

Healthier Kids Foundation Santa Clara County presents



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



Healthier Kids
Foundation
Santa Clara County

www.hkidsf.org



MAY 2015

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

Keynote Speaker: Dr. Robert H. Lustig, M.D., M.S.L.

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Message from the Chief Executive Officer

Dear Friends of Healthier Kids Foundation,

Over the past year, Santa Clara County has experienced both good news and not so good news, with some real opportunities.

First, the good news: Over 80,000 Santa Clara County residents enrolled in Medi-Cal and another 80,000 enrolled in Covered California during the most recent ACA open enrollment, thereby reducing the overall uninsured population in Santa Clara County by almost 10%. Children having health coverage is just shy of 96%, with less than 3% of 0-5 year olds still lacking insurance. The County has committed to insure all children up to 400% of the Federal Poverty Level (FPL) who are not eligible for state and federal programs.

Next, the bad news: More families in our county are facing self-sustainability issues with the cost of living continuing to rise (see page 8-9 for details) and almost every ethnic group increased the percentage of families making less than 100% FPL.

Due the prevalence of obesity among our community, the medical community is diagnosing more of our children with chronic medical conditions such as Type II diabetes, high blood pressure, and heart conditions. Research by the Centers for Disease Control and Prevention found that 80% of obese children between the ages of 10-15 continue to be obese at age 25.



Kathleen M. King

Finally, the real opportunities: President of the Board of Supervisors, Dave Cortese, and Santa Clara County Public Health Department committed to complete a Children's Health Assessment over the next year. This assessment will summarize what we know about the health and well-being of children in our county, as well as offer recommendations on needs that should be prioritized and addressed in the near future.

Dr. Robert Lustig's presentation at this year's symposium comes at a very opportune time. He explains that all calories are not created equal, and articulates his stance against sugar – it is compelling and convincing.

Our hope is that this book is thought provoking and helps us build strong partnerships that will increase our county's capacity to work toward a healthier community for our children.

KEYNOTE SPEAKER: ROBERT H. LUSTIG, M.D., M.S.L.

Robert H. Lustig, M.D., M.S.L. is Professor of Pediatrics in the Division of Endocrinology, and Member of the Institute for Health Policy Studies at University of California, San Francisco. Dr. Lustig is a neuroendocrinologist whose clinical research has focused on the regulation of energy balance by the central nervous system. He is currently investigating the contribution of biochemical, neural, hormonal, and genetic influences in the expression of the current obesity epidemic both in children and adults. He is one of the leaders of the global "anti-sugar" movement to improve global health. Dr. Lustig graduated from MIT in 1976, and received his M.D. from Cornell University Medical College in 1980. He completed his pediatric residency at St. Louis Children's Hospital in 1983, and his clinical fellowship at UCSF in 1984. From there, he spent six years as a research associate in neuroendocrinology at The Rockefeller University. Most recently he received his Masters in Studies of Law from UC Hastings. He is the author of many academic works, and of the popular book "Fat Chance: Beating the Odds Against Sugar, Processed Food, Obesity, and Disease," and the "Fat Chance Cookbook". Dr. Lustig is also President of the non-profit Institute for Responsible Nutrition, a think tank devoted to improving our food supply.

SPECIAL ACKNOWLEDGEMENT

The intent of the Fifth Annual Symposium on the Status on Children's Health in Santa Clara County is to raise awareness of the importance of children's health and provide a benchmark for our community. Our hope is that each guest will use the knowledge gained during our Symposium to work collaboratively with one another to develop strategic frameworks that will address the unmet health needs of the children in our community. We are extremely grateful for the support of our sponsors as it is only with their support that this Symposium is possible.

Healthier Kids Foundation extends its gratitude to:



**Michael Hsing
Foundation**

Saria Tseng

With the help of the Children's Health Initiative and community advocates, the number of uninsured children in Santa Clara County has been significantly reduced. With Measure A funding, children whose families earn up to 400% of the Federal Poverty Level (FPL) are eligible for free or subsidized health insurance through Healthy Kids, Kaiser's Child Health Program, Medi-Cal, or Valley Kids.

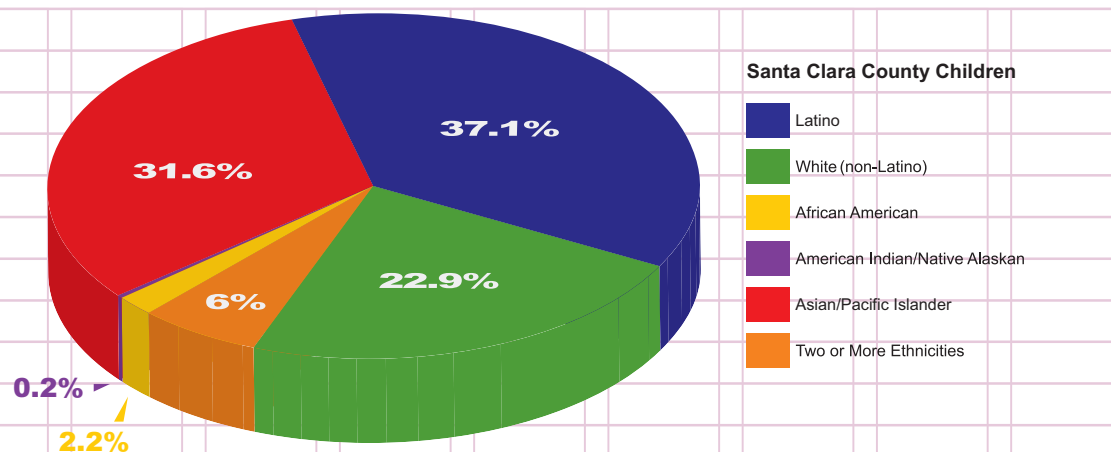
- ◆ An estimated 17,678 children (or 4.2% of all children) in Santa Clara county are uninsured. These include children of all ethnicities and families at all income levels. Almost 96% of children in this county had health insurance in 2013, almost universal healthcare.
- ◆ There are far less 0-5 year old children without insurance than 6-17 year olds in every city but Milpitas.
- ◆ Milpitas, Gilroy, and Morgan Hill have the highest percentage of uninsured children in Santa Clara County.

City	Children (Ages 0-17)	Percentage of Children	Uninsured Children		
			Ages 0-5	Ages 6-17	Ages 0-17
Campbell	8,077	20%	0.7%	3.1%	2.3%
Cupertino	16,204	28%	0.5%	1.6%	1.3%
Gilroy	15,659	30%	4.5%	4.5%	4.5%
Los Altos	7,617	26%	LNE	0.4%	0.3%
Los Gatos	6,767	22%	LNE	1.0%	0.9%
Milpitas	15,113	22%	6.2%	5.8%	5.9%
Morgan Hill	10,375	26%	3.7%	9.2%	7.5%
Mountain View	15,326	20%	0.0%	2.4%	1.5%
Palo Alto	14,752	23%	1.3%	1.3%	1.3%
San Jose	235,845	24%	2.8%	4.9%	4.2%
Santa Clara	26,740	22%	1.4%	5.1%	3.6%
Saratoga	7,095	24%	LNE	1.6%	1.6%
Sunnyvale	32,021	22%	2.5%	3.3%	3.3%
TOTAL	420,900	24%	2.9%	4.9%	4.2%

Footnote: These estimates are based on a survey of the population and are subject to both sampling and non-sampling error. LNE (Low Number Event) refers to estimates that have been suppressed because the margin of error was greater than 5 percentage points.

Source: U.S. Census Bureau, American Community Survey, 2014; Kidsdata.org, 2012.

ETHNICITY OF CHILDREN (AGES 0-17)



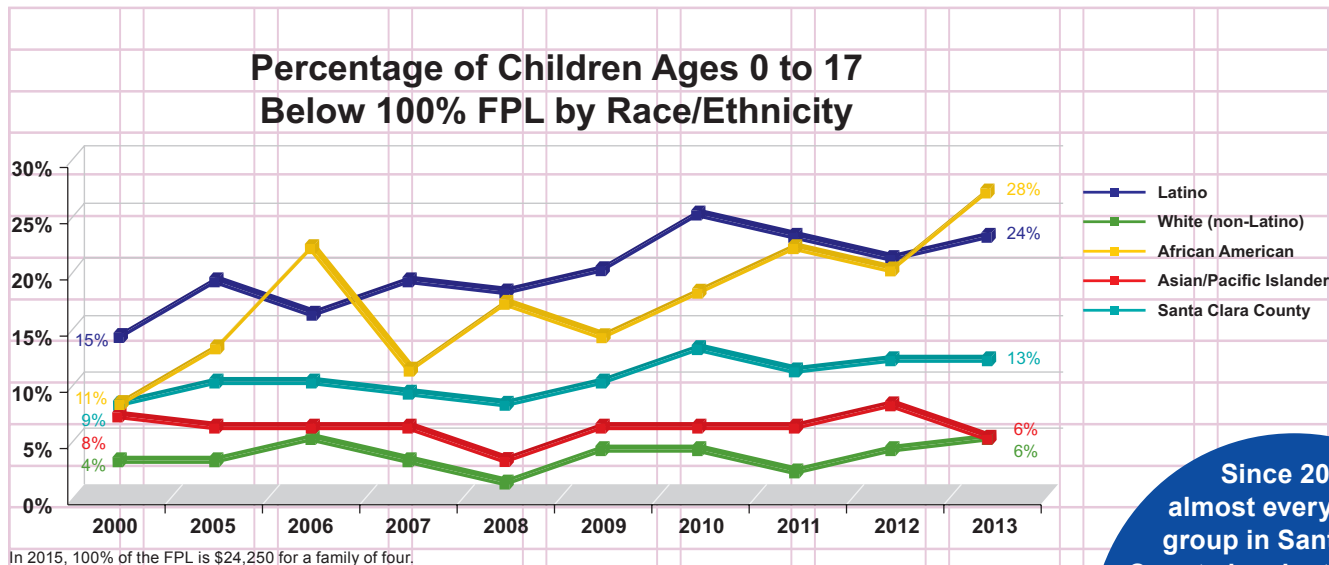
In California's regions with 65,000 residents or more, Santa Clara County has the highest percentage (64.2%) of children living with one or more foreign-born parent.

(Lucile Packard Foundation for Children's Health, kidsdata.org, 2013)

	Santa Clara County	California
Latino	37.1%	51.7%
White (non-Latino)	22.9%	27.0%
African American/Black	2.2%	5.4%
American Indian/Alaska Native	0.2%	0.4%
Asian/Pacific Islander	31.6%	11.1%
Two or More Ethnicities	6.0%	4.5%

Source: Lucile Packard Foundation for Children's Health, kidsdata.org, 2014.

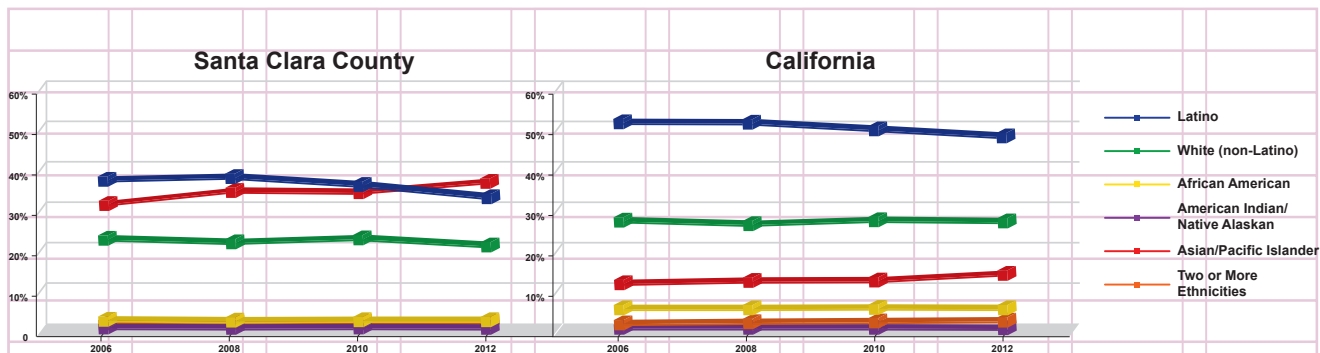
INCOME LEVEL OF CHILDREN (AGES 0-17) IN SANTA CLARA COUNTY AS A PERCENTAGE OF THE FEDERAL POVERTY LEVEL (FPL)



Source: Santa Clara County Public Health Department, 2015; U.S. Census Bureau, 2000 Census;
U.S. Census Bureau, 2005-2013 American Community Survey, 1-Year Estimates

Since 2000, almost every ethnic group in Santa Clara County has lost ground in their economic stability, with each group experiencing an increase in the category of earning less than 100% of the FPL (with the exception of Asians).

BIRTH RATES BY ETHNICITY



Birthrates in Santa Clara County fell from 27.5K in 2007 to 23.6K in 2011, a 14% decrease in births. Twenty-four thousand babies were born in 2012, the first year of increased births since the economic slowdown of 2008.

	Santa Clara County				California			
	2006	2008	2010	2012	2006	2008	2010	2012
Latino	37.0%	37.7%	35.7%	32.6%	52.2%	52.1%	50.4%	48.6%
White (non-Latino)	22.3%	21.4%	22.4%	20.6%	27.4%	26.5%	27.5%	27.2%
African American	2.1%	1.9%	2.0%	2.0%	5.3%	5.3%	5.4%	5.3%
American Indian/Native Alaskan	0.2%	0.1%	0.2%	0.1%	0.4%	0.4%	0.4%	0.3%
Asian/Pacific Islander	30.9%	34.2%	33.9%	36.5%	11.6%	12.2%	12.3%	14.0%
Two or More Ethnicities	1.2%	1.4%	1.6%	1.6%	1.5%	1.8%	2.0%	2.2%

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

SANTA CLARA COUNTY TEEN BIRTH RATES (AGES 15-19)

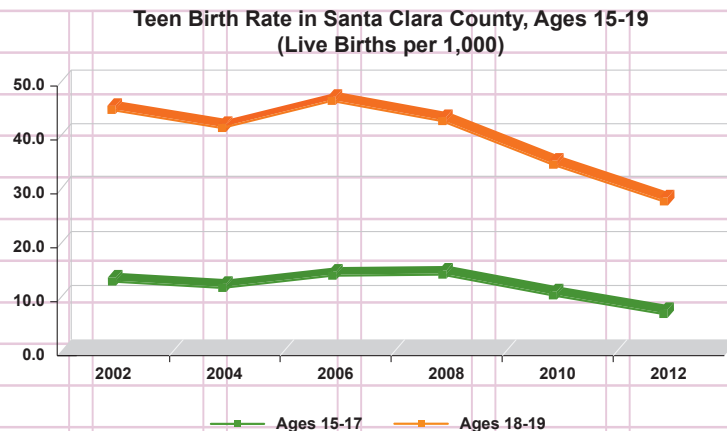
Santa Clara County Teens (Age 15-19)

	Rate per 1,000		
	2007	2010	2012
African American	26.4	21.0	—*
Asian/Pacific Islander	5.1	3.0	2.9
Hispanic/Latina	61.5	45.6	36.9
White (non-Latina)	6.3	5.2	4.6
Multiracial	11.4	11.1	—*

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

*Note: Data suppressed because there were fewer than 20 live births in a given racial/ethnic group.

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



Rate per 1,000 Live Births

	Year					
	2002	2004	2006	2008	2010	2012
Ages 15-17	14.4	13.2	15.5	15.7	11.8	8.3
Ages 18-19	46.4	43.0	48.1	44.3	36.1	29.2

Source: California Department of Public Health, 2002-2012 Vital Statistics.

Over the past decade, Santa Clara County has experienced a 42% drop in teen births for ages 15-17 and a 37% drop for ages 18-19.

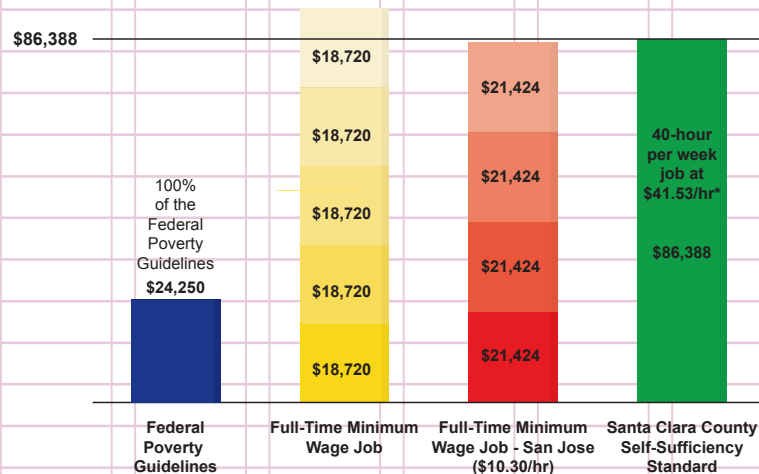
SELF-SUFFICIENCY STANDARD FOR SANTA CLARA COUNTY

The Family Economic Self-Sufficiency Standard (Self-Sufficiency Standard) for California provides a measurement of what it takes to make ends meet in today's economy.

- ◆ 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 2014, an estimated 29.6% of all households in Santa Clara County fell below the Self-Sufficiency Standard.
- ◆ Even with San Jose's minimum wage increase, it still takes 4.03 full-time workers to meet the Santa Clara County Self-Sufficiency Standard.
- ◆ The new California minimum wage increased to \$9/hr in July 2014 and will increase to \$10/hr in January 2016.

SANTA CLARA COUNTY (2014)

Two Adults with Two Children



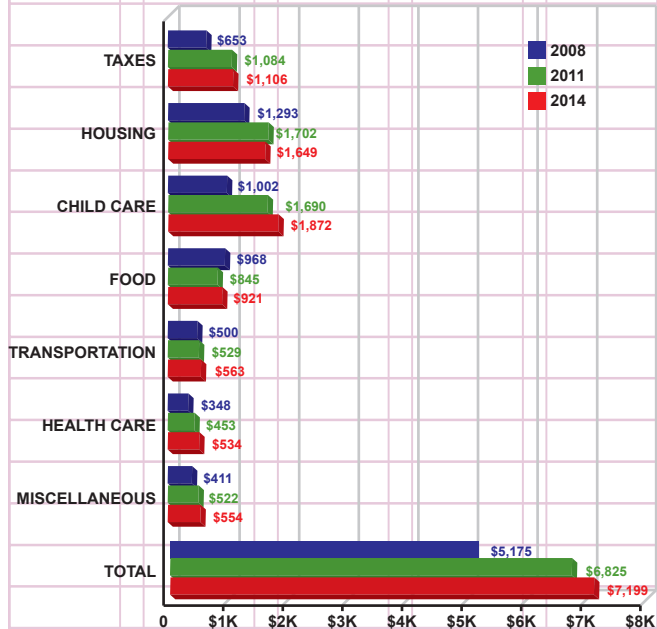
*Note: The Self-Sufficiency Standard includes the net effect of the addition of the Child Care and Child Tax Credits and the subtraction of taxes.

Source: Insight Center for Community Economic Development, 2014.

SELF-SUFFICIENCY STANDARD FOR SANTA CLARA COUNTY

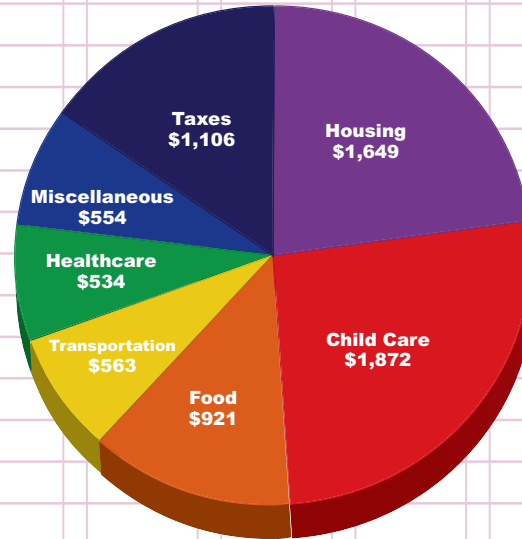
SELF-SUFFICIENCY STANDARD

Basic Monthly Costs for a Two-Parent, Two-Child Family in Santa Clara County, 2008, 2011 and 2014



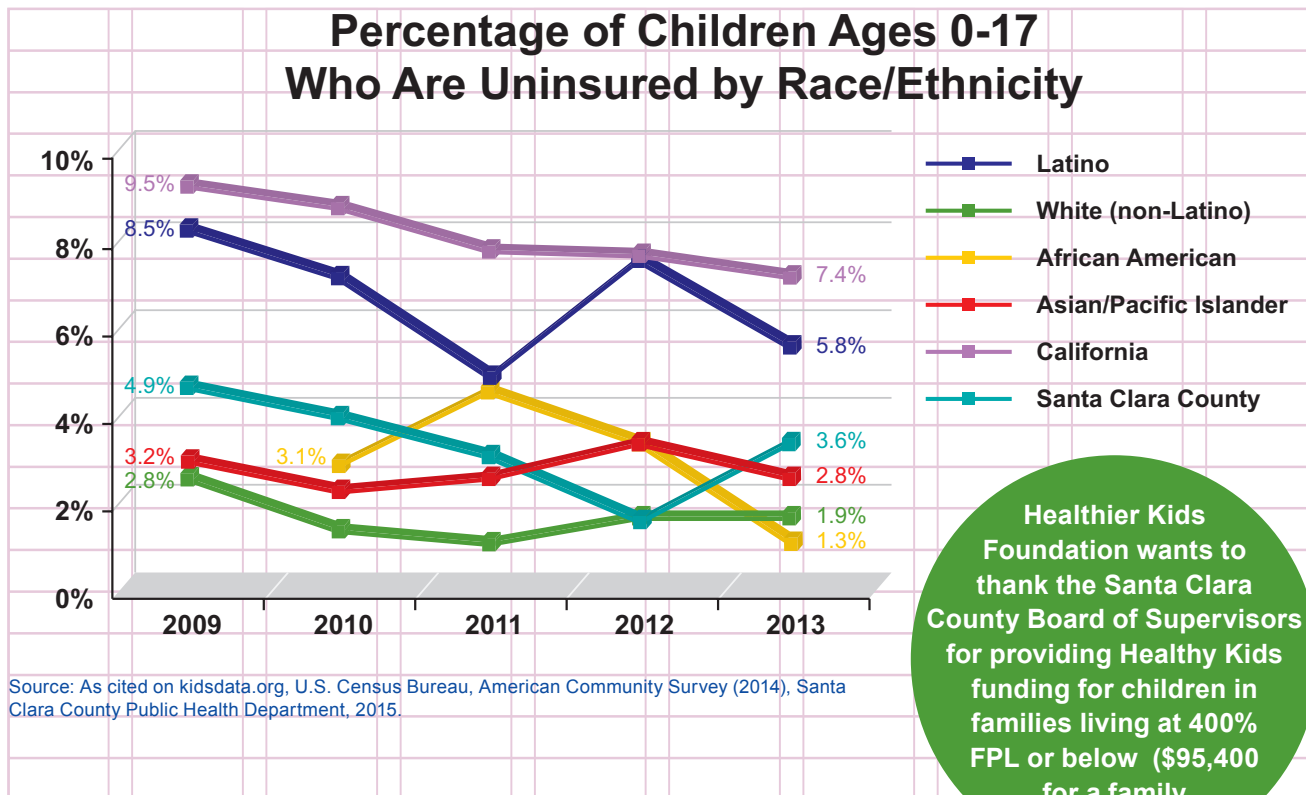
THE SELF-SUFFICIENCY STANDARD

Basic Monthly Costs for a Two-Parent, Two-Child Family in Santa Clara County, 2014



Source: Insight Center for Community Economic Development, 2014.

HEALTH COVERAGE OF CHILDREN (AGES 0-17)

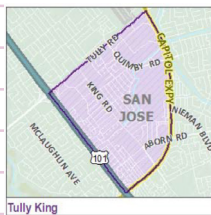


Healthier Kids Foundation wants to thank the Santa Clara County Board of Supervisors for providing Healthy Kids funding for children in families living at 400% FPL or below (\$95,400 for a family of four).

CITY AND SMALL AREA/NEIGHBORHOOD PROFILES

	Tully King	SCC
Population Size	12,985	1,781,642
Race/Ethnicity		
African American	2%	2%
Asian/Pacific Islander	45%	32%
Latino	46%	27%
White	5%	35%
Foreign-Born	53%	37%
Speaks a language other than English at home	79%	51%
Single parent households	15%	7%
Households with Children	50%	38%
Average household size	4.065	2.90
Age Groups		
0-5 years	9%	8%
6-11 years	8%	8%
12-17 years	8%	8%
18-24 years	11%	9%
25-34 years	15%	15%
35-44 years	14%	16%
45-54 years	13%	15%
55-64 years	10%	10%
Ages 65 and older	12%	11%

Sources: U.S. Census Bureau, 2010 Census and 2007-2011 American Community Survey 5-Year Estimates.



The following information is provided by Santa Clara County Public Health and is an example of the demographic information for the Tully and King neighborhood in San Jose for 2014. This data is benchmarked against the overall Santa Clara County demographics.

Affordable, accessible, and nutritious foods

	Tully King	SCC
Households receiving CalFresh benefits	14%	4%
Average distance (miles) to nearest full-service grocery store	0.51	1.11
Average distance (miles) to nearest farmer's market	2.88	2.06
Number of fast food outlets per square mile	10.30	2

Sources: U.S. Census Bureau, 2010 Census and 2007-2011 American Community Survey 5-Year Estimates; Santa Clara County Information Services Department; InfoUSA, March 2012.

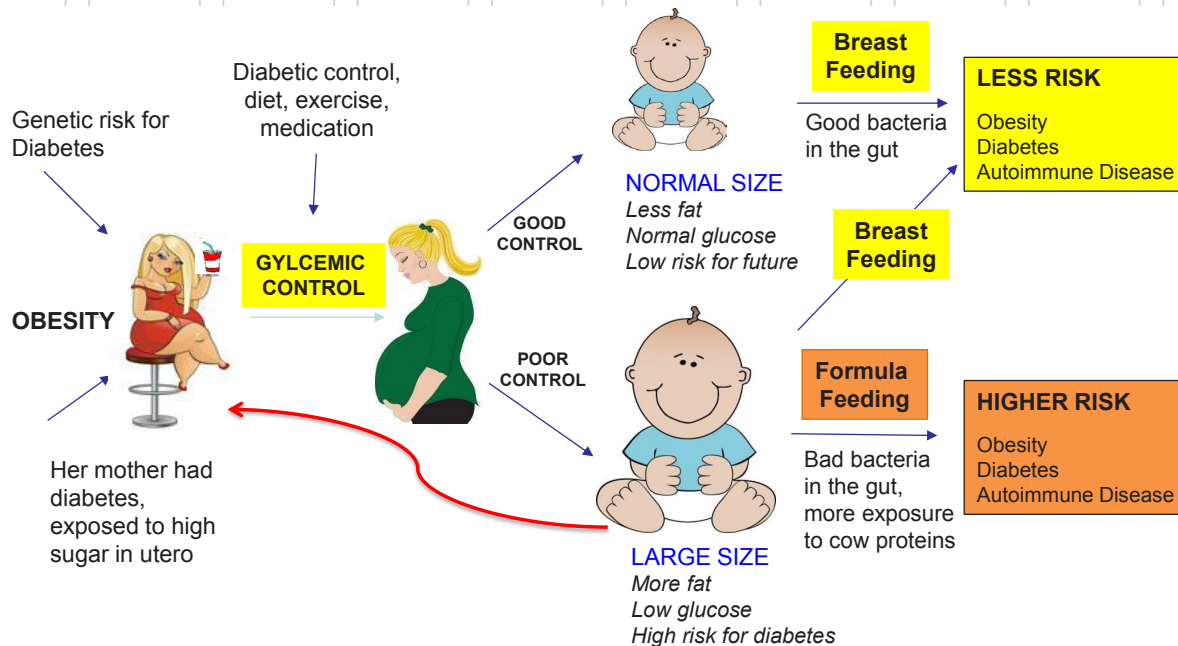
Affordable and high quality housing

	Tully King	SCC
Households with gross rent 30% or more of household income	65%	46%
Overcrowded households	14%	7%
Lives in multi-unit housing	27%	33%

Demographic information pertaining to all cities and city neighborhoods in the Santa Clara County can be found on the Santa Clara County Public Health webpage at <http://www.sccgov.org/sites/scphd/en-us/Partners/Data/Pages/City-Profiles.aspx>.

Sources: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates.

Impact of Maternal Diabetes and Breastfeeding on the Health of Future Generation

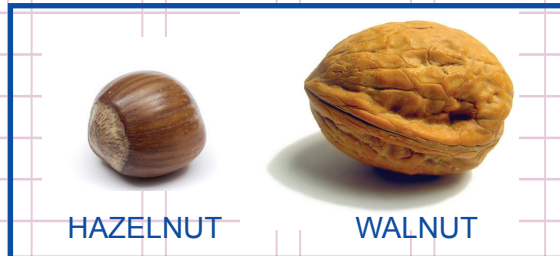


Source: Santa Clara Valley Medical Center, Balaji Govindaswami, M.D., M.P.H., 2015.

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, then 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, 2014.

Breastfeeding Benefits

- ◆ The cells, hormones, and antibodies in breastmilk protect babies from illness. Research suggests that breastfed babies have lower risks of asthma, childhood obesity, ear infections, type 2 diabetes, and lower respiratory infections.
- ◆ For most babies, especially premature babies, breastmilk substitutes like formula are harder to digest than breastmilk.
- ◆ Formula and feeding supplies can cost well over \$1,500 each year. Breastfed babies may also be sick less often, which can help keep your baby's health costs lower.
- ◆ Recent research shows that if 90% of families breastfed exclusively for 6 months, nearly 1,000 deaths among infants could be prevented- saving the U.S. \$2.2 billion per year in medical care costs.

MENTAL HEALTH

Santa Clara County's Mental Health Department's Family & Children's Division served 9,583 children in fiscal year 2013. On average, a child received 9.7 hours per month.

Through Santa Clara County's Mental Health Department, Latino children were the largest ethnic group to have received mental health services (63%) in fiscal year 2013.

Ethnicity	Children Served	% of Total Served
Latino	6,047	63.1%
White	1,416	14.8%
Asian/Pacific Islander	820	8.6%
African American	540	5.6%
American Indian	85	0.9%
Multi-Ethnic	14	0.1%
Other	661	6.9%
Total	9,583	100.0%

Gender	Children Served	% of Total Served
Female	3,921	40.9%
Male	5,662	59.1%
Total	9,583	100.0%

Source: Santa Clara County Mental Health Department, 2013.

The issue of access to dental services remains a critical issue for low-income children in Santa Clara County. Despite almost 95% of the children in Santa Clara County having medical coverage, **12.8% of children do not have dental coverage.**

Santa Clara County Dental Society (SCCDS) Outcome of Give Kids a Smile Program (GKAS)

	Total Students	#1 No Visible Caries	#2 Visible Caries	#3 Severe Caries
2015 Total	8,352	6,165	1,722	465
2015 Percentage	100%	73.8%	20.6%	5.6%
2013 Total	6,291	4,737	1,307	247
2013 Percentage	100%	75%	21%	4%
2012 Total	9,373	6,967	1,877	529
2012 Percentage	100%	74%	20%	6%
2011 Total	8,095	5,299	2,308	488
2011 Percentage	100%	65%	29%	6%

Each February, SCCDS screens school-aged children for dental issues as part of the national GKAS program.

Note: Caries refers to any tooth decay.

Length of Time Since Child's (Ages 2-17) Last Dental Visit (2011-2012)

Length of Time Since Last Dental Visit	Santa Clara County		California	
	Ages 2-11	Ages 12-17	Ages 2-11	Ages 12-17
Less than 6 months ago	76.8%	89.4%	72.9%	77.7%
6 to 12 months ago	11.8%	8.5%	12.9%	13.3%
More than 12 months ago	3.6%	2.1%	3.9%	7.6%
Never had a dental visit	7.8%	*	10.3%	1.4%

* LNE (Low Number Events) refers to data that have been suppressed because there were fewer than 50 unweighted cases in the denominator, or if the weighted estimate (the estimated number of children) was less than 500.

Source: California Health Interview Survey, 2013; Kidsdata.org, 2013.

Wide disparities exist by income, race, and other socioeconomic factors, with the result that 80% of early childhood cavities are concentrated in just 25% of all children.

ORAL HEALTH GUIDELINE

According to the American Academy of Pediatric Dentistry, pregnant women and children should use the following recommendations as an oral health guideline:

Recommendations

Prenatal	Have an oral evaluation, be counseled on proper oral hygiene, and be referred for preventive and therapeutic oral health care.
	Use xylitol gum at least 2 to 3 times per day, evidence significantly decreases the future child's caries rate.
Newborns	As soon as first tooth erupts, brush twice daily with small soft brush. For children at moderate to high risk of caries, use a smear of fluoridated toothpaste. Begin flossing when adjacent tooth surfaces cannot be cleansed with a toothbrush.
Child's First Dental Visit	First visit by first birthday, within 6 months of eruption of first tooth and no later than 12 months of age.
Professional Application of Topical Fluoride	For children at moderate caries risk, apply once every 6 months; for children at high risk, apply once every 3 to 6 months.
Primary Teeth	Apply sealants on pits and fissures. For caries-susceptible primary molars, place as soon as possible after eruption.
Permanent Teeth	Apply sealants on pits and fissures. For permanent molars, premolars, and anterior teeth with deep pits and fissures, place as soon as possible after eruption.

Sources: (1) American Academy of Pediatric Dentistry, 2009, 2011, and 2012; and (2) U.S. Department of Health and Human Services, 2000.

**Contrary
to common
perception, dental
caries - the condition
which causes tooth
decay and cavities
- is a transmittable
disease.**

Vision impairment is the most common disability among U.S. children.

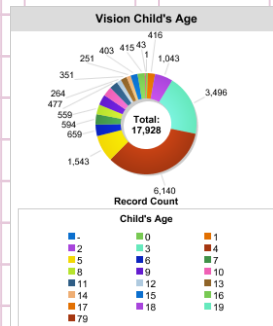
- ◆ Approximately 80% of children's learning is visual.
- ◆ An estimated 5 to 10% of preschool-aged children suffer from some form of visual impairment.
- ◆ About 25% of students in grades K-6 suffer from vision problems serious enough to impede their capacity to learn.
- ◆ An estimated 80% of children with a learning disability have an undiagnosed vision problem.
- ◆ An estimated 70% of at-risk youth involved in the juvenile justice system have a vision problem.



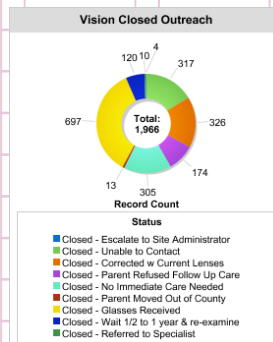
In the last two years, Healthier Kids Foundation has vision screened over 17,500 children. Twelve percent of children have had a referral rate for further optometry testing and we have helped to put over 670 children in glasses.



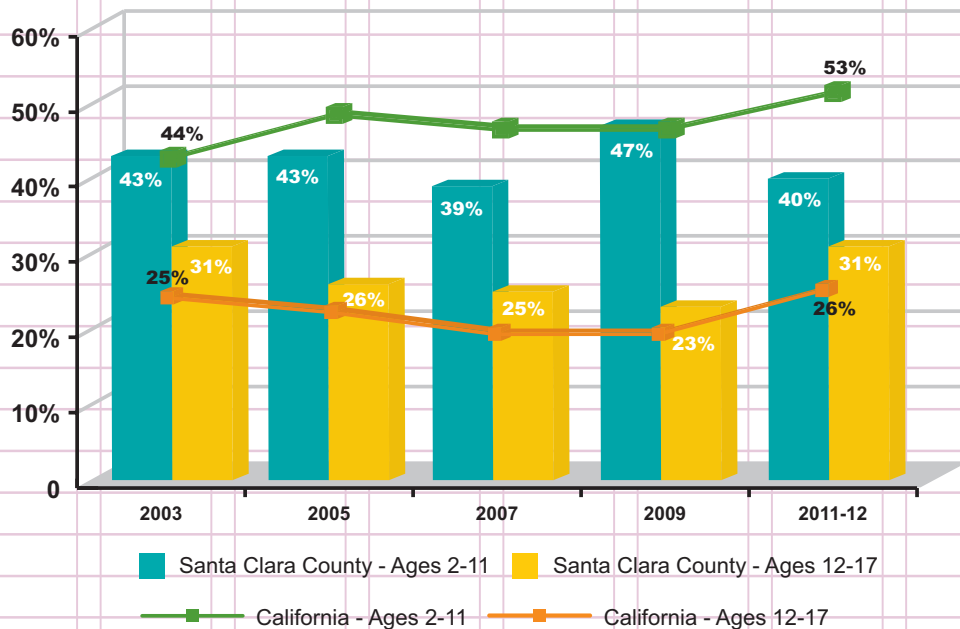
Example: Case Status by Age



Example: Outcome Of Eye Exam



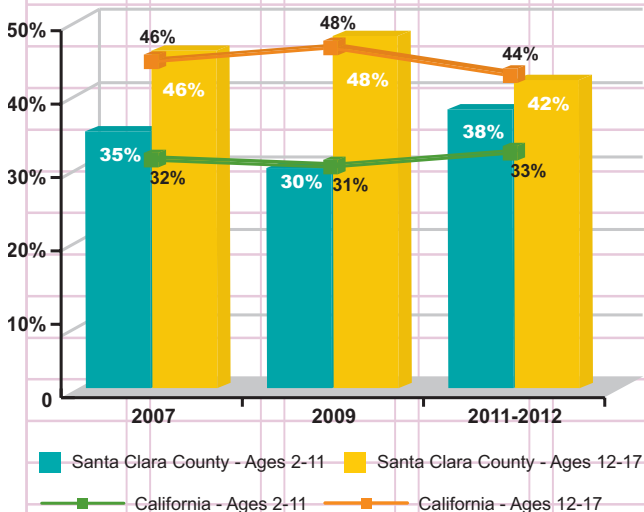
Percentage of Children (Ages 2-11, 12-17) Who Ate 5 or More Servings of Fruits and Vegetables Per Day



Source: Kidsdata.org, 2013; Santa Clara County Public Health Department, 2015; UCLA Center for Health Policy Research, California Health Interview Survey, 2013.

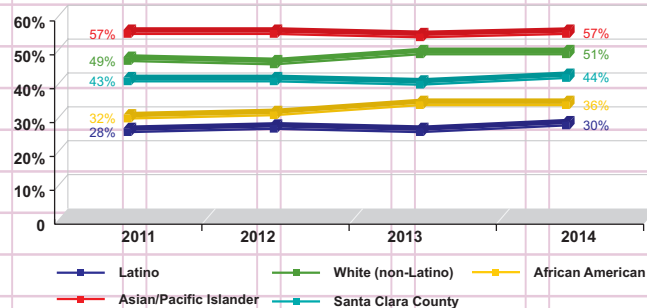
Proper nutrition is key to promote healthy growth and development in children and teens. Eating fruits and vegetables can help to prevent high cholesterol and high blood pressure as well as reduce the risk of developing cancer, heart disease, dental cavities, obesity, and diabetes.

Percentage of Children (Ages 2-11, 12-17) Who Ate Fast Food Two or More Times in the Past Week



Source: Kidsdata.org, 2013; Santa Clara County Public Health Department, 2015; UCLA Center for Health Policy Research, California Health Interview Survey, 2013.

Percentage of 5th, 7th, and 9th Graders Meeting All Fitness Standards by Race/Ethnicity



Source: As cited on kidsdata.org, California Dept. of Education, Physical Fitness Testing Research Files 2015; Santa Clara County Public Health Department, 2015.

Physical activity is also essential for children of all ages, and regularly eating junk food does not provide the necessary nutrients children need for sufficient energy to engage in physical activity. A lack of physical activity is harmful to physical and mental well-being and may also exclude a child from critical social development. (Women and Children's Health Network)

10 STEPS TO A HEALTHIER YOU

Santa Clara Valley Medical Center's Pediatric Healthy Lifestyle Center (PHLC) is a medical clinic that provides family-centered, community-linked preventative health care, lifestyle management, and medical intervention to children and youth at risk for Type 2 diabetes and other lifestyle-related conditions. PHLC's 10 Steps to a Healthier You includes the following evidence-based healthy lifestyle recommendations:

1. Eat 2 fruits and 2 cups of vegetables every day.
2. Drink water instead of soda or other sweet drinks.
3. Eat fruit instead of drinking juice.
4. Choose a healthy, natural snack (fruit is best) instead of packaged snacks.
5. For children older than 2 years of age, drink low-fat (1%) or non-fat (skim) milk.
6. Eat family meals at regular times.
7. Eat three meals a day (breakfast is especially important!).
8. Be active/play outside at least 1 hour every day (more is better!).
9. Choose only one TV program (or none) per day.
10. Get enough sleep.



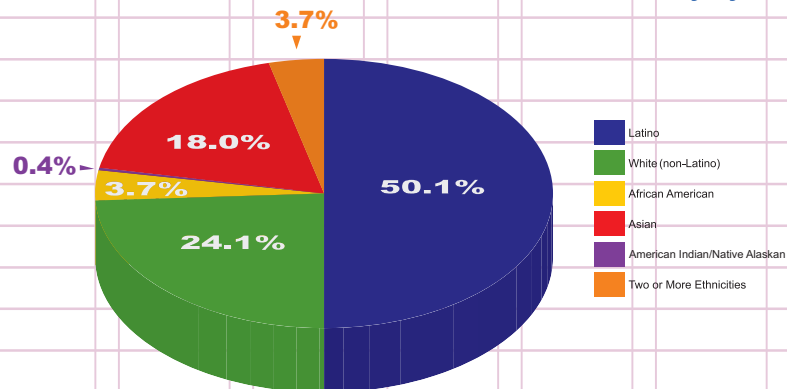
For more information on the PHLC and/or 10 Steps to a Healthier You, please contact us at 855.344.6347 or 10steps@hkidsf.org.

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	50.1%	39.2%	54.6%	53.3%
White (non-Latino)	24.1%	21.4%	26.2%	24.9%
African American	3.7%	2.3%	9.4%	6.2%
American Indian/Native Alaskan	0.4%	0.4%	0.7%	0.6%
Asian	18.0%	32.5%	6.1%	11.7%
Two or More Ethnicities	3.7%	3.7%	2.9%	2.7%

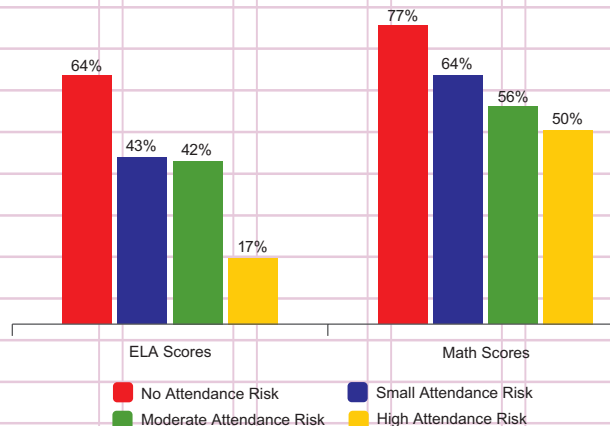
*Note: Developmental disabilities include autism, attention deficit hyperactivity disorder, and other developmental delays.

**Note: "Special Education" includes ages 0-17. "All Students" includes ages 0-18.

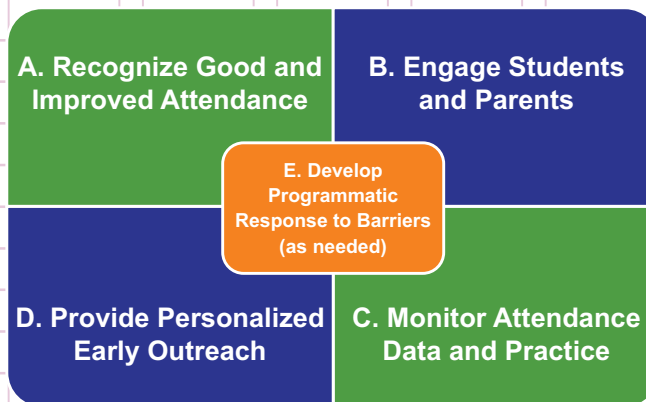
Source: California Department of Education, 2013-2014.

HEALTH TO EDUCATION

Attendance Risk and Students Who Are Proficient or Advanced in Third Grade



Strategies for Schools to Improve Attendance



Source: Attendance Works and Applied Survey Research, 2014.

- ◆ The figure above shows the correlation between attendance and third grade student's proficiency in English Language Arts (ELA) and math scores.
- ◆ High risk is defined as missing 10% or more of school in both kindergarten and first grade. Moderate attendance risk is defined as missing 5-9% in one year and 10% in another, while satisfactory is defined as missing less than 5% of school.

Source: Attendance Works and Applied Survey Research, 2011; Kids in Common, 2015.

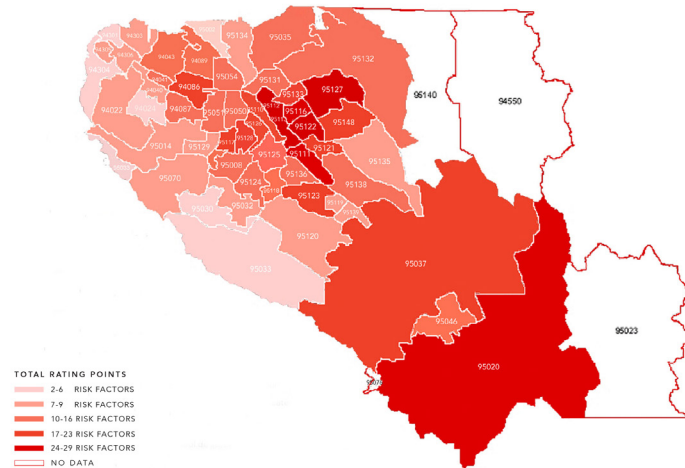
FIRST 5 SANTA CLARA COUNTY

FIRST 5 Santa Clara County's mission is to support the healthy development of children prenatal through age five and enrich the lives of their families and communities.

Children in Santa Clara County who face the greatest risk of poor developmental outcomes live in the following six zip codes: 95020, 95111, 95122, 95116, 95112 and 95127. The following graph displays the areas where there is a greater cumulative risk in dark red. Risk factor ratings within the zip code areas were developed based on the following:

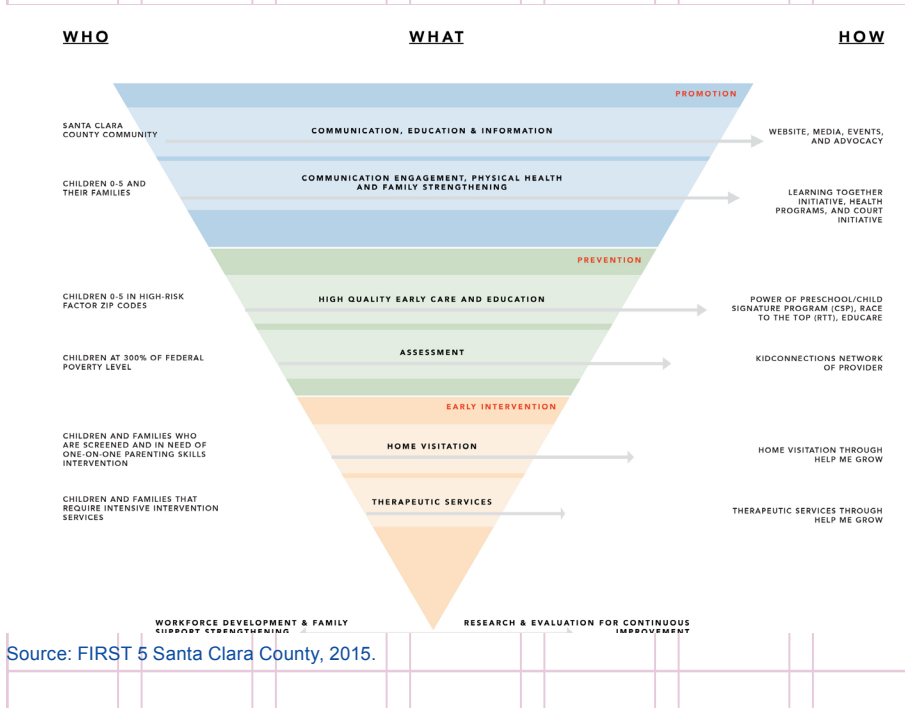
- ◆ Mother with no high school degree;
- ◆ Teenage mother;
- ◆ Low birth weight;
- ◆ Late entry to prenatal care;
- ◆ Substantiated child abuse reports;
- ◆ Domestic violence involving children;
- ◆ Medi-Cal; and
- ◆ Elevated blood levels.

Source: FIRST 5 Santa Clara County, 2015.



FIRST 5 SANTA CLARA COUNTY

System of Care Service Delivery System



Source: FIRST 5 Santa Clara County, 2015.

To aide in supporting areas with a higher cumulative risk, FIRST 5 Santa Clara County has devised a comprehensive SYSTEM OF CARE, a holistic approach to strengthen families, communities and systems. This process integrates services across three tiers: promotion, prevention, and early intervention. FIRST 5 is then able to focus on providing intensive, tailored services to children and families in the highest areas of need. The 2015-2018 strategic plan reflects the Strengthening Families approach and the Five Protective Factors framework.

HEALTHIER KIDS FOUNDATION

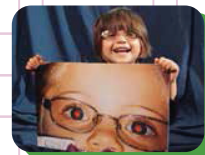
Baby Gateway

Enrolls newborns into Medi-Cal, ensures they secure a medical home, and provides parenting and health resources before being discharged from the hospital



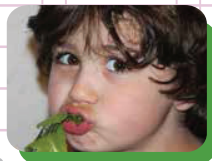
DentalFirst

Screens children for undetected dental issues and assists them with accessing follow-up dental care



VisionFirst

Using a high-tech, photo optic scan camera, this program screens children for undetected vision issues and assists them with accessing follow-up vision services and prescribed treatment



10 Steps to a Healthier You

A free, three-class series for parents that focuses on integrating healthy lifestyles within their homes to prevent or reduce childhood and adolescent obesity

Class 1: 10 Steps to a Healthier You!
Class 2: Structure and Routines
Class 3: 5 Keys to Raising a Healthy, Happy Eater

Community Outreach, Prevention, and Education (COPE)

Identifies uninsured children and assists their parents in obtaining subsidized health coverage



HearingFirst

Using the AuDX Pro OEA screening device, this program screens children for undetected hearing issues and assists them with obtaining hearing services and receiving treatment



PROGRAM CONTACT INFORMATION

For more information regarding Healthier Kids Foundation programs, please contact us at:

10 STEPS

855.344.6347 or 10steps@hkidsf.org

BABY GATEWAY

408.564.5114 x203 or baby@hkidsf.org

COMMUNITY OUTREACH

408.564.5114 x203 or cope@hkidsf.org

DENTALFIRST

408.564.5114 x206 or dentalfirst@hkidsf.org

HEARINGFIRST

408.564.5114 x206 or hearingfirst@hkidsf.org

VISIONFIRST

408.564.5114 x206 or visionfirst@hkidsf.org



CONCLUSION

Our Fifth Annual Symposium on the Status on Children's Health continues to be an opportunity to raise awareness of the importance of the health of our children and the critical health needs that still need to be addressed. The intent of the Symposium is to facilitate conversations that need to happen so that we, as a collective and diverse community, can build strong, effective frameworks for addressing the health deficiencies among our children.

These programs in the community, are working diligently to address the many health issues affecting the children in our community. Now, let's all collaborate to create a healthier community for our children!

For more information regarding our Fifth Annual Symposium presentations, please visit our website at www.hkidsf.org/content/symposium.

Fifth Annual Symposium Speakers

Presenter	Presentation Topic	E-mail Address
Dianna J. Ballesteros, Ed.D., Executive Director of St. Elizabeth's Day Home	<i>Health in Action Testimonials</i>	dianna@sedh.org
Dave Cortese, Santa Clara County Board of Supervisors President	<i>Welcome</i>	Dave.Cortese@bos.sccgov.org
Balaji Govindaswami, M.D., Chief, Newborn Medicine, SCVMC	<i>Leading Causes of Infant Mortality & Morbidity</i>	Balaji.Govindaswami@hhs.sccgov.org
Cayce Hill, Veggielution	<i>Veggielution Presentation</i>	cayceh@veggielution.org
Kathleen King, CEO of Healthier Kids Foundation	<i>Welcome and Program Update and Overview of At a Glance, Fifth Edition</i>	Kathleen@hkidsf.org
Robert J. Lustig, M.D., M.S.L., Professor of Pediatrics in the Division of Endocrinology, and Member of the Institute of Health Policy Studies at UCSF	<i>The Sugar Pandemic: Policy vs. Politics</i>	rlustigmd@earthlink.net
Lisa Noon, Go Noodle Representative	<i>Go Noodle Activity</i>	lisa.noon@gonoodle.com
Anisha Patel, Assistant Professor, Division of General Pediatrics, UCSF	<i>Importance of Water & Hydration Stations</i>	Anisha.Patel@ucsf.org
Jessica Ray, D.D.S.	<i>Children's Dental Group</i>	drjessicaray@comcast.net
Jolene Smith, CEO of FIRST 5 Santa Clara County	<i>Introduction of Keynote Speaker</i>	Joelene@FIRST5.org

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