



Santa Clara County Children's Report: Key Indicators of Well Being 2007



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Children's Report was funded by:**



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Introduction

Childhood seems to pass in an instant—the baby that nestles close in her mother's arms grows into an intent first grader puzzling through a book on her own for the first time, a nervous preteen anticipating the transition to middle school, a young woman dancing at her Quinceañera, a graduate, and then an adult facing the challenges of family and work life. But childhood is a journey, not an instant, and to reach her full potential, that child must be guided along every step by loving adults and a caring community. Parents, neighbors, service providers, educators and policymakers each see a child from a unique perspective, and sometimes in only a fleeting encounter at one time in a child's life, but they are all united in a common goal: to see children grow into healthy adults.

This report summarizes how children in Santa Clara County are faring with respect to three desired outcomes that capture the qualities and conditions that children need to thrive and grow into successful adults:

- I. Children Are Physically, Socially and Emotionally Healthy**
- II. Children Are Prepared for and Successful in School**
- III. Children Live in Safe and Stable Families and Communities**

The goal of this report is to document important issues affecting children, and to galvanize policymakers and service providers to address the most pressing concerns. The report can be used for a variety of purposes, such as policy development, strategic planning, resource allocation, coalition building, program planning, grantwriting, public education and advocacy. The report does not make specific recommendations for policies or programs (see inset box on the Children's Agenda).

This report differs from previous Children's Reportsⁱ in that it is a summary of trends related to children's well-being, rather than an extensive data book. Detailed statistics now can be found at www.kidsdata.org, an online resource that provides more than 250 regularly updated indicators of children's health and well-being in Santa Clara County, along with data for other Bay Area counties, statewide comparisons, and related information about community resources and research. For some indicators, www.kidsdata.org also reports data at the city or school-district level.

The report was overseen by the Children's Report Advisory Committee, made up of local organizations representing health, education, social services, community-based organizations and foundations that support the county's children. (See inside of back cover for a list of members.)

Children's Agenda

The 2005 Children's Reportⁱ was used to create a Children's Agenda for the county. The Agenda, led by Kids in Common, identifies a set of priorities and works toward policy and program changes in those areas.

For more information, see www.kidsincommon.org

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

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.

Next Steps

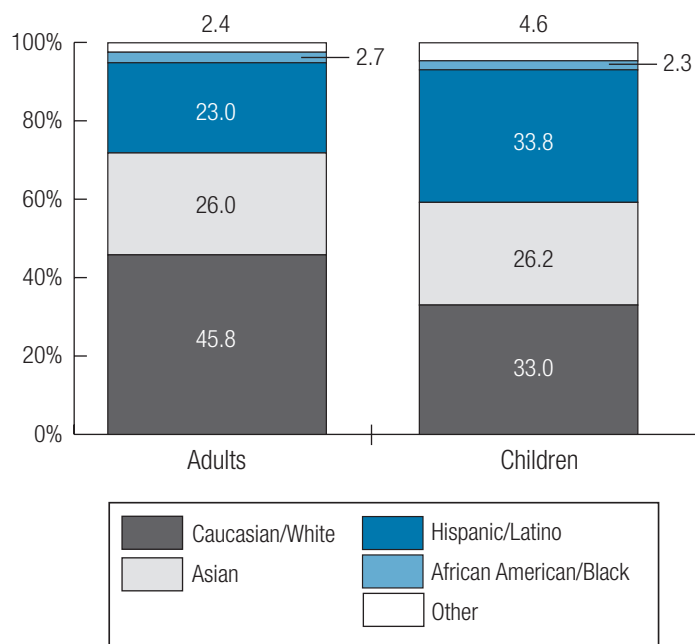
This report does not prescribe specific strategies but, instead, highlights critical issues that warrant attention. The findings in this report should be examined in depth with subject experts to plan appropriate actions.

The report demonstrates one clear conclusion: Santa Clara County's top priority for children should be the elimination of disparities in outcomes among rich and poor and across ethnic and racial groups, which have long-term negative impacts not only on those directly affected by them, but also on the county as a whole.

Demographic Snapshot

In 2007, more than 1.8 million people call Santa Clara County home,¹ about 25% of whom are children under the age of 18. More than 26,000 babies are born to Santa Clara County residents each year.² As a result of immigration and new births, the child population in Santa Clara County is becoming more diverse than the adult population (see Figure 1). In 2007, about one-third of the children in the county were Caucasian/White, another third were Hispanic/Latino, one quarter were Asian American, 2% African American/Black and about 5% multiracial or other groups such as Pacific Islander or Native American.³ Approximately one-fourth of the students enrolled in Santa Clara County public schools (65,110 students) were classified as English Learners in 2006.⁴

Figure 1. Race/Ethnicity of Adult and Child Populations in Santa Clara County (2007)



Source: California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999 and Race/Ethnic Population with Age and Sex Detail, 2000-2050. May 2005, http://www.dof.ca.gov/html/Demograp/DRU_datafiles/DRU_datafiles.htm.

¹ All endnotes for this report are available online at www.kidsdata.org/santaclarareport.

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

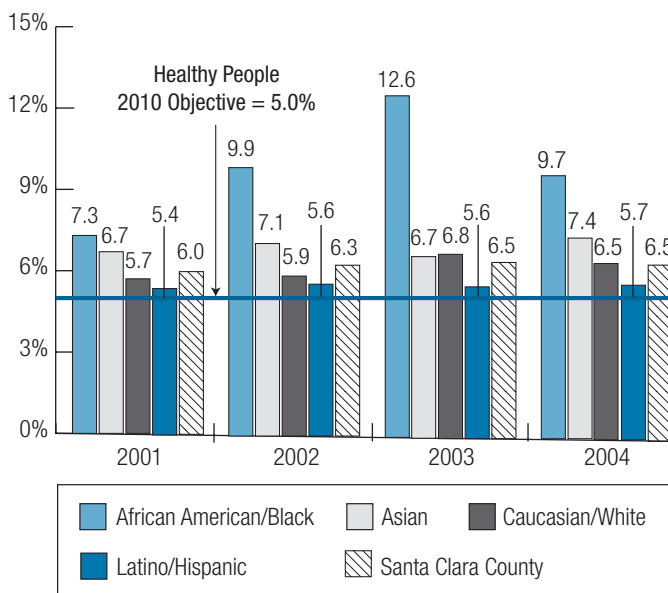
Table 2. Percentage of Santa Clara County Women Receiving Prenatal Care in the First Trimester, by Race/Ethnicity

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

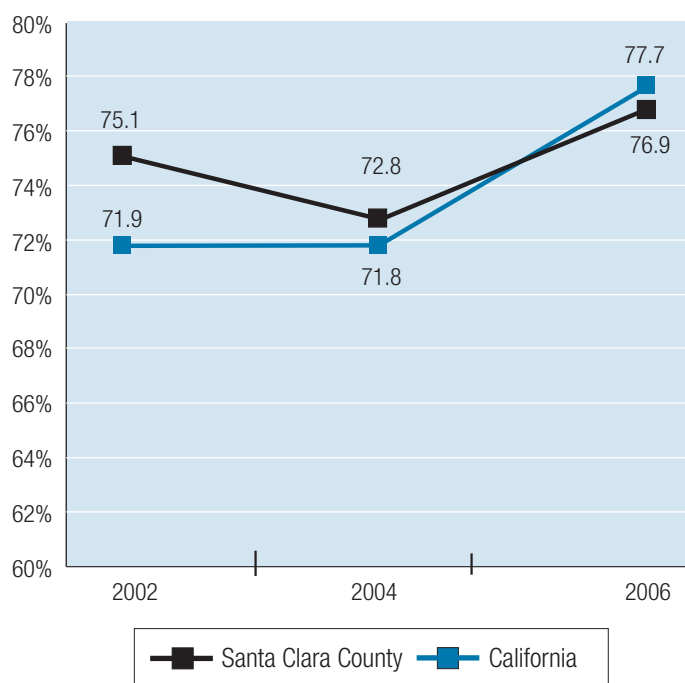
The Santa Clara County Children's Health Initiative (CHI) was launched in 2001 to help secure health insurance coverage for all children, including those who are undocumented.²¹ The U.S. Healthy People 2010 goal is 100% insurance coverage for all adults and children,²² but 13% of Santa Clara County's 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

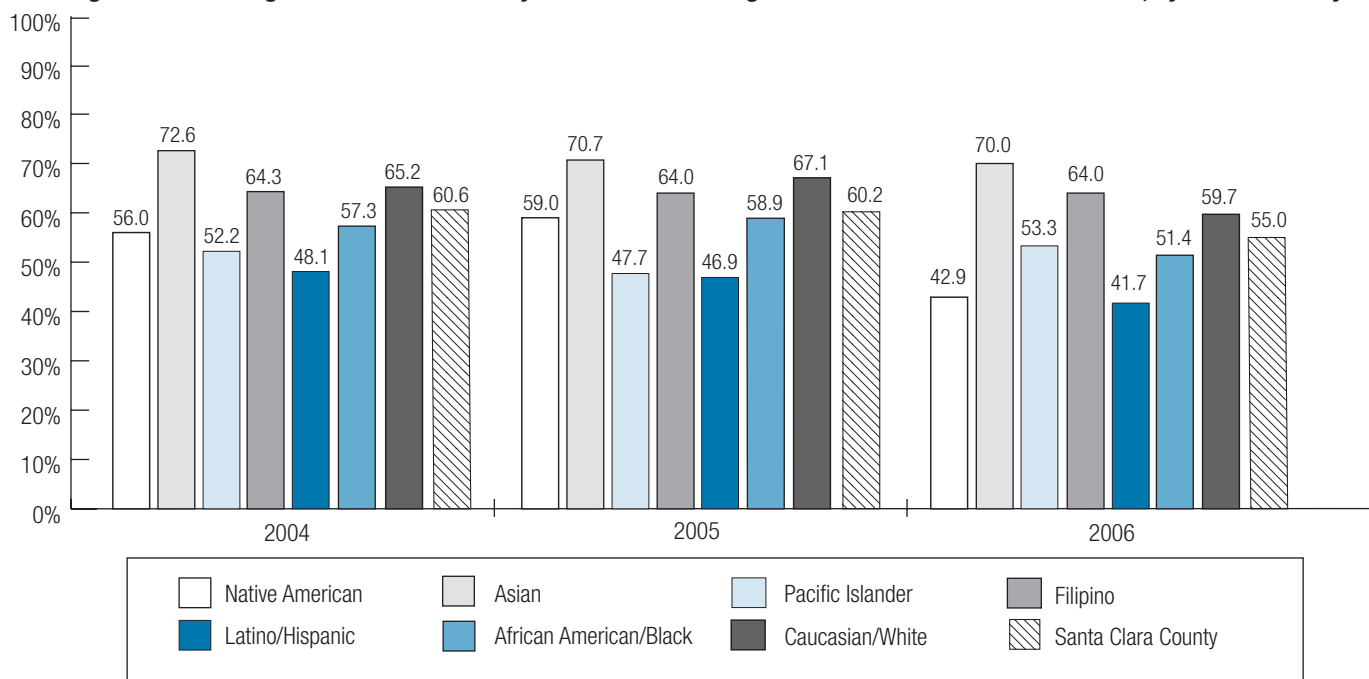
Good nutrition and exercise can keep children fit and prevent obesity. For infants, the most complete form of nutrition is breast milk. Breastfeeding is associated with reduced postneonatal infant mortality rates, decreased rates of obesity in later life and improved cognitive, language and motor development.^{31,32,33} 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

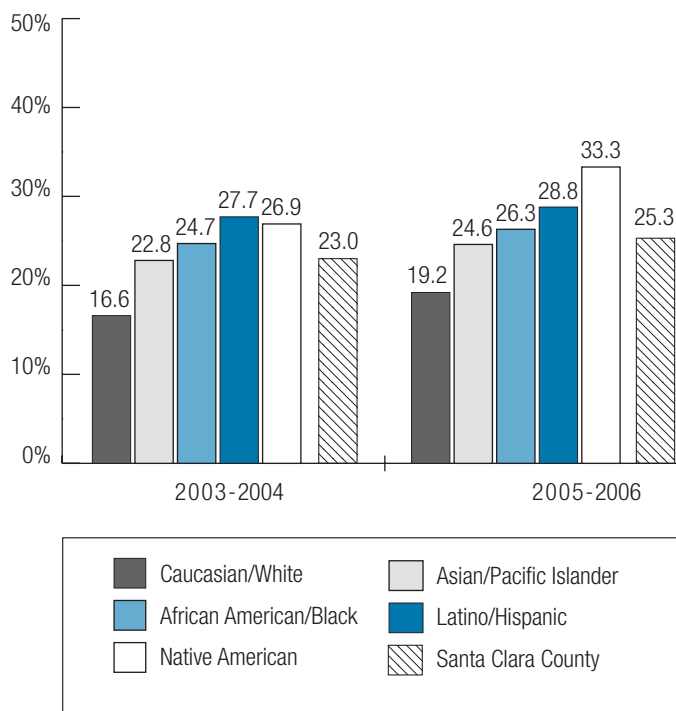
Mental, Emotional and Behavioral Health

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.

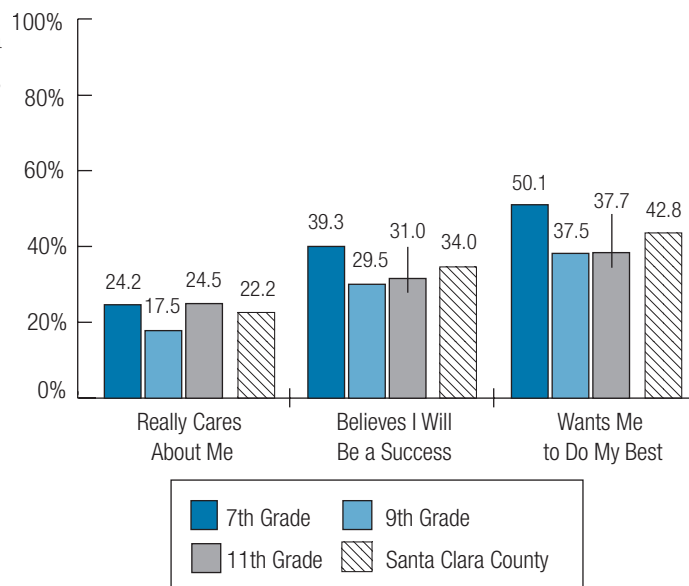
Even when facing adversity, children can thrive if adults and communities support and guide them. For example, youth who feel connected to the adults in their schools and to their peers are more likely to do well in school and less likely to be truant or to exhibit risk behaviors during adolescence.⁵²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

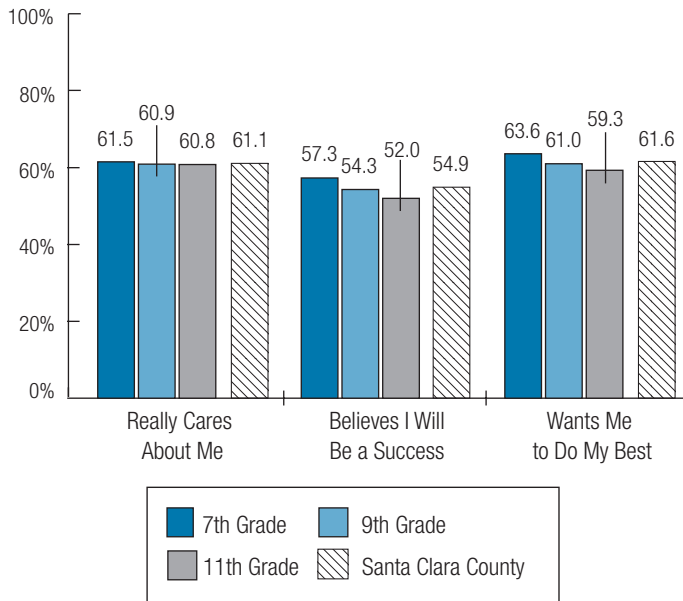


Source: California Healthy Kids Survey 2005-2006, Santa Clara County Department of Public Health.

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.

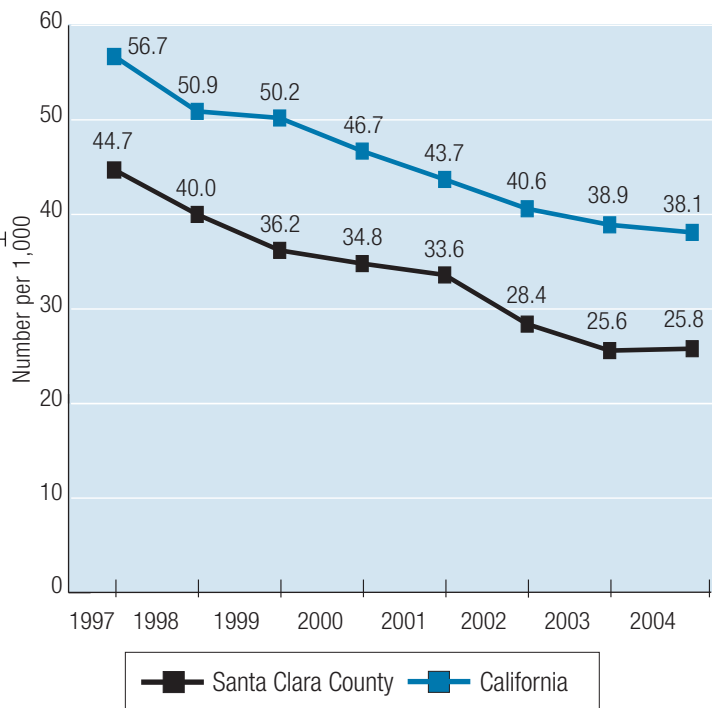
Note: Values reflect the percentage of children who responded "very much true" to the question. Of the 29,554 children surveyed, 12,436 were seventh graders, 9,368 were ninth graders and 7,750 were 11th graders.

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

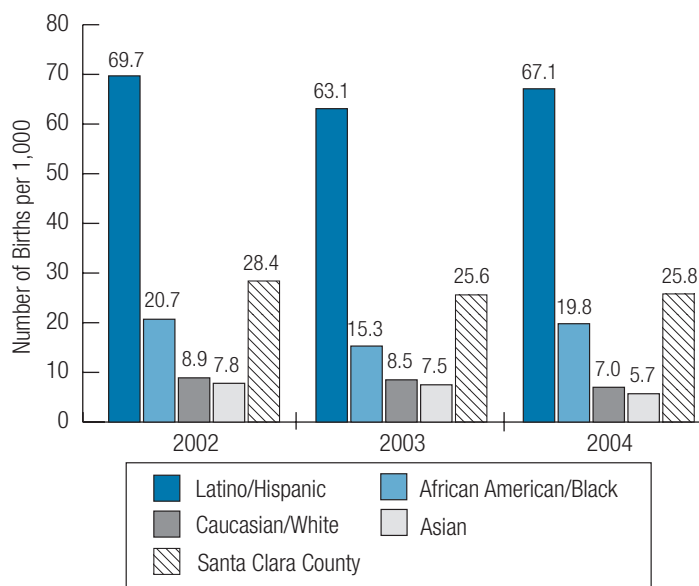


Source: Department of Health Services, Birth Statistical Data. Vital Statistics Query System, <http://www.applications.dhs.ca.gov/vsq/default.asp>. California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2050.

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



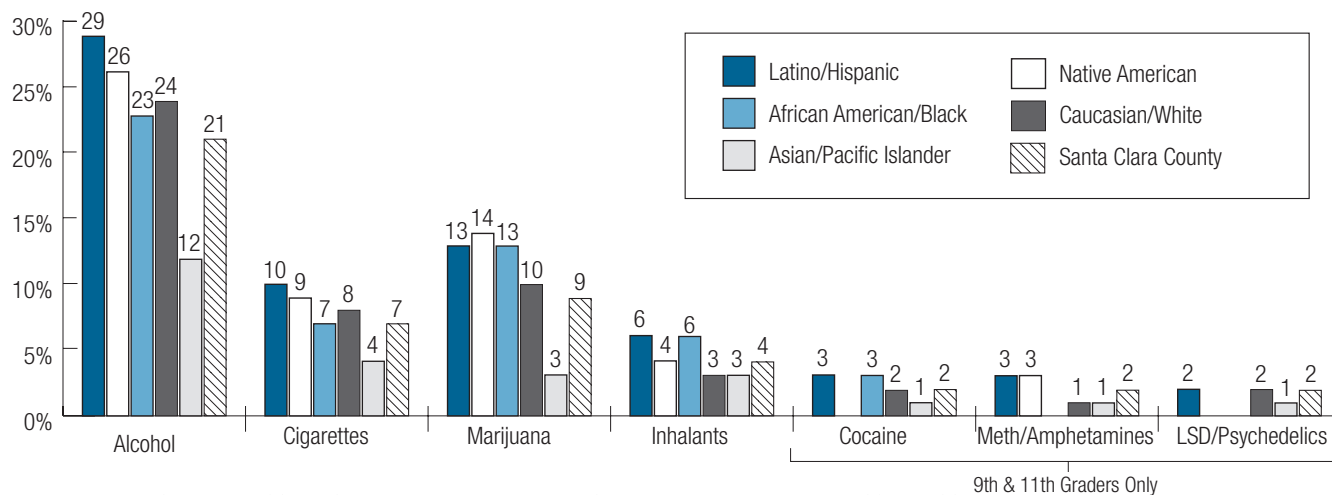
Source: Department of Health Services, Birth Statistical Data. Vital Statistics Query System. <http://www.applications.dhs.ca.gov/vsq/default.asp> State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2050.

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.

II. Desired Outcome: Children Are Prepared for and Successful in School

Table 3 lists indicators related to child care, children's preparedness for kindergarten and their progress through school. Results suggest that:

- In 2006, fewer than half of Santa Clara County's preschoolers were prepared for kindergarten on all aspects of child development, and they especially needed extra skill-building in the area of self-regulation.
- While third grade reading scores have improved in the last few years, just half of the county's third graders performed at the proficient or advanced level on a standardized English language arts test in 2006, and only about one-fourth of English Learners and economically disadvantaged students scored at the same levels.

Key issues related to children's success in school are summarized below, and more data are available at www.kidsdata.org.

Child Care

High-quality child care and preschool programs can prepare children for school and life by providing them with opportunities that build their social-emotional, cognitive, language and physical skills. For many families, however, especially in a high-cost area such as Santa Clara County, child care and preschool can be prohibitively expensive, and too few licensed child care spaces—of any quality level—exist for the number of children who need them. In 2004, there were licensed child care spaces sufficient to serve only 26% of the children in the county ages 0-13 years with parents in the labor force (though not all working parents need licensed child care, as some, for example, may have relatives care for their children).⁶⁸

Table 3. Children Are Prepared for and Successful in School: Key Indicators in Santa Clara County

Child Care

- Availability of licensed child care

Status at Kindergarten Entry

- Children's school readiness

Progress Through School

- Third grade reading proficiency
- High school dropout rates
- College readiness

Status at Kindergarten Entry

Children entering kindergarten each year from 2004 to 2006 in Santa Clara County were assessed for their school readiness. Teachers rated a wide range of children's skills. Results held steady during this period: Children are most prepared in self-care and motor skills and least prepared in kindergarten academics and self-regulation skills. In 2006, scores ranged from 3.23^{vii} for kindergarten academics and self-regulation to 3.49 for self-care and motor skills, on a 4-point scale (see Figure 11).⁶⁹ Kindergarten teachers identify self-regulation skills (e.g., pays attention, controls impulses, plays cooperatively) as the skills children need most when they enter school.⁷⁰ In 2006, about half (47%) of children were prepared for kindergarten on every domain, while others had mastered only some of the skills that they needed. For example, a little more than one in six (16%) had good social expression skills but needed advancement in kindergarten academics; 27% had good academic skills but needed practice

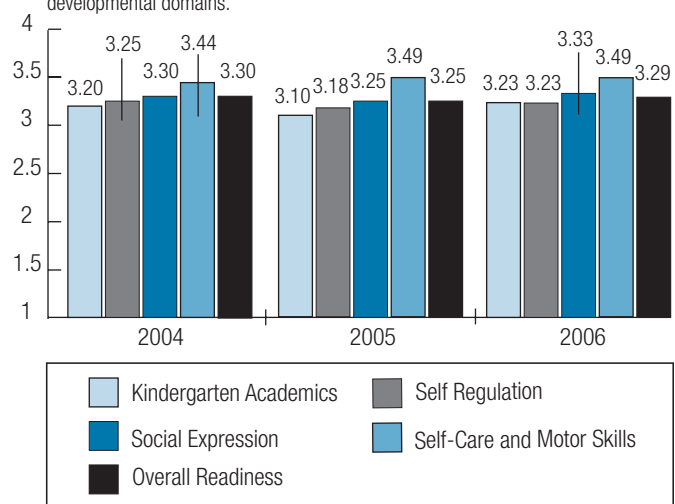
vii. Scores could range from 1 = not yet; 2 = beginning; 3 = in progress; and 4 = proficient.

on self-regulation and social expression; and 10% were not proficient in any of the 20 measured readiness skills.⁷¹

Across the three years of data collection, greater readiness was most strongly associated with the following factors: being older at kindergarten entry, being a girl, having no special needs, having attended preschool, being proficient in English, being exposed to more frequent reading in the home, and the presence of fewer family risk factors (e.g., having a single parent, teen mother, low income, or having low parental educational levels).⁷²

Figure 11. Santa Clara County School Readiness Scores for Children Entering Kindergarten, by Developmental Domain

Scores on a 1-4 scale: 1= not yet; 2= beginning; 3= in progress; 4= proficient. Overall readiness scores are the means that reflect children's skill level across all developmental domains.



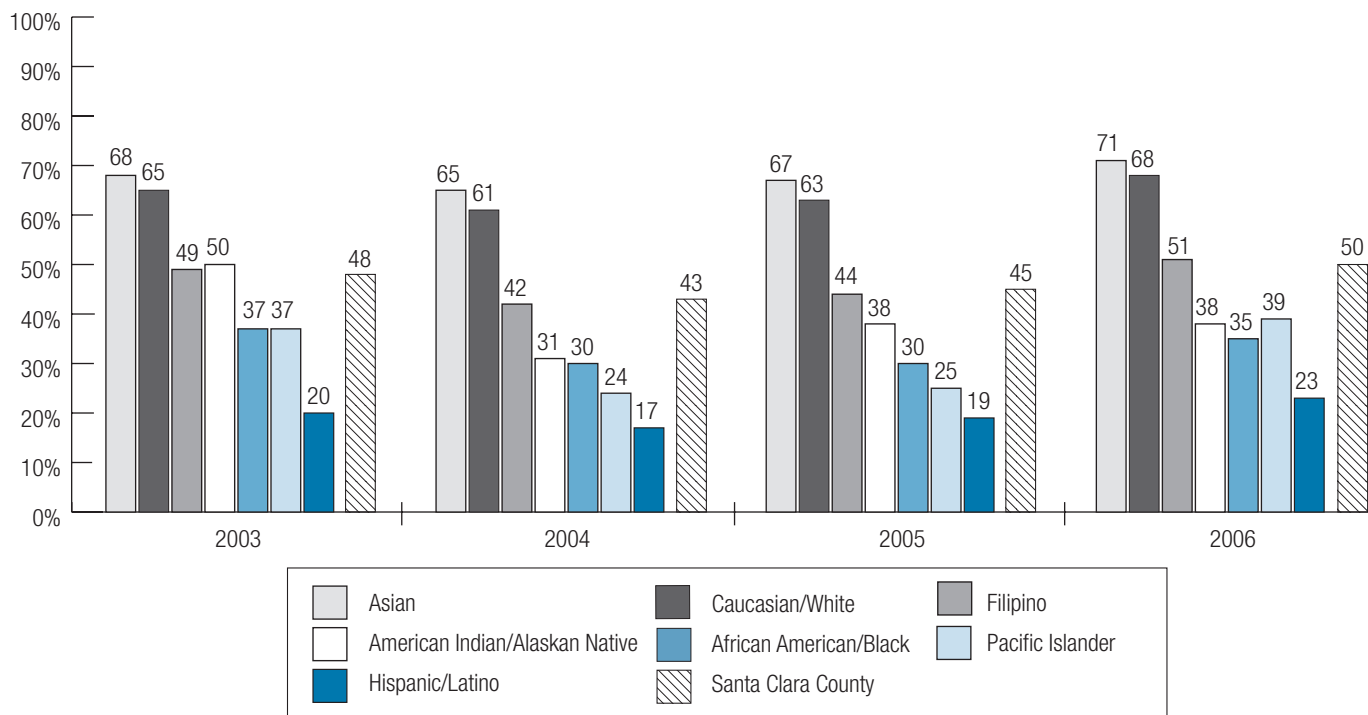
Source: Applied Survey Research. (2006). *Are children ready for school? Assessment of kindergarten readiness in San Mateo and Santa Clara Counties. Comprehensive Report 2005*. United Way Silicon Valley, E-mail Communication, 08/01/07.

Children's Progress Through School

A child's reading level at the end of the third grade is one of the strongest predictors for later school success.⁷³ In 2006, a greater percentage of Santa Clara County children were reading at the proficient or advanced levels on the California Standardized Testing and Reporting (STAR) English Language Arts test than the statewide average (50% in the county versus 36% in California).⁷⁴

Still, there remain large economic, linguistic and racial/ethnic disparities. While only 24% of the county's economically disadvantaged third graders scored at the advanced or proficient levels on the English Language Arts test, 67% of non-disadvantaged students did the same.⁷⁵ About one-quarter of all Santa Clara County's students are classified as English Learners. Of third grade English Learners, only 25% scored at the proficient or advanced levels in English Language Arts; while that is an increase from previous years, it still is far lower than the 62% of third graders proficient in English or English-only speakers who scored at the same levels.⁷⁶ From 2003-2006, the percentages of Caucasian/White and Asian students at the proficient or advanced levels were higher than the county average; the proportion for Filipino students was near the county mean; and the percentages for other groups were below the county averages (see Figure 12).⁷⁷

Figure 12. Percentage of Santa Clara County 3rd Graders Performing Proficiently or Better in English Language Arts, by Race/Ethnicity



Source: California Department of Education. California Standardized Testing and Reporting (STAR). <http://star.cde.ca.gov>

Note: 19,245 out of 19,564 third graders were tested in 2006. Of those, 4,963 were Asian, 4,797 were Caucasian/White, 911 were Filipino, 82 were American Indian/Alaskan Native, 637 were African American/Black, 152 were Pacific Islander and 7,354 were Latino/Hispanic.

These racial/ethnic group disparities are echoed in later years in measures such as high school dropouts^{viii} and college preparation, where Caucasian/White and Asian students tend to stay in school longer and take more college preparatory classes than their peers in other racial/ethnic groups. The data show an upswing in the county's estimated dropout rate (14.3% in the county in 2005 versus 6.4% in 2003), so that the rate now outpaces California levels (12.6% in 2005).⁷⁸

The rates for African American/Black (15.3% in 2005), Hispanic/Latino (28.3%) and Native American/Alaska Native (22.1%) students remain higher than those for Asian (4.8%) and Caucasian/White (6.8%) students.

The percentage of all high school graduates who completed college preparatory courses in 2005 is about the same (45.5%) as in recent years. However, only 25% of African American/Black students and 21% of Hispanic/Latino students completed such courses, versus close to two-thirds of Asian and more than half of Caucasian/White students.⁷⁹

viii. Some controversy exists about high school dropout rates, because there is no standardized method to track students who stop attending school.

III. Desired Outcome: Children Live in Safe and Stable Families and Communities

Table 4 lists indicators related to safe and stable families and communities. In Santa Clara County, the percentage of children living in poverty is much lower than the percentage across California, but that hardly captures the economic reality for families in the county, where the cost of living is so high that many families with incomes above the poverty line struggle to make ends meet.

Table 4. Children Live in Safe and Stable Families and Communities: Key Indicators in Santa Clara County

Family Economic Self-Sufficiency

- Household income
- Housing affordability
- Children living in poverty
- Children on CalWORKs
- Children enrolled in free/reduced price school meal program

Child Maltreatment and Foster Care

Safety at School

- Exposure to weapons
- Experienced theft or property damage

Juvenile Misdemeanor and Felony Arrests

Injuries and Deaths

- Unintentional injuries
- Intentional injuries
- Death rates

The data suggest the following:

- Child maltreatment and foster care indicators in the county have remained fairly stable in recent years.

- The percentage of public school students enrolled in the free or reduced price meal program increased from 27.3% in 2002 to 35.2% in 2006.
- In 2005-06, more than one in four students in grades seven, nine and 11 reported damage to personal property or theft at school, and about three in 10 reported exposure to weapons at school, but fewer than 7% perceived their school as unsafe.
- The juvenile felony and misdemeanor arrest rates have recently risen after years of decline.
- Unintentional injuries are far more common than intentional injuries among children of all ages. Rates of hospitalizations for injuries have risen since 1997, but increases have leveled off in recent years.
- The overall child/youth death rate in the county has declined since 1996, but the death rate for African American/Black children and youth has increased.

Key issues related to child safety and stability are summarized below, and more data are available at www.kidsdata.org.

Family Economic Self-Sufficiency

Low household income can introduce stress, as parents struggle to provide food and shelter for their children. Parents may find it more difficult to spend time with and actively promote the development of their children if they are working long hours or juggling multiple jobs to make ends meet. Children who grow up in poverty are more likely to go hungry, to live in overcrowded or unstable housing and unsafe neighborhoods, and to receive a poorer education. They also tend to have less access to health care, child care and other community resources, such as after-school programs, sports and extracurricular opportunities.⁸⁰

In 2005, the median family income in Santa Clara County was \$89,716, well above the California median of \$61,476.⁸¹ The percentage of children living below the Federal Poverty Level (defined as an annual income of \$18,850 for a family of four) rose from 8.3% in 2001 to 10.5% in 2004 (44,747 children in 2004), but it is still far below the state figure of 18.7% in 2004.⁸² The percentage of public school students enrolled in CalWORKs (California Work Opportunity and Responsibility to Kids – the renamed welfare program) is even lower, at just 5.0% in 2004.⁸³

At the same time, the cost of living in the county is so high that many families with incomes above the Federal Poverty Level cannot make ends meet. The soaring cost of housing means that only 19% of all households in the county could afford to purchase the median-priced home in the county in 2005.⁸⁴ The average two-bedroom apartment in the county rented for \$1,313 in 2005.⁸⁵ In 2003, a family with one adult, one preschooler and a school-age child needed more than a \$65,000 annual income to meet basic needs in Santa Clara County.⁸⁶ Based on data from the 2000 Census, individuals in as many as 39% of family households in the county might live just above, at, or below this self-sufficiency standard,⁸⁷ suggesting that about four in 10 of all the family households in the county might be struggling to make ends meet. Perhaps not surprisingly, therefore, a greater proportion of public school students was enrolled in the free or reduced price meal program in 2006 than in 2002 (35.2% versus 27.3%), although that percentage is still below the 2006 state average of 50.1%.⁸⁸

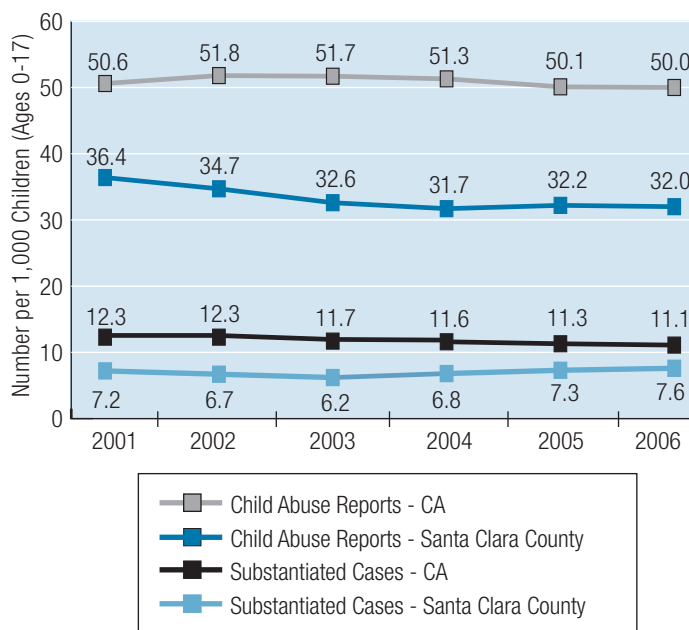
Safety at Home: Child Maltreatment and Foster Care

Factors associated with increased rates of child maltreatment (child abuse or neglect) include parents who have problems with substance abuse, domestic violence in the homes, chronic poverty, unemployment, homelessness and parental mental health disorders.⁸⁹ Children who have been abused or neglected experience higher rates of suicide,

depression, substance abuse, difficulties in school and other behavioral problems later in life, and they also are at greater risk of later mistreating their own children.⁹⁰ When maltreatment is deemed sufficiently serious and/or is substantiated by the court, children are removed from their homes and placed with relatives or foster parents.

Two indicators commonly are used to assess rates of child maltreatment: the number of child abuse/neglect reports per 1,000 children (ages 0-17) received by the county's Child Protective Services, and the number of reports per 1,000 children that were substantiated. On both measures, county rates were about two-thirds the analogous rates for California.⁹¹ In Santa Clara County, figures were fairly steady during 2001-2006, with a slight decrease in the rate of reports but a slight increase in the rate of substantiated cases (see Figure 13).⁹²

Figure 13. Rates of Child Abuse Reports and Substantiated Cases, Santa Clara County and California



Source: Needell, B., et al. (2006). Child Welfare Services Reports for California. University of California at Berkeley Center for Social Services Research website. <http://cssr.berkeley.edu/CWSCMSreports/>, as cited on www.kidsdata.org.

Note: In 2006, there were 14,246 child abuse reports in Santa Clara County and 482,897 in California. In the same year, there were 3,377 substantiated cases in Santa Clara County and 106,954 in California.

Children Live in Safe and Stable Families and Communities

As of July 2006, Santa Clara County had 2,088 children in foster care, a 13% decline from 2002, although the rate of children entering foster care for the first time has remained steady at about two per 1,000 children.⁹³ Most of the children who entered foster care for the first time in the county in 2005 were removed from their families because of neglect (79.1%); 13.8% were removed due to physical abuse and 4.7% due to sexual abuse.⁹⁴

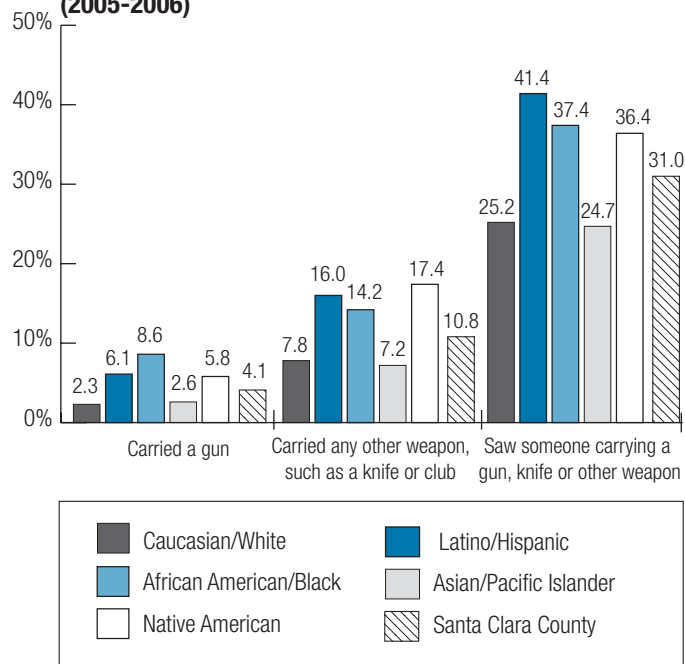
The rate of substantiated cases of abuse varies across racial/ethnic groups. In 2006, the rate of substantiated cases of abuse for African American/Black children was 29.0 per 1,000 children (304 cases), as compared to 13.9 for Hispanic/Latino children (2,071 cases), 4.4 for Caucasian/White (665 cases) and 2.5 for Asian/Pacific Islander (285 cases).⁹⁵ Children of color also are over-represented in the foster care caseload.⁹⁶

Safety at School

In 2005-06, 27% of seventh, ninth and 11th graders reported they had experienced theft or personal property damage at school during the previous year.⁹⁷ One in 25 students admitted that they themselves had carried a gun to school during the previous year; about one in 10 reported that they had carried another weapon, such as a knife or club to school; and nearly one in three said that they had seen someone with a weapon in school (see Figure 14).⁹⁸ Despite these statistics, on average, only 6.6% of seventh, ninth and 11th grade students reported feeling unsafe or very unsafe at school (see Figure 15).⁹⁹

Once again, however, the county averages disguise differences across racial/ethnic groups, with Asian and Caucasian/White students less likely to report exposure to weapons at school and more likely to report their schools were safe than children in other groups (see Figures 14-15).

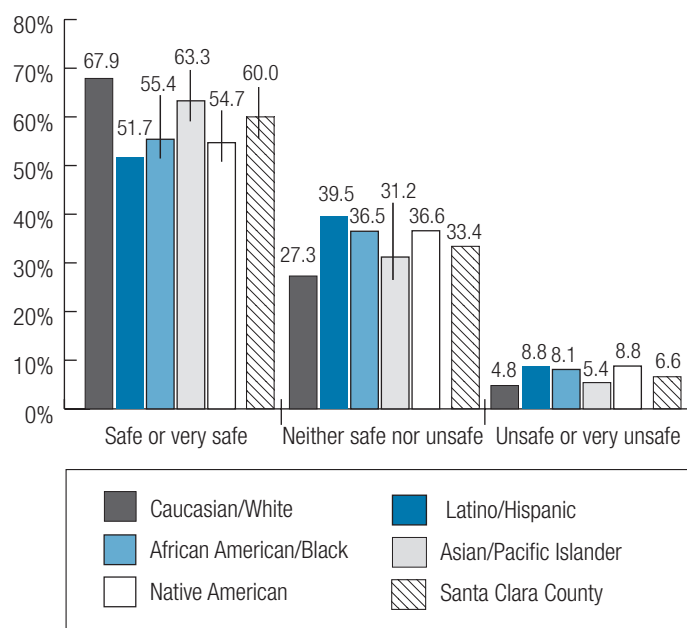
Figure 14. Percentage of Santa Clara County 7th, 9th and 11th Graders Reporting Possession of or Exposure to Weapons at School Within the Past 12 Months (2005-2006)



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

Note: Survey questions were, *During the past 12 months, how many times on school property have you carried a gun? During the past 12 months, how many times on school property have you carried any other weapon, such as a knife or club? During the past 12 months, how many times on school property have you seen someone carrying a gun, knife, or other weapon?* Response options: 0, 1, 2 or 3, 4 or more. Of the 29,554 Santa Clara County students surveyed, 6,484 were Caucasian/White, 9,274 Hispanic/Latino, 1,211 African American/Black, 9,860 Asian/Pacific Islander and 976 Native American.

Figure 15. Perceived Safety of School as Reported by 7th, 9th and 11th Graders in Santa Clara County, by Race/Ethnicity (2005-2006)



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

Note: Of the 29,554 Santa Clara County students surveyed, 6,484 were Caucasian/White, 9,274 Hispanic/Latino, 1,211 African American/Black, 9,860 Asian/Pacific Islander and 976 Native American.

Juvenile Misdemeanor and Felony Arrests

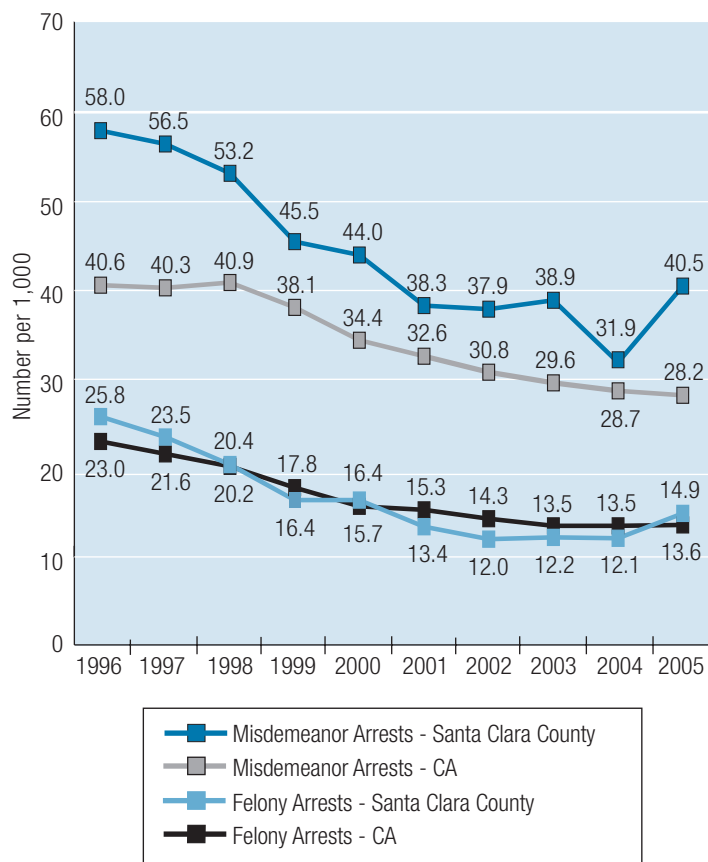
Youth who have been arrested are at risk of not gaining the educational credentials they need to succeed as adults or to obtain sustained employment. Without appropriate services and support, such youth also may be at risk for re-arrest.

Juvenile misdemeanor arrests are for crimes such as petty theft, drug offenses, driving under the influence, disturbing the peace, malicious mischief, trespassing, or assault and battery.¹⁰⁰ The rate of juvenile felony arrests is an indicator of the most serious problematic behaviors. Felonies include crimes that involve injury or substantial property loss and may include violent crimes or property, drug, alcohol, sex and other offenses.¹⁰¹

Juvenile felony or misdemeanor arrest rates are not perfect indicators of actual criminal activity in communities. The number of arrests can change as a result of changes in the number of police on the streets, legislative or judicial action to increase or reduce penalties, or trends in prosecutors' charging decisions. Many felony charges are reduced to misdemeanors or are dismissed in the later phases of the court process.

The rate of juvenile misdemeanor arrests in Santa Clara County fell by 45% from 58 per 1,000 in 1996 to 31.9 per 1,000 in 2004, but it rose in 2005 to 40.5 and remains higher than the California rate (see Figure 16).¹⁰² In Santa Clara County and California, the juvenile felony arrest rate dropped from 1996 to 2004, but the county rate increased in 2005 and is now slightly higher than the California rate (see Figure 16).¹⁰³

Figure 16. California and Santa Clara County Juvenile Misdemeanor and Felony Arrest Rates, Ages 10-17



Source: California Department of Justice, California Criminal Justice Profiles, <http://caag.state.ca.us/cjsc/index.htm>; http://stats.doj.ca.gov/cjsc_stats/prof05/00/4C.htm.

Note: In 2005, there were 7,747 juvenile misdemeanor arrests and 2,858 juvenile felony arrests in the county.

Juvenile felony arrest rates are higher for African American/Black and Hispanic/Latino youth than for youth from other racial/ethnic groups. The rate for African American/Black youth in 2005 (49.8 juvenile felony arrests per 1,000) is about twice as high as the rate for Hispanic/Latino youth (25.9), and almost six times higher than the rate for Caucasian/White youth (8.6).¹⁰⁴

Similar racial/ethnic disparities in the juvenile justice system are seen nationally. The Juvenile Justice and Delinquency Prevention Act reauthorization in 2002 requires that states assess and address the disproportionate contact of youth of color at every point within the juvenile justice system.

Injuries and Deaths

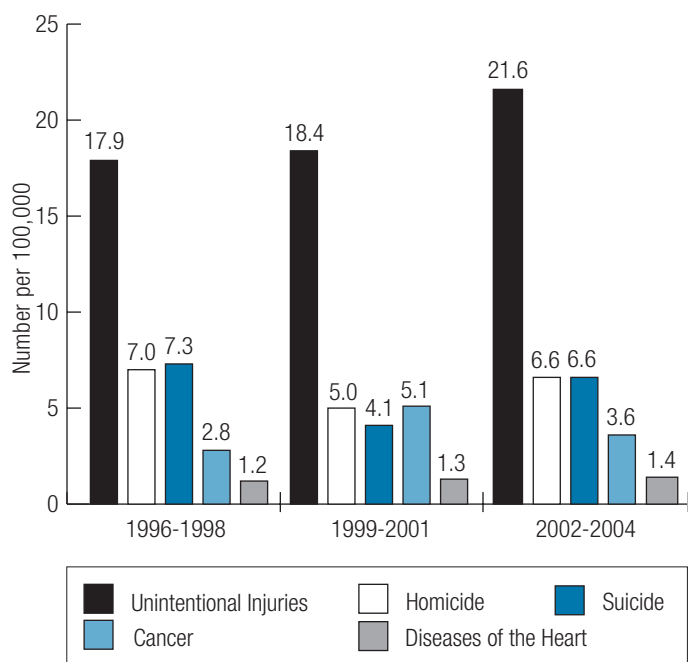
Key measures of children's safety are rates of injuries (typically assessed by rates of hospitalization for injury) and deaths. Most hospitalizations for injury are to treat *unintentional*, preventable injuries such as those due to motor vehicle, bicycle, or skateboarding accidents, falls, fires, etc. Hospitalizations for *intentional* injuries are frequently due to child abuse; assaults with firearms, knives or other objects; and self-inflicted injuries.¹⁰⁵

Rates of non-fatal injury hospitalizations (unintentional and intentional combined) for children and youth ages 0-20 are lower in Santa Clara County than in California.¹⁰⁶ The county rate was 264.7 per 100,000 in 1997; then it hovered near 325 in 2002 and 2003, and then fell to 298.9 in 2004.¹⁰⁷ Injury hospitalization rates increase as children grow older, and the highest rates of both intentional (203.2 per 100,000 in 2004) and unintentional (301.5) injury hospitalizations occur among 16- to 20-year-olds.¹⁰⁸ Unintentional injury hospitalizations occur much more frequently than intentional ones throughout the age span and especially for children under age 12.¹⁰⁹

Death rates among children and youth have fallen in recent years in Santa Clara County and remain lower than state figures (i.e., 25.7 deaths per 100,000 children/youth in 2002-04 for the county versus 39.2 for California).¹¹⁰ Death rates in Santa Clara County and California are highest for the oldest youth. In 2002-04, the county death rate was 22.2 per 100,000 for ages 1-4 (68 deaths total), 13.2 for ages 5-14 (95 deaths) and 41.8 for ages 15-24 (267 deaths).¹¹¹

Most child deaths are attributable to unintentional and intentional injuries, rather than to illness. Rates for deaths due to unintentional injuries, homicides and suicides all appear to have risen among 15- to 24-year-olds from 1999-2001 to 2002-2004 (see Figure 17).¹¹²

Figure 17. Santa Clara County Death Rate, Ages 15-24, by National Leading Causes



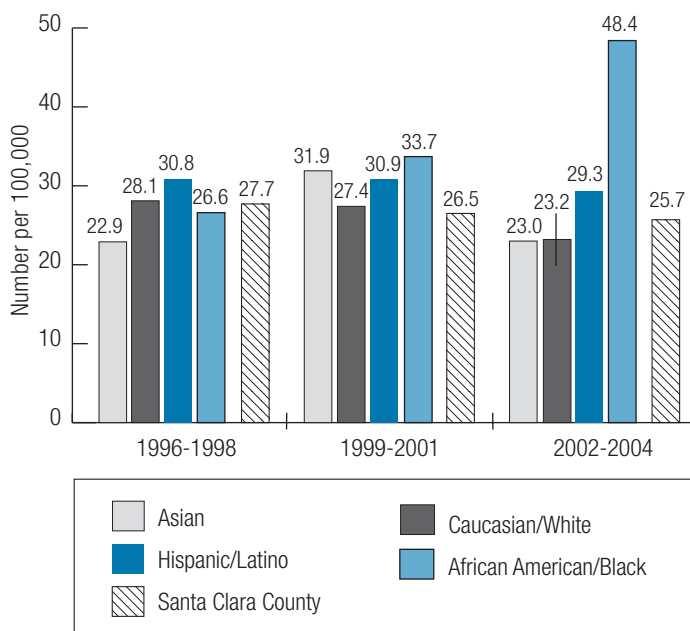
Source: California Department of Health Services, Center for Health Statistics, Vital Statistics Query System, <http://www.applications.dhs.ca.gov/vsq/default.asp>.

Note: In 2002-04, 82 deaths of 15- to 24-year-olds were due to unintentional injuries, 42 to homicides, 42 to suicides, 23 to cancer and nine to diseases of the heart.

Death rates vary across racial/ethnic groups (see Figure 18). Rates for African American/Black children and youth in Santa Clara County are two times higher than the rates for Caucasians/Whites and Asians (48.4 per 100,000 ages 1- 24 versus 23.2 and 23.0, respectively). The death rates for African American/Black children and youth also are

65% higher than for Hispanics/Latinos (29.3 per 100,000).¹¹³ The death rate for African American/Black children rose from 26.6 per 100,000 in 1996-98 to 48.4 in 2002-04. Note that the absolute number of African American/Black deaths in 2002-2004 was 23 (much fewer than the 137 deaths of Caucasian/White children and youths or the 163 deaths among Hispanics/Latinos),¹¹⁴ so it will be important to monitor these statistics closely to see if the trends and disparities continue. If they do, the disparities may be associated with differences across income levels, as children from low-income families and communities may be exposed to more hazards and crime.

Figure 18. Santa Clara County Child/Youth Death Rate, Ages 1-24, 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: Of the 430 deaths of children and youth ages 1-24 in Santa Clara County during 2002-2004, 92 were Asians, 137 Caucasians/Whites, 163 Hispanics/Latinos and 23 African Americans/Blacks.

Appendix 1. Summary Table: Key Child Indicators

Below are summary statistics (most recent data available) for Santa Clara County based on data described in this report. However, as noted, countywide figures often disguise substantial disparities across racial/ethnic groups and socioeconomic levels. See the report for more information. For data sources, see www.kidsdata.org/santaclarareport.

I. Desired Outcome: Children Are Physically, Socially and Emotionally Healthy		
Indicator	Santa Clara County	California
Prenatal Care and Birth Outcomes (Page 5)		
Percentage of Women of All Ages Receiving First Trimester Prenatal Care (2004) <i>Note: The U.S. Healthy People 2010 Goal is 90%.</i>	85.2%	85.6%
Infant Mortality Rate per 1,000 Infants (2002-2004) <i>Note: The U.S. Healthy People 2010 Goal is 4.5 per 1,000.</i>	4.1	5.3
Percentage of Infants Born at Low Birthweight, below 5.5 pounds (2004) <i>Note: The U.S. Healthy People 2010 Goal is 5%.</i>	6.5%	6.7%
Access to Health Care Services (Page 7)		
Percentage of Children Fully Immunized by Age 2 (2006) <i>Note: The U.S. Healthy People 2010 Goal is 90%.</i>	76.9%	77.7%
Percentage of Children Ages 0-17 with Health Insurance (2005)	97.8%	93.6%
Percentage of Children Ages 2-17 Who Have Seen a Physician for a Routine Health Check-up in the Past Year (2005)	74.2%	79.1%
Percentage of Children Ages 2-17 With Dental Insurance (2005)	88.6%	78.7%
Percentage of Children Ages 2-11 Who Have Seen a Dentist in the Past Year (2005)	72.2%	71.2%
Nutrition, Weight and Physical Fitness (Page 8)		
Percentage of Women Initiating Breastfeeding in the Hospital After Giving Birth (2004) <i>Note: The U.S. Healthy People 2010 Goal is 75%.</i>	87.0%	83.9%
Percentage of Women Breastfeeding Exclusively While At the Hospital After Giving Birth (2004)	57.4%	40.5%
Percentage of Public School Fifth, Seventh and Ninth Graders Who Are Overweight or at Risk of Being Overweight (2004)	24.7%	28.1%
Percentage of Public School Fifth, Seventh and Ninth Graders Who Meet Five of Six State Fitness Standards (2006)	53.0%	53.8%

Indicator	Santa Clara County	California
Mental, Emotional and Behavioral Health (Page 9)		
Percentage of Seventh Graders Who Responded "Very Much True" to the Statement, "At my school, there is a teacher or adult who really cares about me." (2005-2006)	24.2%	28.7%
Percentage of Seventh Graders Who Responded "Very Much True" to the Statement, "Outside of my home and school, there is an adult who really cares about me." (2005-2006)	61.5%	61.2%
Percentage of Parents Who Reported Being Somewhat or Very Concerned That Their Child May Be Depressed (2006)	19.9%	N/A
Percentage of Seventh Graders Reporting Feeling So Sad or Hopeless for Two Weeks During the Previous Year That They Stopped Doing Some Usual Activities (2005-2006)	25.3%	28.1%
Teen Births (Page 11)		
Teen Birth Rate Per 1,000 Females Ages 15-19 (2004)	25.8	38.1
Percentage of Teens Ages 14-17 Who Reported That They Had Not Had Sex (2005)	85.3%	76.6%
Drug, Alcohol and Cigarette Use (Page 12)		
Percentage of 11th Graders Who Reported Smoking Cigarettes During the Last Month (2005-2006)	12.2%	15.2%
Percentage of 11th Graders Who Reported Drinking Alcohol During the Last Month (2005-2006)	33.6%	35.8%
Percentage of 11th Graders Who Reported Using Marijuana During the Last Month (2005-2006) <i>Note: The survey question for the three items above was, During the past 30 days, on how many days did you use [marijuana, cigarettes, alcohol]? 0, 1-2, 3-9, 10-19 and 20-30 days</i>	15.0%	19.2%
II. Desired Outcome: Children Are Prepared for and Successful in School		
Indicator (Page 13)	Santa Clara County	California
Child Care: Percentage of Children Ages 0-13 with Working Parents Who Have Access to Licensed Child Care (2004)	26%	26%
Percentage of Children Who Are Prepared for Kindergarten on All Developmental Domains (2006)	47%	N/A
Percentage of Third Graders Who Score at Proficient or Advanced Levels on the California Standardized Testing and Reporting (STAR) English Language Arts Test (2006)	50%	36%
Estimated Percentage of Public High School Students Who Drop Out of High School, Based on the Four-Year Derived Dropout Rate (2005)	14.3%	12.6%
Percentage of High School Graduates Completing College Preparatory Courses (2005)	45.5%	35.2%

Appendix 1. Summary Table: Key Child Indicators (continued)

III. Desired Outcome: Children Live in Safe and Stable Families and Communities		
Indicator	Santa Clara County	California
Family Economic Self-Sufficiency (Page 16)		
Median Family Income (2005)	\$89,716	\$61,476
Estimated Income Needed to Be Self-Sufficient for a Family with One Adult, One Preschooler and One School-Age Child (2003)	\$65,589	N/A
Percentage of Children Ages 0-17 Living Below the Federal Poverty Level (2004)	10.5%	18.7%
Percentage of Households That Can Afford to Purchase a Median-Priced Home (2005)	19%	16%
Percentage of Public School Students Enrolled in Free/Reduced Price Meal Program (2006)	35.2%	50.1%
Percentage of Public School Students Enrolled in CalWORKs (2004)	5.0%	9.3%
Safety at Home: Child Maltreatment and Foster Care (Page 17)		
Rate of Child Abuse Reports per 1,000 Children Ages 0-17 (2006)	32.0	50.0
Rate of Substantiated Child Abuse Cases per 1,000 Children Ages 0-17 (2006) <i>Note: The U.S. Healthy People 2010 Goal is 10.3.</i>	7.6	11.1
Safety at School (Page 18)		
Percentage of Seventh Graders Who Reported Feeling Safe or Very Safe at School (2005-2006)	62.3%	54.1%
Percentage of Seventh Graders Who Reported Seeing Someone Carrying a Weapon at School (2005-2006)	30.6%	29.6%
Juvenile Misdemeanor and Felony Arrests (Page 19)		
Rate of Misdemeanor Arrests per 1,000 Youth Ages 10-17 (2005)	40.5	28.2
Rate of Felony Arrests per 1,000 Youth Ages 10-17 (2005)	14.9	13.6
Injuries and Deaths (Page 20)		
Rate of Non-Fatal Injury Hospitalizations per 100,000 Children/Youth Ages 0-20 (2004)	298.9	347.9
Rate of Deaths per 100,000 Children/Youth Ages 1-24 (2002-2004)	25.7	39.2
Rate of Youth Suicides per 100,000 Ages 15-24 (2002-2004)	6.6	7.3

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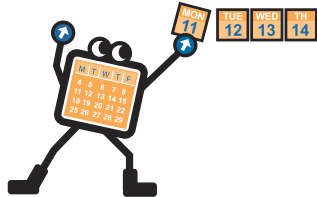
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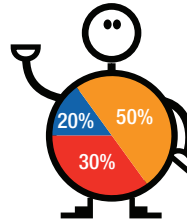
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A calendar of children's health events sponsored by local nonprofit and public organizations.

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Your source for data about children's health and well-being in Santa Clara and other Bay Area counties.

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