



2017

STATUS OF CHILDREN'S HEALTH

SANTA CLARA COUNTY

VOLUME 2: EXECUTIVE SUMMARY

SANTA CLARA COUNTY

STATUS OF CHILDREN'S HEALTH

Volume II: Executive Summary

Healthy children are more likely to grow up to be healthy adults.¹ The Santa Clara County Board of Supervisors has long recognized this and has demonstrated leadership and commitment to addressing issues facing children and their families. In January 2001, the Santa Clara County Board of Supervisors, along with a cross-sector group of organizations including Working Partnerships, Santa Clara Family Health Plan, school districts, foundations, and community advocates, led the way to universal healthcare coverage for children when it launched the Santa Clara County Children's Health Initiative (CHI). CHI was a groundbreaking effort with a goal to extend health insurance to all children.² Then in 2007, a Children's Agenda was developed to provide a framework for monitoring the health and well-being of children. Finally in 2010, the Santa Clara County Board of Supervisors led the development of a Bill of Rights for the county's children and youth. The Bill of Rights is a pledge for local leaders, organizations, communities, and families to share accountability and commitment to children and youth. This assessment builds on the aforementioned efforts and is a testament to the continued commitment to the children of Santa Clara County.

Under the direction of the Santa Clara Valley Health and Hospital System, Volume 1 of a two part report on the health status of children was released in early 2016. The Volume 1 report was developed using secondary data to provide an overview of the social and demographic profile of children and families, and existing health disparities. The Volume 2 report consists of primary (new) data that deepens our understanding of the disparities in health status through rich narratives collected from youth, families, child advocates, and professionals.

The CHI and Healthy Kids Program in Santa Clara County, along with grassroots efforts and policy changes such as the passage of the Affordable Care Act, have made significant strides in improving children's health in our county.² The Volume 2 report places emphasis on the remaining gaps preventing *all* children from fulfilling their potential. The report also highlights the community strengths that exist and prospects that can be leveraged to help shape and create opportunities to ensure that all kids in Santa Clara County are healthy. The report includes a "Call to Action" developed by key leaders with input from community members, emphasizing select high impact strategies that could serve as a starting place to address the most salient issues facing children in Santa Clara County.

TRENDS AND DISPARITIES

Although there have been significant developments in advancing the status of children's health, the county continues to see many health and economic disparities.

Positive Findings

Health Status: 96% of children reported being in excellent, very good, or good general health status.³

Healthcare Coverage: Almost all children ages 0 to 17 (97%) had healthcare coverage, just slightly below the Healthy People 2020 target of 100% coverage.³

Access to Healthcare Providers: Most children (91%) in the county had health insurance that usually or always allowed them to see the healthcare providers they needed.⁴

Medical Homes: Most children (92%) in the county reported having a usual source of care/medical home.⁵

Routine Visits: Most children (94%) reported having at least one visit with a doctor, nurse, or other healthcare provider for preventative medical care.⁵

Areas to Improve

Culturally Competent Services: Key informants and parents reported that healthcare and social service providers were unable to provide culturally competent care for people of color and lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth.

Geographic Isolation and Accessing Services: Focus group participants and key informants noted that services are difficult to access due to the large geographic size of the county and limited public transit options for families.

Navigating Health System and Available Resources: Many families have a difficult time understanding the complex system of care and the available resources provided by the county and other service providers.

Bullying Against or Targeting Children of Color & LGBTQ Youth: Among middle and high school students, 1 in 10 Latino (10%), African American (9%), LGBTQ (8%), White (8%), and Asian/Pacific Islander (7%) students reported that they were harassed or bullied on school property in the past 12 months.⁶

Family Finances: In 2016, family finances emerged as a top concern regarding children's health. Nearly 1 in 8 families (12%) reported they were unable to pay their medical bills for their child's healthcare. The percentage was higher among Filipino (18%), Vietnamese (17%), and Latino (14%) families in comparison to other racial/ethnic groups. In addition, many families reported working multiple jobs, but struggled to or were not able to afford basic necessities.⁵

KEY FINDINGS

The section below summarizes the key findings of the Santa Clara County Status of Children's Health Volume 2 report. Barriers to Accessing Services, Early Learning and the Educational System, Economic Inequality and Housing Instability, and Structural Racism and Discrimination were four areas most consistently reflected in the data collected for this report.

Barriers to Accessing Services

Children's access to healthcare is crucial to their overall health and development.⁷ However, access to healthcare means much more than having health insurance coverage.⁸ With a high cost of living in the Bay Area, a number of financial and non-financial barriers may delay or prevent families from seeking healthcare for their children.

- More than 4 in 5 (86%) health insurance plans offered benefits or covered services that always or usually met children's healthcare needs, while 14% of children's health insurance never or sometimes covered services that met children's healthcare needs.⁵
- In the past 12 months, nearly 1 in 6 families (12%) had problems paying or were unable to pay medical bills for their child's healthcare.⁵
- Lack of information and understanding about available services and resources, while navigating the complex healthcare system and other services, were barriers for families to access services.
- Income based eligibility requirements and the "benefits cliff" created financial hardships that affected families' continued abilities to afford healthcare services.

Early Learning and the Educational System

Level of educational attainment is a strong predictor of long term health and quality of life.⁹ People with more education are likely to live longer, experience better health outcomes, and practice health-promoting behaviors such as exercising regularly, refraining from smoking, and obtaining timely healthcare check-ups and screenings. In addition, higher education is closely associated with financial security, social connections, and healthier working conditions.

- In 2013-14, the high school graduation rate for Latino (71%) and African American students (77%) in the county was lower than White (92%) and Asian/Pacific Islander students (95%). Graduation rates were also lower among students who were English language learners (64%); were enrolled in special education (65%); and were socioeconomically disadvantaged (73%).¹⁰
- African American students were suspended at disproportionately higher rates: 8 times higher than Asian/Pacific Islander and 4 times higher than White students.¹⁰
- Children and adolescents lacked social-emotional skills to address and cope with stress in school as they faced the burden of academia and parental pressures to succeed.

Economic Inequality and Housing Instability

Economic or income inequality refers to the unequal distribution of household or individual income across various groups in society.¹¹ Poverty and income inequality are major contributors to lower life expectancy and are associated with many chronic diseases.¹² Although there has been positive economic growth in the Silicon Valley, the income gap has widened between high and low income families.

- In 2014, the county median annual family income was \$109,884, higher than the state median annual family income of \$71,015. However, racial disparities are wide and persistent: African American and Latino families had lower annual median family incomes compared to Asian/Pacific Islander and White families.¹³
- In 2014, 9% of children ages 0 to 17 were living in poverty in Santa Clara County. From 2010 to 2014, poverty rates among African American and Latino children were consistently higher compared to poverty rates among Asian and White children.¹⁴
- The high cost of housing has made the county unaffordable for many families. Families reported that this has attributed to lengthy commutes, large rent increases, and homelessness.

Structural Racism and Discrimination

Structural racism refers to the interplay of the structures and systems that perpetuate inequalities throughout the lifespan, contributing to an epidemic of racial disproportionality, as observed in poor health outcomes for the most vulnerable. Structural racism and discrimination, as social determinants of health, are examples of the factors and structures of inequality, beyond our genetic make-up that influence health outcomes and exacerbate health inequities.

- Racial profiling was identified by African American and Latino youth and parents as something they were constantly aware of and concerned about.
- Youth and parents reported experiencing implicit bias and individual racism in educational settings.
- There are opportunity gaps and disparities that exist between those who live in wealthier/higher resourced neighborhoods and those who live in poor neighborhoods, where the residents are predominately people of color.
- Healthcare and social service providers often do not consistently provide culturally competent care to people of color. For example, Vietnamese parents noted providers do not recognize the signs of mental health issues in the community and the gap that exists between community need and available resources.

Family and Social Support

Parental involvement is widely recognized as a key factor for children's academic achievement and development.¹⁵ Factors such as financial strain, family conflict, family composition, academic demands, and housing and food insecurity, can have a negative effect on children's physical and mental health.¹⁶

- In 2014, 1 in 5 family households (20%) were single parent households. Fourteen percent (14%) were female only households, and 6% were male only households.¹⁷
- Most parents of children (97%) ages 0 to 17 reported they were coping very well or somewhat well with the day-to-day demands of parenthood and raising children.⁴
- Childcare, high cost of housing, and issues relating to economic inequality were noted as major concerns for parent-child relationships.

Community Safety and Violence

Safe neighborhoods are important to positive child and youth development. Children who live in highly supportive neighborhoods tend to have positive outcomes such as stronger connections with family, peers, and community. In addition, there is greater participation in out-of-school time programs, volunteering, and religious services.¹⁸ The incidence of violent crime in neighborhoods is related to a range of factors, such as poverty, inequality, and segregation, which can be both the cause and result of violent crimes. In turn, children who witness such crime and violence are more likely to experience social and emotional problems such as aggression, stress, withdrawal, delinquency, and low school achievement.

- Seventy-three percent (73%) of middle and high school students reported feeling safe or very safe in the neighborhood where they live. The percentage was lower among females than males (71% vs. 76%). Latino (70%), Asian/Pacific Islander (74%) and African American (76%) students reported lower percentages of feeling safe or very safe in the neighborhood where they live than White (81%) students.⁶
- Parents noted that social cohesion and community connectedness was valuable to the health and development of their children.
- Many youth, parents, and key informants identified that due to pervasive racial profiling of Latino, African American, American Indian, and Pacific Islander young men, youth of color are feeling a constant threat of violence.

Healthy Development

Developmental screenings are one of the many tools to ensure a child's success in life. Studies have shown that earlier detection of a developmental delay and prompt intervention improves the child's chances of substantial improvement.¹⁹ However, many children with developmental delays are not being identified early enough resulting in delay in intervention/treatment that is needed for the children to do well in social and educational settings (e.g. in school).²⁰

- More than 1 in 4 parents (26%) reported that their child's doctor or other healthcare provider asked about their concerns regarding their child's learning, development, or behavior.⁵
- Seven percent (7%) of parents of children ages 0 to 17 reported that their child has a physical, behavioral, or mental condition that limited or prevented him/her from doing childhood activities usual for the age.⁵
- Parents and caregivers of children with special needs expressed concern for the future of their children, such as their ability to succeed academically, keep up in school, take care of

themselves, hold down a job, or make friends and be social. These concerns are exacerbated by the poor quality of and access to educational support at school, discrimination and lack of access to specialized healthcare services.

- More than 4 out of 5 parents of children ages 3 to 17 (81%) reported their child has ever had their vision tested with pictures, shapes, or letters.⁵
- Besides a hearing screening at birth, more than half of the parents (53%) reported their child ever having their hearing screened or tested using headphones, audio probe/electrodes, or a sound booth.⁵
- Key informants noted not having vision care coverage as part of their health plan and shortage of pediatric audiologists as barriers to accessing services.

Oral Health

Good oral health is an integral part of overall health and well-being. Oral health status among the population has generally improved over time; however, tooth decay in primary teeth has increased among young children. Good self-care such as brushing with fluoride toothpaste is key to good oral health.

- More than 1 in 5 parents (21%) of children ages 1 to 17 reported their child having a toothache, decayed teeth, or unfilled cavities in the past 12 months. This percentage was higher among children from low income families.⁴
- Cost of care, limited or no dental insurance coverage, limited providers accepting specific insurance such as Medi-Cal, and the lack of time or transportation were among the factors cited as limiting the access to and utilization of oral health services.
- Key informants noted that a lot of providers do not accept Denti-Cal because reimbursement rate is very low. The lack of oral health specialists prevented parents of children from accessing specific services.

Healthy Eating and Active Living

Engaging in health-promoting behaviors such as physical activity and eating nutritious food are important factors of a child's health and can help children stay healthy.²¹

- A higher percentage of students in the "health risk" zone for body composition were in the Gilroy Unified School District (24%), East Side Union High School District (18%), and San Jose Unified School District (18%) in 2013-14.²²
- Among middle and high school students, more than 7 in 10 students (73%) had consumed fast food 1 or more times in the past 7 days. The percentage was higher among Latino students (78%).⁵
- Unsafe communities and neighborhoods contributed to lower physical activity levels due to concerns about safety around speeding vehicles, presence of liquor stores associated with increased violence and substance abuse, and lack of ample lighting in neighborhoods.
- Key informants emphasized the need to focus on prevention, increase education about healthy eating and inform early habits, and transform lifestyle behaviors at an early age.

Behavioral Health

Children's emotional health is interconnected with physical health and affects a child's development. Healthy children are more likely to live up to their full potential and succeed in school, at home, and in society.²³ They can cope with the normal stresses of life, work productively, and are able to contribute to the community.²⁴

- One in 7 parents (15%) of children ages 0 to 17 reported that their child had ever experienced any difficulties with their emotions, concentration, behavior, or experienced some other mental health condition.⁵
- More than 1 in 10 parents (12%) reported that their child ever received any treatment or counseling from a mental health professional.⁵
- One in 5 (20%) high school students reported that they had seriously considered attempting suicide in the past 12 months in 2013-14 compared to 19% statewide.²⁵
- Stress adversely impacts the whole family and children faced constant stress from the pressure of succeeding academically (from their parents, teachers, and peers), especially for students with special needs.

Call to Action

Recommendations and strategies selected by the Children's Health Assessment Advisory Committee members are related to the following areas: Access to healthcare services, delivery of services, early learning and the educational system, economic stability, racism and discrimination, and safe and cohesive communities. A total of 7 key strategies are organized under two broad domains: Services and Policy and Systems. These organizing frames reflect the types of activities that may be necessary to address each recommendation.

Services

- Adopt universal developmental milestone screenings for all children in the county.
- Expand and improve accessibility of high quality medical and dental services for all children with a focus on children with special needs.
- Expand food/nutrition programs at school sites and outside of school time (summer, afterschool, home).

Policies and Systems

- Address structural and institutional racism, discrimination, harassment, and biases across systems (health, education, criminal justice, and other service sectors) that contribute to inequitable outcomes for children and their families.
- Increase high quality, affordable housing for families.
- Support quality universal preschool and expand quality affordable childcare.
- Support school and community based efforts to prevent bullying and violence among children.

Next Steps

The completion of the Children’s Health Assessment report presents an opportunity for the Santa Clara County community to come together with the goal of creating equitable, action-oriented programs, policies, and practices to improve the lives of all children, youth, and their families. In 2017, the Children’s Health Assessment Advisory Committee will reconvene to develop specific work plans to advance and fulfill the promise behind each of the high priority strategies identified.

REFERENCES

- ¹ Centers for Disease Control and Prevention (CDC). Five Minutes or Less for Health Weekly Tip: Teach Kids Healthy Habits. <http://www.cdc.gov/family/minutes/tips/kidshealthyhabits/>. Published September 30, 2015. Accessed 11/28/2016.
- ² Mathematica Research Policy, Inc. 2004. The Impact of the Children’s Health Initiative (CHI) of Santa Clara County on Medi-Cal and Healthy Families Enrollment.
- ³ Centers for Disease Control and Prevention. Summary health statistics: national health interview survey, 2014. Centers for Disease Control and Prevention. http://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2014_SHS_Table_C-5.pdf. Accessed September 23, 2016.
- ⁴ Santa Clara County Public Health Department, 2016 Child Health Telephone Survey.
- ⁵ Santa Clara County Public Health Department, 2016 Child Health Intercept Survey.
- ⁶ California Healthy Kids Survey, 2013-14.
- ⁷ Rand Corporation. Children’s Access to Health Care. RAND Corporation. <http://www.rand.org/topics/childrens-access-to-health-care.html>. Accessed on 10/14/2016.
- ⁸ Center for Health Care Strategies, Inc. Reducing Barriers to Health Care: Practical Strategies for Local Organizations: Covering Kids and Families Access Initiative Toolkit. Center for Health Care Strategies, Inc. http://www.chcs.org/media/CKF-AI_Toolkit.pdf. Published January 2007. Accessed on 10/15/2016.
- ⁹ Shankar J, Ip E, Khalema K, et al. Education as a Social Determinant of Health: Issues Facing Indigenous and Visible Minority Students in Postsecondary Education in Western Canada. *Int. J. Environ. Res. Public Health* 2013;10:3908-3929.; doi:10.3390/ijerph10093908.
- ¹⁰ California Department of Education, DataQuest, 2013-14. <http://dq.cde.ca.gov/dataquest/>. Accessed 10/19/2016.
- ¹¹ Investopedia. Income Inequality. Investopedia <http://www.investopedia.com/terms/i/income-inequality.asp>. Accessed on 10/16/2016
- ¹² Woolf SH, Aron L, eds. *U.S. Health in International Perspective: Shorter Lives, Poorer Health*. Washington, DC: . National Academies Press; 2013.
- ¹³ U.S. Census Bureau; American Community Survey, 2014 American Community Survey 1-Year Estimates
- ¹⁴ U.S. Census Bureau; American Community Survey, 2010-2014 American Community Survey 5-Year Estimates, Tables B17001, B17020, B17020B, B17020D, B17020H, B17020I; generated by Mandeep Baath; using American FactFinder; <<http://factfinder2.census.gov>>; (28 September 2015).

- ¹⁵ County Health Rankings and Roadmap. Family and Social Support. County Health Rankings and Roadmap. <http://www.countyhealthrankings.org/our-approach/health-factors/family-and-social-support>. Published 2016. Accessed October 14, 2016.
- ¹⁶ Don BP, Chong A, Biehle SN, Gordon A, Mickelson KD. Anxiety across the transition to parenthood: change trajectories among low-risk parents. *Anxiety, Stress, & Coping*. 2014;27(6):633-649. doi:10.1080/10615806.2014.903473.
- ¹⁷ U.S. Census Bureau; American Community Survey, 2014 American Community Survey 1-Year Estimates, Tables DP02, B11003 ,B10051, C06001, B16007, B14003; generated by Mandeep Baath; using American FactFinder; <<http://factfinder2.census.gov>>; (22 September 2015).
- ¹⁸ Child Trends Databank. Neighborhood Safety: Indicators on children and youth. Child Trends. http://www.childtrends.org/wp-content/uploads/2012/08/107_Neighborhood_Safety.pdf. Updated May 2013. Accessed on 10/17/2016
- ¹⁹ ASQ Ages & Stages Questionnaires. Developmental screenings. ASQ Ages & Stages Questionnaires. <http://agesandstages.com/research-results/why-screening-matters/developmental-screening/>. Accessed 10/20/2016.
- ²⁰ Centers for Disease Control and Prevention (CDC). Child Development, Developmental Monitoring and Screening. CDC. <http://www.cdc.gov/ncbddd/childdevelopment/screening.html>. Accessed on 10/20/2016
- ²¹ Child Trends Databank. Vigorous Physical Activity by Youth. Child Trends. <http://www.childtrends.org/?indicators=vigorous-physical-activity-by-youth>. Updated August 2014. Accessed 11/4/2015.
- ²² California Department of Education, FITNESSGRAM 2013-14. Generated using communitycommons.org, September 2015
- ²³ Centers for Disease Control and Prevention. Children's Mental Health: Basics. Centers for Disease Control and Prevention. <http://www.cdc.gov/childrensmentalhealth/basics.html>. Updated 8/8/2016. Accessed 11/29/2016.
- ²⁴ World Health Organization. Mental health: strengthening our response. World Health Organization. <http://www.who.int/mediacentre/factsheets/fs220/en/>. Updated April 2016. Accessed 11/29/2016.
- ²⁵ Kidsdata.org, California Healthy Kids Survey, 2011-12

This page intentionally left blank



2017 STATUS OF CHILDREN'S HEALTH

SANTA CLARA COUNTY

VOLUME 2: EXECUTIVE SUMMARY

