

Santa Clara Family Health Foundation presents



AT A GLANCE: STATUS ON CHILDREN'S HEALTH IN SANTA CLARA COUNTY



www.healthyfamilyfund.org

MAY 2012

Second Annual Symposium on
the Status on Children's Health in Santa Clara County

Keynote Speaker: Marian Wright Edelman
Founder and President, Children's Defense Fund

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Message from the Executive Director

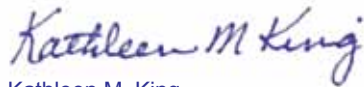
Dear Friends of Santa Clara Family Health Foundation,

We are pleased to present our second *At a Glance: Status on Children's Health in Santa Clara County*. This report focuses on health disparities and health issues among children in our county. The purpose of this report is to raise awareness of the importance of children's health and initiate ongoing dialogue among the public, private, and nonprofit sectors to ensure that we are collectively working together to increase the overall health and well-being of children in Santa Clara County.

Low-income children and children of color bear the heaviest burden of disease and poor health status due to both individual behavior and the social determinants of health, which contribute to disparities in health status and lead to negative health outcomes. Among other determinants, access to health care is one of the most significant factors to ensuring that our children become and remain healthy. It is important to understand the disparities so that our community can engage in efforts that focus on prevention and systemic changes that address the root causes of health inequality.

Mrs. Edelman of the Children's Defense Fund states, "We must ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life and successful passage to adulthood with the help of caring families and communities". I see change occurring for the children in our county -- 96% of our children have health coverage, our county supervisors have dedicated resources to children with the "Year of the Child", school-linked services have become a priority, efforts are being made to fight obesity, the establishment of a medical clinic in downtown San Jose, cities are funding health coverage for the children that live in their city, and a Children's Bill of Rights was passed. We must be challenged, yet hopeful that each one of us can change the world for our children as children are our future.

Warmest Regards,



Kathleen M. King
Executive Director



MISSION

Santa Clara Family Health Foundation promotes access to affordable, high quality health care by supporting Santa Clara Family Health Plan through resource development and outreach on behalf of the underserved members of our community. The Foundation's primary focus is on raising funds to support the Healthy Kids program and the Children's Health Initiative in Santa Clara County. Through the Foundation, community leaders, community members, foundations, corporations, local businesses, friends, and other supporters can contribute funds to help achieve the goal of providing every child in Santa Clara County with access to quality health care through health coverage.

SPECIAL ACKNOWLEDGEMENT

Santa Clara Family Health Foundation's Second Annual Symposium on the Status on Children's Health in Santa Clara County presents the health disparities and issues that are prevalent in our community to encourage dialogue and action that will address the root causes of health inequity. We would like to thank the sponsors of our event. It is only with their support that this Symposium is possible.



CHILDREN BY CITY

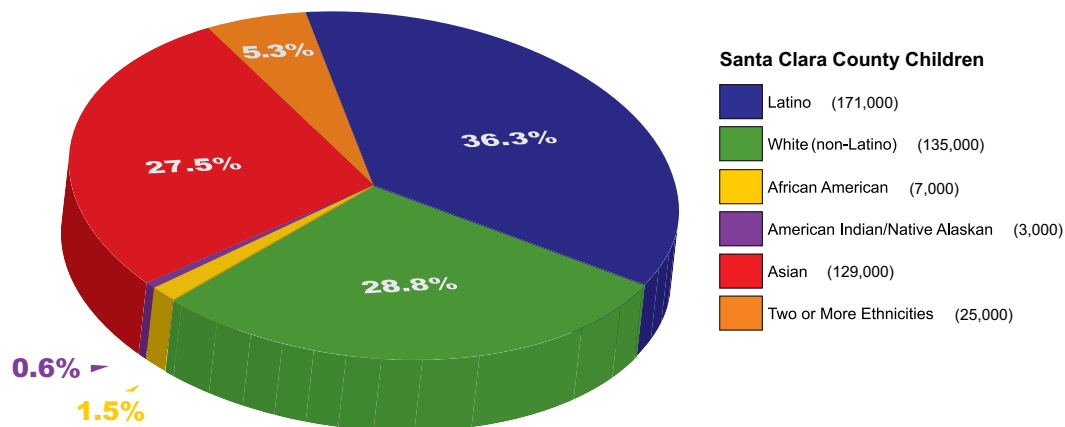
Santa Clara County has always been at the forefront of innovation, spearheading movements and embracing change. It quickly identifies and assesses the challenges faced by its residents and through strong community leadership and collaborative relationships, the community responds to these challenges. In doing so, Santa Clara County serves as a model for other communities throughout California and the nation.

- ◆ In the past ten years, the population of children in Santa Clara County has increased by three percent and the population of adults has increased by seven percent.
- ◆ **Latinos are projected to be the largest population group by 2040, and thus are an increasingly influential force in our community.**

City	Total Population	Children (0-19)	Percentage Of Children
Campbell	39,349	9,037	23%
Cupertino	58,785	17,262	29%
Gilroy	48,821	16,391	34%
Los Altos	28,976	7,928	27%
Los Altos Hills	7,922	1,933	25%
Los Gatos	29,413	7,054	24%
Milpitas	66,790	17,003	25%
Monte Sereno	3,341	872	26%
Morgan Hill	37,882	11,812	31%
Mountain View	74,066	15,827	21%
Palo Alto	64,403	15,895	25%
San Jose	945,942	259,749	27%
Santa Clara	116,468	28,360	24%
Saratoga	29,926	7,643	26%
Sunnyvale	140,081	33,742	24%
Unincorporated	89,477	23,998	27%
TOTAL	1,781,642	474,506	27%

Source: U.S. Census Bureau, 2010 Census.

ETHNICITY OF SANTA CLARA COUNTY CHILDREN (AGES 0-19)



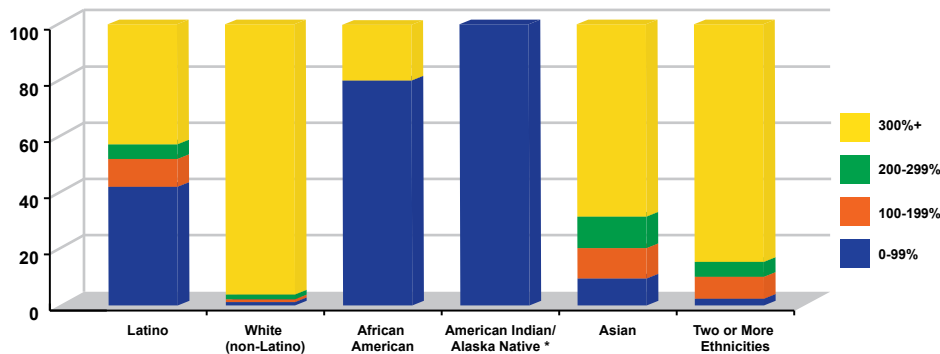
Nationally, minorities accounted for 92% of the 9.7% population growth over the past decade from 282 million to 309 million. (2010 U.S. Census Bureau)

	Santa Clara County		California	
	Children	Adults	Children	Adults
Latino	36.3%	22.2%	49.0%	32.0%
White (non-Latino)	28.8%	44.7%	30.4%	47.1%
African American	1.5%*	1.7%*	5.6%	5.6%
American Indian/Native Alaskan	0.6%*	1.2%*	0.5%	0.7%
Asian	27.5%	28.9%	10.8%	13.1%
Two or More Ethnicities	5.3%	1.3%	3.7%	1.5%

*Note: Due to the small sample size, this statistic may not accurately represent the ethnic population.
Source: California Health Interview Survey, 2009.

INCOME LEVEL OF CHILDREN (AGES 0-19) IN SANTA CLARA COUNTY

AS A PERCENTAGE OF THE FEDERAL POVERTY LEVEL (FPL)



1 out of every 2 Latino children in Santa Clara County under the age of 5 are under 100% FPL in comparison to 1 out of every 3 Latino children over the age of 5.

(California Health Interview Survey, 2009)

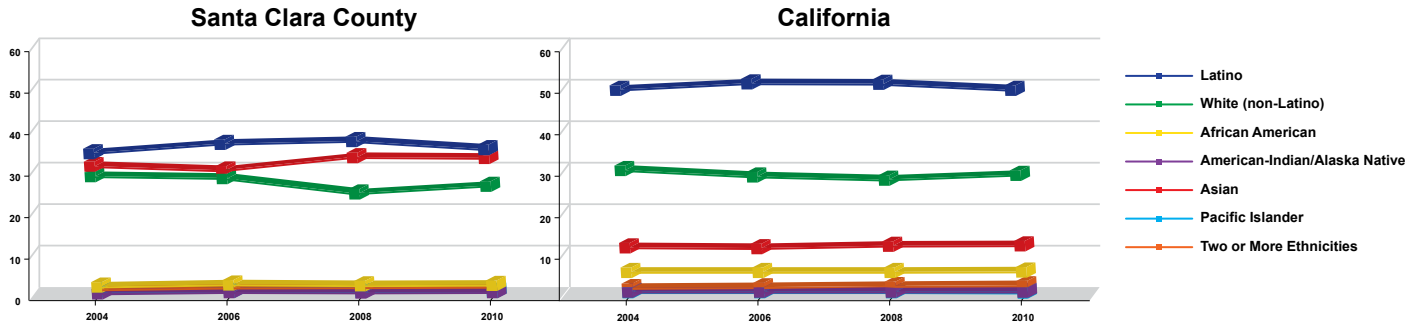
	0-99%	100-199%	200-299%	300%+
Latino	42.2%	9.9%	5.2%	42.7%
White (non-Latino)	1.2%	1.0%	1.7%	96.1%
African American	80.0%	0.0%	0.0%	19.8%
American Indian/Alaska Native *	100.0%	0.0%	0.0%	0.0%
Asian	9.6%	10.8%	11.2%	68.4%
Two or More Ethnicities	2.4%	7.8%	5.3%	84.5%

* Note: Due to the small sample size, this statistic may not accurately represent the income level of this ethnic population.

In 2009, 100% of the FPL was \$22,050 for a family of four.

Source: California Health Interview Survey, 2009.

BIRTH RATES BY ETHNICITY



	Santa Clara County				California			
	2004	2006	2008	2010	2004	2006	2008	2010
Latino	35.0%	37.0%	37.7%	35.7%	50.5%	52.1%	52.0%	50.5%
White (non-Latino)	29.3%	28.5%	24.7%	26.6%	30.6%	29.0%	28.2%	29.4%
African American	1.9%	2.1%	1.9%	2.0%	5.3%	5.3%	5.3%	5.4%
American Indian/Native Alaskan	0.2%	0.2%	0.1%	0.2%	0.4%	0.4%	0.4%	0.4%
Asian	31.8%	30.4%	33.7%	33.5%	11.4%	11.2%	11.8%	11.9%
Pacific Islander	0.6%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.4%
Two or More Ethnicities	1.2%	1.3%	1.4%	1.5%	1.3%	1.5%	1.8%	2.0%
Total Number of Births	26,537	26,942	26,730	23,936	544,685	562,157	551,567	509,979

Source: California Department of Public Health, 2010.

Why is this important?
Child population trends
help project increased
needs for education, child
care, health care, and other
services for children.

TEENS (AGES 15-19) BIRTH RATES BY ETHNICITY

Research shows that teen mothers are more likely to have babies with low birth weights and their children are more likely to have health problems and developmental delays than children born to adult mothers. They tend to have fewer parenting skills than adult women, and their children are more likely to be victims of abuse and neglect. As a result of these disadvantages, children born to teen parents are more likely to have academic and behavioral problems throughout their school years and sometimes into adulthood. Moreover, they are more likely to become teen parents themselves.

Source: Lucile Packard Foundation for Children's Health, Kidsdata.org, 2009.

- ◆ 38% of mothers who have a baby before the age of 18 earn a high school diploma.
- ◆ Less than 2% of young teen mothers (those who have a baby before age 18) attain a college degree.
- ◆ Approximately $\frac{2}{3}$ of children born to teen mothers earn a high school diploma compared to 81% of children of later child bearers.

Source: The National Campaign to Prevent Teen Pregnancy, 2010.

Santa Clara County Teens

	Rate per 1,000		
	2007	2009	% Change
Latina	62.1	50.5	-18.7%
White (non-Latina)	5.2	4.3	-17.3%
African American	26.4	20.2	-23.5%
Asian	4.8	4.4	-8.3%
Two or More Ethnicities	11.5	12.1	5.2%
Overall	25.0	22.0	-12.0%

Definition: Number of births per 1,000 young women ages 15-19.

Source: Lucile Packard Foundation for Children's Health, Kidsdata.org, 2009.

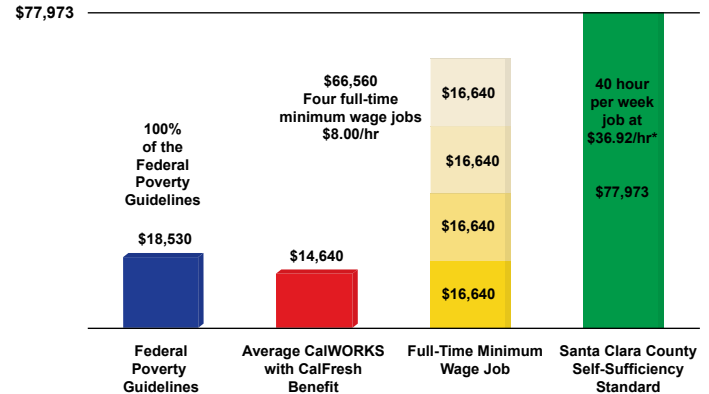
SELF-SUFFICIENCY STANDARD FOR SANTA CLARA COUNTY

In order to develop effective public policy that supports working families, policymakers, advocates, and service providers need an accurate measurement of what it takes to make ends meet in today's economy. The Family Economic Self-Sufficiency Standard (Self-Sufficiency Standard) for California provides that benchmark. The Self-Sufficiency Standard calculates the income needed by working families to meet their basic needs in every county in California and for 156 family types. The Self-Sufficiency Standard provides county-specific costs for housing, food, and health care, as well as costs associated with work, including transportation, child care, and taxes. **In 2010, an estimated 33.5% of all households in Santa Clara County fell below the Self-Sufficiency Standard and 32% of workers earned less than \$15 per hour.**

Source: Working Partnerships USA, 2012.

SANTA CLARA COUNTY (2011)

One Adult with One Preschooler and One School-Age Child



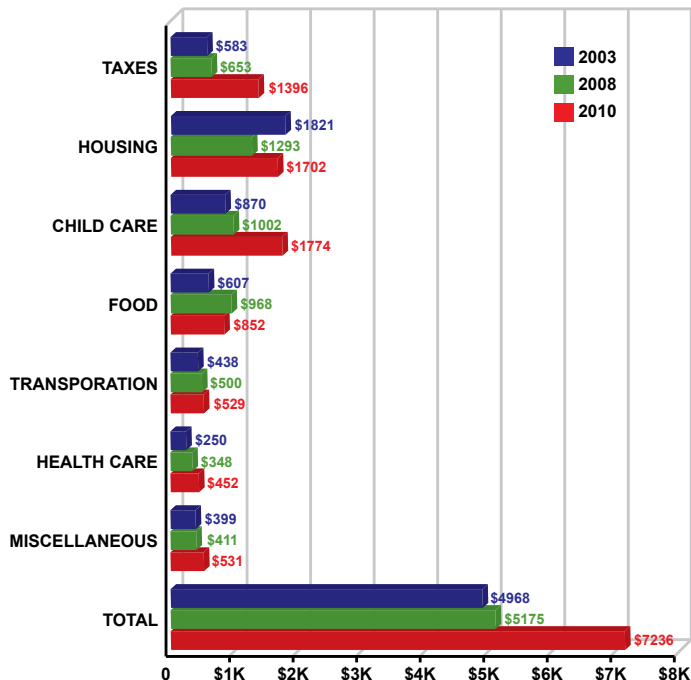
*Note the Self-Sufficiency Standard includes the net effect of the addition of the Child Care and Child Tax Credits and the subtraction of taxes.

Source: Insight Center for Community Economic Development, 2012.

SELF-SUFFICIENCY STANDARD FOR SANTA CLARA COUNTY

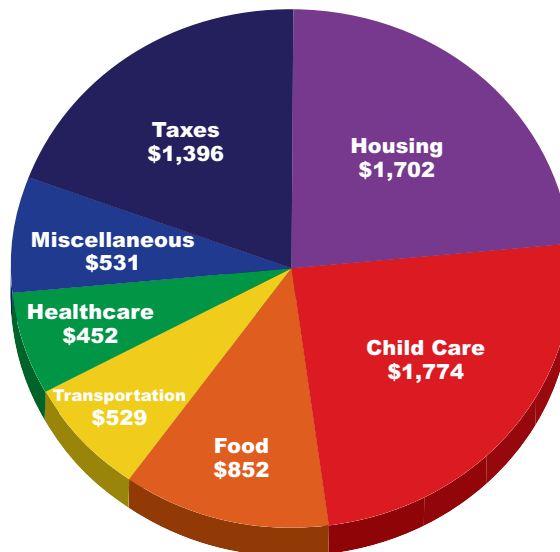
SELF-SUFFICIENCY STANDARD

Basic Monthly Costs for a Two-Parent, One Preschooler and One School-Age Child Family in Santa Clara County, 2003, 2008 and 2010



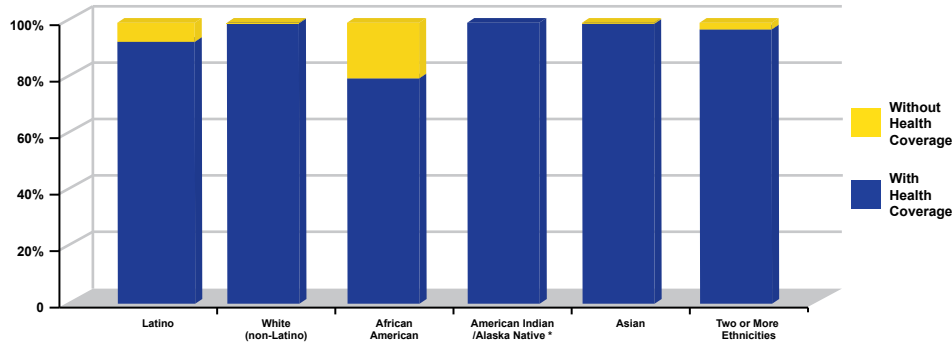
THE SELF-SUFFICIENCY STANDARD

Basic Monthly Costs for a Two-Parent, One Preschooler and One School-Age Child Family in Santa Clara County, 2010



Sources: (1) Life in the Valley Economy Silicon Valley Progress Report 2007, 2008, and 2010, Working Partnerships USA; and (2) Insight Center for Community Economic Development, 2012.

HEALTH COVERAGE OF CHILDREN (AGES 0-19) IN SANTA CLARA COUNTY



Health coverage among children ages 0-19 in Santa Clara County has increased from 87.5% in 2001 to an estimated 96.5% in 2009. Approximately 85,000 more low-income children in Santa Clara County obtained health coverage since 2001.

Based on a study released in 2009 of 23 million hospital records, a sick child without health coverage is 60% more likely to die than a sick child with health coverage.

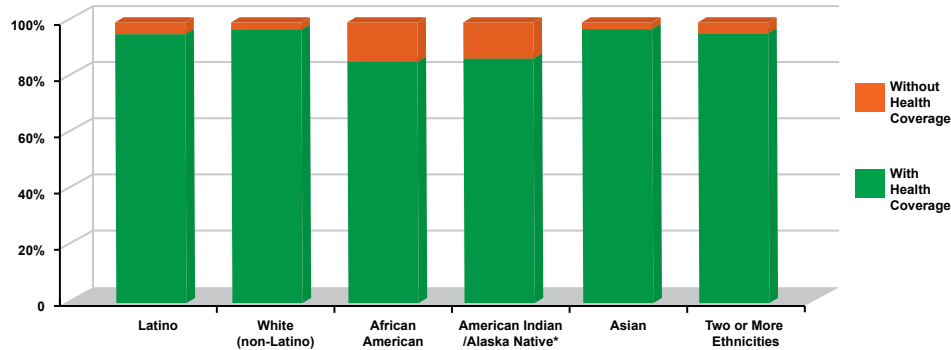
(Study conducted by John Hopkins Children's Center)

	With Health Coverage	Without Health Coverage
Latino	93.2%	6.8%
White (non-Latino)	99.8%	0.2%
African American	80.2%	19.8%
American Indian/Alaska Native*	100.0%	0.0%
Asian	99.6%	0.4%
Two or More Ethnicities	97.6%	2.4%

* Note: Due to the small sample size, this statistic may not accurately represent the ethnic population.

Source: California Health Interview Survey, 2009.

HEALTH COVERAGE OF CHILDREN (AGES 0-5) IN SANTA CLARA COUNTY

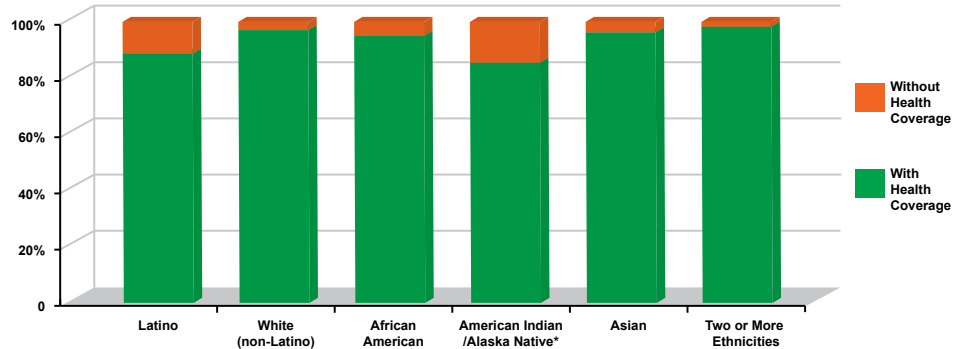


Santa Clara Family Health Foundation wants to thank FIRST 5 Santa Clara County for providing funding to cover all children ages 0-5 enrolled in Healthy Kids.

	With Health Coverage	Without Health Coverage
Latino	95.8%	4.2%
White (non-Latino)	97.3%	2.7%
African American	85.9%	14.1%
American Indian/Alaska Native*	87.1%	12.9%
Asian	97.6%	2.4%
Two or More Ethnicities	96.1%	3.9%

* Note: Due to the small sample size, this statistic may not accurately represent the ethnic population.
Source: U.S. Census Bureau, 2009 American Community Survey.

HEALTH COVERAGE OF CHILDREN (AGES 6-17) IN SANTA CLARA COUNTY



	With Health Coverage	Without Health Coverage
Latino	88.7%	11.3%
White (non-Latino)	97.1%	2.9%
African American	95.0%	5.0%
American Indian/Alaska Native*	85.5%	14.5%
Asian	96.3%	3.7%
Two or More Ethnicities	98.3%	1.7%

* Note: Due to the small sample size, this statistic may not accurately represent the ethnic population.
Source: U.S. Census Bureau, 2009 American Community Survey.

HEALTHY KIDS SAVED TRUMAN LE

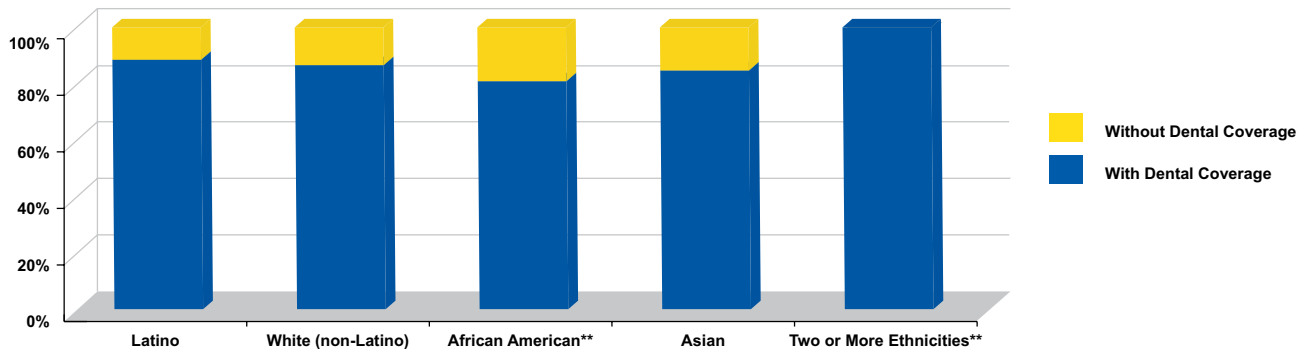
At a year old, Truman Le was diagnosed with Osteomyelitis (a bone infection) in his left elbow. Truman was in and out of the hospital for two months. Truman was later diagnosed with pneumonia and spent another two weeks in the hospital for a persistent high fever. Because of all of the incredible care provided by the doctors and hospital staff, Truman was deemed healthy and released from the hospital.

Truman's parents, Trinh Tran and Linh Le, thank the Healthy Kids program for literally saving their son's life. Trinh and Linh both worked at high tech companies, but they could not afford the \$600 monthly premium for their son's health coverage. They lived on a very tight budget. Without Healthy Kids, they would not have been able to afford the quality health care that he received. In fact, Truman may not have been properly diagnosed and treated.

Truman is now six-years-old. He is a happy, playful first grader who lives in San Jose. He suffers from asthma, but visits the doctors twice a month to monitor his condition. He is also the big brother to a healthy two-year-old, Bao-Nguyen Le, who is also enrolled in the Healthy Kids program. Truman has been enrolled in Healthy Kids since 2006.



DENTAL COVERAGE OF CHILDREN (AGES 2-17*) IN SANTA CLARA COUNTY



12.8%
of the children
in Santa Clara County
do not have
dental coverage.

(California Health Interview
Survey, 2007)

	With Dental Coverage	Without Dental Coverage
Latino	88.5%	11.5%
White (non-Latino)	86.6%	13.4%
African American**	80.9%	19.1%
Asian	84.7%	15.3%
Two or More Ethnicities**	100.0%	0.0%

*Note: Includes children under the age of 2 if a tooth was present.

**Note: Due to the small sample size, this statistic may not accurately represent the ethnic population.

Source: California Health Interview Survey, 2007.

DENTAL COVERAGE

The issue of access to dental services remains a critical issue for low-income children in Santa Clara County. Despite 96% of the children in Santa Clara County having medical coverage, 12.8% of children do not have dental coverage.

- ◆ Today, tooth decay is the single most common chronic disease in young children, more prevalent than asthma or diabetes.
- ◆ In 2011, 1 in 7 children beginning Head Start had at least one cavity.
- ◆ In 2011, 9,813 baby root canals were performed at two FIRST 5-funded pediatric dental clinics in Santa Clara County.
- ◆ Water fluoridation reduces tooth decay 18 to 40 percent in children and adults.
- ◆ Nationally, 41 percent of Latino children and 37 percent of African American children had untreated tooth decay, versus only 25 percent of White (non-Latino) children.
- ◆ 77.6% of children (ages 7-18) enrolled in the Healthy Kids program visited their dentist at least once in the past 12 months.



Sources: (1) California Health Interview Survey, 2007; (2) FIRST 5 Santa Clara County, 2012; (3) The Health Trust Evaluation Brief, The Health Trust, 2011; and (4) HEDIS Results, Santa Clara Family Health Plan, 2011.

RODRIGO CHAVEZ IS ALL SMILES FOR HEALTHY KIDS



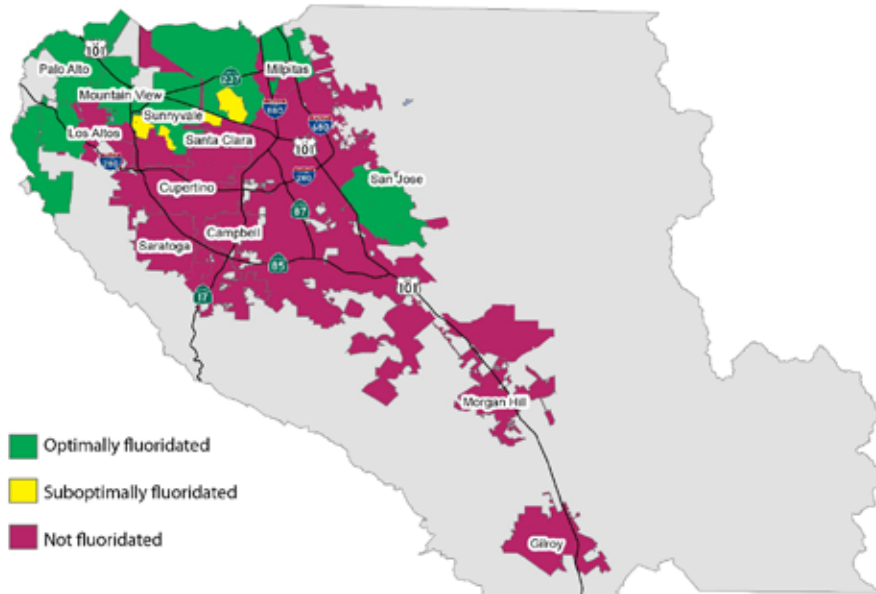
The dentist office is a familiar place to 10-year-old Rodrigo. He's been going to well-check visits since he was four and has not needed major dental treatment thanks to the Healthy Kids program. "He loves the dentist!" says his mother, Gloria Sermenio. "He goes with a big smile."

The U.S. Department of Health and Human Services reports that dental disease is the most chronic childhood disease. San Jose dentist, Dr. Monika Levkovic, sees it first hand. "People ask, 'Do we have to treat baby teeth?'" she says. "Yes! Baby teeth are important to speech

development, social issues, and they keep space for adult teeth." She also notes that dental disease left untreated can be traumatic for children, making them afraid to go to the dentist. "Checkups every six months allow us to fix things right away," says Dr. Levkovic. "It's less of a problem."

A recent study funded by the David and Lucile Packard Foundation found that the proportion of children with a dental checkup in the past six month has almost tripled as a direct result of Healthy Kids coverage. While Healthy Kids coverage provides Rodrigo with the benefits of regular dental checkups and a healthy smile, the program provides relief all on its own to Sermenio. "I don't have to wait to take him to the dentist until there are cavities or a problem that costs more," she says. "I don't have to worry. Just that is a benefit."

Water Fluoridation in Santa Clara County



Created: February 4, 2009 by the Santa Clara County Public Health Department

Source: Santa Clara Valley Water District, Cal Water, Purissima Hills Water District, City of Milpitas Community Services, City of Mountain View Public Services Department, City of Palo Alto Utilities Department, San Jose Municipal Water System, City of Santa Clara Water Department, City of Sunnyvale Public Works Department.

The City of
San Jose is the
largest city in the U.S.
that does not
fluoridate all of its
water.

IMMUNIZATIONS

Immunizations protect against serious and potentially fatal diseases, including: polio; diphtheria, tetanus, and pertussis (whooping cough); measles, mumps, and rubella; hepatitis B; and chicken pox. These immunizations are essential to protecting children's health, as many of these diseases are contagious.

In 2010, 90.7% of children in California entering kindergarten were fully immunized compared to 93.5% of children in Santa Clara County.

(Lucile Packard Foundation for Children's Health, Kidsdata.org)

California Immunization Requirements for Public and Private School Entry

Vaccine

Required Doses

Polio

4 doses at any age

Diphtheria, Tetanus, and Pertussis

Age 6 years and under (Pertussis is required) DTP, DTaP or any combination of DTP or DTaP With DT (tetanus and diphtheria)

5 doses at any age

Age 7 years and older)Pertussis is not required) Td, DT, or DTP, DTaP or any combination of these

4 doses at any age

7th Grade

1 dose

Td booster

Measles, Mumps, Rubella (MMR)

Kindergarten

2 doses

7th grade

2 doses

Grades 1-6 and 8-12

1 dose

Hepatitis B

Kindergarten

3 doses

7th Grade

3 doses

Varicella

Kindergarten

1 dose

Tdap

7th-12th grade

1 dose

Note: For more detailed information on immunization requirements, please visit <http://www2.sduhsd.net/tp/immunization.html>

Santa Clara County Mental Health Department's Family & Children's Division served 7,973 outpatients in fiscal year 2009. Of those outpatients, Latinos are the largest ethnic group to have received services. More males (58.3%) were served than females (41.7%). On average, clients received 4.5 hours of services per month. The Family & Children's Division includes 7 county clinics and 21 contracted agencies.

Ethnicity	Number	Percentage
Latino	4,289	53.8%
White	1,623	20.4%
Asian/Pacific Islander	773	9.7%
African-American	564	7.1%
American Indian	98	1.2%
Mixed Race	7	0.1%
Other Race	299	3.8%
Unknown	320	4.0%

Note: This data includes both children and adults.

Source: Santa Clara County Mental Health Department Decision Support, 2010.

**Children living
below the poverty
threshold* are 1.3 times more
likely than non-low-income
children to experience
learning disabilities and
developmental delays.**

(Zero to Three, 2011)

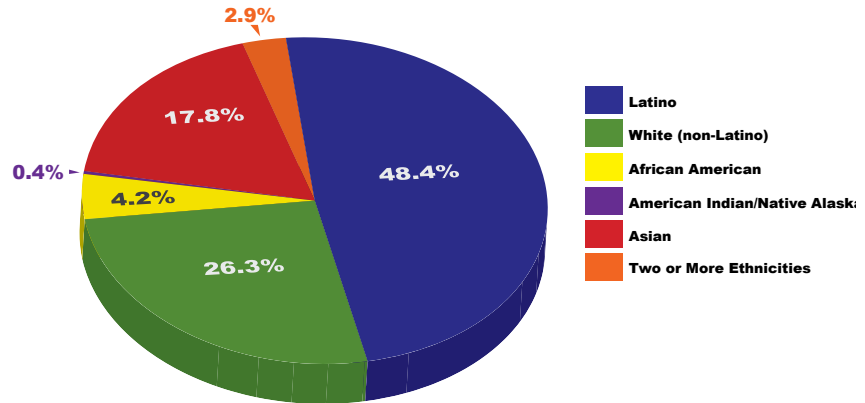
*Note: For example, a family of four earning less than \$44,100 a year is considered living below the poverty threshold.

SPECIAL EDUCATION

1 in 6 American children have a developmental disability*, an increase of 17% during the past 10 years.

(Trend in the Prevalence of Developmental Disabilities in U.S. Children, 1997-2008)

Special Education Enrollment of Children in Santa Clara County by Ethnicity



	Santa Clara County		California	
	Special Education	All Students	Special Education	All Students
Latino	48.4%	38.2%	50.8%	51.4%
White (non-Latino)	26.3%	23.0%	29.0%	26.6%
African American	4.2%	2.7%	9.9%	6.7%
American Indian/Native Alaskan	0.4%	0.4%	0.8%	0.7%
Asian	17.8%	32.1%	6.6%	11.7%
Two or More Ethnicities	2.9%	2.0%	2.9%	1.8%
Unknown	0.0%	1.6%	0.0%	1.1%

*Note: Developmental disabilities include autism, attention deficit hyperactivity disorder, and other developmental delays.

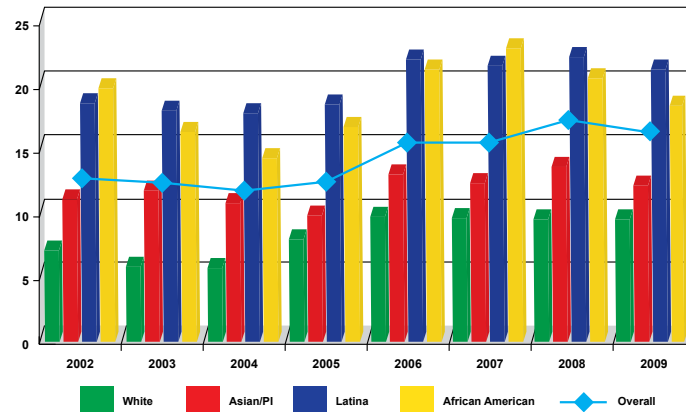
Source: California Department of Education, 2010-2011.

PRENATAL HEALTH

Children's health care needs begin before they are born. An expectant mother's access to early prenatal care can significantly reduce the risk of health problems for her child, as well as herself.

In 2008, the percentage of Santa Clara County mothers who received late (after the first trimester) or no prenatal care climbed to 16.7%, up from 12.9% in 2005. It is imperative that this rate remain the same, or better yet decrease. Regardless, Santa Clara County continues to fall short of the national Healthy People 2010 objective to provide at least 90% of mothers with the early prenatal care they need.

Large disparities continue to exist among different racial/ethnic groups in terms of access to early prenatal care. **From 2005 to 2009, the share of Latina mothers receiving late or no prenatal care rose from 19% to 22.8%, the highest rate of any racial/ethnic group.** Rates also remained elevated among African American mothers, with 18.9% not receiving first trimester prenatal care in 2009, compared to 12.5% of Asian/Pacific Islander mothers and 9.8% of Caucasian mothers.



Source: Working Partnerships USA, 2012.

PRENATAL HEALTH

Benefits of Prenatal Care

- ◆ Prenatal care can help keep mothers and their babies healthy. **Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.**
- ◆ Doctors can identify health problems early when they see mothers regularly. Early treatment can cure many problems and prevent others. Doctors also can talk to pregnant women about things they can do to give their unborn babies a healthy start in life.
- ◆ **An estimated 28,000 children die before their first birthday each year in the U.S.** Many factors cause these outcomes, including health care access, poverty, and negative health behaviors. To help pregnant women and new mothers obtain information about caring for their babies, the first free health text messaging service was launched — **text4baby**. Text4baby are text messages tailored to a baby's birth date and are sent throughout the baby's first year. To register, please visit www.text4baby.org.
- ◆ San Diego women enrolled in text4baby showed promising results:
 - ◆ 63.1% reported the program helped them remember an appointment or immunization that they or their child needed.
 - ◆ 75.4% reported the program informed them of medical warning signs that they did not know.



Sources: U.S. Department of Health and Human Services, Office on Women's Health, 2009; and (2) text4baby, 2011.

INFANT HEALTH IN SANTA CLARA COUNTY

In Santa Clara County, from 2005-2011:

- ◆ 41 infant deaths were caused by unsafe sleeping practices.
- ◆ The average age of these 41 deaths was 3 months old, with 98% of these babies having died at less than 7 months old.
- ◆ 67% of these infants died on an adult bed, sofa bed, or couch.
- ◆ Almost half of these babies died while sleeping with an adult and/or an older child.
- ◆ Soft bedding items were present in the sleeping environment over 50% of the time. These items included pillows, blankets, sofa cushions, and nursing pillows.
- ◆ The Santa Clara County Medical Examiner-Coroner Office has documented only 2 infant deaths due to Sudden Infant Death Syndrome (SIDS).

Source: FIRST 5 Santa Clara County, 2012.

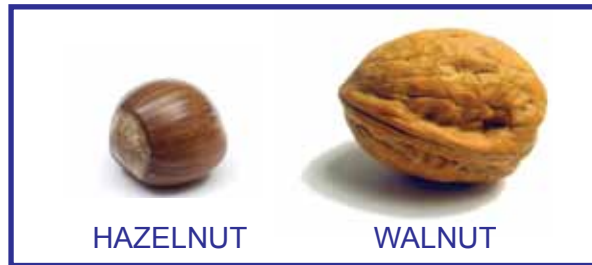


INFANT HEALTH

How much do babies typically eat?

A newborn's tummy is very small, especially in the early days. Once breastfeeding is established, exclusively breastfed babies from 1 to 6 months of age take in between 19 and 30 ounces per day. If you breastfeed 8 times per day, the baby would eat 3 ounces per feeding. Older babies will take less breastmilk as other food is introduced. Although, every baby is different.

The Newborn Tummy



At birth, the baby's stomach can comfortably digest what would fit in a hazelnut (about 1-2 teaspoons). In the first week, the baby's stomach grows to hold about 2 ounces or what would fit in a walnut.

Source: Your Guide to Breastfeeding, U.S. Department of Health and Human Services, Office on Women's Health, 2011.

Breastfeeding Benefits

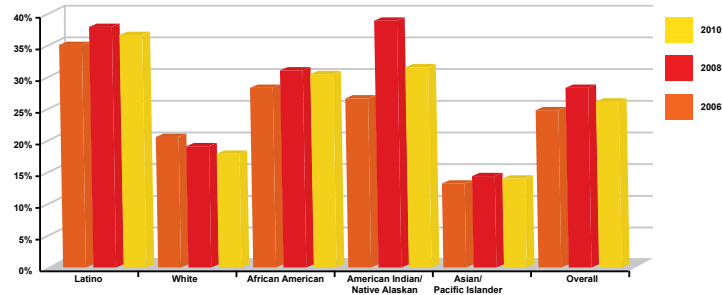
- ◆ Breast milk is rich in nutrients and antibodies that protect babies from illnesses.
- ◆ Breast milk is easier to digest than formula.
- ◆ If 90% of families breastfed exclusively for 6 months, nearly 1,000 deaths among infants could be prevented – saving the U.S. \$13 billion per year in medical care costs.
- ◆ Breastfed infants typically need fewer sick care visits, prescriptions, and hospitalizations.

Childhood obesity continues to be a growing epidemic throughout the state and nation. In Santa Clara County, the percentage of students (grades 5, 7, and 9) who are overweight has increased from 25.3% in 2006 to 26.7% in 2010. Obese children, along with overweight children, are more likely to develop diabetes and heart disease. In addition, they are more likely to stay overweight or obese as adults, placing them at increased risk for serious chronic diseases. Research shows significant racial/ethnic and socioeconomic disparities in obesity prevalence among U.S. children and adolescents.

Low-income children are nearly 50% more likely to become obese adults than non low-income children.

(Zero to Three, 2011)

PERCENTAGE OF STUDENTS (GRADES 5, 7, AND 9) WHO ARE OVERWEIGHT



	2006	2008	2010
Latino	35.8%	38.7%	37.4%
White (non-Latino)	21.0%	19.5%	18.3%
African American	28.9%	31.7%	31.1%
American Indian/Native Alaskan	27.2%	39.7%	32.2%
Asian/Pacific Islander	13.5%	14.7%	14.3%
Overall	25.3%	28.9%	26.7%

Source: Lucile Packard Foundation for Children's Health, Kidsdata.org, 2012.

DIABETES

Diabetes is a group of diseases characterized by high blood glucose levels that result from defects in the body's ability to produce and/or use insulin. Insulin is a hormone that is needed to convert sugar, starches, and other food into energy.



- ◆ Type 1 Diabetes is genetic and unknown factors trigger the onset of the disease. It is usually diagnosed in children and young adults. For Type 1 diabetes, the body does not produce insulin. Only 5% of people with diabetes have this form of the disease.
- ◆ Type 2 Diabetes is also genetic and affected by lifestyle. In Type 2 diabetes, either the body does not produce enough insulin or the cells ignore the insulin. Type 2 diabetes is often associated with older age (40 years and older), a family history of obesity or diabetes, previous history of gestational diabetes, and physical inactivity.

National Statistics:

- ◆ **About 1 in every 400 children and adolescents has diabetes.**
- ◆ Each year, more than 13,000 young people are diagnosed with Type 1 diabetes.
- ◆ The epidemics of obesity and the low level of physical activity among young people, as well as exposure to diabetes in utero, may be major contributors to the increase in Type 2 diabetes during childhood and adolescence.
- ◆ Diabetes causes more deaths a year than breast cancer and AIDS combined. Two out of three people with diabetes die from heart disease or stroke. Diabetes is also the leading cause of kidney failure.

Sources: (1) American Diabetes Association, 2012; (2) National Diabetes Information Clearinghouse, 2012; and (3) Center for Disease Control and Prevention, 2012.

EATING HEALTHY

In an effort to illustrate the important role that healthy eating habits plays in sustaining a healthy weight, Choose My Plate was developed to help individuals focus on the types of food and the appropriate portions that foster a healthy weight. Consuming naturally enriched foods, such as fruits, vegetables, and whole grains, may help individuals to better manage their weight and maintain a healthier lifestyle. When selecting foods, it is important to review the labels and choose foods that are low in saturated fat, trans fat, and sodium. Reduce your intake of sugary foods and drinks and replace them with fresh fruit and water. Eating healthy and engaging in regular physical activities will also help to reduce the risk of becoming diabetic, developing heart disease, and becoming obese.



Source: U.S. Department of Agriculture and Health and Human Services, 2011.

HEALTHY KIDS IS MORE THAN MEDICAL SERVICES



Crispin and Maria de Lourdes Rojas' youngest daughter, Casandra, is pre-diabetic. They take her to the doctor every two months for regular check ups to monitor her condition. Crispin, Maria, and Casandra have attended nutrition classes offered through Santa Clara Family Health Plan to better understand how to eat healthy and to be aware of the types of food that Casandra and the rest of the family should be eating.

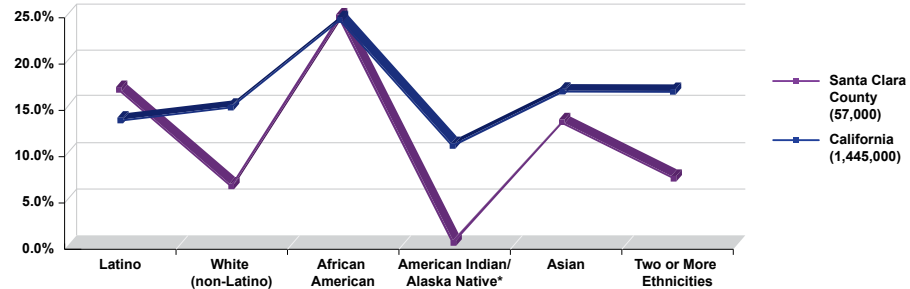
"I am very fortunate to have my daughter enrolled in the Healthy Kids program," says Mrs. Rojas. "She is able to receive treatment for her condition and follow up with a doctor. If the Healthy Kids program would not exist, then my daughter would not be able to obtain any medical services at all. My husband and I do not make enough income to pay for medical expenses or to purchase prescriptions. I am very happy to be a part of the Healthy Kids program."

Casandra's two older sisters, Selena and Alejandra, were enrolled in Healthy Kids until they aged out of the program.

Low-income people are much more likely to have severe symptoms and are hospitalized more frequently than middle- or high-income people. **For instance, asthma sufferers from households with income under \$20,000 are seven times more likely to experience severe symptoms than those from households with incomes above \$100,000.** Low-income people are exposed to more environmental triggers for asthma, such as poorly maintained housing and proximity to highways and polluting industries. They are also less likely to use the daily preventative medications that keep severe asthma in check.

Source: A Portrait of California, California Human Development Report 2011, American Human Development Project of the Social Science Research Council.

Diagnosis of Asthma Among Children (Ages 0-19)



	Santa Clara County	California
Latino	16.3%	13.1%
White (non-Latino)	7.2%	13.9%
African American	24.6%	23.5%
American Indian/Native Alaskan*	0.0%	10.2%
Asian	12.9%	15.8%
Two or More Ethnicities	7.0%	16.1%
Overall	12.3%	14.3%

Definition: Percentage of children with asthma within a specific ethnic group (e.g., In 2009, 16.3% of the Latino child population in Santa Clara County were diagnosed with asthma.)

*Note: Due to the small sample size, this statistic may not accurately represent the ethnic population.

Source: California Health Interview Survey, 2009.

SANTA CLARA COUNTY STATISTICS

The statistics presented below provide an overall insight into key health issues facing the children in Santa Clara County.

OVERALL

- ◆ 3 in 10 children with one or more chronic diseases report barriers to the health care system.
- ◆ 9% of middle and high school students are current smokers.
- ◆ 12% of middle and high school students reported using marijuana at least once in the past 30 days.
- ◆ 1 in 8 middle and high school students engage in binge drinking.

HEPATITIS B

- ◆ Hepatitis B affects nearly 10% of Asian Americans compared to all other Americans at 0.5%.
- ◆ All children should get their first does of the Hepatitis B vaccine at birth and should have completed the vaccine series by 6-18 months of age.
- ◆ If a pregnant mother has Hepatitis B and does not seek prenatal care (and is not tested as part of her care), then there is a 95% chance of transmission to the baby.

TUBERCULOSIS

- ◆ In 2009, San Jose/Sunnyvale/Santa Clara ranks the highest in tuberculosis infection rates in comparison to all major U.S. metropolitan areas with 11 per every 100,000. The next highest area being San Francisco/Oakland/Fremont with 8.5 per every 100,000.

Sources: (1) Santa Clara County Health Profile Report, 2010; (2) Department of Health and Human Services, Centers for Disease Control and Prevention, 2007; (3) A Portrait of California, California Human Development Report 2011, American Human Development Project of the Social Science Research Council; and (4) Center for Disease Control, 2011.

ENROLLMENT IN MEDI-CAL, HEALTHY FAMILIES & HEALTHY KIDS

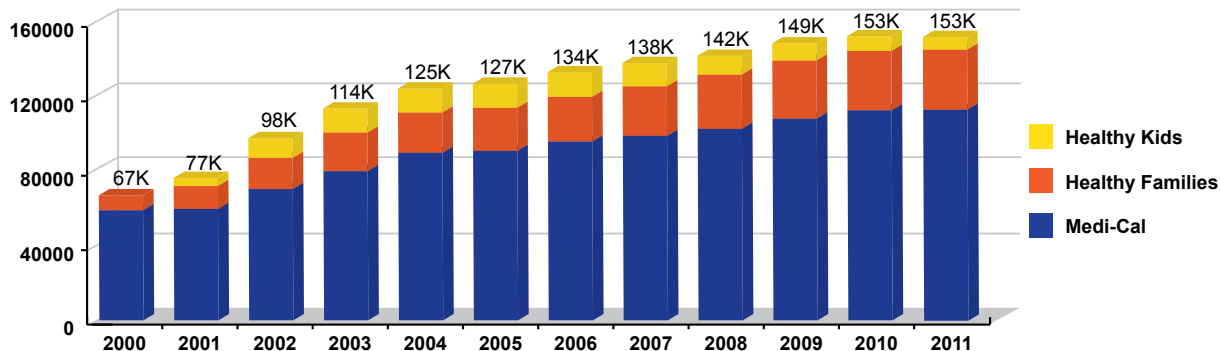
In 2000, the first Children's Health Initiative (CHI) was formed. The goal of CHI was, and continues to be, to provide access to comprehensive medical, dental, and vision care to all eligible children in the county whose family income is 300 percent or less of the Federal Poverty Level (i.e., \$69,168 for a family of four living in Santa Clara County).

At the inception of CHI, nearly two-thirds of the children in Santa Clara County who lacked coverage qualified for existing government-funded programs. However, an estimated 18,000 children in the county were not eligible for existing programs. In response, CHI became the strategic outreach and enrollment effort to identify and assist the parents of these uninsured children in applying for appropriate health coverage through Medi-Cal and Healthy Families. CHI also created the first program of its kind in the nation, Healthy Kids, in January 2001. Before CHI and the Healthy Kids program, one in six children in Santa Clara County were uninsured. **Now, 96% of the children in our county have health coverage. Approximately 85,000 more low-income children in Santa Clara County obtained health coverage since 2001.**



ENROLLMENT IN MEDI-CAL, HEALTHY FAMILIES & HEALTHY KIDS

Children (Ages 0-18) Enrolled in Medi-Cal, Healthy Families, and Healthy Kids in Santa Clara County, 2000-2011



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Medi-Cal	59,265	59,968	70,662	80,303	90,191	91,221	96,245	99,274	103,046	108,614	113,078	113,640
Healthy Families	8,020	12,300	16,756	20,786	21,647	23,103	23,986	26,660	29,162	31,207	31,867	32,254
Healthy Kids	-	4,368	10,601	12,883	12,870	13,040	13,298	12,537	10,138	9,238	7,962	6,796
Total	67,285	76,636	98,019	113,972	124,708	127,364	133,529	138,470	142,346	149,059	152,907	152,689

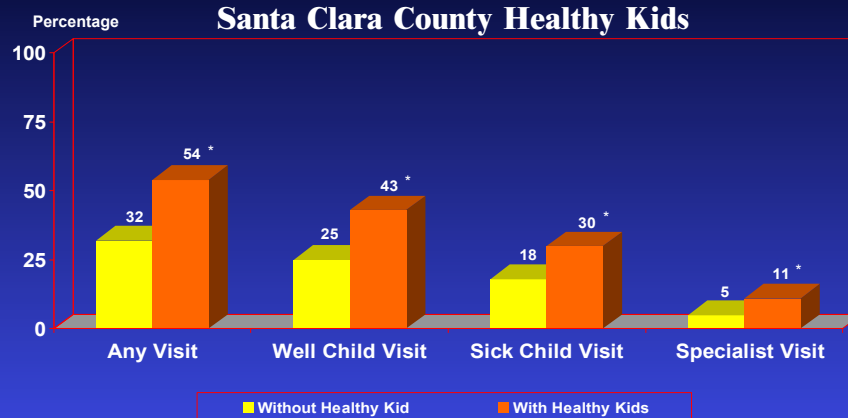
Net year-over-year increase in enrollment	-	9,351	21,383	15,953	10,736	2,656	6,165	4,941	3,876	6,713	3,848	-218
Percent increase in enrollment	-	14%	28%	16%	9%	2%	5%	4%	3%	5%	3%	0%

Source: Working Partnerships USA, 2011.

CHILDREN'S HEALTH INITIATIVE IN SANTA CLARA COUNTY

Funded by the David and Lucile Packard Foundation, Mathematica Policy Research, Inc. conducted a one-year and a four-year study on the effects of Healthy Kids coverage on the health of children. Results released in 2008 indicated that children were seeing substantial benefits to their health after one year – a **69% increase in visits, 72% increase in well-child visits, and a doubling of visits to specialists.**

Healthy Kids Significantly Increased Medical Care Visits



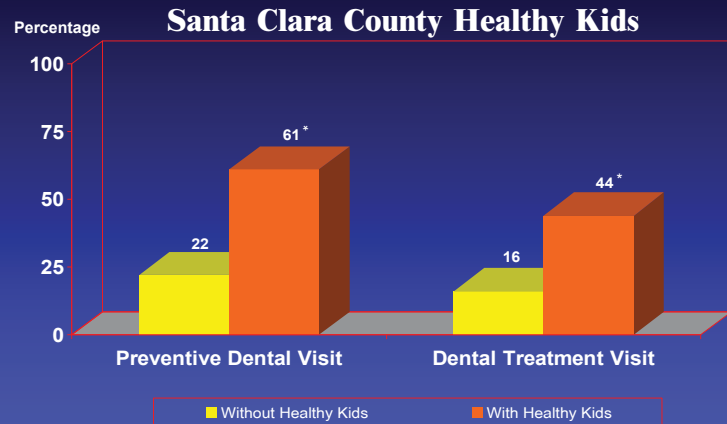
* Difference is statistically significant at p-value < .01

SOURCE: Tabulations from 2003-04 Survey of Santa Clara County Healthy Kids Enrollees

CHILDREN'S HEALTH INITIATIVE IN SANTA CLARA COUNTY

Dental disease is the most common chronic childhood disease (U.S. Department of Health and Human Services, 2000). In California, 54% of kindergarteners and 71% of third graders have a history of tooth decay, and 28% of children in both grades have untreated tooth decay. **After one year of Healthy Kids dental coverage, use of preventive dental care tripled and dental treatment for tooth decay doubled.** According to the California Health Interview Survey (2007), 12.8% of children in Santa Clara County do not have dental coverage.

Healthy Kids Sharply Increased the Use of Dental Services



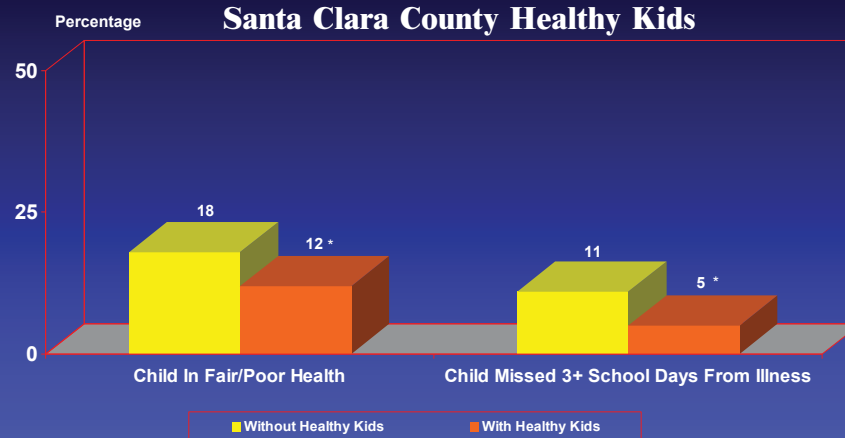
* Difference is statistically significant at p-value < .01

SOURCE: Tabulations from 2003-04 Survey of Santa Clara County Healthy Kids Enrollees

CHILDREN'S HEALTH INITIATIVE IN SANTA CLARA COUNTY

Healthy Kids led to significant improvements in health. After participating in Healthy Kids for one year, the **proportion of these children reported to be in fair or poor health fell by one-third and the proportion of children missing three or more school days in the past month dropped in half.**

Evidence that Healthy Kids Improved Children's Health



* Difference is statistically significant at p-value < .05

SOURCE: Tabulations from 2003-04 Survey of Santa Clara County Healthy Kids Enrollees (limited to children who enrolled for a reason other than unmet need)

HEALTH TO EDUCATION

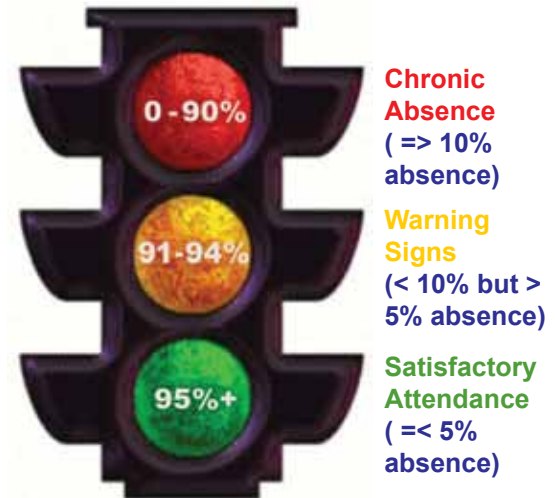
- ◆ Parents whose children are enrolled in the Healthy Kids program reported a 50% decline in their children missing three or more school days a month due to illness.

Students who are chronically absent in both Pre-Kindergarten (PreK) and Kindergarten (K) are:

- ◆ More often absent in later years – Half (51%) of students who were chronically absent in both PreK and K were chronically absent in the first grade and then 45% of the children remained chronically absent in the third grade. Their Average Daily Attendance (ADA) rate averaged about 88% for the following three years.
- ◆ More often retained in later grades – A quarter (26%) of students who were chronically absent in both PreK and K were held back a grade within the next three years (with the third grade being the on-time year) compared with only 9% of students with no chronic absences.

Source: Early Elementary Performance and Attendance in Baltimore City Schools' Pre-Kindergarten and Kindergarten, Baltimore Education Research Consortium, 2012.

WHEN 90% DOESN'T EARN AN "A" **STUDENTS WHO MISS MORE THAN** **10% OF SCHOOL ARE AT GRAVE RISK**



Emergency: => 20% absence

Source: Curbing Early Chronic Absenteeism, Tulsa Area Community School Initiative, 2011.

BILL OF RIGHTS FOR CHILDREN AND YOUTH

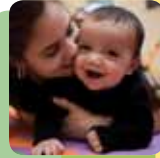
The Bill of Rights for Children and Youth was endorsed by the Santa Clara County Board of Supervisors on February 9, 2010 to ensure that leaders keep the needs of young people at the forefront of decisions about budgets and government policies. The Bill of Rights helps our community stay focused on making the issues that affect children and youth a top priority in our community, especially during times of political change and financial upheaval.

THE SANTA CLARA COUNTY BILL OF RIGHTS FOR CHILDREN AND YOUTH

All children and youth have a right to be safe, healthy, successful in learning, and successful in life regardless of their language, culture, race, gender or gender identity, sexual orientation, religion, or developmental or physical abilities. Santa Clara County is enriched by the diversity of its children and youth. Therefore, we resolve to support Santa Clara County children and youth so that:

1. *They have a sense of hope for their future.*
2. *They have a healthy mind, body, and spirit that enables them to maximize their potential.*
3. *They develop a healthy attachment to a parent, guardian or caregiver and an ongoing relationship with a caring and supportive adult.*
4. *Their essential needs are met—nutritious food, shelter, clothing, health care and accessible transportation.*
5. *They have a safe and healthy environment, including homes, schools, neighborhoods and communities.*
6. *They have access to a 21st-century education that promotes success in life and in future careers and a love of life-long learning.*
7. *They have training in life skills that will prepare them to live independently, be self-sufficient and contribute to their community.*
8. *They have employment opportunities with protections from unfair labor practices.*
9. *They have freedom from mistreatment, abuse and neglect.*
10. *They have a voice in matters that affect them.*

Kids in Common spearheaded the nationally-recognized effort of the Bill of Rights for Children and Youth.



FIRST 5 SANTA CLARA COUNTY

FIRST 5 Santa Clara County's programs and services work to ensure children ages 0-5 are healthy and prepared for school, their families connected to parenting resources, and the community is strengthened and supported. They have established a framework to create a positive, lasting impact on young children and families in our community now, and into the future.

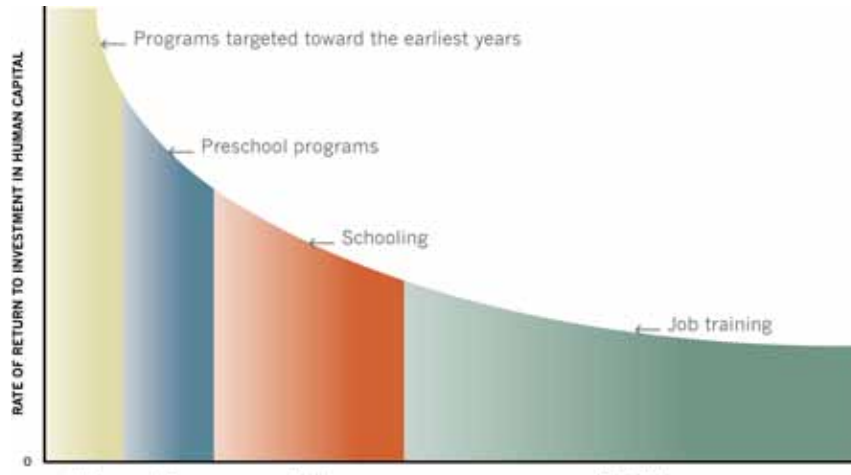
FIRST 5:

- ◆ Works with over 65 nonprofit organizations throughout Santa Clara County.
- ◆ Serves racially, ethnically, and culturally diverse children, speaking over 100 languages.
- ◆ Serves children from families who primarily live under the federal poverty level, with 82% earning less than \$30,000 a year.
- ◆ Serves as a voice and advocate for young children and their families, investing more than \$30 million each year in Santa Clara County.
- ◆ Supports the children's health initiative, advanced training for early childhood teachers, parenting skills and domestic violence workshops, mental health services for children and their caregivers, and arts and early literacy programs.
- ◆ Over 700,000 copies of *Potter the Otter A Tale About Water* have been distributed. Potter the Otter is the mascot of the ReThink Your Drink campaign which encourages families to drink water instead of sugar-sweetened beverages.



FIRST 5 SANTA CLARA COUNTY

Returns to a Unit Dollar Invested



Source: Building a Productive Workforce and Strong Economy from Birth, James J. Heckman, University of Chicago, 2012.

- ◆ While the early period in children's development is absolutely critical to their future success, it is also where public investments are the lowest. Nationally, less than 10% of public investments in education and development are spent on children, ages 4 and younger.
- ◆ Family income at the age a child applies to college is not as important as the skills of a child at the age the child applies to college.
- ◆ Invest in prevention, not remediation.

CONCLUSION

With almost 1.8 million residents, Santa Clara County is the most populated county in the Bay Area. It is one of the largest counties in the nation where minority populations are the majority, with over a third being born outside of the United States and half its residents speaking a language other than English in the home. Among its 474,506 children, one in ten children live below the Federal Poverty Level and one in three households live below the Basic Self-Sufficiency Standard.

Socio-economic conditions are contributing factors in determining the overall health of the children in our community. Children living in poverty often have fewer options for healthy living and reduced access to health care and other services, which may lead to inferior health. Access to health care plays a significant role in leading to educational attainment. Children who are healthy tend to obtain higher levels of education, which often lead to higher paying jobs. Adults with higher incomes tend to lead healthier lifestyles, have better access to health care, live longer, and experience better health outcomes. In 1860, Ralph Waldo Emerson stated, "The first wealth is health."

Through the Children's Health Initiative and the Healthy Kids program, the number of uninsured children in Santa Clara County has dropped from one in every six children in 2000 to one in 25. As illustrated in this report, children with medical, dental, and vision coverage have shown measurable improvement in their health – children with a usual source of care almost doubled, children with unmet medical needs dropped by more than half, dental care almost tripled, and school-age children reported a 50% decline in missed school days due to illness.

Santa Clara County serves as a model to California and the nation by working effectively to provide every child with access to health coverage. Unfortunately, we are faced with the challenge of not having the funding to increase the children enrolled in Healthy Kids and thereby, further decrease the number of uninsured children in our community. Now is the time to act! Our hope is that this report will be the basis of conversation that will foster collaboration among all sectors of the community to engage in public discourse and promote progressive change so that we can achieve a healthier community for our children and their families.

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