

Santa Clara Family Health Foundation presents



AT A GLANCE: STATUS ON CHILDREN'S HEALTH IN SANTA CLARA COUNTY



www.healthyfamilyfund.org

**Children
are 27% of
our population
and 100% of
our future.**

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Message from the Executive Director

Dear Friends of Santa Clara Family Health Foundation,

We are pleased to present our first *At a Glance: Status on Children's Health in Santa Clara County*. This report focuses on health disparities and health issues among children in our community. The purpose of this report is to raise awareness of the importance of children's health and initiate ongoing dialogue among the public, private, and nonprofit sectors to ensure that we are collectively working together to increase the overall health and well-being of children in Santa Clara County.

Low-income children and children of color bear the heaviest burden of disease and poor health status due to both individual behavior and the social determinants of health – environmental, economic, educational, and social factors – that contribute to disparities in health status and lead to negative health outcomes. Among other determinants, access to health care is one of the most significant factors to ensuring that our children become and remain healthy. It is important to understand the disparities so that our community can engage in efforts that focus on prevention and systemic changes that address the root causes of health inequity.

We ask each of you to join Santa Clara Family Health Foundation in investing in strategic collaborations that cross sectors to develop community prevention strategies and support efforts that promote health and reduce inequities among our children. We hope that this report provides each of you with valuable knowledge that you can incorporate into your organization's own work. Please stay engaged and advocate on behalf of all of our children so that they can grow up in a healthier community.

Warmest Regards,



Kathleen M. King

Executive Director

P.S. We want to thank FIRST 5 Santa Clara County, Kaiser Permanente, and Lucile Packard Foundation for Children's Health/Kidsdata.org as this report would not have been possible without their generous support. In addition, we want to thank Jennifer Shelton and Emily Hennessy for their invaluable input, dedication, and hard work to ensure that this report was published.



MISSION

Santa Clara Family Health Foundation promotes access to affordable, high quality health care by supporting Santa Clara Family Health Plan through resource development and outreach on behalf of the underserved members of our community.

Santa Clara Family Health Foundation is a 501(c)(3) nonprofit charitable organization whose primary focus is on raising funds to support the Healthy Kids program and the Children's Health Initiative in Santa Clara County. Through the Foundation, community leaders, community members, foundations, corporations, local businesses, friends, and other supporters can contribute funds to help achieve the goal of providing every child in Santa Clara County with access to quality health care through health coverage.

SPECIAL ACKNOWLEDGEMENT

Santa Clara Family Health Foundation would like to thank FIRST 5 Santa Clara County, Kaiser Permanente, and Lucile Packard Foundation for Children's Health/Kidsdata.org for their generous support of *At a Glance: Status on Children's Health in Santa Clara County*. It is only with their support that this report is possible. We are fortunate to have them as partners in our effort to ensure that all children develop into healthy and productive adults.

CHILDREN BY CITY

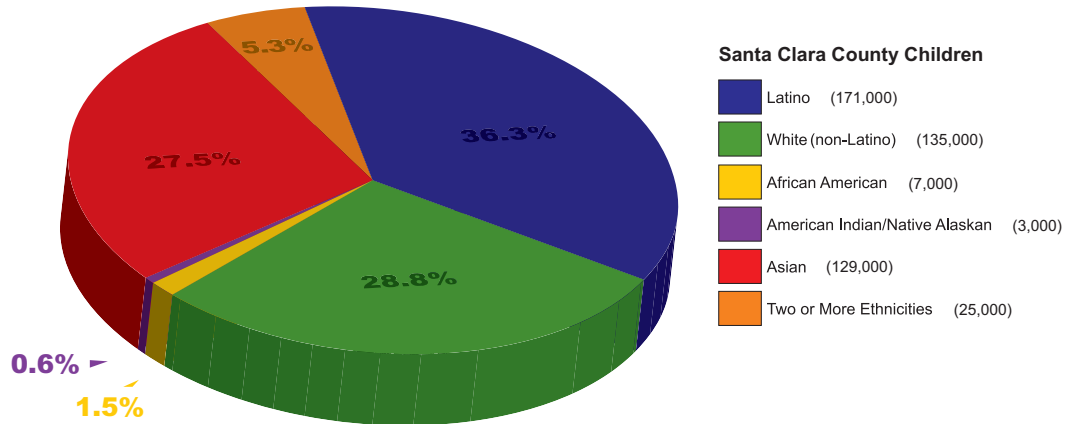
Santa Clara County has always been at the forefront of innovation, spearheading movements and embracing change. It quickly identifies and assesses the challenges faced by its residents and through strong community leadership and collaborative relationships, the community responds to these challenges. In doing so, Santa Clara County serves as a model for other communities throughout California and the nation.

- ◆ In the past ten years, the population of children in Santa Clara County has increased by three percent.
- ◆ Latinos are projected to be the largest population group by 2040, and thus are an increasingly influential force in our community.

City	Total Population	Children (0-19)	Percentage Of Children
Campbell	38,067	8,249	22%
Cupertino	52,785	15,842	30%
Gilroy	48,158	15,930	33%
Los Altos	27,793	7,767	28%
Los Altos Hills	8,442	2,196	26%
Los Gatos	28,592	7,463	26%
Milpitas	65,371	16,959	26%
Monte Sereno	3,542	1,067	30%
Morgan Hill	37,099	11,539	31%
Mountain View	70,038	14,083	20%
Palo Alto	57,949	14,587	25%
San Jose	934,415	260,593	28%
Santa Clara	108,075	26,477	24%
Saratoga	29,974	8,497	28%
Sunnyvale	130,256	31,316	24%
Unincorporated	88,832	24,761	28%
TOTAL	1,729,388	467,326	27%

Source: U.S. Census Bureau, 2005-2009 America Community Survey.

ETHNICITY OF SANTA CLARA COUNTY CHILDREN (AGES 0-19)

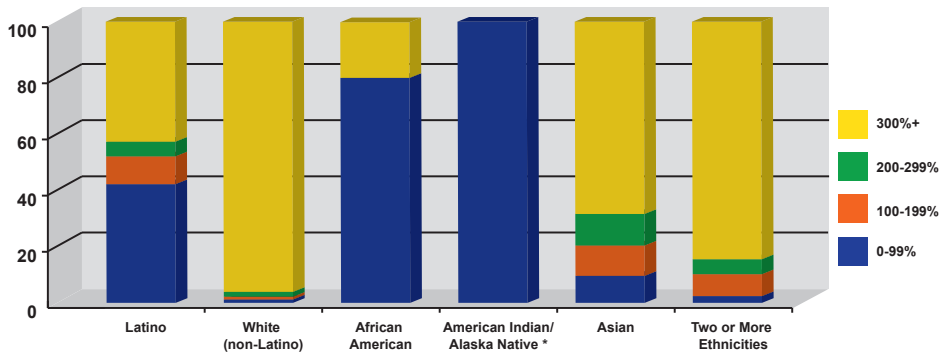


Nationally, minorities accounted for 92% of the 9.7% population growth over the past decade from 282 million to 309 million. (2010 U.S. Census Bureau)

	Santa Clara County		California	
	Children	Adults	Children	Adults
Latino	36.3%	22.2%	49.0%	32.0%
White (non-Latino)	28.8%	44.7%	30.4%	47.1%
African American	1.5%*	1.7%*	5.6%	5.6%
American Indian/Native Alaskan	0.6%*	1.2%*	0.5%	0.7%
Asian	27.5%	28.9%	10.8%	13.1%
Two or More Ethnicities	5.3%	1.3%	3.7%	1.5%

*Note: Due to the small sample size, this statistic may not accurately represent the ethnic population. Source: California Health Interview Survey, 2009.

INCOME LEVEL OF CHILDREN (AGES 0-19) IN SANTA CLARA COUNTY AS A PERCENTAGE OF THE FEDERAL POVERTY LEVEL (FPL)



1 out of every 2 Latino children in Santa Clara County under the age of 5 are under 100% FPL in comparison to 1 out of every 3 Latino children over the age of 5.

(California Health Interview Survey, 2009)

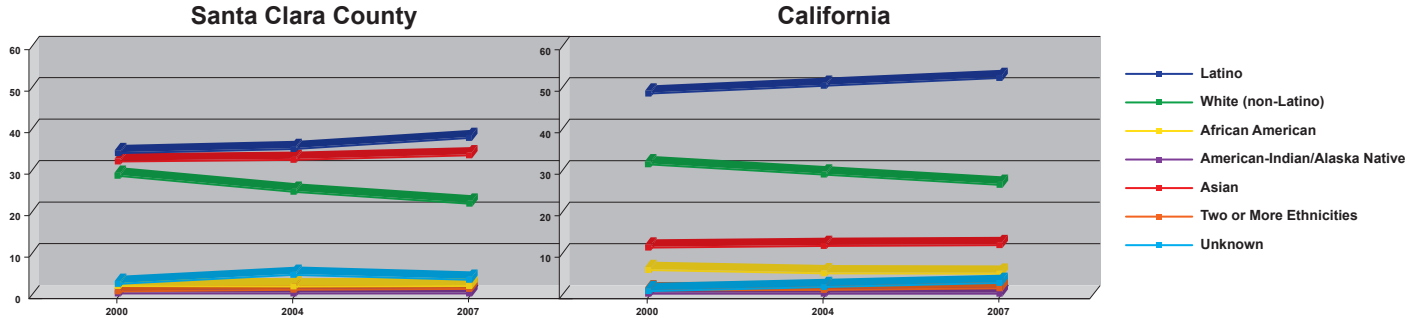
	0-99%	100-199%	200-299%	300%+
Latino	42.2%	9.9%	5.2%	42.7%
White (non-Latino)	1.2%	1.0%	1.7%	96.1%
African American	80.0%	0.0%	0.0%	19.8%
American Indian/Alaska Native *	100.0%	0.0%	0.0%	0.0%
Asian	9.6%	10.8%	11.2%	68.4%
Two or More Ethnicities	2.4%	7.8%	5.3%	84.5%

* Note: Due to the small sample size, this statistic may not accurately represent the income level of this ethnic population.

In 2009, 100% of the FPL was \$22,050 for a family of four.

Source: California Health Interview Survey, 2009.

BIRTH RATES BY ETHNICITY



Why is this important?
 Child population trends help project increased needs for education, child care, health care, and other services for children.

	Santa Clara County			California		
	2000	2004	2007	2000	2004	2007
Latino	34.0%	35.0%	37.7%	48.6%	50.5%	52.4%
White (non-Latino)	28.6%	24.7%	21.8%	31.6%	29.1%	26.6%
African American	2.0%	1.9%	2.0%	6.1%	5.3%	5.2%
American Indian/Native Alaskan	0.2%	0.2%	0.2%	0.4%	0.4%	0.4%
Asian	32.0%	32.4%	33.5%	11.5%	11.9%	12.1%
Two or More Ethnicities	0.7%	1.1%	1.3%	1.2%	1.3%	1.7%
Unknown	2.5%	4.7%	3.5%	0.6%	1.5%	1.6%

Source: Lucile Packard Foundation for Children's Health, Kidsdata.org, 2007.

TEENS (AGES 15-19) BIRTH RATES BY ETHNICITY

Research shows that teen mothers are more likely to have babies with low birth weights and their children are more likely to have health problems and developmental delays than children born to adult mothers. They tend to have fewer parenting skills than adult women, and their children are more likely to be victims of abuse and neglect. As a result of these disadvantages, children born to teen parents are more likely to have academic and behavioral problems throughout their school years and sometimes into adulthood. Moreover, they are more likely to become teen parents themselves.

Source: Lucile Packard Foundation for Children's Health, Kidsdata.org, 2007.

- ◆ 38% of mothers who have a baby before the age of 18 earn a high school diploma.
- ◆ Less than 2% of young teen mothers (those who have a baby before age 18) attain a college degree.
- ◆ Approximately $\frac{2}{3}$ of children born to teen mothers earn a high school diploma compared to 81% of children of later child bearers.

Source: The National Campaign to Prevent Teen Pregnancy, 2010.

Santa Clara County Teens

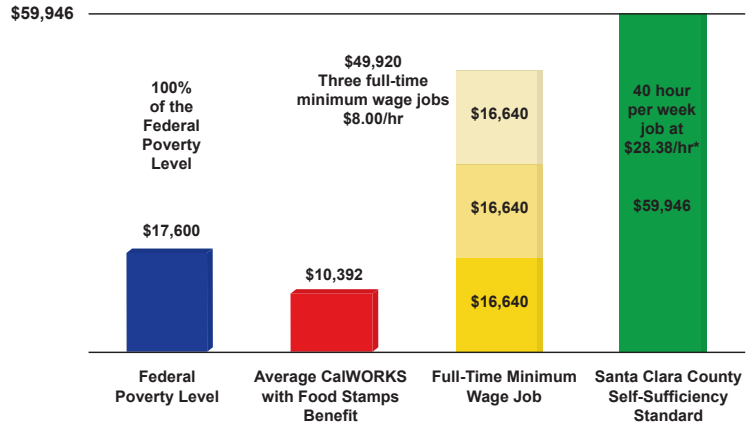
	Rate per 1,000
Latina	62.1
White (non-Latina)	5.2
African American	26.4
Asian	4.8
Two or More Ethnicities	11.5

Source: Lucile Packard Foundation for Children's Health, Kidsdata.org, 2007.

SELF-SUFFICIENCY STANDARD FOR SANTA CLARA COUNTY

In order to develop effective public policy that supports working families, policymakers, advocates, and service providers need an accurate measurement of what it takes to make ends meet in today's economy. The Family Economic Self-Sufficiency Standard (Self-Sufficiency Standard) for California provides that benchmark. The Self-Sufficiency Standard calculates the income needed by working families to meet their basic needs in every county in California and for 156 family types. The Self-Sufficiency Standard provides county-specific costs for housing, food, and health care, as well as costs associated with work, including transportation, child care, and taxes. **In Santa Clara County, 32% of workers earn less than \$15 per hour.**

SANTA CLARA COUNTY (2008)
One Adult with One Preschooler and One School-Age Child



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

Source: Life in the Valley Economy Silicon Valley Report Progress, 2010, Working Partnerships USA.

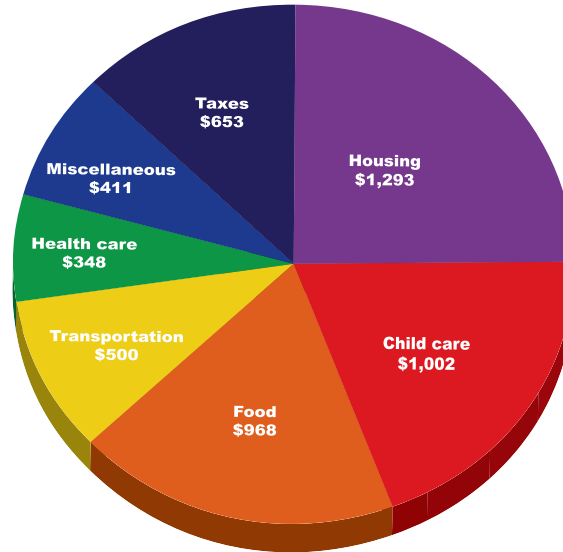
SELF-SUFFICIENCY STANDARD FOR SANTA CLARA COUNTY

BASIC COSTS HAVE SKYROCKETED IN SANTA CLARA COUNTY IN THE PAST 5 YEARS.

- ◆ Food costs have gone up 15%.
- ◆ Transportation costs have increased by 15%.
- ◆ Health care costs have climbed significantly, up 30%.
- ◆ Although housing costs have decreased by 29% since 2003, the rise in other costs have caused the Self-Sufficiency Standard to remain high at \$62,100 a year for a family consisting of two adults, a preschooler, and a school-age child.

Source: Life in the Valley Economy Silicon Valley Report Progress, 2010, Working Partnerships USA.

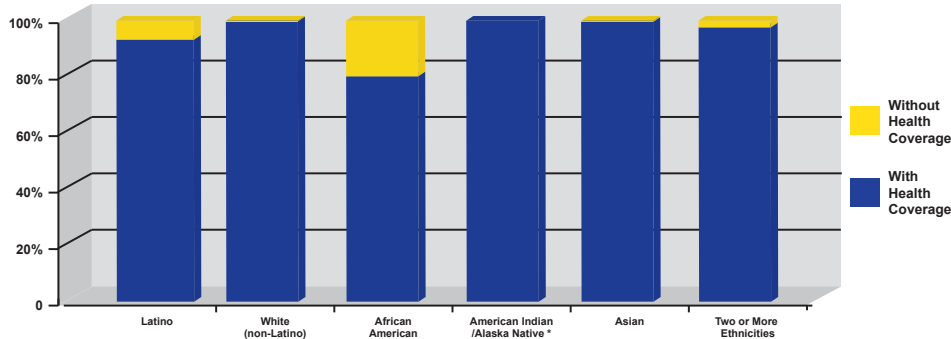
THE SELF-SUFFICIENCY STANDARD
Basic Monthly Costs for a Two-Parent, Two-Child Family in Santa Clara County, 2008



Source: Life in the Valley Economy Silicon Valley Report Progress, 2010, Working Partnerships USA.

Health Disparities

HEALTH COVERAGE OF CHILDREN (AGES 0-19) IN SANTA CLARA COUNTY



Having health coverage enables children to have access to the health care services that they need for healthy development. Health coverage among children ages 0-19 in Santa Clara County has increased from 87.5% in 2001 to an estimated 96.5% in 2009.

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

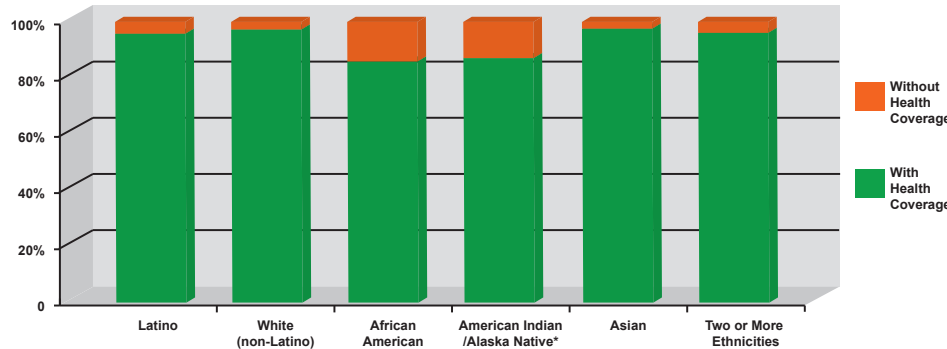
(Study conducted by John Hopkins Children's Center)

	With Health Coverage	Without Health Coverage
Latino	93.2%	6.8%
White (non-Latino)	99.8%	0.2%
African American	80.2%	19.8%
American Indian/Alaska Native*	100.0%	0.0%
Asian	99.6%	0.4%
Two or More Ethnicities	97.6%	2.4%

* Note: Due to the small sample size, this statistic may not accurately represent the ethnic population.

Source: California Health Interview Survey, 2009.

HEALTH COVERAGE OF CHILDREN (AGES 0-5) IN SANTA CLARA COUNTY

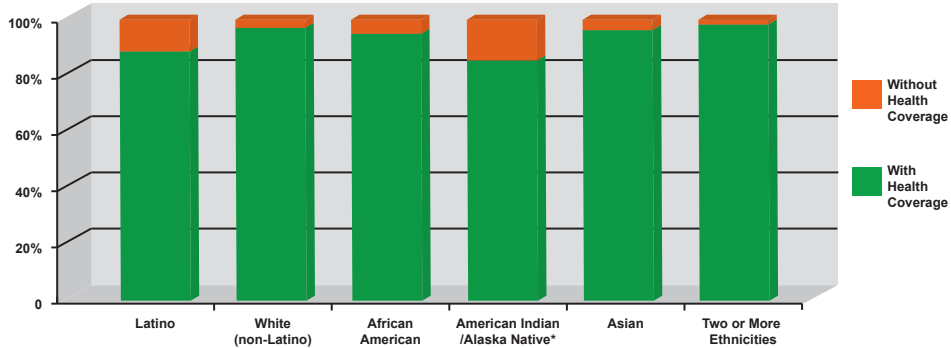


Santa Clara Family Health Foundation wants to thank FIRST 5 Santa Clara County for providing funding to cover all children ages 0-5 enrolled in Healthy Kids.

	With Health Coverage	Without Health Coverage
Latino	95.8%	4.2%
White (non-Latino)	97.3%	2.7%
African American	85.9%	14.1%
American Indian/Alaska Native*	87.1%	12.9%
Asian	97.6%	2.4%
Two or More Ethnicities	96.1%	3.9%

* Note: Due to the small sample size, this statistic may not accurately represent the ethnic population.
 Source: U.S. Census Bureau, 2009 American Community Survey.

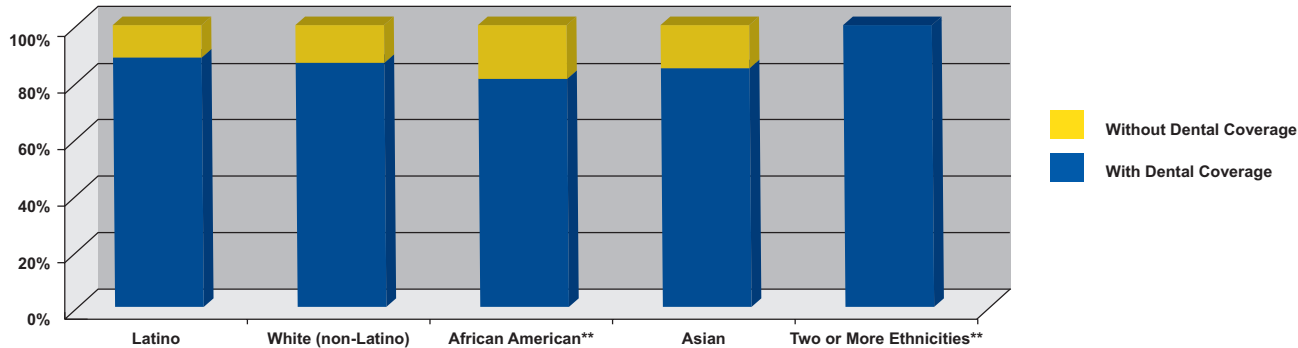
HEALTH COVERAGE OF CHILDREN (AGES 6-17) IN SANTA CLARA COUNTY



	With Health Coverage	Without Health Coverage
Latino	88.7%	11.3%
White (non-Latino)	97.1%	2.9%
African American	95.0%	5.0%
American Indian/Alaska Native*	85.5%	14.5%
Asian	96.3%	3.7%
Two or More Ethnicities	98.3%	1.7%

* Note: Due to the small sample size, this statistic may not accurately represent the ethnic population.
 Source: U.S. Census Bureau, 2009 American Community Survey.

DENTAL COVERAGE OF CHILDREN (AGES 2-17*) IN SANTA CLARA COUNTY



	With Dental Coverage	Without Dental Coverage
Latino	88.5%	11.5%
White (non-Latino)	86.6%	13.4%
African American**	80.9%	19.1%
Asian	84.7%	15.3%
Two or More Ethnicities**	100.0%	0.0%

*Note: Includes children under the age of 2 if a tooth was present.

**Note: Due to the small sample size, this statistic may not accurately represent the ethnic population.

Source: California Health Interview Survey, 2007.

12.8%
of the children
in Santa Clara County
do not have
dental coverage.

(Children Health Interview
Survey, 2007)

RODRIGO CHAVEZ IS ALL SMILES FOR HEALTHY KIDS



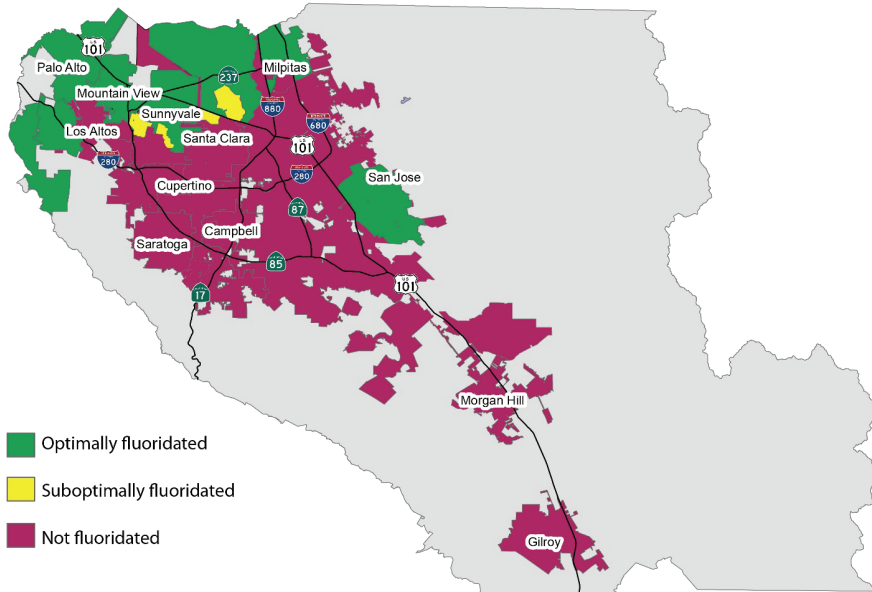
The dentist office is a familiar place to 10-year-old Rodrigo. He's been going to well-check visits since he was four and has not needed major dental treatment thanks to the Healthy Kids program. "He loves the dentist!" says his mother, Gloria Sermeno. "He goes with a big smile."

The U.S. Department of Health and Human Services reports that dental disease is the most chronic childhood disease. San Jose dentist, Dr. Monika Levkovic, sees it first hand. "People ask, 'Do we have to treat baby teeth?'" she says. "Yes! Baby teeth are important to speech

development, social issues, and they keep space for adult teeth." She also notes that dental disease left untreated can be traumatic for children, making them afraid to go to the dentist. "Checkups every six months allow us to fix things right away," says Dr. Levkovic. "It's less of a problem."

A recent study funded by the David and Lucile Packard Foundation found that the proportion of children with a dental checkup in the past six months has almost tripled as a direct result of Healthy Kids coverage. While Healthy Kids coverage provides Rodrigo with the benefits of regular dental checkups and a healthy smile, the program provides relief all on its own to Sermeno. "I don't have to wait to take him to the dentist until there are cavities or a problem that costs more," she says. "I don't have to worry. Just that is a benefit."

Water Fluoridation in Santa Clara County



The City of San Jose is the largest city in the U.S. that does not fluoridate all of its water.

Created: February 4, 2009 by the Santa Clara County Public Health Department

Source: Santa Clara Valley Water District, Cal Water, Purissima Hills Water District, City of Milpitas Community Services, City of Mountain View Public Services Department, City of Palo Alto Utilities Department, San Jose Municipal Water System, City of Santa Clara Water Department, City of Sunnyvale Public Works Department.

IMMUNIZATIONS

Immunizations protect against serious and potentially fatal diseases, including: polio; diphtheria, tetanus, and pertussis (whooping cough); measles, mumps, and rubella; hepatitis B; and chicken pox. These immunizations are essential to protecting children’s health, as many of these diseases are contagious.

In 2008, 91.7% of children in California entering kindergarten were fully immunized compared to 94.5% of children in Santa Clara County.
 (Lucile Packard Foundation for Children’s Health, Kidsdata.org)

California Immunization Requirements for Public and Private School Entry

<u>Vaccine</u>	<u>Required Doses</u>
Polio	4 doses at any age
Diphtheria, Tetanus, and Pertussis Age 6 years and under (Pertussis is required) DTP, DTaP or any combination of DTP or DTaP With DT (tetanus and diphtheria) Age 7 years and older (Pertussis is not required) Td, DT, or DTP, DTap or any combination of these	5 doses at any age 4 doses at any age
7th Grade Td booster	1 dose
Measles, Mumps, Rubella (MMR) Kindergarten 7th grade Grades 1-6 and 8-12	2 doses 2 doses 1 dose
Hepatitis B Kindergarten 7th Grade	3 doses 3 doses 3 doses
Varicella Kindergarten	1 dose
Tdap 7th-12th grade	1 dose

Note: For more detailed information on immunization requirements, please visit <http://www2.sduhsd.net/tp/immunization.html>

Hepatitis B is spread through contact with the blood or other body fluids of an infected person. It is a serious disease that affects the liver. Chronic infection is more common among infants and children than among adults. Individuals who are infected can spread Hepatitis B to others, even if they are not exemplifying any symptoms. Some important facts:

- ◆ Hepatitis B affects nearly 10% of Asian American compared to all other Americans at 0.5%.
- ◆ All children should get their first dose of the Hepatitis B vaccine at birth and should have completed the vaccine series by 6-18 months of age.
- ◆ The Hepatitis B immunization is required to enter public and private schools.
- ◆ If a pregnant mother has Hepatitis B and does not seek prenatal care (and is not tested as part of her care), then there is a 95% change of transmission to the baby.
- ◆ Someone with Hepatitis B has a 25% risk of death from liver cancer or cirrhosis. Liver cancer is the leading cause of death in Asian American men.
- ◆ Visit www.hepbfreesc.org for more information on Hepatitis B and for locations that provide low-cost screenings and vaccinations.

Sources: (1) Department of Health and Human Services, Centers for Disease Control and Prevention, 2007; and (2) A Portrait of California, California Human Development Report 2011, American Human Development Project of the Social Science Research Council.

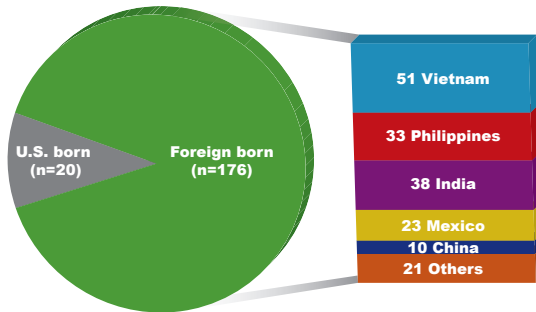
TUBERCULOSIS

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis* that usually attacks the lungs, but TB bacteria can attack any part of the body such as the kidneys, spine, and brain. If not treated properly, TB disease can be fatal.

TB spreads through the air from one person to another. The TB bacteria are put into the air when a person with active TB disease of the lungs or throat coughs, sneezes, speaks, or sings. People nearby breathe in these bacterium and become infected.

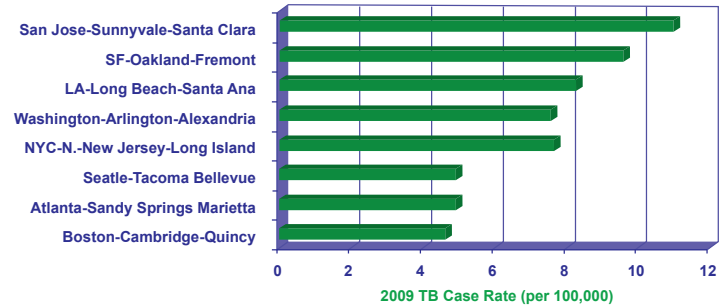
Source: Centers for Disease Control and Prevention, 2010.

TB Cases by Foreign Country of Origin in Santa Clara County, 2010



*Note: 'Others' include Iran (2), Korea (2), Lao Peoples Democratic Republic (2), Nicaragua (2), Nepal (2), and other countries with <2 counts.
Source: Santa Clara County Public Health Department, 2011.

TB Rates in Major Metropolitan Areas of the U.S. 2009



Source: Center for Disease Control, 2011.

Santa Clara Mental Health Department Family & Children’s Division served 7,973 outpatients in fiscal year 2009. Of those outpatients, Latinos are the largest ethnic group to have received services. More males (58.3%) were served than females (41.7%). On average, clients received 4.5 hours of services per month. The Family & Children’s Division includes 7 county clinics and 21 contracted agencies.

Ethnicity	Number	Percentage
Latino	4,289	53.8%
White	1,623	20.4%
Asian/Pacific Islander	773	9.7%
African-American	564	7.1%
American Indian	98	1.2%
Mixed Race	7	0.1%
Other Race	299	3.8%
Unknown	320	4.0%

Note: This data includes both children and adults.

Source: Santa Clara County Mental Health Department Decision Support, 2010.

Children living below the poverty threshold* are 1.3 times more likely than non-low-income children to experience learning disabilities and developmental delays.
 (Zero to Three, 2011)

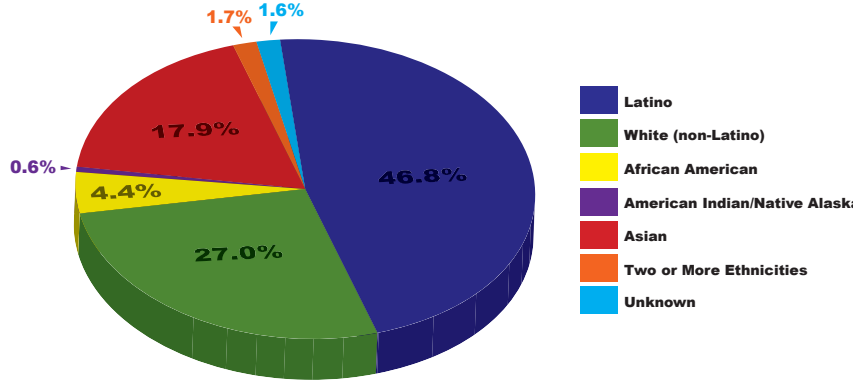
*Note: For example, a family of four earning less than \$44,100 a year is considered living below the poverty threshold.

SPECIAL EDUCATION

Special Education Enrollment of Children in Santa Clara County by Ethnicity

1 in 6 American children have a developmental disability, an increase of 17% during the past 10 years.

(Trend in the Prevalence of Developmental Disabilities in U.S. Children, 1997-2008)



	Santa Clara County		California	
	Special Education	All Students	Special Education	All Students
Latino	46.8%	36.6%	49.3%	50.4%
White (non-Latino)	27.0%	22.9%	30.3%	27.0%
African American	4.4%	2.8%	9.6%	6.9%
American Indian/Native Alaskan	0.6%	0.4%	1.0%	0.7%
Asian	17.9%	31.9%	7.0%	11.6%
Two or More Ethnicities	1.7%	1.8%	1.5%	1.6%
Unknown	1.6%	3.6%	3.6%	1.8%

Source: California Department of Education, 2009-2010.

MARIA VERONICA

Maria Veronica was born with Down syndrome and serious birth defects. “Maybe without Healthy Kids we wouldn’t be able to tell you Maria’s story, maybe she wouldn’t be here,” says Rogelio Patingo of his only child.

A friendly and loving 12-year-old, Maria Veronica had her first surgery when she was just three hours old. Many other surgeries followed that first year, including open heart surgery. Maria Veronica was enrolled in Healthy Kids nearly six years ago after she lost her previous coverage. One of her doctors told Mr. and Mrs. Patingo about the program. Because of her medical conditions, Maria Veronica needs to see her pediatrician and specialists on a regular basis. Her parents say that Healthy Kids has allowed Maria Veronica to obtain the regular medical treatment she requires, instead of waiting until things get so serious that she needs to be hospitalized.

Mr. Patingo works seven days a week to support the family so that his wife can care for their daughter full time.

“Healthy Kids is really helping us, not only our daughter, but us,” says Patingo. “It relieves stress to have health care so that you know your child can be taken care of, especially your fragile child.”

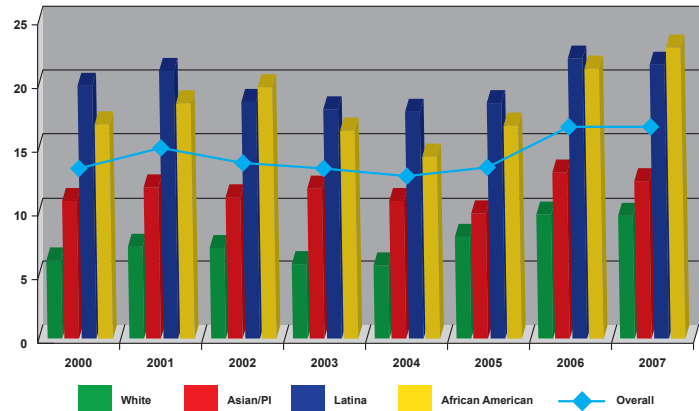


PRENATAL HEALTH

Children’s health care needs begin before they are born. An expectant mother’s access to early prenatal care can significantly reduce the risk of health problems for her child, as well as herself.

In 2006, the percentage of Santa Clara County mothers who received late (after the first trimester) or no prenatal care climbed to 15.9%, up from 12.9% in 2005, and remained at this rate in 2007. It is too early to tell whether this jump is a statistically anomaly or the beginning of a change in trends (which prior to 2005 had held steady for 10 years). Regardless, Santa Clara County continues to fall short of the national Healthy People 2010 objective to provide at least 90% of mothers with the early prenatal care they need.

Large disparities continue to exist among different racial/ethnic groups in terms of access to early prenatal care. **From 2005 to 2007, the share of Latina mothers receiving late or no prenatal care rose from 19% to 22.1%, the second highest rate of any racial/ethnic group.** Rates also remained elevated among African American mothers, with 23.5% not receiving first trimester prenatal care in 2007, compared to 12.7% of Asian/Pacific Islander mothers and 9.9% of white mothers.



Source: Life in the Valley Economy Silicon Valley Progress Report 2010, Working Partnerships USA.

- ◆ Of the 83 infant deaths (age <1 year) occurring between 2005 and 2009 that were reviewed, there were 31 infant deaths that occurred in an unsafe sleeping environment.
- ◆ In 14 cases, the conclusion of the team was that the infant most likely died from an adult unintentionally rolling onto the infant while asleep. This tragedy is entirely preventable by using the bassinet or crib for the child's first year.
- ◆ In 17 more cases, the infant died alone on an adult bed, couch, or pillow. The babies either rolled and became wedged between the bed and wall, or rolled to a prone position with the face pressed into the couch or bed pillows.
- ◆ The rate of Sudden Infant Death Syndrome (SIDS) has fallen from 14/10,000 live births in 1988 to 5/10,000 in 2006 (U.S. data). Over the past 5 years in Santa Clara County, there were five cases of SIDS. This is far below the national average.

For more information on crib safety guidelines, please visit www.cpsc.gov.

Source: Cumulative Report Case Reports For Calendar Years 2005-2009.

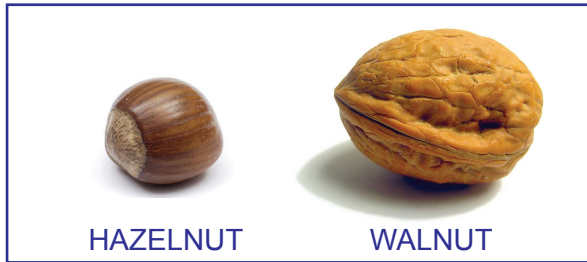


INFANT HEALTH

How much do babies typically eat?

A newborn's tummy is very small, especially in the early days. Once breastfeeding is established, exclusively breastfed babies from 1 to 6 months of age take in between 19 and 30 ounces per day. If you breastfeed 8 times per day, the baby would eat 3 ounces per feeding. Older babies will take less breastmilk as other food is introduced. Although, every baby is different.

The Newborn Tummy



At birth, the baby's stomach can comfortably digest what would fit in a hazelnut (about 1-2 teaspoons). In the first week, the baby's stomach grows to hold about 2 ounces or what would fit in a walnut.

Source: Your Guide to Breastfeeding, U.S. Department of Health and Human Services, Office on Women's Health, 2011.

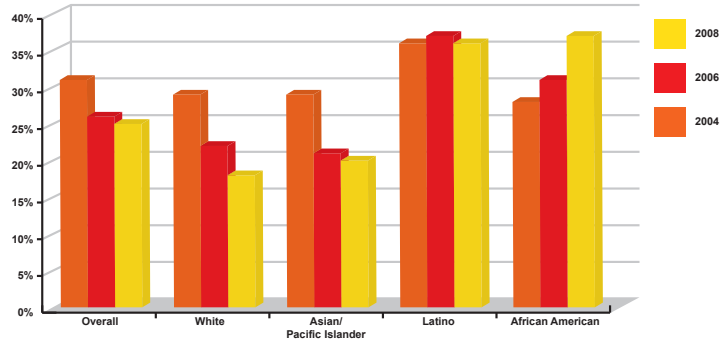
Breastfeeding Benefits

- ◆ Breast milk is rich in nutrients and antibodies that protect babies from illnesses.
- ◆ Breast milk is easier to digest than formula.
- ◆ If 90% of families breastfed exclusively for 6 months, nearly 1,000 deaths among infants could be prevented – saving the U.S. \$13 billion per year in medical care costs.
- ◆ Breastfed infants typically need fewer sick care visits, prescriptions, and hospitalizations.

Childhood obesity continues to be a growing epidemic throughout the state and nation. In Santa Clara County, the percentage of middle and high school students who are overweight or at risk of being overweight has declined from 31% in 2004 to 25% in 2008. As of 2007, Santa Clara County had the 14th lowest childhood obesity rate out of the 58 California counties. This decline in the overall overweight/obesity rate indicates that efforts to reduce childhood obesity may be seeing some success. However, the county still falls far short of reaching the national Healthy People 2010 objective of only 5% of children being overweight.

Low-income children are nearly 50% more likely to become obese adults than non low-income children.
(Zero to Three, 2011)

PERCENTAGE OF MIDDLE AND HIGH SCHOOL STUDENTS WHO ARE OVERWEIGHT OR AT RISK OF BEING OVERWEIGHT (BMI >= 85TH PERCENTILE)

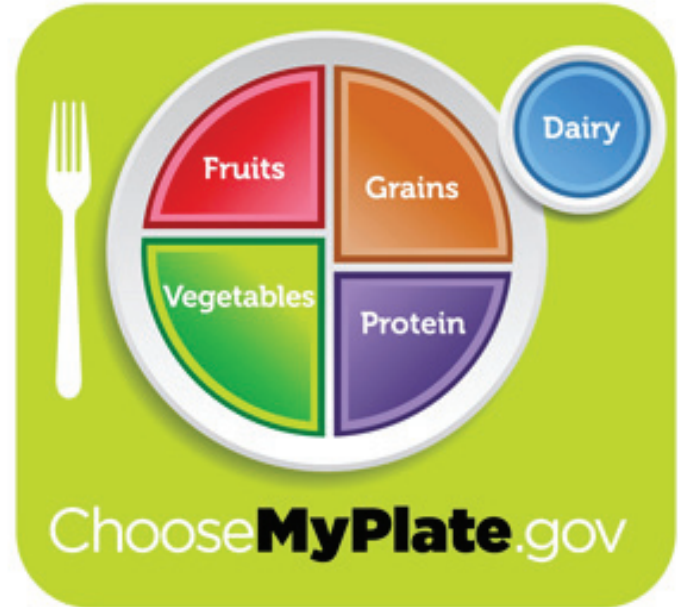


	2004	2006	2008
Overall	31%	26%	25%
White	29%	22%	18%
Asian/Pacific Islander	29%	21%	20%
Latino	36%	37%	36%
African American	28%	31%	37%

Source: Life in the Valley Economy Silicon Valley Progress Report 2010, Working Partnerships USA.

EATING HEALTHY

In an effort to illustrate the important role that healthy eating habits plays in sustaining a healthy weight, Choose My Plate was developed to help individuals focus on the types of food and the appropriate portions that foster a healthy weight. Consuming naturally enriched foods, such as fruits, vegetables, and whole grains, may help individuals to better manage their weight and maintain a healthier lifestyle. When selecting foods, it is important to review the labels and choose foods that are low in saturated fat, trans fat, and sodium. Reduce your intake of sugary foods and drinks and replace them with fresh fruit and water. Eating healthy and engaging in regular physical activities will also help to reduce the risk of becoming diabetic, developing heart disease, and becoming obese.

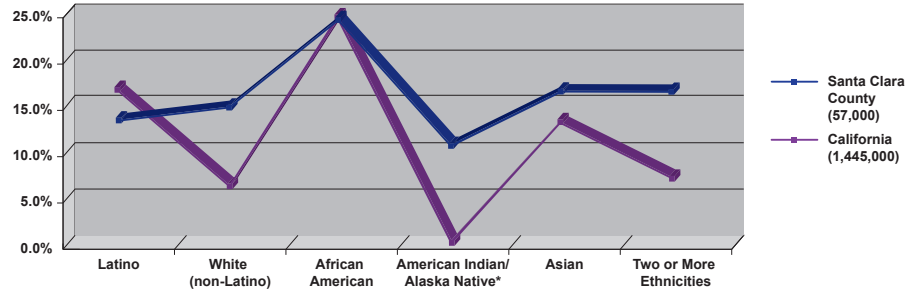


Source: U.S. Department of Agriculture and Health and Human Services, 2011.

Low-income people are much more likely to have severe symptoms and are hospitalized more frequently than middle- or high-income people. For instance, asthma sufferers from households with income under \$20,000 are seven times more likely to experience severe symptoms than those from households with incomes above \$100,000. Low-income people are exposed to more environmental triggers for asthma, such as poorly maintained housing and proximity to highways and polluting industries. They are also less likely to use the daily preventative medications that keep severe asthma in check.

Source: (1) A Portrait of California, California Human Development Report 2011; and (2) American Human Development Project of the Social Science Research Council.

Diagnosis of Asthma Among Children (Ages 0-19)



	Santa Clara County	California
Latino	16.3%	13.1%
White (non-Latino)	7.2%	13.9%
African American	24.6%	23.5%
American Indian/Native Alaskan*	0.0%	10.2%
Asian	12.9%	15.8%
Two or More Ethnicities	7.0%	16.1%

Definition: Percentage of children with asthma within a specific ethnic group (e.g., In 2009, 16.3% of the Latino child population in Santa Clara County were diagnosed with asthma.)

*Note: Due to the small sample size, this statistic may not accurately represent the ethnic population.

Source: California Health Interview Survey, 2009.

SANTA CLARA COUNTY STATISTICS

The statistics presented below provide an overall insight into key health issues facing the children in Santa Clara County. Even though our county has made significant improvements throughout the years to improve the overall health of our community, there are still areas that need our attention. For example:

- ◆ 79% of Santa Clara County's population does not receive optimal fluoridated water.
- ◆ 3 in 10 children with one or more chronic diseases report barriers to the health care system.
- ◆ 9% of middle and high school students are current smokers.
- ◆ 12% of middle and high school students reported using marijuana at least once in the past 30 days.
- ◆ 1 in 8 middle and high school students engage in binge drinking.
- ◆ Ranked 34 out of 56 California counties for physical environment status based on air pollutions levels, access to healthy foods, and the number of liquor stores.
- ◆ The number of air quality days rated as good decreased from 305 days in 1998 to 192 in 2008.

Source: Santa Clara County Health Profile Report, 2010.

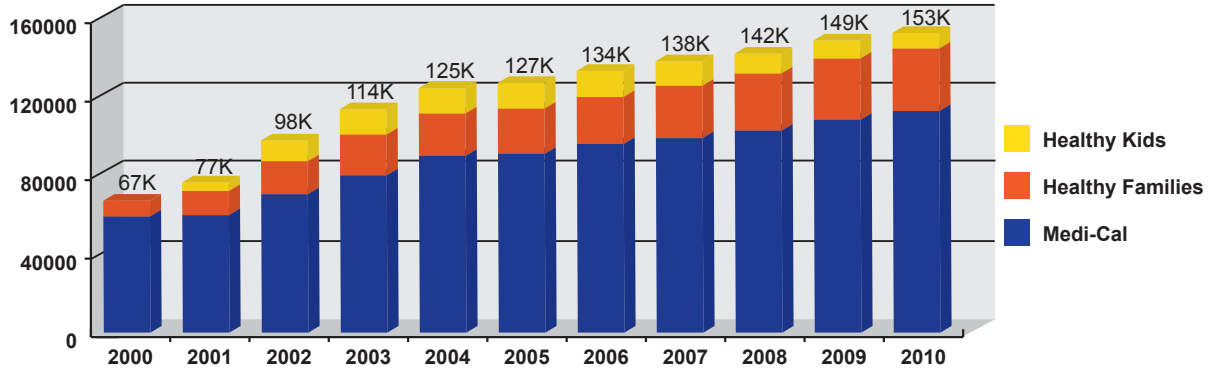
ENROLLMENT IN MEDI-CAL, HEALTHY FAMILIES & HEALTHY KIDS

In 2000, the first Children's Health Initiative (CHI) was formed. The goal of CHI was, and continues to be, to provide access to comprehensive medical, dental, and vision care to all eligible children in the county whose family income is 300 percent or less of the Federal Poverty Level (i.e., \$67,068 for a family of four living in Santa Clara County).

At the inception of CHI, nearly two-thirds of the children in Santa Clara County who lacked insurance qualified for existing government-funded programs. However, an estimated 18,000 children in the county were not eligible for existing programs. In response, CHI became the strategic outreach and enrollment effort to identify and assist the parents of these uninsured children in applying for appropriate health coverage through Medi-Cal and Healthy Families. CHI also created the first program of its kind in the nation, Healthy Kids, in January 2001. Before CHI and the Healthy Kids program, one in eight children or 13% in Santa Clara County were uninsured. **Now, this number has been reduced to one in 25 or 4%.**

ENROLLMENT IN MEDI-CAL, HEALTHY FAMILIES & HEALTHY KIDS

Children (Ages 0-18) Enrolled in Medi-Cal, Healthy Families, and Healthy Kids in Santa Clara County, 2000-2010



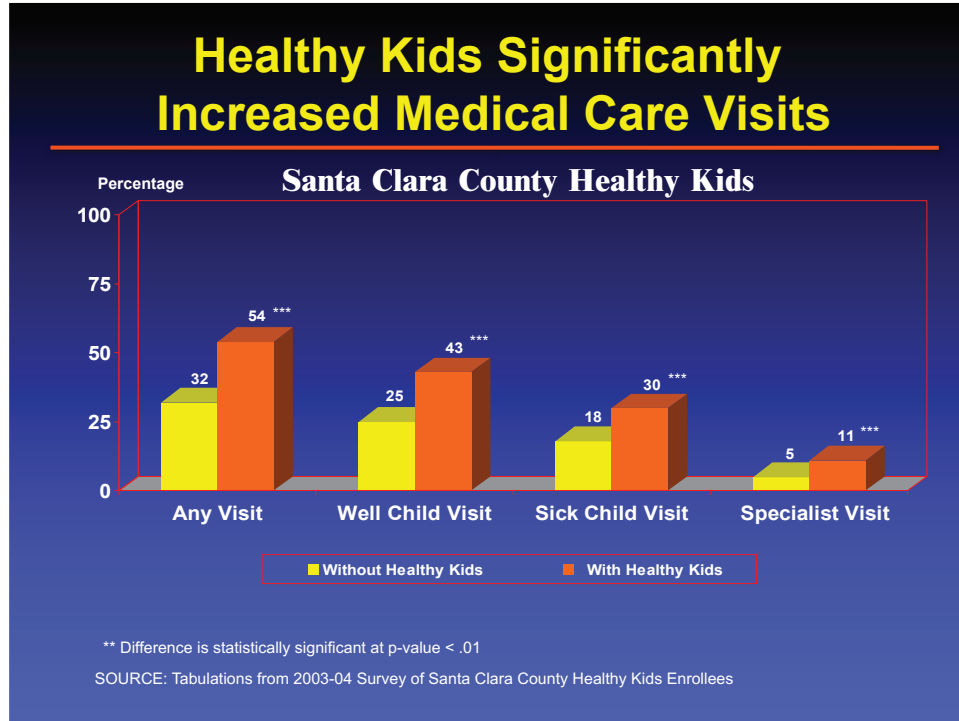
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Medi-Cal	59,265	59,968	70,662	80,303	90,191	91,221	96,245	99,274	103,046	108,614	113,078
Healthy Families	8,020	12,300	16,756	20,786	21,647	23,103	23,986	26,660	29,162	31,207	31,867
Healthy Kids	-	4,368	10,601	12,883	12,870	13,040	13,298	12,537	10,138	9,238	7,962
Total	67,285	76,636	98,019	113,972	124,708	127,364	133,529	138,470	142,346	149,059	152,907

Net year-over-year increase in enrollment	-	9,351	21,383	15,953	10,736	2,656	6,165	4,941	3,876	6,713	3,848
Percent increase in enrollment	-	14%	28%	16%	9%	2%	5%	4%	3%	5%	3%

Source: Working Partnerships USA, 2010.

CHILDREN'S HEALTH INITIATIVE IN SANTA CLARA COUNTY

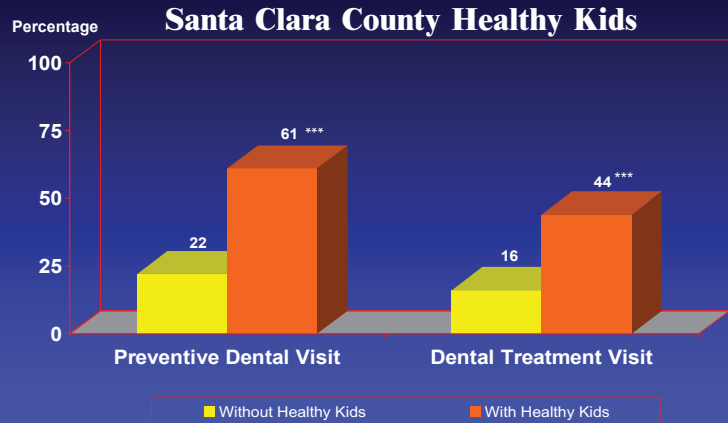
Funded by the David and Lucile Packard Foundation, Mathematica Policy Research, Inc. conducted a one-year and a four-year study on the effects of Healthy Kids coverage on the health of children. Results released in 2008 indicated that children were seeing substantial benefits to their health after one year – a **69% increase in visits, 72% increase in well-child visits, and a doubling of visits to specialists.**



CHILDREN'S HEALTH INITIATIVE IN SANTA CLARA COUNTY

Dental disease is the most common chronic childhood disease (U.S. Department of Health and Human Services, 2000). In California, 54% of kindergarteners and 71% of third graders have a history of tooth decay, and 28% of children in both grades have untreated tooth decay. **After one year of Healthy Kids dental coverage, use of preventive dental care tripled and dental treatment for tooth decay doubled.** According to the California Health Interview Survey (2007), 12.8% of children in Santa Clara County do not have dental coverage.

Healthy Kids Sharply Increased the Use of Dental Services

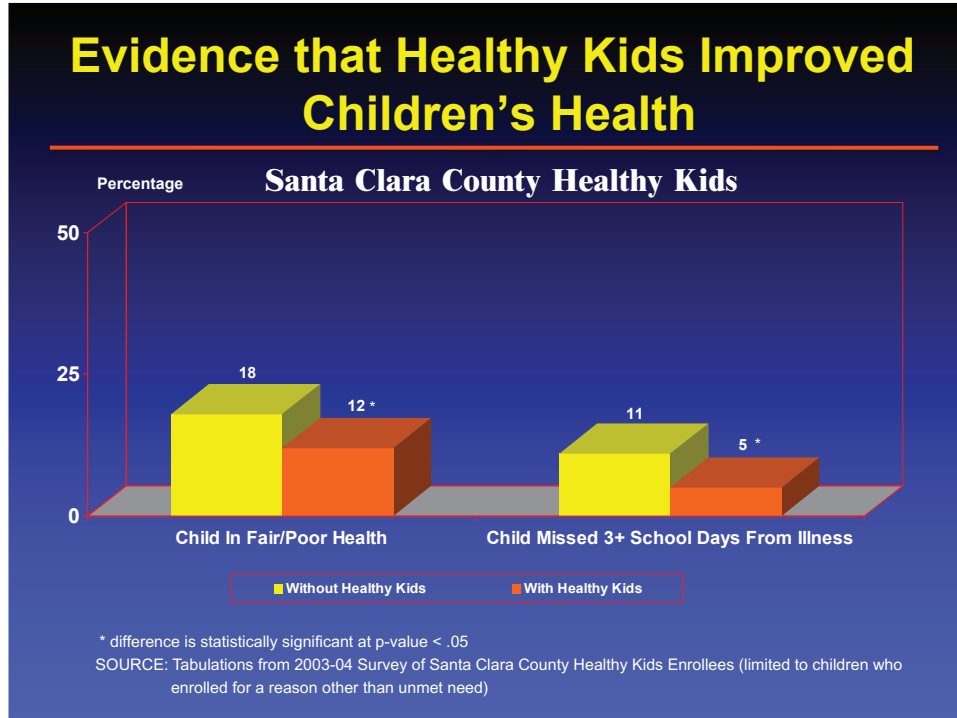


*** Difference is statistically significant at p-value < .01

SOURCE: Tabulations from 2003-04 Survey of Santa Clara County Healthy Kids Enrollees

CHILDREN'S HEALTH INITIATIVE IN SANTA CLARA COUNTY

Healthy Kids led to significant improvements in health. After participating in Healthy Kids for one year, the **proportion of these children reported to be in fair or poor health fell by one-third** and the **proportion of children missing three or more school days in the past month dropped in half.**



FIRST 5 SANTA CLARA COUNTY

FIRST 5 Santa Clara County's programs and services work to ensure children ages 0-5 are healthy and prepared for school, their families connect to parenting resources, and the community is strengthened and supported. They have established a framework to create a positive, lasting impact on young children and families in our community now, and into the future.

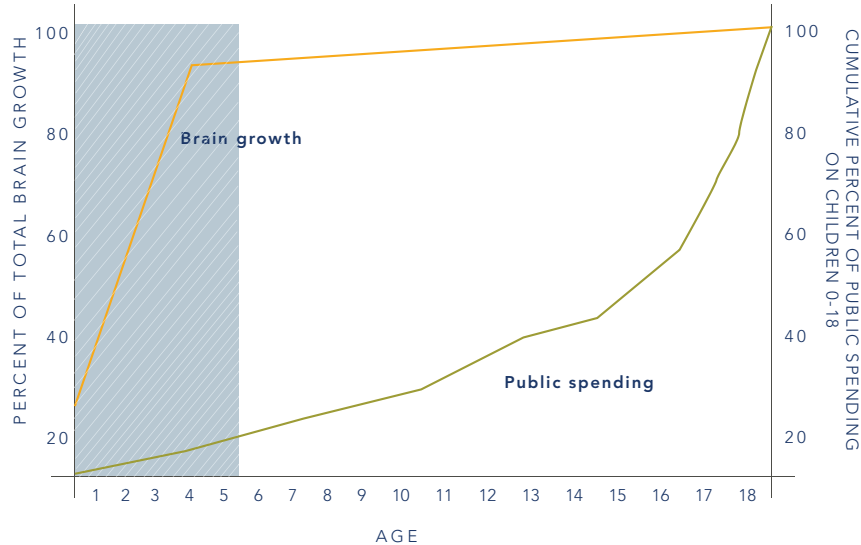
FIRST 5:

- ◆ Works with over 65 nonprofit organizations throughout Santa Clara County.
- ◆ Serves racially, ethnically, and culturally diverse children, speaking over 100 languages.
- ◆ Serves children from families who primarily live under the federal poverty level (90%), with 82% earning less than \$30,000 a year.
- ◆ Serves as a voice and advocate for young children and their families, investing more than \$30 million each year in Santa Clara County.
- ◆ Supports the children's health initiative, advanced training for early childhood teachers, parenting skills and domestic violence workshops, mental health services for children and their caregivers, and arts and early literary programs.

FIRST 5 SANTA CLARA COUNTY

Over ten years ago, Californians voted to dedicate tobacco taxes to local health and education programs for young children ages 0-5 which created FIRST 5 across California. FIRST 5 Santa Clara County supports the healthy growth and nurturing of children prenatal through age five.

While the early period in children's development is absolutely critical to their future success, it is also where public investments are lowest. Nationally, less than 10% of public investments in education and development are spent on children, ages 4 and younger.



Source: FIRST 5 Santa Clara County, Brain Growth and Public Investment, A Mismatch (Children Now), 2010.

CONCLUSION

With more than 1.7 million residents, Santa Clara County is the most populated county in the Bay Area. It is one of the largest counties in the nation where minority populations are the majority, with over a third being born outside of the United States and half its residents speaking a language other than English in the home. Among its 467,000 children, one in ten children live below the Federal Poverty Level and one in five households live below the Basic Self-Sufficiency Standard.

Socio-economic conditions are contributing factors in determining the overall health of the children in our community. Children living in poverty often have fewer options for healthy living and reduced access to health care and other services, which may cause them to experience inferior health. Access to health care plays a significant role in leading to educational attainment. Children who are healthy tend to obtain higher levels of education, which often lead to higher paying jobs. Adults with higher incomes tend to lead healthier lifestyles, have better access to health care, live longer, and experience better health outcomes. In 1860, Ralph Waldo Emerson stated, “The first wealth is health.”

Through the Children’s Health Initiative and the Healthy Kids program, the number of uninsured children in Santa Clara County has dropped from one in every eight children in 2000 to less than three percent at the peak of enrollment. As illustrated in this report, children with medical, dental, and vision coverage have shown measurable improvement in their health – children with a usual source of care almost doubled, children with unmet medical needs dropped by more than half, dental care almost tripled, and school-age children reported a 50% decline in missed school days due to illness.

Santa Clara County serves as a model to California and the nation by working effectively to provide every children with access to health coverage. Unfortunately, we are faced with the challenge of not having the funding to increase the children enrolled in Healthy Kids and thereby, further decrease the number of uninsured children in our community. Now is the time to act! Our hope is that this report will be the basis of conversation that will foster collaboration among all sectors of the community to engage in public discourse and promote progressive change so that we can achieve a healthier community for our children and their families.

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