

Silicon Valley Bank
Kellogg Auditorium

May 2016

At a Glance

Status of Children's Health in Santa Clara County

6th Annual Symposium



Healthier Kids
Foundation
Santa Clara County

hkidsf.org

 [#hkidsf](https://twitter.com/hkidsf)

SPEAKERS

Patricia Barreto, MD, MPH

Douglas Jutte, MD, MPH

Peter Long, PhD

Karina Perez, MS, RDN

Wendelin Slusser, MD, MS



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HEALTHIER KIDS FOUNDATION

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WELCOME

KEYNOTE SPEAKER:



**DOUGLAS
JUTTE, M.D.,
M.P.H.**

Douglas Jutte, MD,
MPH is Executive
Director of the

Build Healthy Places Network, a national organization that catalyzes and supports collaboration across the community development and health sectors. Dr. Jutte has also been a leader in the Federal Reserve System and RWJ Foundation's Healthy Communities Initiative. He is a pediatrician, professor, and population health researcher at the UC Berkeley School of Public Health. His research focuses on the impact of the social determinants of health on children's well being through the lifespan and the policy levers and financial tools that can intervene to protect families and communities. He completed his pediatric residency at Stanford University and a post-doctoral fellowship at UCSF through the RWJF Health & Society Scholars program.

Dear Friends of Healthier Kids Foundation,

Both Santa Clara County and the State of California have experienced some great news this year: California will enroll undocumented children into full scope Medi-Cal within the next few months (up to 266% of the Federal Poverty Level). This expansion will extend Medi-Cal coverage to an estimated 170,000 undocumented immigrant children under age 19 (link to article below).

Insuring undocumented children through the Healthy Kids program in Santa Clara County became a replicable program in at least 27 other California counties. This effort, made by so many local partners, has allowed the State of California to take the next step forward, enabling a large portion of the undocumented children to have the opportunity to obtain health insurance. In our county, the Board of Supervisors implemented a health coverage program that enables children with family incomes up to 400% of the Federal Poverty Level to access health coverage. This is a true example of a large-scale systemic change utilizing cross-sector coordination for which we can all claim credit for its positive impact. Next, the bad news: According to a recent UCLA study, one out of every 11 adults in our county are diagnosed with diabetes and another 46% of adults are prediabetic (often without being diagnosed). Without intervention efforts, it is projected that up to 30% of Santa Clara County adults with prediabetes will develop Type 2 Diabetes within five years, and up to 70% will develop diabetes within their lifetime. This is as catastrophic as global warming. Our best solution is prevention.

We, the Healthier Kids Foundation, are at the intersection of children's preventive health, health access, and education. We believe that the most efficient and effective approach to health prevention is to educate parents on the process of utilizing their preventive health services for their children so that they learn to regularly use them. As a nation, 95% of the trillion dollars we spend on health care goes to direct medical services, while just a shocking 5% is invested in population approaches to health improvement.

Each of the speakers during the 2016 Symposium on the Children's Health have made health, not necessarily health care, their mission in life. They are knowledgeable and passionate about their work; and we are grateful that they would take time out of their busy schedules to inform us of the future of health, healthy places, and healthy networks that we all hope to enjoy. They all use collective impact to address the social issues facing our communities to make social change happen.



Kathleen M. Ling

Article link <http://ww2.kqed.org/stateofhealth/2016/03/24/california-faces-challenges-enrolling-undocumented-children-in-medi-cal/>

Special Acknowledgement

Healthier Kids Foundation (HKF) extends its gratitude to:



Saria Tseng



Children Uninsured 0-17 Years Old

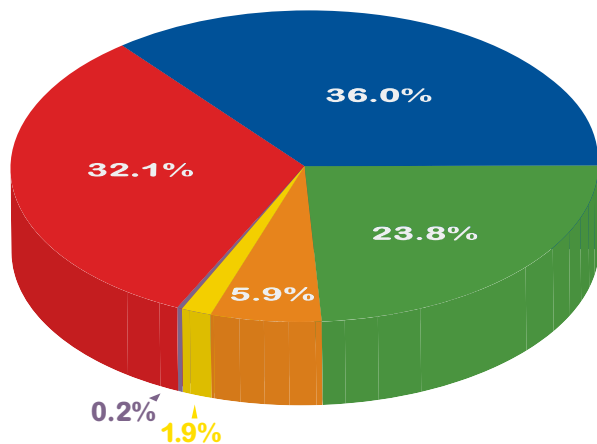
City	Children (Ages 0-17)	Percentage of Children (per city)	Uninsured Children		
			Ages 0-5	Ages 6-17	Ages 0-17
Campbell	8,372	21%	1.7%	3.3%	2.7%
Cupertino	16,295	28%	0.3%	1.7%	1.3%
Gilroy	14,901	30%	3.4%	6.4%	5.4%
Los Altos	7,772	27%	0.0%	1.8%	1.3%
Los Gatos	7,002	24%	0.9%	0.8%	0.8%
Milpitas	14,919	22%	1.3%	3.8%	3.0%
Morgan Hill	10,673	28%	2.0%	8.0%	6.1%
Mountain View	15,805	21%	2.9%	8.1%	6.1%
Palo Alto	15,105	23%	LNE	1.0%	0.8%
San Jose	236,055	23%	2.6%	3.0%	2.9%
Santa Clara	26,379	21%	1.4%	LNE	4.9%
Saratoga	7,037	22%	0.4%	1.0%	.9%
Sunnyvale	33,526	22%	1.4%	0.9%	1.1%
TOTAL	433,356	23%	2.5%	3.2%	3.0%

Source: U.S. Census Bureau, American Community Survey, 2014; Kidsdata.org, 2013, 2014. LNE (Low Number Event) refers to estimates that have been suppressed because the margin of error was greater than 5 percentage points.

There is no reason why any child living in Santa Clara County has to go without health insurance. We have a “no wrong door” approach and available options. Children, whose families earn up to 400% of the Federal Poverty Level (FPL), are eligible for free or subsidized health insurance through Medi-Cal, the Healthy Kids Program, Kaiser’s Child Health Program, or Valley Kids Program.

- An estimated 3% of children in Santa Clara County are uninsured. These children represent all ethnicities and families at all income levels.
- There are far less 0-5 year old children without insurance than 6-17 year olds.
- The Cities of Mountain View, Gilroy, and Morgan Hill still have the highest percentage of uninsured children in Santa Clara County.

Ethnicity Of Children (Ages 0-17)



Santa Clara County



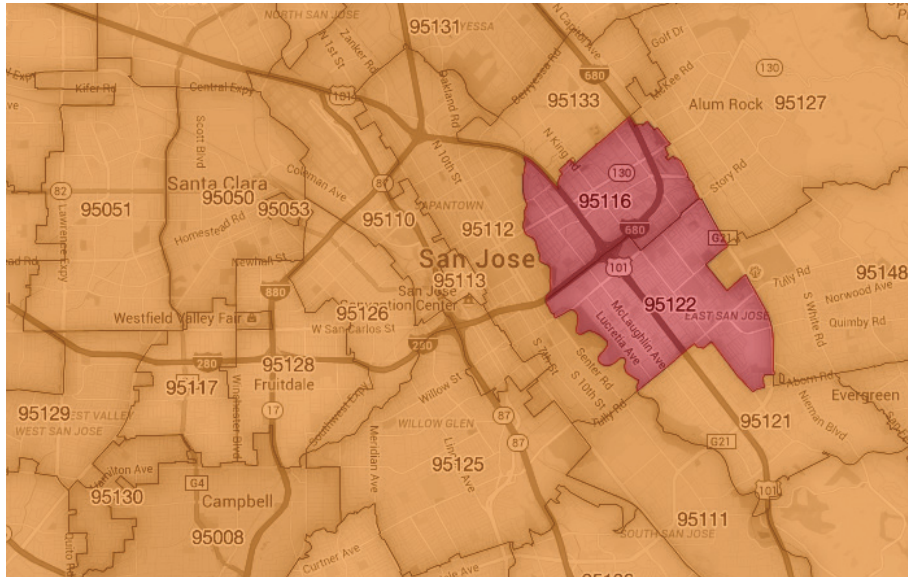
In 2014, nearly half (49%) of children (ages 5 to 17) spoke a language other than English at home.

Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates.

	Santa Clara County	California
African American/Black	1.9%	5.3%
American Indian/Alaska Native	0.2%	0.4%
Asian/Pacific Islander	32.1%	11.3%
Latino	36.0%	51.4%
White (non-Latino)	23.8%	27.0%
Two or More Ethnicities	5.9%	4.6%

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

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



*185% FPL in 2016 for a family of four is \$44,955.

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

Children in Poverty, 2014

	Percent
California	22.7%
Santa Clara County	8.6%

Definition: Estimated percentage of children ages 0-17 living in families with incomes below the Federal Poverty Level, which is \$24,300 for a family of two adults and two children in 2016.

In Santa Clara County,
nearly one in ten (9%)
children ages 0 to 17
were living below 100%
of the FPL.

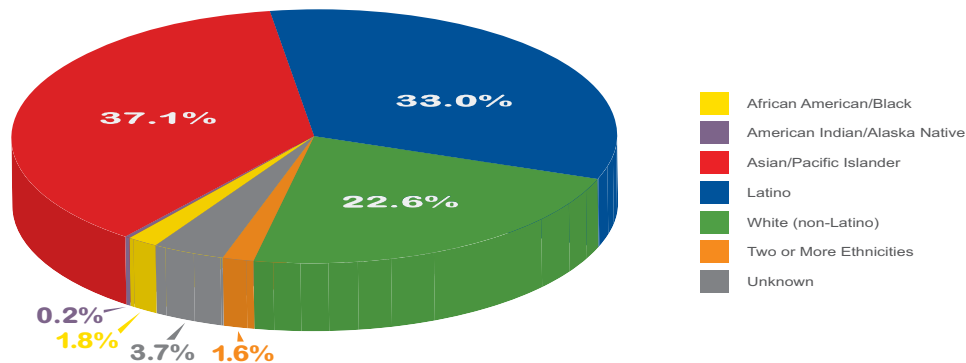
Source: Children's Health
Assessment, 2015.

Birth Rates by Ethnicity

Almost 3 out of 4 (70%)
children ages 0 to 5 have
one parent born outside of
the U.S.

Source: Urban Institute. 'A Bi-County
Conversation: Engaging Immigrant
Communities in Early Learning'.

Santa Clara County, 2013



	2006	2007	2008	2009	2010	2011	2012	2013
Santa Clara County	26.9k	27.4k	26.7k	25.2k	23.9k	23.6k	24.3k	23.3k

- Starting in 2007, birth rates fell in Santa Clara County (SCC) and did not increase until 2012, highlighting how birth rates align with the economy.
- From 2006 to 2013, there was a 13.4% decrease in births in SCC.
- Despite the falling birth rate, the overall population of SCC continues to grow due to immigration.

Source: San Francisco Bay Area: State of the Region: Economy, Population, Housing 2015.

Health Coverage of Children (Ages 0-17)

WHO ARE UNINSURED BY RACE/ETHNICITY

HEALTH
COVERAGE

As of May 2016, California will start extending Medi-Cal to about 170,000 children. Some estimates state Medi-Cal could reach as many as 260,000 kids.

Source: California Healthline. "New Law Will Expand Medi-Cal to 170K Undocumented Children".

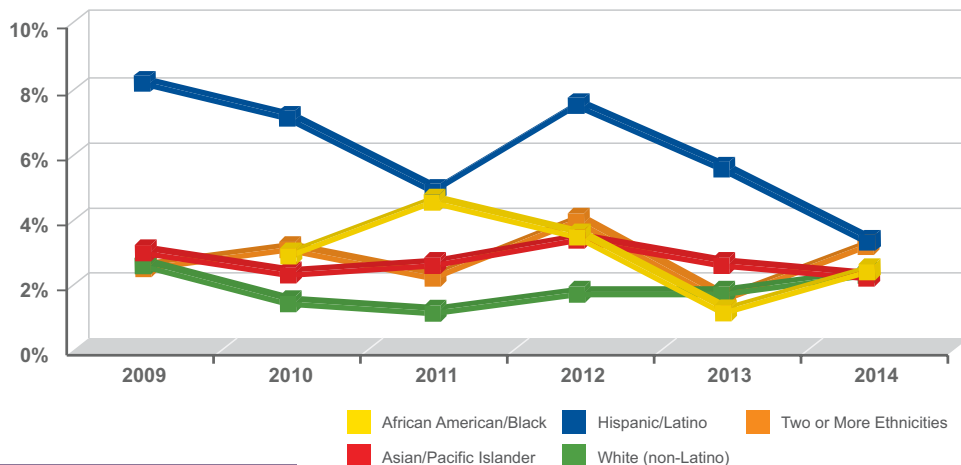
The County reports a higher percentage of children in Santa Clara County having health insurance (97%) than in the state (94%).

Room for Improvement:

The zip codes with the lowest percentages of health insurance coverage for children were 95117 (89%), 94085 (89%), and 95002 (88%).

Source: Status of Children's Health, Santa Clara County, Volume 1, 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. For example, in 2014, 6.8% of Hispanic/Latino children in California were uninsured.

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

Self-Sufficiency Standard

SANTA CLARA COUNTY AND MINIMUM WAGE

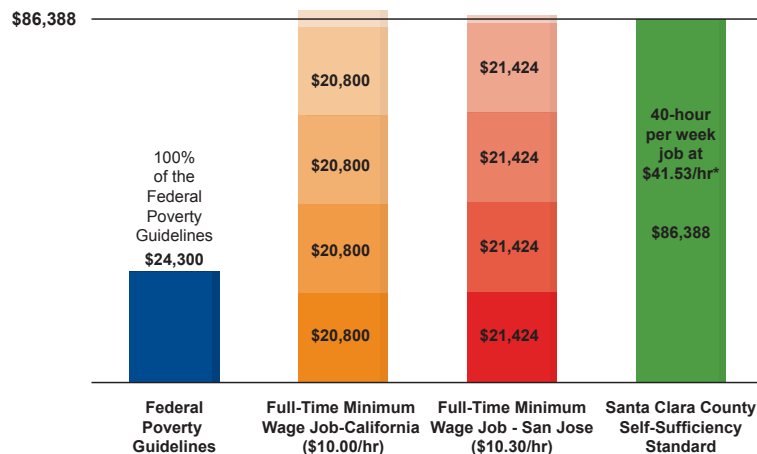
The Family Economic Self-Sufficiency Standard (Self-Sufficiency Standard) for California provides a measurement of what it takes to make ends meet in today's economy.

- 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 4.03 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 \$10.00 an hour, to be \$15.00 an hour by 2022.
- The \$15 Club: California cities that enacted a \$15 minimum wage law and the year it goes into effect.

City	Year
San Francisco	2018
Mountain View	2018
Emeryville	2018
El Cerrito	2019
Los Angeles	2020
Santa Monica	2021

Santa Clara County (2016)

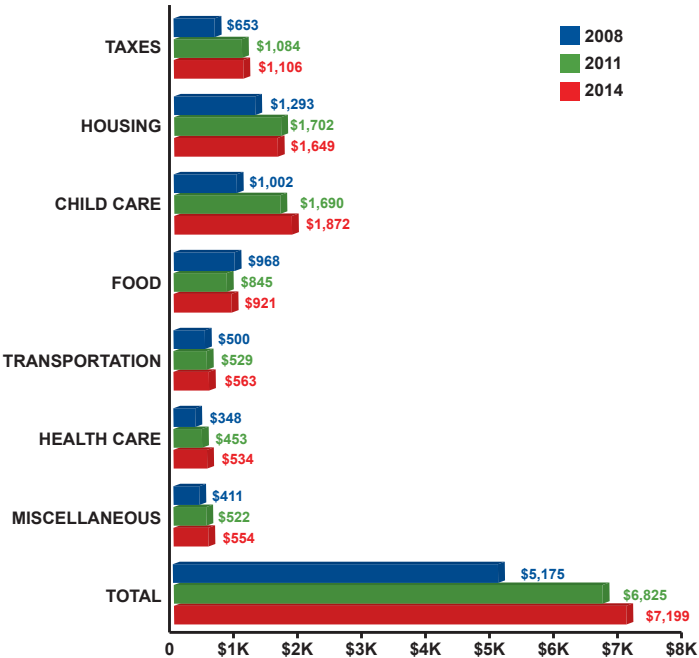
Two Adults with One Preschooler and One School-Aged Child



*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.

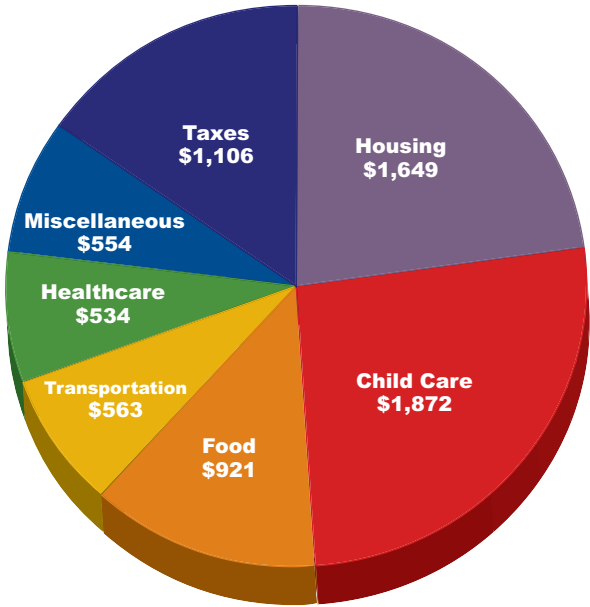
SELF-SUFFICIENCY STANDARD

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



THE SELF-SUFFICIENCY STANDARD

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



Source: Insight Center for Community Economic Development, 2014.

City Profiles: City of San Jose vs. Santa Clara County

RACIAL AND ETHNIC DIVERSITY

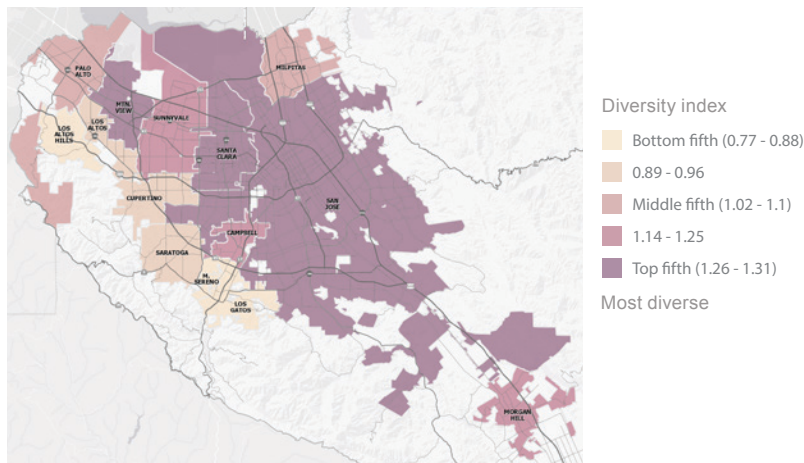
Santa Clara County (SCC) is within the top 1% of all U.S. counties in terms of racial and ethnic diversity. No one racial or ethnic classification is a majority within the county. The following data details important information about San Jose, the largest city in Santa Clara County; and the data is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

San Jose: Largest city in Santa Clara County (SCC)

	San Jose	SCC
Population (as of July, 2014)	1,015,785	1,894,605
Race/Ethnicity		
African American	2.8%	2.0%
Asian/Pacific Islander	32.8%	32.0%
Latino	33.2%	27.0%
White	27.6%	35.0%
Two or More Ethnicities	3.6%	4%
Speaks a language other than English at home	56.2%	50%
Individuals below poverty level	11.8%	8.6%
Adults who ate fast food at least weekly in past 30 days	42%	38%

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

Racial and Ethnic Diversity, Santa Clara County



With a Vietnamese population of nearly 100,000, almost 1 out of every 9 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.

Relative diversity within the country is measured using the Shannon-Weiner Diversity Index (standardized to a scale of 1 to 100) for the four major racial/ethnic classifications published by the U.S. Census—White, Asian, Hispanic/Latino, and Afro-American. See map above.

Source: Go to www.arcgis.com and search 'racial and ethnic diversity, Santa Clara County'.

How much do babies typically eat?

The Newborn Tummy



HAZELNUT



WALNUT

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.

Breastfeeding Benefits

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

Source: Your Guide to Breastfeeding, U.S. Department of Health and Human Services, Office on Women's Health, 2014.

Emergency Department Visits

AMONG CHILDREN AGES 0-17 BY RACE/ETHNICITY AND AGE

In Santa Clara County (SCC), 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.

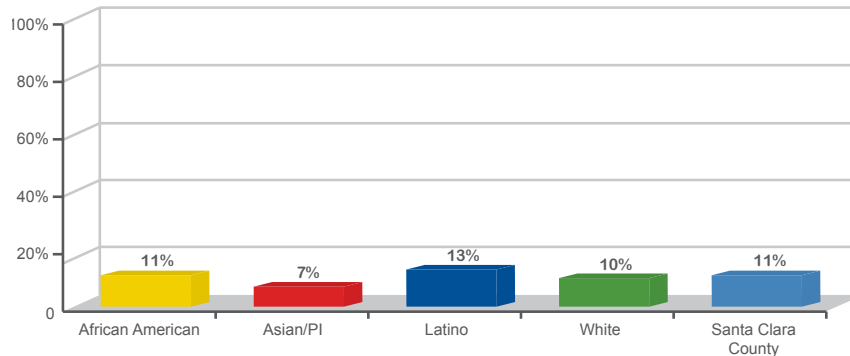
Youth Suicide Rate, 2011-2013

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

Between 2007 and 2013:

- California's rate increased by 11.5%,
- Santa Clara County's rate increased by 35%.

Middle and High School Students Who Attempted Suicide in the Past 12 Months



Note: [*] + indicates estimate is statistically unstable due to a relative standard error (*) of greater than 30% or less than 50 respondents in the denominator (+).

Source: California Healthy Kids Survey, 2013-14.

In Santa Clara County, one in ten (11%) middle and high school students attempted suicide one or more times in the past 12 months. Suicide is the second leading cause of death among children ages 15-19.

Source: Children's Health Assessment, 2015.

Obesity

STUDENTS WHO ARE OVERWEIGHT OR OBESE IN 5TH GRADE BY RACE/ETHNICITY

Of overweight children
in Santa Clara County,
African Americans (19%)
and Latinos (18%) have the
highest rates.

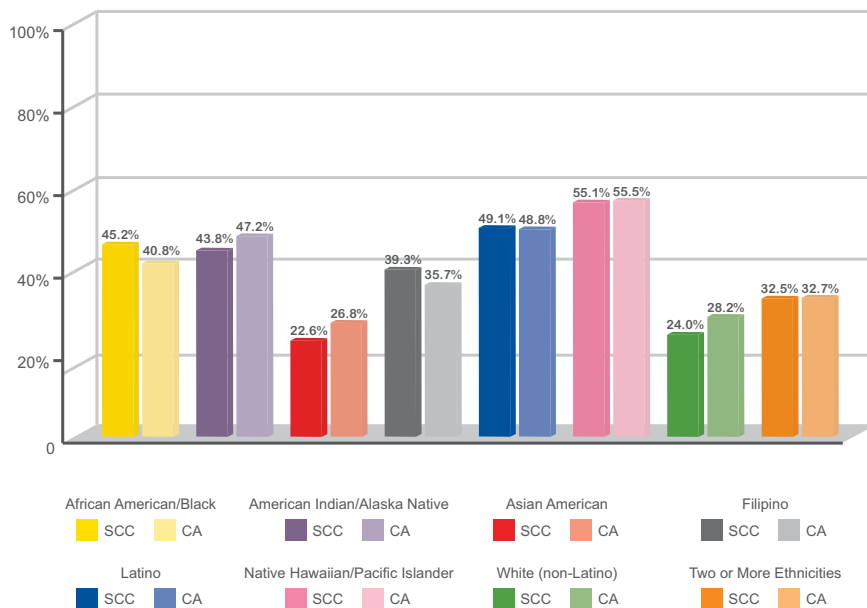
Source: California Healthy Kids Survey,
2013-14.

Where Can We Improve?

Comparison of Students Who Are
Overweight or Obese: Santa Clara
County (SCC) to California (CA)

Ethnicity, Grade level	SCC	CA
African American, Grade 5	45.8%	40.8%
Filipino, Grade 5	39.3%	35.7%

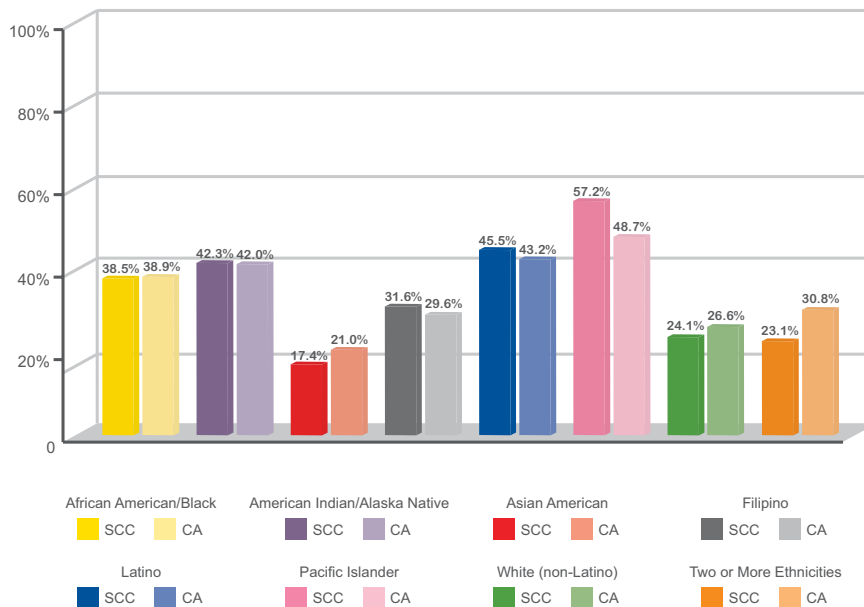
Students Who Are Overweight or Obese in 5th Grade, by
Race/Ethnicity, 2015



Source: Kidsdata.org, 2015.

STUDENTS WHO ARE OVERWEIGHT OR OBESE IN 9TH GRADE BY RACE/ETHNICITY

Students Who Are Overweight or Obese in 9th Grade, by Race/Ethnicity, 2015



Source: Kidsdata.org, 2015.

Where Can We Improve?

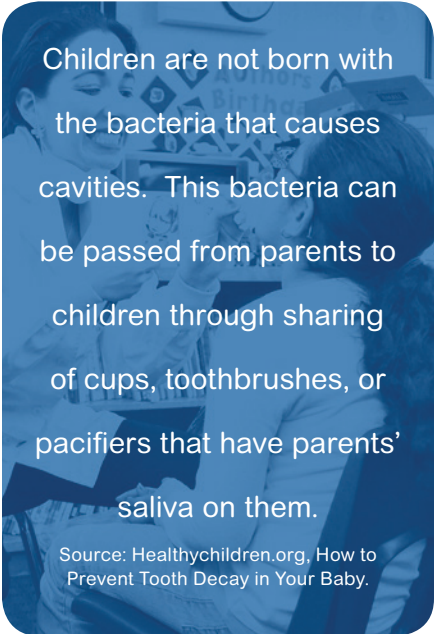
Comparison of Students Who Are Overweight or Obese: Santa Clara County (SCC) to California (CA)

Ethnicity, Grade Level	SCC	CA
Hispanic/Latino, Grade 9	45.5%	43.2%
Native Hawaiian/ Pacific Islander, Grade 9	57.5%	48.7%

In Santa Clara County, 46% of adults are estimated to be prediabetic. Nearly one in ten adults (9%) are diagnosed with diabetes.

Source: UCLA Health Policy Brief: Prediabetes in California: Nearly Half of California Adults on Path to Diabetes, March 2016.

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



Children are not born with the bacteria that causes cavities. This bacteria can be passed from parents to children through sharing of cups, toothbrushes, or pacifiers that have parents' saliva on them.

Source: [Healthychildren.org](https://www.healthychildren.org/how-to-prevent-tooth-decay-in-your-baby), 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.

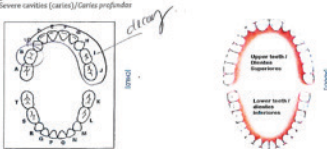
Sources: (1) American Academy of Pediatric Dentistry, 2009, 2011, and 2012; and (2) U.S. Department of Health and Human Services, 2000.

Example of Dental Screening Outcome

1. () Routine Dental Care Recommended / Se Recomendada Atención Dental de Rutina:
"Many dental issues occur every 6 months / Muchos problemas dentales ocurren 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 los dientes (interproximal)
 ... C) Sealant application recommended / Se recomienda aplicación de sellantes
 ... D) Stained teeth, please evaluate for cavities (caries) / Manchas dentales, evaluar por caries.

2. (x) Early Dental Care Needed / Cuidado Dental Urgente es Necesario:
"Mild to moderate caries (caries) / Caries leve a moderada"
 ... A) Gums disease / Enfermedad de las encías
 ... B) Soft tissue lesions / Lesiones de tejidos blandos
 ... C) Recent trauma / Trauma reciente
 ... D) Eruptive eruption (tooth entering the mouth in an abnormal way) / Erupción ectópica (diente saliendo en posición anormal)

3. (x) Urgent Care Needed / Se Necesita Atención Urgente:
 ... A) Infection / Infección
 ... B) Pain / Dolor
 ... C) Severe cavities (caries) / Caries profundas



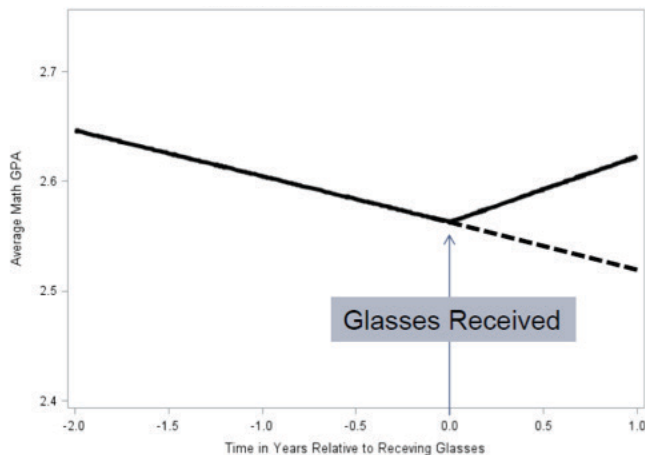
HKF, in partnership with local dentists, screens children for undetected dental issues and assists them with accessing follow-up dental care. HKF has screened over 13,000 kids for dental issues. Over 25% of the kids screened had urgent or emergency dental issues. HKF case managers follow up with parents to ensure each child receives the care they need.

Fiscal 2014-2015 and 2015-2016	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	972	7.00%	15	1.54%	77	7.92%	92	9%
3-5	7,318	52.73%	230	3.14%	1,655	22.62%	1,885	26%
6-8	2,479	17.86%	149	6.01%	557	22.47%	706	28%
9-13	2,369	17.07%	79	3.33%	552	23.30%	631	27%
14-18	739	5.33%	20	2.71%	199	26.93%	219	30%
Grand Total	13,877	100%	493	3.55%	3,040	21.91%	3,533	25.5%

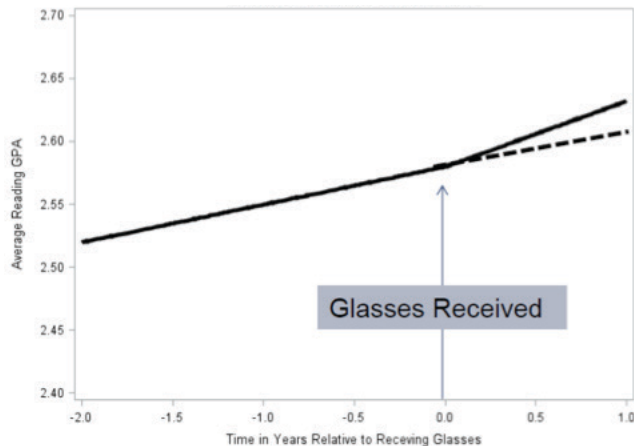
Could glasses boost your child's GPA?

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)

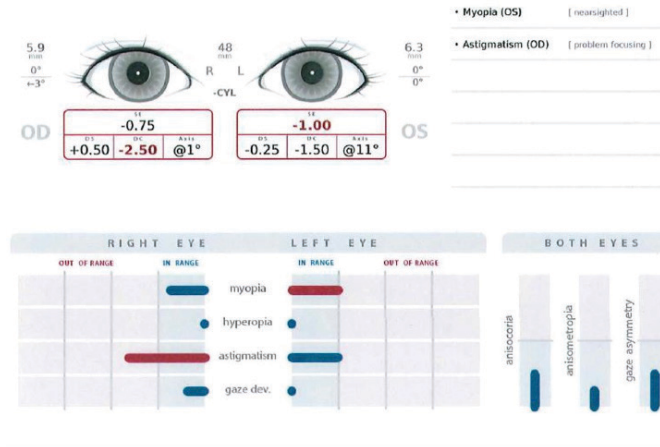


Vision impairment is the most common disability among U.S. children.

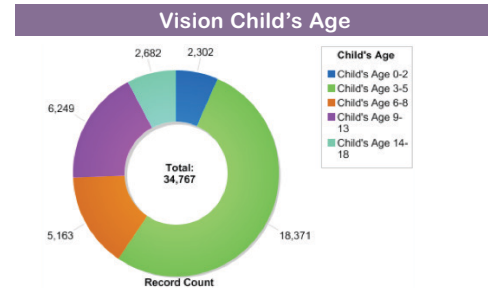
- Approximately 80% of children's learning is visual.
- About 25% of students in grades K-6 suffer from vision problems serious enough to impede their capacity to learn.
- An estimated 80% of children with a learning disability have an undiagnosed vision problem.

In the past three years, HKF has screened over 34,000 children for vision issues. Of those children, 12.7% of them were identified as having a vision issue. HKF's case managers have assisted over 1,600 children with obtaining glasses.

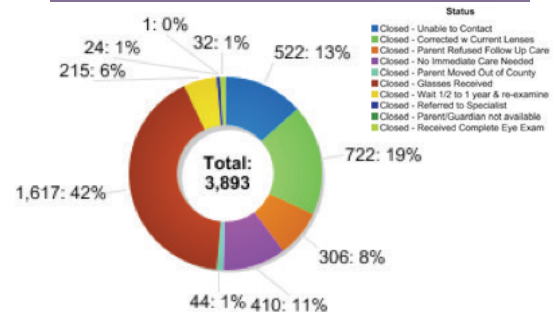
Example of Vision Screening



Cumulative Vision Screenings



Vision Closed Outreach



Using the AuDX Pro OEA screening device, HKF screens children for undetected hearing issues and assists them with obtaining hearing services and receiving treatment. In the past two years, HKF screened over 4,300 kids for hearing issues. Nearly 17% were identified as having a hearing issue. HKF's case managers followed up with parents to ensure each child received the care that they needed.

Hearing Issue - First Screen

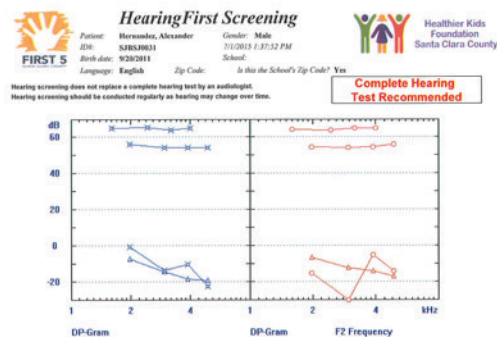
Children 0-5: 723

Cumulative HearingFirst Screening

Hearing Issue - Second Screen

Children 0-5: 76

Cumulative HearingFirst Screening



Note: Children identified with hearing issues after the first screening receive a second screening. If the second screening reaffirms a hearing issue, then children are referred to a specialist.

Cumulative HearingFirst Screenings

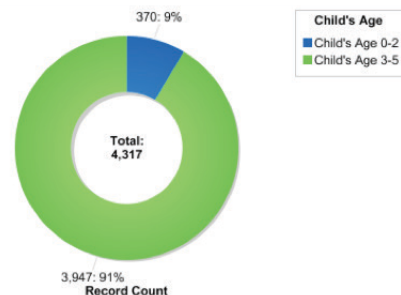
Children 0-5



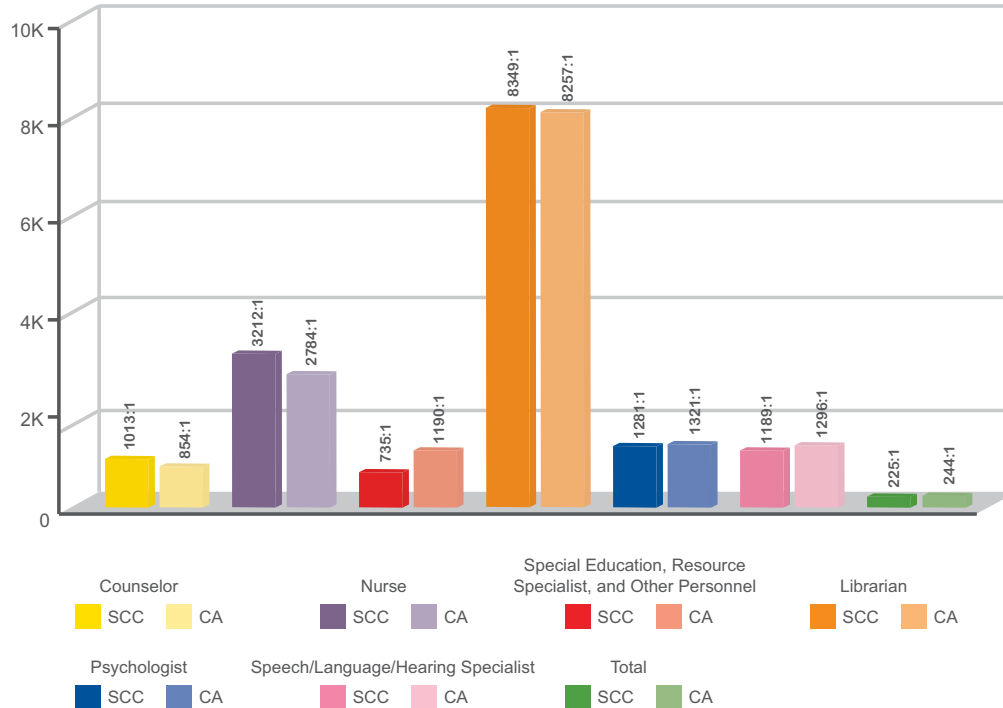
Record Count

Cumulative HearingFirst Screenings

Children 0-5



Ratio of Students to Pupil Support Service Personnel, by Type of Personnel, 2014



In Santa Clara County, there are 26,813 kids to every one social worker. Statewide, that ratio is 14,200 kids to one social worker.

Source: Kidsdata.org, 2014.

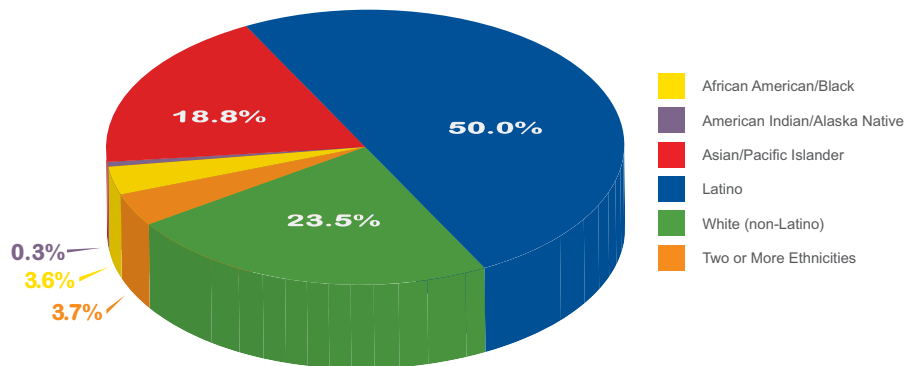
Special Education

SPECIAL EDUCATION ENROLLMENT BY RACE/ETHNICITY

In Santa Clara County, 1 in every 2 children enrolled in special education is Latino, yet Latino children only constitute 1/3 of the population

Source: Kidsdata.org, 2015.

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



Special Education Enrollment by Race/Ethnicity, 2015

Race/Ethnicity	Santa Clara County		California	
	2015	% of Child Population	2015	% of Child Population
African American/Black	3.6%	1.9%	8.9%	5.3%
American Indian/Alaska Native	0.3%	0.2%	0.7%	0.4%
Asian American	18.9%	32.1%	6.6%	10.9%
Latino	50.0%	36.0%	54.9%	51.4%
White	23.5%	23.8%	25.7%	27.0%
Two or More Ethnicities	3.7%	5.9%	3.1%	4.6%

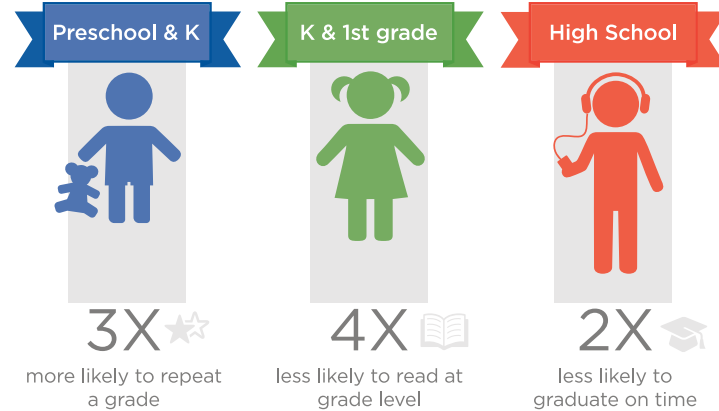
Source: Kidsdata.org, 2015.

School Attendance

THE ELEMENTARY SCHOOL ATTENDANCE IMPERATIVE

HEALTH
&
EDUCATION

When kids are chronically absent in:



California Statistics

- The chronic absence rate for K-5 students is just over 8%.
- 3 out of every 4 students with chronic attendance problems are low income.
- There are disproportionately high rates of absenteeism among African American and Native American students.
- In 2014-15, school districts statewide lost over \$1 billion due to student absences.

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

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
14.48%	15.83%	\$23,878,693.00	\$96.47

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.

10 Steps to a Healthier You

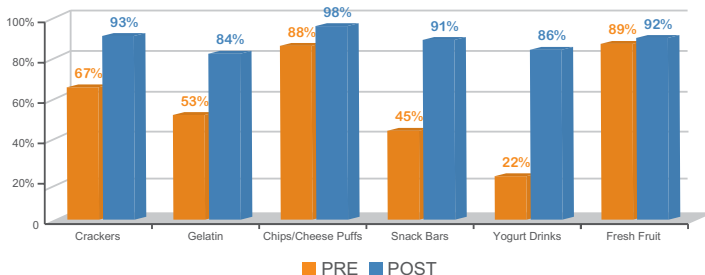
10 Steps is HKF's three-class series, which combines evidence-based recommendations with supportive structure and guidance so parents and their children can implement and sustain healthy behaviors.

- 1,646 parents have attended classes
- 4,463 children have been served by classes
- 74 community sites have hosted classes at least once

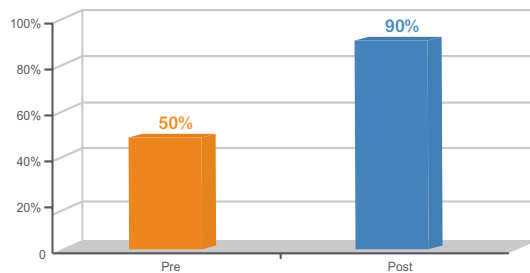


Significant Increases in Knowledge of Class Attendees:

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



Parents Identifying Recommended Proportion of Fruits/ Vegetables for Child's Dinner Plate Pre vs. Post Surveys

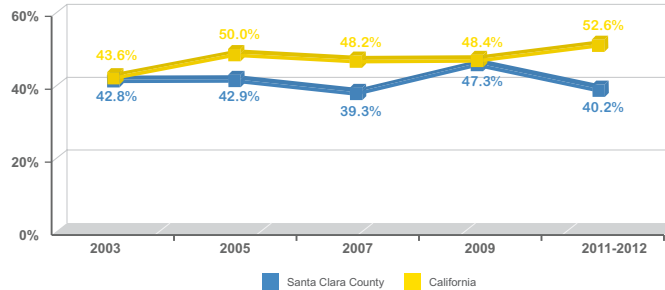


% who identified how much of a child's dinner plate should be filled with fruits and/or vegetables (half).

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

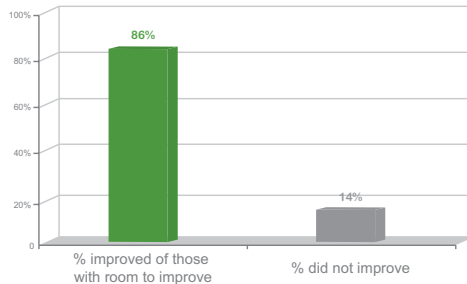
Definition: Estimated percentage of children ages 2-17 who eat five or more servings of fruits/vegetables daily, by age group.

Data Source: As cited on kidsdata.org, UCLA Center for Health Policy Research, California Health Interview Survey.



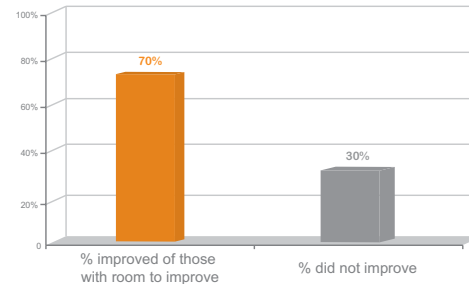
After attending 10 Steps classes, 86% of parents who had room to improve increased the number of days per week that they serve vegetables.

Serving Vegetables Every Day



After attending 10 Steps classes, 70% of parents who had room to improve increased the number of days per week that they serve fruits.

Serving Fruits Every Day





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



For more information regarding HKF's programs, please contact:



10 STEPS

408.564.5114 ext.203 or 10steps@hkidsf.org

BABY GATEWAY

408.564.5114 ext.203 or baby@hkidsf.org

COMMUNITY OUTREACH

408.564.5114 ext.206 or cope@hkidsf.org

DENTALFIRST

408.564.5114 ext.206 or dentalfirst@hkidsf.org

HEARINGFIRST

408.564.5114 ext.206 or hearingfirst@hkidsf.org

VISIONFIRST

408.564.5114 ext.206 or visionfirst@hkidsf.org



Conclusion

Our Sixth 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!

In Fall 2016, Santa Clara County's Public Health Department is publishing a Children's Health Assessment Report. The report will include both quantitative and qualitative data and will provide a true assessment of the remaining unmet health needs of children in our community.

For more information regarding the presentations provided during our Sixth Annual Symposium, please visit HKF's website at www.hkidsf.org/symposium.

Sixth Annual Symposium Speakers

Presenter	Presentation Topic	E-mail Address
Douglas Jutte, M.D., M.P.H.	<i>Health Happens in Neighborhoods - and what we can DO about it!</i>	djutte@buildhealthyplaces.org
Kathleen King, CEO of Healthier Kids Foundation	<i>Welcome, program update, and overview of HKF's 'At a Glance, Sixth Edition'</i>	kathleen@hkidsf.org
Peter Long, Ph.D.	<i>Health 3.0 in California: Opportunities and Challenges</i>	peter.long@blueshieldcafoundation.org
Patricia Barreto, M.D., M.P.H.	<i>Pediatric Healthy Lifestyle Center, 10 Steps to a Healthier You, and Initial Evaluation Findings</i>	pmbasap15@gmail.com
Karina Perez, M.S., R.D.N		karina.perez@hhs.sccgov.org
Wendelin Slusser, M.D., M.S.	<i>UCLA Healthy Campus Initiative and UC Global Initiative: Make the Healthy Choice the Easy Choice</i>	wslusser@conet.ucla.edu

Healthier Kids Foundation Santa Clara County

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