

Microsoft Corporation

April 2018



At a Glance

Status of Children's Health

8th Annual Symposium



hkidsf.org

Keynote Speaker: Robert Pearl, MD



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Message from the Chief Executive Officer

WELCOME

KEYNOTE SPEAKER:



DR. ROBERT PEARL

Dr. Robert Pearl is the former CEO of The Permanente Medical Group, the nation's largest medical group, and former president of The

Mid-Atlantic Permanente Medical Group. In these roles, he led 9,000 physicians, 35,000 staff, and was responsible for the medical care of 4 million Kaiser Permanente members. As one of *Modern Healthcare's* 50 most influential physician leaders, Pearl is an advocate for the power of integrated, prepaid, technologically advanced and physician-led healthcare delivery. Pearl is a clinical professor of plastic surgery at Stanford University School of Medicine and on the faculty of the Stanford Graduate School of Business. In 2017 he authored "*Mistreated: Why We think We're Getting Good Healthcare—And Why We're Usually Wrong*" a *Washington Post* bestseller on the transformation of American healthcare. Pearl received his medical degree from the Yale University School of Medicine, followed by a residency at Stanford University.

Dear Friends,

At Healthier Kids Foundation, we believe that health and education are the foundation to success in today's society. We know that children who are healthy are able to flourish in the classroom and in life. We live by the data and work to make change—significant, positive, impactful change. By our estimate, more than 3,000 kids in San Mateo and Santa Clara counties go to school with emergency dental issues. These kids go to school every day in pain, with severe cavities, or an infection and it's unacceptable.

We work with families to identify and eliminate kids' health issues. Preventative care only works if acted upon; a dental screening is only effective if the child with a dental problem actually gets services to address it. So, follow up is crucial. Our best chance for success with children's health is to make sure that there is follow up and follow through.

The majority of our staff are home grown, meaning they were raised in this community and have a deep, empathetic understanding of the needs our families have. In San Mateo and Santa Clara counties, almost two thirds of children have a parent born outside of the United States. In our experience, many of these parents, who have children with unmet dental needs, don't know what is covered by their health insurance or how to effectively use it. Our staff meets families where they are, regardless of their situation, and works side-by-side with them to ensure their child gets the care they need.

Healthier Kids Foundation is on the forefront of data collection and analysis; we use data-driven strategies to pioneer smart solutions for families in our community. But data is only part of the story. We keep learning from families and their individual needs and experiences. The wide variety of barriers they must navigate when accessing health care services for their children is what keeps us going day and night.



To receive the stories of our families and gain a better understanding of the health needs in our community, contact Laura Clendaniel (Laura@hkidsf.org) to join our distribution list.

No one cares how much you know, until they know how much you care.

Kathleen M. King

Healthier Kids Foundation extends its gratitude to:



Coming together for the health and wellness of our kids, every day.

Children by City, County, and State

City	Children (Ages 0-17)	Percentage of Children
Campbell	8,482	21%
Cupertino	16,980	28%
Gilroy	17,071	31%
Los Altos	7,945	26%
Los Gatos	6,719	22%
Milpitas	17,831	23%
Morgan Hill	12,804	29%
Mountain View	16,089	20%
Palo Alto	15,415	23%
San Jose	256,337	25%
Santa Clara	26,449	21%
Saratoga	7,384	24%
Sunnyvale	33,609	22%
Santa Clara County	443,115	23%
San Mateo County	160,607	21%
California	9,884,163	25%

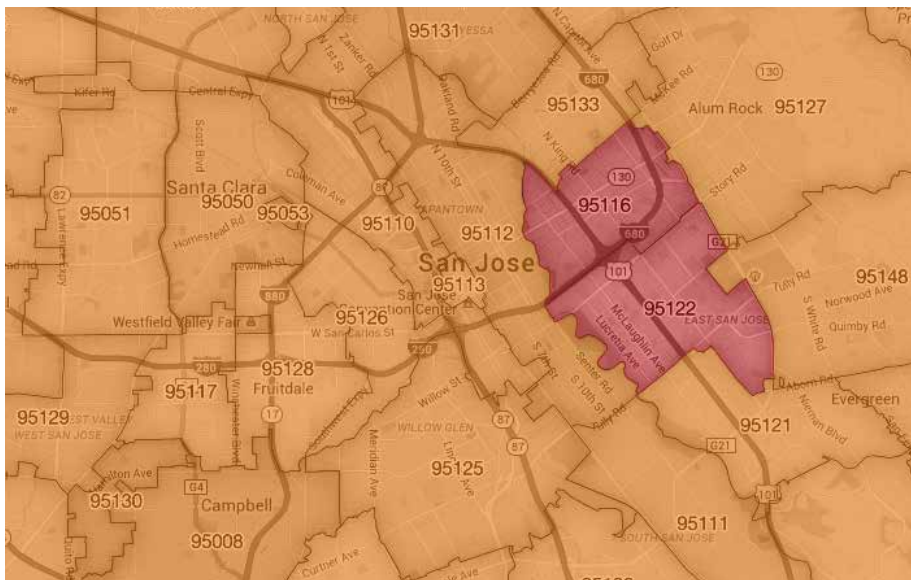
In California, children
are 25% of our
population and 100%
of our future.

“It is so wonderful
to have someone
else who truly cares
about the well-being
of my child.” – Rosa,
mother

Source: U.S. Census Bureau, American Community Survey, 2016-2017. Kaiser Family Foundation, State Health Facts, 2016.

Children Living in Poverty

More than one in two children live below 185% of the Federal Poverty Level (FPL) in San Jose zip codes 95116 (56%) and 95122 (53%).



185% FPL in 2018 for a family of four is \$46,435/year.

Source: U.S. Census Bureau; American Community Survey. 2010-2014 American Community Survey 5-Year Estimates, Table B17024.

Children Eligible for Free and Reduced Lunch

	Percent
California	58.6%
Santa Clara County	37.8%
San Mateo County	33.6%

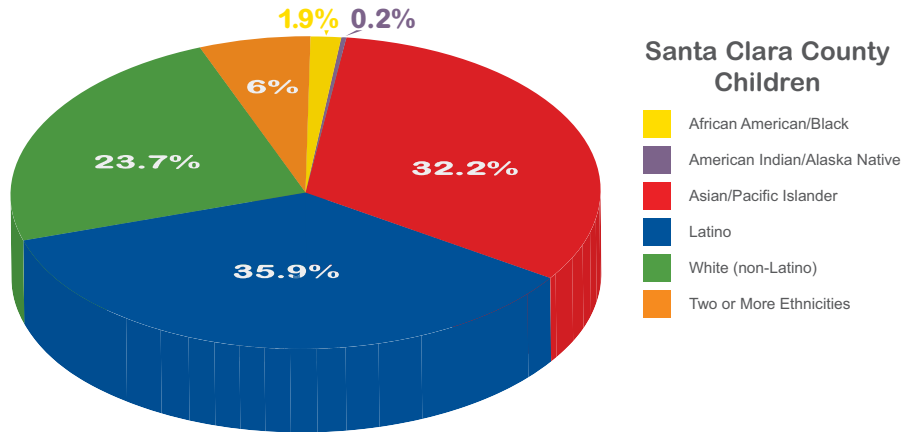
To qualify for the Free and Reduced Lunch program, a child's family income must fall below 185% of the FPL.

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

Not all parents have the luxury of putting health first.

Ethnicity Of Children

OUR
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.

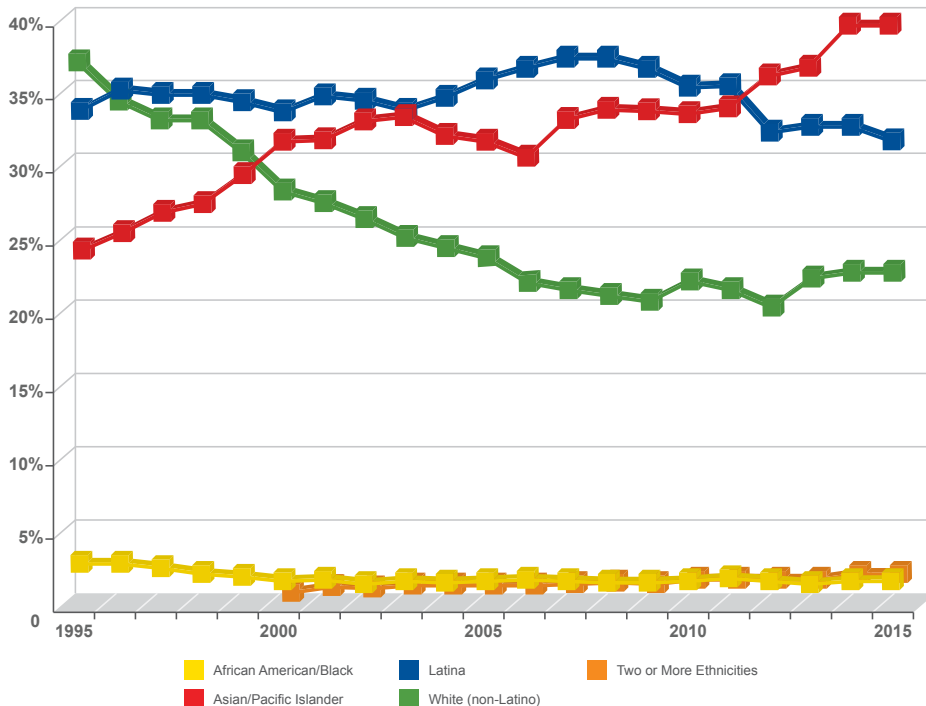
Births by Race

- Between 2004 and 2015, there has been an 11.8% decrease in births in Santa Clara County, 10.4% decrease in San Mateo County, and 9.7% decrease in births in California.
- The number of births from women of Latina descent is dropping while the number of births from women of Asian descent climbs.

Births	2004	2015	% Drop
California	544,685	491,748	-9.7%
Santa Clara County	26,537	23,393	-11.8%
San Mateo County	10,089	9,040	-10.4%

Source: California Dept. of Public Health Center for Health Statistics, Birth Statistical Master Files, Henry J. Kaiser Foundation.

Birth Rates in Santa Clara County, 2015





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

Santa Clara and San Mateo counties report a higher percentage of children having health insurance than California (94%). An estimated 13,243 children (3%) in Santa Clara County are uninsured and 2,409 children (1.5%) in San Mateo County are uninsured. All children should have access to health insurance and the quality healthcare that they need to thrive.

Source: U.S. Census Bureau; 2011-2015 American Community Survey 5-Year Estimates, Selected Population Tables, Tables DP03; generated by Baath M.; using American FactFinder.

Children Without Health Coverage, 2015

	Santa Clara County	California	United States
African American	3%	4%	5%
Asian/Pacific Islander	3%	5%	6%
Latino	5%	8%	11%
White	2%	4%	5%
Total Population	3%	6%	7%

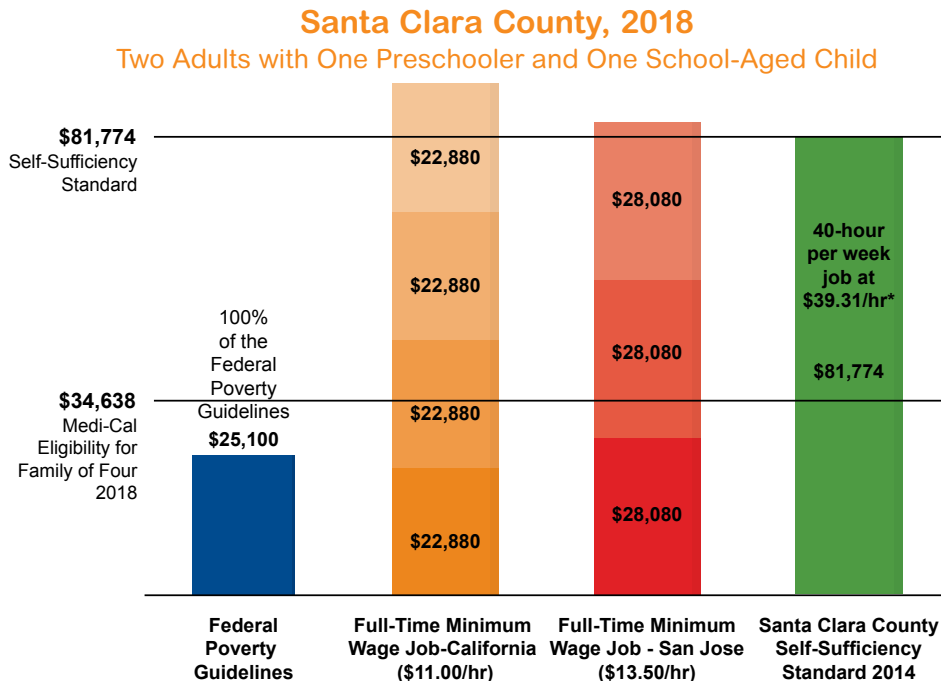
We have a “no wrong door” approach and available options. Children in Santa Clara and San Mateo counties whose family earns up to 400% of the Federal Poverty Level are eligible for free or subsidized health insurance through Medi-Cal, State Children’s Health Insurance Program, Healthy Kids Program, Valley Kids Program, and Health Plan of San Mateo.

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.

- Even with San Jose's minimum wage increase, it still takes 2.91 full-time workers to meet the Santa Clara County Self-Sufficiency Standard.
- The U.S. minimum wage is \$7.25
- The current California minimum wage is \$11.00 an hour, to be \$15.00 an hour by 2022.
- Many cities throughout Santa Clara and San Mateo counties have enacted a \$15 minimum wage law to go into effect between 2018 and 2020.
- For a family of four, one full time worker must make less than \$16.65 an hour to qualify the family for no-cost Medi-Cal.



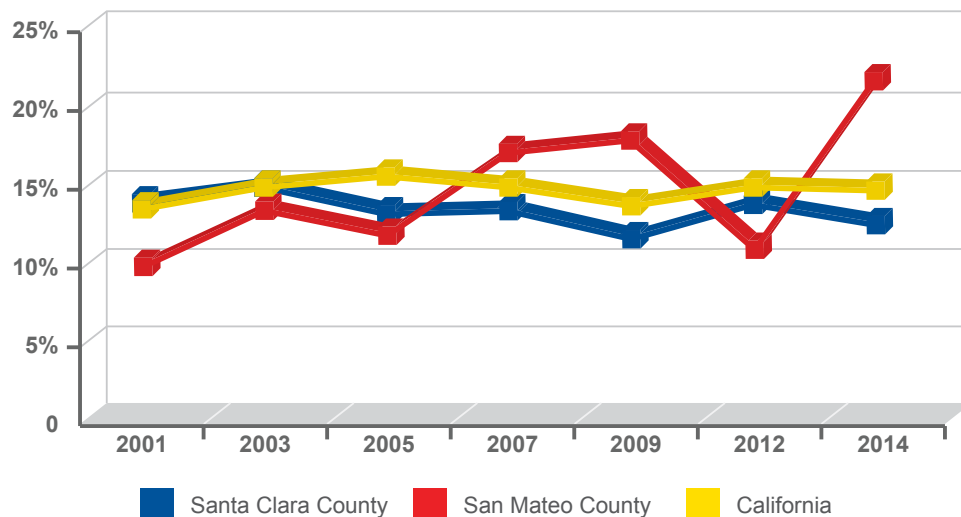
*Note: Latest data available. The Self-Sufficiency Standard includes the net effect of the addition of child care and child tax credits and subtraction of taxes. Department of Health Services (DHCS), March/2018.

City	Minimum Wage	Number of Full-Time Workers required to meet the Self-Sufficiency Standard
Campbell	\$12.00/hr	3.27
Cupertino	\$13.50/hr	2.91
Gilroy	\$12.00/hr	3.27
Los Altos/Los Altos Hills	\$13.50/hr	2.91
Los Gatos	\$11.00/hr	3.57
Milpitas	\$12.00/hr	3.27
Monte Sereno	\$11.00/hr	3.57
Morgan Hill	\$11.00/hr	3.57
Mountain View	\$15.00/hr	2.62
Palo Alto	\$13.50/hr	2.91
San Jose	\$13.50/hr	2.91
Santa Clara	\$13.00/hr	3.02
Saratoga	\$13.50/hr	2.91
Sunnyvale	\$15.00/hr	2.62

The basic monthly costs for a two-parents, two child family in Santa Clara County amount to \$7,199. Housing and childcare make up half of their monthly costs.

Asthma

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.

California kids miss
1,200,000 days of
school each year
because of Asthma.

The price we pay in California :

- 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.



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 and 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 are 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 Santa Clara County Children, 2014

		Percent of ER visits
Race/Ethnicity	African American	4%
	Asian/Pacific Islander	16%
	Latino	55%
	White	20%
Age Group	Under 5	45%
	5-11	30%
	12-17	25%



Source: Office of Statewide Health Planning and Development, 2014 Emergency Department Data; Summarized by Santa Clara County Public Health Department.

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

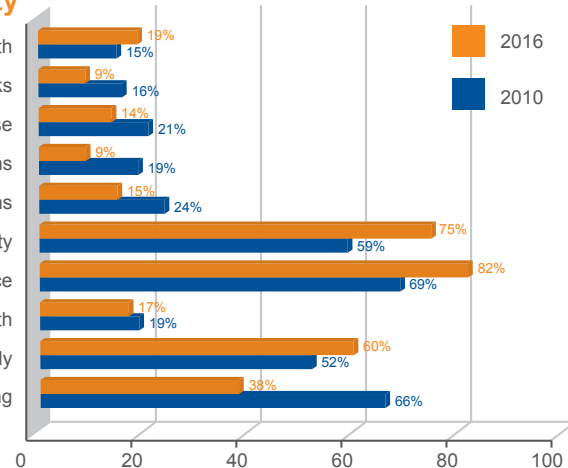
Locations	Rate per 100,000	
	2007-2009	2011-2013
California	6.9	7.7
Santa Clara County	7.4	10.0

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

Between 2007 and 2013, Santa Clara County's youth suicide rate increased by 35%. Of those who are in need of counseling services in Santa Clara and San Mateo counties, 65% receive it.

Assessing Youth Behavior in Santa Clara County

- Depression** - felt sad or depressed most or all of the past month
- Alcohol** - got drunk in the past 2 weeks
- Sex** - had sexual intercourse
- Crime** - had trouble with the police in the past 12 months
- Violence** - hit someone in the past 12 months
- Values** - places high value on promoting equality, reducing hunger and poverty
- Expectations** - feels positive peer influence
- Empowerment** - perceives that adults in the community value youth
- Social competence** - seek to resolve conflict nonviolently
- Learning** - is actively engaged in learning



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

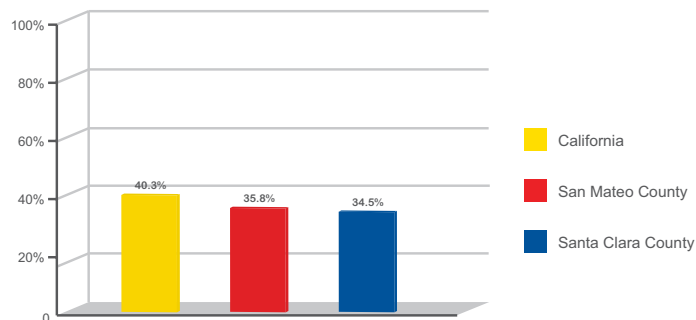
Obesity

Obesity in childhood can lead to health problems—often for life. For adults, having obesity is linked to increased risk of heart disease, type 2 diabetes, high blood pressure and other chronic conditions. Research shows that children with obesity are more likely to be obese as an adult. An individual's education and nutritional knowledge has more of an impact on their food choices than their proximity to grocery stores, suggesting that the idea of “food deserts” is misleading.

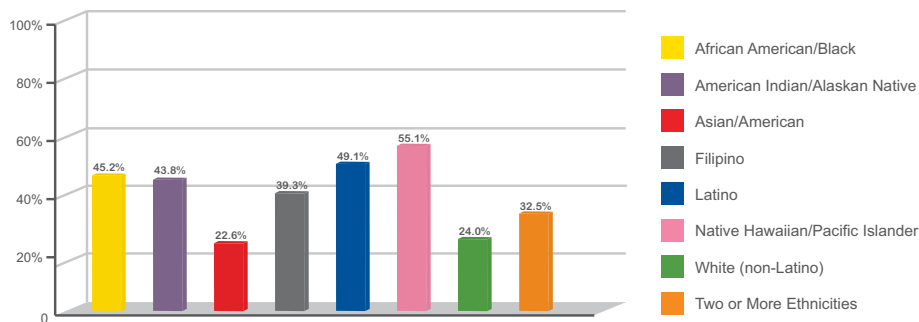
Source: The Roots of Nutritional Inequality, Stanford Business, 2018.

“Healthier Kids Foundation’s 10 Steps class was so helpful. My family meals are going to change after what I have learned. We are going to focus on foods that are real.”
—Jerry, father

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

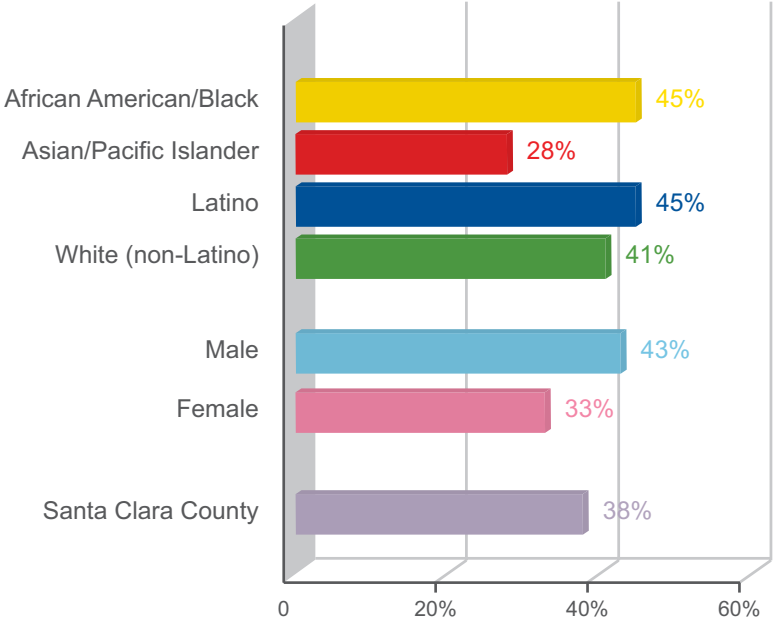


Santa Clara County 5th Grade Students Who are Overweight or Obese by Race or Ethnicity, 2015



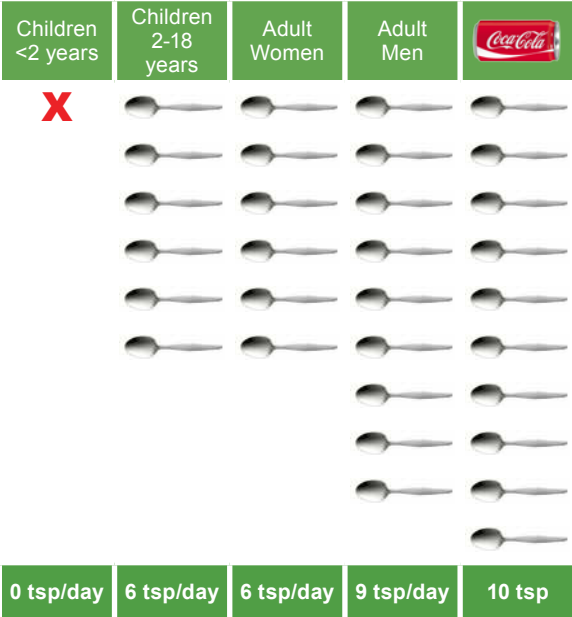
Source: Lucile Packard Foundation for Children's Health, kidsdata.org, 2015.

Santa Clara County Middle and High School Students who Drank Soda One or More Times in the Past 24 Hours, 2016



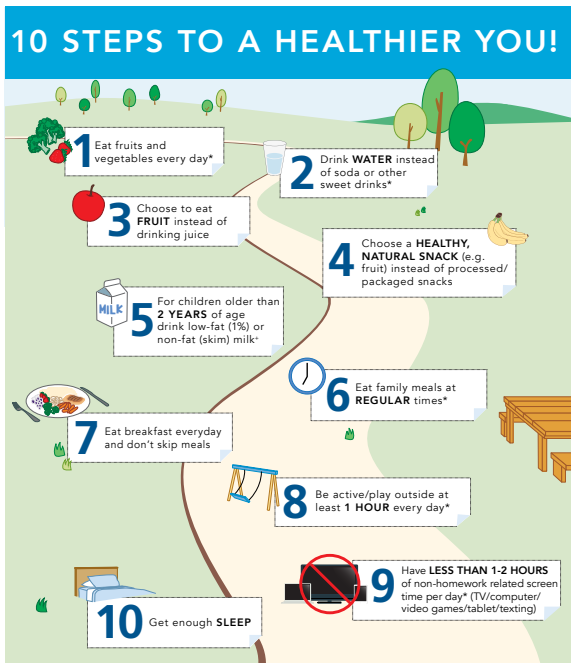
Source: Status of Children's Health, Santa Clara County, Volume 2, 2016.

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.

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:

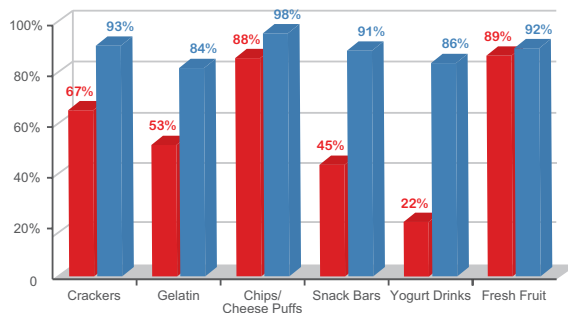
5,400 unduplicated parents have attended workshops

5,700 children have been served by workshops

200 community sites have hosted workshops at least once

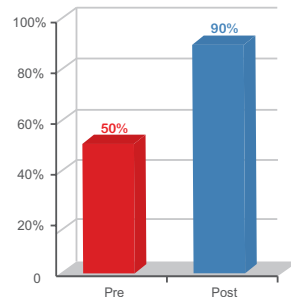
Significant Increase in Knowledge:

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



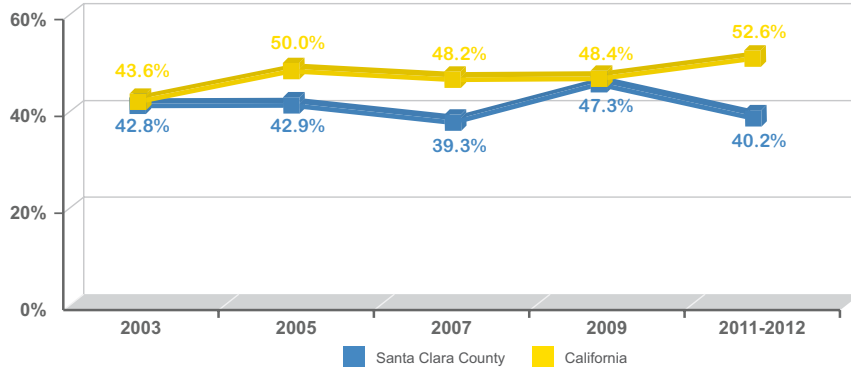
■ PRE ■ POST

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).

**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. The abbreviation S refers to data that have been suppressed because the sample size was lower than 50.

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

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.



After attending a 10 Steps Workshop:

- 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:

Dental caries, or cavities is the single most common chronic childhood disease in the United States. It 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 oxytrel 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.

Example of Dental Screening Result

1. () Routine Dental Care Recommended/Se Recomendó Atención Dental de Rutina:
**Many dental emergencies occur a dental cleaning every 6 months. *Muchos urgentes dentales ocurren limpiando dentales cada 6 meses*

- ☐ A) Dental cleaning recommended/Se recomendó limpiar dental
- ☐ B) Screen for cavities between the teeth (interproximal caries)/Se recomendó examinar por caries entre los dientes (inter proximal)
- ☐ C) Sealants application recommended/Se recomendó 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 (Pones recomendados)

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

- ☐ A) Mild to moderate caries (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 (tooth 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 saliendo amontonados con dientes adultos)

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

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

R/D

I/L

Healthier Kids Foundation, in partnership with local dentists, screens children for undetected dental issues and assists them with accessing follow up dental care. Healthier Kids Foundation has screened over 37,900 kids for dental issues. Over 29% of kids screened have urgent or emergency dental issues and Healthier Kids Foundation case managers follow up with each parent to ensure their child receives dental care.

FY 16-17 DentalFirst Data	Total Number Dental Screened	% of Overall Screened	Number with Emergency Dental Need	% of Age Group with Emergency Dental Need	Number with Urgent Dental Need	% of Age Group with Urgent Dental Need	Total Dental Need (Urgent and Emergency)	% of Total Dental Need (Urgent and Emergency)
Child's Age								
0-2	318	3%	3	1%	29	9%	32	10%
3 to 5	3,519	31%	232	7%	838	24%	1,070	30%
6 to 8	3,900	35%	273	7%	966	25%	1,239	32%
9 to 13	2,794	25%	107	4%	619	22%	726	26%
14-18	669	6%	25	4%	143	21%	168	25%
Grand Total	11,200	100%	640	6%	2,595	23%	3,235	29%

Healthier Kids Foundation's VisionFirst program uses a high-tech photo optic scan camera to screen children for undetected vision issues. Healthier Kids Foundation case managers follow up with the parents of those children who receive a referral to ensure that they have insurance and access appropriate services for their child.

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

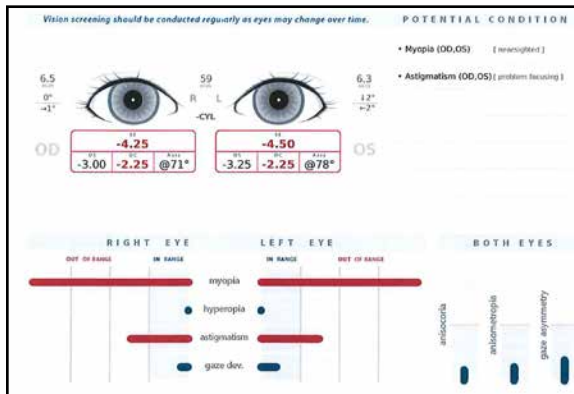
- Approximately 80% of children's learning is visual.
- About 25% of students in grades K-6 suffer from vision problems serious enough to impede their capacity to learn.
- An estimated 80% of children with a learning disability have an undiagnosed vision problem.

FY16-17 VisionFirst Data	Total Number Vision Screened	% of Overall Screened	Number Referred for Complete Eye Exam	% Referred	Number that Visited an Optometrist	% that Visited an Optometrist of those Referred	Number that Received Glasses	% that Received Glasses of those Referred	Number that Visited a Specialist	% that Visited a Specialist of those Referred
Child's Age Range										
0-2	718	3%	63	9%	33	52%	13	21%	0	0%
3 to 5	7,827	34%	1,072	14%	692	65%	532	50%	11	1%
6 to 8	5,998	26%	880	15%	538	61%	469	53%	8	1%
9 to 13	6,281	27%	1,057	17%	613	58%	508	48%	13	1%
14-18	2,303	10%	394	17%	172	44%	137	35%	4	1%
Grand Total	23,127	100%	3,466	15%	2,048	59%	1,659	48%	36	1%

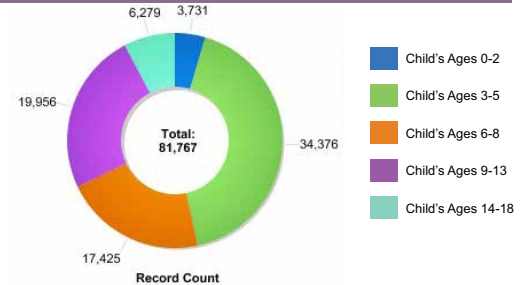
Kids don't know what they don't know.

Healthier Kids Foundation has vision screened over 81,700 children. Of those children, 14% of them were identified as having a vision issue. Healthier Kids Foundation's case managers have assisted over 4,600 children with obtaining glasses.

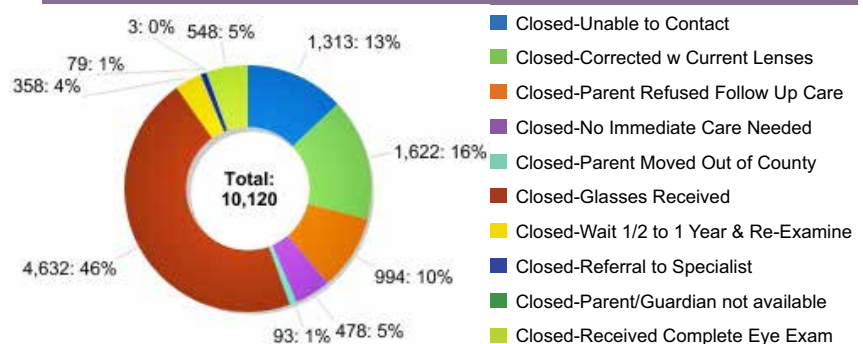
Example of Vision Screening Result



Cumulative Vision Screenings by Age



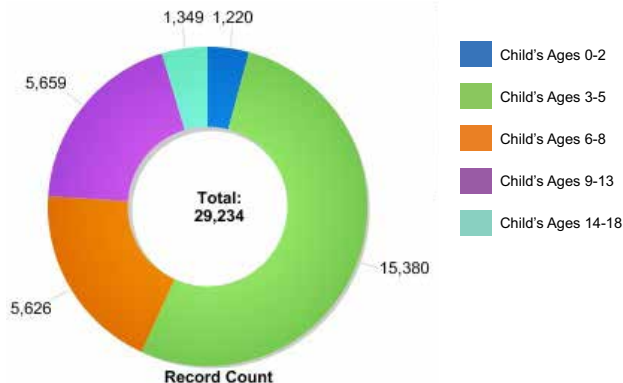
Outcomes of Closed Cases



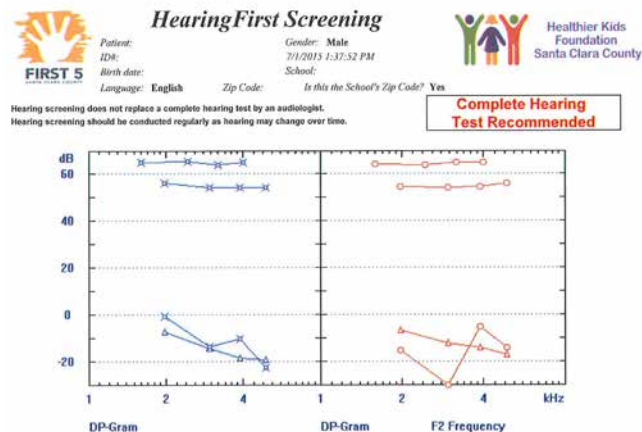
Using the AuDX Pro OAE screening device, Healthier Kids Foundation screens children for undetected hearing issues and assists them with obtaining hearing services and receiving treatment. Healthier Kids Foundation has screened over 29,200 kids for

undetected hearing issues. Of those screened ages 0-5, 13% were identified as having a potential hearing issue. Healthier Kids Foundation's case managers followed up with their parents and assisted 1,200 kids in obtaining appropriate services.

Cumulative Hearing Screenings by Age



Example of Hearing Screening Result

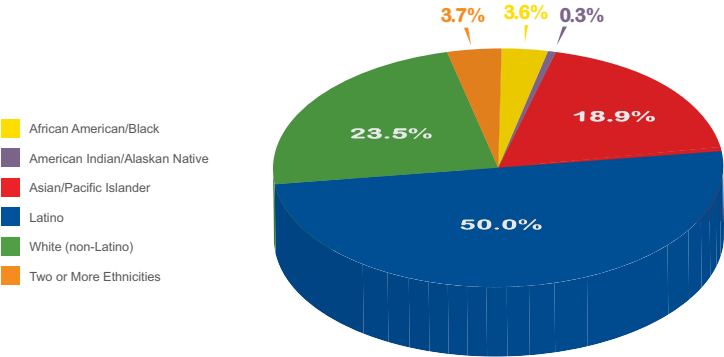


Families deserve a partner in advocating for their child's health.

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, 2016



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, 2016.

Healthy Kids Do Better in School

Children may have a health problem that you do not know about. Or maybe they need help with a health problem you do know about. Health problems should not hold children back.

These health problems make it harder for children to go to school, pay attention, and learn.

Seeing – All kids need an eye exam every year

Hearing – All kids need to be hearing screened

Tooth Pain – All kids need to see a dentist once every six months and have sealants put on their molars

Feeling Sleepy – All kids need 10 hours of sleep a night

Hunger – All kids need to eat breakfast at home or at school each morning

Don't miss school, every day matters!

Children who miss two or more days of school a month have a harder time learning to read and may have to repeat a grade.

Source: Childrenshealthfund.org Healthier kids do better in school, 2018.



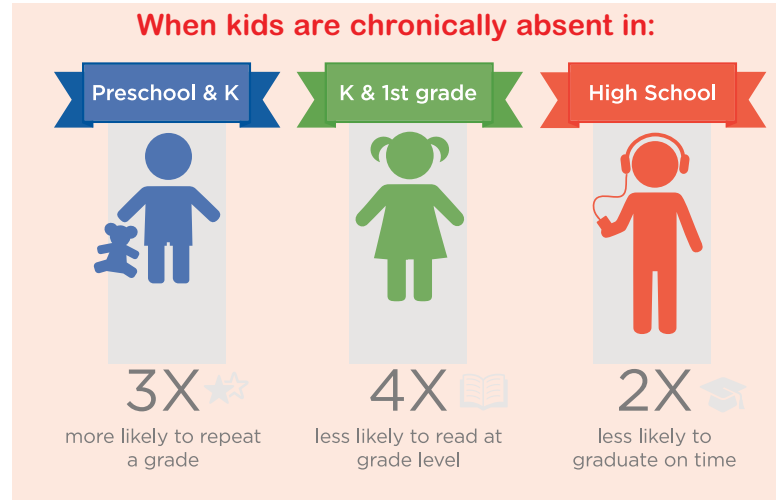
Asthma – Asthma causes kids to cough at night and might make them tired in school. Talk to a doctor about appropriate treatment or medication

Stress – If a child is very afraid, sad, or worries a lot, talk to a doctor or counselor

Behavior – If it is difficult to manage a child's behavior, talk to a doctor or counselor

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 (14%).
- 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



Healthier Kids Foundation is a family forward health agency that gives children and those who love them the education and cutting edge tools they rightfully deserve to live a healthy life.

At Healthier Kids Foundation, we believe preventative care at an early age makes things fair. Every day, we work side-by-side with families to identify and eliminate kids' health issues before they even begin. Because without us, barriers that could be corrected may stand in the way of kids joyfully climbing the ladder of life.

"Vision screenings give a voice to those children who are unable to express that they cannot see the world around them. Now that my son has glasses, I've noticed that the shy timid boy is gone, and in his place is my inquisitive, happy, thriving son."

- Maria, mother
Jose, Age 4



"On hot summer days I couldn't drink ice water because it made my teeth hurt. I never told my mom because she is busy working two jobs. I am so glad I got the treatment done, the pain I was feeling for so many years is gone."

- Michael, Age 16



"Since my daughter has received treatment for her hearing issue, she no longer ignores me when I speak to her. Her teachers have also noticed that she is much more willing to try new things in class and able to pay closer attention to instructions."

- Luciana, mother
Mileydi, Age 4



"I learned in the 10 Steps to a Healthier You! workshops that kids need role-models. So, my wife and I have stopped drinking soda and I have stopped buying juice for the family. I started to put fruit into the kids' water—they love it! "

- Juan, father of two






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



Challenge Team

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



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



For more information regarding Healthier Kids Foundation's programs, please contact us at 408.564.5114 x206



Conclusion

Our Eighth Annual Symposium on the Status of 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 so that we, as a collective and diverse community, can build a strong, effective plan to address the health deficiencies among our children.

Hundreds of organizations, including Healthier Kids Foundation, work side-by-side in our community to address the health needs of children to ensure that they all have the opportunity to thrive. Now, let's all collaborate to create a healthier community for our children!

For more information regarding the presentations provided during our Eighth Annual Symposium, please visit Healthier Kids Foundation's website at www.hkidsf.org.

Eighth Annual Symposium

Presenter	Topic	E-mail
Sunny Ochoa Director of Programs, Healthier Kids Foundation	<i>Welcome</i>	sunny@hkidsf.org
Supervisor Cindy Chavez Santa Clara County	<i>Welcome</i>	cindy.chavez@bos.sccgov.org
Deputy County Executive David Campos Santa Clara County	<i>Prenatal-3rd Grade Health & Early Learning System</i>	david.campos@ceo.sccgov.org
Robert Pearl, MD	<i>Mistreated: Why We Think We're Getting Good Health Care- And Why We Are Usually Wrong</i>	drrobertpearl@gmail.com
Mary Otto	<i>Teeth: The Story of Beauty, Inequality, and the Struggle for Oral Health in America</i>	mary@healthjournalism.org
Kathleen King CEO, Healthier Kids Foundation	<i>Overview of Healthier Kids 'At a Glance, 8th Edition'</i>	kathleen@hkidsf.org
Stephen Black	<i>Moving Forward in the Era of Trump</i>	Stephen.black@ua.edu

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