

Key Findings

The Bottom Line

The good news: Most of Santa Clara County's children are faring as well as, or better than, the average child in California, as measured by their status on various indicators of health, development, school achievement and family and community support.

The bad news: In a trend that is unchanged since it was highlighted in the 2005 Children's Report,ⁱⁱ on measure after measure, these countywide averages disguise substantial disparities in well-being across ethnic and racial groups, as well as across socioeconomic levels.

The conclusion: To bring about real and lasting change in the health and well-being of all children, Santa Clara County's top priority for children should be the elimination of these disparities, which have long-term negative impacts not only on those directly affected by them, but also on the county as a whole.

As noted, the majority of children living in Santa Clara County are doing as well as, or better than, the average child in California, according to a variety of measures of health and well-being. The data indicate several positive findings, such as:

- Infant mortality rates fell close to 15% from 1996-98 to 2002-04.
- Teen birth rates fell 42% from 1997 to 2004.

- Between 55-60% of seventh, ninth and 11th graders reported high levels of connections to adults in their communities in 2005-06.
- Fewer than 7% of seventh, ninth and 11th graders reported that their schools were unsafe in 2005-06.

However, countywide figures disguise substantial disparities in well-being across ethnic and racial groups. On most measures, Caucasian/Whiteⁱⁱⁱ and Asian (not including Pacific Islander) children tend to fare better than children of other groups.^{iv} Examples include:

- In 2004, the teen birth rate for African American/Black teens was more than three times higher and the rate for Hispanic/Latina teens was more than 11 times higher than the rate for Asian teens.
- During 2005-06, about one-quarter of Caucasian/White students reported seeing someone carry a weapon (e.g., gun, knife, club or other weapon) to school, compared with 41.4% of Hispanic/Latino students.
- During 2002-04, 23 African American/Black children and youth ages 1-24 died, reflecting a death rate more than twice the rate for Caucasians/Whites.

Further, large income disparities exist in the county, and even families with incomes above the Federal Poverty Level often cannot make ends meet due to the high cost of living.

The data indicate several other specific areas of concern for Santa Clara County:

- As of 2005, more than one in four 2- to 11-year-olds had never seen a dentist.

ii. See the 2005 Children's Report at http://www.kidsincommon.org/childrens_report.html.

iii. The definitions and terms used to refer to racial/ethnic groups vary by data source. This report uses the terms "Caucasian/White," "Hispanic/Latino" and "African American/Black" to reflect this variation in terminology. In addition, some sources combine Filipinos, Pacific Islanders and Asian Americans into one "Asian" category, whereas other sources break them out separately. By necessity, this report employs the categories used by the data sources.

iv. Throughout this report, terms such as "better," "worse," "increased," "decreased," etc. are used to indicate trends and change. These terms are used colloquially; tests were not conducted to determine if differences between groups or over time were statistically significant.

- About one-quarter of the children who entered kindergarten in 2006 had not received all their immunizations by age 2.
- In 2006, fewer than half of all incoming kindergarteners were ready for school on all aspects of child development measured, and 10% were not ready on any of 20 skills.
- In 2006, just half of all third graders and only 24% of economically disadvantaged third graders in the county scored proficient or better on a standardized English language arts test (a measure of reading proficiency).
- In 2004, about one-quarter of fifth, seventh and ninth graders in the county were overweight or at risk of being overweight, and, in 2006, only about half could meet five of six state fitness standards.
- In 2005-06, one-quarter to one-third of seventh, ninth and 11th graders reported symptoms of depression (i.e., feeling so sad or hopeless for at least two weeks during the previous year that they stopped doing some regular activities).

Local Action

Public and private organizations across the county are actively leading community initiatives that aim to reduce disparities and improve children's well-being. Examples of such initiatives include efforts to provide health insurance for all children; prevent childhood obesity; improve children's oral health; expand preschool and increase school readiness; promote positive youth development; and advocate for key changes through a Children's Agenda.

For more information, see www.kidsdata.org/santaclarareport

Important Considerations

A report such as this one, which relies on existing publicly available data, is limited in that it necessarily must examine one issue at a time, even though the problems facing children do not occur in isolation. Children's physical health, academics, emotional health and family life are intricately connected; a change in one area likely will affect other areas.

Similarly, while data and service systems often focus on separate age groups (e.g., 0-5, adolescents, etc.), the different stages of childhood are not separate from each other. Each stage of a child's life builds upon the progress, or lack of progress, in the preceding stage. This continuity of development from infancy to adulthood is difficult to capture in a data report, but recognizing and incorporating this perspective is vital to effective planning for children.

Finally, data generally are used to point out negative outcomes. This approach often is necessary to ensure that problems are addressed, but it also underemphasizes the very real strengths of families and communities that have overcome substantial obstacles.