

Microsoft Corporation
Building 1
1065 La Avenida Street
Mountain View, CA 94043

May 2017



At a Glance

Status of Children's Health

7th Annual Symposium



Keynote Speaker: Secretary Diana S. Dooley
California Health and Human Services Agency



Healthier Kids
Foundation
Santa Clara County

hkidsf.org



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Message from the Chief Executive Officer

WELCOME

KEYNOTE SPEAKER:



SECRETARY DIANA S. DOOLEY

Dooley was appointed Secretary of the California Health and Human Services Agency in

December 2010 by Governor Jerry Brown. She leads 13 state departments within the Agency, chairs Covered California and serves as chair or member of numerous other boards and commissions. Previously, Dooley was President and CEO of the California Children's Hospital Association. Dooley began her career as an analyst, in 1975 she was appointed to the staff of Governor Jerry Brown for whom she served as Legislative Secretary and Special Assistant until the end of his term in 1983. She became an attorney in 1995, and moved into health care in 2000 to serve as General Counsel and Vice President at Valley Children's Hospital. She received her bachelor's degree from California State University, Fresno in 1972 and her law degree from San Joaquin College of Law in 1995.

Dear Friends of Healthier Kids Foundation,

It is my pleasure to welcome you to the 7th Annual Symposium on the Status of Children's Health. At Healthier Kids Foundation (HKF), we believe that it should not hurt to be a child. Our mission is to ensure that every child in our community receives the family-centered care that he or she needs to thrive.

The Symposium offers an opportunity for us to come together and reflect on the health and wellness of our children. How are we doing as a community? How do we compare to the rest of the state, and where do we go from here?

We have much to celebrate in the past year, but as California Health and Human Services Secretary Diana Dooley will relay later today, the challenges ahead demand our full attention.

The recent release of Santa Clara County's Children's Health Assessment confirms that almost an entire generation of children have been eligible for healthcare through the Children's Health Initiative. In the past year, 98% of children have had health coverage, and 96% of children reported in being in excellent, very good, or good health—a fourfold improvement since 2001. San Mateo County is also making progress and has completed an Oral Health Strategic Plan for 2017-2020 and is moving forward with its implementation.

With the uncertainty that comes with the new administration and the Affordable Care Act at a crossroads, many of the improvements made to preventive and accessible healthcare could be in jeopardy. In California, seven out of ten children are enrolled in Medi-Cal. The children in our community need strong advocates and resources now more than ever.

No matter what the future of healthcare is, HKF will continue to be at the intersection of children's preventive health, access to health services, and education. We believe that the most effective approach to preventive healthcare is to empower parents with the knowledge of how to (a) use their insurance to access services for their children and (b) implement healthy lifestyles in their home.

President Obama believes that every child should have an opportunity to be extraordinary, and so do we. Together we can ensure that every child receives the quality care that they need to flourish and become productive and contributing members of our community.



Kathleen M. King

Healthier Kids Foundation extends its gratitude to:



Saria Tseng



Children by City

OUR
CHILDREN

Children by City and County 0-17

City	Children (Ages 0-17)	Percentage of Children (per city)
Campbell	8,263	21%
Cupertino	16,166	28%
Gilroy	14,431	31%
Los Altos	7,569	26%
Los Gatos	6,847	23%
Milpitas	17,771	23%
Morgan Hill	12,283	29%
Mountain View	15,845	20%
Palo Alto	15,639	23%
San Jose	254,673	25%
Santa Clara	26,883	21%
Saratoga	7,432	24%
Sunnyvale	33,992	22%
Santa Clara County	437,623	23%
San Mateo County	162,137	21%

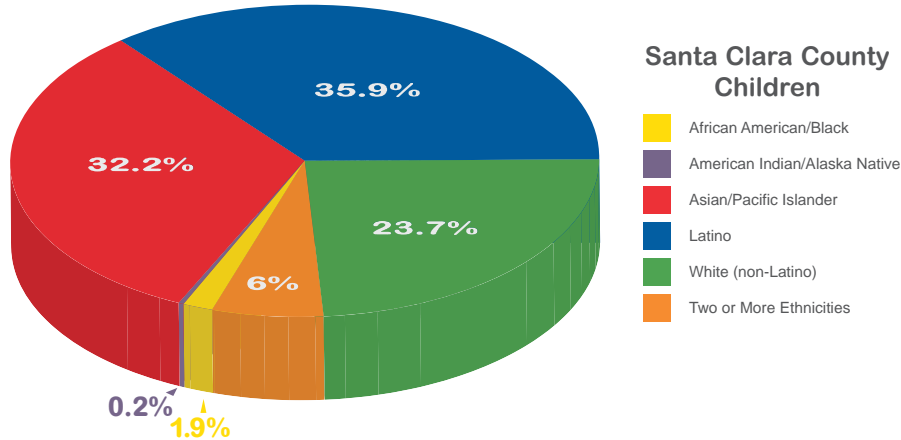
Source: U.S. Census Bureau, American Community Survey, 2015-2016.

Children make up an estimated 23% of Santa Clara County's population and 21% of San Mateo County's population. All children should have access to health insurance and the quality healthcare that they need to thrive.

We have a "no wrong door" approach and available options. Children in Santa Clara and San Mateo counties, whose families earn up to 400% of the Federal Poverty Level (FPL), are eligible for free or subsidized health insurance through Medi-Cal, State Children's Health Insurance Program (SCHIP), the Healthy Kids Program, Kaiser's Child Health Program, and the Valley Kids Program.

- An estimated 8,752 children (or 2% of all children) in Santa Clara County are uninsured.
- An estimated 2,432 children (or 1.5% of all children) in San Mateo County are uninsured.

Ethnicity Of Children



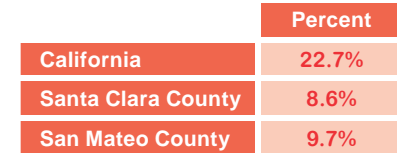
More than half (51.8%)
of Santa Clara County
children (ages 5+) spoke
a language other than
English at home in 2015.

Source: U.S. Census Bureau, 2015
American Community Survey 1-Year
Estimates.

	Santa Clara County	California	San Mateo County
African American/Black	1.9%	5.3%	1.7%
American Indian/Alaska Native	0.2%	0.4%	0.1%
Asian/Pacific Islander	32.2%	11.4%	23.9%
Latino	35.9%	51.4%	32.8%
White (non-Latino)	23.7%	26.9%	34.3%
Two or More Ethnicities	6%	4.7%	7.3%

Source: Lucile Packard Foundation for Children's Health, kidsdata.org, 2016.

Children in Poverty, 2014



In Santa Clara and San Mateo counties, nearly one in ten (9%) children were living below 100% of the FPL.

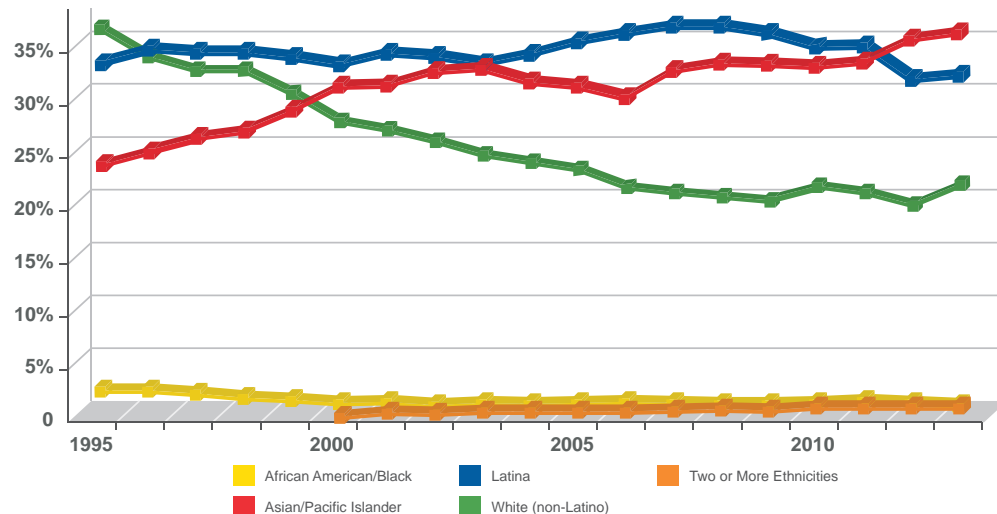
Source: Source: U.S. Census Bureau; American Community Survey, 2010-14 American Community Survey 5-Year Estimates, Table B17024.

Birth Rates by Ethnicity

- From 2006 to 2013, there was a 13.4% decrease in births in Santa Clara County and a 10% decrease in births in San Mateo County.
- Despite the falling birth rate, the overall populations of Santa Clara and San Mateo counties continue to grow due to immigration.
- In Santa Clara County 65% of children have one or more parents who were foreign-born.
- In San Mateo County 58% of children have one or more parents who were foreign-born.

Source: Lucile Packard Foundation for Children's Health, kidsdata.org, 2013-2014.

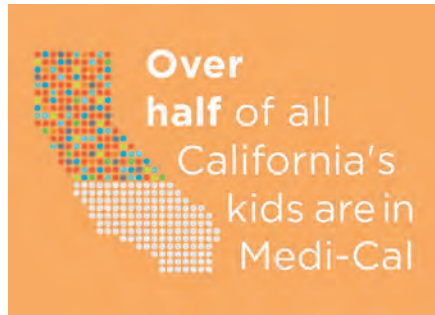
Birth Rates in Santa Clara County, 2013



	Santa Clara County		California		San Mateo County	
	1995	2013	1995	2013	1995	2013
Latina	34.1%	33%	46%	48.2%	30.9%	30.7%
White	37.5%	22.6%	35.6%	27.8%	42%	30%
African American	3.2%	1.8%	7.1%	5.2%	4.4%	1.2%
Asian/Pacific Islander	24.5%	37.1%	10.4%	14.2%	21.7%	30.7%
Two or More Ethnicities	N/A	1.6%	N/A	2.3%	N/A	2.2%

Health Coverage of Children WHO ARE UNINSURED BY RACE/ETHNICITY

HEALTH
COVERAGE



Source: Children Now. Medi-Cal: The Cornerstone of CA Kids' Health Care, 2016.

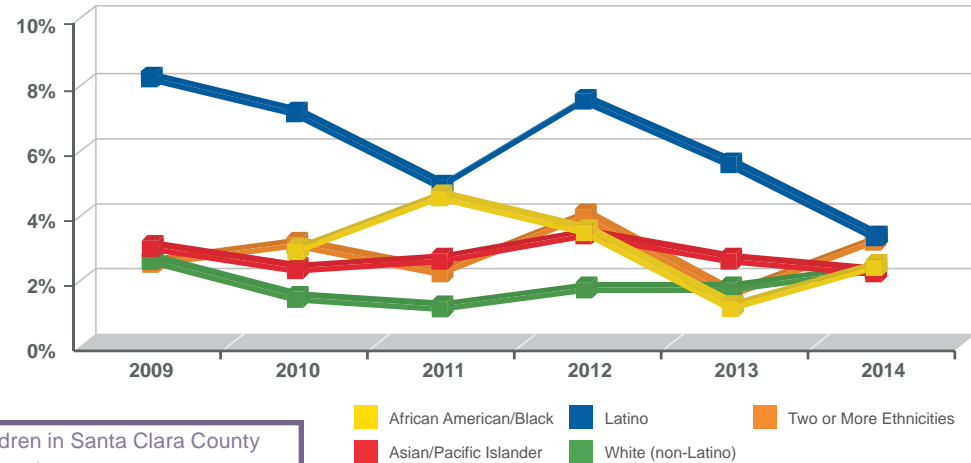
The county reports a higher percentage of children in Santa Clara County having health insurance (98%) than the state (95%).

Room for improvement:

Of children who have health insurance in Santa Clara County, 14% have health insurance that never or only sometimes covers services that meet their healthcare needs.

Source: Status of Children's Health, Santa Clara County, Volume 2, 2016.

Percentage of Children in Santa Clara County Ages 0-17
Who Are Uninsured by Race/Ethnicity



Definition: Estimated percentage of children under age 18 without health insurance coverage by Race/Ethnicity.

Source: [As cited on kidsdata.org](http://kidsdata.org), U.S. Census Bureau, American Community Survey (Sept. 2015).

Self-Sufficiency Standard

SANTA CLARA COUNTY AND MINIMUM WAGE

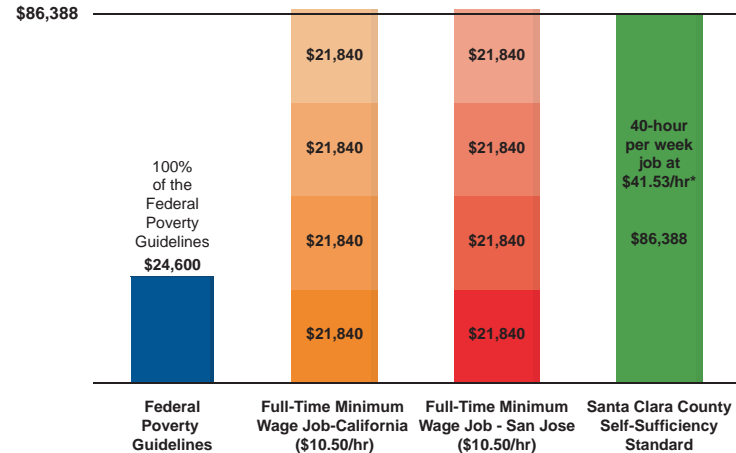
The Family Economic Self-Sufficiency Standard (Self-Sufficiency Standard) for California provides a measurement of what it takes to make ends meet in today's economy.

- 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 3.95 full-time workers to meet the Santa Clara County Self-Sufficiency Standard.
- The U.S. minimum wage is \$7.25 and the current California minimum wage is \$10.50 an hour, to be \$15.00 an hour by 2022.
- The \$15 Club: Cities that enacted a \$15 minimum wage law and the year it goes into effect.

City	Year
Sunnyvale	2018
Mountain View	2018
Cupertino	2019
Milpitas	2019
Palo Alto	2019
San Jose	2019
San Mateo	2019
California	2022

Santa Clara County, 2017

Two Adults with One Preschooler and One School-Aged Child



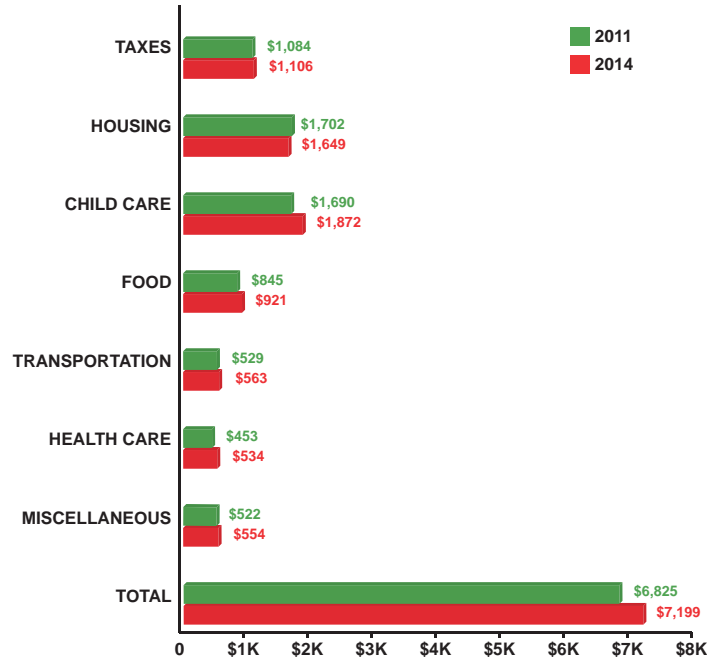
Note: Latest data available. The Self-Sufficiency Standard includes the net effect of the addition of child care and child tax credits and subtraction of taxes.

Self-Sufficiency Standard

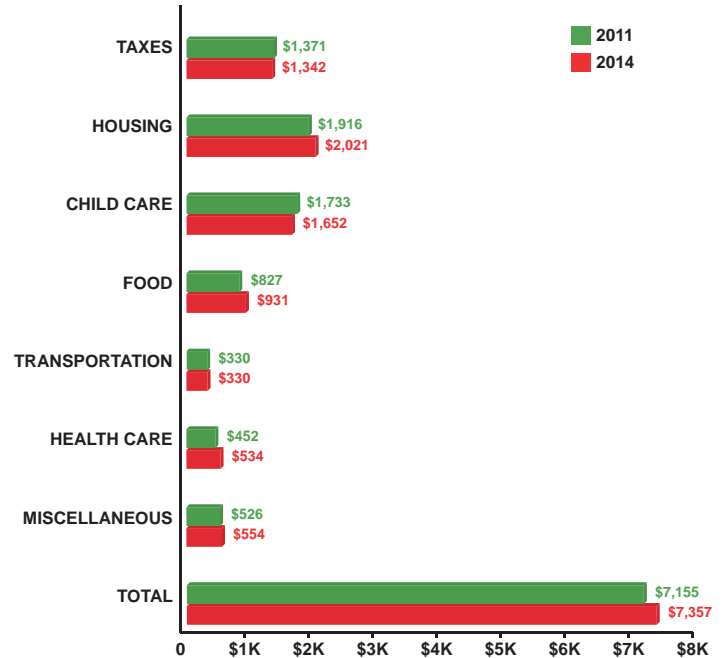
SANTA CLARA COUNTY AND SAN MATEO COUNTIES

ECONOMICS

SELF-SUFFICIENCY STANDARD SANTA CLARA COUNTY



SELF-SUFFICIENCY STANDARD SAN MATEO COUNTY



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

Source: Insight Center for Community Economic Development, 2014.

City Profile: San Jose

Santa Clara and San Mateo counties are within the top 1% of all U.S. counties in terms of racial and ethnic diversity. No one racial or ethnic classification is a majority within the counties. The following data details important information about San Jose, the largest city in Santa Clara County; data is benchmarked against overall demographics.

With a Vietnamese population of nearly 100,000, almost one out of every nine persons in the City of San Jose is Vietnamese—the largest concentration of Vietnamese people in the United States.

Source: U.S. Census Bureau, 2010 Census: The Asian Population.

San Jose: Largest city in Santa Clara County

	San Jose	Santa Clara County	San Mateo County
Population (as of July, 2014)	1,026,908	1,919,402	764,797
Race/Ethnicity			
African American	3%	2%	3%
Asian/Pacific Islander	32%	32 %	22%
Latino	33%	27%	37%
White	29%	35%	29%
Two or More Ethnicities	3%	4%	6%
Speaks a language other than English at home	56%	52%	46%
Median household income	\$83,787	\$93,854	\$85,684
Children (ages 3-5) not enrolled in Preschool or Kindergarten	36%	33%	27%

Source: Santa Clara County Public Health Department, 2016
U.S. Census Bureau, American Community Survey, 2016

Newborn Sleeping Arrangements

MEDICAL



Source: States Give New Parents Baby Boxes to Encourage Safe Sleep Habits, NPR, 2017.

Safe Sleep Practice Recommendations:

- Child placed routinely in a crib or bassinette
- Child placed routinely on his or her back
- Use a firm mattress
- No toys or stuffed animals in the crib or bassinette
- Child should be wearing light clothing

Sudden infant death syndrome (SIDS) is rare in Santa Clara County and continues to remain almost non-existent! The majority of the sudden unexpected infant deaths are attributed to an unsafe sleep environment to include overlay and accidental suffocation.

- Of the 40 infant deaths (ages <1 year) that occurred in Santa Clara County between 2013 and 2015, 29 infants died in an unsafe sleep environment.

Source: Santa Clara County Child Death Review 2013-2015, Santa Clara County Public Health Department of Public Health, 2016.

Emergency Department Visits

In Santa Clara County, almost one out of four (23%) emergency department visits were for children, ages 0 to 17.

Latino children account for over half of all emergency room visits for children, and yet they represent 1/3 of the child population.

Source: Children's Health Assessment, 2015.

Emergency Department Visits Among Children, Ages 0-17, by Race/Ethnicity and Age, 2013

		Percent of ER visits	Percent of Child Population of Santa Clara County
Race/ Ethnicity	African American	4%	1.9%
	Asian/Pacific Islander	15%	32.1%
	Latino	56%	36.0%
	White	20%	23.8%
Age Group	Under 5	46%	34.4%
	5-11	30%	33.7%
	12-17	24%	31.9%



Source: Office of Statewide Health Planning and Development, 2013 Emergency Department Data, American Fact Finder, Children Characteristics, 2010-2014 American Community Survey 5-Year Estimates.

Note: Two or more ethnicities not included.

In Santa Clara County, one in ten (11%) middle and high school students attempted suicide one or more times in the past 12 months.

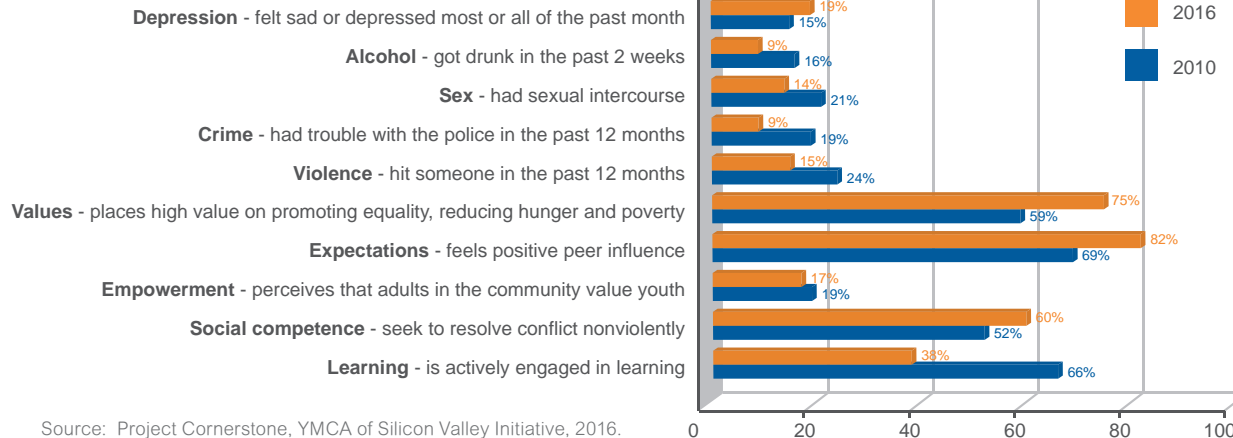
Source: Status of Children's Health, Santa Clara County, Volume 2, 2016.

Youth Suicide Rate

Locations	Rate per 100,000	
	2007-2009	2011-2013
California	6.9	7.7
Santa Clara County	7.4	10.0

Note: Youth Suicide Rate per 100,000 are not available for San Mateo County.

Assessing Youth Behavior in Santa Clara County

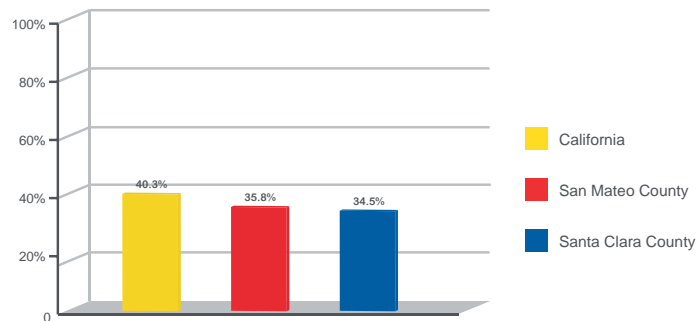


Source: Project Cornerstone, YMCA of Silicon Valley Initiative, 2016.

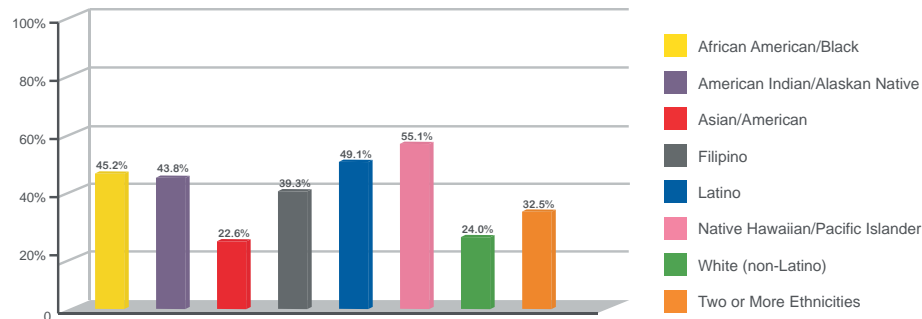
Of middle and high school students in Santa Clara County, 73% have eaten fast food one or more times in the past seven days.

Source: Status of Children's Health, Santa Clara County, Volume 2, 2016.

Students Who Are Overweight or Obese in 5th Grade in California, Santa Clara County, and San Mateo County, 2015

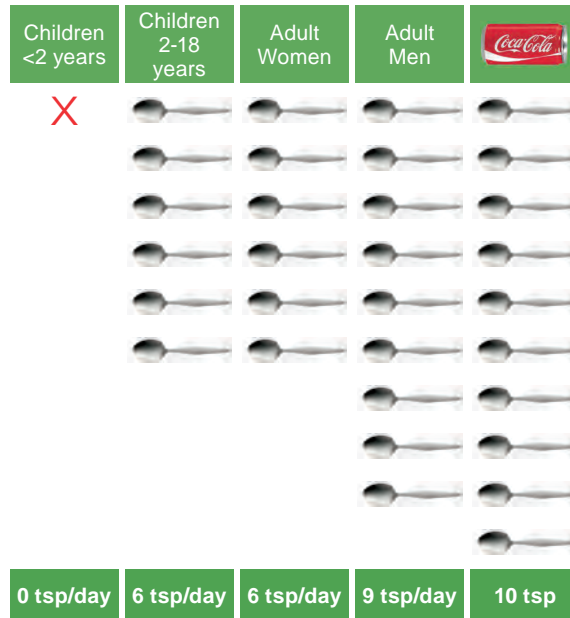


Santa Clara County 5th Grade Students Who are Overweight/Obese by Race/Ethnicity, 2015



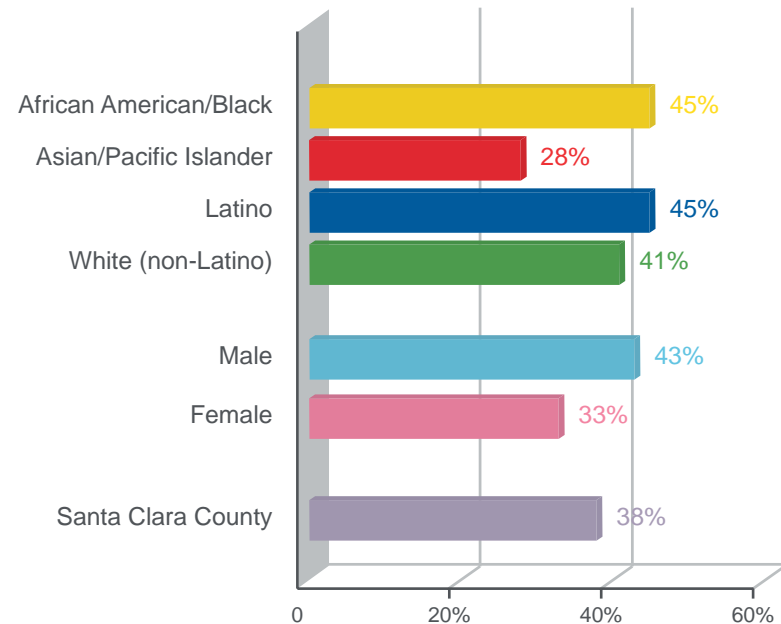
Source: Lucile Packard Foundation for Children's Health, kidsdata.org, 2015.

A can of soda has more than a day's worth of sugar



Note: The American Heart Association recommends limiting the amount of added sugars you consume to no more than 6 tsp/day for children and women and 9 tsp/day for men.

Santa Clara County Middle and High School Students Who Drank Soda One or More times in the past 24 Hours by Race/Ethnicity, 2016



Source: Status of Children's Health, Santa Clara County, Volume 2, 2016.

10 Steps to a Healthier You! (10 Steps)



10 Steps is a three-workshop series combining evidence based recommendations with supportive structure and guidance for parents to implement and sustain behaviors.

So Far:

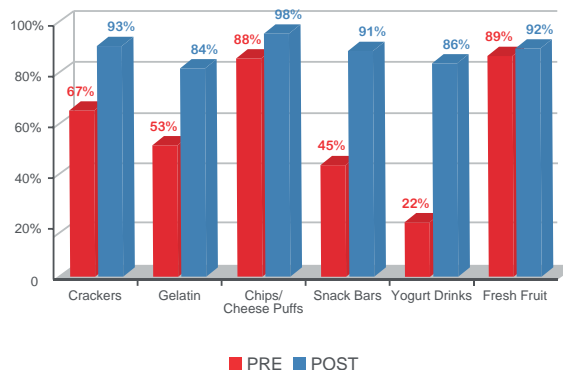
3,400 unduplicated parents have attended workshops

5,200 children have been served by workshops

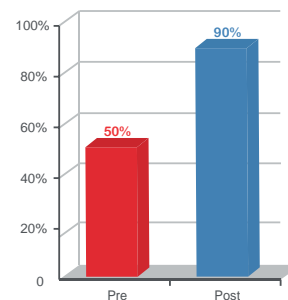
160 community sites have hosted workshops at least once

Significant Increase in Knowledge:

Parents Correctly Identifying Foods as Health/Unhealthy Pre-test v. Post-test



Parents Identifying Recommended Proportion of Fruits/Vegetables for Childs Dinner Plate (Pre vs. Post Surveys)



Identified how much of a child's dinner plate should be filled with fruits and/or vegetables (half).

10 Steps to a Healthier You! (10 Steps)

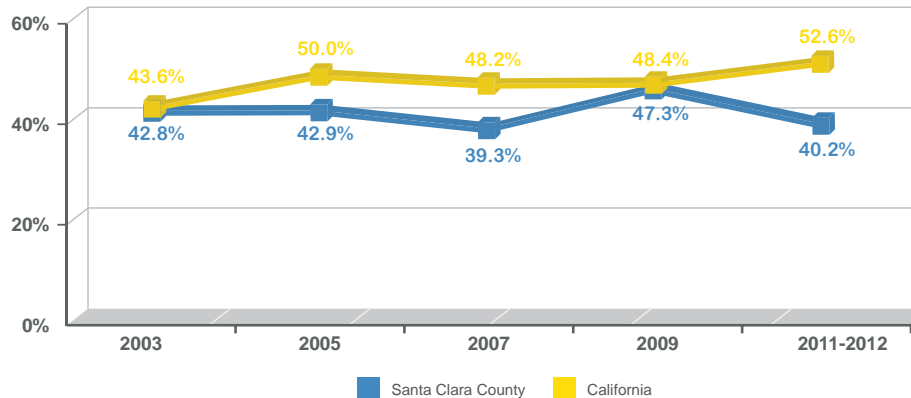
HEALTHY
LIFESTYLES

Workshop 1- 10 Steps to a Healthier You!: Focus on lifestyle habits rather than body shape or weight.

Workshop 2- Developing Structure & Routines: Experiential approach to establishing structure in the home specifically related to meal and bedtime routines.

Workshop 3- 5 Keys to Raising Healthy, Happy Eaters: The division of responsibility for feeding young children.

Children Who Eat Five or More Servings of Fruits/Vegetables
Daily, Ages 2 to 11; 2003 to 2011-2012



Definition: Estimated percentage of children ages 2-17 who eat five or more servings of fruits/vegetables daily, by age group.

Data Source: [As cited on kidsdata.org](http://kidsdata.org), UCLA Center for Health Policy Research, California Health Interview Survey.



After attending a 10 Step Class:

- 97% of parents/caregivers felt they learned new things that would help them as a parent
- 96% of parents/caregivers felt they were ready to go home and try new things
- 90% of parents/caregivers felt the class was very or extremely valuable

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

Tooth decay is the most common chronic infectious disease of childhood and develops when a child's mouth is infected by acid producing bacteria that is passed from parent to child through saliva.

Source: Healthychildren.org, How to Prevent Tooth Decay in Your Baby.

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.

Toothbrushes should be replaced every 3 months.

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

1. () Routine Dental Care Recommended/Se recomienda Atención Dental de Rutina:
**Many dental insurance cover a dental cleaning every 6 months / *Muchas seguras dentales cubren limpiezas dentales cada 6 meses*

- ___ A) Dental cleaning recommended/Se recomienda limpieza dental
- ___ B) Screen for cavities between the teeth (interproximal caries)/Se recomienda examinar por caries entre las dentales (inter proximal)
- ___ C) Sealants application recommended/Se recomienda aplicación de sellantes
- ___ D) Stained teeth, please evaluate for cavities (Caries)/Manchas dentales, evaluar por caries.
- ___ E) Orthodontic work recommended (e.g. braces)/Trabajo de ortodoncia recomendado (frenos recomendados)


2. () Urgent Dental Care Needed/Cuidado Dental Temprano es Necesario

- ___ A) Mild to moderate cavities (caries)/Caries leve a moderada
- ___ B) Gum disease/Enfermedad de las encías
- ___ C) Soft tissue lesion/Lesiones de tejidos blandos
- ___ D) Recent trauma/Trauma reciente
- ___ E) Ectopic eruption (teeth entering the mouth in an abnormal way, e.g. crowding of baby teeth with adult teeth)/Erupción ectópica (dientes saliendo en posición incorrecta. Ejemplo: dientes infantiles amontonando con dientes adultos)

3. () Emergency Care Needed/ Atención de Emergencia Necesaria


- ___ A) Infection/Infección
- ___ B) Pain/Dolor
- ___ C) Severe cavities (caries)/Caries profundas

R/D



(front)

L/Iz



(lower)

Example of Dental Screening Outcome

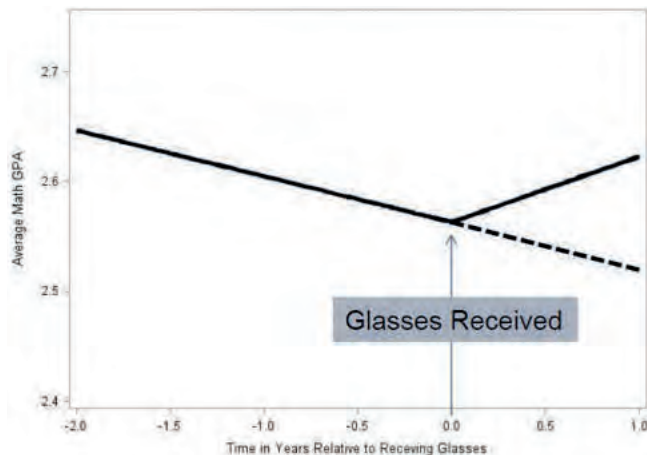
Healthier Kids Foundation (HKF), in partnership with local dentists, screens children for undetected dental issues and assists them with accessing follow-up dental care. HKF has screened over 24,000 kids for dental issues. Over 26% of kids screened have urgent or emergency dental needs and are followed-up with by an HKF case manager to ensure that they receive appropriate dental care. HKF estimates that 2,000 children in Santa Clara County go to school with pain, severe cavities, or infection each day.

Cumulative DentalFirst	Total Number Screened	% of Overall Screened	Emergency Priority	% of Age Group	Urgent Priority	% of Age Group	Grand Total	% of Total Screened
Childs Age Range								
0-2	1,487	6.2%	19	1.2%	127	8.5%	146	10%
3-5	11,216	46.5%	398	3.5%	2,491	22.2%	2,889	26%
6-8	5,713	23.7%	315	5.5%	1,380	24.2%	1,695	30%
9-13	4,485	18.6%	128	2.9%	1,066	23.8%	1,194	27%
14-18	1,208	5.0%	44	3.6%	313	25.9%	357	30%
Grand Total	24,112	100%	904	3.7%	5,377	22.3%	6,281	26%

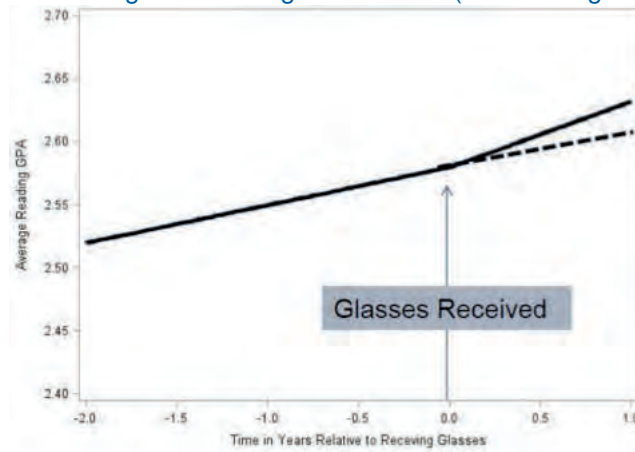
Impact Analysis of Vision to Learn: Could glasses boost your child's GPA?

Study conducted by Wendelin Slusser, MD, MS and Rebecca Dudovitz, MD, MS; Mattel Children's Hospital, UCLA; UCLA Children's Discovery and Innovation Institute

Math GPA Among All Students (2nd to 6th grade)



Reading GPA Among All Students (2nd to 6th grade)

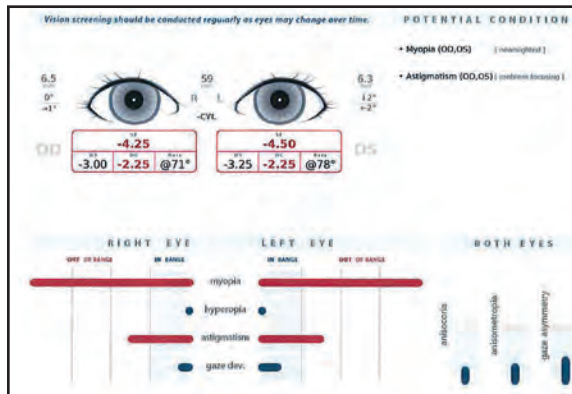


Vision impairment is the most common disability among U.S. children.

- Approximately 80% of children's learning is visual.
- 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.

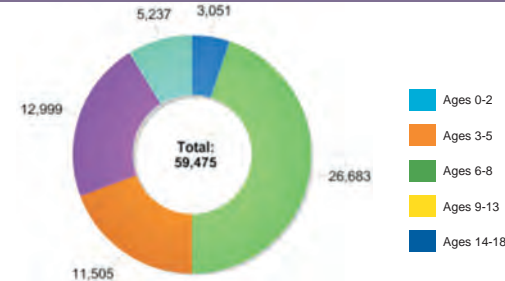
Cumulatively, Healthier Kids Foundation (HKF) has vision screened 60,000 children. Of those children, 14% were identified as having a potential vision issue. HKF's case managers have assisted over 3,000 children with obtaining glasses.

Example of Vision Screening Outcome

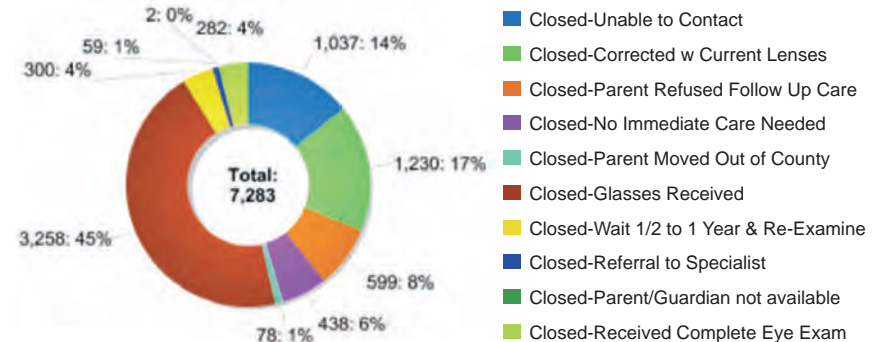


Cumulative Vision Screenings

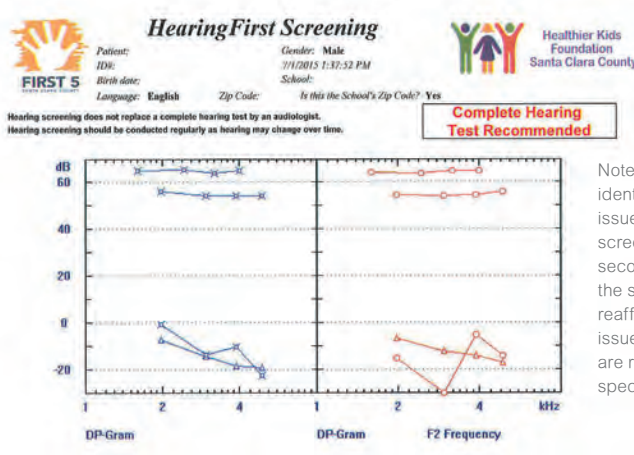
VisionFirst Ages of Child Screened



Vision Closed Outreach

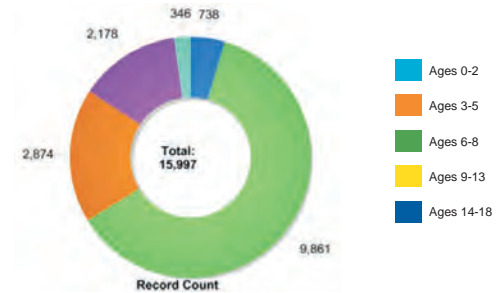


Using the AuDX OAE screening device, Healthier Kids Foundation (HKF) screens children for undetected hearing issues and assists them with obtaining hearing services and receiving treatment. HKF has screened 16,000 kids for hearing issues. Of the children screened, ages 0-5, 13% were identified as having a potential hearing issue. HKF's case managers followed-up with the parents of those children to ensure each child received the care that they needed.

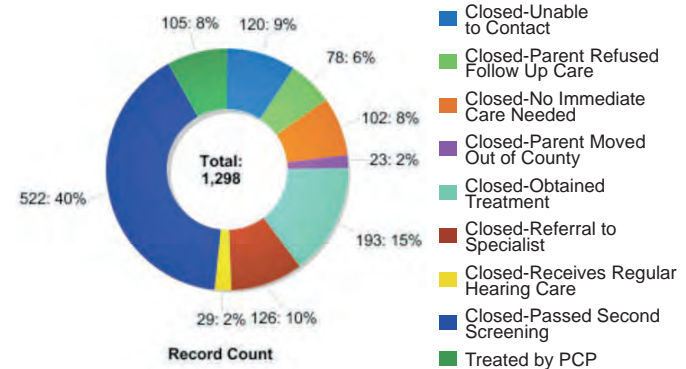


Cumulative HearingFirst Screenings

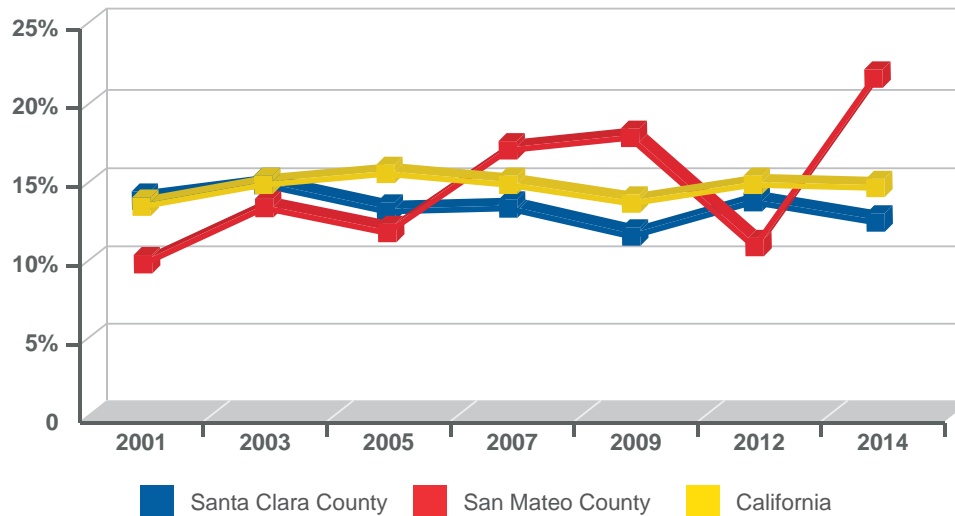
HearingFirst Ages of Children Screened



HearingFirst Closed Outreach



Asthma Diagnoses in Children ages 1-17



Definition: Percentage of children ages 1-17 whose parents report that their child has ever been diagnosed with asthma.

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

The price we pay in California :

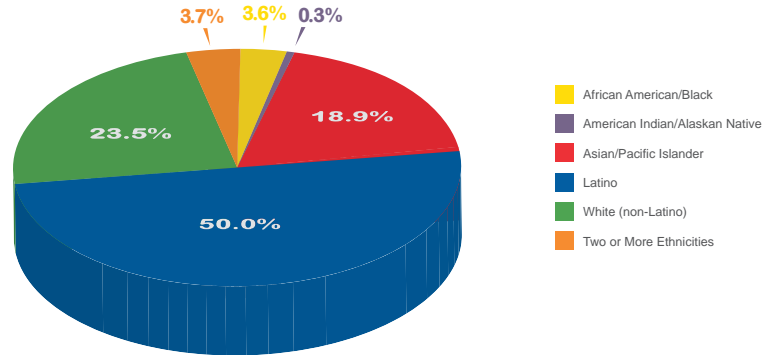
- Due to asthma, kids miss 1,200,000 days of school each year.
- In 2014, over 73,000 kids visited the emergency room for asthma, especially in rural areas.
- Asthma hospitalizations cost \$1 billion.
- Asthma-related school absences are expensive.
 - Parents lost \$233 million in wages to care for kids who missed school due to asthma in 2010.
 - Schools lost over \$37 million in attendance revenue in 2009.

Source: Children Now, Asthma in CA's Kids: The Prevalence and the Price, 2013.

Student Support Services and Special Education

In Santa Clara County, one in two children enrolled in special education is Latino, yet Latino children only constitute 1/3 of the population.

Special Education Enrollment of Children in Santa Clara County by Ethnicity, 2015



Ratio of Students to Pupil Support Service Personnel, by Type of Personnel, 2015

	Santa Clara County	San Mateo County	California
Counselor	966:1	656:1	792:1
Librarian	8532:1	4317:1	7896:1
Nurse	3192:1	5219:1	2784:1
Psychologist	1217:1	1186:1	1265:1
Social Worker	11875:1	*	12870:1
Speech/Language/Hearing Specialist	1112:1	1258:1	1263:1
Special Ed., Resource Specialist, and Other Personnel	719:1	704:1	1188:1
Total	215:1	200:1	235:1

Asterisks (*) are shown for jurisdictions with no personnel of this type.

Source: Lucile Packard Foundation for Children's Health, kidsdata.org, 2015.

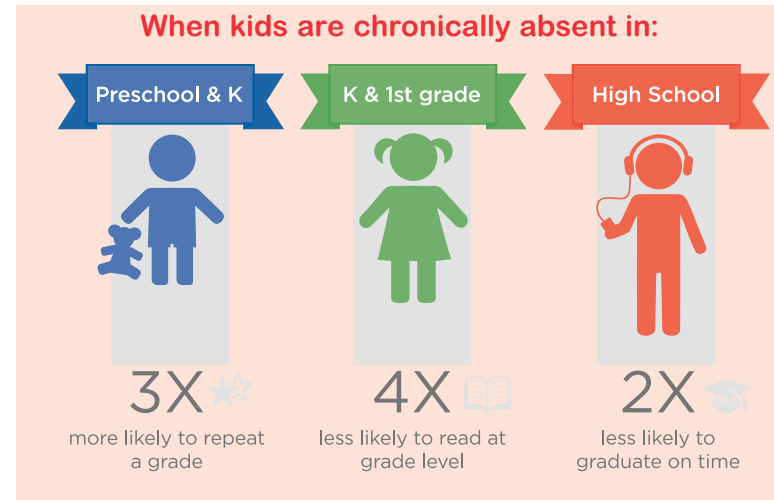
School Attendance

THE ELEMENTARY SCHOOL ATTENDANCE IMPERATIVE

HEALTH
&
EDUCATION

California Statistics

- The chronic absence rate for K-5 students is just over 8%.
- Over 75% of students with chronic attendance problems are low-income.
- Disproportionately high rates of absenteeism for African American and Native American students.
- In 2014-15, school districts statewide lost **over \$1 billion** due to students absences.



Source: Connolly, Faith and Linda S. Olson. "Early Elementary Performance and Attendance in Baltimore City Schools' Pre-Kindergarten and Kindergarten." Baltimore Education Research Consortium, Mar. 2012.

Santa Clara County Statistics

2012-2013 Elementary School Truancy Rate	2013-2014 Elementary School Truancy Rate	2014-2015 Loss of Funding	2014-2015 per Student Losses
15.48%	15.80%	\$23,878,693.00	\$96.47

Source: In School + On Track 2015: Attorney General's 2015 Report on California's Elementary School Truancy & Absenteeism Crisis.



Healthier Kids Foundation

SANTA CLARA COUNTY

Vision First



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

Hearing First



Screens children for undetected hearing issues and assists with accessing follow-up specialty care

Dental First



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

10 Steps



A free, three-class series for parents and caregivers that focuses on integrating healthy lifestyles within the home

COPE



Identifies uninsured children and assists parents in obtaining subsidized health coverage

Baby Gateway



Ensures newborns secure a medical home prior to being discharged from the hospital

Program Contact Information



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

10 STEPS

408.564.5114 ext.222 or 10steps@hkidsf.org

BABY GATEWAY

408.564.5114 ext.208 or baby@hkidsf.org

COMMUNITY OUTREACH

408.564.5114 ext.208 or cope@hkidsf.org

DENTALFIRST

408.564.5114 ext.210 or dentalfirst@hkidsf.org

HEARINGFIRST

408.564.5114 ext.210 or hearingfirst@hkidsf.org

VISIONFIRST

408.564.5114 ext.210 or visionfirst@hkidsf.org

CHALLENGE TEAM

408.564.5114 ext.222 or challengeteam@hkidsf.org



Actively supports the well-being of children and families in the City of Santa Clara by nurturing and facilitating community relationships



Conclusion

Our Seventh 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.

The programs administered by Healthier Kids Foundation, as well as hundreds more in our 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 the presentations provided during our Seventh Annual Symposium, please visit HKF's website at www.hkidsf.org.

Seventh Annual Symposium

Presenter	Topic	E-mail
Kathleen King CEO, Healthier Kids Foundation	<i>Welcome, Program Update, Overview of HKF's 'At a Glance, 7th Edition'</i>	kathleen@hkidsf.org
Ted Lempert, JD President, Children Now	<i>Ensuring Appropriate Access to Healthcare for Our Kids</i>	tlempert@childrennow.org
Robert Fluegge Pre-doctoral Fellow, Stanford	<i>Reviving the American Dream-New Lessons from Big Data</i>	rfluegge@stanford.edu
Manu Chaudhry, MS, DDS Director of Dental, Indian Health Center Santa Clara Valley	<i>Impact of Dental Care on Children's Health</i>	mchaudhry@ihcscv.org
Jessica Ray, RDH, DMD Children's Dental Center		jray@cdgdental.com
Stephen Black Founder, Impact America/Director, University of Alabama Center for Ethics	<i>The Future of Civic Engagement: Expanding the Definition of "Our Kids"</i>	Stephen.black@ua.edu
Secretary Diana Dooley California Health and Human Service Agency	<i>How to Sustain the Progress We've Made</i>	CHHSMAIL@chhs.ca.gov

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Healthier Kids
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Santa Clara County

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