

I. Desired Outcome: Children Are Physically, Socially and Emotionally Healthy

Children in Santa Clara County are fairly healthy, as measured by their status on several health and health-related indicators (see Table 1). Children in the county tend to have better health outcomes than the average child in California, though not always better than the national Healthy People 2010 benchmarks.^v

Table 1. Children Are Physically, Socially and Emotionally Healthy: Key Indicators in Santa Clara County

Prenatal Care and Birth Outcomes

- Prenatal care in first trimester
- Pregnancy and birth outcomes
 - Infant mortality
 - Low birthweight

Access to Health Care

- Health insurance coverage
- Preventive health and dental care
- Immunization rates

Nutrition, Weight and Physical Fitness

- Breastfeeding
- Body weight
- Physical fitness

Mental, Emotional and Behavioral Health

- Connections to caring adults
- Symptoms of depression

Teen Births

Drug, Alcohol and Cigarette Use

The data indicate several areas of concern:

- About one-quarter of the children who entered kindergarten in 2006 had not been fully immunized by age 2.
- As of 2005, more than one-fourth of 2- to 11-year-olds had never seen a dentist.
- In 2004, about one-quarter of fifth, seventh and ninth graders 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-fourth to one-third of seventh, ninth and 11th graders reported symptoms of depression in the previous year.
- In 2005-06, fewer than one-quarter of seventh, ninth and 11th graders strongly agreed that a teacher or adult at their school really cared about them.
- African American and Hispanic/Latino children, in particular, fare worse than Caucasian/White and Asian children on many measures, although Hispanic/Latino infants are least likely to be born low birthweight.

Key health issues are summarized below, and more data are available at www.kidsdata.org.

Prenatal Care and Birth Outcomes

Whether children have been born full-term and of normal birthweight (5.5 pounds or more) can have profound long-term impacts on their well-being. On average, children born preterm (<37 weeks gestation) lag behind their peers in IQ, language development and school achievement.⁵ They also have a higher incidence of learning disabilities and school failure.⁶ About half the children born at low

v. Published by the U.S. Department of Health and Human Services, Healthy People 2010 is a comprehensive set of disease prevention and health promotion objectives for the nation. The objectives were created by scientists and primarily seek to increase quality and years of healthy life and eliminate health disparities (www.healthypeople.gov). See the summary table in Appendix 1 for relevant Healthy People 2010 objectives.

birthweight eventually require special education services.⁷ Women who receive prenatal care early in their pregnancies are more likely to have healthy births, although prenatal care by itself—at least as it is typically delivered—is not sufficient to prevent poor birth outcomes.^{8,9,10} Still, many experts recommend prenatal care, particularly with enhanced and comprehensive content, as an important strategy that can address health risks, provide health education and link mothers and newborns to other services.^{11,12}

The news is mixed about health care for pregnant women and birth outcomes in Santa Clara County. The vast majority of mothers are receiving prenatal care in the first trimester (85.2% in 2004),¹³ and infant mortality rates have fallen in recent years (to 4.1 per 1,000 in 2002-04).¹⁴ Nevertheless, the percentage of babies born at low birthweight was 6.5% in 2004, up from 5.9% in 1997.¹⁵ The infant mortality rate in Santa Clara County is better than the Healthy People 2010 national objective of 4.5 per 1,000 live births,¹⁶ but the early prenatal care and low birthweight statistics do not meet the national objectives of 90% for prenatal care and 5% for low birthweight.

As in the rest of the state, deep ethnic and racial disparities exist on many health measures. For example, Caucasian/White women are more likely than women of other racial/ethnic groups to receive early prenatal care, and Pacific Islanders are least likely (see Table 2). In 2004, the percentage of babies born at low birthweight to African American/Black mothers was greater than the percentage for other racial/ethnic groups: 9.7% versus 7.4% for Asians, 6.5% for Caucasians/Whites and 5.7% for Hispanics/Latinos (see Figure 2).¹⁷

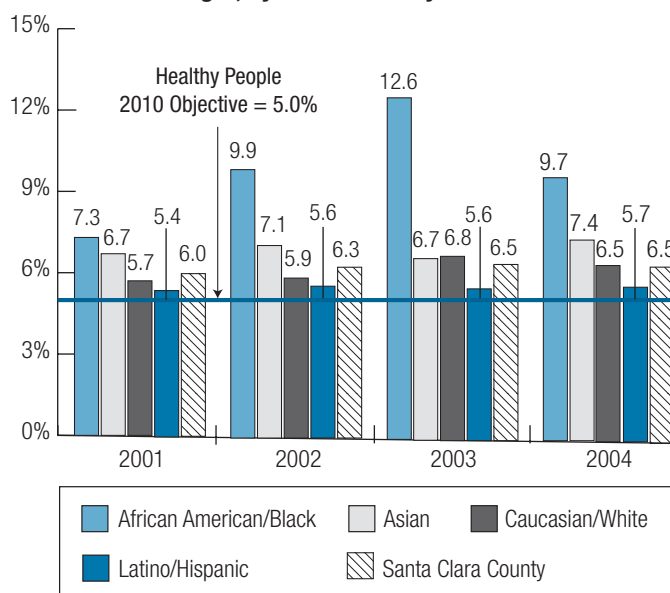
Table 2. Percentage of Santa Clara County Women Receiving Prenatal Care in the First Trimester, by Race/Ethnicity

Race/Ethnicity	2001	2002	2003	2004
African American/Black	79.6%	77.5%	81.0%	83.4%
Asian	87.8	85.3	83.9	85.9
Caucasian/White	92.1	88.8	89.2	90.3
Latina/Hispanic	78.0	79.0	79.8	80.5
Native American	71.4	71.4	84.9	81.0
Pacific Islander	60.6	70.5	78.6	68.1
Santa Clara County	85.3	83.8	83.9	85.2

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics Query System, <http://www.applications.dhs.ca.gov/vsq/default.asp>.

Note: 22,600 women who gave birth in Santa Clara County in 2004 received prenatal care in the first trimester. Of these, 428 were African American/Black, 7,245 Asian, 7,033 Caucasian/White, 7,463 Hispanic/Latina, 47 Native American and 111 Pacific Islander.

Figure 2. Percentage of Santa Clara County Infants Born Low Birthweight, by Race/Ethnicity



Source: California Department of Health Services, Center for Health Statistics, Vital Statistics Query System, <http://www.applications.dhs.ca.gov/vsq/default.asp>.

Note: 1,745 babies were born low birthweight in Santa Clara County in 2004. Of these, 50 were African American/Black, 623 Asian, 507 Caucasian/White and 527 Hispanic/Latino.

Access to Health Care Services, Including Preventive Health Care and Immunizations

Nationally, children without health insurance are less likely to have a regular pediatrician or to use medical and dental care. They are more likely to be in poor health and under-immunized.¹⁸ In contrast, when public health insurance is expanded, children receive better care,¹⁹ and their health, school attendance and school performance improves.²⁰

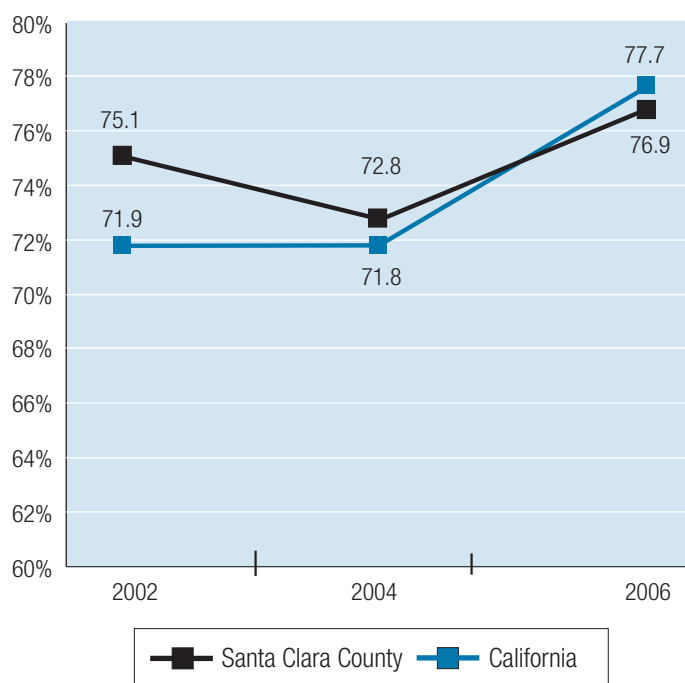
The Santa Clara County Children's Health Initiative (CHI) was launched in 2001 to help secure health insurance coverage for all children, including those who are undocumented.²¹ The U.S. Healthy People 2010 goal is 100% insurance coverage for all adults and children,²² but 13% of Santa Clara County's children and youth were estimated to be uninsured in 1997.²³ In 2001, the percentage of uninsured had fallen to 3%, partly due to CHI. Enrollment in Medi-Cal, Healthy Families and Healthy Kids (the three public health insurance programs accessed through CHI)²⁴ increased by 37,160 children between 2001 and 2003.²⁵ In 2005, 97.8% of children ages 0-17 had health insurance, and 88.6% of children ages 2-17 had dental insurance, a percentage that has held fairly steady in recent years.²⁶

Broader health insurance coverage should enable more children to access the preventive care that can keep children healthy. The percentage of 12- to 17-year-olds in the county who visited their physician for a routine health check-up within the past year has remained fairly steady from 2001-2005 (75.7% in 2001 versus 74.2% in 2005), meaning that about one-quarter of children each year did not have a check-up the previous year.²⁷ Further, as of 2005, more than one-quarter of children ages 2-11 years had never visited a dentist (comparable data for previous years are not available).²⁸

Immunizations are another important aspect of preventive care, and the percentage of children who are fully immunized by age 2 has risen recently in both Santa Clara County and California. Still, in Santa Clara County, almost one-quarter of children

who entered kindergarten in 2006 had not been fully immunized by age 2, similar to the California average (see Figure 3).²⁹

Figure 3. Percentage of Kindergarteners Who Were Fully Immunized by Age 2



Source: California Kindergarten Retrospective Survey, California Department of Health Services, Immunization Branch; Santa Clara County Public Health Department, Immunizations Program, as cited in www.kidsdata.org. Data are a measure of immunization rates of toddlers approximately three years prior to year stated in the figure. Immunizations include polio, diphtheria, tetanus and pertussis (DTP), measles, mumps and rubella (MMR).

Note: Approximately 15,500 children who entered kindergarten in 2006 had been fully immunized by age 2.

The countywide averages disguise disparities across racial and ethnic groups. For example, 82.9% of Asian children and 79.5% of Caucasian/White children who entered kindergarten in 2006 had been up-to-date with their immunizations at age 2, but the percentages for other groups were lower: 68.7% for Hispanic/Latino children and 64.3% for African American/Black children.³⁰

Nutrition, Weight and Physical Fitness

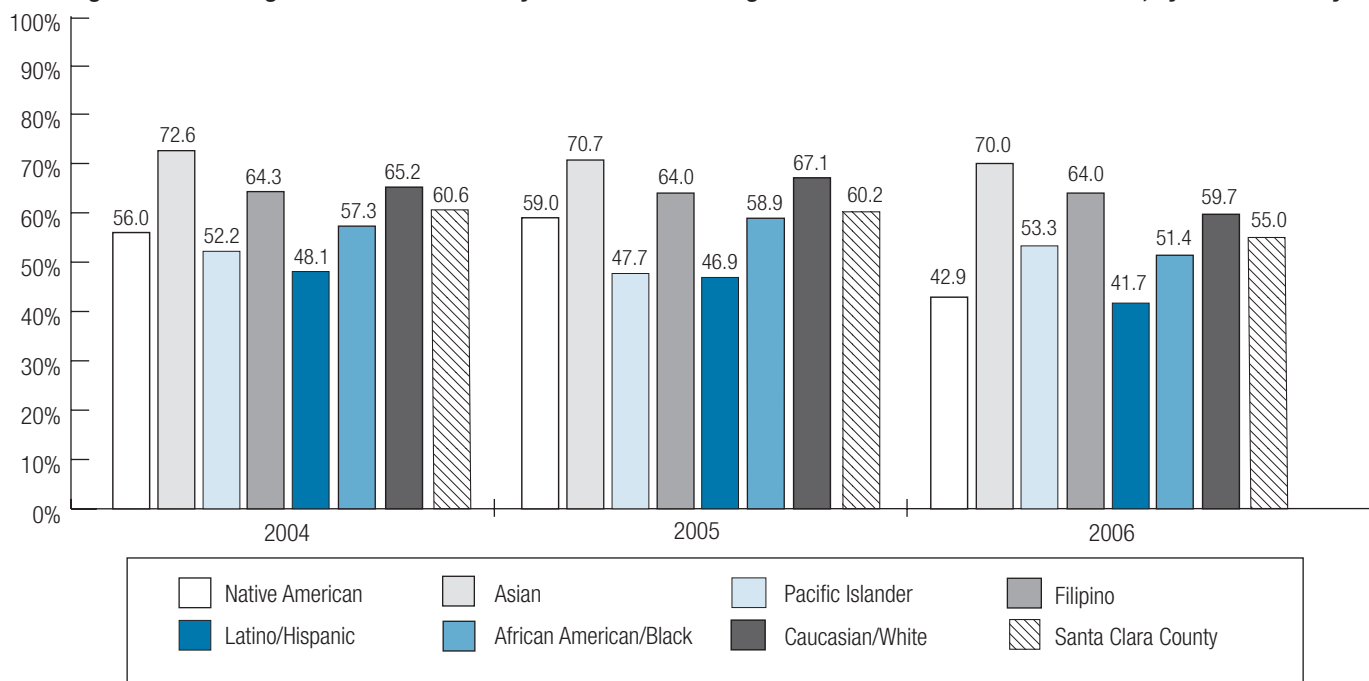
Good nutrition and exercise can keep children fit and prevent obesity. For infants, the most complete form of nutrition is breast milk. Breastfeeding is associated with reduced postneonatal infant mortality rates, decreased rates of obesity in later life and improved cognitive, language and motor development.^{31,32,33} The longer infants are exclusively breastfed, the better. For example, babies who are breastfed for six rather than four months have fewer respiratory illnesses and ear infections.³⁴

In Santa Clara County, 87% of women initiated breastfeeding in 2004, which is higher than the state percentage (83.9%) and the U.S. Healthy People 2010 objective (75%).³⁵ While in the hospital after giving birth, 57.4% of women in the county exclusively breastfed their infants in 2004, an increase since 2002, and higher than California's 40.5%.³⁶ In 2004, almost three-quarters of Caucasian/White women, but less than half of African American/Black and Hispanic/Latina women exclusively

breastfed their newborns in the hospital. However, the percentage of Hispanic/Latina women who exclusively breastfed their infants has increased markedly in recent years, rising from 34.6% in 2000 to 48.5% in 2004.³⁷

Nationally, childhood obesity has increased over the past 30 years.³⁸ Rates of childhood obesity are higher among children of color and low-income children who may live in communities with less access to healthful food or safe places for children to play or exercise.³⁹ Childhood obesity is associated with hypertension, high cholesterol, Type II diabetes, sleep apnea, menstrual abnormalities, impaired balance and orthopedic problems, depression and low self-esteem.⁴⁰ Obese children have more primary care sick and mental health visits and more laboratory tests, and incur more health care costs.^{41,42} In addition, 70-80% of obese adolescents become obese adults, subject to higher risks of diabetes, heart disease, arthritis, asthma and some types of cancer.⁴³

Figure 4. Percentage of Santa Clara County 7th Graders Meeting Five of Six State Fitness Standards, by Race/Ethnicity



Source: California Department of Education DataQuest. <http://data1.cde.ca.gov/dataquest/>.

Note: In 2006, 18,536 seventh graders took the physical fitness test in Santa Clara County. Of those, 4,444 were Asian, 5,057 were Caucasian/White, 977 were Filipino, 632 were African American/Black, 98 were Native American/American Indian, 135 were Pacific Islander and 6,799 were Hispanic/Latino.

In 2004, 24.7% of the fifth, seventh and ninth graders in the county were overweight or at risk of being overweight based on calculations of their body mass index (BMI).⁴⁴ In 2006, about half of all fifth, seventh and ninth graders could meet five of six state fitness standards.⁴⁵ However, the county averages mask important differences across ethnic and racial groups. For example, in each year from 2004-2006, the percentages of Asian, Filipino and Caucasian/White seventh graders who met five of six fitness standards were higher than the county average, while the percentages of African American/Black, Hispanic/Latino, Native American and Pacific Islander seventh graders who met the standards fell below the county average (see Figure 4).⁴⁶

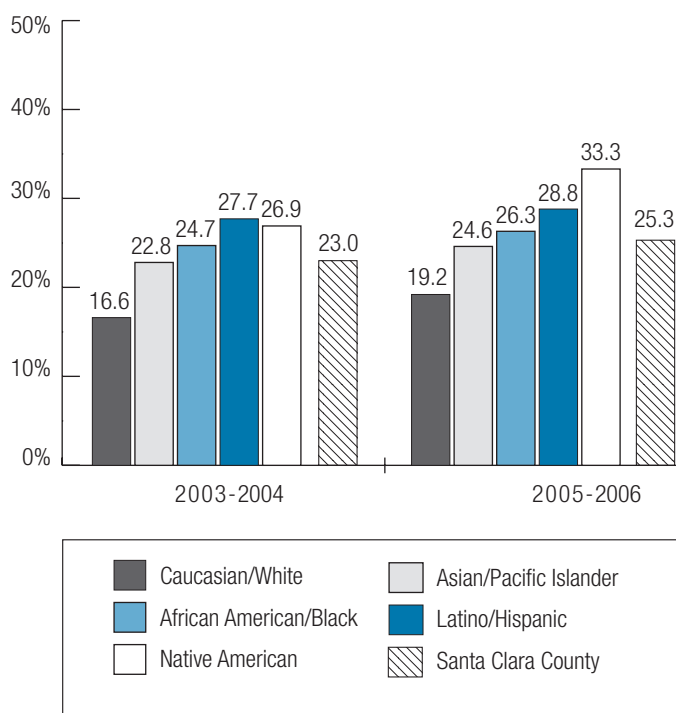
Mental, Emotional and Behavioral Health

Mental, emotional and behavioral health means both the absence of mental disorders and the presence of self-confidence, coping skills, optimism and the abilities to make positive choices and maintain caring relationships. Nationally, about 20% of children are estimated to have mental disorders with some functional impairment, and between 5% and 9% of children ages 9-17 years are estimated to have more serious emotional disturbances.⁴⁷ The extent to which children possess the skills and abilities to weather stress and make positive choices in their lives is less well-known or measured.

In 2006, about 20% of Santa Clara County parents were somewhat or very concerned that their child might be depressed.⁴⁸ An even higher percentage of the county's seventh, ninth and 11th graders (ranging from one-quarter to one-third) reported symptoms of depression in 2005-2006: that they felt so sad or hopeless for at least two weeks in the previous year that they had stopped doing some regular activities.⁴⁹ Further, 16.3% of the seventh, ninth and 11th graders reported they seriously considered, and 8.2% reported they actually attempted, suicide during

the previous year.⁵⁰ Again, differences appear across racial/ethnic groups. For example, Caucasian/White seventh graders were less likely to report symptoms of depression than children in other groups in both 2003-04 and 2005-06 (see Figure 5).⁵¹

Figure 5. Percentage of Santa Clara County 7th Graders Who Reported Feeling So Sad/Hopeless Almost Every Day for Two Weeks in Past Year That They Stopped Doing Usual Activities



Source: California Healthy Kids Survey 2003-2004, Santa Clara County Department of Public Health. [http://www.sccphd.org/SCC/docs/Public%20Health%20Department%20\(DEP\)/attachments/833629CHKS%20Feb%202005.pdf](http://www.sccphd.org/SCC/docs/Public%20Health%20Department%20(DEP)/attachments/833629CHKS%20Feb%202005.pdf). California Healthy Kids Survey 2005-2006, Santa Clara County Department of Public Health.

Note: In 2003-04, 10,739 Santa Clara County seventh graders were surveyed, and 12,436 were surveyed in 2005-06.

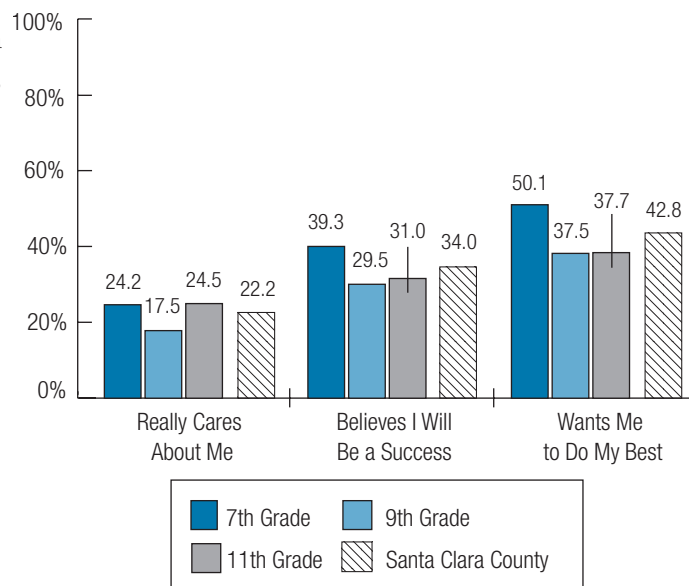
Even when facing adversity, children can thrive if adults and communities support and guide them. For example, youth who feel connected to the adults in their schools and to their peers are more likely to do well in school and less likely to be truant or to exhibit risk behaviors during adolescence.⁵² The Search

Children Are Physically, Socially and Emotionally Healthy

Institute has identified 40^{vi} developmental “assets” that promote the success and resiliency of youth. These include the children’s own commitments, values and competencies as well as positive developmental experiences that provide children with support, empowerment, boundaries and expectations, and opportunities for constructive use of time.⁵³ The more assets children possess, the more likely they are to engage in healthy behaviors and to be able to overcome adversity, resist dangers and avoid risk-taking behavior.⁵⁴ In 2004, fourth through sixth graders surveyed in Santa Clara County reported an average of 26.8 assets,⁵⁵ while middle and high school students reported an average of 18.8 assets.⁵⁶

A subset of assets, focusing on students’ perceptions of the adults in their schools and communities, has been assessed statewide. In 2005-2006, just as in the previous statewide survey in 2003-04, Santa Clara County seventh, ninth and 11th graders perceived greater caring relationships, high expectations, and opportunities for meaningful participation from adults in their communities than from adults in their schools.⁵⁷ Figures 6-7 illustrate some measures used to gauge children’s connections with adults in their schools and communities, respectively. For example, while 61.1% of seventh, ninth and 11th graders responded that it was “very much true” that there was an adult outside of school or home who really cared about them, only 22.2% responded similarly about a teacher or adult in their school. Favorable ratings were higher among the younger students.

Figure 6. Percentage of Santa Clara County 7th, 9th, and 11th Graders Reporting Positive Connections with Adults at School (2005-06): “At My School, There Is a Teacher or Adult Who...”

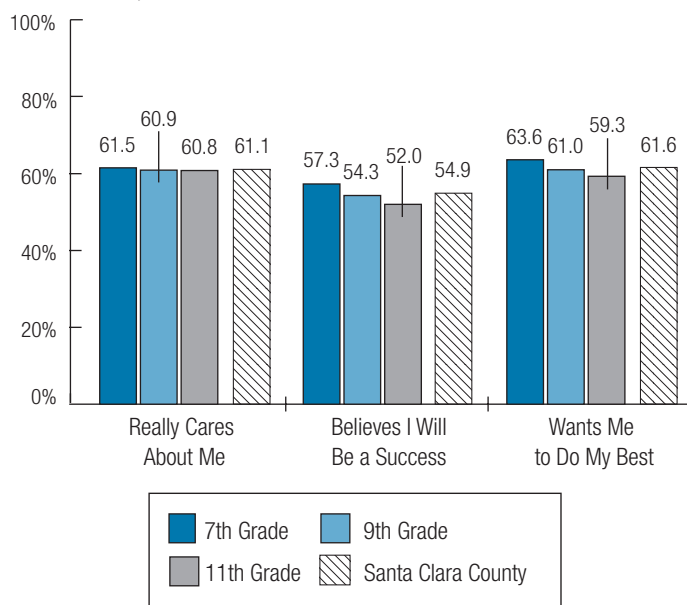


Source: California Healthy Kids Survey 2005-2006, Santa Clara County Department of Public Health.

Note: Values reflect the percentage of children who responded “very much true” to each question. Of the 29,554 children surveyed, 12,436 were seventh graders, 9,368 were ninth graders and 7,750 were 11th graders.

vi. Santa Clara County’s Project Cornerstone has added a 41st asset—positive cultural identity—to reflect the value this community places on understanding one’s cultural identity and being inclusive of ethnicity, race, gender or sexual orientation. For more information, see <http://www.projectcornerstone.org>.

Figure 7. Percentage of Santa Clara County 7th, 9th, and 11th Graders Reporting Positive Connections with Adults in the Community (2005-06): "Outside of My Home and School, There Is an Adult Who..."



Source: California Healthy Kids Survey 2005-2006, Santa Clara County Department of Public Health.

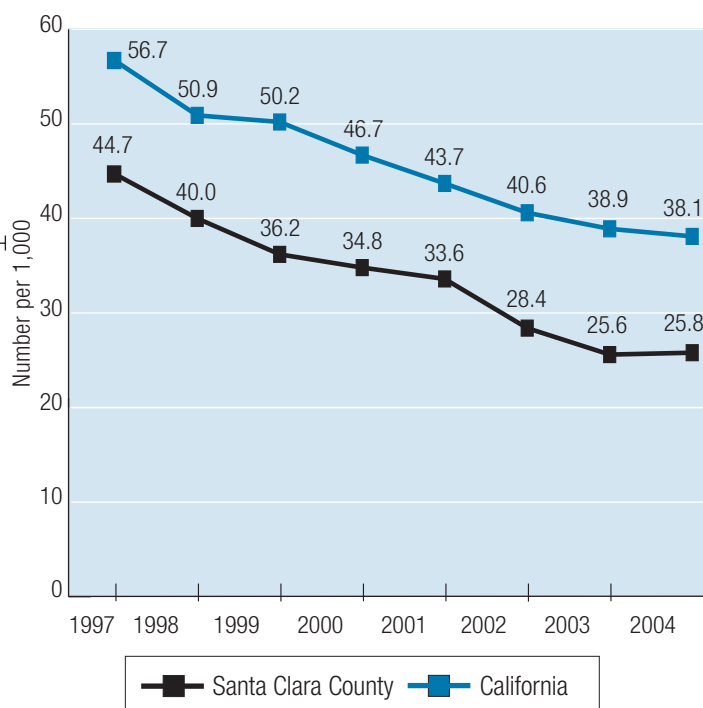
Note: Values reflect the percentage of children who responded "very much true" to the question. Of the 29,554 children surveyed, 12,436 were seventh graders, 9,368 were ninth graders and 7,750 were 11th graders.

Teen Births

Giving birth as a teen is associated with poorer outcomes for the teen mother and her child and with higher costs to taxpayers. Teen mothers are less likely to complete their education: Only 40% complete high school, compared with about three-quarters of mothers who delay childbearing until age 20 or 21.⁵⁸ On average, the children born to teen mothers are less likely to visit a medical care provider and more likely to be born preterm and low birthweight than children of other mothers,⁵⁹ although risks of poor birth outcomes also are higher for children of mothers age 35 or older.⁶⁰

In Santa Clara County and California, the teen birth rate declined from 1995-2003, although it held steady in 2004 (see Figure 8).⁶¹ The percentage of local 14- to 17-year-olds who reported they had not yet had sex rose from 81.2% in 2001 to 85.3% in 2005.⁶²

Figure 8. Santa Clara County Teen Birth Rate Per 1,000 Females Ages 15-19

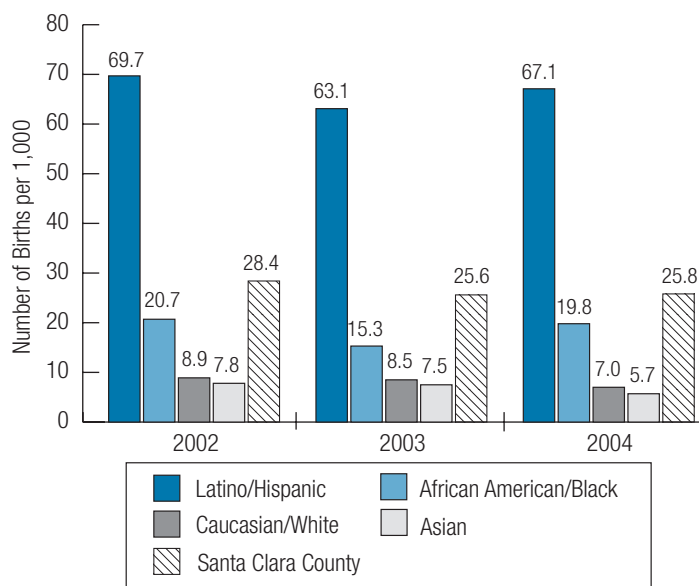


Source: Department of Health Services, Birth Statistical Data. Vital Statistics Query System, <http://www.applications.dhs.ca.gov/vsq/default.asp>. California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2050.

Note: 1,366 babies were born to teen mothers in 2004 in Santa Clara County.

Nevertheless, profound differences exist in the teen birth rate across racial/ethnic groups. The birth rate for Hispanic/Latina teens (67.1 per 1,000 females ages 15-19) was more than 11 times higher and the rate for African American/Black teens (19.8 per 1,000) was more than three times higher than the rate for Asians (5.7 per 1,000) in 2004 (See Figure 9).⁶³

Figure 9. Santa Clara County Teen Birth Rate, Ages 15-19, by Race/Ethnicity



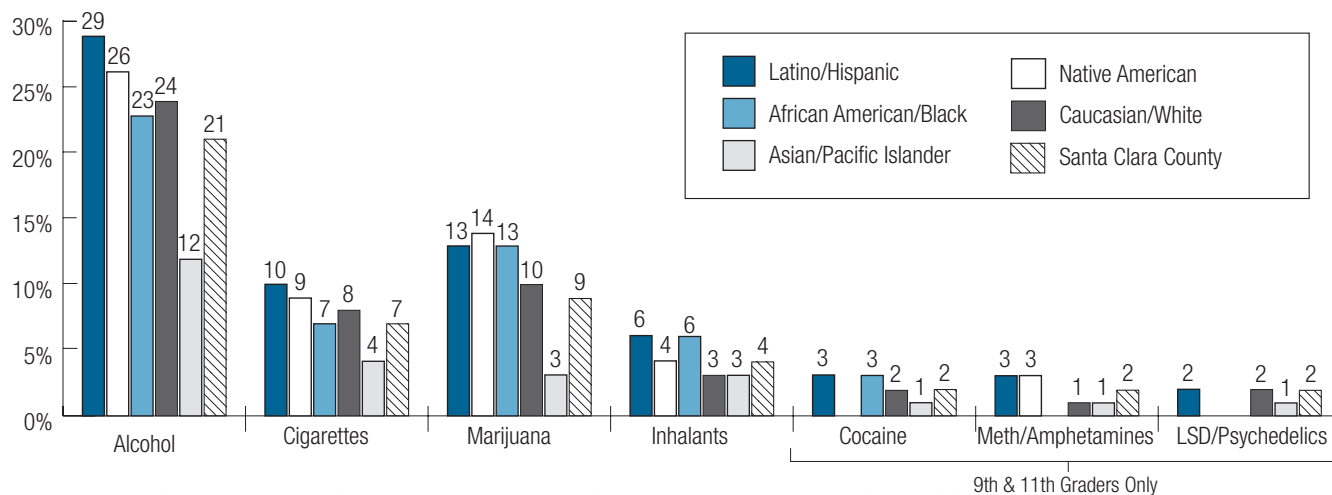
Source: Department of Health Services, Birth Statistical Data. Vital Statistics Query System. <http://www.applications.dhs.ca.gov/vsq/default.asp> State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2050.

Note: 1,366 babies were born to teen mothers (age 15-19) in 2004 in Santa Clara County. Of those, 1,090 were Hispanic/Latina, 32 African American/Black, 147 Caucasian/White and 67 Asian.

Drug, Alcohol and Cigarette Use

The use of alcohol and other drugs among youth is linked to unintentional injuries, social and emotional difficulties, physical violence, academic problems, and risky behaviors such as truancy, drunk driving and sexual activity.⁶⁴ Children typically start using alcohol and cigarettes earlier than other substances, and some students in Santa Clara County report use as early as the fifth grade (1.6% reported having drunk a full glass of alcohol, and 1.1% reported having smoked a cigarette in the past month in 2005-06).⁶⁵ In 2005-06, 12.2% of 11th graders reported having smoked cigarettes during the previous month, 15% reported having smoked marijuana and 33.6% said they had alcohol.⁶⁶ Asian/Pacific Islanders appeared less likely to smoke, drink or use drugs than children and teens of other ethnic/racial groups (see Figure 10).⁶⁷

Figure 10. Percentage of Santa Clara County 7th, 9th and 11th Graders Reporting Substance Use Within the Past Month, by Race/Ethnicity (2005-2006)



Source: California Healthy Kids Survey 2005-2006, Santa Clara County Department of Public Health.

Note: Survey question was, *During the past 30 days, on how many days did you use [substance]?* Response options: 0, 1-2, 3-9, 10-19 and 20-30 days. Sample sizes varied by substance. For alcohol, cigarettes, marijuana and inhalants: 29,554 seventh, ninth and 11th graders were surveyed, including 6,484 Caucasian/White, 9,274 Hispanic/Latino, 1,211 African American/Black, 9,860 Asian/Pacific Islander and 976 Native American students. For cocaine, methamphetamine/any amphetamines and LSD or other psychedelics, only ninth and 11th graders were surveyed: Of the 17,118 surveyed, 4,228 were Caucasian/White, 4,921 Hispanic/Latino, 686 African American/Black, 5,930 Asian/Pacific Islander and 534 Native American. Percentages are not presented where fewer than 20 of the youth who were surveyed reported use of a particular substance.