

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](http://www.hkidsf.org)



**2013**

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

**Keynote Speaker: Stephen Black**  
Director, University of Alabama Center for Ethics  
President/Founder, Impact Alabama

# CONTENTS

<b>WELCOME.....</b>	<b>1</b>
<b>SPECIAL ACKNOWLEDGEMENT .....</b>	<b>2</b>
<b>OUR CHILDREN</b>	
Children by City .....	3
Ethnicity of Children .....	4
Income Level of Families.....	5
Birth Rates.....	6
<b>SELF-SUFFICIENCY STANDARD .....</b>	<b>8</b>
<b>HEALTH COVERAGE</b>	
Health Coverage .....	10
Enrollment .....	13
Mathematica Findings .....	15
Income Eligibility Chart.....	16
<b>MEDICAL</b>	
Prenatal Health.....	17
Infant Health .....	19
Asthma .....	21

<b>MENTAL HEALTH .....</b>	<b>22</b>
<b>ORAL HEALTH</b>	
Oral Health .....	23
Fluoridation.....	25
<b>VISION HEALTH</b>	
Vision Health .....	26
FocusFirst.....	27
<b>HEALTHY LIFESTYLES</b>	
Obesity .....	28
Diabetes .....	29
10 Steps to a Healthier You.....	30
<b>HEALTH AND EDUCATION</b>	
Special Education.....	31
Health to Education .....	32
School Linked Services.....	33
<b>FIRST 5 Santa Clara County.....</b>	<b>34</b>
<b>CONCLUSION .....</b>	<b>36</b>

# Message from the Chief Executive Officer

Dear Friends of Healthier Kids Foundation Santa Clara County,

What will the Affordable Care Act do for Santa Clara County in the next decade? My hope is that it will formalize much of what we have already done for children.

Healthier Kids Foundation Santa Clara County has made significant strides in our goal of providing universal health coverage to children. We have spent more than a decade advancing the Healthy Kids program and the Children's Health Initiative, which together have significantly expanded children's health coverage. The children in Santa Clara County now have the highest rate of health coverage of California's 58 counties.

The recent success of Measure A underscores the broad support that exists across our community to ensure that all children have access to the basic need of health care services.

Is our work done? No. Will our focus change? Yes. We will focus on a "HEALTHIER EARLIER" strategy, taking all that we have learned and accomplished so we can move forward with developing and implementing health prevention strategies for the children in our county.



## KEYNOTE SPEAKER: STEPHEN BLACK

Stephen Black, grandson of U.S. Supreme Court Justice Hugo L. Black, grew up in New Mexico after most of his family left Alabama in the 1950s and 60s following his grandfather's role in controversial Civil Rights decisions, including Brown v. Board of Education.

Black received his bachelor's degree from the University of Pennsylvania and his Juris Doctorate from Yale Law School in 1997. After three years practicing law, Black turned his focus to founding and leading the Center for Ethics and Social Responsibility at the University of Alabama, as well as a statewide organization housed at the Center called Impact Alabama. Impact is a nationally unique nonprofit with a staff of 30 full-time college graduates who have provided more than 3,000 college students the opportunity to participate in structured service projects, including FocusFirst, designed to promote learning and leadership development.

# SPECIAL ACKNOWLEDGEMENT

Healthier Kids Foundation Santa Clara County's Third Annual Symposium on the Status on Children's Health in Santa Clara County focuses on four specific areas of children's health - dental services, healthy lifestyles, mental health, and vision services. The purpose of this year's Symposium is to raise awareness of the importance of children's health and provide a benchmark for our community. The intent is that our symposium will help to provide valuable knowledge that our community will be able to use as they develop frameworks to increase the health and well-being of all children in Santa Clara County over the next few years.

**We would like to thank the sponsors of this year's Symposium. It is only with their support that this Symposium is possible.**



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# Our Children CHILDREN BY CITY

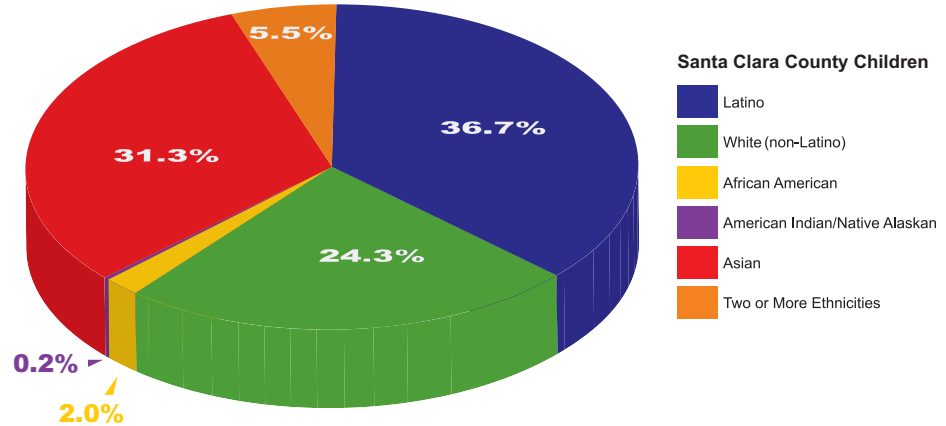
**W**ith almost 1.8 million residents, Santa Clara County's child population continues to grow at a rate of 3%, while the state's child population remains stagnant.

- ◆ 15,308 children (or 7% of children) under 399% of the Federal Poverty Level (FPL) in Santa Clara County are uninsured.
- ◆ 8% of children living under 138% of the FPL in the county are uninsured.
- ◆ San Jose has the highest number of uninsured children under 399% of the FPL (10,200) followed by Sunnyvale, (1,180), Gilroy (747), and Santa Clara (548).

City	Children (0-18)	Percentage of Children	Uninsured Under 399% FPL	
			Number	Percent
Campbell	8,666	22%	127	3%
Cupertino	16,708	29%	117	4%
Gilroy	15,679	32%	747	8%
Los Altos	7,803	27%	17	2%
Los Altos Hills	1,893	24%	-	-
Los Gatos	6,876	23%	46	4%
Milpitas	16,154	24%	317	4%
Monte Sereno	857	26%	-	-
Morgan Hill	11,401	30%	516	11%
Mountain View	15,243	21%	255	4%
Palo Alto	15,629	24%	194	6%
San Jose	247,308	26%	10,200	7%
Santa Clara	26,320	23%	548	4%
Saratoga	7,467	25%	15	2%
Sunnyvale	32,611	23%	1,180	9%
Unincorporated	21,461	24%	-	-
TOTAL	452,076	25%	15,308	7%

Sources: U.S. Census Bureau, 2010 Census; and (2) U.S. Census Bureau, 2009-2011 American Community Survey 3-Year Estimates.

# ETHNICITY OF CHILDREN (AGES 0-18)

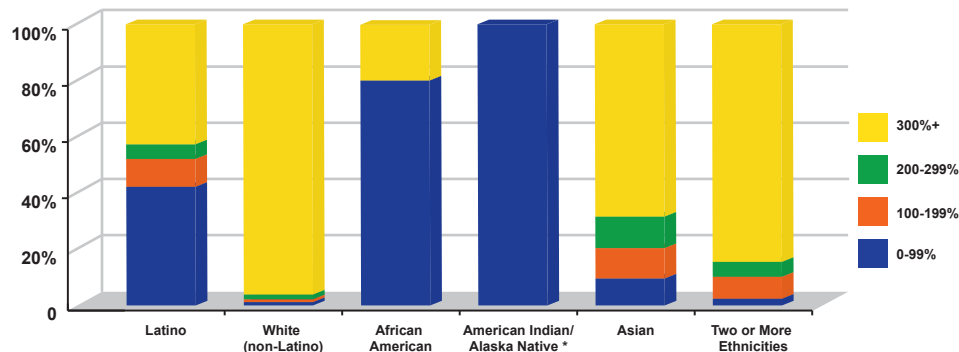


Nationally, minorities accounted for 92% of the 9.7% population growth over the past decade from 282 million to 309 million. (2010 U.S. Census Bureau)

	Santa Clara County	California
Latino	36.7%	51.6%
White (non-Latino)	24.3%	27.3%
African American	2.0%	5.7%
American Indian/Native Alaskan	0.2%	0.4%
Asian	31.3%	11.2%
Two or More Ethnicities	5.5%	3.8%

Source: California Department of Finance, 2012.

# 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)

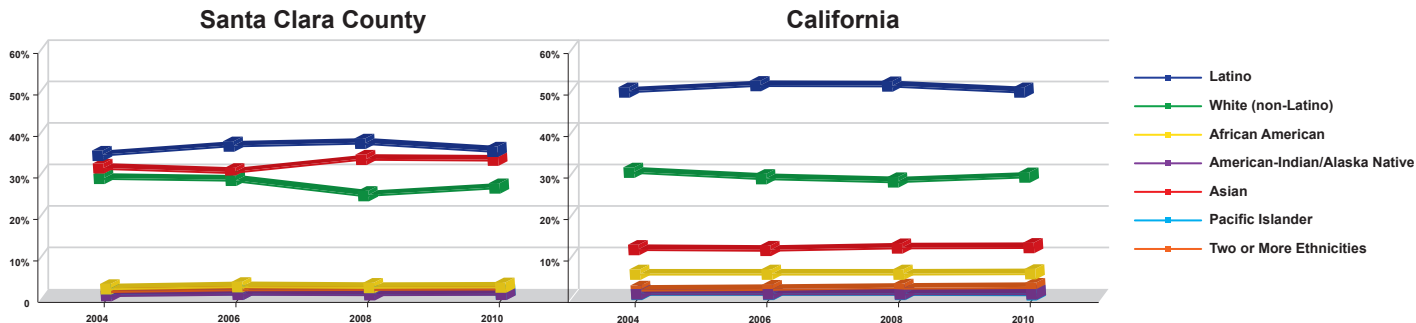
	0-99%	100-199%	200-299%	300%+
<b>Latino</b>	42.2%	9.9%	5.2%	42.7%
<b>White (non-Latino)</b>	1.2%	1.0%	1.7%	96.1%
<b>African American</b>	80.0%	0.0%	0.0%	19.8%
<b>American Indian/Alaska Native *</b>	100.0%	0.0%	0.0%	0.0%
<b>Asian</b>	9.6%	10.8%	11.2%	68.4%
<b>Two or More Ethnicities</b>	2.4%	7.8%	5.3%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

**R**esearch 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.
- ◆ Are more likely to have fewer parenting skills than adult women.

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.
- ◆ Children are more likely to become teen parents themselves.

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

In 2010, among 364,859 U.S. births to teens aged 15-19 years, 66,761 (18.3%) represented teen repeat births, with the highest prevalence among American Indian/Alaska Natives (21.6%), followed by Hispanics (20.9%), non-Hispanic blacks (20.4%), Asian or Pacific Islanders (17.6%), and non-Hispanic whites (14.8%). The vast majority (85.7%) of repeat births were for a second child, but some teens (12.6%) were giving birth to a third child.

Source: Center for Disease Control and Prevention, 2013.

## Santa Clara County Teens

	Rate per 1,000		
	2007	2010	% Change
Latina	62.1	43.1	-30.6%
White (non-Latina)	5.2	4.1	-21.2%
African American	26.4	21.0	-19.50%
Asian	4.8	3.1	-35.4%
Two or More Ethnicities	11.5	12.3	7.0%
Overall	25.0	19.5	-22.0%

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

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

# SELF-SUFFICIENCY STANDARD FOR SANTA CLARA COUNTY

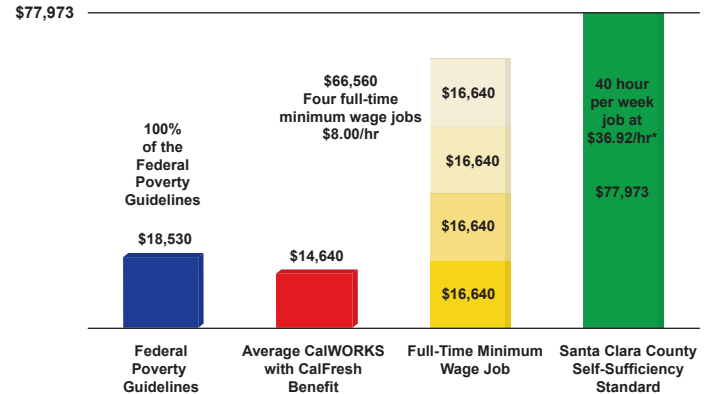
In order to develop effective public policy that supports working families; policymakers, advocates, and service providers need an accurate measurement of what it takes to make ends meet in today's economy. The Family Economic Self-Sufficiency Standard (Self-Sufficiency Standard) for California provides 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.
- ◆ In 2010, 31% of jobs in Silicon Valley paid \$16 per hour or less.

Source: Working Partnerships USA, 2012.

## SANTA CLARA COUNTY (2011)

One Adult with One Preschooler and One School-Age Child



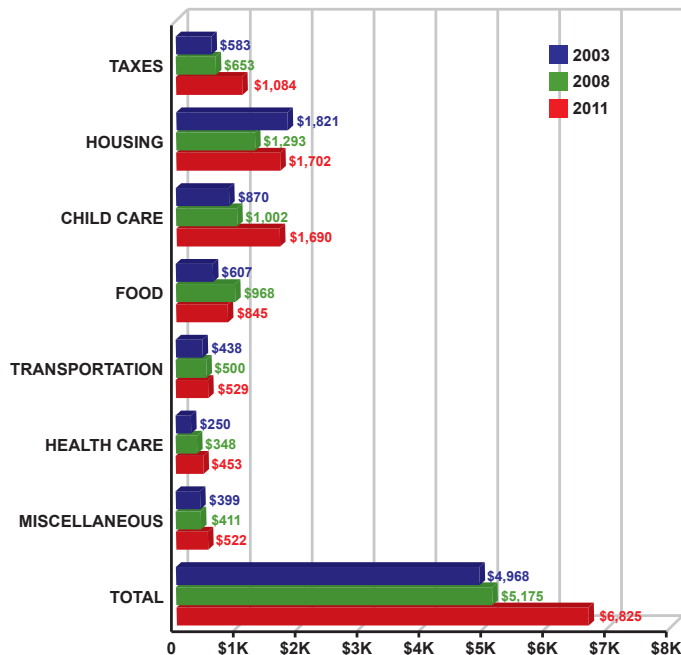
\*Note the Self-Sufficiency Standard includes the net effect of the addition of the Child Care and Child Tax Credits and the subtraction of taxes.

Source: Insight Center for Community Economic Development, 2012.

# SELF-SUFFICIENCY STANDARD FOR SANTA CLARA COUNTY

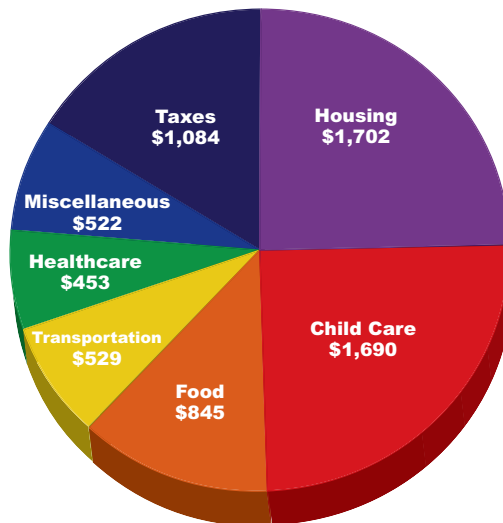
## SELF-SUFFICIENCY STANDARD

Basic Monthly Costs for a Two-Parent, Two-Child Family  
in Santa Clara County, 2003, 2008 and 2011



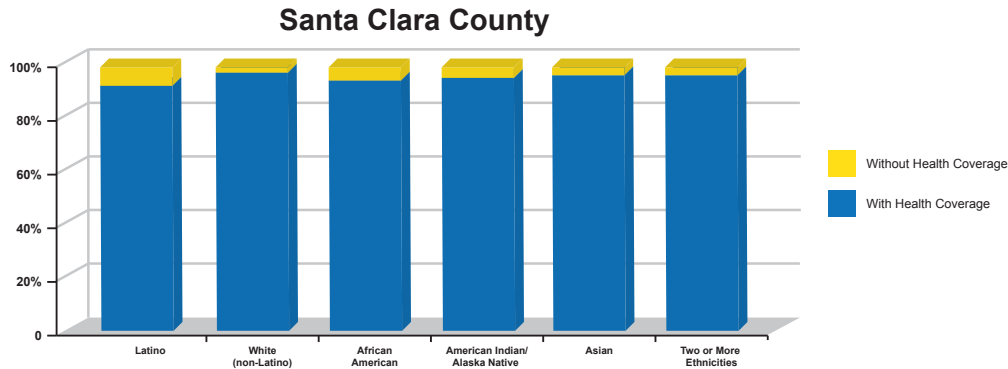
## THE SELF-SUFFICIENCY STANDARD

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



Sources: Life in the Valley Economy Silicon Valley Progress Reports 2007, 2008, 2010, and 2012, Working Partnerships USA.

# HEALTH COVERAGE OF CHILDREN (AGES 0-17)



According to the 2010 U.S. Census Bureau, Santa Clara County had the highest rate of insured children among California's 58 counties.

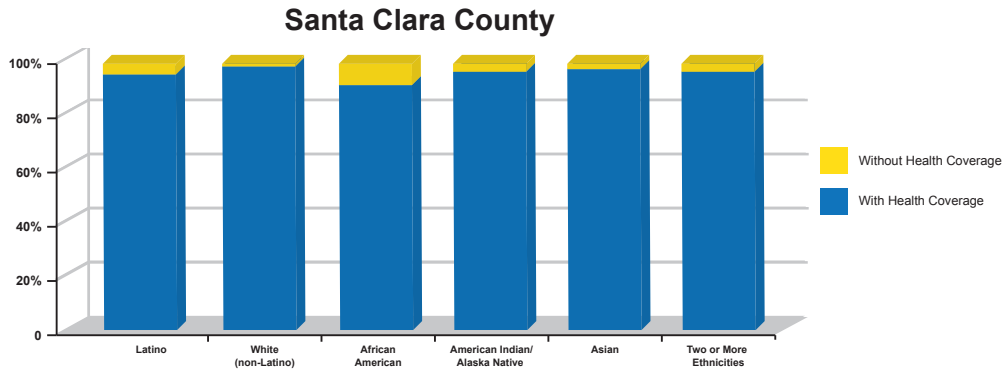
Based on a study released in 2009 of 23 million hospital records, a sick child without health coverage is 60% more likely to die than a sick child with health coverage.

(Study conducted by John Hopkins Children's Center)

	Santa Clara County	California
Latino	93%	88%
White (non-Latino)	98%	95%
African American	95%	94%
American Indian/Alaska Native	96%	88%
Asian	97%	93%
Two or More Ethnicities	97%	95%

Source: U.S. Census Bureau, 2009-2011 American Community Survey 3-Year Estimates.

# HEALTH COVERAGE OF CHILDREN (AGES 0-5)

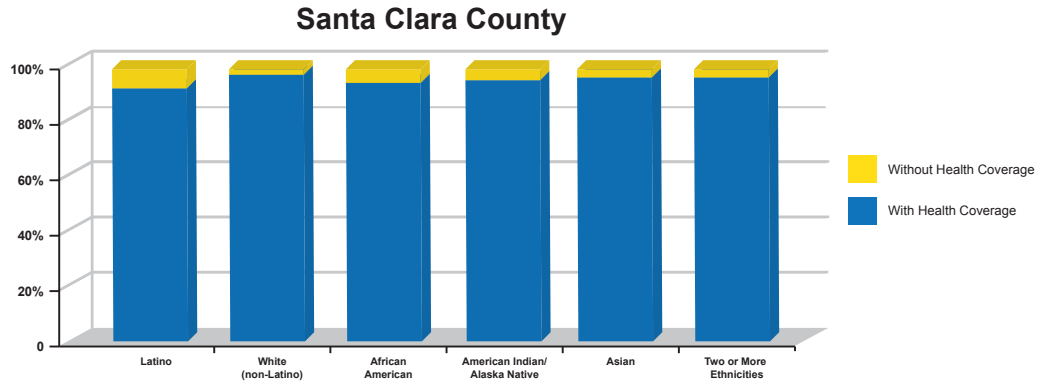


Santa Clara Family Health Foundation wants to thank FIRST 5 Santa Clara County for providing funding to cover all children ages 0-5 enrolled in Healthy Kids.

	Santa Clara County	California
Latino	96%	92%
White (non-Latino)	99%	96%
African American	92%	94%
American Indian/Alaska Native	97%	90%
Asian	98%	95%
Two or More Ethnicities	97%	96%

Source: U.S. Census Bureau, 2009-2011 American Community Survey 3-Year Estimates.

# HEALTH COVERAGE OF CHILDREN (AGES 6-17)



	Santa Clara County	California
Latino	91%	86%
White (non-Latino)	98%	95%
African American	96%	93%
American Indian/Alaska Native	96%	87%
Asian	97%	97%
Two or More Ethnicities	97%	94%

Source: U.S. Census Bureau, 2009-2011 American Community Survey 3-Year Estimates.

## ENROLLMENT IN MEDI-CAL, HEALTHY FAMILIES & HEALTHY KIDS

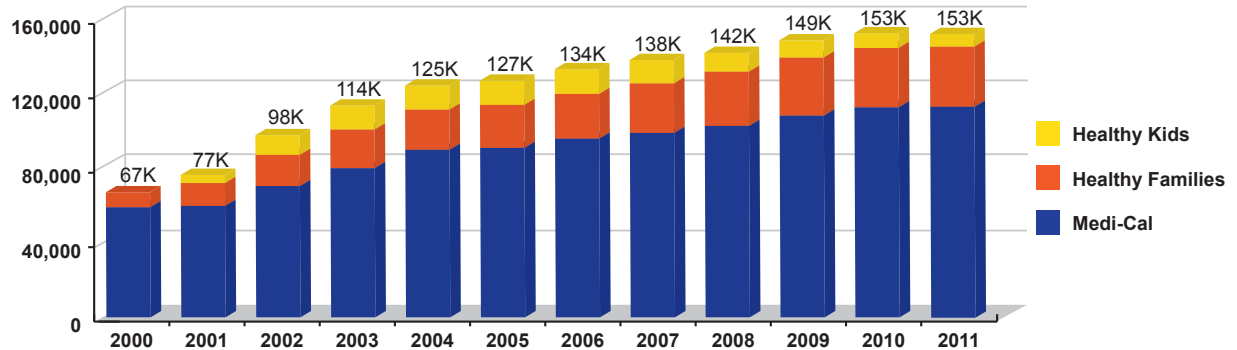
In 2000, the first Children's Health Initiative (CHI) was formed. The goal of CHI was, and continues to be, to provide access to comprehensive medical, dental, and vision care to all eligible children in the county whose family income is 300 percent or less of the Federal Poverty Level (e.g., \$70,656 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, 94.5% of the children in our county have health coverage. More than 85,000 additional children have been enrolled in health coverage programs due to the outreach efforts of CHI.**



# 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.

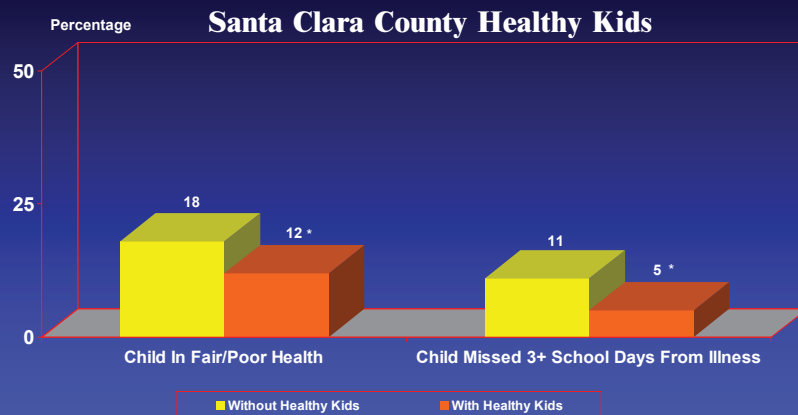


# CHILDREN'S HEALTH INITIATIVE IN SANTA CLARA COUNTY

**F**unded 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 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

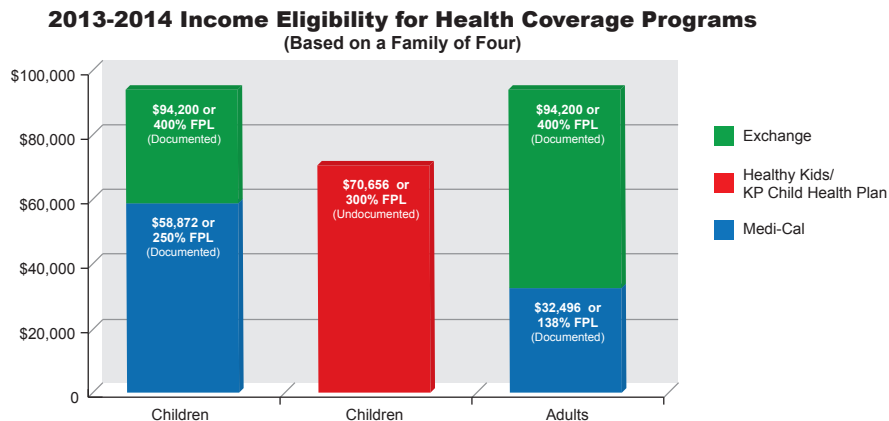


\* Difference is statistically significant at p-value < .05

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)

# INCOME ELIGIBILITY CHART

**W**ith the majority of health care reform being fully implemented in January 2014, the income eligibility for Medi-Cal, Healthy Kids, and the Health Exchange will vary depending on family size and immigration status. Below is a chart that provides the eligible maximum income for children and adults by program:



**Low-income children have had health coverage for over a decade through Medi-Cal, Healthy Families, and Healthy Kids. Health care reform will extend coverage to low-income adults through Expanded Medi-Cal, while the Exchange will provide coverage to middle-income and adults and children.**

Notes: (1) Maximum income eligibility for a single adult for Medi-Cal is \$15,852 and for the Exchange is \$45,960; and (2) Maximum income eligibility for two adults for Medi-Cal is \$21,408 and for the Exchange is \$62,040.

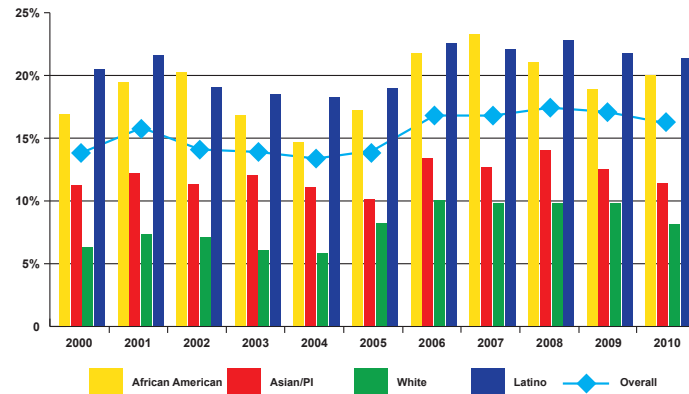
## Medical PRENATAL HEALTH

**C**hildren'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 2010, 14.9% of infants in Santa Clara County were born to mothers who received late (after the first trimester) or no prenatal care. Though the percentage of overall mothers receiving late or no prenatal care has decreased since 2008, 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 that they need.

Large disparities continue to exist among different racial/ethnic groups in terms of access to early prenatal care.

- ◆ African American and Latina mothers continue to have higher rates of receiving late or no prenatal care compared to White and Asian mothers.
- ◆ In 2010, 1 out of 5 African American mothers and 1 out of 5 Latina mothers received late or no prenatal care.



Source: Life in the Valley Economy Silicon Valley Progress Report 2012, Working Partnerships USA, 2012.

## 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](http://www.text4baby.org).
- ◆ San Diego women enrolled in text4baby showed promising results:
  - ◆ 65% reported the program helped them remember an appointment or immunization that they or their child needed.
  - ◆ 74% 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, 2012.

# 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).

\*Note: In 2012, another seven infants died as a result of unsafe sleeping practices.

Sources: (1) FIRST 5 Santa Clara County, 2012; and (2) Santa Clara County Medical Examiner-Coroner Office.

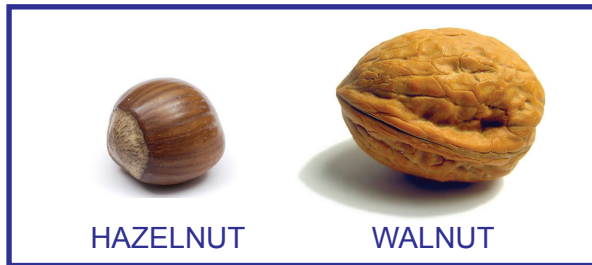
### Safe Sleeping Environment



### 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, 2011.

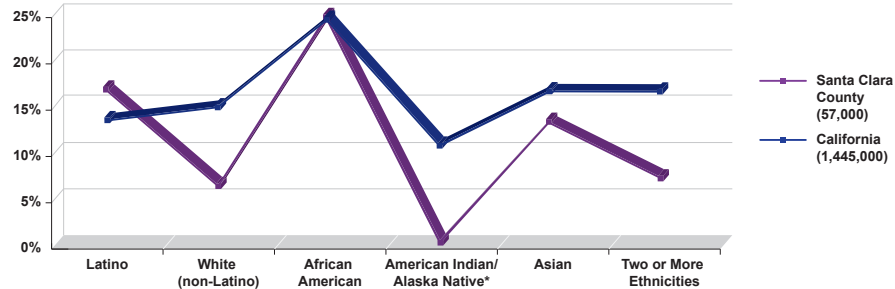
### Breastfeeding Benefits

- ◆ 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.

**L**ow-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.

# MENTAL HEALTH

**S**anta Clara County Mental Health Department's Family & Children's Division served 9,076 outpatients in fiscal year 2012. 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 five county sites and 19 contracted agencies.

Ethnicity	Number Served	% of Total Served
Latino	5,385	59.3%
White	1,577	17.4%
Asian/Pacific Islander	822	9.1%
African-American	575	6.3%
American Indian	95	1.0%
Mixed Race	15	0.2%
Other Race	290	3.2%

Note: This data includes both children and adults.

Source: Santa Clara County Mental Health Department Decision Support, 2013.

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

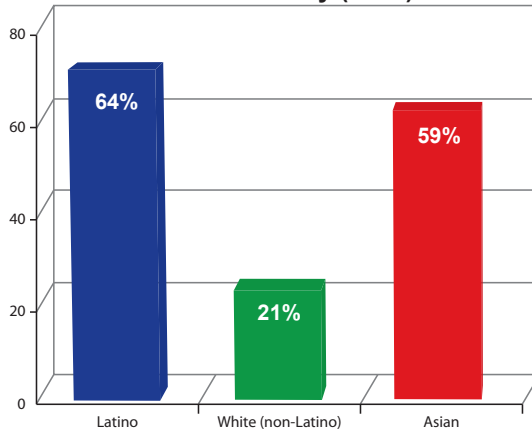
(Zero to Three, 2011)

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



**T**he 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 have medical coverage, **12.8% of children do not have dental coverage.**

**Santa Clara County Kindergarten  
Tooth Decay (2001)**



**Length of Time Since Child's (Ages 0-18)  
Last Dental Visit (2007)**

	Santa Clara County	California
6 months ago or less	76.2%	70.2%
6 months to 1 year	7.6%	14.5%
1 year to 2 years	0.6%	2.9%
2 years to 5 years	2.0%	0.6%
5 years or more	0.0%	0.2%
Never Been to the Dentist	13.6%	11.6%

**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.**

Sources: (1) American Journal of Preventive Medicine, 2002; (2) California Health Interview Survey, 2009; and (3) The Health Trust, 2001.

# ORAL HEALTH GUIDELINE

**A**ccording 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.

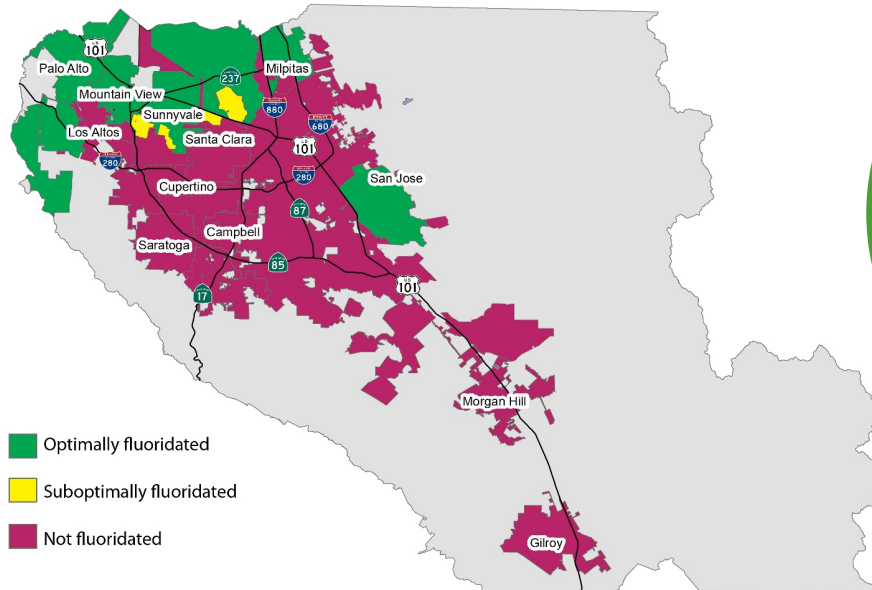
### **Permanent Teeth**

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.

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

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

## Water Fluoridation in Santa Clara County



As of 2012, the City of San Jose will no longer have the distinction of being the largest city in the U.S. without fluoride. Thanks to the financial help of FIRST 5 Santa Clara County, The Health Trust, and the California Dental Association Foundation.

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.

**V**ision impairment is the most common disability among U.S. children.

- ◆ An estimated 40% of U.S. children have never received a vision screening.
- ◆ Among children aged 3 to 6 included in the 2006-07 Medical Expenditure Panel Survey, after adjusting for other facts such as income and insurance status, Hispanic children were the least likely to have ever had a vision screening.
- ◆ Amblyopia, sometimes referred to as a “lazy eye”, is the most common early childhood vision problem.
- ◆ Hyperopia (farsightedness), myopia (nearsightedness), and astigmatism are all types of visually important refractive errors. By age 16, an estimated 20 to 25% of children have a significant refractive error.

Sources: (1) American Academy of Ophthalmology Pediatric Ophthalmology/Strabismus Panel, 2012; (2) AOA Consensus Panel on Pediatric Eye and Vision Examination, 2002; (3) Centers for Disease Control and Prevention Vision Health Initiative; (4) Journal of Adolescent Health, 2012; and (5) State of California Department of Health Services, Children’s Medical Services Branch, 2002.



**F**ocusFirst Alabama provides a cost-effective direct response to the vision problems of children, ages six months to five years, in Head Starts and lower-income daycares and preschools. Using high-tech photo optic scan cameras, children are screened for vision problems and receive subsidized follow-up care so they can access vision services.

### Metro Central Head Start

Attn: Karen Ramsey (555) 555-9870  
METRO CENTRAL HEAD START  
234 Poplar Lane  
Mapleton, US 54321

### Ocular Screening Analysis

Vision Research Corporation  
211 Summit Parkway  
Birmingham, AL 35209

**Alivia Newton** 02/16/13 Age 4 Black (PK)

Ref: 1155 FFRX7230 C367

#### Refractive Errors

	No Problems Detected	Insignificant or Mild	Possibly Significant	Significant
Hyperopia ( <i>farsighted</i> ) .....	√			
Myopia ( <i>nearsighted</i> ) .....	√			
Astigmatism .....		√L	√R	
Anisometropia ( <i>difference in eyes that can indicate or lead to amblyopia</i> ) .....			√	

#### Detail

Insignificant or mild astigmatism, left eye.  
Possibly significant astigmatism, right eye.  
Possibly significant anisometropia.

#### Summary

Possible or possibly significant problems detected.

#### Alignment Errors

Esotropia ( <i>turned in</i> ) .....	√			
Exotropia ( <i>turned out</i> ) .....	√			
Vertical ( <i>hyper/hypotropia</i> ) .....	√			
Opacities .....	√			
Other ( <i>see Comment</i> ) .....	√			

Source: Impact Alabama, 2013.

Since 2004,  
more than 175,000  
Alabama children have  
been screened with 11%  
indicating a need for  
follow-up care. FocusFirst  
Santa Clara County will  
replicate this program  
soon.

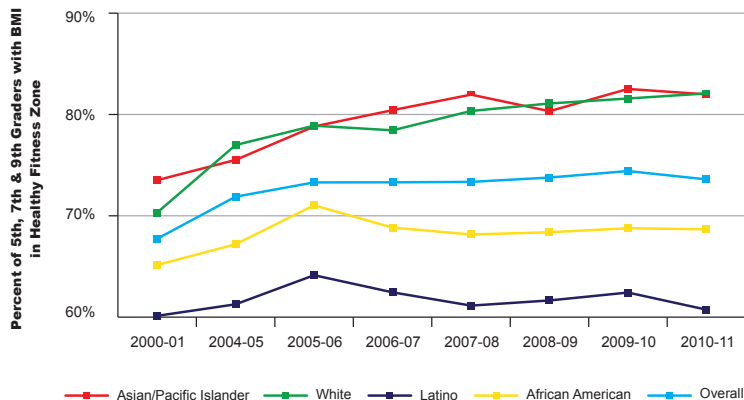
**C**hildhood obesity continues to be a growing epidemic throughout the state and nation. Research shows significant racial/ethnic and socioeconomic disparities in obesity prevalence among Santa Clara County children and adolescents. While Asian/Pacific Islanders and White children have steadily progressed in reducing childhood overweight/obesity rates, African Americans and Latinos lack significant or any improvement. In 2000-2001, 65% of African American students (grade 5, 7, and 9) were at a healthy weight in 2000-01, and only slightly improved to 69% in 2010-11.

Source: Life in the Valley Economy Silicon Valley Progress Report 2012, Working Partnerships USA, 2012.

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

(Zero to Three, 2011)

### Students Who Are at a Healthy Weight in Santa Clara County (Grade, 7, and 9)



Source: California Department of Education, 2012.

**D**iabetes 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. Childhood obesity is the most important risk factor for the development of Type 2 diabetes in youth.



#### **National Statistics:**

- ◆ **About one in every 400 children and adolescents has diabetes.**
- ◆ One out of every two Latino children born today in the U.S. may develop diabetes in his/her lifetime.
- ◆ 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.

#### **Santa Clara County Statistics:**

- ◆ One in three low-income children in Santa Clara County between ages two and five are overweight or obese.
- ◆ One in four youth in Santa Clara County are either overweight or obese.
- ◆ The cost to Santa Clara County for overweight, obesity, and physical inactivity in 2006 was \$2.1 billion. These costs were attributable to the amount spent on health care and lost productivity due to overweight and obesity.

Sources: (1) California Center for Public Health Advocacy, 2006; (3) Center for Disease Control and Prevention, 2012; (3) Joslin Diabetes Center, Latino Diabetes Initiative; (4) Pediatrics, 2005; (5) Pediatric Nutrition Surveillance System, Santa Clara County, 2008; and (6) Santa Clara County Public Health Department.

# 10 STEPS TO A HEALTHIER YOU

**S**anta 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.



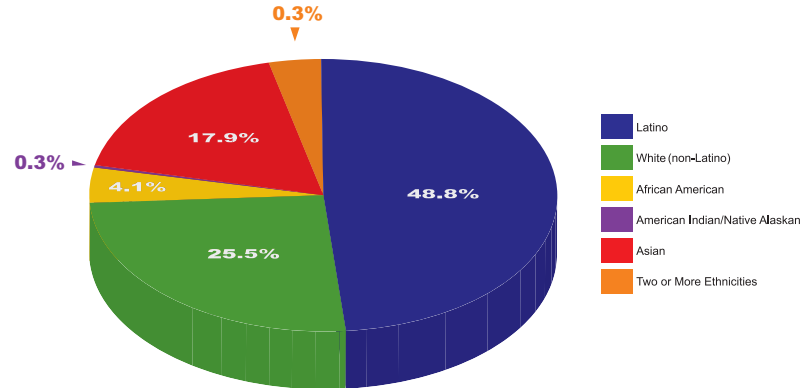
For more information on the PHLC and/or the 10 Steps to a Healthier You, call 408.957.8601.



## Special Education Enrollment of Children in Santa Clara County by Ethnicity

**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)



	Santa Clara County		California	
	Special Education	All Students	Special Education	All Students
Latino	48.8%	38.6%	51.8%	52.0%
White (non-Latino)	25.5%	22.7%	28.2%	26.1%
African American	4.1%	2.6%	9.7%	6.7%
American Indian/Native Alaskan	0.3%	0.4%	0.8%	0.7%
Asian	17.9%	32.3%	6.5%	11.7%
Two or More Ethnicities	3.4%	2.6%	3.0%	2.1%
Unknown	0.0%	0.8%	0.0%	0.7%

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

Source: California Department of Education, 2011-2012.

# HEALTH TO EDUCATION

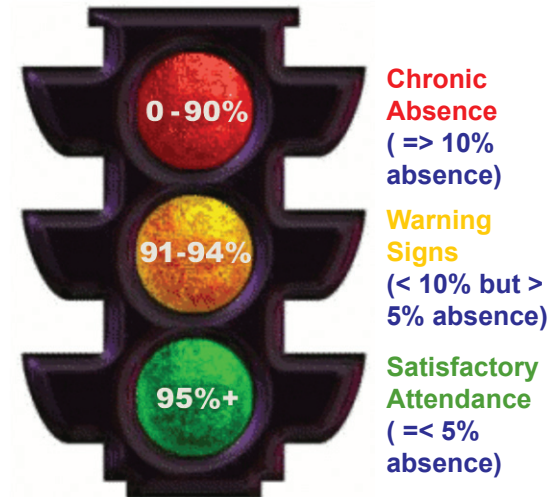
- ◆ Parents whose children are enrolled in the Healthy Kids program reported a 50% decline in their children missing three or more school days a month due to illness.

## **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.

# SANTA CLARA COUNTY SCHOOL LINKED SERVICES (SLS)

**S**anta Clara County's School Linked Services Initiative (SLS) offers on-site, school-based services to heal and strengthen individuals, families, and systems by addressing needs and risks faced by children, youth, and families. SLS coordinates services provided by schools, public agencies, and community-based organizations throughout Santa Clara County to improve results, enhance accessibility, and to support children's success in school and in life.

## Our Approach

- ◆ Schools are a hub for services
- ◆ A SLS Coordinator on each campus
- ◆ Active parent and community engagement
- ◆ Robust evaluation to inform policy and practice

## Population Reach

- ◆ The scope of SLS will ultimately reach every child
- ◆ The scope of SLS will ultimately reach every child through systems level change and a lifespan approach
- ◆ Initial implementation focus involves partnering with 13 school districts and 53 schools
- ◆ Focus on reaching the most burdened families and holding an equity lens with the goal of reducing disparities and disproportionality

## Short-Term Results

- ◆ Students attend school consistently
- ◆ Students are actively involved in learning and in their community



- ◆ Families are involved in their children's education
- ◆ Schools are engaged with families and communities

## Long-Term Results

- ◆ Students succeed academically
- ◆ Students are physically, socially, and emotionally healthy
- ◆ Students live and learn in safe, supportive, and stable environments

For more information, contact the Santa Clara County Mental Health Department at 408.793.5846.

## FIRST 5 SANTA CLARA COUNTY

**F**IRST 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. FIRST 5 fulfills its mission by allocating its resources into five goal areas:

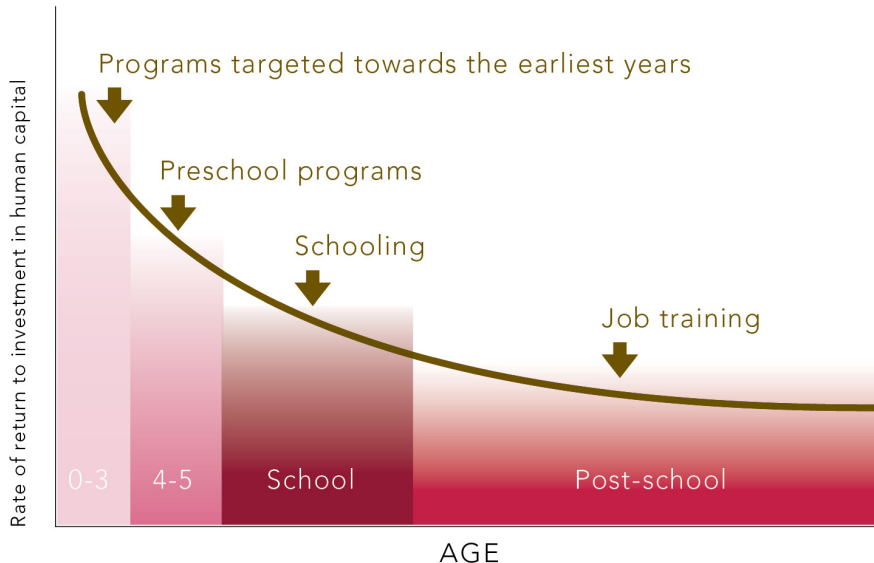
- ◆ Health Access: Children are born healthy and experience optimal health and development.
- ◆ Family Support: Families provide safe, stable, loving, and stimulating homes.
- ◆ Early Care and Education: Children enter school fully prepared to succeed academically, emotionally, and socially.
- ◆ Neighborhood Support: Neighborhoods and communities are places where children are safe, neighbors are connected, and all cultures are respected.
- ◆ Systems Change: Systems are responsive to the needs of children and families.

Tens of thousands of children are directly impacted by FIRST 5 every year through its physical and behavioral health, early learning, family support, and neighborhood support programs and partnerships. Thousands more are helped through its public outreach, podcasts, and social marketing campaigns in the areas of healthy living, oral health, safe sleeping environments for infants, and a range of topics pertinent to families with young children.

With a focus on prevention, systems change and sustainability, FIRST 5 has taken a lead role in establishing county-wide integrated systems to provide high-quality health care to all children; screen, assess, and treat children with developmental and/or social-emotional concerns; raise the quality level of early care and education; and support Santa Clara County's most vulnerable children involved in the child welfare and court systems.

# FIRST 5 SANTA CLARA COUNTY

## RATES OF RETURN PER 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.
- ◆ As documented in the Public Health Department's 2011 report on health and social inequity in Santa Clara County, "...education may be the most powerful social determinant of health because it opens the door to opportunities and resources that lead to a higher socioeconomic status or class."

# CONCLUSION

**H**ealthier Kids Foundation's Third Annual Symposium on the Status of Children's Health in Santa Clara County raises awareness of the importance of children's health and highlights critical issues that need to be addressed. As a strong advocate for change, we are embarking on the following efforts to ensure that some of these health issues are being addressed:

- ◆ **Baby Gateway:** Reduce emergency room visits for children under the age of one by providing low-income mothers while still in the hospital with assistance in enrolling their newborns into health coverage and selecting a medical home, as well as providing information and resources on emergency vs. urgent care, baby care, and early childhood development.
- ◆ **Childhood Obesity:** Administer the '5 KEYS to Raising a Healthy Eater' class on the division of responsibility for feeding children under the age of six.
- ◆ **Community Outreach:** Identify the almost 6% of uninsured children in Santa Clara County who are in need of health coverage through targeted, strategic outreach that assist parents in applying for and enrolling their children into subsidized health coverage.
- ◆ **FocusFirst Santa Clara County:** Using high-tech photo optic scan cameras, conduct vision screening among children ages 1-5 in child care and preschool settings to detect vision problems and provide immediate follow-up care so that the children can access vision services.
- ◆ **One-e-App Expansion:** Provide a web-based, one-stop approach for families to apply for and enroll into public health and social service programs, such as CalFresh, WIC, CalWORKS, Earned Income Tax Credit, low-income auto insurance, and others.
- ◆ **10 Healthier Steps for Child Care Providers:** Address childhood obesity issues by administering a preventative training curriculum for child care providers to enable them to implement evidence-based healthy lifestyle recommendations in their child care settings.

In the near future, we also hope to develop and implement a program that captures early detection of developmental delays in children, as well as a program that will provide dental screenings for young children and assist them with accessing dental services. These efforts, along with those of our many partners, are working diligently to address the many health issues affecting the children in our community.

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