

May 20, 2021

At a Glance

Status of Children's Health

2021 Annual Symposium



Le Ondra Clark Harvey, Ph.D.
CEO of California Council of
Community Behavioral Health Agencies



hkidsf.org



Contents

MESSAGE FROM THE CEO..... 1

SPECIAL ACKNOWLEDGMENT2

OUR FAMILIES

Child Population 3

Children Living in Poverty..... 4

Ethnicity of Children 5

Children of Immigrant Families 6

Birth Rates..... 7

Gestational Diabetes 8

Child Care 9

Mother's Work Status 10

Children's Learning and Mothers' Earnings 11

Self-Sufficiency Standard 12

HEALTH COVERAGE

Health Coverage of Children..... 14

Baby Gateway & COPE..... 15

HEALTH AND HEALTHY LIFESTYLES

Obesity..... 16

10 Steps to a Healthier You! 17

SmileFirst..... 19

Oral Health Guidelines..... 20

Mental Health 21

My HealthFirst..... 23

DentalFirst..... 24

HearingFirst..... 25

VisionFirst 26

HEALTH AND EDUCATION

School Enrollment and Special Education..... 27

School Attendance and Graduation 28

Healthy Kids do Better in School..... 29

HEALTHIER KIDS FOUNDATION 30

CONCLUSION 32

Message from the Chief Executive Officer

KEYNOTE SPEAKER:

Le Ondra Clark Harvey, Ph.D.



Dr. Clark Harvey is the Chief Executive Officer of the California Council of Community Behavioral Health Agencies, and the Executive Director of the California Access Coalition. She completed her Ph.D. in Counseling Psychology at the University of Wisconsin, Madison.

Dear Friends,

It is my pleasure to welcome you back to the Annual Symposium on the Status of Children's Health! We missed you in 2020 and are thrilled to be together again as we take this event to a virtual platform. The Symposium offers an opportunity for us to reflect on the health and wellness of our kids. How are we doing as a community and where do we go from here?

A global pandemic, tumultuous election, and social movements made 2020 a record-breaking year. Now more than ever before, our kids need us; parents, teachers, school administrators, community-based organizations, providers—strong advocates who can continue to meet their critical and evolving needs.

As challenging as the past year has been, watching this community come together in support of our families has been inspiring. We've all pivoted and leveraged each other's strengths to collaborate on countless projects. From daycare for essential workers, to food and diaper distribution, to vaccine registration; we all have a part to play and stepped up. There is a lot to be proud of and a lot still to do.

That said, we cannot wait to explore the latest Census data that is beginning to be released this Spring and Summer. With this critical information at hand, we will be better equipped to serve our diverse community. No matter what the future holds for our kids, we will continue to be here, working toward a world where all Silicon Valley youth can achieve good health, educational equity and success in life as productive community members.

Kathleen M King



Special Acknowledgment

Healthier Kids Foundation extends its gratitude to:



The Tseng
Castaneda Family



THE PRIVATE BANK

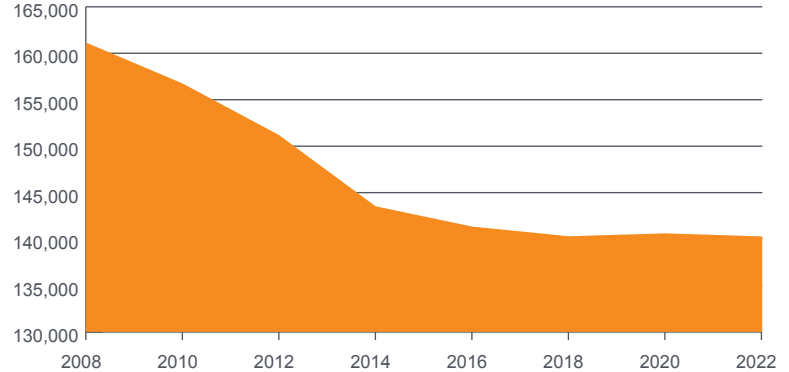
Coming together for the health and wellness of our kids, every day.

Child Population

Children by City, County and State

City	Children Ages 0-17	Percentage of Population that are Children
Campbell	8,688	22%
Cupertino	15,946	26%
Gilroy	8,223	28%
East Palo Alto	16,254	29%
Los Altos	8,090	26%
Los Gatos	6,841	22%
Milpitas	17,120	22%
Morgan Hill	11,843	26%
Mountain View	15,918	20%
Palo Alto	15,833	23%
San Jose	233,025	22%
Santa Clara	25,072	20%
Saratoga	6,525	21%
Sunnyvale	32,805	21%
Santa Clara County	432,684	22%
San Mateo County	158,864	20%
California	9,073,655	23%

Number of Children 0-5 in Santa Clara County



In the last decade, the number of children, ages zero through five, in Santa Clara County has dropped by 10%. Children made up 28% of the California population 25 years ago, it is projected that the child population in California will drop to 18% by 2045.

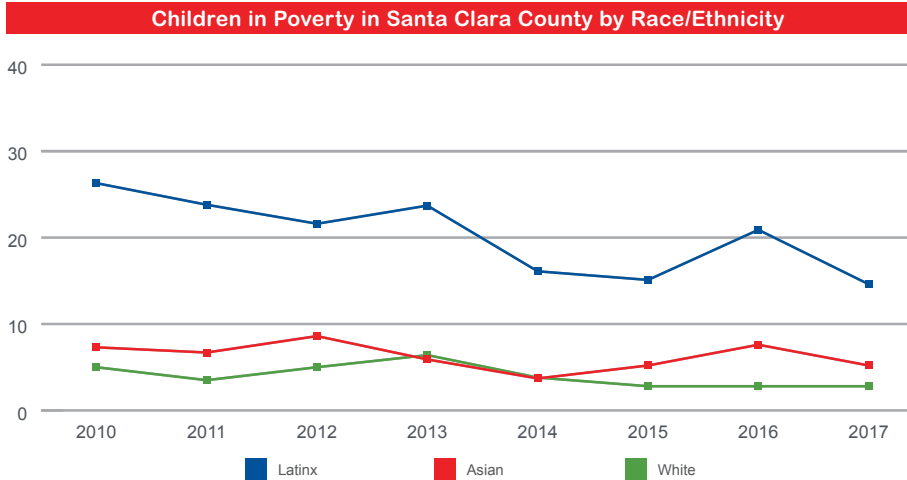
[Source:](#) California Department of Education Dataquest, 2017-2024 Santa Clara County Office of Education Early Learning Master Plan.

[Source:](#) California Budget and Policy Center, Inequality and Economic Security in Silicon Valley, 2016.

In California, children are 23% of our population and 100% of our future.

[Source:](#) U.S. Census Bureau, American Community Survey, 2014-2018.

Children Living in Poverty



Between 2010 and 2017, the number of children living in poverty dropped—and yet—one out of seven Latinx children (15%) and one out 20 Asian children (5%) are living in poverty. It is understood that these numbers will have increased in 2020 and 2021, but it is uncertain how far they will climb.

[Source:](https://kidsdata.org) Lucile Packard Foundation for Children’s Health, kidsdata.org, 2017.

Children Eligible for Free and Reduced Lunch

	Percent
California	59%
Santa Clara County	35%
San Mateo County	33%

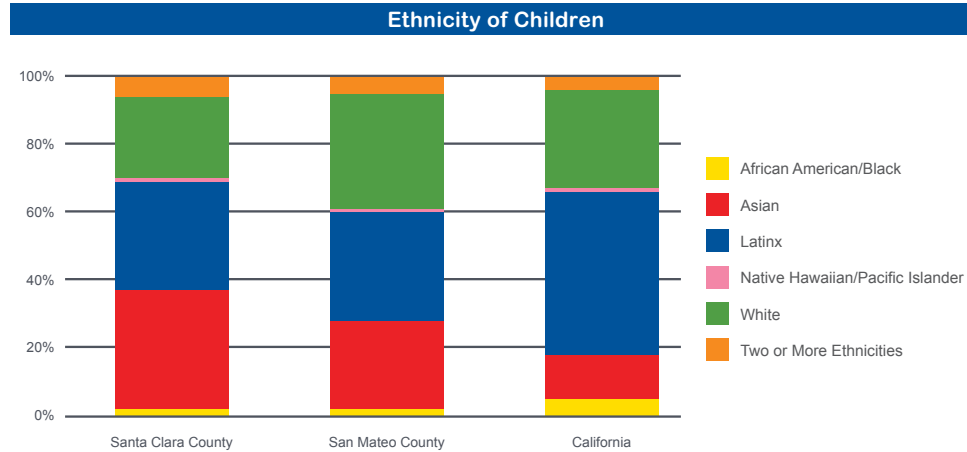
To qualify for the Free and Reduced Lunch program, a child’s family income must fall below 185% of the FPL which is \$48,470 annual income for a family of four in 2021.

[Source:](https://kidsdata.org) Lucile Packard Foundation for Children’s Health, kidsdata.org, 2020.

Not all parents have the luxury of putting health first.

Nearly one quarter of students in Santa Clara County schools are English Language Learners.

[Source:](#) Lucile Packard Foundation for Children's Health, kidsdata.org, 2020.



	Santa Clara County	San Mateo County	California
African American/Black	2%	2%	5%
Asian	35%	26%	13%
Latinx	32%	32%	48%
Native Hawaiian/Pacific Islander	1%	1%	1%
White	24%	34%	29%
Two or More Ethnicities	6%	5%	4%

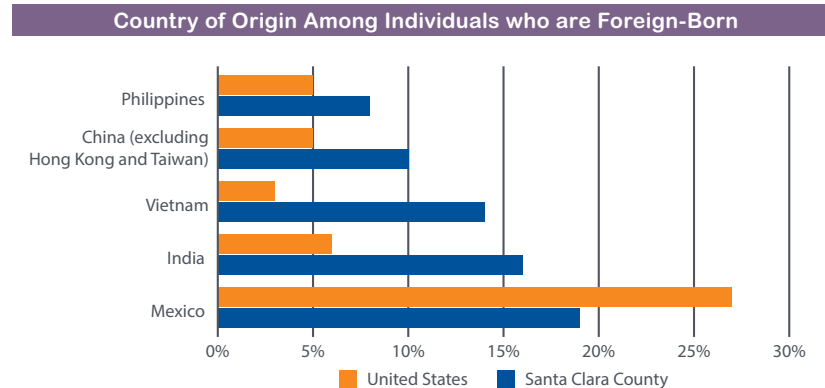
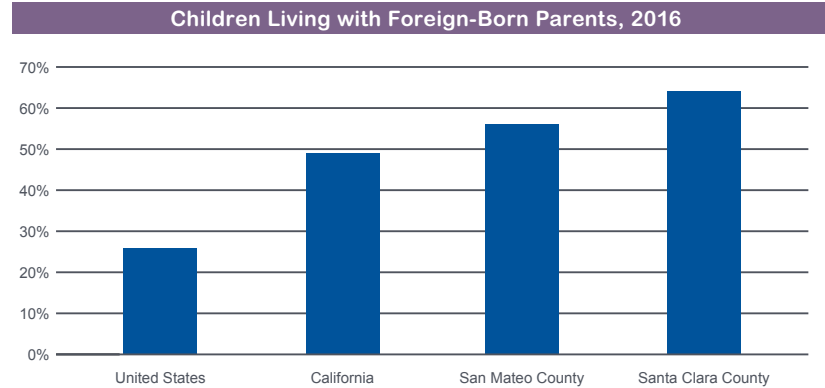
[Source:](#) Lucile Packard Foundation for Children's Health, kidsdata.org, 2020.

Children of Immigrant Families



Nearly half of children in California and two-thirds in Santa Clara County have at least one parent born outside of the United States. In California, youth sense the fear and uncertainty of family stability at home or in their community, which over time can have a negative impact on their emotional and physical health.

[Source:](#) Lucile Packard Foundation for Children's Health, kidsdata.org, 2016.



[Source:](#) U.S. Census Bureau, American Community Survey, 2018.

The falling birth rate can be attributed to many things—one being a plunge in the number of teen births—dropping from 41.5 children per 1,000 women in 2007 to 17.4 children per 1,000 women in 2018. In a survey from 2020, 3 in 5 women stated wanting to achieve a certain job title or level before starting a family and as a result of the pandemic, 34% of American women have either put off their plans to have children or reduced the number that they had planned to have.

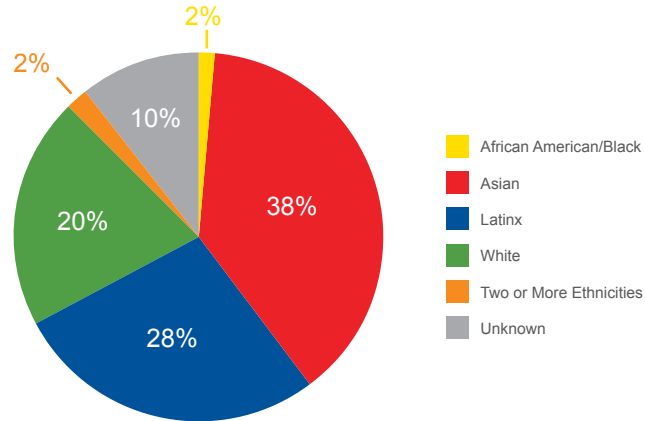
[Source:](#) The Week Magazine, America’s Falling Fertility Rate, 2021.

[Source:](#) 2021 Silicon Valley Index, Institute for Regional Studies, jointventure.org, 2021.

Births	2007	2017	% Drop
California	566,137	471,806	-17%
San Mateo County	9,910	8,586	-13%
Santa Clara County	27,484	22,137	-20%

[Source:](#) Lucile Packard Foundation for Children’s Health, kidsdata.org, 2017.

Santa Clara County Births, by Mother’s Race/Ethnicity



[Source:](#) Lucile Packard Foundation for Children’s Health, kidsdata.org, 2017.

Gestational Diabetes

Gestational diabetes is diabetes diagnosed for the first-time during pregnancy. The risk is particularly acute for older mothers, about one out of every four pregnant women over the age of 34 who delivered preterm in 2018 had a diagnosis of gestational diabetes. Asian women are at the highest risk; more than one out of 5.5 Asian women who were pregnant in California were diagnosed with gestational diabetes.

Studies suggest that children born to women with gestational diabetes are more likely to be diagnosed with diabetes as they get older.

Kaiser Permanente's new analysis indicates that women who exercised regularly during the first trimester of pregnancy had a lower risk of developing gestational diabetes. The study found lower risk among women who exercised at least 38 minutes each day at moderate intensity.

[Source:](#) Kaiser Permanente, Exercising more in early pregnancy may reduce gestational diabetes risk, 2020.

In 2018, Gestational Diabetes Effected:

One in 8 pregnancies in California and San Mateo County



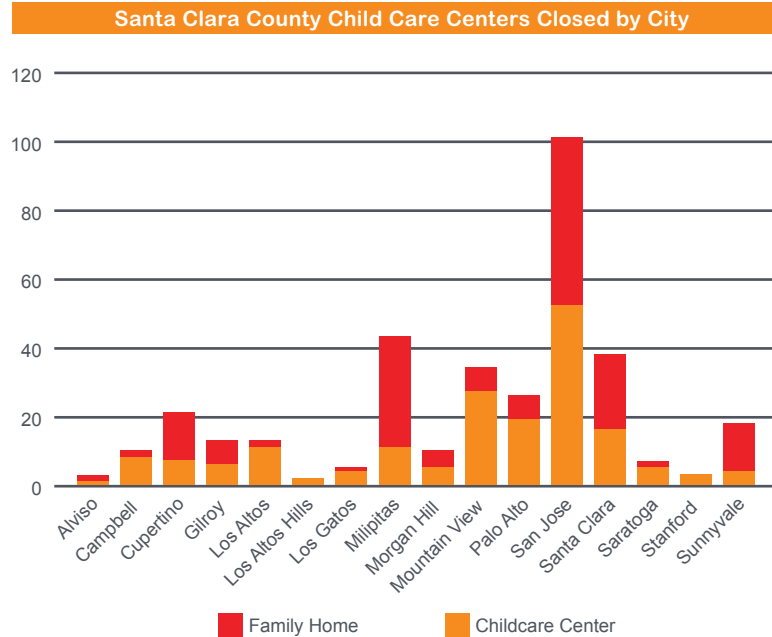
One in 6 pregnancies in Santa Clara and Alameda Counties



SAN FRANCISCO, CALIFORNIA – MARCH 29: Tessa Thulien of San Francisco, who is 39 weeks pregnant and has gestational diabetes, poses for a portrait at her home in San Francisco, Calif., on March 29, 2021.

8,500 licensed child care sites have shut down in California since the beginning of the pandemic. Issues with accessibility and affordability of child care has driven women to take on the responsibility of child care themselves, resulting in a drop of women in the workforce from 75% to 62%. Unemployed and underemployed parents now have fewer affordable options for child care, which can potentially delay their return to the workforce.

[Source:](#) Family Child Care Home Stabilization Fund, Fiscal Year 2020-21 Stabilization Fund Distribution, Santa Clara County, 2021.



Mother's Work Status

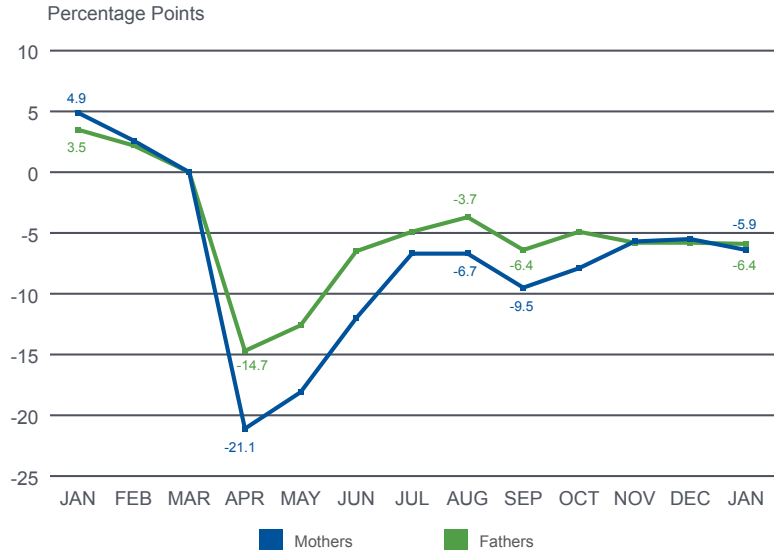
Around 10 million U.S. mothers living with their own school-age children were not actively working in January — 1.4 million more than during the same month last year, according to new U.S. Census Bureau data.

The pandemic has had a devastating effect on employment overall but especially on mothers' paid labor. The 10 million not working

accounted for over one-third of all mothers living with school-age children in the United States.

By January 2021, mothers' active work status was 6.4 percentage points lower than in January 2020 and fathers' active work status was 5.9 points lower, narrowing the initial gender gap of 6.4 points in April to .5 points in January.

Difference in Active Work Status of Parents Living With Own School-Age Children Before and During the Pandemic (Adjusted to March)



Source: U.S. Census Bureau, Moms, Work and the Pandemic, 2021.

Children's Learning and Mothers' Earnings

In 2009, Washington, D.C. offered 2 years of universal, full-day preschool.

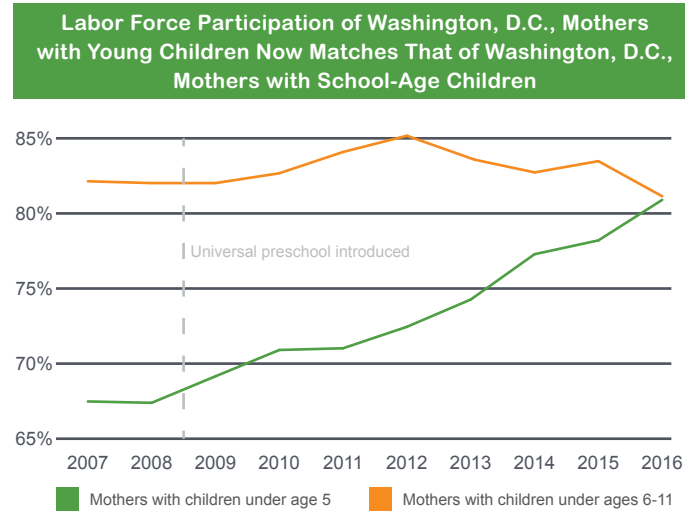
As of 2017, approximately 9 out of 10 of the District of Columbia's 4-year-olds and 7 out of 10 of the city's 3-year-olds were enrolled in publicly funded preschool through the expansion.

The goal was to improve school readiness, young parents soon found those 2 years of free, high-quality childcare to be an economic benefit.

The city's maternal labor force participation rate has increased by about 12 percentage points, with 10 percentage points attributable to preschool expansion.

Mothers with young children now participate in the labor force at about the same rate as District of Columbia mothers whose children are in elementary school.

The District of Columbia's universal, full-day preschool program provides excellent economic benefits to the city's young families. When policy supports the employment choices of parents with young children, the benefits almost always outweigh the costs in the form of higher earnings, a larger tax base, and better long-term outcomes for children.



Source: Center for American Progress, Children's Learning and Mothers' Earnings, 2018.

Self-Sufficiency Standard

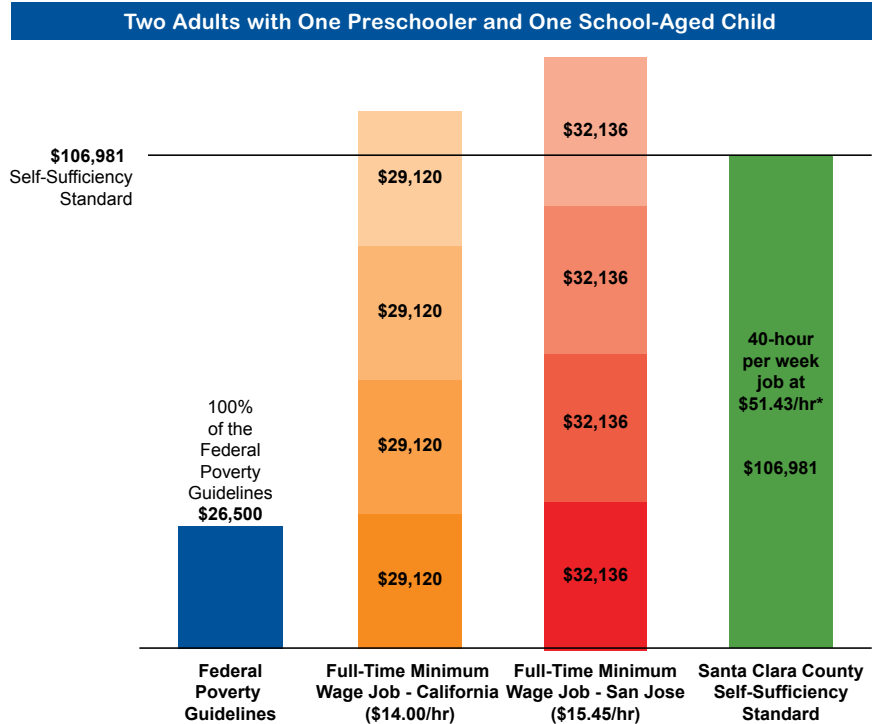
The Family Economic Self-Sufficiency Standard for California provides a measurement of what it takes to make ends meet in today's economy.

Even with San Jose's minimum wage increase, it still takes 3.33 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 \$14.00 an hour.

For a family of four to qualify for no-cost Medi-Cal, yearly earnings must be less than \$36,156 (roughly \$17.38/hr).

Santa Clara County



The Self-Sufficiency Standard includes the net effect of the addition of child care and tax credits and subtraction of taxes.

[Source:](#) Insight Center for Community Economic Development, 2021.

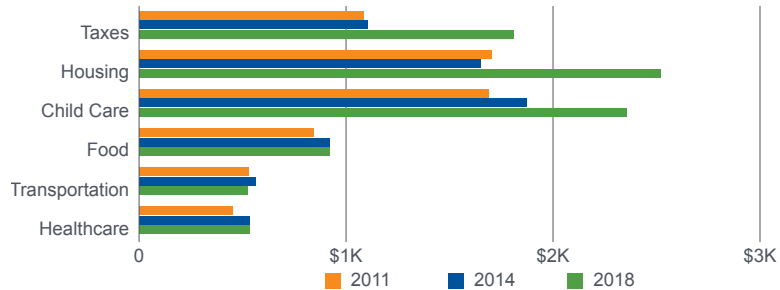
Self-Sufficiency Standard

The basic monthly costs for a two-parent, two-child family in Santa Clara County amount to \$8,915. Housing and childcare make up more than half of their monthly costs.

An estimated 18% of Silicon Valley households had zero (or negative) net assets in 2020, amounting to nearly 172,000 households without any savings to cover potential job losses or unexpected expenses during the pandemic; an additional 9% had less than \$5,000 in liquid assets.

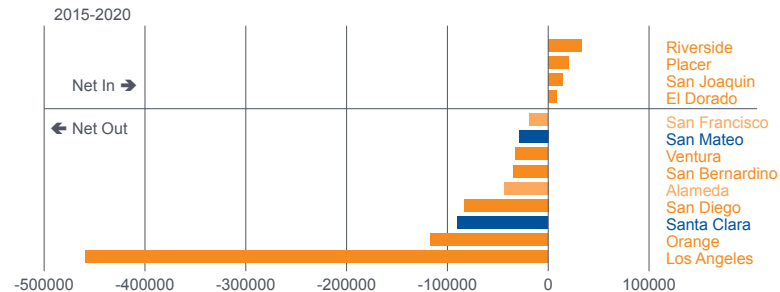
Source: 2021 Silicon Valley Index, Institute for Regional Studies, jointventure.org, 2021.

Basic Monthly Costs for a Two-Parent, Two-Child Family in Santa Clara County, 2011, 2014, and 2018



Source: Insight Center for Community Economic Development, 2018.

Domestic Migration for California Counties with the Largest In/Out Flow



Santa Clara and San Mateo counties report a high percentage of children having health insurance at 98% enrolled.



One in three kids in Santa Clara and San Mateo counties, and 40% of all kids in California rely on Medi-Cal for health coverage. With a total enrollment of 13.2 million, Californians make up the largest group of Medi-Cal enrollees at 39%. In addition, Medi-Cal covers more than 50% of all births in California.

[Source:](#) Lucile Packard Foundation for Children's Health, kidsdata.org, 2017.

California is in the bottom 1/3 nationally for health spending at \$2,500 per child enrollee.

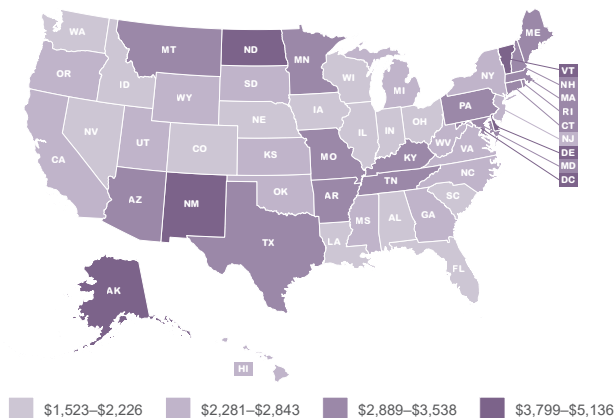
Children represent **42% of enrollees** but only **14% of all expenditures**.

California ranks **44th in the nation** in access to care for children.

California operates the largest Medi-Cal Program in the nation—**April 2019 Audit exposed** significant underperformance under the EPSDT Mandate and Bright Futures Guidelines.

[Source:](#) Medi-Cal Facts and Figures, California Health Care Foundation, 2019.

MediCaid Spending per Child FY 2014



Baby Gateway & COPE

Healthier Kids Foundation operates the Baby Gateway and COPE programs to efficiently and effectively enroll kids into Medi-Cal. Baby Gateway assists mothers with enrolling their newborns into Medi-Cal before they are discharged from the hospital. The expedited process ensures

newborns are enrolled within 7 days of birth, helps them connect to a pediatrician right away, and reduces emergency department visits among infants. Similarly, the COPE program identifies uninsured youth and assists them with enrolling into subsidized health insurance.



Baby Gateway:

Over the last 8 years, operating in VMC, O'Connor and Saint Louis Hospitals

21,000 Mothers visited at bedside

21,400 Babies enrolled into Medi-Cal within one week

COPE:

Over the last 8 years

5,200 Youth identified as needing health insurance

4,000 Enrolled into health insurance

Obesity

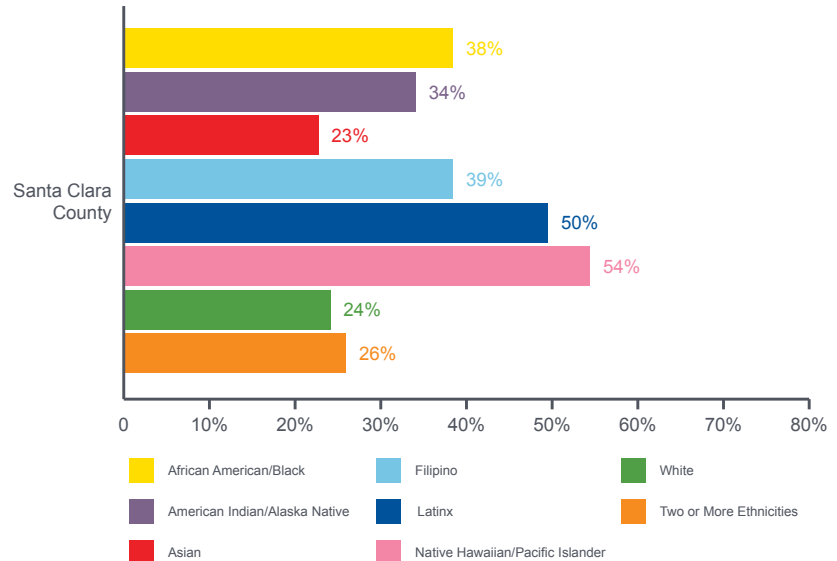
Obesity in childhood can lead to health problems—often for life. In adults, having obesity is linked to increased risk of heart disease, type 2 diabetes, high blood pressure and other chronic conditions. Research shows that children with obesity are more likely to have obesity as an adult. An individual’s education and nutritional knowledge has more 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.

Students Who Are Overweight or Obese in 5th Grade in California, Santa Clara County, and San Mateo County, 2018

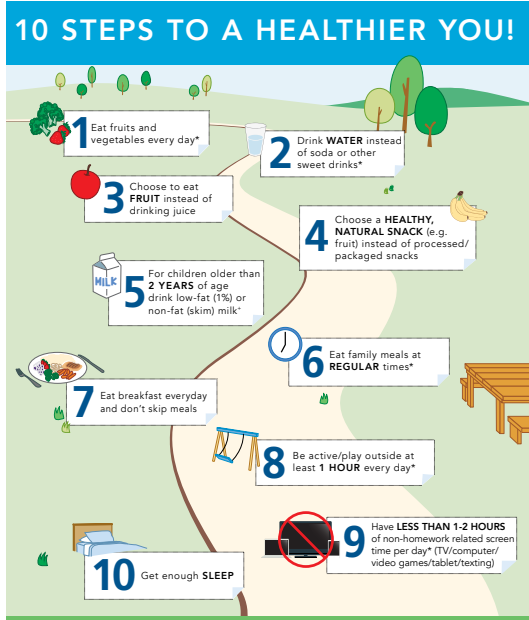
San Mateo County	31%
Santa Clara County	34%
California	41%

Santa Clara County 5th Grade Students Who Are Overweight or Obese by Race or Ethnicity



[Source:](#) Lucile Packard Foundation for Children’s Health, kidsdata.org, 2018.

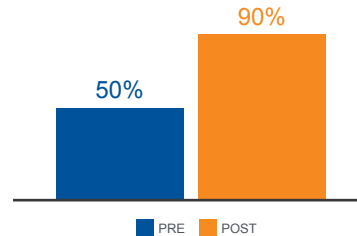
10 Steps to a Healthier You! (10 Steps)



10 Steps is a three-workshop series combining evidence based recommendations with supportive structure and guidance for parents to implement and sustain healthy behaviors. The program offers tools and strategies to assist in creating an environment that is conducive to both physical and emotional health.

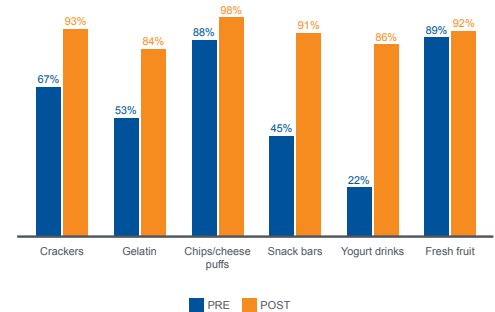
Significant Increase in Knowledge:

Parents Identifying Recommended Proportion of Fruits/Vegetables for Child's Dinner Plate Pre-test v. Post-test



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

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



We do what it takes to find health solutions for each family.

10 Steps to a Healthier You! (10 Steps)

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.

So far:

9,000 unduplicated parents have attended workshops

40,000 children have been indirectly served by the workshops

1,900 workshops have been hosted, with over 200 held on Zoom during the pandemic

After attending a 10 Steps Workshop:

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



“I really enjoyed the classes because I wasn’t just told not to eat certain foods because they’re unhealthy. Instead we were advised that some foods were less healthy than others and alternative options were suggested as a replacement for each food. I also really enjoy the fact that other parents are present and sharing their experiences. It made me feel as though I wasn’t alone in my experience and gave me ideas for things to try out. These classes have helped me and my family make a lot of positive changes.”

– Judith, parent of three

SmileFirst is an interactive workshop for all ages—preschoolers to parents—which enhances participants' understanding of oral hygiene, dental care routines, and how to prevent tooth decay. The program provides tools that enable children and their families to begin and maintain good oral hygiene through positive, preventive behaviors.

So far:

- 18,000 children have participated in workshop
- 2,000 parents and caregivers have participated in workshop
- 100% of parents and caregivers felt that they had learned something new about oral hygiene after attending



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](https://www.healthychildren.org), How to Prevent Tooth Decay in Your Baby.

Oral Health Guidelines

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



Recommendations

Prenatal

Have an oral evaluation, be counseled on proper oral hygiene, and be referred for preventive and therapeutic oral health care.

Use xylitol gum at least 2 to 3 times per day, evidence significantly decreases the future child's caries rate.

Newborns

As soon as first tooth erupts, brush twice daily with small soft brush. For children at moderate to high risk of caries, use a smear of fluoridated toothpaste. Begin flossing when adjacent tooth surfaces cannot be cleansed with a toothbrush.

Child's First Dental Visit

First visit by first birthday, within 6 months of eruption of first tooth and no later than 12 months of age.

Professional Application of Topical Fluoride

For children at moderate caries risk, apply once every 6 months; for children at high risk, apply once every 3 to 6 months.

Primary Teeth

Apply sealants on pits and fissures. For caries-susceptible primary molars, place as soon as possible after eruption.

Permanent Teeth

Apply sealants on pits and fissures. For permanent molars, premolars, and anterior teeth with deep pits and fissures, place as soon as possible after eruption.

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.

There is a mental health crisis among California students.



The **suicide rate** among 10 to 14 year olds **doubled** between 2007 and 2014.

Less than 5% of children receive the mental health services they are entitled to.



California estimates **7.6% of children** ages 0-18 need mental health services annually, which **increases to 8.9%** for children from households below 200% of the poverty level.

Source: Santa Clara County Office of Education, Women's Leadership Policy Summit, 2021.

One in five California high school students considered suicide in the last 12 months.



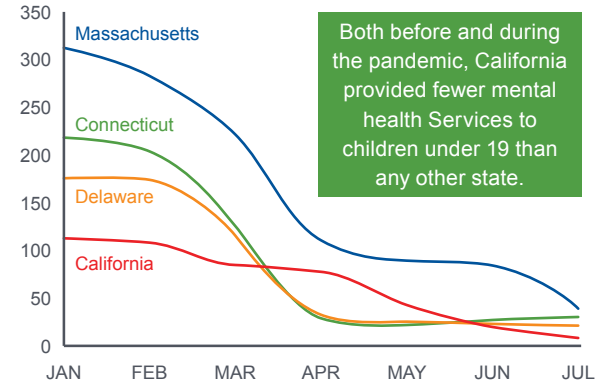
Services for children are significantly limited by affordability and accessibility.



There has been a **227% increase** in calls to the California Youth Crisis Hotline during the pandemic.



California ranks low in the country for providing behavioral, social, and development screenings that are key to identifying early signs of challenges.

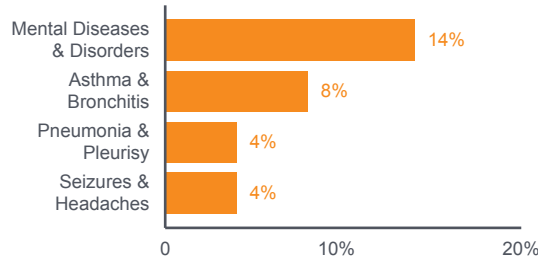


Both before and during the pandemic, California provided fewer mental health Services to children under 19 than any other state.

Mental Illness is the #1 reason California kids are hospitalized.

In 2017, there were 227,432 hospital discharges among California children ages birth-to-17; one in seven were for a primary diagnosis of mental disease or disorder.

Top Child Hospitalizations by Primary Diagnosis



Source: Children Now, California Children's Report Card, 2020.

Santa Clara County Crisis Support Services

BHSD Suicide and Crisis Line	855-278-4204
Crisis Support via Text	Text RENEW to 741741
Mobile Crisis Response Teams (MCRT)	
<i>MCRT Adults BHSD</i>	800-704-0900
<i>MCRT Children and Youth @ Uplift Family Services</i>	408-379-9085
To Access Behavioral Health Services	
BHSD Call Center	800-704-0900
BHSD Gateway Call Center for Substance Use Treatment Services	800-488-9919
Youth Substance Use Treatment Services (M-F, 9AM-6PM)	408-272-6518
Youth Substance Use Treatment Services (Afterhours)	800-488-9919

During the 2020-2021 school year, Healthier Kids Foundation piloted an emotional Wellness Check. This additional screening is intended to complement the existing physical health screenings—moving toward a whole-child approach—because the mental wellness of students is just as important to their overall wellbeing and ability to learn as their physical health.

Pilot Results

375 Wellness Checks completed

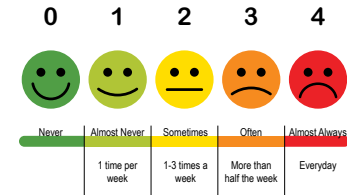
- 18 Imminent Risk (5%)
- 138 Unmet Need (37%)
- 219 No/Lower Level Need (58%)

150 Parents Participated in Parent Support Call and Completed PSC-35

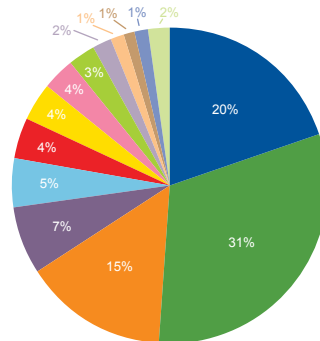
- 47 Referrals Made to Behavioral Health
- 189 Referrals Made to Basic Needs Services

Example of Wellness Check Questions and Likert Scale

Introductory Asset Question:	
What is the best thing about you that you would like to tell us?	
Thinking about the past 7 days:	Likert Scale
1. I felt sad.	0 1 2 3 4
2. I felt alone.	0 1 2 3 4
3. It was hard for me to have fun.	0 1 2 3 4
3. I could not stop feeling sad.	0 1 2 3 4
5. I felt like I couldn't do anything right.	0 1 2 3 4

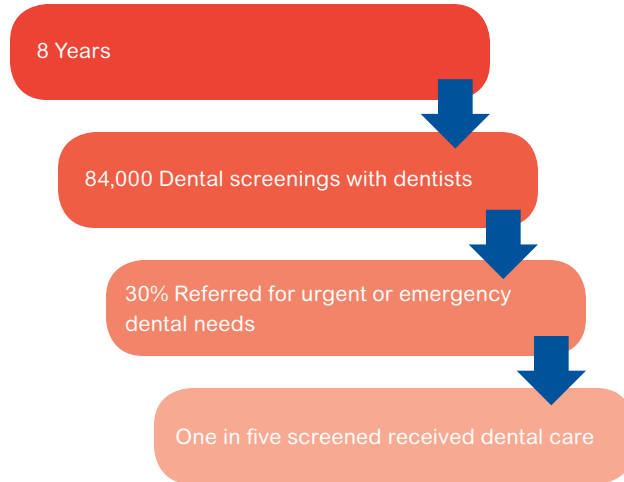


Referrals by Type



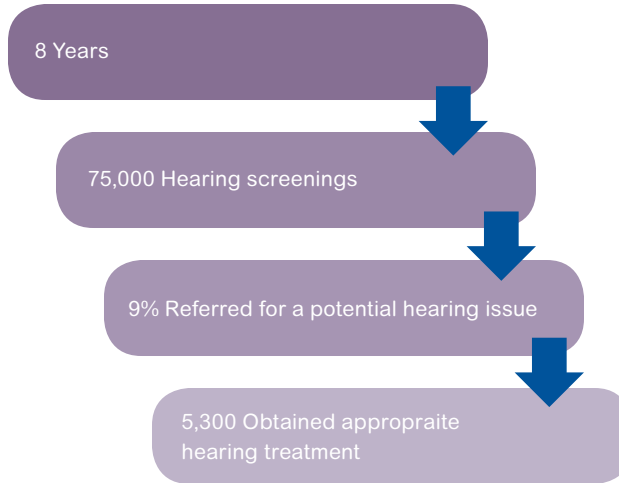
- Behavioral Health
- Food
- 10 Steps/Parenting Tips
- Health/Health Insurance
- Family Stress
- Diapers
- Financial
- Toiletries
- Kids Activities
- K-12 Education Support
- Housing
- COVID-19
- Immigration
- Other

Healthier Kids Foundation, in partnership with local dentists, screens children for untreated dental issues and assists them with accessing follow-up dental care. Healthier Kids Foundation has screened over 84,000 kids for dental issues and the rate of referral for follow-up case management is staggering. Of children screened, a shocking 30% were referred for urgent or emergency dental needs. The referral rate for children between 6 and 8 years old is disproportionately high (>35%). Healthier Kids Foundation case managers follow-up with each parent whose child has been referred to ensure they receive appropriate dental care.



Healthier Kids Foundation estimates that 2,000 children in Santa Clara County go to school with pain, infection, or severe cavities each day.

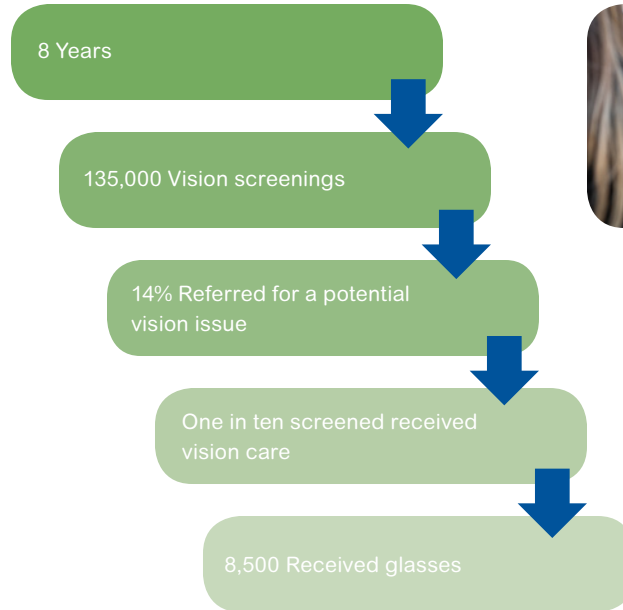
Using the AuDX Pro OAE screening device, Healthier Kids Foundation screens children for undetected hearing issues and assists them with obtaining hearing services and treatment. Healthier Kids Foundation has screened over 75,000 kids for untreated hearing issues. Of those children, 9% were identified as having a potential hearing issue. Healthier Kids Foundation's case managers followed-up with their parents and assisted 5,300 kids in obtaining appropriate services.



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

Healthier Kids Foundation's VisionFirst program uses a high-tech photo optic scan camera to screen children for untreated vision issues. Healthier Kids Foundation has provided over 135,000 vision screenings to children, of which, 14% were identified as having a potential vision problem.

A vision screening is only useful if the child identified with a vision problem actually gets glasses. Healthier Kids Foundation case managers follow-up with the parents of those children who receive a referral to ensure that they have insurance and obtain appropriate treatment. Healthier Kids Foundation's follow-up has helped 8,500 kids in obtaining glasses.



School Enrollment and Special Education

Across the state, more than four out of five districts with kindergartners saw a decline in kindergarten enrollment and nearly 60% of charter schools that offer kindergarten also saw a decrease in kindergarten enrollment.

In the Bay Area, Santa Clara and San Mateo counties lost more than 3% of student enrollment.

Causes for the slide in enrollment are myriad, complicated by existing trends which include a decline in birth rates, peoples continued exodus from the state, as well as the sudden economic impact that was brought on by the pandemic.

[Source:](#) EdSource, Highlighting Strategies for Success, edsources.org, 2021.

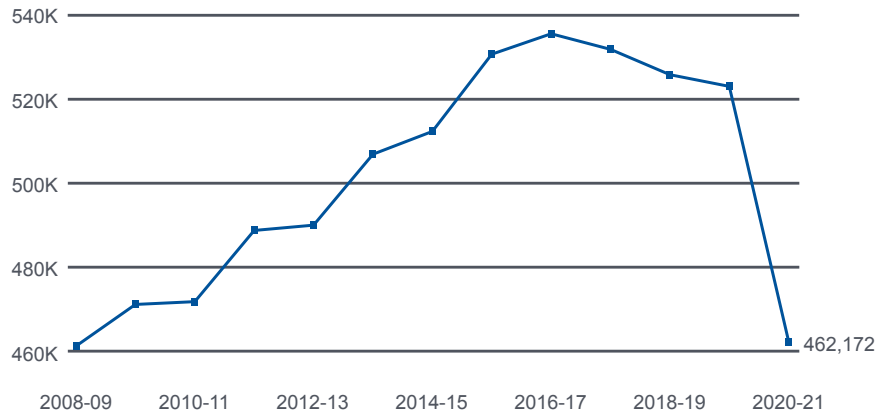
Special Education Enrollment, 2019

California	13%
Santa Clara County	12%
San Mateo County	12%

[Source:](#) Lucile Packard Foundation for Children's Health, kidsdata.org, 2019.

The upward trend in special education enrollment continues throughout our community and state.

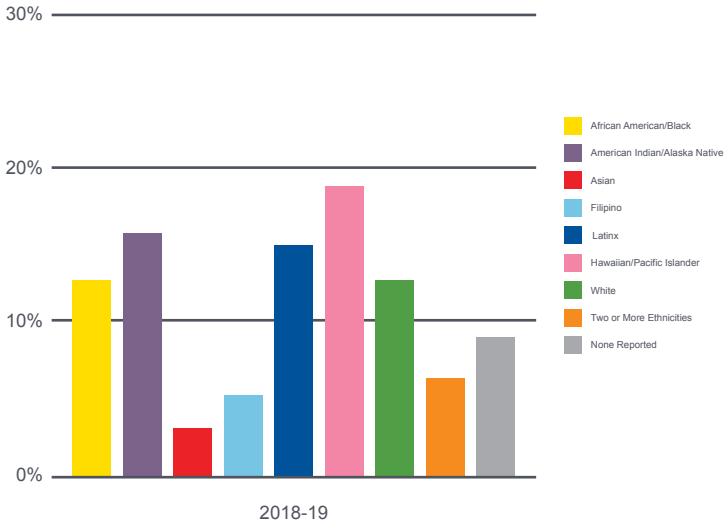
Kindergarten Enrollment Drop Triggered by the Pandemic in California



School Attendance and Graduation

Chronic absence is defined as missing 3.5 weeks of school a year for any reason.

Chronic Absenteeism Rate by Race/Ethnicity, Santa Clara County



Source: Ed Data, Education Data Partnership, ed-data.org, 2019.

County-State Comparison of the Percentages of Students Receiving a Regular HS Diploma by Student Group



Source: Santa Clara County Office of Education, 2019-20 Santa Clara County 4-Year Adjusted Cohort Graduation Rates Outcome Report, 2021.

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 to 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.

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.

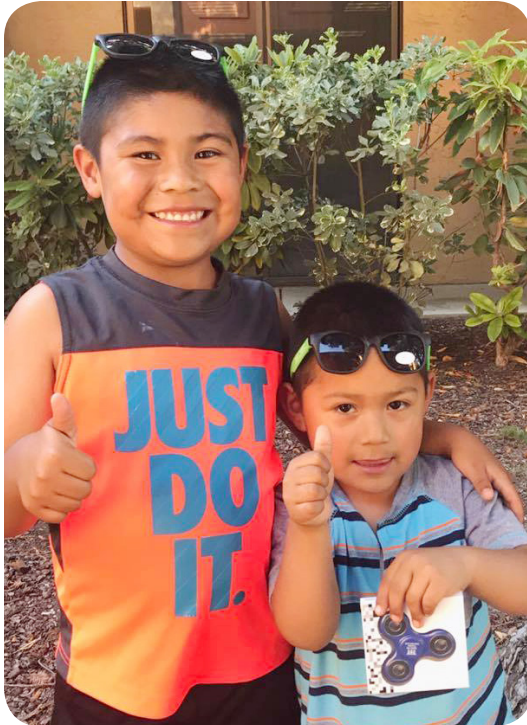
Behavior – If it is difficult to manage a child's behavior, talk to a doctor or counselor.



Addressing these barriers to learning may help children succeed in 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.



HEALTHIER KIDS FOUNDATION

Vision

All Silicon Valley youth achieve good health, educational equity, and success in life as productive community members.

Mission

Healthier Kids Foundation removes health barriers impacting the learning and life success of Silicon Valley youth.

Three Key Strategies

1. improving health care access and utilization,
2. changing health behavior through education, and
3. advocating for health policy and systems change.

For more information regarding Healthier Kids Foundation, please contact us at 408.564.5114.



Healthier Kids Foundation



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



My Health First



Screens 5th grade students for unmet social and emotional health needs and assists with accessing follow-up care and resources



10 Steps



Three-class series for parents and caregivers that focuses on integrating healthy lifestyles within the home



Smile First



A free workshop for students and parents that focuses on oral hygiene, dental care routine, and the prevention of tooth decay for the whole family



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



Conclusion

Our 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 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 Annual Symposium, please visit Healthier Kids Foundation's website at www.hkidsf.org.

Annual Symposium

Presenter	Topic
Keynote Speaker: Le Ondra Clark Harvey, Ph.D. Moderator: Elisa Koff-Ginsborg	<i>State of Affairs for Children's Mental Health</i>
Hailey Hardcastle	<i>A Student's Perspective: The Importance of Mental Health Resources</i>
Anu Gorukanti, MD Nichole Scagliotti, PPSC Moderator: Laura Champion, MFT	<i>My HealthFirst</i>

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**Healthier Kids
Foundation**

4040 Moorpark Avenue, Suite 100
San Jose, CA 95117
408.564.5114

hkidsf.org



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