenile hall were Latino youth, followed by African American (10%), White (9%), and Asian/Pacific Islander (3%) youth.[102]

African American youth were approximately 12 times more likely than White youth to be detained (24.5 vs. 2.1 per 1,000 youth, respectively). Latino youth were 7 times more likely than White youth to be detained (15.1 vs. 2.1 per 1,000 youth, respectively).[102]

Violations of probation, the most common cause for admission to juvenile hall, occur when a youth has violated the terms of his or her probation status, has a technical violation, or has committed a new law violation. In 2014, 306 violations of probation were filed. This number has declined from 1,117 in 2010 to 306 in 2014.[102]

CONCLUSION

Volume 1 of this assessment was comprised solely of secondary data to provide an overview of the health and social needs of children in Santa Clara County. The second part of the assessment will build on the findings from Volume 1 with a goal towards uncovering and addressing the underlying assumptions, questions, and root causes that perpetuate the inequities and disparities identified. Volume 2 will include largely primary data collected from surveys, focus groups, and key informant interviews, thus lending itself to deeper examination of the facilitators and barriers to excellent health for children. The findings from Volume 2 will be presented as a narrative to capture the stories, via the lived-experiences of youth and experts in the field, and will aid in deconstructing and humanizing the data. Critical to this work will be the key recommendations, developed at a "Call to Action" forum to be held in Fall 2016. The action-oriented recommendations and strategies which result from the forum will aid in the development of concrete next steps, including guiding the accountability, shared ownership and resource allocation needed as action plans will be developed to improve the health of all children in Santa Clara County.

METHODS

The findings presented in Volume 1 of this assessment were secondary (pre-existing) quantitative data collected from a variety of sources, including, but not limited to: the U.S. Census Bureau; California Department of Public Health; Office of Statewide Health Planning and Development; Santa Clara County Public Health Department; California Healthy Kids Survey; and other local, state, and national surveys, databases, and registries. Additional methodology information is also available on the Santa Clara County Public Health Department's website at www.sccphd.org/statistics2.

Data selection

The Santa Clara County Public Health Department compiled data indicators from various sources. These data were presented to the assessment's advisory committee. Indicators were prioritized for inclusion in this report. Additional indicators are available as QuickFacts at www.sccphd.org/statistics2.

Definition of child population

Individuals were classified as children if they were below the age of 18 (ages 0 to 17).

Age adjustment

Age-adjusted rates are calculated to allow for unbiased comparisons to be made between groups with different age distributions in the population over time, or between different populations. The age-adjusted rate is a summary measure adjusted for differences in age distributions.

Age-specific rates are similar to age-adjusted rates in that they are used to make unbiased comparisons, however, they are used for groups of the same age or age group. Age-specific rates cannot be compared to age-adjusted rates or to overall county rates. Source notes will indicate when the data presented has been age-adjusted.

Limitations

Certain data presented in this assessment are subject to limitations. We divided the county into east, west, north and south and used this for describing geographical areas in the county for the maps. These designations may not correspond with county neighborhood names. Public health surveillance data (e.g., emergency department visits) were subject to both misclassification and reporting bias. The 2013-14 California Healthy Kids Survey (CHKS) was subject to selection bias. Only public schools participate in the CHKS, and participation is subject to both school and parent consent. Only 7% of the 2013-14 Behavioral Risk Factor Survey (BRFS) sample population were cell-phone only households, underrepresenting those living in this rapidly increasing household type.[103] Additionally, those who were homeless or too ill to answer the phone were not interviewed, thus there was a potential bias toward healthier persons. Immigrant residents may have also been underrepresented as the BRFS was administered in four languages only. All survey information was self-reported and thus subject to reporting bias. Although wherever possible the health assessment used validated survey questions from established sources, there is a possibility of measurement error for some indicators.

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