



# Stanislaus County Child Health Report

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Updated 2018

**This report was prepared by the Community Assessment, Planning and Evaluation (CAPE)  
Section of Public Health Division.  
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# Purpose/Introduction

The Stanislaus County Child Health Report was originally a supplement to the 2013 Stanislaus County Community Health Assessment produced by the Stanislaus County Health Services Agency / Public Health. The purpose of this report is to identify and assess issues and concerns that are specific to younger residents of the county. While children were included in the 2013 Community Health Assessment, this report highlights the particular experiences and needs of residents up to 18 years old and their families to inform programs providing outreach and services for them as well as the community as a whole. In 2018, the report was revised and updated to include the most current data available for each indicator.

## Methods

Data for the Stanislaus County Child Health Report was compiled from primary data from the 2013 Stanislaus County Community Health Assessment (CHA), and secondary sources.

### Primary Data

The primary CHA survey was administered to adults living in Stanislaus County to understand the health and well-being of county residents. Surveys were available on paper in English and Spanish (and electronically in English), with data collection between April and August of 2013. Overall 2,056 surveys were collected from adults 18 and older. The data was analyzed and weighted for region, gender, and poverty status by the Family Health Outcomes Project (FHOP) at the University of San Francisco. Additional technical details about the CHA methodology and data can be found in the 2013 CHA, available at <http://www.schsa.org/PublicHealth/pdf/dataPublications/communityHealthAssessment/2013-Stanislaus-County-Community-Health-Assessment.pdf>.

### Review and Analysis of Secondary Data

Secondary data includes information from multiple sources concerning the health and well-being of Stanislaus County residents. The most updated data available from each source was used as was available during updating in 2018.

The following is a selected list of the secondary data sources used:

- American Community Survey (ACS) from the U.S. Census Bureau
- California Child Care Resources and Referral Network
- California Child Welfare Indicators Project
- California Department of Education
- California Department of Public Health

- California Health Interview Survey from the University of California Health Policy Institute
- California Healthy Kids Survey
- California Student Survey
- Feeding America
- KidsData.org
- W. Haywood Burns Institute

### **Statistical Stability**

Given the importance of having data for local decision makers to base their strategic planning, statistically non-significant or unstable results were sometimes reported within this document and have been clearly marked. Caution is urged when interpreting these results.

### **Privacy Concerns**

In order to protect the identity of participants, results for groups of less than 10 individuals, in which some demographic or other potentially identifying piece of information (following federal guidelines established in the Health Insurance Portability and Accountability Act [HIPAA]) was given, are suppressed in this report (i.e. reported as  $\leq 10$ ). Other data was also censored when the real values could be used to calculate a blocked value.



# Findings

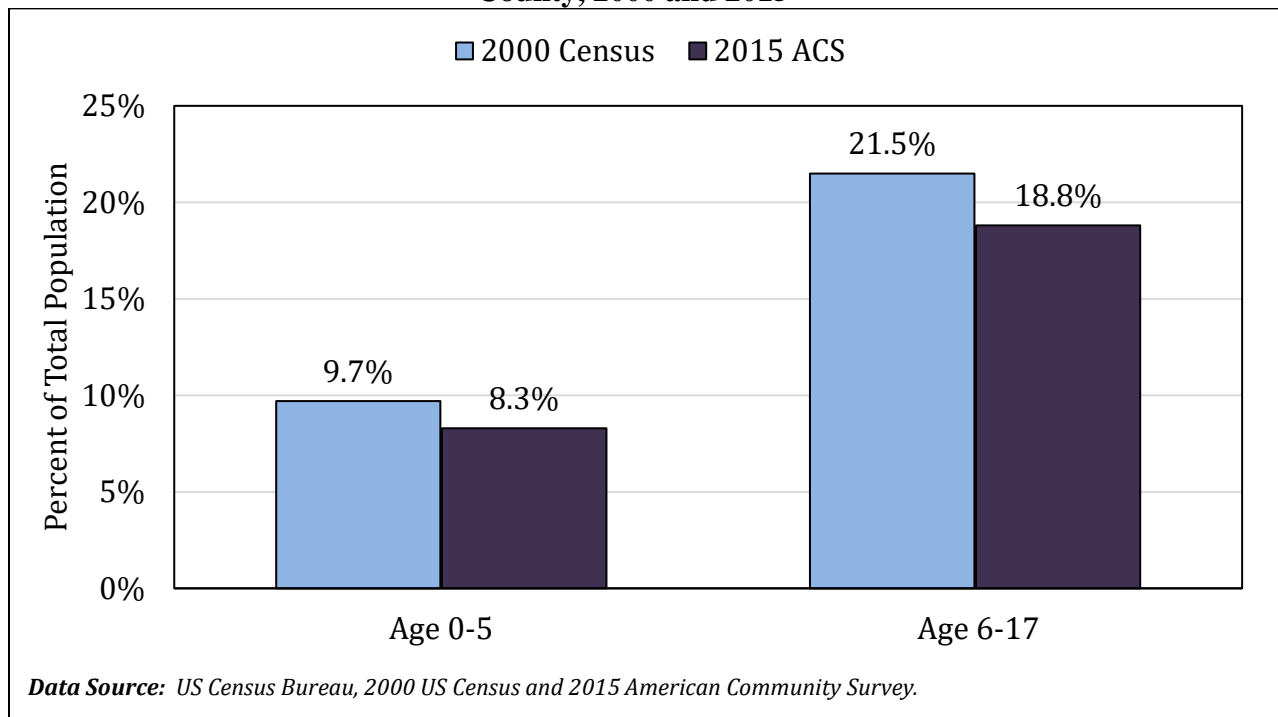
## Community Demographics and Well-Being

### Population of children and adolescents and age distribution

The age distribution of a population can help to determine the type and extent of health issues that may impact the community. Knowledge of a population's age distribution is also a critical component for planning social service provisions and school enrollment needs.

- According to the 2015 American Community Survey (ACS), Stanislaus County has a population of 538,388 residents, with 146,061 below the age of 18.
- 10,918 babies were born in Stanislaus County from July 1, 2015-June 30, 2016.
- The median age of Stanislaus County (34.0) is slightly younger than the rest of California (36.2). (2015 ACS)
- Despite total numbers of children increasing, the percentage of the population made up of children is decreasing, because the number of adults has also increased.
- The proportion of the population made up of children ages 0 to 17 has decreased between 2000 and 2015, from 31.2% to 27.1%. (2000 U.S. Census, 2015 ACS) Figure 1 shows the change in the proportion of children ages 0 to 5 and 6 to 17 in the population between the two time periods.

**Figure 1: Children and Adolescent Populations as a Percent of Total Population, Stanislaus County, 2000 and 2015**



## Family and Household Structures

Family and household composition data can provide valuable information on the overall health needs of a community. In addition to health needs, this composition data also helps to estimate and observe utilization of local services and resources.

Data from the 2012-2016 ACS showed that out of the 170,328 occupied households in Stanislaus County, 71,070 households (41.7%) had children less than 18 years of age.

Householders are not always traditional biological parents of the children in their home. The five-year estimate from 2012-2016 (ACS) showed that 80.5% of children in Stanislaus County are the biological child of their householder (Table 1). Over eight percent of children under 18 were living in the home of their grandparent, and over two percent were in a foster or other unrelated relationship with the householder. For those children living in a grandparent's household, for example, parents may or may not be present.

**Table 1: Relationship to Householder for Children under 18 in Households**

Child Relationship to Householder	
Total:	145,048
Own Child:	85.5%
Biological Child	80.5%
Adopted Child	1.7%
Stepchild	3.3%
Grandchild	8.6%
Other relatives	3.7%
Foster child or other unrelated child	2.2%
<b>Data Source:</b> <i>U.S. Census Bureau, American Community Survey 2012-2016 Table B09018</i>	

Of children living with their parent(s), regardless of householder status (i.e., other relatives may or may not be present),

- 63.0% live with two parents,
- 9.3% are living with father only, and
- 27.8% are living with mother only. (ACS, 2012-2016 Table B23008)

Single-parent households have been rising nationally for decades (Vespa, Lewis & Kreider, 2013). In the United States, the number of single-father-headed households increased drastically between 1960 and 2011, from 297,000 to 2.6 million (Livingston, 2013). Approximately one percent of U.S. households were headed by single fathers in 1960; by 2011, that percentage had grown to eight percent across the U.S., with single fathers accounting for a quarter of all single-parent households. This ratio holds true in Stanislaus County as well.

The percentage of US households with children headed by grandparents has also been growing (Livingston and Parker, 2010). Grandparents often become the primary caregivers for their grandchildren when the parents are unable to do so. According to the 2012-2016 ACS, in Stanislaus County,

- 17,712 grandparents live with their grandchildren (under 18),
  - 4,766 (26.9%) of these grandparents are financially responsible for their grandchildren’s basic needs.
  - 1,499 (8.5%) of grandparents that live with their grandchildren are responsible for the children with no parent of the child present.

Data from the 2013 primary CHA survey showed that amongst seniors 60 years of age and older in Stanislaus County (N=343), 3.1% reported having children 0-5 living in the household. Respondents were not asked whether they were the head of household.

The 2013 primary CHA survey asked about the marital and relationship status of participants, all of whom were at least 18 years of age. Table 2 shows the breakdown of relationship status by ages of children in the household. Note that respondents were asked to indicate all relationship categories that apply to them (e.g. divorced individual now living with another partner), so the percentages do not total 100%. Respondents with children in the household were more likely to report being married or in a registered domestic partnership than respondents overall. Well over half (59.1%) of all respondents reported being married or in a registered domestic partnership.

**Table 2: Marital or Relationship Status of Stanislaus County Adults**

<b>Marital/Relationship Status</b>	<b>Respondents with Children in Household</b>			<b>All Respondents</b>
	<b>0 to 5</b>	<b>6 to 17</b>	<b>0 to 17</b>	
Married or in a registered domestic partnership	65.5%	70.6%	68.0%	59.1%
In a long-term relationship and/or living together	17.6%	12.3%	13.5%	13.8%
Single - never married	10.1%	8.2%	9.1%	13.8%
Divorced or separated	7.9%	9.6%	9.9%	12.2%
Widowed	0.9%	1.3%	1.3%	2.6%
<b>TOTAL</b>	<b>487</b>	<b>791</b>	<b>998</b>	<b>2,033</b>
<i>Data Source: FHOP, Stanislaus County CHA Community Survey, 2013</i>				

## Racial and Ethnic Origin

The U.S. Census Bureau, following guidelines set by the U.S. Office of Management and Budget (Humes, Jones & Ramirez, 2011), currently classifies race and ethnicity within the following defined categories: race based on skin color and geographic origin; and ethnicity predominately based on language and culture.

Latino/Hispanic is the only ethnic category included in the 2010 Census and recent American Community Surveys. Due to this classification, one can be of any race and classified as Hispanic/Latino *or* Not Hispanic or Latino.

It is important to note that respondents to the U.S. Census and American Community Surveys (Humes, Jones & Ramirez, 2011) may have different concepts of race and ethnicity and answer the separate race and ethnicity questions in unexpected ways. A sizeable percentage of Latinos, for example, report Latino/Hispanic/Spanish as their race. The U.S. Census Bureau reclassified these individuals as some other (non-specified) race.

**Table 3: Race and Ethnicity of Children Age 0-17, Stanislaus County and California, 2012-2016**

<b>RACE AND HISPANIC OR LATINO ORIGIN</b>	<b>Stanislaus County Ages 0-17</b>	<b>Stanislaus County All Ages</b>	<b>California Ages 0-17</b>	<b>California All Ages</b>
One race	92.8%	95.7%	91.5%	95.4%
White	70.9%	74.7%	56.9%	61.3%
Black or African American	2.8%	2.7%	5.6%	5.9%
American Indian and Alaska Native	0.5%	0.7%	0.7%	0.7%
Asian	4.7%	5.4%	11.1%	13.9%
Native Hawaiian and Other Pacific Islander	0.5%	0.7%	0.4%	0.4%
Some other race	13.3%	11.5%	16.8%	13.3%
Two or more races	7.2%	4.3%	8.5%	4.6%
Hispanic or Latino origin (of any race)	57.7%	44.3%	51.8%	38.6%
White alone, not Hispanic or Latino	30.8%	44.1%	26.3%	38.4%
<b>Data Source: U.S. Census Bureau, American Community Survey 2012-2016 Table S0901</b>				

Table 3 shows the identification with Census Bureau racial and ethnic groups for children ages 0-17, and residents of all ages in Stanislaus County and California.

- Stanislaus County and California both have higher percentages of Hispanic/Latino children (57.7% Stanislaus, 51.8% California) than Hispanic/Latino general population (44.3% Stanislaus, 38.6% California).
- Stanislaus has lower percentages of non-White racial groups than California in every category except Native Hawaiian/Pacific Islander (0.7% Stanislaus, 0.4% California).
- Both California and Stanislaus total populations have near-equal percentages of Hispanic/Latino any race and White alone (Not Hispanic/Latino) (44.3% vs 44.1% Stanislaus, 38.6% vs 38.4% California).
- Kids are more likely to be multi-racial in both Stanislaus (7.2% kids, 4.3% all ages), and California (8.5% kids, 4.6% all ages).

### Language

Participants of the 2013 primary CHA survey were asked to indicate which language(s) they speak regularly. Higher percentages of participants with children in the household reported regularly speaking Spanish than all respondents, while lower percentages of participants with children of any age living in the household reported regularly speaking English than all respondents (see Table 4).

**Table 4: Language(s) Spoken in Everyday Life, 2013 CHA Community Survey**

Origin of Language	Language	Respondents with Children in Household			All Respondents
		0 to 5	6 to 17	0 to 17	
Europe	English	73.6%	80.2%	79.9%	84.3%
	Spanish	36.7%	33.2%	31.6%	25.6%
	Portuguese	1.1%	1.4%	1.3%	1.2%
Southeast Asia	Cambodian	2.6%	1.3%	1.9%	1.4%
	Lao	1.1%	1.4%	1.3%	1.4%
	Hmong	0.9%	0.9%	0.9%	0.8%
	Vietnamese	0.8%	0.2%	0.6%	0.4%
Middle East	Assyrian	1.6%	2.0%	2.0%	1.5%
	Arabic	1.9%	1.2%	1.3%	0.8%
South Asian subcontinent	Punjabi	2.6%	1.7%	2.1%	1.3%
	Hindi	1.2%	1.1%	1.0%	0.9%
Pacific Islands	Tagalog	0.6%	0.4%	0.5%	0.7%
<b>TOTAL</b>		<b>490</b>	<b>797</b>	<b>1,005</b>	<b>2,056</b>
<i>Data Source: FHOP, Stanislaus County CHA Community Survey, 2013</i>					

For children in school, mastery of English is of key importance because a language barrier can delay success in all subjects when children are unable to understand classroom instructions. California law prohibited bilingual instruction in public schools, from the 1998 induction of Proposition 227 until the 2016 passing of Proposition 58. The majority of English-learners in Stanislaus and California are Spanish-speaking, with over 20% of students in Stanislaus schools classified as English-learners who speak Spanish, as shown in Table 5 below.

**Table 5: English Learners in Public Schools by Learner Status, Stanislaus and California 2012-2015**

Status	Percentage									
	2011-2012		2012-2013		2013-2014		2014-2015		2015-2016	
	Stan.	CA	Stan.	CA	Stan.	CA	Stan.	CA	Stan.	CA
English Learner (Spanish)	21.5%	18.9%	21.2%	18.3%	22.8%	19.1%	22.4%	18.7%	22.3%	18.4%
English Learner (Other Language)	2.6%	3.4%	2.4%	3.3%	2.6%	3.6%	2.5%	3.6%	2.4%	3.6%
Not an English Learner	75.9%	77.7%	76.3%	78.4%	74.6%	77.3%	75.0%	77.7%	75.0%	77.9%

*Note: Stan. is an abbreviation for Stanislaus County; CA is an abbreviation for California.*  
**Data Source:** As cited on [kidsdata.org](http://kidsdata.org), California Dept. of Education, *English Learners by Grade and Language Data Files* and California Basic Educational Data System (CBEDS) (May 2015).

## Social Support and Community Cohesion

### Community Connectedness

Caring adults in the community, as reported by students, may include but are not limited to teachers, coaches, spiritual leaders, and mentors. "Research indicates that children with at least one caring adult in their lives (e.g., a relative, family friend, neighbor, after-school program worker, coach, etc.) are more likely to handle challenges well, show interest in learning, volunteer in the community, and get regular exercise; and they are less likely to feel sad/depressed and bully others." (Kids Data, 2018)

**Figure 2: Caring Adults in the Community by Grade Level, Stanislaus 2011-2013**

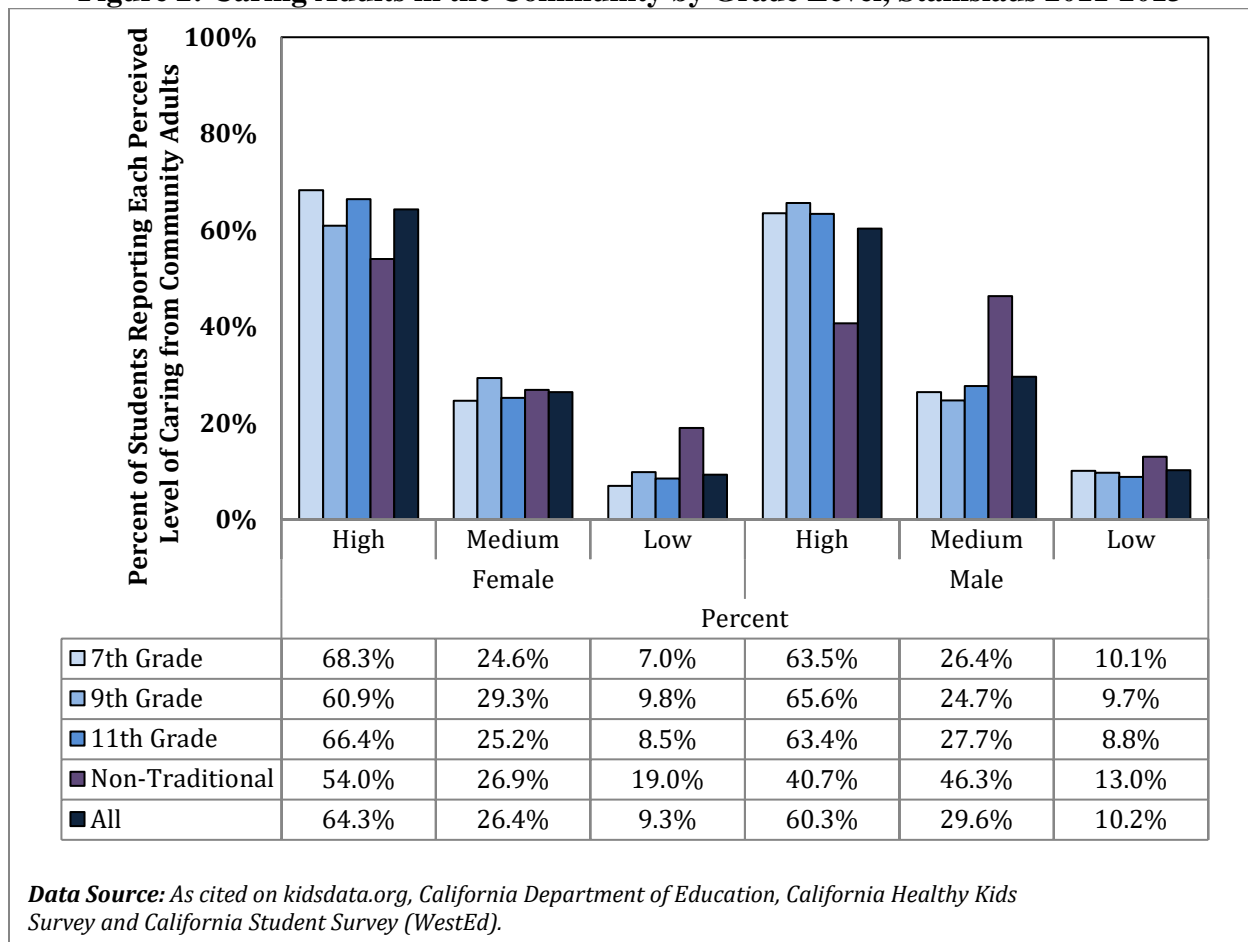


Figure 2 shows the percentage of public-school students in grades 7, 9, 11, and non-traditional students reporting a perceived level of caring from adults within their community. The level of caring is rated as high, medium, or low. A “high” level of agreement indicates that the student strongly agrees that adults in their community care about them. A “medium” level of agreement indicates that the student somewhat agrees that adults in their community care about them, and a

“low” level of agreement indicates that the student is mostly not in agreement that adults in their community care about them.

Across all grades and non-traditional students, females reported slightly more high levels of perceived caring (64.3%) than males (60.3%), shown in Figure 2. Non-traditional female students reported the largest percentage of low perceived caring from adults (19%). Overall Figure 2 demonstrates that the majority of female and male students across all reporting grades have a perceived high level of caring adults in their communities, with the exception of male non-traditional students reporting a majority in the medium level (46.3%). Notably, non-traditional students reported lower levels of caring than their traditional counterparts.

**Figure 3: Caring Adults in the Community by Race/Ethnicity, Stanislaus 2011-2013**

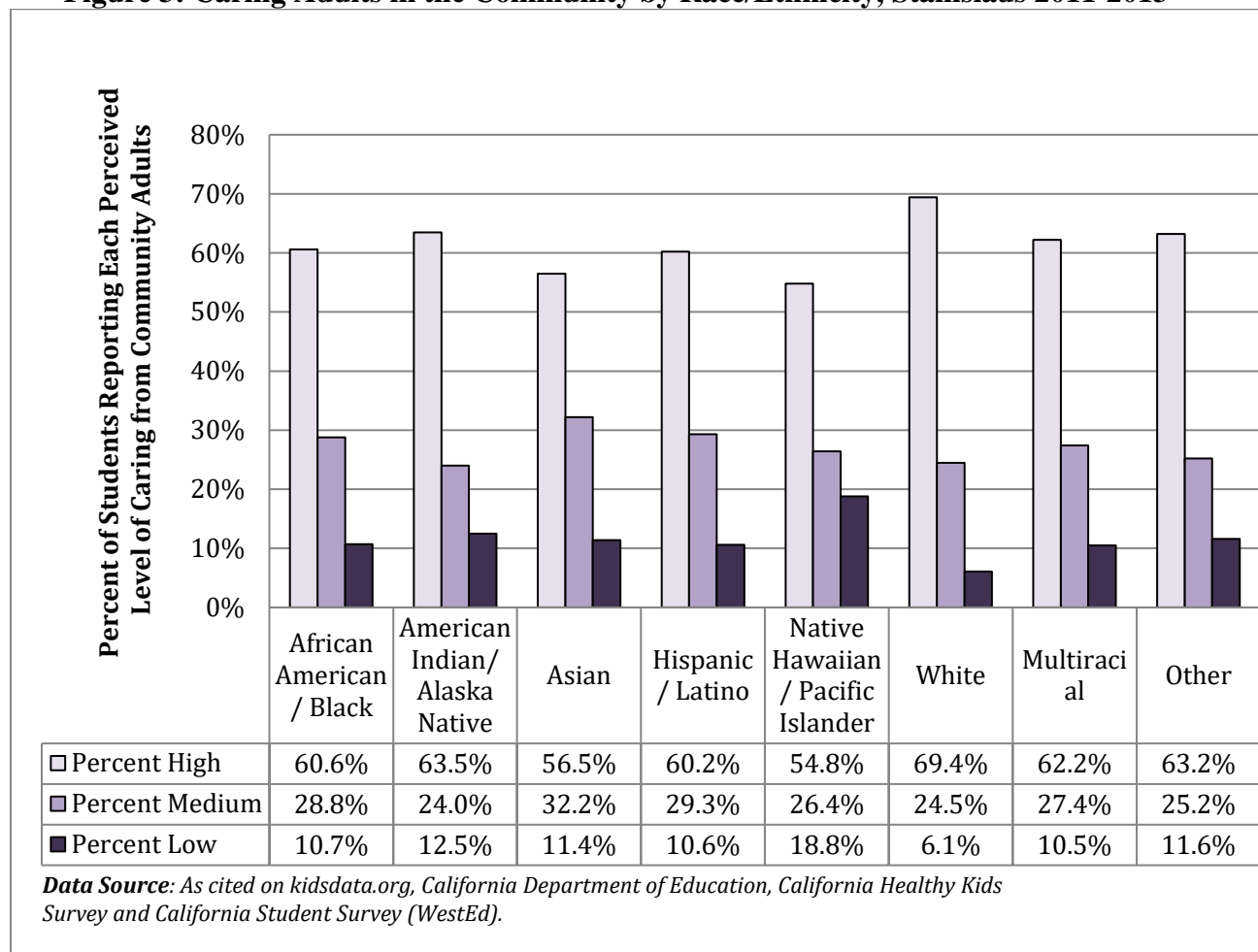


Figure 3 depicts the same population as Figure 2 but broken down by race/ethnicity instead of grade and sex. In Stanislaus, Native Hawaiian and Pacific Islanders report the largest percentage of low agreement levels (18.8%) and smallest percentage of high agreement (54.8%), while



White students report the smallest percentage of low agreement levels (6.1%) and the largest percentage of high agreement levels (69.4%).

### School Participation

“Participation is meaningful when contributions to the school and classroom environment are facilitated, rather than directed, by adults. Meaningful participation at school helps cultivate students’ autonomy; decision-making and leadership skills; and personal talents and strengths.” (O’Malley & Amarillas, 2011) Students were asked how much they agree that they have opportunities for meaningful participation at school, and over a third of all reporting grades (7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup>) and non-traditional students are in low agreement.

Figure 4 illustrates that the majority of students, female and male, report a medium level of agreement: 48.5% and 49.5% respectively. Non-traditional students reported low agreement (47.6% Female, 45.1% Male) more than any other group.

**Figure 4: Opportunities for Meaningful Participation at School (Student Reported) Stanislaus 2011-2013**

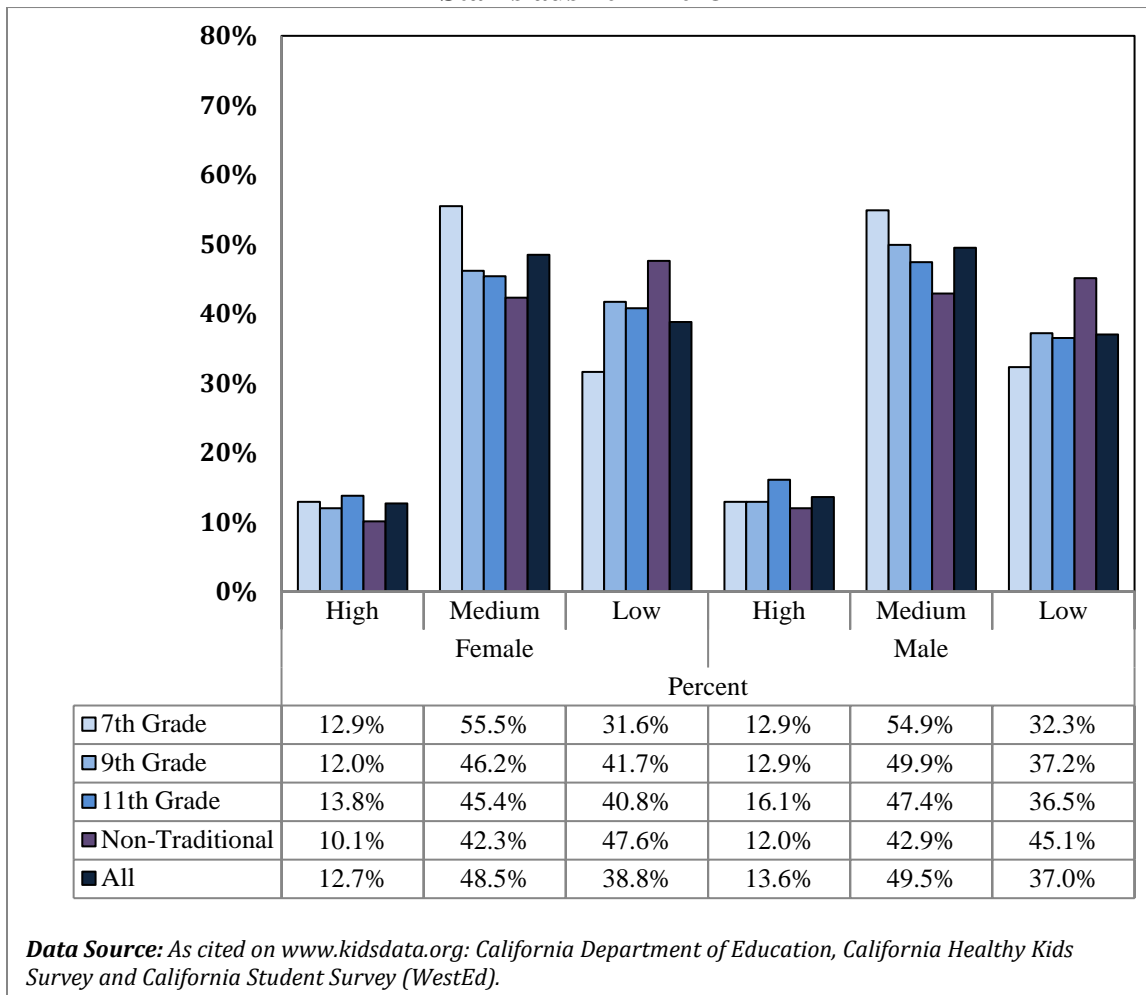
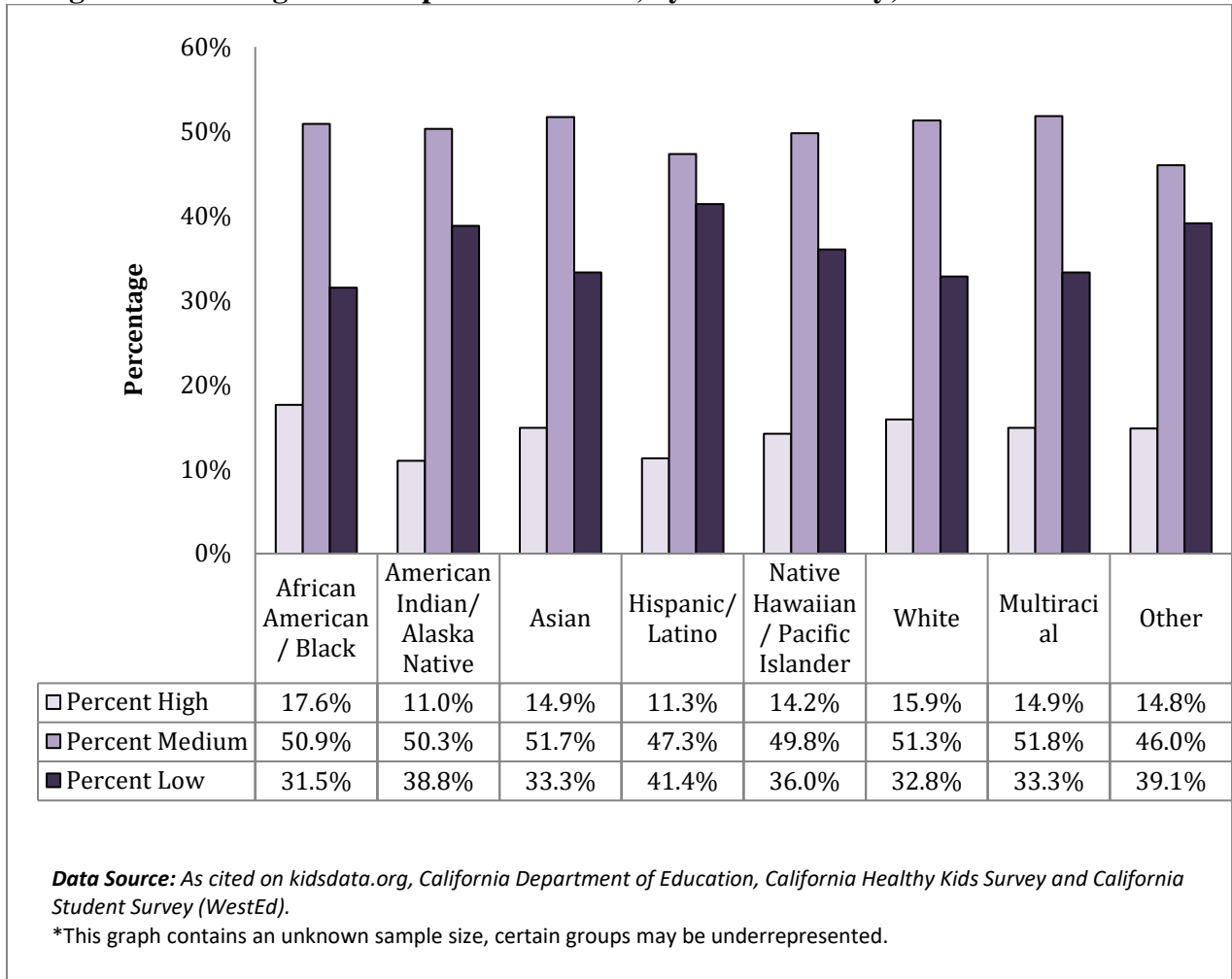


Figure 5 shows the level of agreement in meaningful participation by race and ethnicity. Over one third of each race/ethnicity is in low agreement that opportunities for a meaningful level of participation are available at school. The Hispanic/Latino youth reported the greatest amount of low agreement (41.4%). While the majority of each race/ethnicity chose a medium level of agreement, there is clearly a general concern for school connectivity among youth in Stanislaus County.

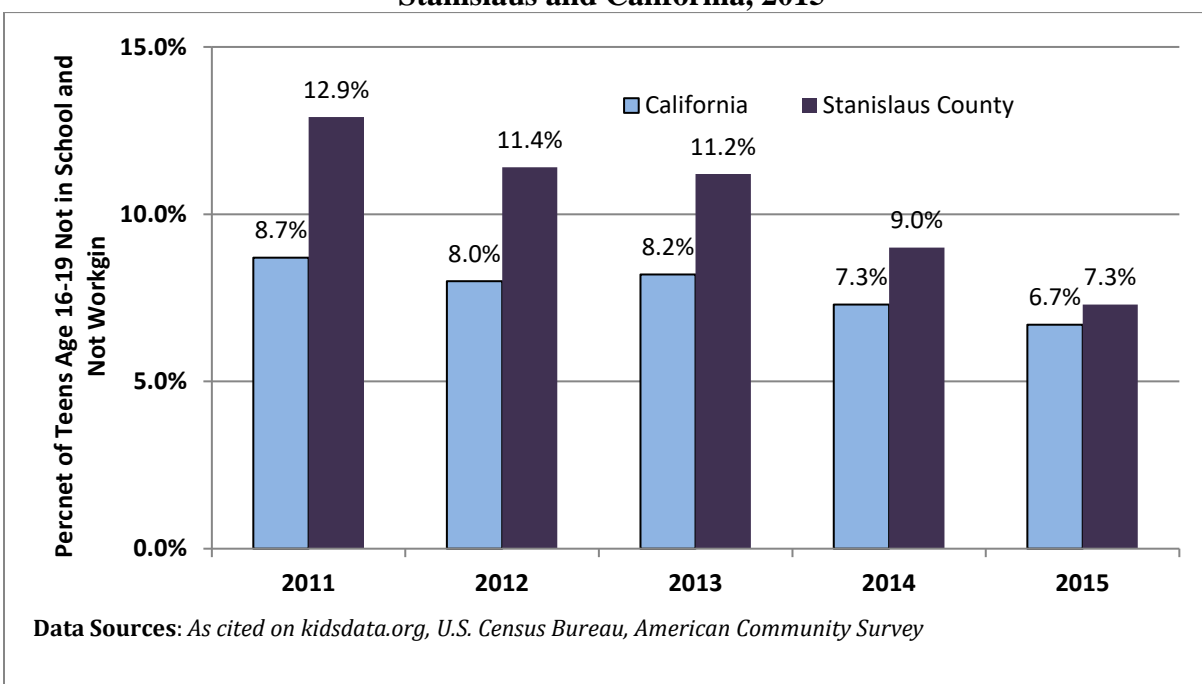
**Figure 5: Meaningful Participation at School, by Race/Ethnicity; Stanislaus 2011-2013**



## Disconnected Youth

Teens who are not enrolled in school and not working are known as disconnected youth. “Disconnected youth are more likely to be poor, to have academic difficulties, to suffer from mental health problems and/or substance abuse, to be involved in violence, and to be teen parents.” (Hair, et. al, 2009) Figure 6 below shows a five-year trend (2011-2015) of California and Stanislaus percentages of teens age 16-19 that are not in school and not working. Stanislaus has a consistently higher percentage of disconnected youth than California; however, over the five-year period (2011-2015), Stanislaus has narrowed the gap by over three and a half percentage points (2011: 4.2 percentage points, 2015: 0.6 percentage points). In 2015, 7.3% of Stanislaus teens age 16-19 were not in school and not working, just half a percentage point higher than the State of California as a whole (6.7%).

**Figure 6: Disconnected Youth, Teens aged 16-19 Not in School and Not Working; Stanislaus and California, 2015**



Civic Enterprises’ report on “opportunity youth” (Belfield, Levin and Rosen, 2012) estimated a national lifetime tax burden of disconnected youth to be \$1.6 trillion dollars. This includes lost taxes, added taxpayer-funded health care costs, criminal justice costs and welfare and social services. They estimated an average lifetime tax burden of a disconnected 16-year-old to be \$258,040 per individual. Given these estimates and the current youth population, the taxpayer burden for one year of disconnected 16-year-olds in Stanislaus County could potentially be over 80 million dollars.

Youth transitioning from childhood to adulthood are vulnerable to becoming disconnected when opportunities to engage in either school and/or work are diminished. Work experiences and opportunities, and education provide youth with necessary job readiness skills that help to promote healthy transitions to adulthood, as well as positive relationships. The skills learned during the transition period from child to adult, can promote long-term success in adulthood. (Annie E. Casey Foundation, 2011)

“Multiple measures of disadvantage” have been linked to disconnection in youth. These measures of disadvantage can include:

- family poverty level,
- family structure,
- parental unemployment,
- welfare receipt,
- parental education,
- age,
- race/ethnicity,
- existence of older siblings, and
- gender (Hair, et. al, 2009).

Given the high social and financial costs, it is important to Stanislaus to continue work to reduce the number of disconnected youth by increasing opportunities for youth to engage in work and education.

### **Juvenile Arrest Rate**

Racial disparities in the criminal justice system are a known concern in Stanislaus County, as in the rest of the country. The Stanislaus County Probation Office is working to reduce disparities through the grant program Reducing Racial and Ethnic Disparities (RED). This grant program “support[s] a statewide system’s change initiative utilizing a multi-faceted approach of direct service, education, and advocacy/support to reduce the overrepresentation of youth of color coming into contact with the juvenile justice system” (Board of State and Community Corrections, 2014). The far-reaching goal of RED in California is to ensure a fair and equitable justice system for youth of color. Regarding the juvenile arrest rate, the ‘disparity gap’ refers to the differences that exist between one race to another in arrest rates per that population. For additional information on the RED program with Stanislaus County, contact Stanislaus County Probation.

The Burns Institute (BI) (2015) has provided Stanislaus County with a “thorough assessment process to assist jurisdictions in identifying their strengths and opportunities for improvement.” (BI, 2015) BI is assisting the Stanislaus juvenile justice system in educating their stakeholders on racial disparities that exist and the implicit bias that could be affecting the local policies and/or procedures, further widening the disparity gap.

Figure 7 shows the juvenile arrest rate per 1,000 youth living in Stanislaus County in 2014, by race/ethnicity:

- Black youth are arrested at a rate of 189.6/1,000;
- Latino youth are arrested at a rate of 40.7/1,000;
- White youth are arrested at a rate of 29.8/1,000;
- Asian youth are arrested at a rate 14.0/1,000.

**Figure 7: Juvenile Arrest Rate per 1,000 Youth by Race, Stanislaus 2014**

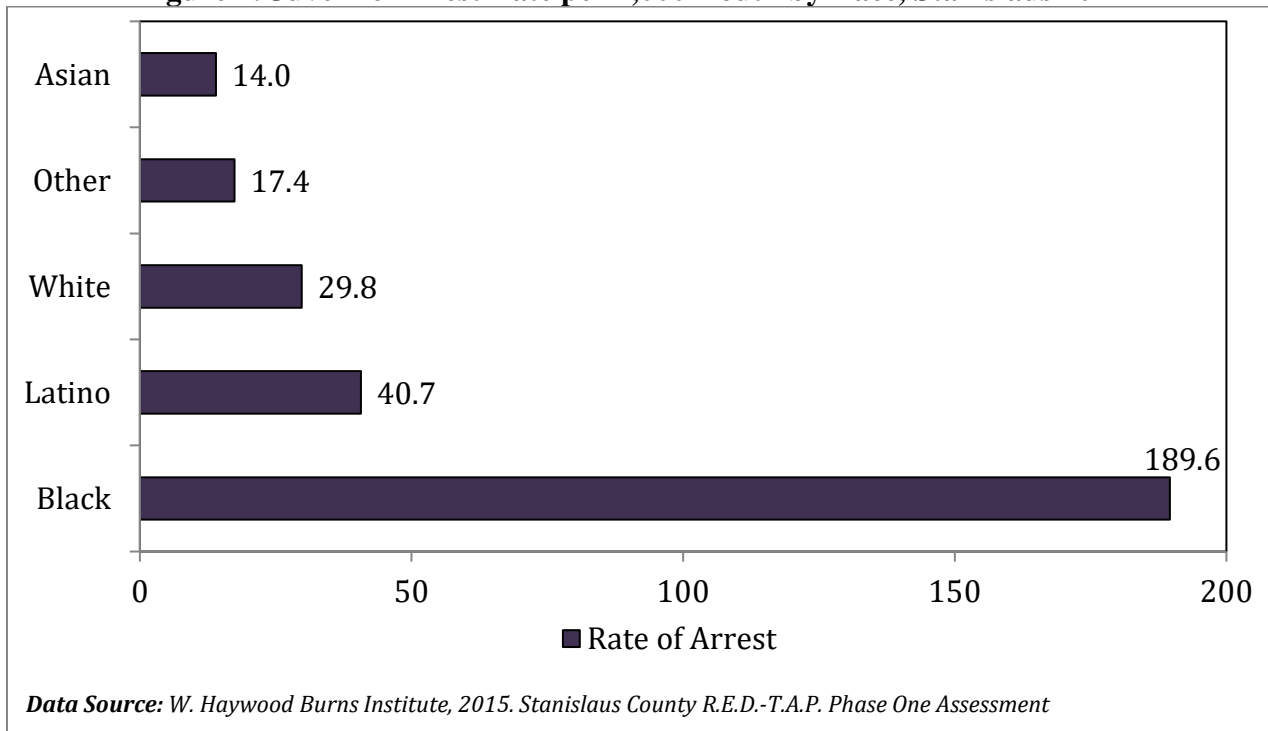


Table 6 highlights the disparity gap in arrest rates, admissions to secure detention and out of home placement as compared to that of white youth. The disparity gap is calculated using the overall population of the demographic and the rate of arrests and/or detention or out of home placement. A disparity gap provides an easily comparable number that articulates the ratio of arrests/detentions/out of home placement to the total number of youth in that demographic. A higher number indicates a higher disparity in arrests/detentions and/or out of home placements.


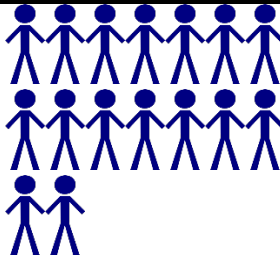

Latino and White youth are arrested, detained and put in out of home placement at similar rates. Black youth are strongly overrepresented in all three categories with over six times the arrests, eight times the detentions, and four times the out of home placements per population as white youth.

**Table 6: Rate of Arrest, Admission to Detention and Out of Home Placement; Stanislaus County, 2014**

	White	Black	Latino	Asian	Other	Total
<b>Youth Population (ages 10-17)</b>	21,170	1,630	36,175	2,777	2,812	64,564
<b>Arrests</b>	631	309	1,472	39	49	2,500
<b>Rate of Arrest (per 1000)</b>	29.8	189.6	40.7	14.0	17.4	38.7
<b>Disparity Gap (Arrests)</b>	1	6.4	1.4	0.5	0.6	
<b>Admissions to Secure Detention</b>	166	106	463	14	10	759
<b>Rate of Detention (per 1000)</b>	7.8	65	12.8	5.0	3.6	11.8
<b>Disparity Gap (Detention)</b>	1	8.3	1.6	0.6	0.5	
<b>Out of Home Placements (OOH)</b>	61	19	86	1	1	168
<b>Rate of OOH (per 1000)</b>	2.9	11.7	2.4	0.4	0.4	2.6
<b>Disparity Gap (OOH)</b>	1	4.0	0.8	0.1	0.1	
<i>Data Source: Stanislaus County R.E.D.-T.A.P. Phase One Assessment (2015). Submitted by W. Haywood Burns Institute.</i>						

Table 7 is a visual representation for the disparity gap in juvenile arrests in Stanislaus County. Table 7 illustrates that for every two white youth admitted to secure detention, sixteen Black youth and three Latino youth were admitted in 2014. (BI, 2015)

**Table 7: Juvenile Detention Racial Disparity, Stanislaus 2014**

Stanislaus County:2014	White	Black	Latino
Disparity Gap - Detention			
<i>Data Source: W. Haywood Burns Institute, 2015. Stanislaus County R.E.D.-T.A.P. Phase One Assessment</i>			

## Education

### Educational Attainment

Educational attainment plays an enormous role on individual and community health. The Virginia Commonwealth University Center on Society and Health (2014) identified three main connections between health and education:

1. “Education can create opportunities for better health. (Income resources, Social/psychological benefits, Healthy behaviors, Healthier neighborhoods)
2. Poor health can put education at risk (reverse causality). (Attendance, Concentration, Learning disabilities)
3. Conditions throughout people’s lives can affect both education and health. (Social policies, Individual/family characteristics)”

Stanislaus County’s pattern of educational attainment (measured by the U.S. Census Bureau’s 2016 ACS) shows a population at risk for poor overall health.

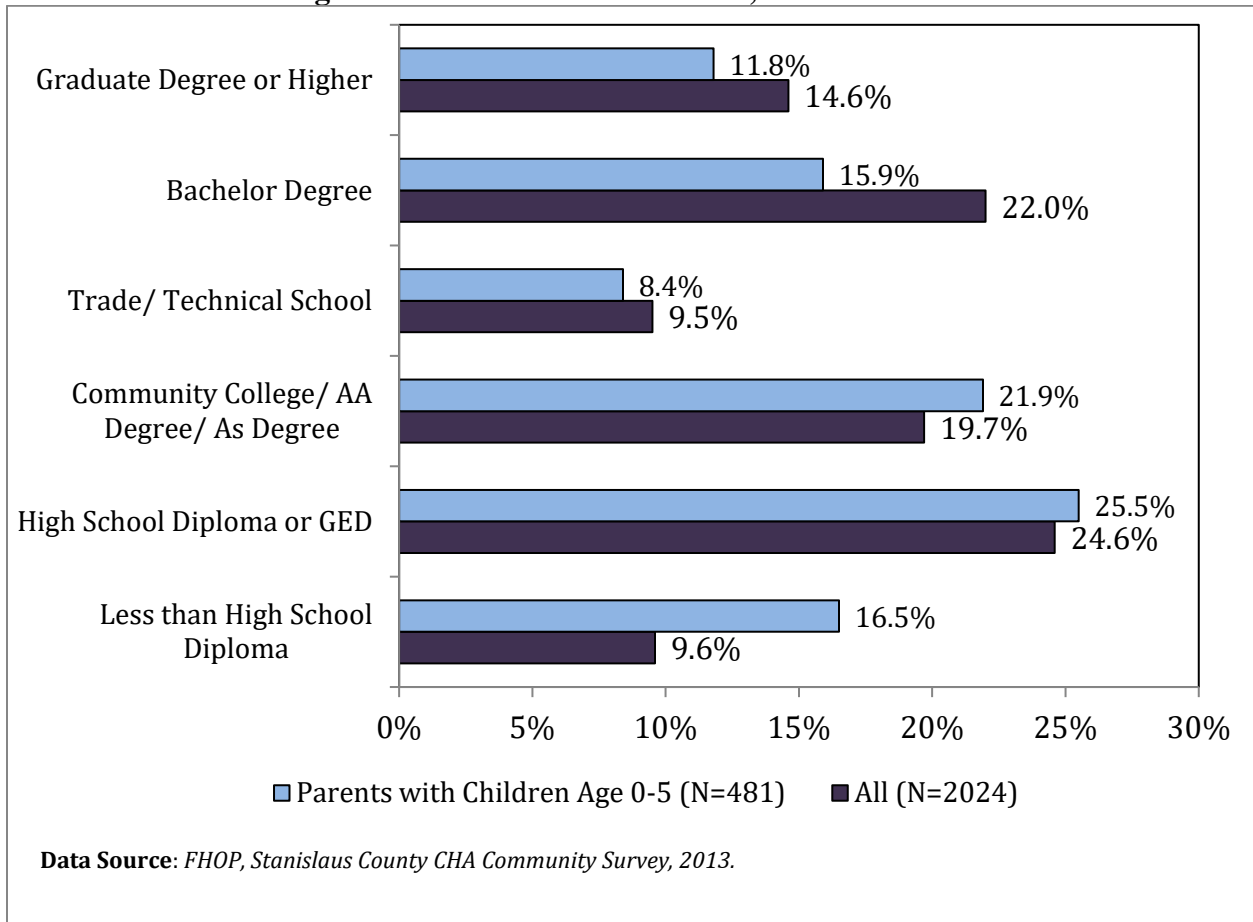
- The California rate of college degrees (Bachelor or graduate) for the population aged 25 years and older (33.2%) is almost double that of Stanislaus County (16.4%).
- 60.0% of Stanislaus residents (compared to 49.4% of Californians) had only a high school diploma, some college credits or an Associate’s degree.
- Nearly a quarter (23.7%) of Stanislaus residents over 25 years did not earn a high school diploma or GED, compared to 17.4% of California residents.

U.S. Census Bureau data also shows that poverty is concentrated among those with less educational attainment (2016 ACS). Among Stanislaus residents who were 25 years of age or older and lived below the poverty level,

- 40.1% did not graduate from high school or receive a GED,
- 25.6% were high school graduates or earned a GED, and
- 25.6% had some college credits.
- Only 8.7% of those living in poverty held a bachelor’s degree or higher.

Figure 8 compares the educational levels of all respondents to the 2013 primary CHA survey to those respondents with small children. While primary CHA survey respondents were slightly more educated than the general population (as compared with 2016 ACS rates above), within the sample, participants with children ages 0-5 had less education than respondents over all. Within the primary CHA survey population, just over a third of adults with small children (36.1%) had obtained a graduate degree, bachelor’s degree, or trade/technical school, compared with almost half of all adults (46.1%) in the county.

**Figure 8: Educational Attainment, Stanislaus 2013**



### Preschool and Kindergarten Enrollment

Early education and childcare have been shown to:

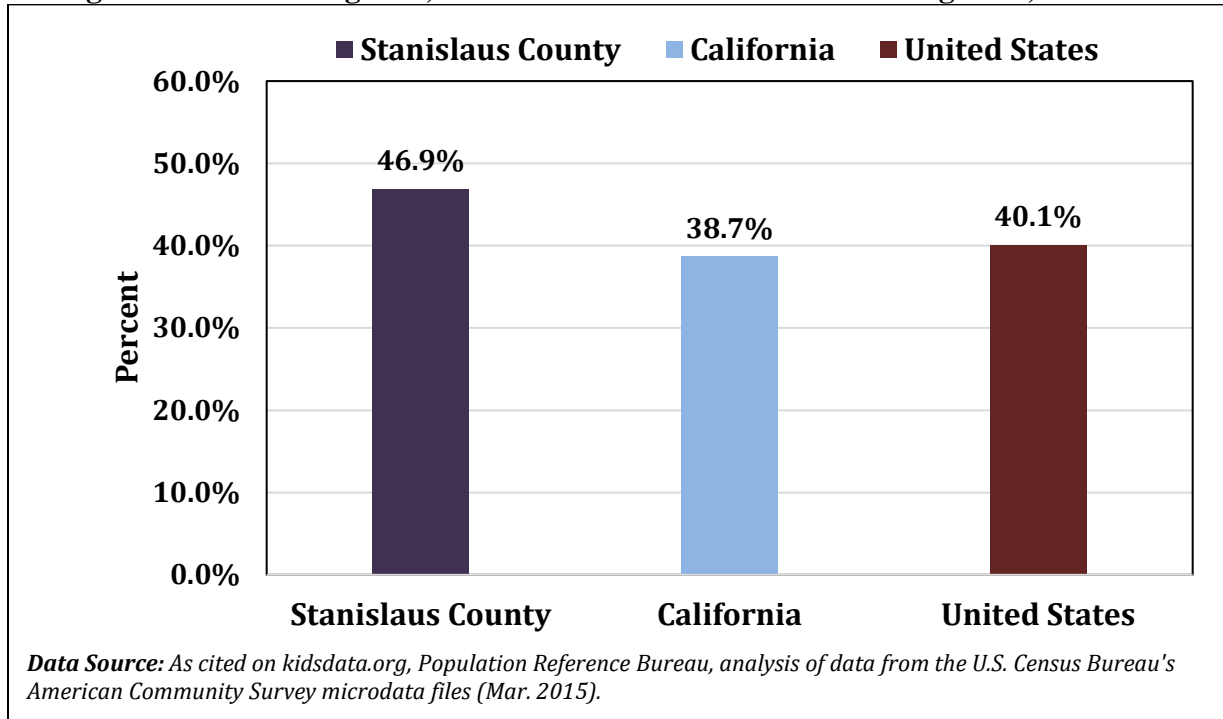
- increase preparedness for formal education/grade school,
- improve academic achievements and test scores,
- increase High School graduation rates, and
- decrease use of special education courses in middle school (Cannon, J., & Karoly, L., 2007).

These outcomes can be attributed to the positive effects of high-quality care on cognitive learning ability, early behaviors, and emotional support in education (Vandell, D., et al., 2010). The positive effects of early education are well researched and documented, however, the high costs associated with preschool and child care can be problematic. The average annual cost of full-time preschool childcare by a licensed child care center in 2014 for Stanislaus County was \$8,470, slightly less than the California average cost of \$9,106 (California Child Care Resource and Referral Network, 2015). At the same time, the median household income for Stanislaus County was \$51,084 and for California was \$61,933 (ACS, 2014). While Stanislaus County’s median income was 82.5% of California’s, the average preschool cost was 93% of California’s.

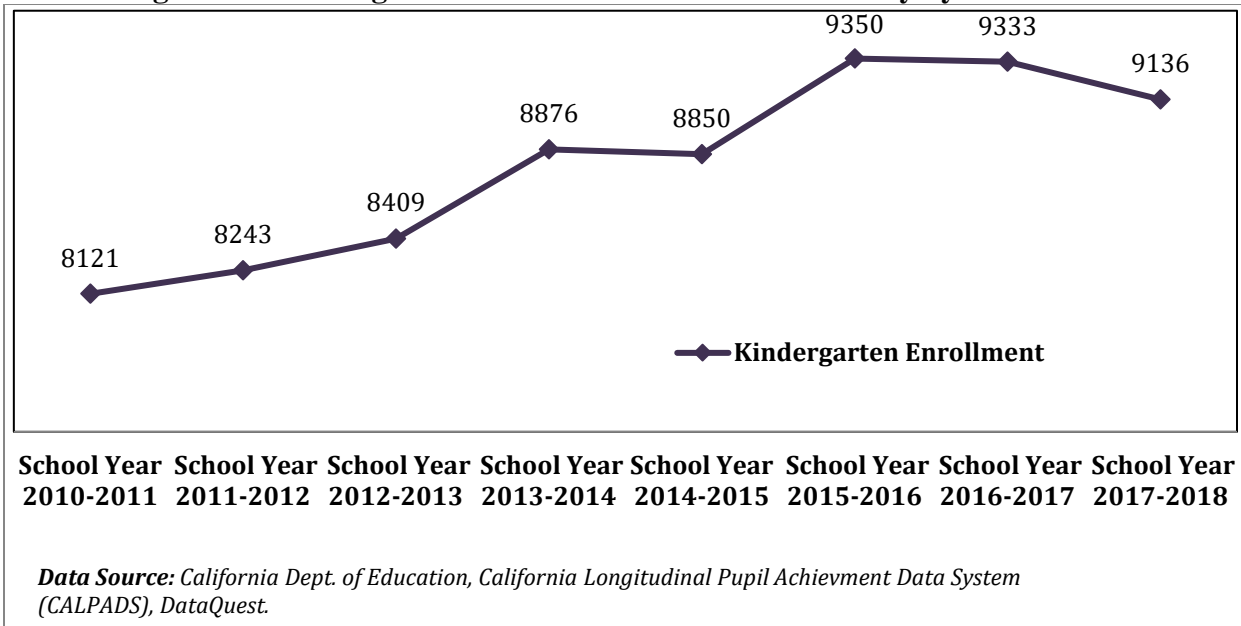


The high cost of childcare is likely a primary factor on why nearly half (46.9%, see Figure 9) of children ages 3-5 are not enrolled in preschool or kindergarten in Stanislaus County. Other factors may include the availability of family or parental childcare and limited availability of preschool and child care spots.

**Figure 9: Children Age 3-5, Not Enrolled in Preschool or Kindergarten, 2010-2014**



**Figure 10: Kindergarten Enrollment in Stanislaus County by School Year**



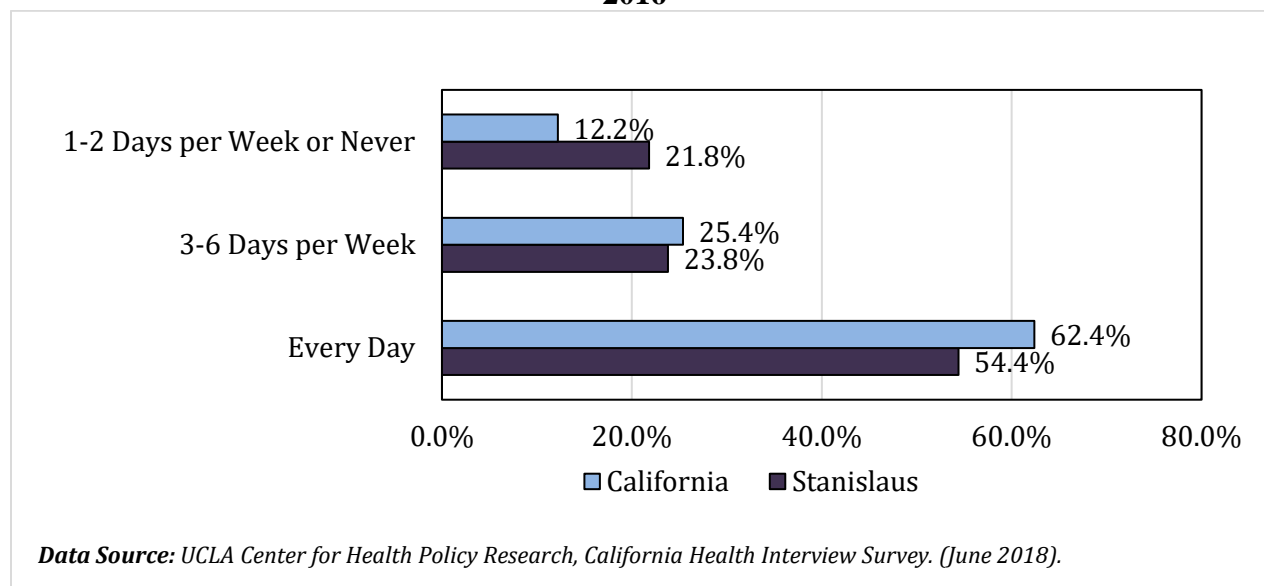
With so many county children not enrolled in formal preschool and childcare, schools must rely on birth records to plan for school enrollment. Figure 10 shows kindergarten enrollment in Stanislaus County by school year (2010-11 to 2017-18). The number of kindergarten enrollments was consistently trending upwards during 2010-11 and 2015-16 school year timeframe, increasing by just over fifteen percent (15%), but has decreased slightly over the last two years. With more kids entering kindergarten and less of them formally prepared by preschool training, schools must be prepared to do more for more kids.

### Young Children and Parent Book Reading

“Reading comprehension is critical for long-term academic success and is dependent on language abilities that emerge early in life” (Dickinson et al., 2012). Figure 11 below shows the percentage of Stanislaus children ages 0-5 whose parents read books with them by frequency. Among reporting adults, the majority (54.4%) read books with their children every day, 23.8% read 3-6 times per week, and 21.8% read 1-2 times or not all.

Stanislaus parents are 13% less likely to read to their children daily when compared to California as a whole. California parents are twelve percent (12%) more likely to read to their children at least 3 times a week as compared to Stanislaus parents.

**Figure 11: Young Children Whose Parents Read Books with Them by Frequency, 2012-2016**



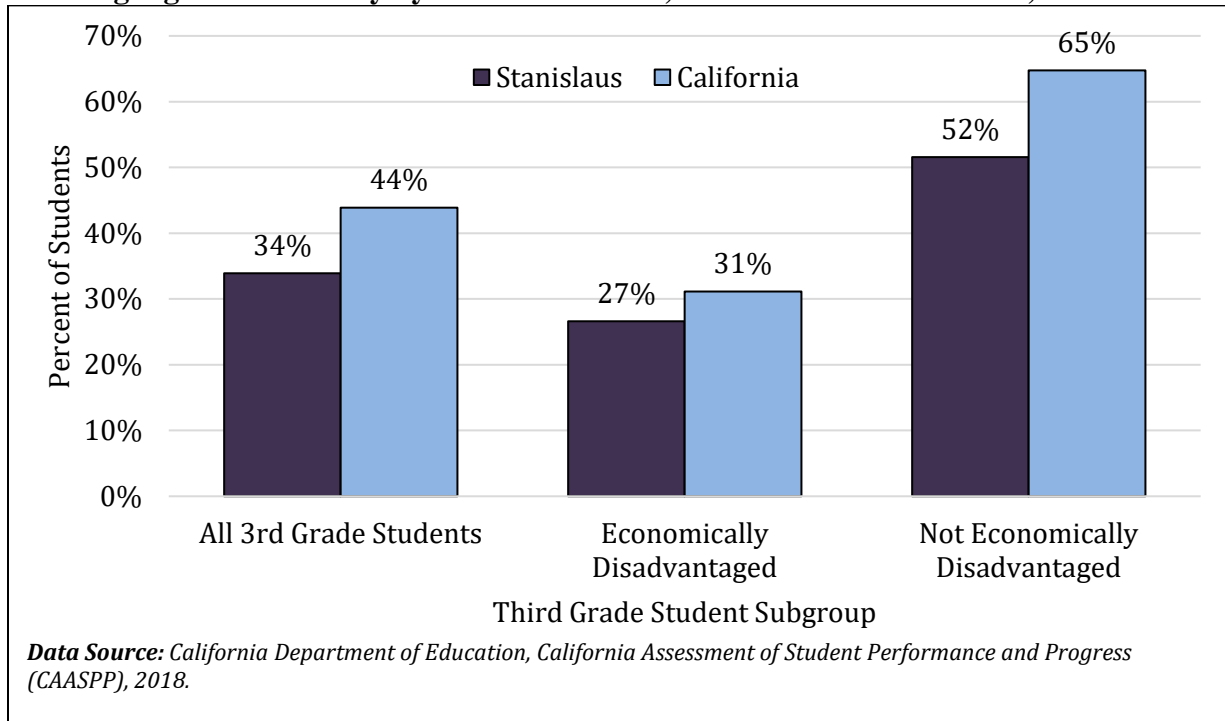
### Third Grade Reading Score

Measuring and monitoring third grade reading scores for proficiency help our educational institutions and leaders make important pro-active decisions to help ensure the academic success of students.

*“Reading skills in third grade are highly predictive of future academic performance. One study found that 74 percent of third-graders who read poorly are still struggling in ninth grade (Fletcher & Lyon 1998), and another found that high school graduation can be reasonably predicted by knowing third-grade reading scores. (Barnett, W.S. 1995)”*  
 (Musen, 2010)

Figure 12 shows the percentage of California and Stanislaus third graders meeting or exceeding standards in English Language Arts/Literacy on the California Assessment of Student Performance and Progress (CAASPP) exam (See the section on CAASPP for more background on the exam’s history). Fewer Stanislaus third graders (34%) are proficient or higher in reading when compared to California (44%).

**Figure 12: Third Grade Students Meeting or Exceeding CAASPP Standards in English Language Arts/Literacy by Economic Status, Stanislaus and California, 2016-2017**



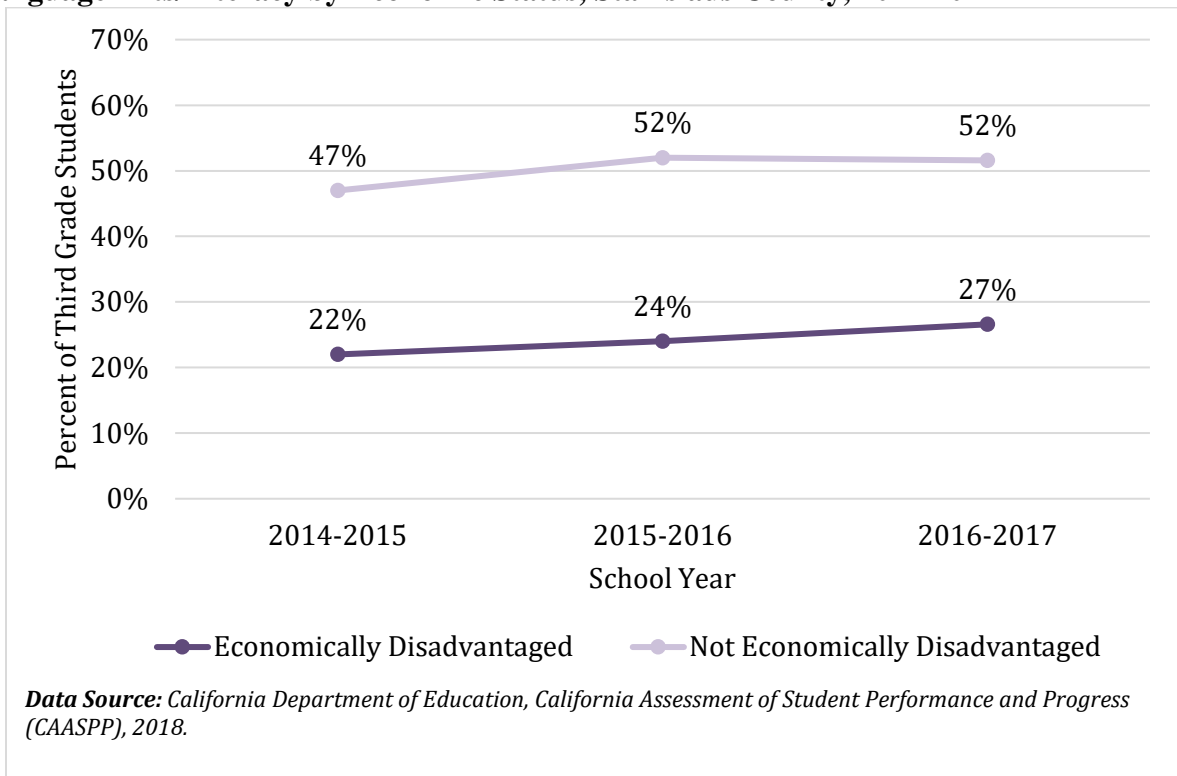
While Stanislaus County students are lagging behind California in test scores, disparities in test scores exists within Stanislaus County among economically disadvantaged and non-economically disadvantaged students. The California Department of Education identifies students as “economically disadvantaged” if they identify with any of the following:

- “Student’s parent or guardian is not a high school graduate.
- Student is directly certified to receive free meals through the National School Lunch Program.
- Student has a Student Program record for one of the following programs:

- Free Meal Program,
- Reduced-Price Meal Program,
- Migrant Program,
- Homeless Program, or
- Foster youth.” (CDOE, 2016)

Economically disadvantaged third graders are two times less likely to meet or exceed the CAASPP Standards in English Language Arts and Literacy when compared to non-economically disadvantaged children, both in the state and county. This trend is seen in Stanislaus County going back to the 2014-2015 school year in Figure 13, with students who are not economically disadvantaged meeting proficiency in English Language Arts about twice often as those who are economically disadvantaged.

**Figure 13: Third Grade Students Meeting or Exceeding CAASPP Standards in English Language Arts/Literacy by Economic Status, Stanislaus County, 2014-2017**



### Public School Enrollment

Public school enrollment figures provide insight into population trends and help project needs for services in areas such as education, childcare, and health care. Additionally, in California, school enrollment determines school funding.

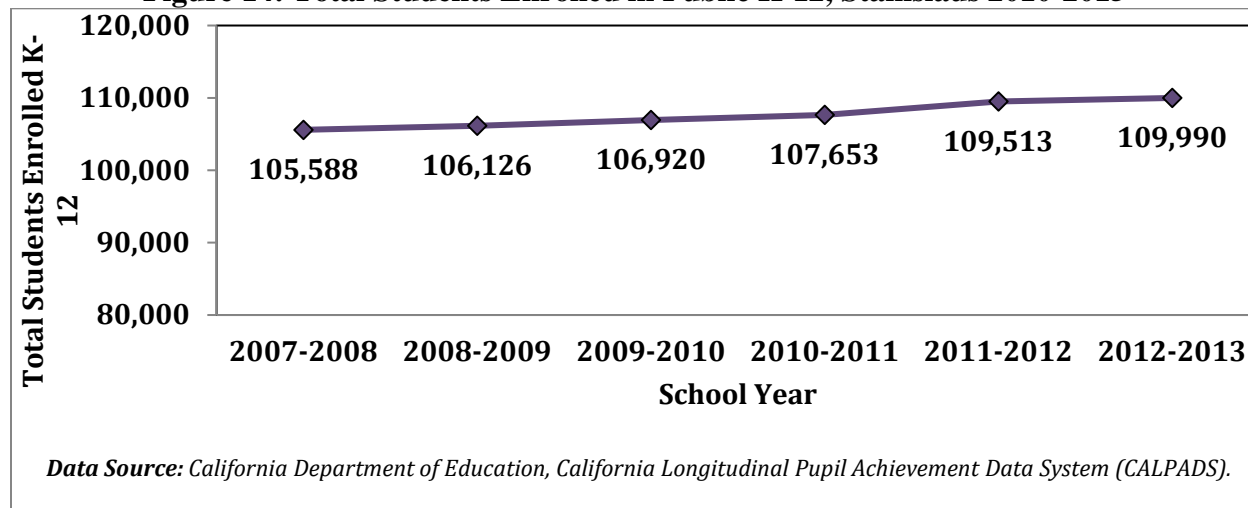
Stanislaus County has 25 public school districts, which vary in size from a single school to over 30 schools:

- Ceres Unified School District
- Chatom Union School District
- Denair Unified School District
- Empire Union School District
- Gratton School District
- Hart-Ransom Union School District
- Hickman School District
- Hughson Unified School District
- Keyes Union School District
- Knights Ferry School District
- Modesto City Schools
- Newman-Crows Landing Unified School District
- Oakdale Joint Unified School District
- Paradise Elementary School District
- Patterson Joint Unified School District
- Riverbank Unified School District
- Roberts Ferry School District
- Salida Union School District
- Shiloh School District
- Stanislaus County Office of Education
- Stanislaus Union School District
- Sylvan Union School District
- Turlock Unified School District
- Valley Home Joint School District
- Waterford Unified School District

On July 1, 2012, the La Grange Elementary School District was absorbed into the adjoining Robert's Ferry Union Elementary School District. At that point, the La Grange Elementary School District had an enrollment of five students in grades 1-8 and state law requires that a school district be "lapsed" if it has an average daily attendance of less than 6 students.

In the 2017-2018 school year, California Department of Education (CDOE, 2018) statistics show that enrollment for Stanislaus County schools is increasing (Figure 14). Modesto City High (15,488), Modesto City Elementary (15,121), Turlock Unified (14,241) and Ceres Unified (14,714) had the highest enrollment. The school districts with the lowest enrollment are rural—Knights Ferry School District with a single elementary school (144), Gratton Elementary (144), and Roberts Ferry Union Elementary (144) which includes three schools. (CDOE, 2018)

**Figure 14: Total Students Enrolled in Public K-12, Stanislaus 2010-2015**

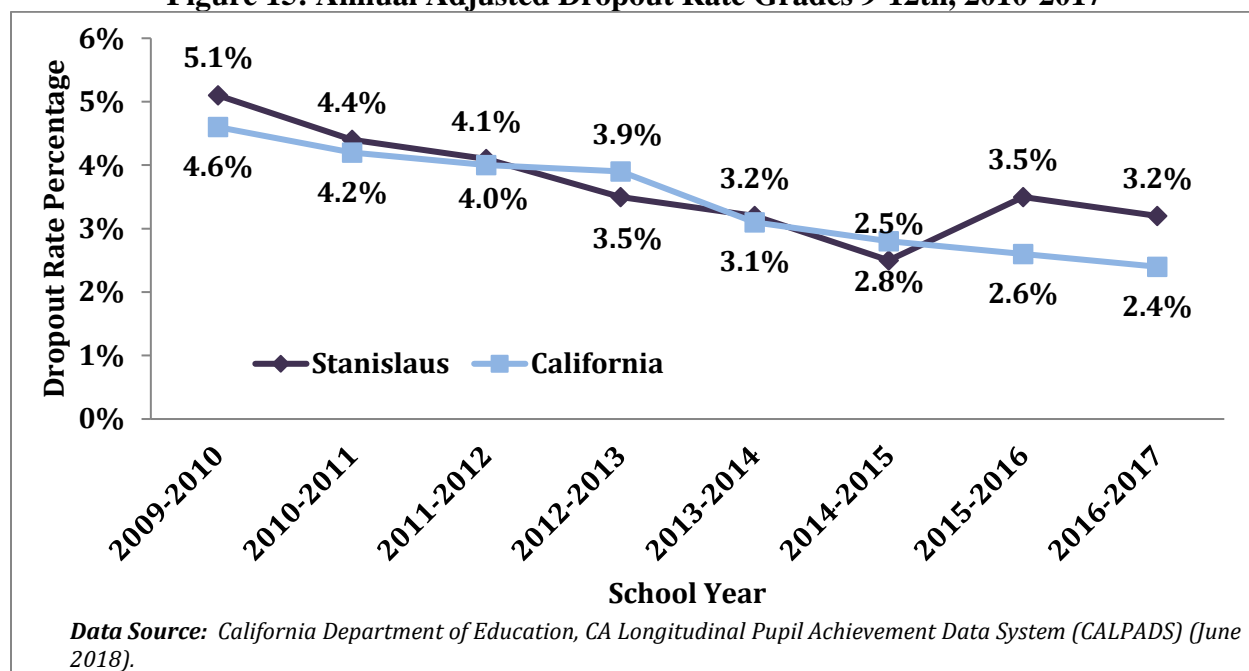


### Dropouts and Truancy

Dropout rates reveal the magnitude of students who interrupt, and may not continue, their education. Dropping out of school increases the likelihood that a young person will not acquire the minimum work skills required by the workforce and community. Those who earn high school diplomas are more likely to have higher incomes and occupational statuses whereas dropouts are more likely to live in poverty, receive government assistance and to be involved in crime (Amos, 2008; Child Trends, 2015). Due to their diminished participation in the labor force, high school dropouts exact an economic toll on society. In 2011, if all the high school dropouts of the graduating class graduated on time with their peers, \$20.7 billion would have been added to the California economy in additional income over the course of their lifetimes (Alliance for Excellent Education, 2011).

With the exceptions of the 2012-2013 school year and the 2014-2015 school year, Stanislaus County dropout rates have been very similar, but still higher than California for several years (see Figure 15), on a general downward trend. Dropout rates differ by school and school district. During the 2016-2017 school year, the highest dropout rates in Stanislaus County were Denair Unified School District (3.8%). (CDOE, 2018)

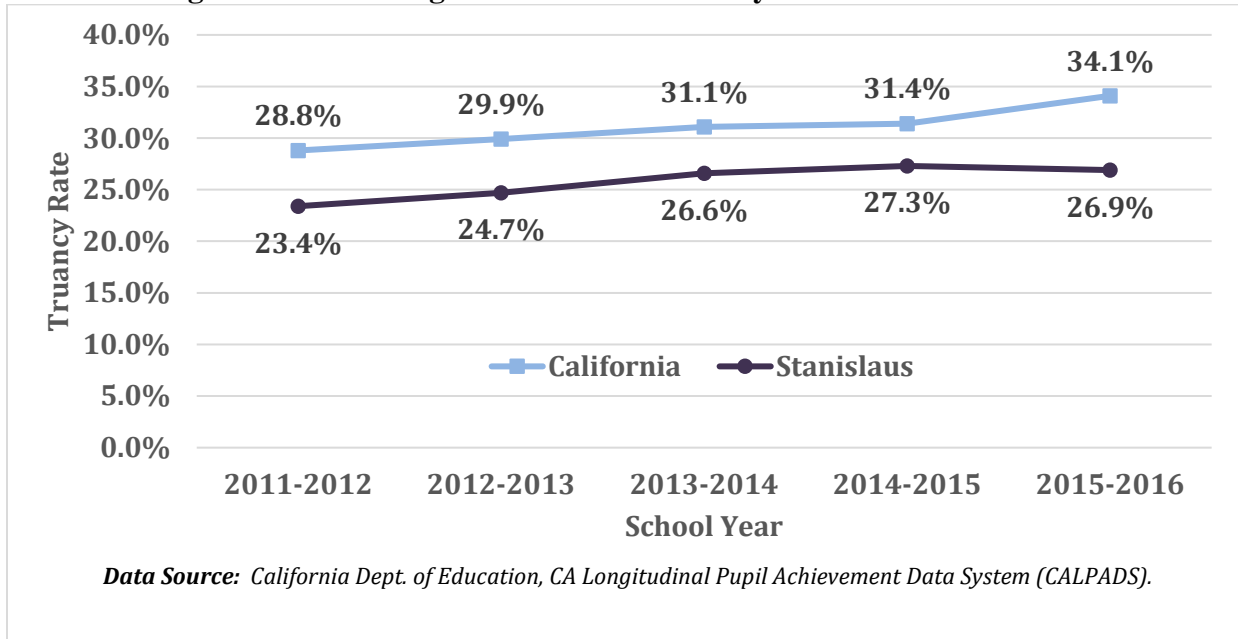
**Figure 15: Annual Adjusted Dropout Rate Grades 9-12th, 2010-2017**



Truancy is defined as "a student missing more than 30 minutes of instruction without an excuse three times during the school year" (CDOE, 2017) When students are truant, they miss valuable learning time. Students who miss school at an early age are more likely to struggle academically and dropout of school entirely. Additionally, school districts lose \$1.4 billion each year due to truancy because funding is based on school attendance rates (Harris, 2013).

Between 2011 and 2016 (2011-2012 and 2015-2016), Stanislaus County had a lower percentage of truant students than California (Figure 16). While California’s rate increased throughout, Stanislaus saw a decrease in truancy in the 2015-2016 school year.

**Figure 16: Percentage of Truant Students by School Year 2011-2016**





In the 2015-2016 school year the top three highest truancy rates in the county were at Turlock Unified (41.79%), Oakdale Joint Unified (41.26%), Empire Union Elementary (34.74%), and Riverbank Unified (33.31%) (Table 8). The majority (58%) of Stanislaus County school districts observed an equal or lower truancy rate during the 2015-2016 school year when compared to the previous school year (CDOE, 2018). Patterson Joint Unified and Shiloh Elementary saw their truancy rates drop more than 10 percentage points one-year (Patterson 42.53% to 29.79%, Shiloh 29.33% to 13.94%) (CDOE, 2018).

**Table 8: Truancy Rates by School District, Stanislaus, 2014-2016**

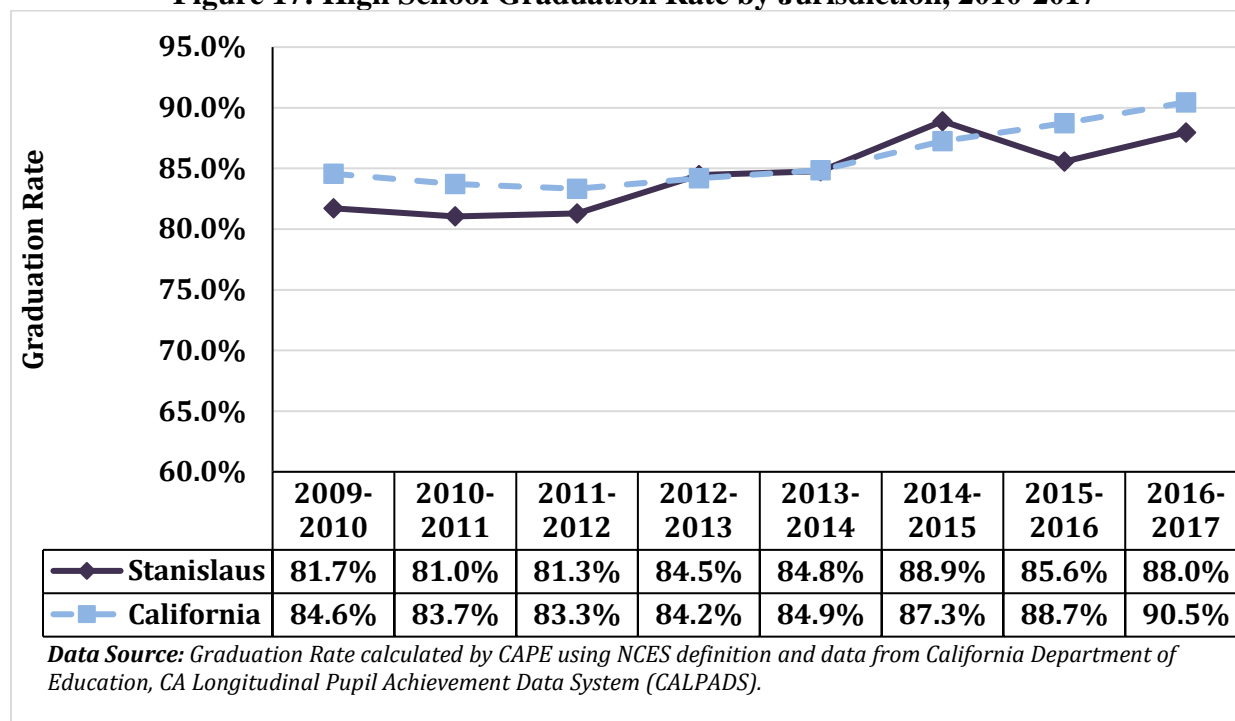
	Truancy Rate 2014-2015	Truancy Rate 2015-2016
Ceres Unified	25.17	31.60
Chatom Union	13.21	19.44
Denair Unified	10.80	18.55
Empire Union Elementary	41.30	34.74
Gratton Elementary	0.00	0.00
Hart-Ransom Union Elementary	25.55	17.25
Hickman Community Charter	5.90	6.49
Hughson Unified	21.50	22.58
Keyes Union	17.59	26.15
Knights Ferry Elementary	25.53	30.19
Modesto City Elementary	22.03	21.25
Modesto City High	22.30	20.98
Newman-Crows Landing Unified	29.83	25.47
Oakdale Joint Unified	45.45	41.26
Paradise Elementary	2.55	5.31
Patterson Joint Unified	42.53	29.79
Riverbank Unified	34.58	33.31
Roberts Ferry Union Elementary	2.99	3.50
Salida Union Elementary	16.77	22.54
Shiloh Elementary	29.33	13.94
Stanislaus County Office of Education	20.50	12.45
Stanislaus Union Elementary	29.67	28.54
Sylvan Union Elementary	12.82	12.60
Turlock Unified	39.01	41.79
Valley Home Joint Elementary	0.00	0.00
Waterford Unified	8.33	6.31
<b>Data Source:</b> California Department of Education, California Longitudinal Pupil Achievement Data System (CALPADS), 2018.		

## High School Graduation

High school graduation is nearly universally valued because it leads to better-educated citizens and higher earnings for individuals, leading to greater productivity and economic growth locally and nationally. Research shows there is a significant earnings gap between high school graduates and dropouts or those who earned their General Educational Development (GED) diploma (Child Trends, 2015). Additionally, increased educational attainment has shown to be strongly correlated with good health, increased life expectancy, and decreased crime (Child Trends, 2015; Hummer, 2013). Those with higher levels of education are more likely to have health insurance, understand how to navigate the health system, and engage in health promoting behaviors (Hahn, 2015).

In Stanislaus County, high school graduation rates increased from 2010 to 2017, with rates that were very close to the state average. The slight upward trend in California graduation rates (84.6% to 90.5%) are reflected in Stanislaus rates (81.7% to 88.0%). In 2017, the graduation rate was 88.0% in Stanislaus County while it was 90.5% in California (Figure 17).

**Figure 17: High School Graduation Rate by Jurisdiction, 2010-2017**



## California Assessment of Student Performance and Progress (CAASPP) Testing

In 2013, the California Standardized Testing and Reporting (STAR) program to test student performance was replaced with the California Assessment of Student Performance and Progress (CAASPP) program. In the spring of 2016, these CAASPP assessments began to use the Smarter Balanced Assessment System with computerized adaptive technology to test students in grades

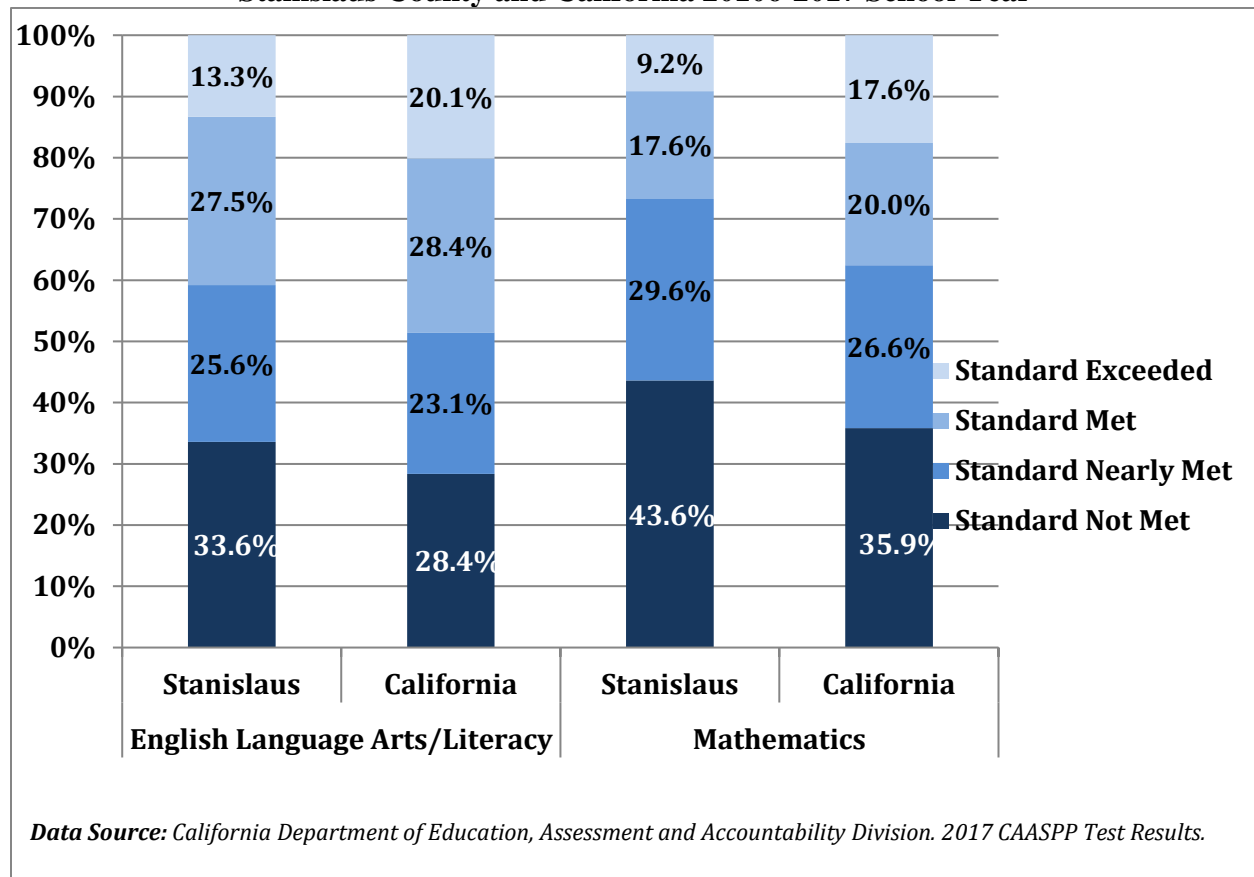
three through eight and eleven for alignment with standards in English Language Arts/Literacy and Mathematics. The English Language Arts/Literacy assessment includes subsections of Reading, Writing, Listening, and Research/Inquiry. The Mathematics assessment includes Concepts and Procedures, Problem Solving and Modeling and Data Analysis, and Communicating Reasoning. (CDOE, 2017a)

Figure 18, below, shows the overall percentages of all students exceeding standards, meeting standards, nearly meeting standards, and not meeting standards in 2017, for Stanislaus County compared with California.

For both English Language Arts and Mathematics, California had a higher percentage of students scoring proficient or above (48.56% English, 37.56% Math) than Stanislaus County (40.80% English, 26.75% Math).

For both Stanislaus County and California, more students met or exceeded standards in English Language Arts than in Mathematics.

**Figure 18: CAASPP Test Results for English Language Arts/Literacy and Mathematics Stanislaus County and California 20106-2017 School Year**



Economic disadvantage and racial/ethnic categories can lend insight into the achievement gaps in the student population. Table 9 shows the percent of economically disadvantaged students from four racial/ethnic categories in each of three grade levels (third grade, eighth grade, and eleventh grade) meeting or exceeding standards on the English Language Arts and Mathematics CAASPP exams.

- The lowest achievement was seen in economically disadvantaged African American/Black students in the eleventh grade, with only 6.21% meeting or exceeding standards.
- The highest achievement percentage attained among all economically disadvantaged kids was the eleventh-grade Asian students of whom almost two-thirds (63.46%) met or exceeded standards in English Language Arts.
- For each racial/ethnic group, achievement percentages were very similar for English and Math in the third grade, but percentage of students meeting or exceeding standards in English increased in eighth grade and again in eleventh grade decreased for Math in eighth grade and eleventh grade leading to a large gap between English and Math levels in eleventh grade for all racial/ethnic groups.

**Table 9: CAASPP Test Results for Economically Disadvantaged Students in English and Math, by Race. Stanislaus County, 2016-2017 School Year**

<b>Economically Disadvantaged Race/Ethnicity</b>	<b>African American/ Black</b>	<b>Asian</b>	<b>Caucasian/ White</b>	<b>Hispanic/ Latino</b>
<b>3<sup>rd</sup> Grade Level</b>				
<b>English Language Arts/Literacy Achievement MET or EXCEEDED</b>	22.86%	43.00%	34.15%	24.01%
<b>Mathematics Achievement MET or EXCEEDED</b>	22.99%	46.50%	32.81%	26.66%
<b>8<sup>th</sup> Grade Level</b>				
<b>English Language Arts/Literacy Achievement MET or EXCEEDED</b>	21.94%	49.21%	40.67%	32.27%
<b>Mathematics Achievement MET or EXCEEDED</b>	8.50%	36.55%	22.68%	15.92%
<b>11<sup>th</sup> Grade Level</b>				
<b>English Language Arts/Literacy Achievement MET or EXCEEDED</b>	30.35%	63.46%	52.66%	46.58%
<b>Mathematics Achievement MET or EXCEEDED</b>	6.21%	32.34%	19.87%	14.02%
<p><i>Data Source: California Dept. of Education, California Assessment of Student Performance and Progress; Test results for English Language Arts/Literacy and Mathematics 2017.</i></p> <p><i>Note: Other racial categories were suppressed due to small sample sizes.</i></p>				

In addition to the English Language Arts and Mathematics assessments, California is developing a new science assessment called the California Science Test (CAST) for all students from fifth to eighth grade, as well as once in high school, depending on when they take their last science class. The test looks at critical thinking, problem solving, and how science works in the natural world (CDOE, 2017b). The assessment was field tested in the spring of 2018 to all grade twelve students.

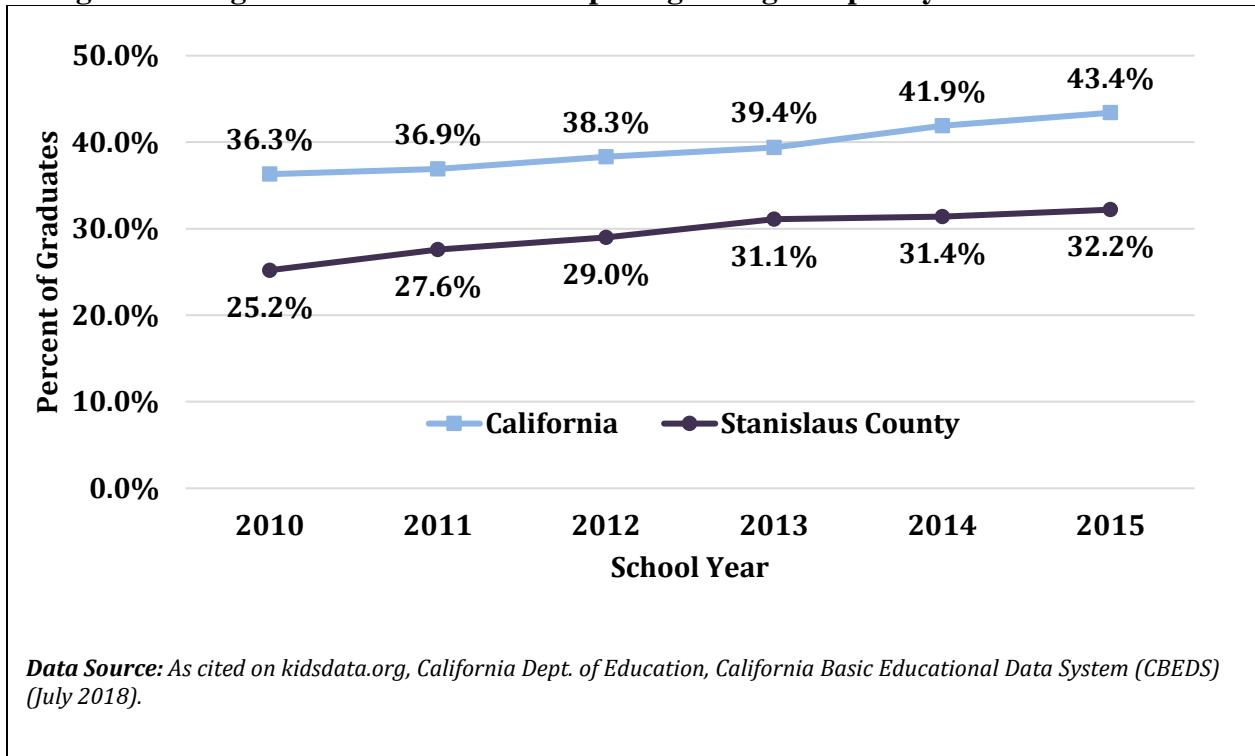
### College Eligibility

Young adults who receive higher education (Bachelor’s degree or higher) are more likely to achieve economic success, qualify for a broader range of employment, be in better health, have a higher level of socio-emotional well-being and are less likely to be incarcerated (Child Trends, 2014). To ensure that students are prepared for the rigors of college-level coursework, the University of California and California State University have created a list of course requirements applicants must have completed with at least a “C” grade to be considered for admission. The following list describes the specific “a-g” requirements. “The intent of the ‘a-g’ subject requirement is to ensure that students have attained a body of general knowledge that will provide breadth and perspective to new, more advanced study” (University of California, 2015).

<b>“A-G” Course Requirement</b>
<b>History/social science (“a”)</b> – <i>Two years</i> , including one year of world history, cultures and historical geography and one year of U.S. history, or one-half year of U.S. history and one-half year of American government or civics.
<b>English (“b”)</b> – <i>Four years</i> of college preparatory English that integrates reading of classic and modern literature, frequent and regular writing, and practice listening and speaking.
<b>Mathematics (“c”)</b> – <i>Three years</i> of college-preparatory mathematics that include or integrate the topics covered in elementary and advanced algebra and two- and three-dimensional geometry.
<b>Laboratory science (“d”)</b> – <i>Two years</i> of laboratory science providing fundamental knowledge in at least two of the three disciplines of biology, chemistry, and physics.
<b>Language other than English (“e”)</b> – <i>Two years</i> of the same language other than English or equivalent to the second level of high school instruction.
<b>Visual and performing arts (“f”)</b> – <i>One year</i> chosen from dance, music, theater or the visual arts.
<b>College-preparatory elective (“g”)</b> – <i>One year</i> chosen from the “a-f” courses beyond those used to satisfy the requirements above, or courses that have been approved solely in the elective area.
<i>Data Source: University of California, 2015.</i>

Figure 19 below shows what percentage of high school graduates in California and Stanislaus have completed the “a-g” college preparatory courses as required for admission into University of California and California State University institutions. From 2010-2014 both California and Stanislaus have shown steady increases. As of 2014, the rate of Stanislaus graduates completing UC college-required courses (31.4%) was more than ten percentage points lower than state percentages (41.9%).

**Figure 19: High School Graduates Completing College Preparatory Courses: 2010-2015**



**Figure 20: Public High School Graduate Completing College Preparatory Courses, by Race/Ethnicity: 2010-2015**

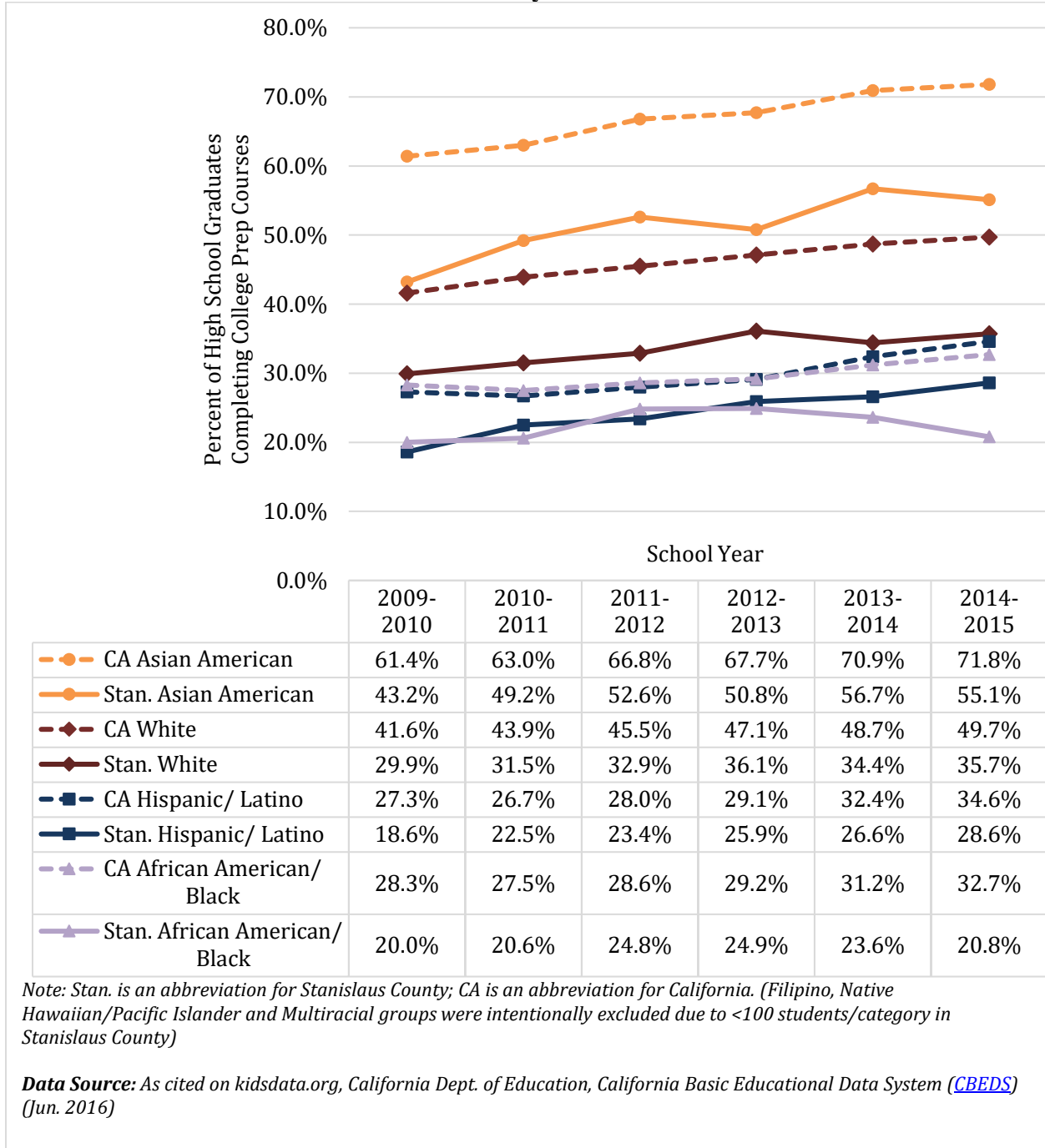


Figure 20 contains 2010-2015 percentages of California and Stanislaus twelfth grade public school graduates by race/ethnicity that have completed the college preparatory courses that are required by the University of California and California State University institutions for acceptance.



Both Stanislaus County and the State of California have seen an increase in the percentage of high school graduates completing college preparatory courses. The percent of increase is shown below:

- California rates of students completing college preparatory courses were higher than Stanislaus rates for every racial/ethnic category.
- African American/Black students completing college preparatory courses increased in Stanislaus (4.0%) and California (15.6%),
- Asian American students completing college preparatory courses increased in Stanislaus (27.6%) and California (16.9%),
- Hispanic/Latino students had the largest percentage of increase of all ethnic groups in Stanislaus for completing college preparatory courses (53.8%); California increased but not as substantially (26.7%), and
- White students completing college preparatory courses increased in Stanislaus (19.4%), however California saw a slightly higher increase (19.5%).

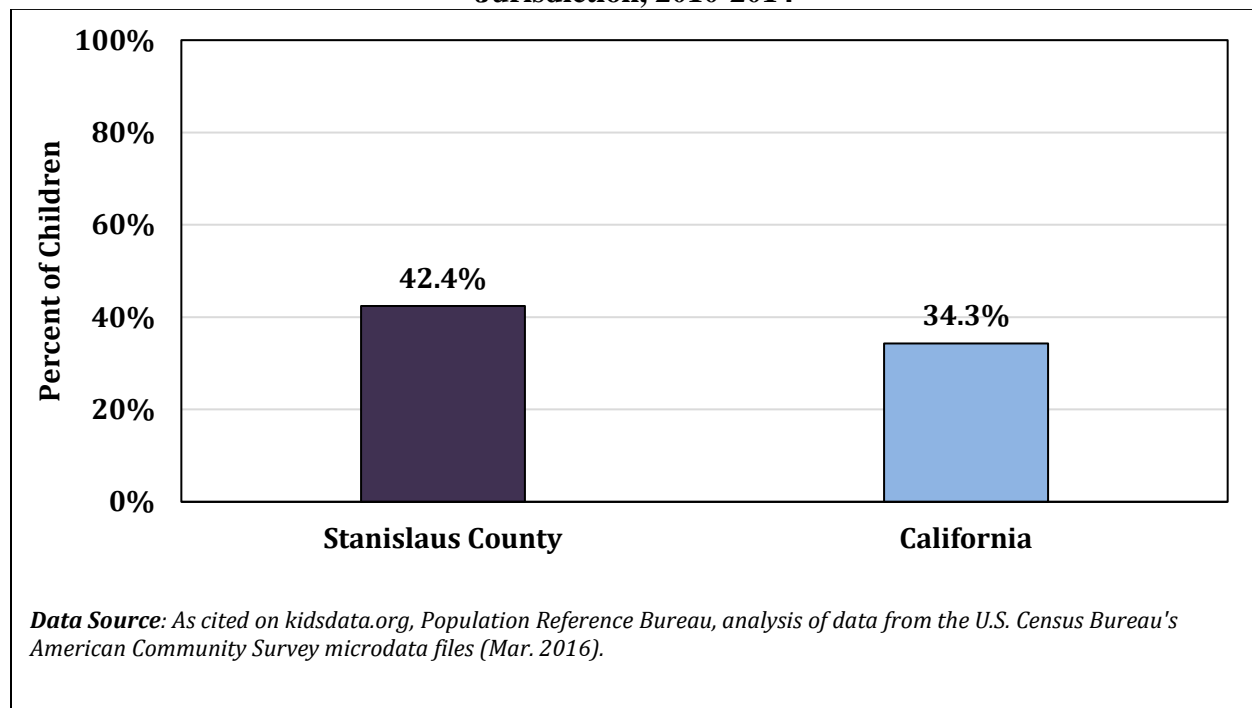
## Family Economics

### Secure Parental Employment

The Annie E. Casey Foundation (AECF) (2014) estimated that nearly 23 million children in the United States lived in families where neither parent was employed with a regular, full-time job. Parents without secure employment are more likely to be, or become, dependent upon resource assistance, such as welfare and/or food stamp programs. “Children are more likely to fall into poverty without at least one parent with full-time employment” (AECF, 2014). The Insight Center for Community Economic Development estimated that a family of two adults with an infant and a school-age child, would need \$65,997 per year to be self-sufficient in Stanislaus County (defined as having the minimum income necessary to cover all basic expenses without any assistance) (Center for Women’s Welfare, 2018). That calculates to both adults working full time at \$15.62 per hour, or one adult working full time at \$31.24 per hour.

Figure 21 shows the percentage of California and Stanislaus children ages 0-18, living in families where no resident parent had “secure employment” as defined as working at least 35 hours per week and/or at least 50 weeks out of the prior 12 months. The Stanislaus percentage (44.1%) is nearly 10% higher than California (35%) during the period of 2011-2013.

**Figure 21: Percentage of Children Living with Parents without Secure Employment, by Jurisdiction, 2010-2014**



## Employment Characteristics

Adequate financial resources are vital to a family’s economic stability. Table 10 demonstrates the 2013 primary CHA survey revealed the following:

- Adults with children age 0-5 (50.2%) were less likely to be employed full-time compared to adults with children age 6-17 (58.7%) and adults overall (54.7%).
- Adults with children age 0-5 (24.0%) were almost twice as likely to be a homemaker/parent/caregiver as adults overall (12.3%).
- Adults with children age 0-5 (9.1%) are more likely to be students than adults with children age 6-17 (5.3%) or adults overall (6.6%).
- “Not seeking employment” and “seasonally employed” share similar percentages among all three groups, all of which include less than 2% of each sample group.

**Table 10: Employment Characteristics, Stanislaus County 2013**

Employment Characteristic	Percentage		
	Adults with Children age 0-5*	Adults with Children age 6-17*	All Adults Surveyed*
Employed full-time	50.2%	58.7%	54.7%
Homemaker/parent/caregiver	24.0%	18.5%	12.3%
Employed part-time	10.8%	10.2%	12.4%
Student	9.1%	5.3%	6.6%
Unemployed	8.5%	6.9%	6.4%
Self-employed	6.6%	5.0%	6.9%
Seeking employment	4.5%	3.0%	3.7%
Retired	2.1%	2.6%	8.4%
Not seeking employment	1.8%	1.3%	1.3%
Seasonally employed	1.6%	1.7%	1.4%

*\*Participants could choose more than one answer, so percentages will not sum to 100%.  
Adults with children age 0-5 N=481, Adults with Children age 6-17 N=788, All Adults Surveyed N=2,015*

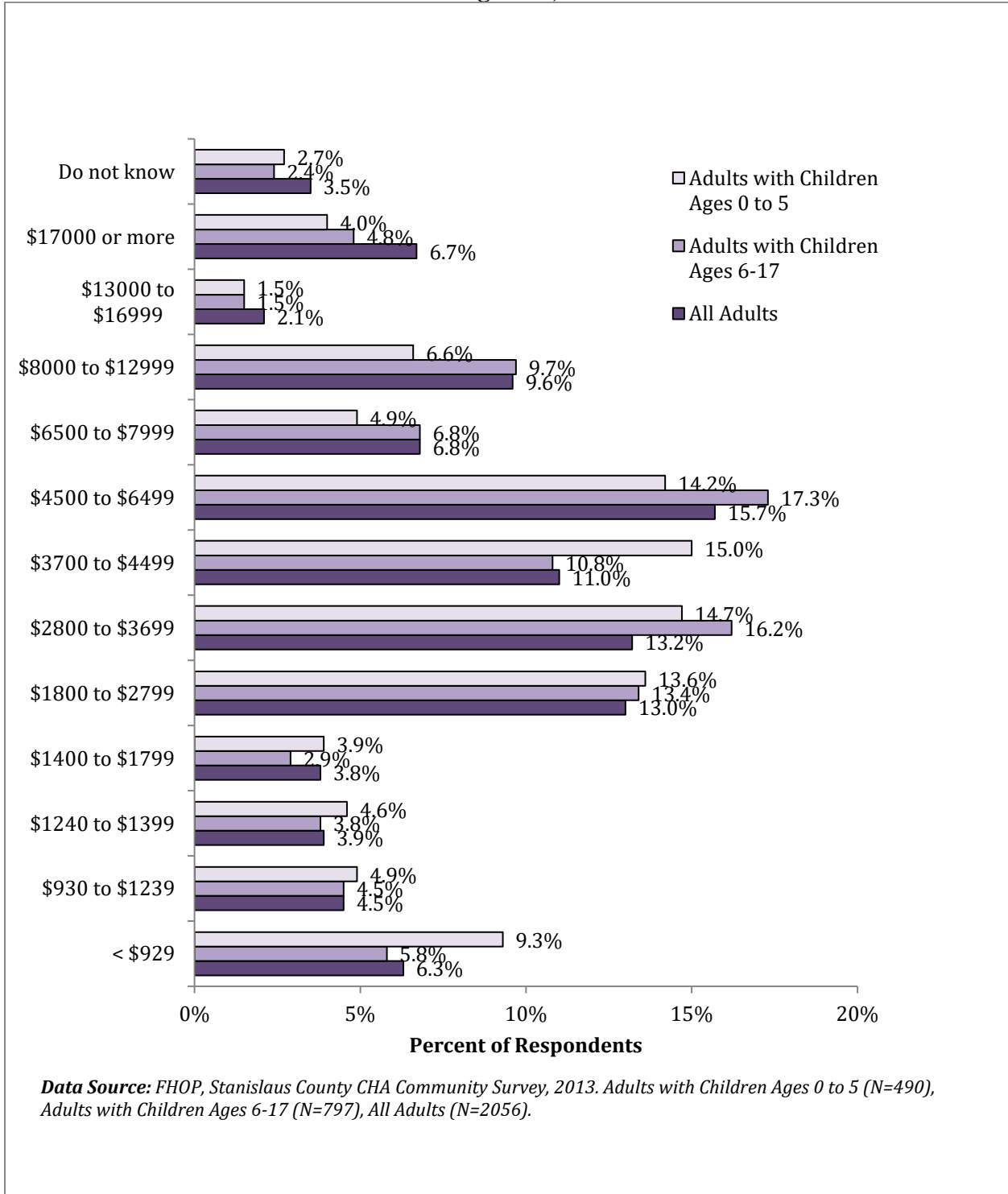
**Data Source:** FHOP, Stanislaus County CHA Community Survey, 2013

## Household Income

Household income is an important indicator of a family’s financial ability to obtain basic needs such as housing, food, and child care. Figure 22 shows the monthly household income for families with children age 0-5 and 6-17, as well as all Stanislaus County adults in 2013 (from the 2013 primary CHA survey).

- Parents with children age 0-5 have the highest percentage of earning less than \$929/month, (9.3%) compared to parents of children age 6-17 (5.8%) and all Stanislaus adults (6.3%).

**Figure 22: 2013 Monthly Household Income of All Stanislaus Adults and Adults with Children Ages 0-5, and 6-17**



## Poverty

The effects of poverty on children are widespread. Children in poverty experience increased neonatal and post neonatal mortality rates, increased risk of injuries and asthma, lower scores on developmental tests, and greater psychological distress (Aber JL, et al. 1997, McLeod and Shanahan 1993). There are two federal measures of poverty: poverty thresholds and poverty guidelines. The *poverty thresholds* are updated each year by the U.S. Census Bureau (U.S. Department of Health and Human Services, 2017) and are used to prepare estimates of the number and proportion of Americans in poverty each year. The matrix of thresholds varies by family size, number of children, one- and two- person household units, and age of adults.

The *poverty guidelines* (also called the Federal Poverty Levels) are issued by the U.S. Department of Health and Human Services and are used to determine financial eligibility for public assistance programs such as Head Start, Medi-Cal, and Temporary Aid for Needy Families (TANF). These guidelines are based on household income and family size; for example, a household of two with an annual income of \$16,020 is deemed to be at 100% Federal Poverty Level (FPL) for 2016. Given this is the measure used to allocate public resources, this section focuses on FPL.

Table 11, below, shows the poverty status of Stanislaus County, including the percentage of the population in each category living at or below the federal poverty level for the five-year periods of 2008-2012 and 2012-2016, as well as the percent change in that time. The percent of children in Stanislaus County living in poverty has decreased from 26.6%% in 2008-2012 to 24.6%% in 2012-2016. The racial/ethnic group with the largest percent decrease was Latinos (14.6% decrease).

**Table 11: Stanislaus County Poverty Status by Age, Gender, Race, and Ethnicity 2008-2016**

Demographic Factor	% Living in Poverty		% Change
	2008-2012	2012-2016	
<b>Age</b>			
<5	N/A	26.2%	N/A
5-17	N/A	24.1%	N/A
<18	26.6%	24.6%	(7.5%)↓
All Ages	19.2%	18.2%	(5.2%)↓
<b>Gender</b>			
Male	17.9%	16.6%	(7.2%)↓
Female	20.5%	19.9%	(2.9%)↓
<b>Race</b>			
African American/Black	30.4%	26.8%	(11.8%)↓
American Indian/Alaskan Native	22.6%	28.9%	27.9%↑
Asian	16.4%	17.3%	5.5%↑
Caucasian/White	18.2%	16.9%	(7.1%)↓
Native Hawaiian/Pacific Islander	18.4%	16.6%	(9.8%)↓
Other race	25.7%	24.3%	(5.5%)↓
Multiracial	20.4%	20.5%	0.5%↑
<b>Ethnicity</b>			
Latino	26.7%	22.8%	(14.6%)↓
Non-Latino	12.1%	13.1%	8.3%↑
<i>Data Source: U.S. Census Bureau, American Community Survey 5-year estimates, Table S1701</i> N/A=Not Available ↓ indicates a decrease in percentage of poverty. ↑ indicates an increase in percentage of poverty.			

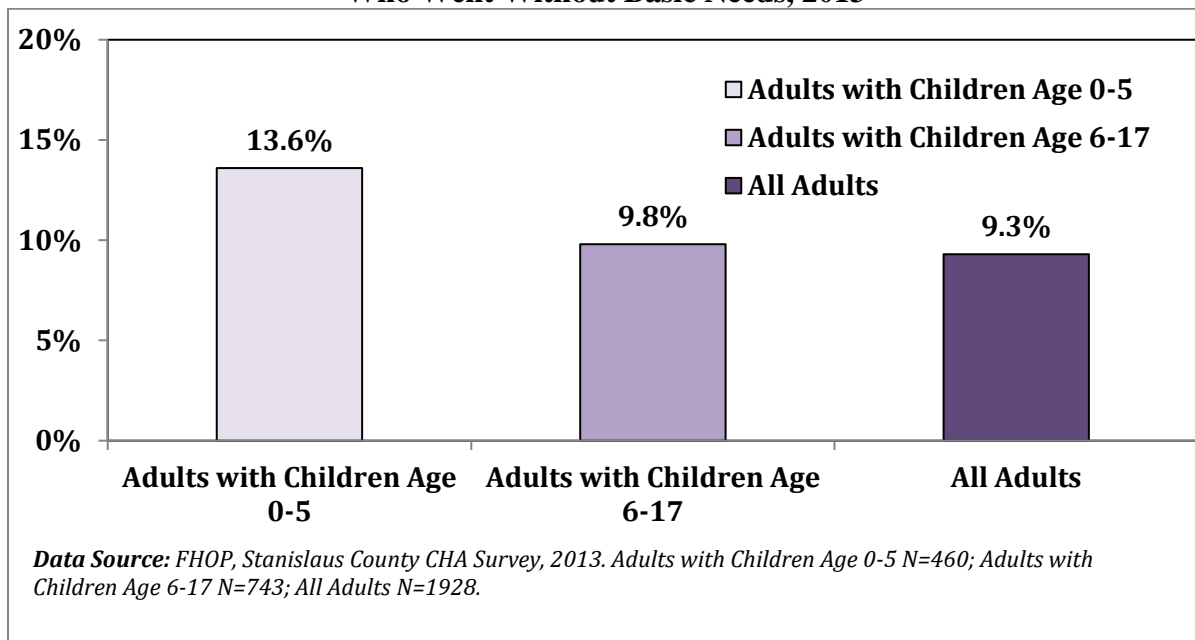
## Basic Needs

Basic needs such as food and shelter are essential to human survival. For families in Stanislaus County, basic needs also include access to clothing, childcare, transportation, and utilities. Availability of, and accessibility to, these essentials set a climate of security for a family.

Figure 23 shows what percentage of Stanislaus residents reported going without basic needs within the past 12 months from the 2013 primary CHA survey. Adults with children age 0-5 were more likely to go without at least one basic need during the prior 12-month period than adults with children age 6-17 in the household.

- 13.6% of adults with children age 0-5 reported going without at least one basic need in the past 12 months.
- 9.8% of adults with children age 6-17 reported going without at least one basic need in the past 12 months.
- 9.3% of all adults surveyed reported going without at least one basic need in the past 12 months.

**Figure 23: Percentage of All Stanislaus Adults and Those with Children Ages 0-5, and 6-17 Who Went Without Basic Needs, 2013**



**Figure 24: Lack of Basic Needs for Stanislaus Adults by Age of Children, 2013**

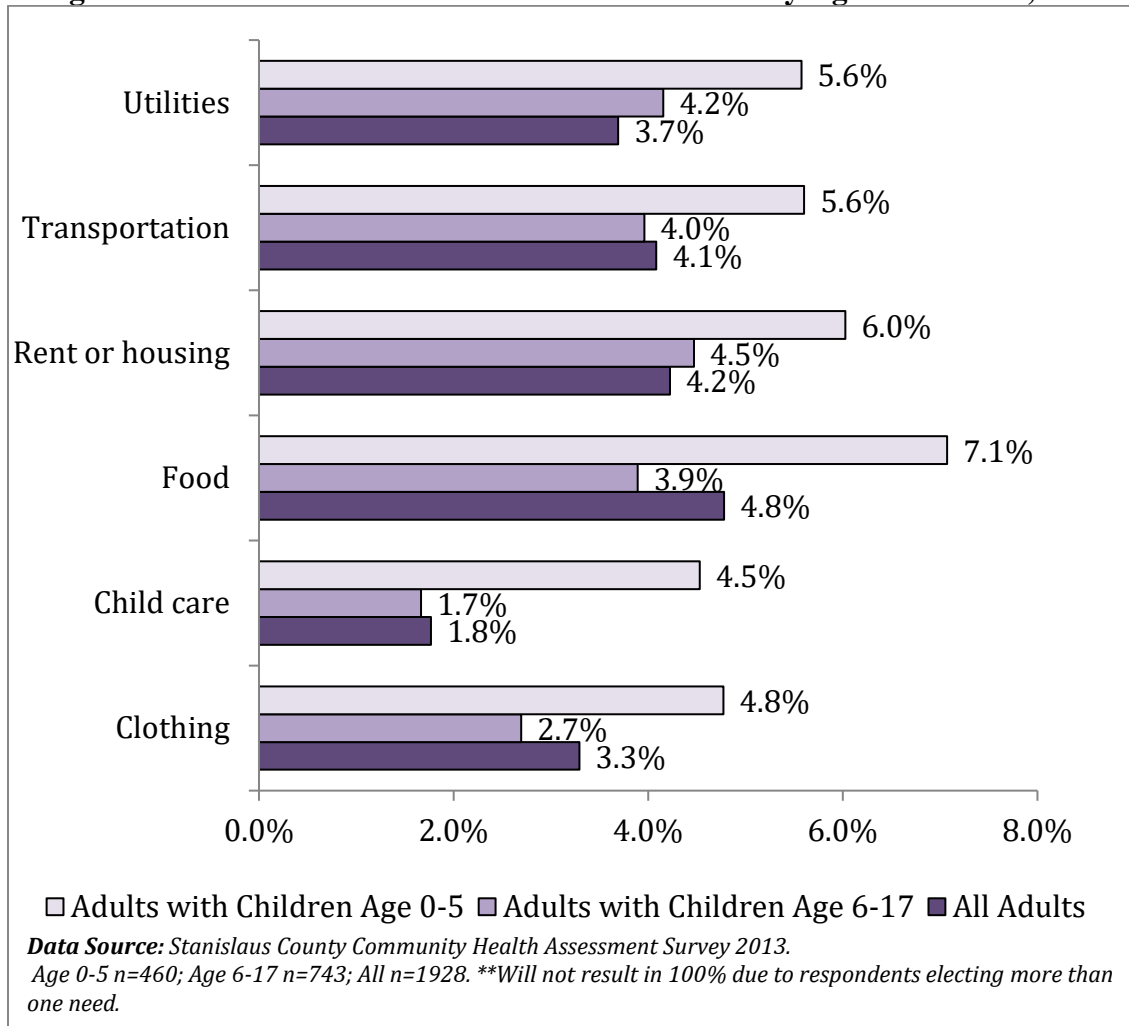


Figure 24, above, identifies which specific need adults with children went without at least once in the past 12 months.

- Adults with children age 0-5 were more likely to have gone without childcare (4.5%) and food (7.1%) compared to adults with older children (1.7% and 3.9%) and all adults (1.8% and 4.8%).
- Between four and six percent of all three groups reported going without rent or housing:
  - Adults with children age 0-5 (6.0%),
  - Adults with children age 6-17 (4.5%),
  - All adults (4.2%).

### Food Insecurity

“A family's ability to provide for its children's nutritional needs is linked to the family's food security—that is, to its access at all times to adequate food for an active, healthy life for all household members” (Anderson, 1990).



Child hunger leads to educational problems.

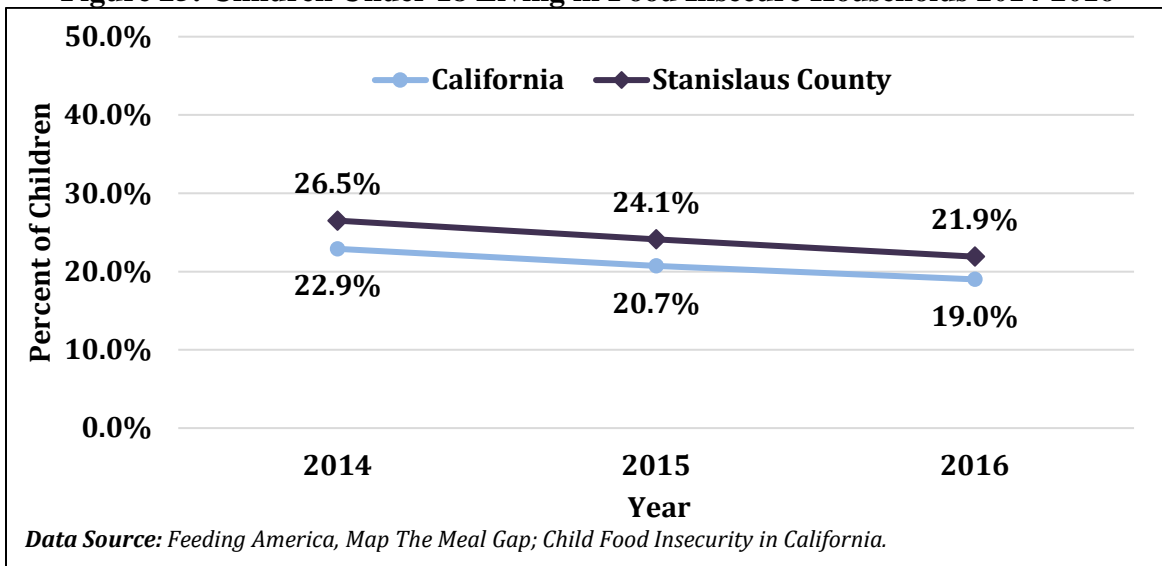
- Hungry children ages 0-3 years cannot learn as much, as fast, or as well because chronic undernutrition harms their cognitive development during this critical period of rapid brain growth, changing the fundamental neurological architecture of the brain and central nervous system.
- Hungry children do worse in school and have lower academic achievement because they are not well prepared for school and cannot concentrate.
- Hungry children have more social and behavioral problems because they feel badly, have less energy for complex social interactions, and cannot adapt as effectively to environmental stresses (Cook & Jeng, 2009).

Child hunger leads to workforce and job readiness problems.

- Workers who experienced hunger as children are not as well prepared physically, mentally, emotionally or socially to perform effectively in the contemporary workforce,
- Workers who experienced hunger as children create a workforce pool that is less competitive, with lower levels of educational and technical skills, and seriously constrained human capital (Cook & Jeng, 2009).

As shown in Figure 25, the percentage of children living in food insecure households has been on a downward trend (2014-2016). While Stanislaus and California both experienced a 17% decrease from 2014 to 2016 in the percentage of children living in food insecure households, Stanislaus County is still noticeably worse than California (21.9% vs. 19.0%).

**Figure 25: Children Under 18 Living in Food Insecure Households 2014-2016**



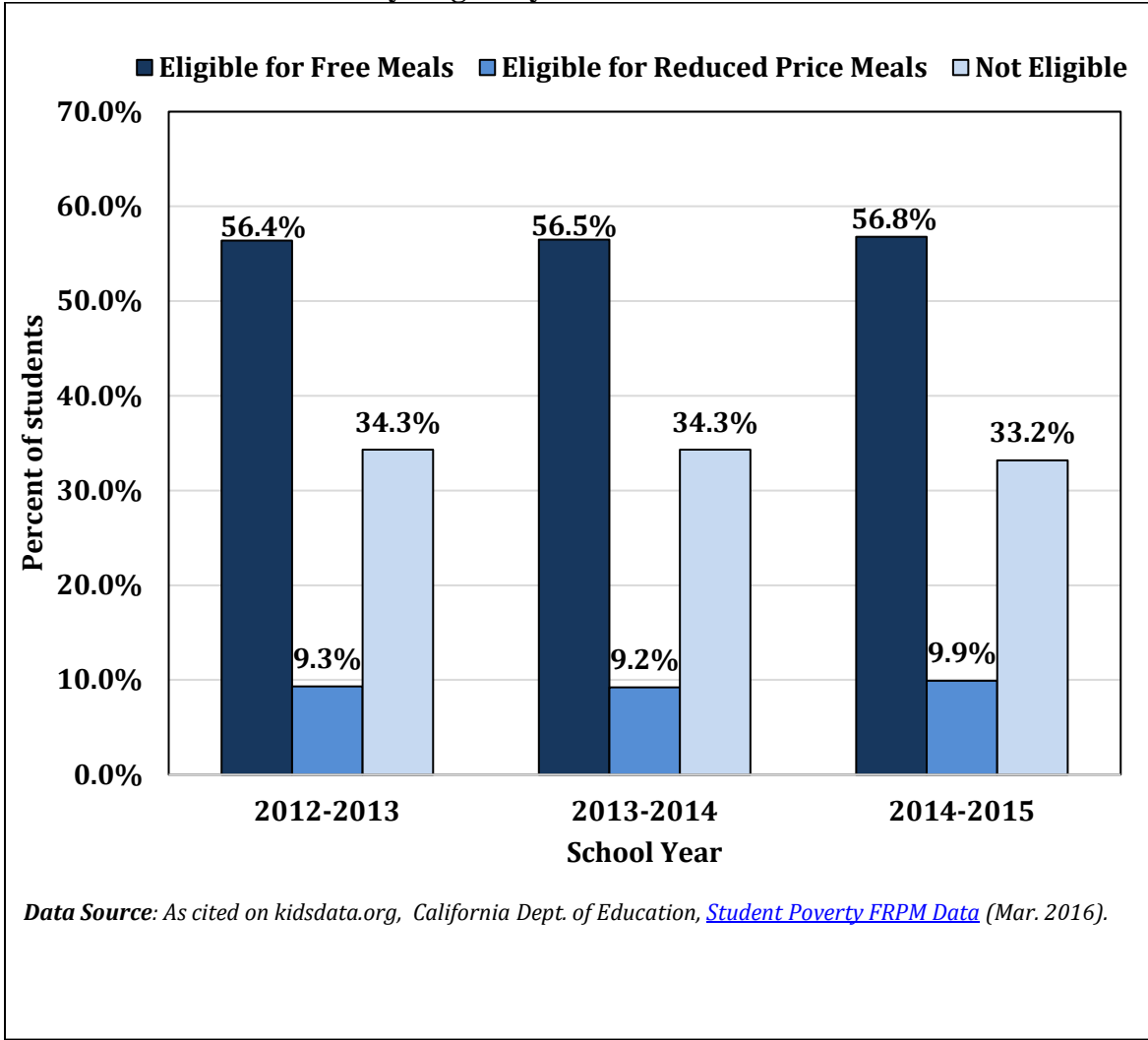
The free or reduced-price meal program allows students that meet certain financial requirements to be eligible for a reduced price or free meal while attending public schools. This program helps to ensure students are receiving nutritious foods during school and begins to address insecurities involving food consumption and accessibility.

To qualify for a *free* meal, the child's family income must fall below 130% of the federal poverty level (FPL): \$31,005 annually for a family of four in 2014-2015, (USDA 2013, CDOE, 2017c). To qualify for a *reduced price* meal, the child's family income must fall below 185% of the FPL: \$44,123 annually for a family of four in 2014-2015 (Kids Data, 2017).

The data shown in Figure 26 represent the percentage of Stanislaus students eligible for a free or reduced-price meal.

- From 2013-2015, over half of students were eligible for free meals (56.4%-56.8%), and over nine percent (9.2%-9.9%) were eligible for reduced price meals.
- In 2015, two-thirds of public-school children in Stanislaus County are eligible for free or reduced-price meals (66.7%).
- From 2013-2015, there was no significant change in percentage of eligible students.

**Figure 26: Stanislaus Student Eligibility to Receive Free or Reduced-Price School Meals. by Eligibility Status: 2012-2015**



### Child Care

Childcare provides benefits for children and parents. For children, high-quality childcare can provide social skills and a good learning foundation which prepares them for kindergarten, primary school, and beyond. For parents, childcare can increase work productivity and contribute to the family’s income. Next to food and housing expenses, childcare can be the most expensive item for families with the cost potentially as large as one parent’s entire salary. Hence, many families decide to have one parent leave (or not join) the workforce or work less time so that the family does not have the costs associated with childcare. Lack of affordable childcare can have a great impact on many families’ ability to support themselves as well as limit the social and educational training that high quality childcare can provide.

- As of 2016, in Stanislaus County, an estimated 64% of children between 0 and 12 years of age have all parents in the labor force (California Child Care Resource and Referral Network (CCCRRN), 2017).
- In Stanislaus County, an estimated 26% of childcare requests were for children under 2 years; 49% of requests were for children 2-5 years and 25% of childcare requests were for children 6 years and older (California Child Care Resource and Referral Network (CCCRRN), 2017).
- In Stanislaus County, as of 2017, a licensed childcare slot was available for only 16% of children 0-12 with parents in the labor force. (CCCRRN, 2017)
- From 2014 to 2017, the number of slots for children 6 years old and older at Licensed Child Care Centers decreased 35% (Table 12).
- From 2014 to 2017, the number of slots for children under 2 at Licensed Child Care Centers decreased 47% (Table 12).

**Table 12: Licensed Child Care Center and Family Child Care Homes in Stanislaus County, 2014 and 2017**

Facilities	Licensed Child Care Centers			Licensed Family Child Care Homes		
	2014	2017	% Change	2014	2017	% Change
<b>Total Number of Slots</b>	7110	7343	3%	3788	3582	-5%
<b>Under 2</b>	1006	531	-47%	*	*	*
<b>2 – 5 years</b>	5583	6473	16%	*	*	*
<b>6 years &amp; older</b>	521	339	-35%	*	*	*
<b>Total Number of Sites</b>	128	135	5%	359	324	-10%
* Data not available						
<i>Data Source: California Child Care Resource and Referral Network, 2013 California Child Care Portfolio Child Care Resource &amp; Referral Databases 2017.</i>						

Taking into consideration parental needs and preference for the duration and regularity of childcare slots (e.g. full-time, part-time or non-traditional times) as well as the languages spoken at centers, some families may experience more difficulty than others at finding an appropriate slot for their children (see Table 13).

**Table 13: Percentage of Licensed Child Care Facilities and Slots by Center Type and Language Spoken in Stanislaus County, 2012**

Facilities	Licensed Child Care Centers	Licensed Family Child Care Homes
	2012	2012
<b>Full Time and Part Time Slots<sup>1</sup></b>	72%	84%
<b>Only Full Time Slots</b>	6%	15%
<b>Only Part Time Slots</b>	21%	1%
<b>Non-Traditional Hours Slots<sup>2</sup></b>	12%	26%
<b>Language Spoken at Facilities<sup>3</sup></b>		
<b>English Speaking</b>	100%	100%
<b>Spanish Speaking</b>	65%	32%
<b>Sign Language</b>	8%	4%
<b>Assyrian</b>	6%	3%
<b>Vietnamese</b>	3%	N/A
<b>Portuguese</b>	N/A	3%
<b>Other Languages</b>	5%	7%
<sup>1</sup> Full-time is defined as 30 or more hours per week; part-time is less than 30 hours per week. <sup>2</sup> Evening, weekend, or overnight care. <sup>3</sup> Percentages may exceed 100% when combining multiple languages.		
<b>Data Source:</b> California Child Care Resource & Referral Network, 2015 California Child Care Portfolio		

The cost of child care varies depending on the type of facility, the age of the child and the regularity and duration of care, as well as individual business pricing decisions.

- Table 14 shows the average (mean) cost for full time care for infants and preschool-aged children in licensed centers and licensed family childcare homes.
- There were substantial increases in mean cost for licensed childcare centers for full-time infant care (+15.1%) and full-time preschool care (+15.5%) from 2012-2016. Licensed family childcare homes also showed an increase in mean cost, though not as dramatic of an increase as licensed childcare centers (12.1% infant care, 11.7% preschool care).

**Table 14: Cost of Licensed Child Care in Stanislaus County, 2012 and 2016**

Child Care Services	Licensed Child Care Centers		% Change	Licensed Family Child Care Homes		% Change
	2012	2016		2012	2016	
Full Time Infant Care	\$10,315	\$11,874	15.1%	\$6,919	\$7,753	12.1%
Full Time Preschool Care	\$6,970	\$8,050	15.5%	\$6,607	\$7,380	11.7%

*Data Source: California Child Care Resource & Referral Network, 2015 California Child Care Portfolio.*

## Access to Health Care

### Health Insurance Coverage

Health insurance coverage can give a person a sense of security and control over his or her health and well-being. Individuals without health insurance coverage are more likely to forego needed medical treatment and procedures negatively impacting their current and future health and ability to provide for their families (Collins et al., 2006).

Respondents from the 2013 primary CHA survey reported nearly identical percentages of health insurance coverage regardless of age of children in the home (see Table 15).

**Table 15: Health Insurance coverage of All Stanislaus Adults and Those with Children Ages 0-5, 6-17, and 0-17, 2013**

	<b>Adults with Children age 0-5</b>	<b>Adults with Children age 6-17</b>	<b>Adults with Children age 0-17</b>	<b>All Adults</b>
Adults with Health Insurance Coverage	79.7%	79.9%	79.9%	79.9%
Number in Sample	484	789	995	2,021

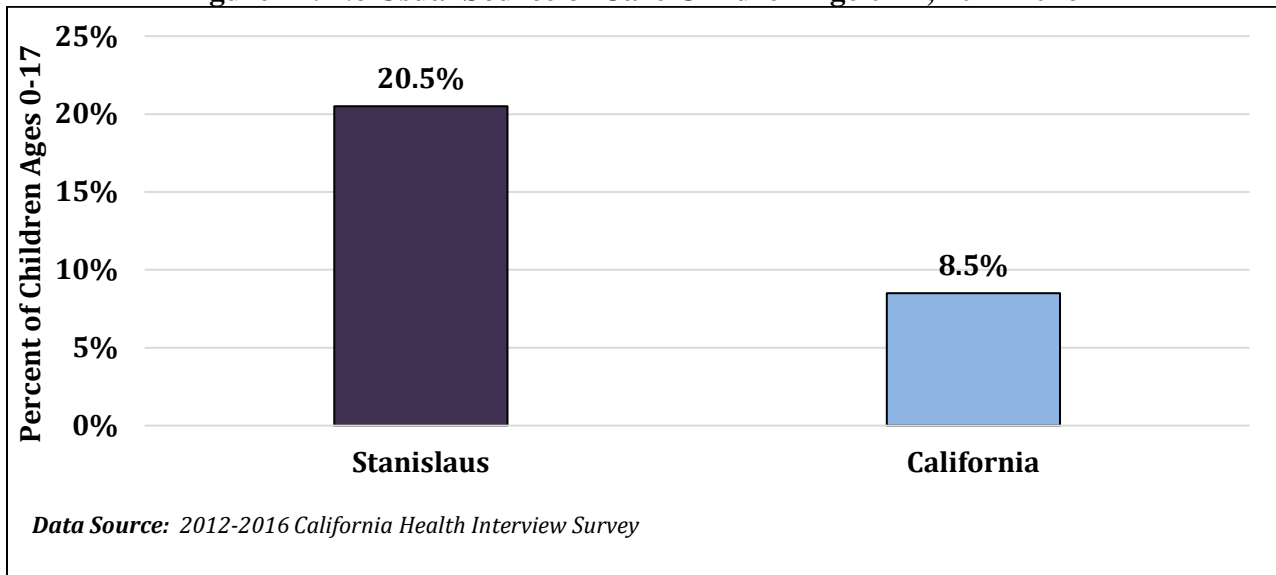
*Data Source: FHOP, Stanislaus County CHA Community Survey, 2013.*

## Usual Source of Care

“People with a usual source of care have better health outcomes and fewer disparities and costs” (U.S. Department of Health and Human Services, 2017a). A primary care provider as a usual source of care helps foster greater patient trust in provider, patient-provider communication, and increased likelihood of patients receiving appropriate medical care when needed (U.S. Department of Health and Human Services, 2017a).

As Figure 27 displays, over twice as many Stanislaus children (20.5%) age 0-17 did not have a usual source of care during 2012-2016, compared to California children (8.5%).

**Figure 27: No Usual Source of Care Children Age 0-17, 2012-2016**

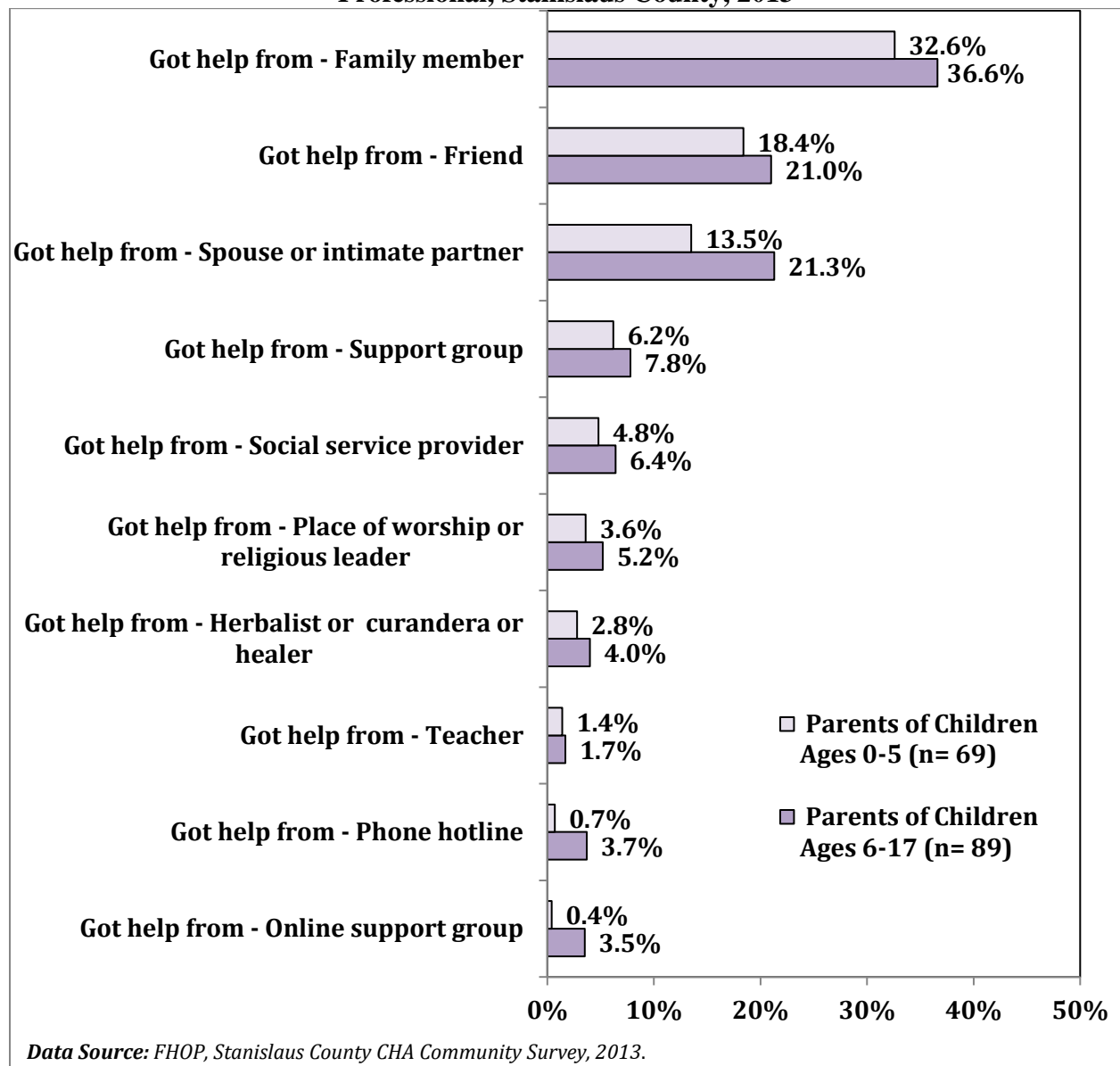




Respondents to the 2013 primary CHA survey were asked the question “If you were unable to get care from a Licensed Health Care Professional, did you receive help from any of the following instead?” Figure 28 indicates which resources were selected from the options given.

- Among respondents with children age 0-5 (N=69), the three most common responses were family member (32.6%), friend (18.4%), and spouse or intimate partner (13.5%).
- Respondents with children age 5-17 (N=89), share the same three most common responses; however, percentages are higher in each category. (Family member 36.6%, friend 21.0%, and spouse or intimate partner 21.3%)

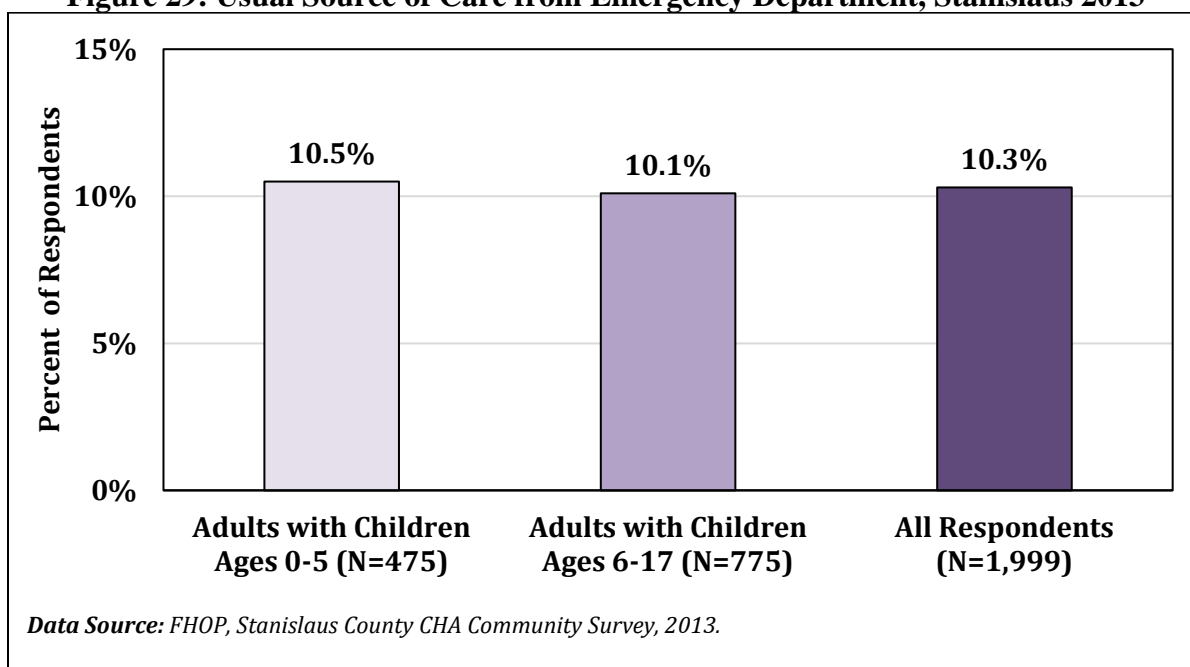
**Figure 28: Usual Source of Care from Someone Other Than a Licensed Health Care Professional, Stanislaus County, 2013**



Individuals who do not have a usual source of care are more likely to be reliant upon emergency department visits as a usual source of care (Liaw et al., 2014). Figure 29 shows what percentage of adults, adults with children age 0-5, and adults with children age 6-17 in Stanislaus County rely upon an emergency department as the source of most of their health care. There are no significant differences between both groups and the county as a whole.

- 10.5% of adults with children age 0-5 received most of their health care from the emergency department.
- 10.1% of adults with children age 6-17 received most of their health care from the emergency department.
- 10.3% of all survey respondents received most of their health care from the emergency department.

**Figure 29: Usual Source of Care from Emergency Department, Stanislaus 2013**



### Foregoing Needed Healthcare

Foregoing needed medical or health care can pose a serious risk to the health of the individual foregoing the care as well as the community in which they live. Untreated or undiagnosed illnesses can become more serious conditions for which treatment or therapies may be more expensive and/or less effective. Communities also develop a higher risk for preventable communicable disease transmission when sick individuals remain undiagnosed or untreated.

**Figure 30: Reasons for Foregoing Needed Health Care, Stanislaus County, 2013**

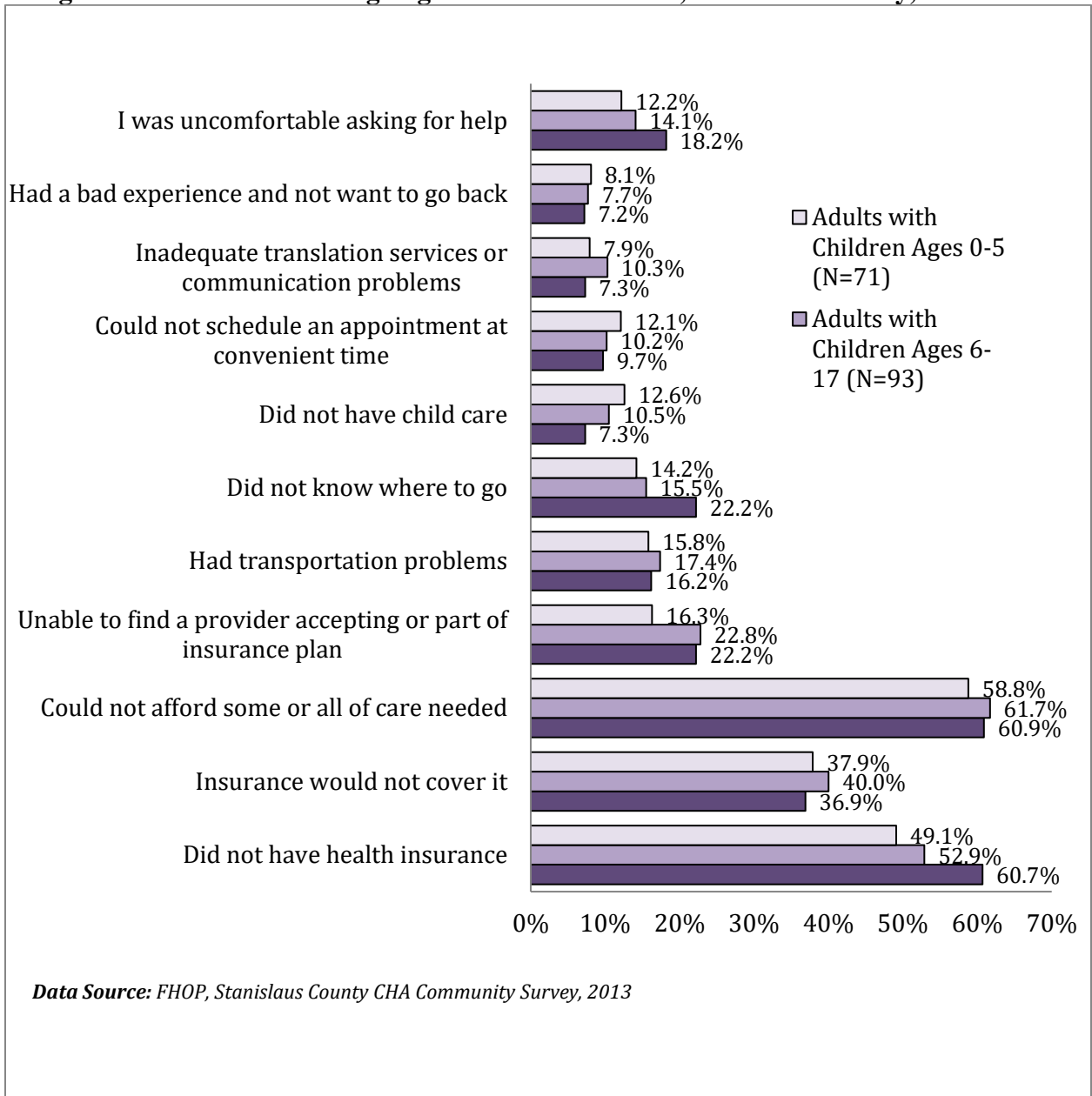


Figure 30 identifies the leading reasons Stanislaus residents gave for foregoing needed health care. Responses to the 2013 primary CHA survey “If you had to go without care, why?”, were broken down into three groups; residents with children age 0-5, residents with children age 6-17, and all county residents. Respondents were encouraged to mark each category which applied to their particular situation.

- The number one response for adults with children age 0-5 (58.8%) and 6-17 (61.7%) for going without needed care was because they could not afford some or all of the care needed.

- The second highest response for adults with children age 0-5 (49.1%) and 6-17 (52.9%) for going without needed care was because they did not have health insurance.
- The third highest response for adults with children age 0-5 (37.9%) and 6-17 (40%) for going without needed care was because their insurance would not cover it.

### Denti-Cal Coverage

Oral health in children is an integral part of their overall health and well-being. Among low-income children, poor oral health and tooth decay are significant problems that impact all areas of development. Children who reported having recent tooth pain were almost four times more likely to have a GPA lower than the median GPA (Seirawan H et. al., 2012). One study found that “almost 11% of students with inaccessible needed dental care in the past year missed school compared with 4% of those who had access to dental care” (Seirawan H et. al., 2012).

The American Academy of Pediatric Dentistry, American Dental Association and the American Academy of Pediatrics recommend that children visit a dentist by age one, or when the first tooth appears (American Academy of Pediatric Dentistry, 2010). However, 8.9% of children ages 2-11 in California, and 11.0% of children ages 2-11 in Stanislaus County have never been to a dentist (UCLA Center for Health Policy Research, 2013-2014). (Note: This statistic for Stanislaus children is statistically unstable.)

One of the benefits under the Affordable Care Act in 2013 is that all children have access to insurance coverage for dental care, many of whom enrolled in Medi-Cal’s dental program, also known as Denti-Cal. As of December 2015, 5,680,477 or 52.8% of California’s children and youth ages 0-20 were enrolled in Medi/Denti-Cal. (California Department of Health Care Services, 2016)

In California in 2011, the rate of enrollment in pediatric Denti-Cal was 360.0 per 1,000 children aged 0 to 5 (Children Now, 2017). For children and adolescents ages 0 to 20, the rate of enrollment into the Denti-Cal program was 293.4 per 1,000 (Children Now, 2017a). Comparatively, in Stanislaus County, the enrollment rates in pediatric Denti-Cal and Denti-Cal for children 0 to 5 and for children 0 to 20 were slightly higher, at 429.8 per 1,000 and 350.1 per 1,000. (Children Now, 2017, 2017a and ACS)

Denti-Cal is provided through two delivery systems: Dental Managed Care and Denti-Cal Fee-for-Service. Denti-Cal offers a large range of dental services to eligible beneficiaries. Eligible children currently receive full scope benefits (California Department of Health Care Services, 2016a).

**Denti-Cal Dental Services for Eligible Beneficiaries**

Preventive	Implant services
Diagnostic	Oral and maxillofacial surgery
Restorative	Orthodontic and adjunctive services
Endodontics	Maxillofacial prosthetics
Periodontics	Removable and fixed prosthodontics

Table 16 shows the number of Stanislaus County dentists who offer Denti-Cal services for children ranging in ages 0-25. Each individual practice serves and excludes different age groups within that range and acceptance of Denti-Cal does not indicate that the practice is open to new patients. Note the more than 60% decrease in participating providers from 2011 to 2015 (48 to 19).

**Table 16: Number of Denti-Cal Practices in Stanislaus County by City, 2015**

Year	Modesto	Ceres	Hughson	Newman	Oakdale	Patterson	Riverbank	Turlock	Salida*	Total
2008	12	1	1	1	1	1	1	5	1*	<b>24</b>
2009	20	1	1	1	1	1	1	4	1*	<b>31</b>
2011	31	1	1	1	1	2	1	9	1*	<b>48</b>
2012	14	1	1	1	1	1	1	3	1*	<b>24</b>
2015	11	1	1	1	0	1	1	3	1*	<b>19</b>

*\*Salida (Dental Surgery Center Only)*

**Data Source:** Children’s Health and Disability Program, Stanislaus County Health Services Agency 2015

“Lagging” Denti-Cal reimbursement rates may be partially to blame for reductions in participating provider numbers throughout the state and Stanislaus County (CDA, 2015). In October of 2013, a 10% provider payment reduction was enacted and made retroactive to services performed on or after June 1, 2011 (CDA, 2013). Effective July 1, 2015, the Budget Act of 2015 restored provider payment rates for dental and applicable ancillary services increasing the rates of most dental services by up to 10% (CDA, 2015a). Additionally, a portion of the new tax revenue from Proposition 56’s increased tobacco tax has been allocated to further increase Denti-Cal reimbursement rates. If approved by the Centers for Medicare and Medicaid Services, hundreds of dental procedures will receive an additional 40 percent supplemental rate increase through Denti-Cal (CDA, 2017).

## Physical Health and Well-Being

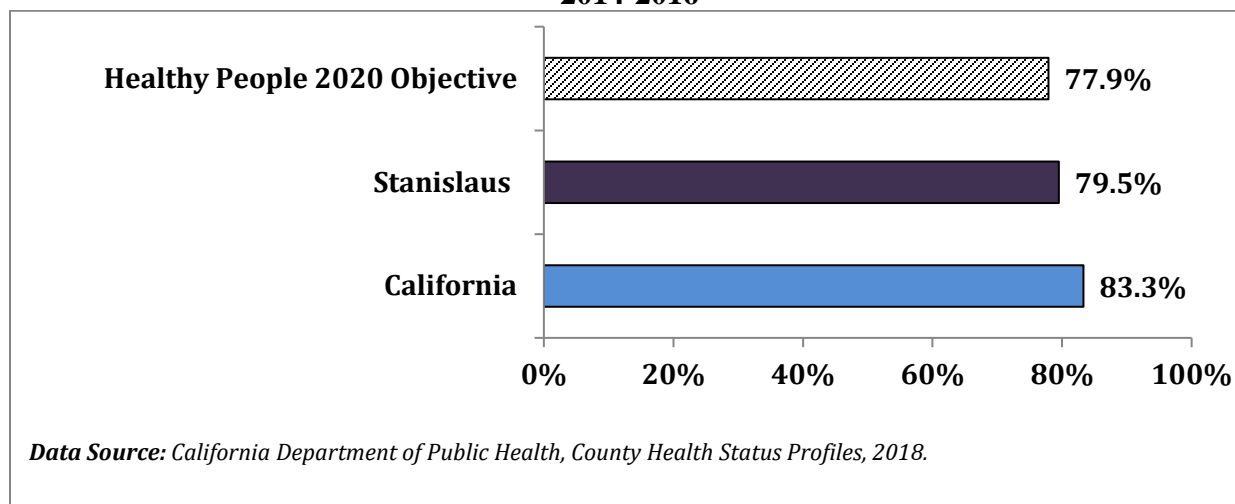
### Prenatal Care and Perinatal Health in Stanislaus

#### *Prenatal Care*

Prenatal care is a vital measure that can help ensure a healthy pregnancy. Two leading causes for infant death are congenital anomalies and low birthweight; both negative outcomes can be improved through adequate prenatal care (CDC, 2011). Prenatal care that begins during the first trimester of pregnancy can help maximize the potential for a healthy mother and infant throughout the pregnancy and delivery. Figure 31 shows the percentage of mothers that began prenatal care during the first trimester during 2014-2016.

- 79.5% of all Stanislaus mothers began prenatal care during the first trimester.
- 83.3% of all California mothers began prenatal care during the first trimester.
- The Healthy People 2020 objective for prenatal care began during the first trimester is 77.9%. Stanislaus is slightly higher than the HP 2020 objective and California is well above the objective.

**Figure 31: Percentage of Prenatal Care Begun During the First Trimester of Pregnancy, 2014-2016**



#### *Low birth weight*

The Center for Disease Control and Prevention (CDC) defines a low birth weight infant as a newborn weighing less than 5.5 pounds or 2,500 grams at the time of birth (CDC, 2014). “A low birth weight infant can be born too small, too early, or both” (CDC, 2014). Low birth weight infants are at a higher risk for respiratory distress syndrome, bleeding in the brain, heart problems, necrotizing enterocolitis, and abnormal blood vessel growth in the eyes (March of Dimes, 2013). The CDC highlights specific risk factors and prevention methods, which are listed on page 62 (CDC, 2014).

### **Maternal Risk Factors**

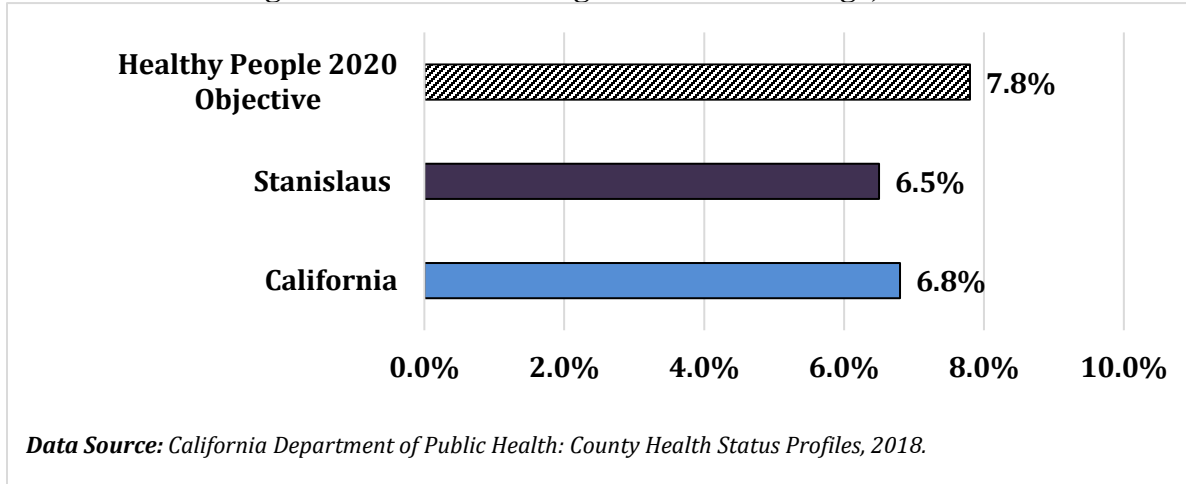
- Smoking
- Drinking alcohol
- Lack of weight gain
- Younger than 15 years or, older than 35 years
- Social and economic factors, such as
  - Low income
  - Low educational level
  - Stress
  - Domestic violence or other abuse
  - Unmarried
- Previous preterm birth
- Exposure to air pollution (both indoor and outdoor) and drinking water contaminated with lead, which are considered environmental risk factors.

### **Prevention**

- Quit smoking.
- See a doctor for a medical checkup before pregnancy.
- Work with a health care provider to control diseases such as high blood pressure or diabetes.
- Get preconception health care and early prenatal care throughout the pregnancy.
- Discuss concerns during pregnancy with a doctor, and seek medical attention for any warning signs or symptoms of preterm labor.
- Take a daily multivitamin containing 400 micrograms of folic acid before and throughout pregnancy.

Figure 32 shows the Healthy People 2020 target for percentage of infants born at a low birth weight (7.8%). Stanislaus County (6.5%) and California (6.8%) have both reached and surpassed this objective target during 2014-2016.

**Figure 32: Low Birthweight Infant Percentage, 2014-2016**



#### *Preterm births*

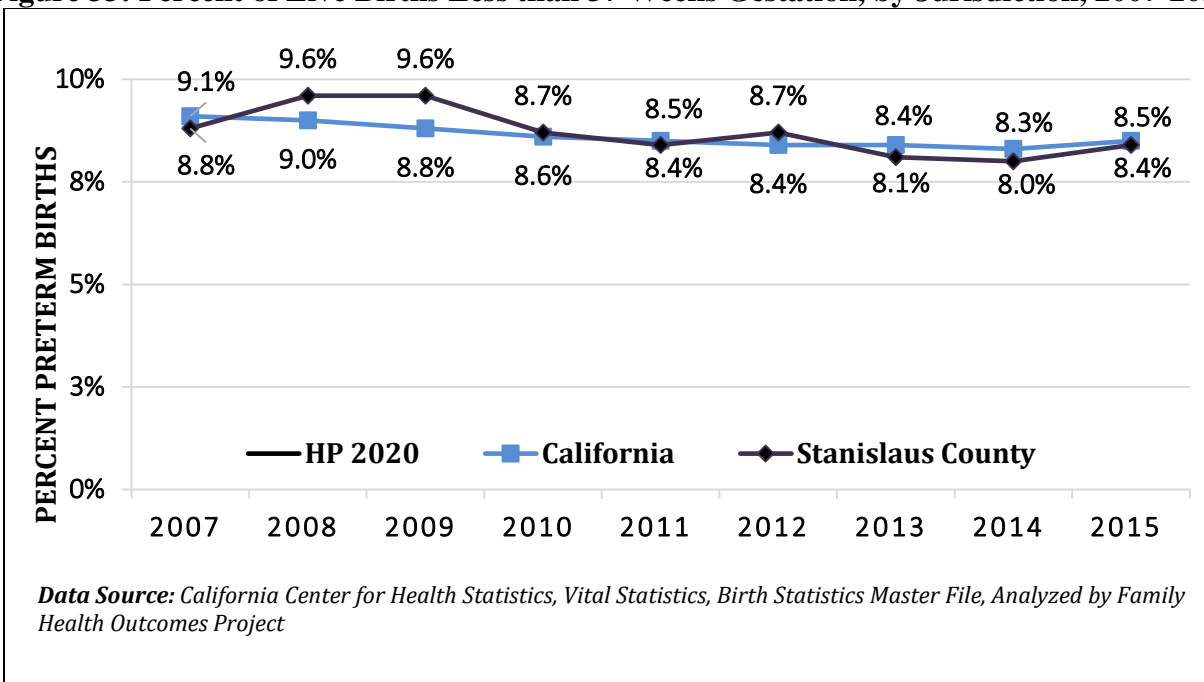
The March of Dimes Foundation (MOD) defines a premature birth as a baby that is born before 37 weeks (MOD, 2013a). These babies are more inclined to have health problems existing during infancy, childhood and even into adulthood (MOD, 2013a). Some of the health problems that can afflict premature babies include apnea, Respiratory Distress Syndrome, intraventricular hemorrhage, jaundice, and anemia (MOD, 2013a).



The Healthy People 2020 (HP 2020) objective for preterm births is 9.4% (U.S. Department of Health and Human Services, 2017b). Figure 33 shows the preterm birth percentage for 2007-2015 by jurisdiction, compared to the Healthy People 2020 objective.

- The HP 2020 objective (9.4%) for total preterm births has been met by Stanislaus County and California since at least 2007.
- Preterm birth percentages are lower in Stanislaus County (8.4%) than California (8.5%). (Note: California observes greater rates of preterm births in the African American population compared to other racial groups. Stanislaus has a very small African American population comparatively, and that may result in averaged better outcomes for the county.)

**Figure 33: Percent of Live Births Less than 37 Weeks Gestation, by Jurisdiction, 2007-2015**



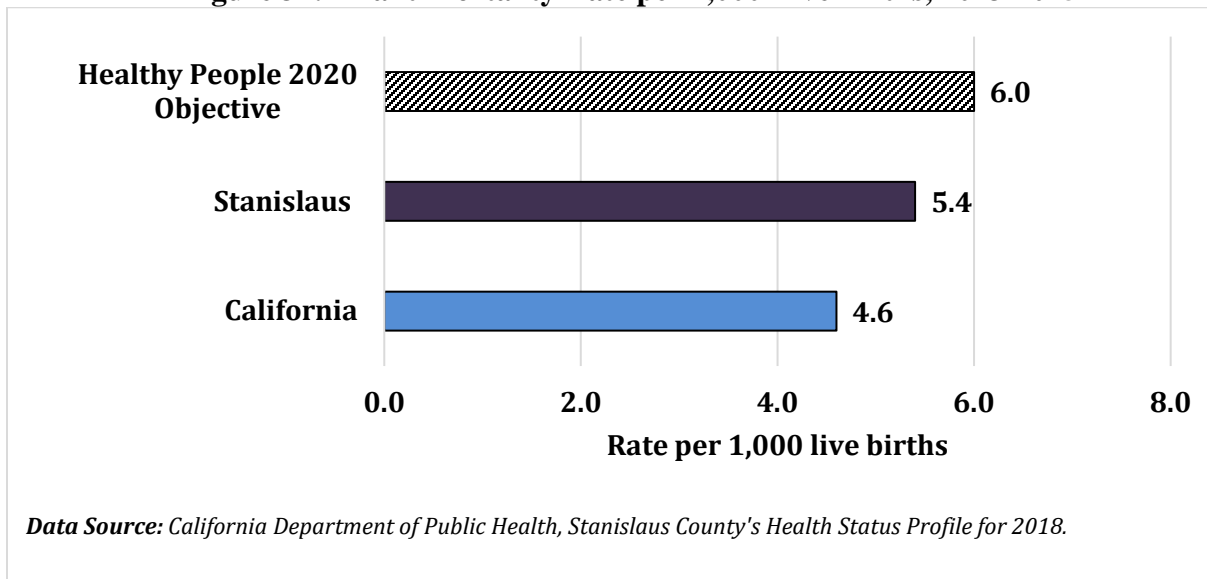
### Infant Mortality

Infant mortality is defined by the CDC as “the death of a baby before his or her first birthday” (CDC, 2015). The top five causes of infant death are birth defects, preterm birth, Sudden Infant Death Syndrome (SIDS), maternal complications of pregnancy, and injuries like suffocation (CDC, 2015). Infant mortality can be mitigated by early (first trimester) and consistent prenatal care, avoiding injury during pregnancy, and by maintaining a healthy weight and diet throughout the pregnancy.

Figure 34 shows the infant mortality rates per 1,000 live births for Stanislaus and California during 2013-2015.

- The Stanislaus infant mortality rate (5.4/1000) is higher than the California infant mortality rate (4.6/1000).
- California and Stanislaus are succeeding in surpassing the HP 2020 objective (6.0/1000).

**Figure 34: Infant Mortality Rate per 1,000 Live Births, 2013-2015**



### Teen Births

The Center for Disease Control and Prevention considers teen pregnancy to be a “winnable battle” (2015a). Teen pregnancy prevention is also one of the CDC’s top six priorities in public health (CDC, 2015a).

The CDC estimated that during 2010, \$9.4 billion in costs were incurred nationally by teen pregnancy and childbirth (CDC, 2015a). These costs were estimated based on increased spending on health care, foster care, increased incarceration rates among children with teen mothers, and lost tax revenue from teen mothers having lower educational attainments resulting in lower income earning potentials (CDC, 2015a). During 2010, California spent an estimated \$956 million on teen child bearing (The National Campaign, 2014). Additionally, teen mothers (50%) are more likely to not obtain a high school diploma by the age of 22 when compared to those teens that did not become pregnant during adolescence (10%) (CDC, 2015a).

Figure 35 shows the teen birth rate per 1,000 girls age 15-19 for the period of 2007-2013.

- Stanislaus County has shown a steady decline in teen birth rates from 2007-2013: 52.0 births per 1,000 girls age 15-19 to 28.8, nearly a 45% reduction.
- The State of California has shown a slightly slower decline in teen birth rates when compared to Stanislaus. California saw a 42% reduction during 2007-2013.
- The United States has shown the slowest decline with a 36% reduction from 2007-2013.

**Figure 35: Teen Birth Rate Per 1,000 Young Women ages 15-19, by Jurisdiction, 2007-2013**

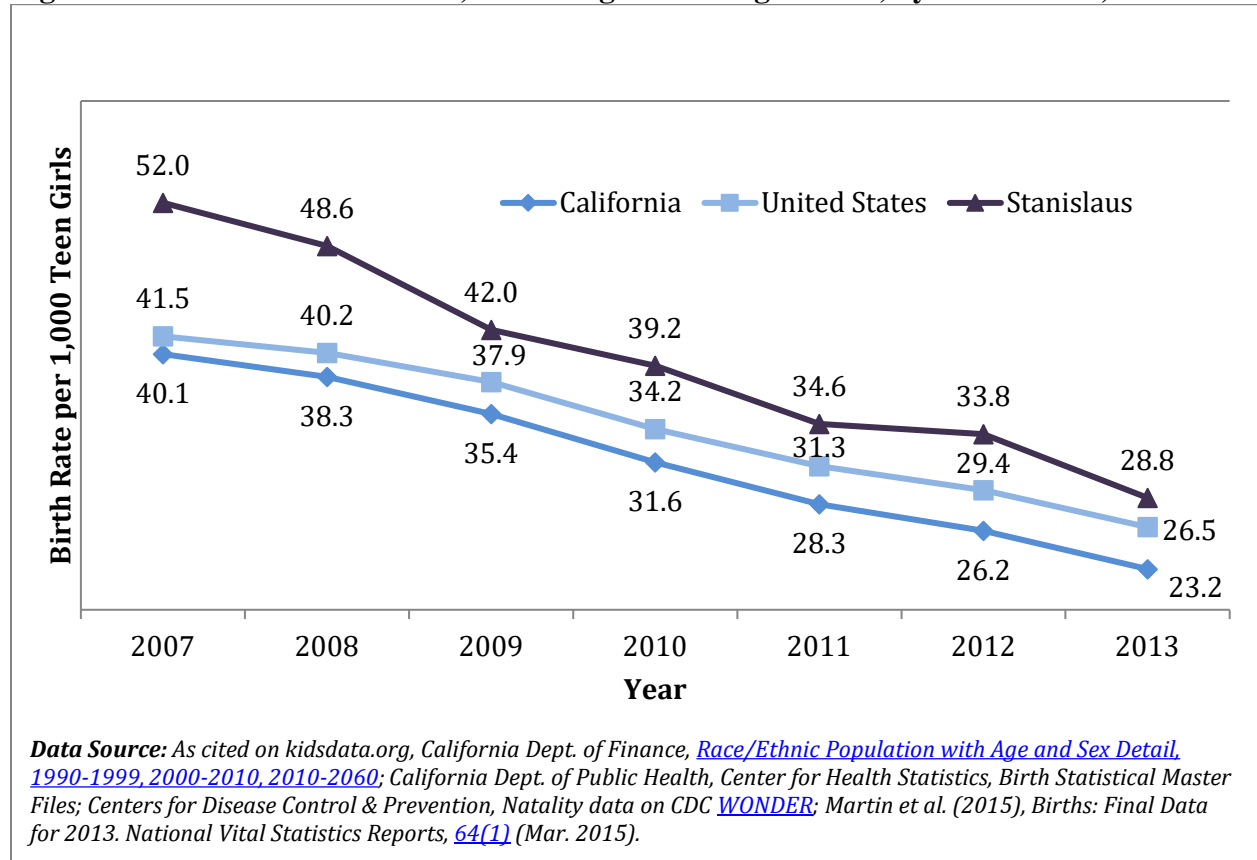
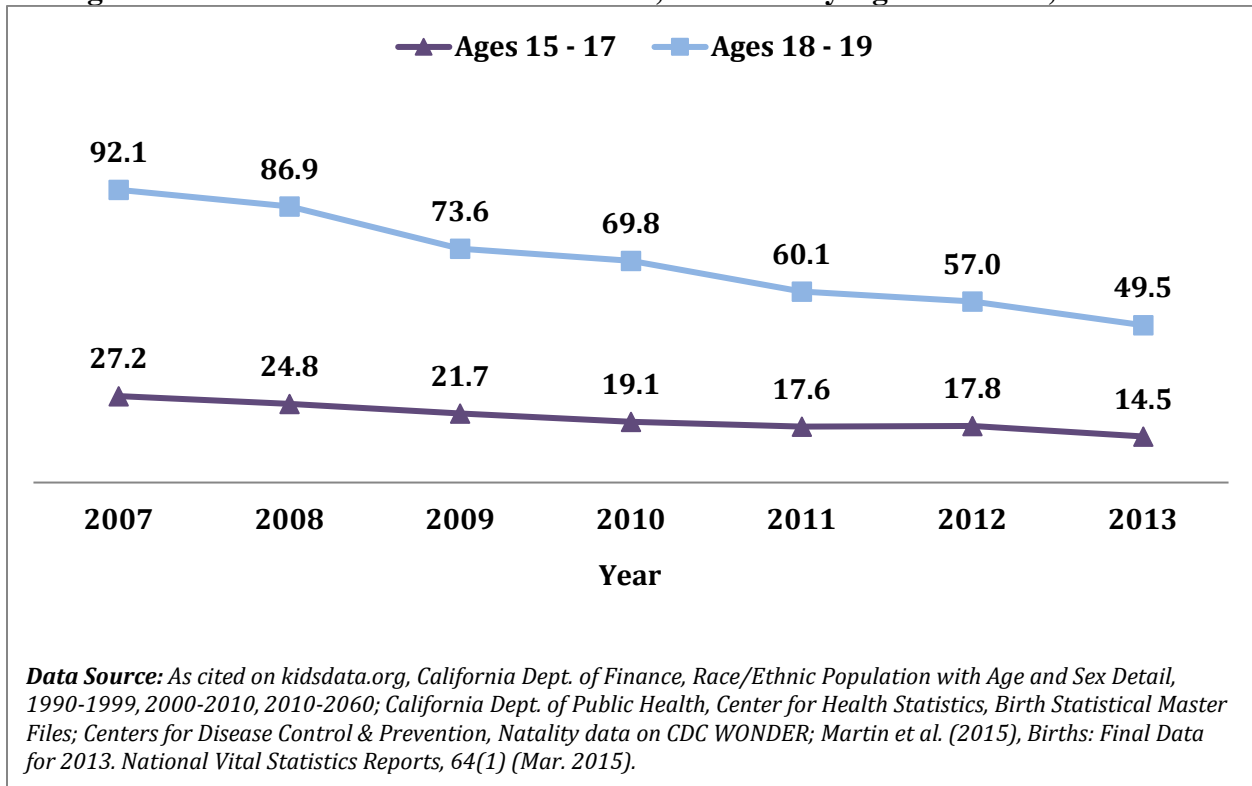


Figure 36 below identifies the Stanislaus County teen birth rate per 1,000 girls age 15-19 during 2007-2013 by age of the mother. Healthy People 2020 teen birth rate goals are 36.2 live births per 1,000 women age 15-17 and 104.6 live births per 1,000 women ages 18-19 (U.S. Department of Health and Human Services, 2017c).

- Births to teen mothers age 15-17 have shown a steady decrease in rate during 2007-2013 from 27.2 to 14.5 per 1,000 young women.
- Stanislaus County saw a 46.7% decrease in teen birth rates among mothers age 15-17 during 2007-2013.
- Births to teen mothers age 18-19 have shown a significant decrease in rate during 2007-2013 from 92.1 to 49.5 births per 1,000 young women.
- Stanislaus County saw a 46.3% decrease in teen birth rates among mothers age 18-19 during 2007-2013.

**Figure 36: Stanislaus Teen Birth Rate Per 1,000 Teens by Age of Mother, 2007-2013**



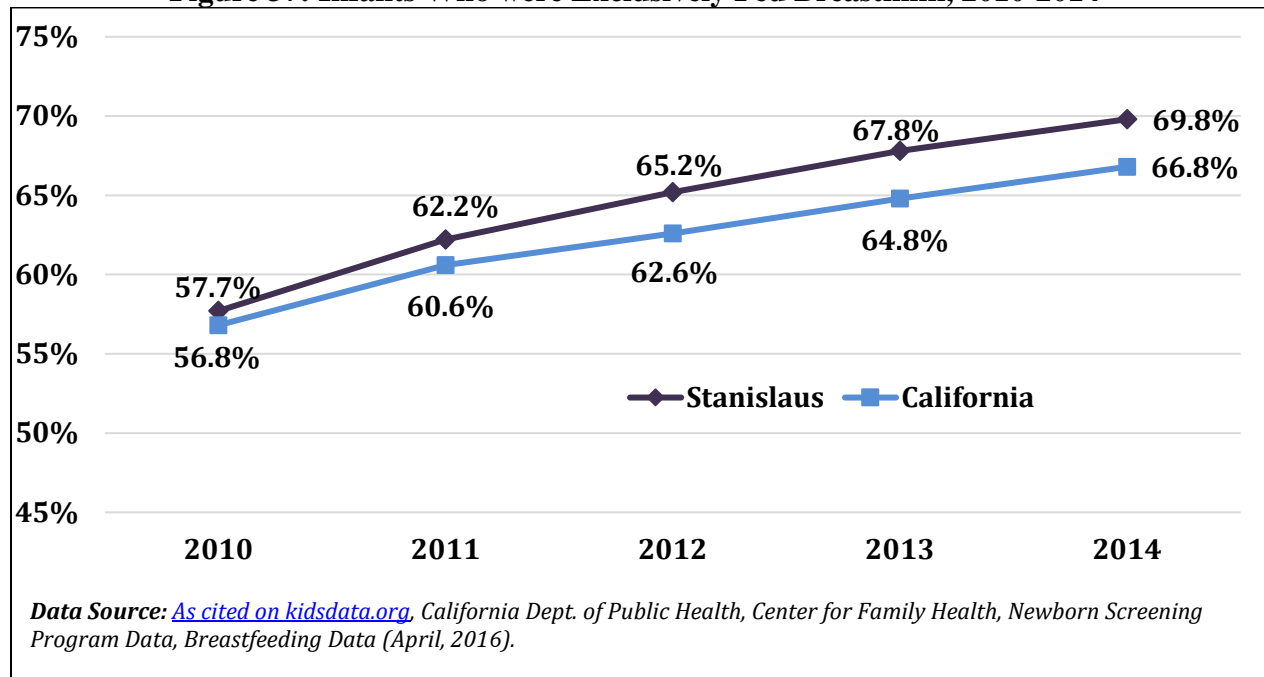
### Breastmilk

Breastmilk is the ideal source of nutrition for newborn babies. The World Health Organization (2017) states that “Breastmilk is the natural first food for babies, it provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a child’s nutritional needs during the second half of the first year, and up to one-third during the second year of life”. In addition to providing a complete nutrient source for infants,

breastmilk also facilitates cognitive and sensory development, as well as protection from infectious and/or chronic disease (WHO, 2017).

Figure 37 shows a steady increase in newborns who were exclusively fed breastmilk in the hospital during 2010-2014 in Stanislaus and California. From 2010 to 2014 the percentage of mothers who exclusively breastfed their infants increased by 21% in Stanislaus and 17.6% in California.

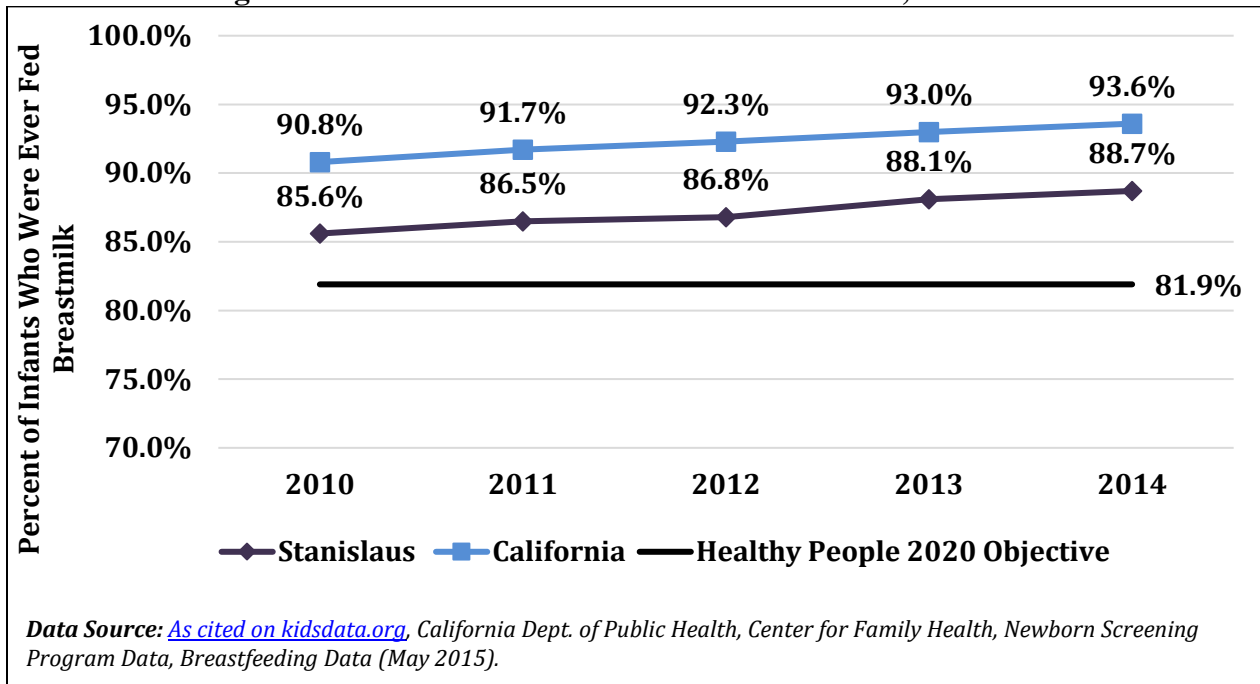
**Figure 37: Infants Who were Exclusively Fed Breastmilk, 2010-2014**



The HP 2020 has a target of 81.9% for infants who “ever breastfed.” “Ever breastfed” is defined as the infant receiving any breastmilk regardless of amount, modality, or frequency. (U.S. Department of Health and Human Services, 2017d) Figure 38 below shows the percentage of infants who were ever fed breastmilk during 2010-2013 in Stanislaus and California.

- Both Stanislaus and California have consistently been above the HP 2020 Objective in percentage of infants who ever breastfed.
- From 2010 to 2014 the percentage of infants who ever breastfed steadily increased 3.6% in Stanislaus, slightly higher than California (3.1%).

**Figure 38: Infants Who Were Ever Fed Breastmilk, 2010-2014**



## Childhood Asthma

It is estimated that 1 in 8 adults and children currently have asthma in California (CDPH, 2013). The financial burden of asthma in California is estimated to be around \$11.3 billion each year (CDPH, 2013). These costs are broken down as:

- \$9.6 billion in direct health care costs,
- \$1.5 billion in work and school days lost, and
- \$251 million in productivity loss due to premature deaths (CDPH, 2013).
- Medi-Cal is the expected payment source for the largest portion (42.46%) of asthma hospitalizations in Stanislaus while only 38.35% are covered by private insurance (see Figure 39).

**Figure 39: Expected Source of Payment for Asthma Hospitalizations, Stanislaus, 2014**

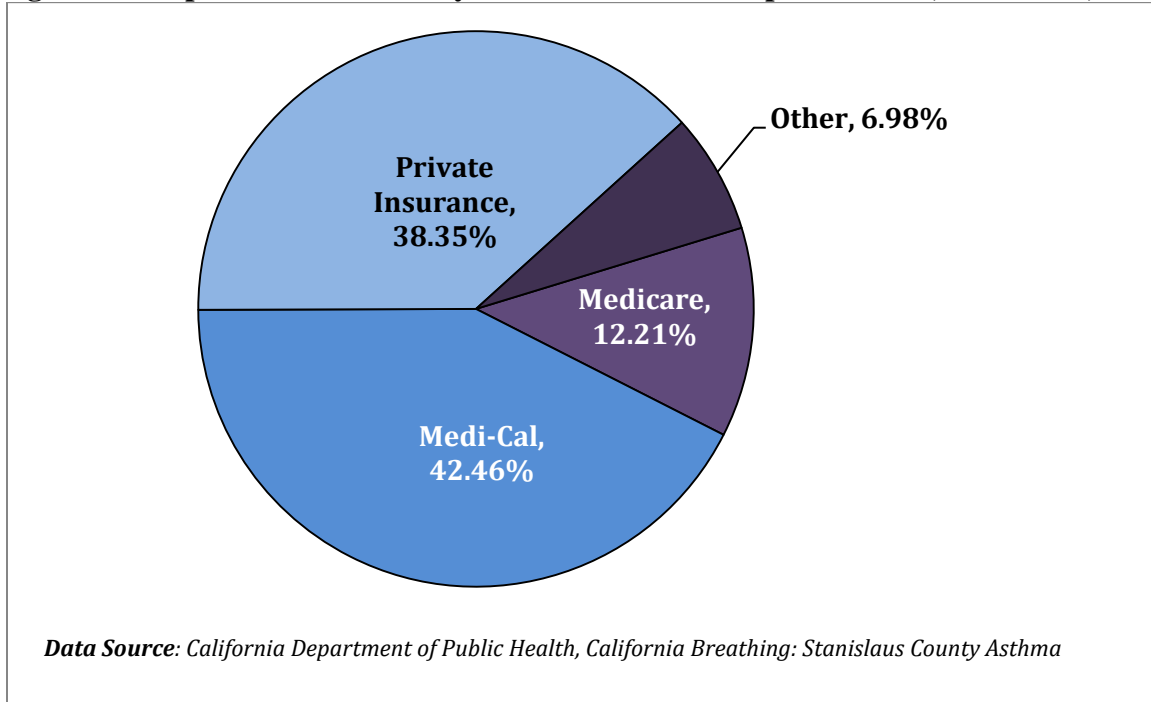


Figure 40 below shows the average charge per asthma hospitalization by age group between Stanislaus and California.

- The cost for children ages 0-17 is, on average, 10.9% less in Stanislaus than the rest of California per asthma hospitalization.
- On average, adults age 18 and over are charged 48.5% more in Stanislaus than the rest of California per asthma hospitalization.
- All ages combined are charged, on average, 33.2% more in Stanislaus than the rest of California per asthma hospitalization.

**Figure 40: Average Charge Per Asthma Hospitalization, 2014**

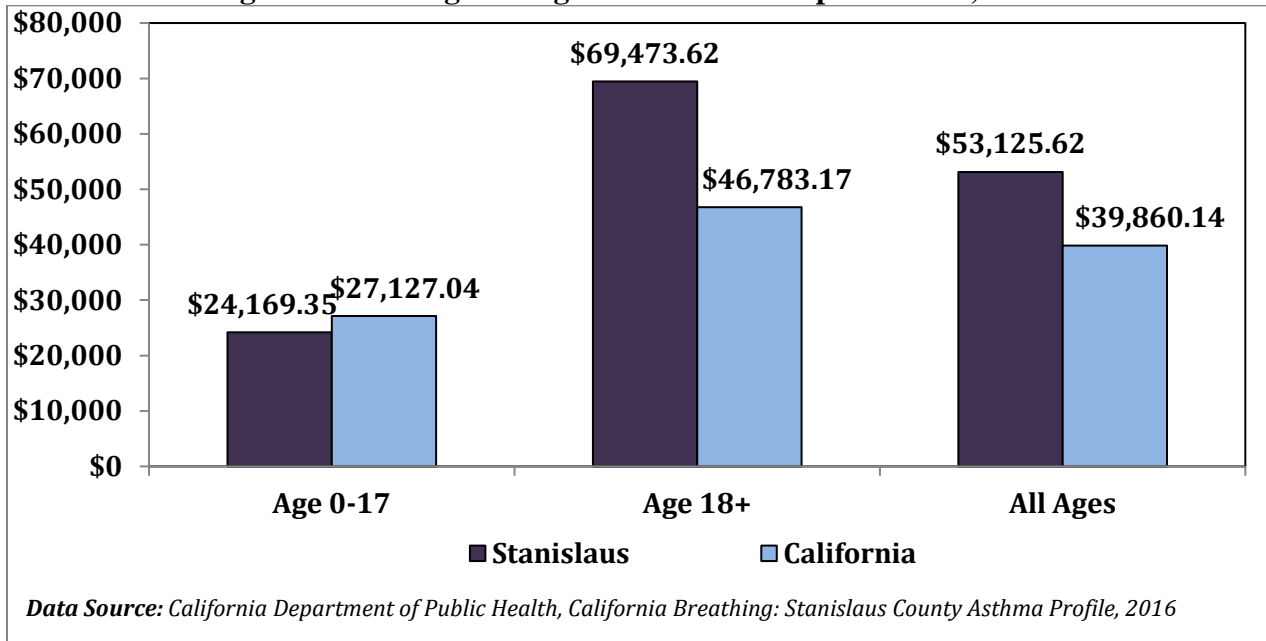
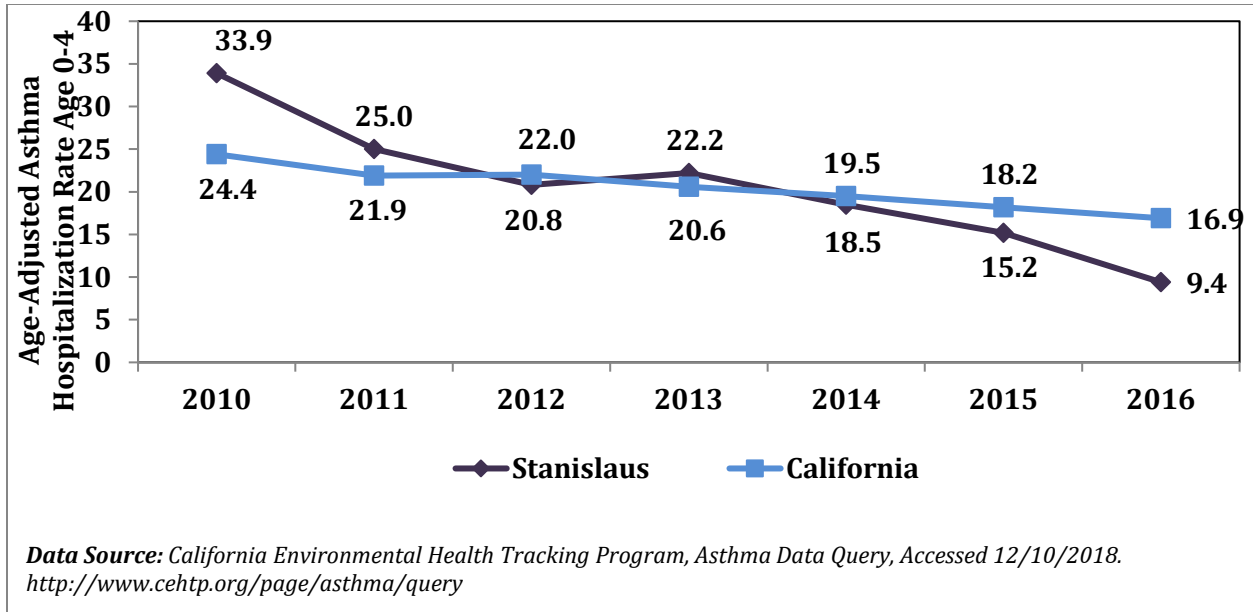




Figure 41 below shows the asthma hospitalization rate per 10,000 children age 0-4. Stanislaus County has seen a 72% decrease in asthma hospitalization rates among children age 0-4 from 2010-2016. California asthma hospitalization rates for this age group have also declined during this period (31% decrease) however, not as drastically as Stanislaus.

**Figure 41: Asthma Hospitalization Age Adjusted Rate Per 10,000 Children Age 0-4, 2010-2016**



**Figure 42: Asthma Hospitalization Rate Per 10,000 Children Age 5-17, 2010-2016**

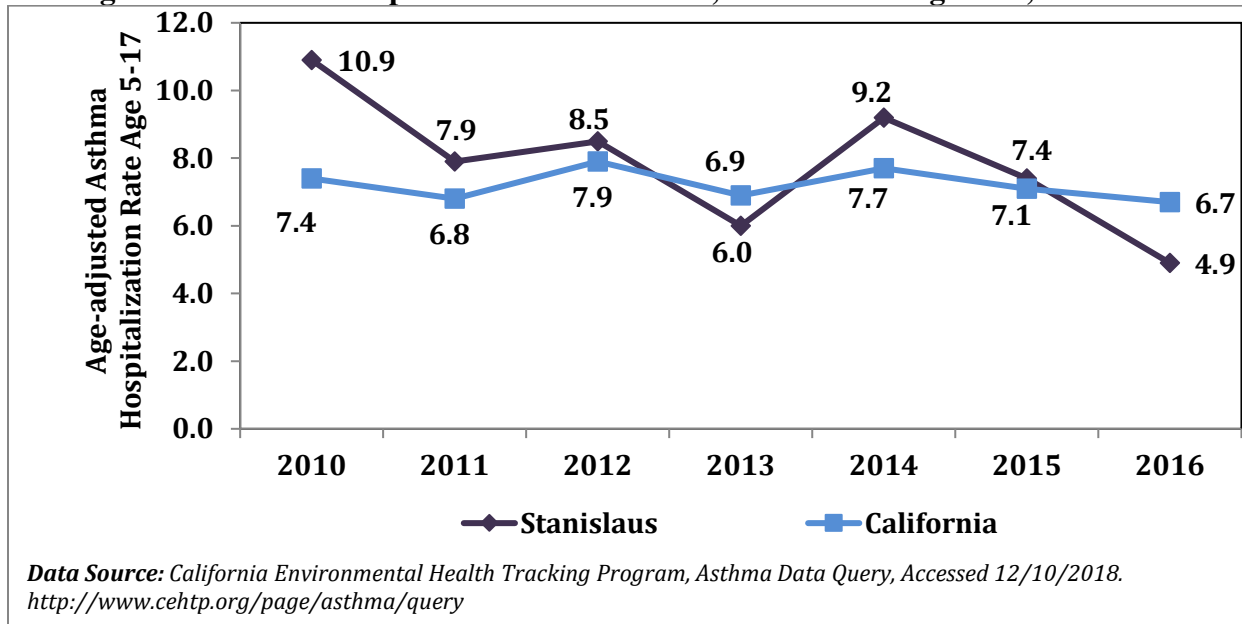


Figure 42 shows the age-adjusted asthma hospitalization rates per 10,000 children age 5-17. Rates for both Stanislaus and California have minor year-to-year fluctuations resulting in a wave like pattern during 2010-2016. Yearly variances in outside environmental asthma triggers such as pollens, molds and dust cannot be ruled out as possible factors in producing the trend shown in Figure 42. Children ages 5-17 are more likely to be involved with outdoor activities like sports than children age 0-4, therefore increasing their exposure to environmental asthma triggers, but older children are also stronger and much more likely to have been diagnosed earlier and have inhalers or other interventions available to mitigate asthma attacks, thus avoiding hospitalization.

Table 17 shows the rate of asthma-related emergency department visits per 10,000 children by age group for 2014.

- Stanislaus has a higher rate than California of asthma emergency department visits in all three age categories:
  - age 0-4 Stanislaus is over two percent (2.1%) higher than California,
  - age 5-17 Stanislaus is 24.7% higher than California, and
  - age 0-17 Stanislaus is 17.0% higher than California.

Especially at certain times of year, Stanislaus County is known to have particularly poor air quality, which may explain some of the higher asthma emergency department rates compared to the entire state, much of which has fresh air off the coast.

**Table 17: Asthma Emergency Department Visits Age-Adjusted Rate Per 10,000 Children, By Age Group, 2014**

Location	Rate per 10,000		
	Age 0-4	Age 5-17	Age 0-17
Stanislaus	105.6	90.3	94.4
California	103.4	72.4	80.7

**Data Source:** California Department of Public Health, California Breathing: Stanislaus County Asthma Profile, 2016

## Immunizations

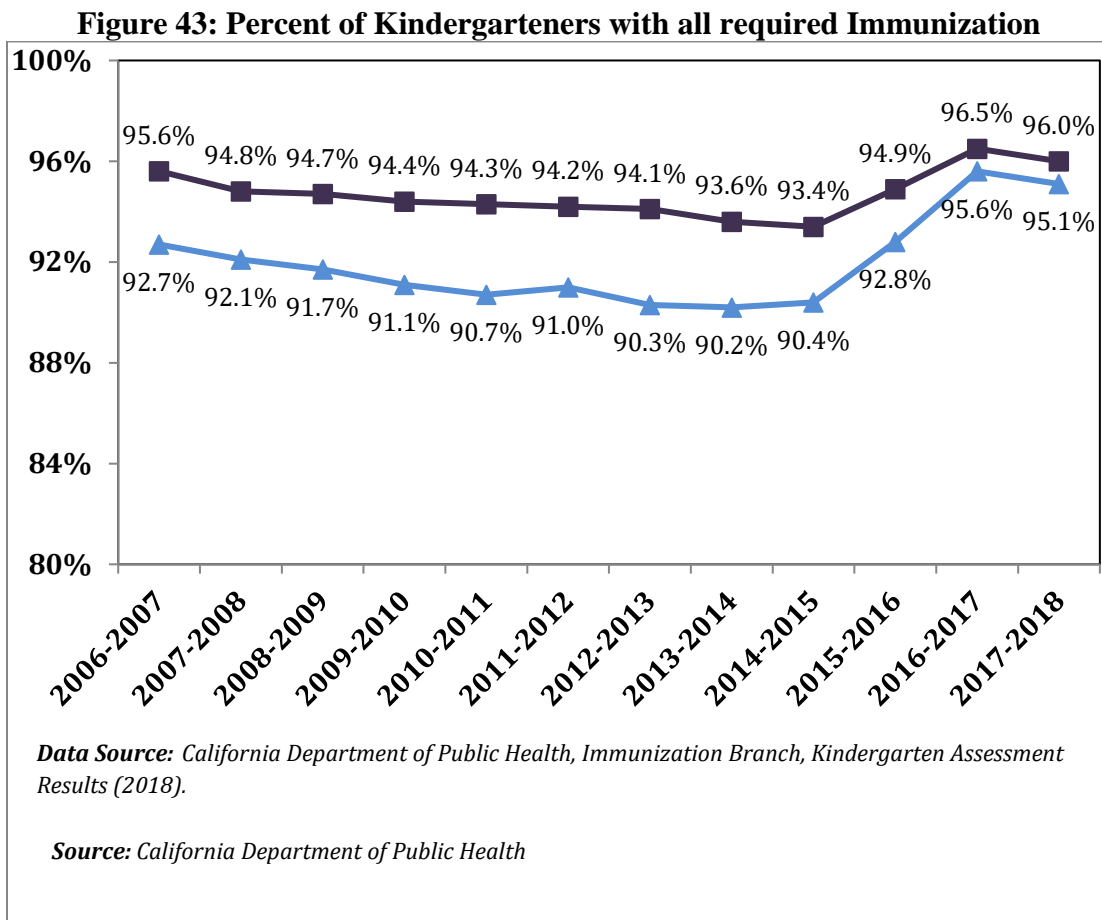
The U.S. Department of Health and Human Services states, “Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment” (U.S. Department of Health and Human Services, 2017e).

Timely vaccination in the United States is annually responsible for:

- “saving 33,000 lives;
- preventing 14 million cases of disease;
- reducing direct health care cost by \$9.9 billion;
- saving \$33.4 billion in indirect costs” (U.S. Department of Health and Human Services, 2017e).

In 2010, a statewide pertussis outbreak occurred with 159 cases of all ages in Stanislaus County. At that time, Assembly Bill 354 was enacted requiring all students, entering the seventh through twelfth grade in the public and private school sectors to obtain a Tdap (Tetanus, Diphtheria, and Pertussis) booster vaccine prior to beginning the 2011-2012 school-year. During the subsequent years pertussis infections declined considerably, rising again in 2014, as is expected with Pertussis' 3-5-year outbreak cycle.

Figure 43 shows the percent of entering Kindergarten students with all required immunizations. After widely publicized outbreaks of vaccine-preventable diseases in 2015, the vaccination rates show a marked increase for the following school year, with Stanislaus County vaccination rates remaining higher than California rates.



There are three reasons a child would be listed as not vaccinated: conditional entrant, permanent medical exemption or personal belief exemption. Conditional entrants do not currently meet all requirements due to temporary medical exemption, having just transferred to the school without all the documentation yet, or another similar situation that warrants follow-up (CDPH, 2016). Permanent medical exemption involves a note from a physician indicating permanent medical reasons immunization is not indicated (CDPH, 2016). The personal belief exemption involves

the child's parent requesting that the immunization requirement be waived because the "immunizations are contrary to the parent's belief" (CDPH, 2016). Effective in January of 2016, Senate Bill 277 removed the option of a personal belief exemption for students attending any school or childcare facility, either public or private. This shift in California law can be seen by the marked increase in kindergarten vaccination rates in 2016-2017.

For the 2017-2018 school year, out of 8,858 Stanislaus County kindergarten students:

- 96.0% had all required vaccinations.
- 2.1% were conditional entrants,
- 0.7% had permanent medical exemption, and
- 0.0% had personal belief exemption (because it is no longer allowed by law). (CDPH, 2017-2018)

## Injuries

Injuries can have a major impact on families and the community as a whole. Based on the severity of an injury, the potential for long-term physical, emotional, and financial impact can vary greatly (CDC, 2009). "Injuries often do not result in death but nevertheless place a considerable burden on the injured person, his or her family, other caregivers, the community, and society" (CDC, 2009).

Death data for injuries only captures those most severe cases. The following information looks at injuries that caused enough harm to warrant a visit to the emergency department, or hospitalization, but not death. According to the California Department of Public Health's EpiCenter, California Injury Data Online portal (2010):

- The top 2 injuries resulting in a non-fatal hospitalization for children age 0-5 in Stanislaus (2014) were:
  1. Unintentional Fall at a rate of 43.4/100,000
  2. Unintentional Poisoning at a rate of 36.9/100,000.
- The top 2 injuries resulting in a non-fatal hospitalization for children age 6-17 in Stanislaus (2014) were:
  1. Suicide/Self Inflicted Injury at a rate of 42.7/100,000,
  2. Unintentional Fall at a rate of 24.4/100,000,
- The top 3 injuries resulting in an emergency department visit (without admission) for children age 0-5 in Stanislaus (2014) was:
  1. Unintentional Fall at a rate of 4,557.9/100,000,
  2. Unintentional Struck by an Object at a rate of 1,637.3/100,000,
  3. Unintentional injuries from Natural or Environmental causes at a rate of 1,274.6/100,000.
    - These include heat, cold, air pressure, travel, hunger/thirst/ exposure, venomous animals and plants, animals, lightning, storms, earthquakes, eruptions, etcetera (ICD9Data.com, 2012).

- The top 3 injuries resulting in an emergency department visit (without admission) for children age 6-17 in Stanislaus (2014) were:
  1. Unintentional Fall at a rate of 2,528.1/100,000,
  2. Unintentional Struck by an Object at a rate of 2,031.4/100,000,
  3. Unintentional Overexertion at a rate of 875.3/100,000.

Table 18 below shows the injury rate by age group (0-5 and 6-17) for non-fatal injuries that either resulted in an emergency department visit (without admission) or a hospitalization. A comparison is made between injury rates during 2009-2011 and 2012-2014. For both age groups, the rate of hospitalization for all non-fatal injuries, and specifically unintentional injuries, is lower during 2012-2014 than in 2009-2011. The rate of emergency department visits for all non-fatal injuries and specifically unintentional injuries rose during 2012-2014 when compared to 2009-2011.

**Table 18: Injury Rate for Children, Per 100,000, by Age Group, Stanislaus, 2009-2011 and 2012-2014**

Intention	Injury	Age 0-5		Age 6-17	
		2009-2011	2012-2014	2009-2011	2012-2014
All Injuries	Non-Fatal Hospitalization	257.1	216.8	213.1	187.3
	Non-Fatal Emergency Department Visit	10,696.5	11,364.1	8,317.6	9,024.3
Unintentional Injuries	Non-Fatal Hospitalization	240.8	200.3	160.5	127.7
	Non-Fatal Emergency Department Visit	10,622.2	11,279.7	7,818.3	8,564.3
		<i>Data Source: California Department of Public Health, EpiCenter, California Injury Data Online, Retrieved 2018.</i>			

Table 19 shows the total counts of non-fatal injuries by cause and age group from 2009-2011 and 2012-2014 in Stanislaus County. Counts remained relatively stable for hospitalizations with the exception of an increase in the number of self-inflicted injuries resulting in a hospitalization for age groups 10-14 and 15-19. Emergency department visits for self-inflicted injuries for 10-14-year-olds nearly doubled during 2012-2014 when compared to 2009-2011 totals.

**Table 19: Stanislaus Total of Non-Fatal Injury by Cause and Age Group, 2009-2011 and 2012-2014**

Outcome	Age Group	Unintentional		Self-Inflicted		Assault		Other	
		2009-2011	2012-2014	2009-2011	2012-2014	2009-2011	2012-2014	2009-2011	2012-2014
Emergency Department Visit	0-4	13,066	13,589	<10	0	51	64	36	31
	5-9	8,458	9,996	<10	<10	55	64	18	20
	10-14	10,020	10,703	97	170	306	236	48	54
	15-19	10,806	11,122	359	449	1,099	799	148	31
Hospitalization	0-4	301	247	0	0	<10	11	12	12
	5-9	159	139	0	0	<10	0	<10	<10
	10-14	175	116	13	33	<10	13	21	14
	15-19	331	279	69	83	103	66	51	56

*Data Source: California Department of Public Health, EpiCenter California Injury Data Online, Retrieved 2015.*

## Nutrition

Proper nutrition plays a key role in all stages of child development. A healthy diet can help to ward off infection and illness, as well as improve cognition, fitness, and endurance (O’Dea, 2003).

Research by Adolphus et al. (2013) concluded that “increased frequency of habitual breakfast was consistently positively associated with academic performance.” Table 20 shows the percentage of Stanislaus students that reported eating breakfast within the past day by gender and grade level. For grades 9, 11, and non-traditional students, a lower percentage of Stanislaus youth had eaten breakfast within the past day when compared to the rest of California. Male students (63.6%) were more likely to have eaten breakfast in the past day than female students (56.9%). Students in non-traditional schools were least likely to have had breakfast (female 43.5% and male 53.8%).

**Table 20: Students Who Self-Reported Eating Breakfast in the Past Day, by Gender and Grade Level; by Jurisdiction, 2011-2013**

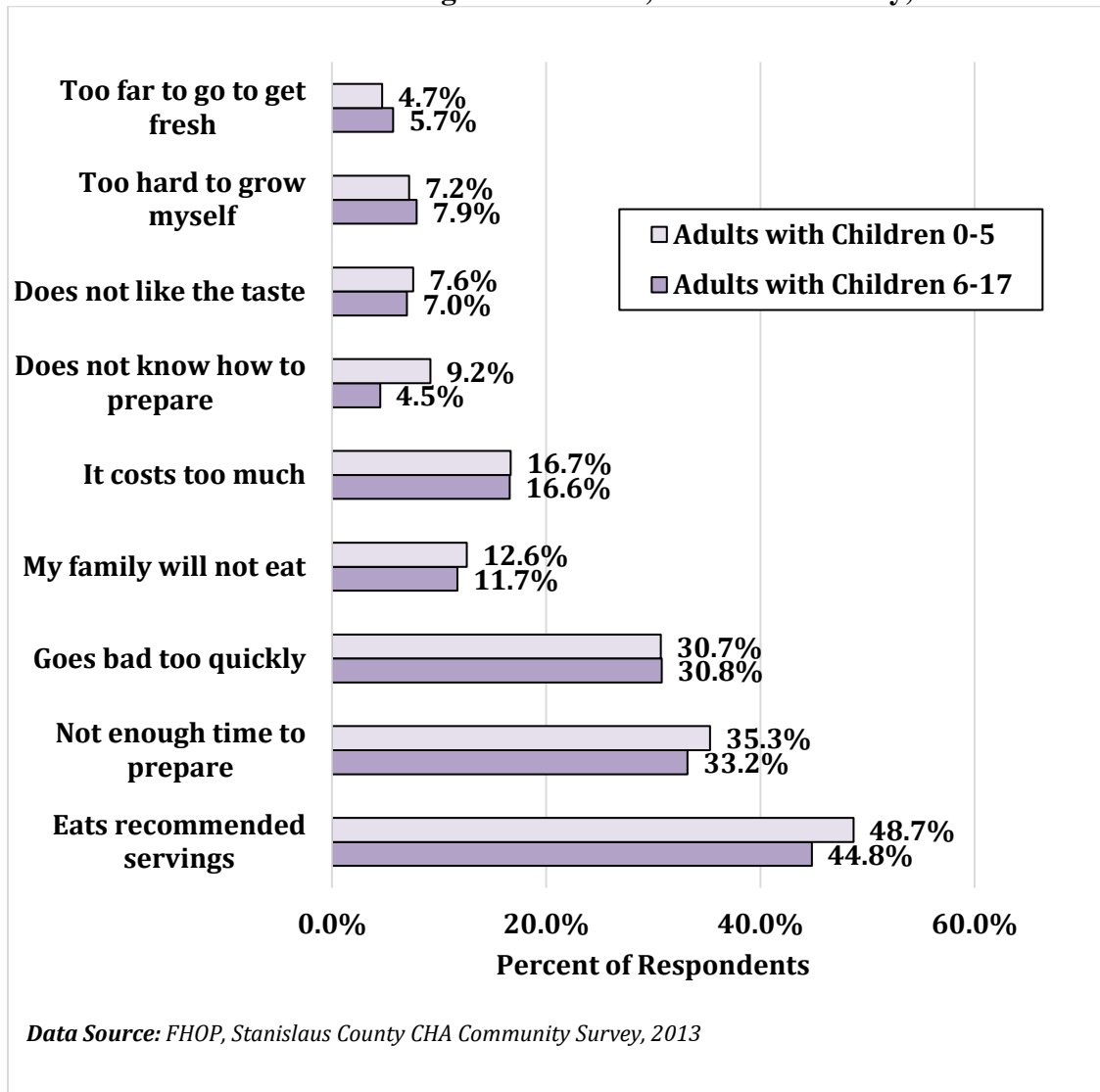
Grade Level	Percent			
	Female		Male	
	Stanislaus	California	Stanislaus	California
7 <sup>th</sup> Grade	62.0%	62.0%	72.1%	70.2%
9 <sup>th</sup> Grade	54.6%	57.4%	64.2%	66.2%
11 <sup>th</sup> Grade	57.6%	59.8%	59.7%	61.6%
Non-Traditional	43.5%	47.9%	53.8%	53.8%
All	56.9%	59.2%	63.6%	65.5%

*Data Source: As cited on kidsdata.org, California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd). Retrieved (2018).*

A healthy diet involves a variety of foods, complete with fruits and vegetables. “People who eat more vegetables and fruits as part of an overall healthy diet are likely to have a reduced risk of some chronic diseases” (USDA, 2016). While the CHA asked adults about their produce consumption, inferences can be made about the children’s consumption by association. “Parents create environments for children that may foster the development of healthy eating behaviors and weight, or that may promote overweight and aspects of disordered eating.” (Scaglioni, 2008)

Figure 44 examines self-reported reasons adults with children in Stanislaus County are not getting the recommended servings (5-7) of fruits and vegetables daily. A slightly higher percentage of adults with children age 0-5 (35.3%) gave a reason of “not having time to prepare,” than adults with kids age 6-17 (33.2%). Less than 50% of parents with children age 0-17 reported getting the recommended daily serving of fruits and vegetables.

**Figure 44: Reason for Not Getting Recommended Servings of Fruits and Vegetables; Adults with Children age 0-5 and 6-17; Stanislaus County, 2013**



### Physical Activity

In 1995 the Board of Education in California reestablished minimum fitness standards for youth in grades five, seven and nine. The *FITNESSGRAM*® physical fitness test (PFT) is the designated testing tool for California Public Schools. “The main goal of the test is to help students in starting life-long habits of regular physical activity.” (CDOE, 2017d)



The *FITNESSGRAM*® is composed of the following six fitness areas, with a number of test options provided for most areas (CDOE, 2017d).

1. Aerobic Capacity
  - PACER (Progressive Aerobic Cardiovascular Endurance Run)
  - One-Mile Run
  - Walk Test (only for ages 13 or older)
2. Abdominal Strength and Endurance
  - Curl-Up
3. Upper Body Strength and Endurance
  - Push-Up
  - Modified Pull-Up
  - Flexed-Arm Hang
4. Body Composition
  - Skinfold Measurements
  - Body Mass Index
  - Bioelectric Impedance Analyzer
5. Trunk Extensor Strength and Flexibility
  - Trunk Lift
6. Flexibility
  - Back-Saver Sit and Reach
  - Shoulder Stretch

**Table 21: Students Meeting all Fitness Standards. by gender and grade level; 2015-2017**

Grade Level	Percentage						
	Location	2015		2016		2017	
		Female	Male	Female	Male	Female	Male
5 <sup>th</sup> Grade	Stanislaus	24.8%	23.7%	22.4%	21.8%	19.8%	19.7%
	California	27.2%	25.6%	26.9%	24.9%	25.7%	24.2%
7 <sup>th</sup> Grade	Stanislaus	32.8%	33.1%	31.3%	31.3%	32.3%	32.1%
	California	32.3%	32.7%	32.1%	32.1%	31.6%	31.2%
9 <sup>th</sup> Grade	Stanislaus	33.0%	36.7%	30.4%	35.1%	29.5%	31.7%
	California	35.9%	39.1%	35.4%	37.9%	33.7%	35.8%

**Data Source:** California Dept. of Education, Physical Fitness Testing Research Files (August 2018).

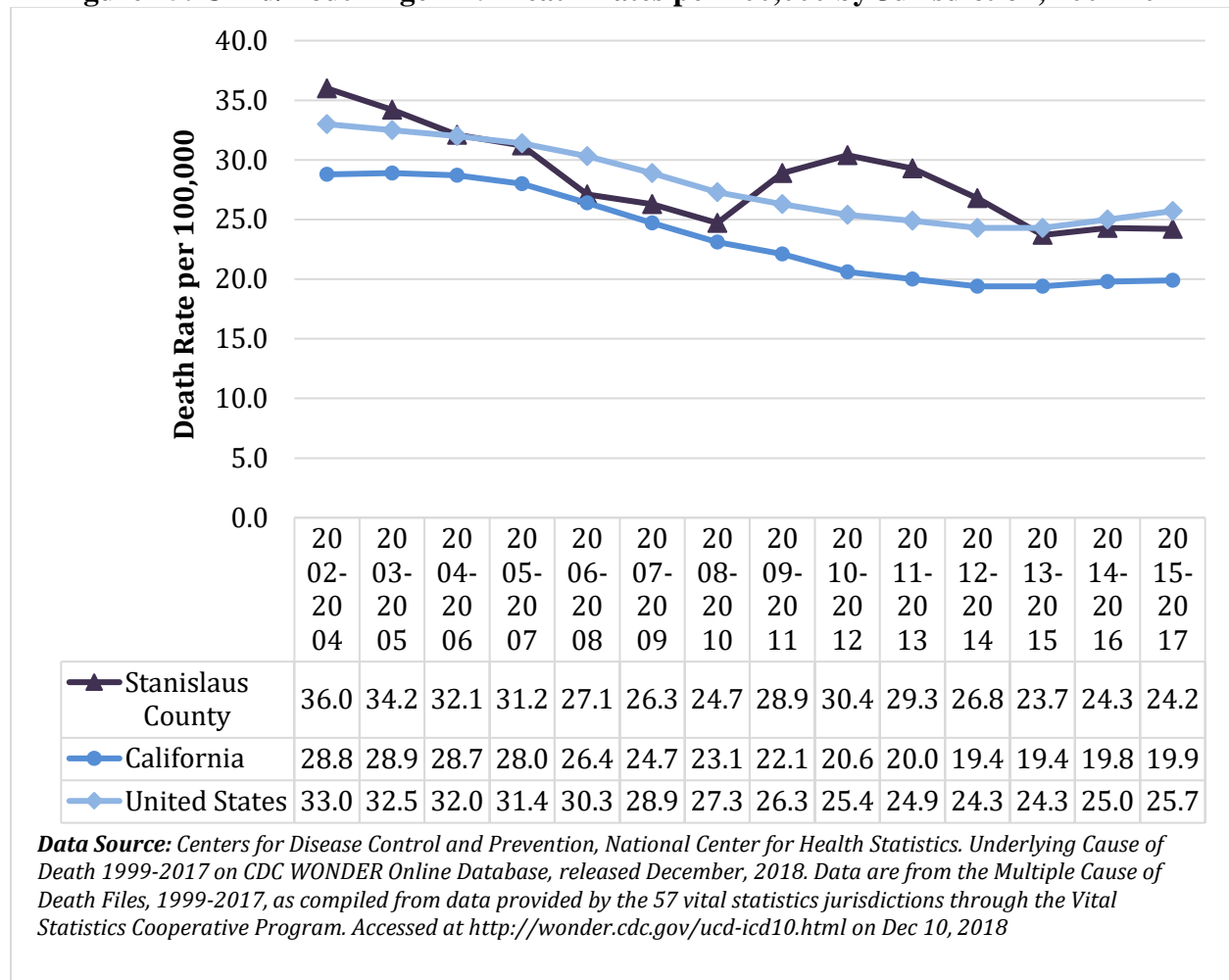
Table 21 reports the percentages of students meeting all fitness standards by grade, location, year, and sex. Stanislaus County and California have relatively similar percentages of female and male students meeting all fitness standards, however, California averages are slightly higher in

most groups and subgroups. Stanislaus County students surpassed California averages in seventh graders of both sexes in 2015 and 2017.

### Child and Youth Deaths

The direct impact of a child’s death on family members, friends, and the community is impossible to measure. Looking at death rates helps provide important information for researchers and policy makers, including how better to prevent future deaths (Child Trends, 2015a). Figure 45 below shows a downward trend of child/youth death rates for children age 1-24 from 2002-2017 for the U.S. (33.0 to 24.3) and California (28.8 to 19.4). Stanislaus experienced a much faster decline (36.0 to 24.7) in child/youth death rates during 2002-2010, followed by four years of increased rates peaking in 2010-2012 (30.4), and is has been back below United States rates as of 2013-2015. The current Stanislaus County death rate for youth ages 1-19 is 24.2 deaths per 100,000 youth for 2015-2017.

**Figure 45: Child/Youth Age 1-19 Death Rates per 100,000 by Jurisdiction, 2002-2017**



**Table 22: Number of Deaths by Type of Death or Youth Ages 1-19; Stanislaus County 2002-2016**

Type of Death	Rate per 100,000				
	2002-2004	2005-2007	2008-2010	2011-2013	2014-2016
<b>Injury Death</b>	25.2	20.8	13.8	18.2	12.8
<b>Non-Injury Death</b>	10.8	10.4	10.9	11.1	11.5

*Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2016 on CDC WONDER Online Database, released December 2017. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Nov 5, 2018 4:28:55 PM*

Table 22 above identifies the number of deaths for youth ages 1-19 in Stanislaus County during 2002-2016. The table divides the numbers as either injury deaths or non-injury deaths. Table 22 reads as:

- Injury death rates among youth age 1-19 have fluctuated in Stanislaus (25.2 to 12.8 per 100,000) from 2002-2016, with an overall decline. In 2011-2013, the number of injury deaths in youth ages 1-19 was especially high due to a spike in homicide deaths in 15-19-year-olds. The higher injury death rates 2002-2007 were attributed to higher unintentional injury death rates in the 15-19 age group.
- Non-injury death rates among youth age 1-19 have risen slowly in Stanislaus (10.8 to 11.5 per 100,000) during 2002-2016, with an especially low number in 2008-2010 (62).

Injury deaths in Stanislaus County include homicide, suicide and unintentional injury. Among youth ages 1-19 the age- and cause-specific numbers are also too small to report directly (CDPH, 2015).

- Unintentional Injury Deaths
  - In youth ages 1-19, unintentional injury deaths are the most common cause of injury death in Stanislaus County.
  - Youth age 15-19 account for more than half of the unintentional injury deaths among 1-19-year-olds.
  - Unintentional injury death rates for 1-19-year-olds were consistently between 8.7 and 10.6 for 2008-2016.
  - In 2002-2004 and 2005-2007 unintentional injury death rates were 19.4 and 16.1 per 100,000, respectively for the 1-19-year-old age group.
- Homicide Deaths
  - Homicide deaths are most common among youth age 15-19.
  - During 2011-2013, the number of deaths by homicide among youth age 15-19 doubled from previous years, accounted for 26.2% of all injury deaths in that time period.

- Suicide Deaths
  - The number of youth suicides stayed consistently below 13 for each three-year time period.
  - Suicide is most common among youth age 15-19 with 77% of suicide deaths among youth during 2002-2016 in this age group.

## Child and Youth Safety

### Bullying and Harassment at School

“Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance” (StopBullying.gov, 2016). Bullying behavior can have serious lasting consequences for both the bullied and bully (StopBullying.gov, 2016).

In 2013, the CDC found that nearly 20% of all high school (9-12<sup>th</sup> grade) students in the U.S. reported being bullied at least once within the past 12 months on school property (CDC, 2016). Figure 46 shows higher percentages of female Stanislaus students in traditional grades reporting being bullied or harassed than male students, with more bullying reported among younger students. Over 40% of seventh graders reported being bullied or harassed. No data is available on characteristics of the perpetrators of these actions such as gender or age.

**Figure 46: Student Reported Bullying/Harassment by Gender and Grade Level Stanislaus County: 2011-2013**

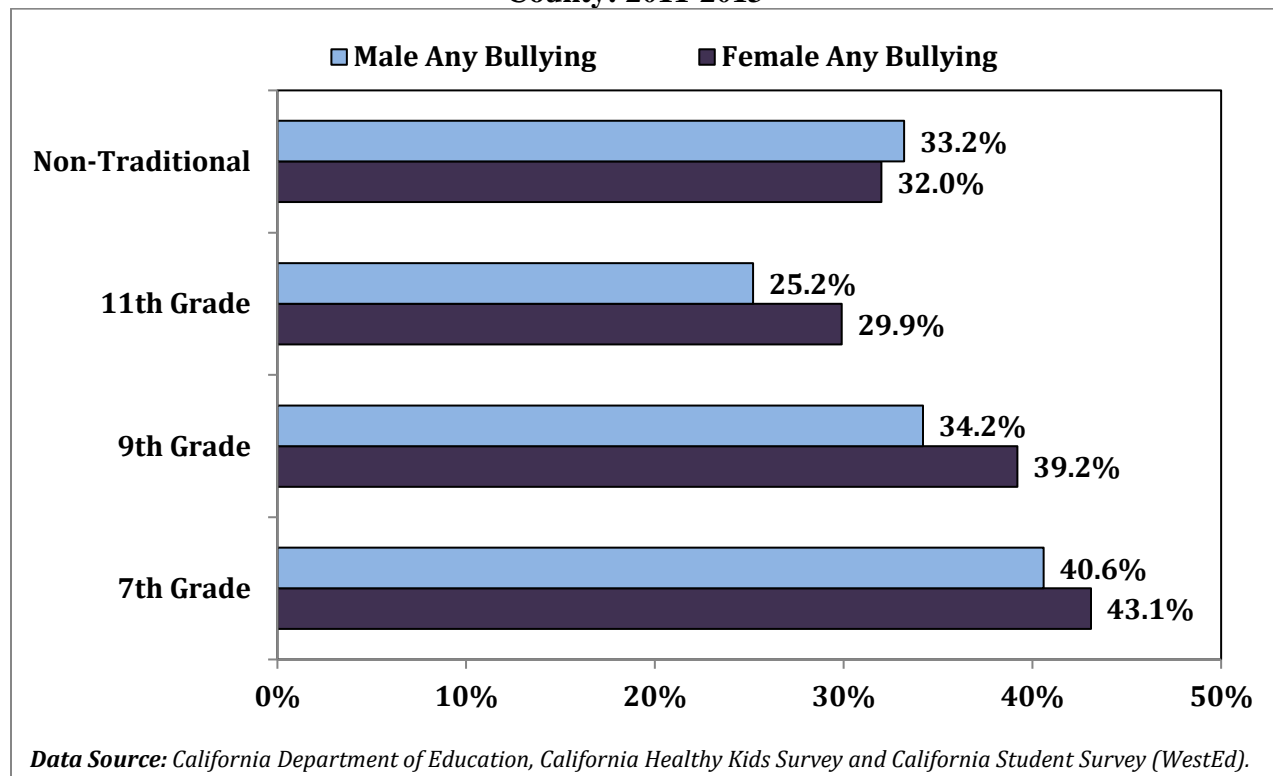


Table 23 identifies reasons given by students for being bullied or harassed. Race or national origin is the most common reason for bullying or harassment in all four groups. Overall, at least five percent of students in all four grades had been bullied at least once based on their race or national origin in the previous year. Religion and sexual orientation as reasons for bullying have similar distributions, with the highest percentages occurring in the non-traditional school group. Having a disability or perceived disability was the least common reason to be bullied across all four grades (7<sup>th</sup>, 9<sup>th</sup>, 11<sup>th</sup> grade and non-traditional).

**Table 23: Reasons for Being Bullied/Harassed by Grade Level, Stanislaus County, 2011-2013**

Reason	Percentage			
	7 <sup>th</sup> Grade	9 <sup>th</sup> grade	11 <sup>th</sup> Grade	Non-Traditional
<b>Gender</b>				
1 Time	4.0%	3.9%	3.0%	6.8%
2-3 Times	2.3%	2.2%	1.8%	3.8%
4 or More	2.9%	2.7%	2.5%	2.8%
<b>Race or National Origin</b>				
1 Time	8.9%	6.7%	5.1%	9.1%
2-3 Times	4.5%	4.5%	4.2%	4.4%
4 or More	6.6%	7.2%	4.9%	5.8%
<b>Religion</b>				
1 Time	5.3%	4.4%	3.0%	5.5%
2-3 Times	2.4%	2.9%	2.2%	4.6%
4 or More	3.0%	3.3%	3.1%	3.8%
<b>Disability</b>				
1 Time	2.8%	2.9%	1.8%	4.0%
2-3 Times	1.5%	2.0%	0.9%	3.3%
4 or More	2.1%	1.7%	2.1%	3.1%
<b>Sexual Orientation</b>				
1 Time	5.1%	3.4%	3.1%	3.9%
2-3 Times	2.0%	3.1%	1.9%	5.7%
4 or More	3.8%	4.2%	3.1%	5.6%
<i>Data Source: California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).</i>				

Electronic aggression, also known as *cyberbullying*, can be defined as “Any type of harassment or bullying (teasing, telling lies, making fun of someone, making rude or mean comments, spreading rumors, or making threatening or aggressive comments) that occurs through e-mail, a chat room, instant messaging, a website (including blogs), text messaging, or videos or pictures posted on websites or sent through cell phones” (David-Ferdon & Hertz, 2009). Table 24 below shows that over 9% (9.5% to 12.8%) of students surveyed in grades seven, nine, eleven, and non-traditional students were cyberbullied at least one time in the past 12 months. Students in the non-traditional group (7.8%) were most likely to have been cyberbullied more than four times within the past 12 months.

**Table 24: Electronic Aggression by Grade Level Stanislaus County, 2011-2013**

Frequency	Percentage			
	7 <sup>th</sup> Grade	9 <sup>th</sup> grade	11 <sup>th</sup> Grade	Non-Traditional
1 Time	9.8%	10.5%	9.5%	12.8%
2-3 Times	5.0%	8.4%	6.9%	9.1%
4 or More	4.7%	5.4%	5.2%	7.8%

*Data Source: California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).*

The CDC has recommended preventive measures to address bullying:

- Improving supervision of students.
- Using school rules and behavior management techniques in the classroom and throughout the school to detect and address bullying by providing consequences for bullying.
- Having a whole school anti-bullying policy, and enforcing that policy consistently.
- Promoting cooperation among different professionals and between school staff and parents (CDC, 2016).

### Child Abuse and Neglect

Child abuse and neglect is an immediate danger to all children, families, and communities involved. Children who were abused and/or neglected are at much higher risk of the following diseases and behaviors (CDC, 2016a):

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Poor health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Poor work performance
- Financial stress
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement

The Adverse Childhood Experience Study (ACE) being conducted by the CDC and Kaiser Permanente since 1995, has identified that the above list of health problems increase in a “strong and graded fashion”, as the number of ACE events increase for a child (CDC, 2016a).

**Figure 47: Rates of Substantiated Cases of Child Abuse and Neglect: California and Stanislaus 2008-2017**

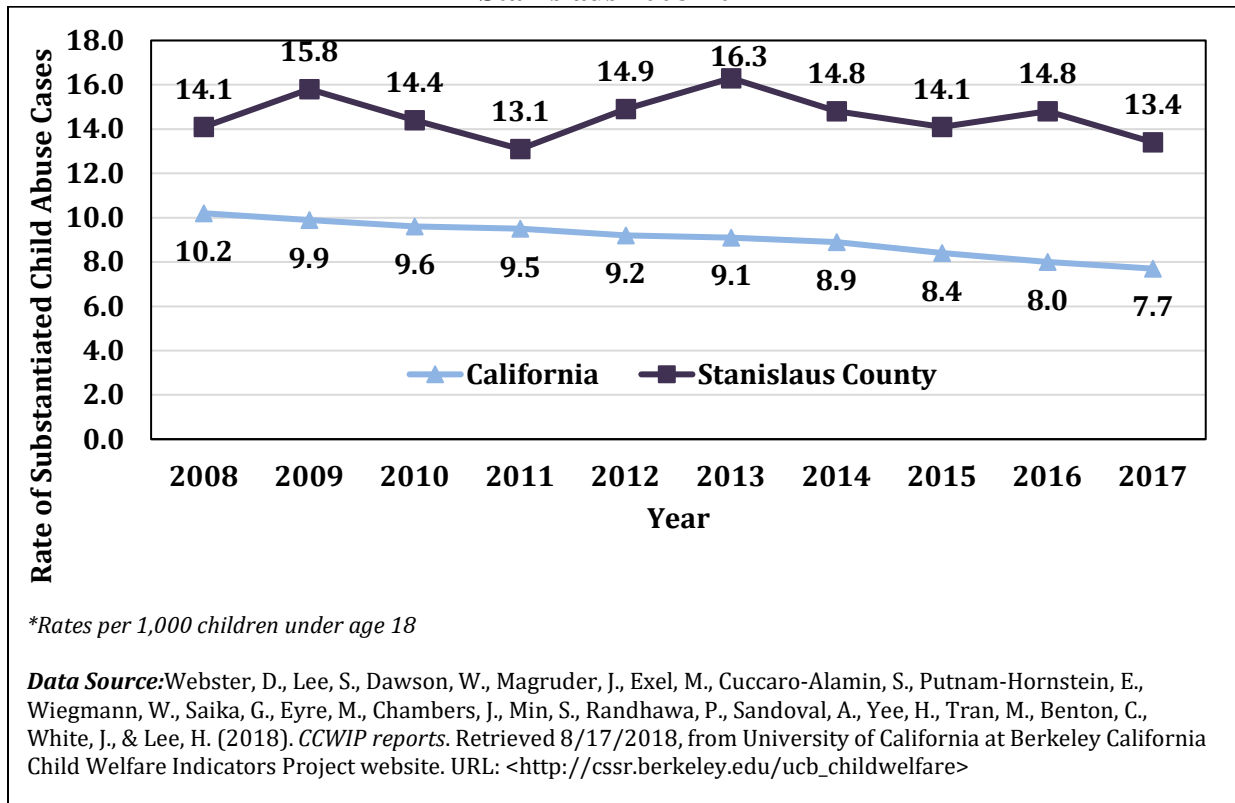


Figure 47 shows the rate per 1,000 children under the age of 18 to have substantiated cases of child abuse and or neglect from 2008-2017 in California and Stanislaus. The rate of substantiated abuse and neglect cases in Stanislaus is consistently higher than California. The rate of



substantiated abuse and neglect cases in Stanislaus (14.1 to 13.4) has fluctuated during 2008-2017, with highs and lows occurring about every three years. In contrast, the rate of substantiated abuse and neglect cases in California is on a slow and steady downward trend 2008-2017 (10.2 to 7.7). This increase in variability in Stanislaus County may be due in part to the smaller numbers of cases and smaller child population in the county compared to California.

California State Legislative Analyst Office (1996) defined general neglect as, “the negligent failure of a parent/guardian or caretaker to provide adequate food, clothing, shelter, or supervision where no physical injury to the child has occurred.” It accounts for the majority (85.1%) of substantiated abuse cases in 2017 in Stanislaus and California (69.4%). Stanislaus has a lower percentage than California in every listed category in Table 25 in 2017, with the exceptions of general neglect (85.1% Stanislaus, 69.4% CA), exploitation (0.6% Stanislaus, 0.2% CA), and severe neglect (4.2% Stanislaus, 4.1% CA).

**Table 25: Allegation Type as Percentage of Substantiated Child Abuse Cases, by Jurisdiction, 2015-2017**

Type of Substantiated Abuse	Percent of Substantiated Cases					
	2015		2016		2017	
	Stan	CA	Stan	CA	Stan	CA
<b>At Risk / Sibling Abused</b>	2.4%	6.0%	1.2%	6.0%	0.5%	5.6%
<b>Caretaker Absence / Incapacity</b>	1.9%	4.2%	2.5%	4.0%	3.3%	3.8%
<b>Emotional Abuse</b>	0.1%	4.9%	0.7%	4.5%	0.5%	4.0%
<b>Exploitation</b>	0.0%	0.1%	0.5%	0.2%	0.6%	0.2%
<b>General Neglect</b>	<b>84.6%</b>	<b>67.0%</b>	<b>81.7%</b>	<b>68.5%</b>	<b>85.1%</b>	<b>69.4%</b>
<b>Physical Abuse</b>	3.8%	8.4%	4.4%	7.6%	4.0%	7.8%
<b>Severe Neglect</b>	3.4%	4.5%	5.0%	4.3%	4.2%	4.1%
<b>Sexual Abuse</b>	3.7%	4.8%	4.1%	4.9%	1.8%	5.0%

*Data Source: Webster, D., et al. (2018). CCWIP reports. Retrieved 8/17/2018, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)*  
 Stan = Stanislaus; CA = California

When examined by race / ethnicity, Black youth were most likely to experience substantiated child abuse and neglect in Stanislaus (38.4/1000) and California (20.9/1000) in 2017. When compared to California Black youth, Stanislaus Black youth were over fifty percent more likely to experience substantiated child abuse and neglect during 2015-2017. Asian/Pacific Islander

youth in Stanislaus were least likely to experience substantiated child abuse and neglect when compared to other race/ethnicities, however, when compared to all Asian/Pacific Islander youth in California, Stanislaus youth were over three times more likely to experience substantiated child abuse and neglect in 2015 and 2016. See Table 26.

**Table 26: Substantiated Cases of Child Abuse and Neglect Per 1,000 Children Under the Age of 18 by Race/Ethnicity 2015-2017**

Race / Ethnicity	Rate per 1000					
	2015		2016		2017	
	Stan	CA	Stan	CA	Stan	CA
<b>Black</b>	33.8	22.8	38.8	21.3	38.4	20.9
<b>White</b>	15.2	7.1	15.6	6.8	14.6	6.3
<b>Latino</b>	13.1	9.0	13.2	8.5	11.8	8.1
<b>Asian/Pacific Islander</b>	8.6	2.2	8.4	2.1	2.0	2.1

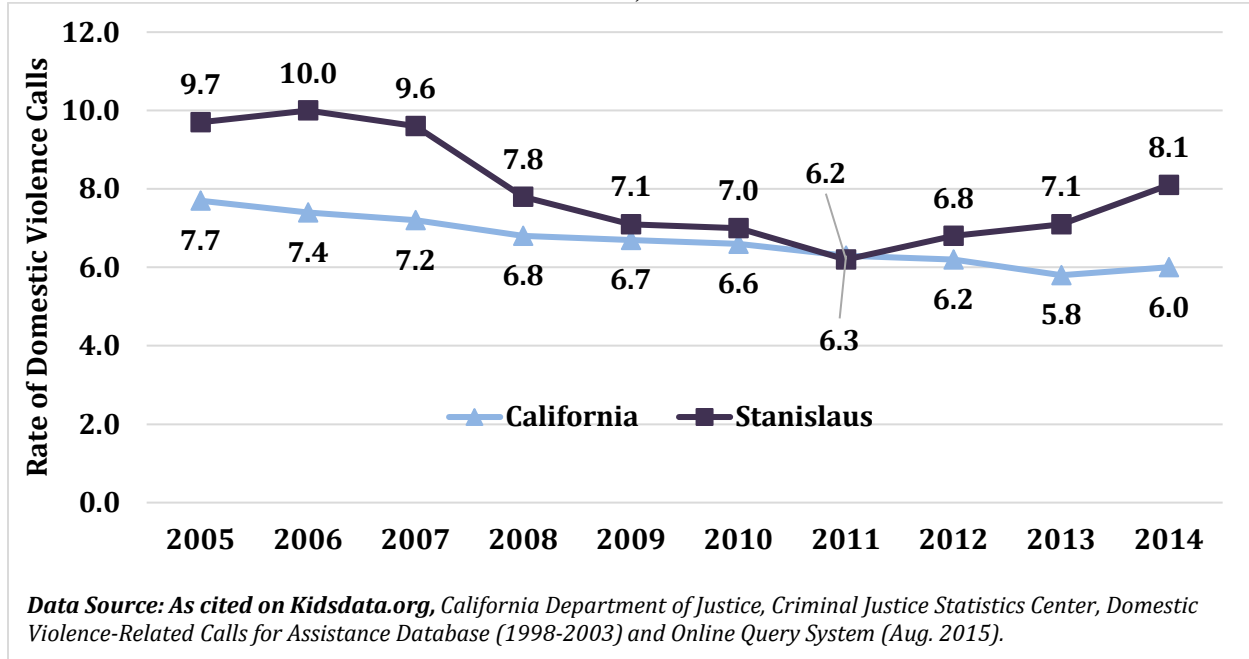
*(American Indian/Alaska Native intentionally excluded due to an unreliable sample size.)*  
*Stan = Stanislaus; CA = California*  
**Data Source:** Webster, D., et al (2018). CCWIP reports. Retrieved 8/17/2018, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

### Dating and Domestic Violence

Witnessing or experiencing domestic abuse as children can have long lasting effects on development of healthy relationships. Nationally, it is estimated that domestic violence costs upwards of \$37 billion per year due to law enforcement involvement, legal work, medical and mental health treatment, and lost productivity in the workplace (Safe Horizon, 2016). Domestic violence victims and survivors may experience depression, sleep disturbances, anxiety and other emotional distress (Safe Horizon, 2016).

Figure 48 shows the rate of domestic violence calls for assistance per 1,000 adults age 18-69 during 2005-2014 for Stanislaus County and California. Stanislaus has a slightly higher rate of domestic violence calls than California. Both Stanislaus (9.7 to 8.1) and California (7.7 to 6.0) have seen a downward trend during 2005-2011. In 2011, Stanislaus was at the lowest rate (6.2) for the period of 2005-2014. Rates have increased slightly since 2011 to 8.1/1000 for Stanislaus, while California's steady decrease just saw a small uptick in 2014 (6.0/1000).

**Figure 48: Rate of Domestic Violence Calls for Assistance per 1,000 Adults Age 18-69, by Jurisdiction, 2005-2014**



“Youth who have been physically abused by a dating partner are also more likely to have suffered abuse as a child, been a victim of sexual assault, and witnessed violence in their family” (Wilkins, et. al., 2014). Table 27 shows the percentage of students in grades 7, 9, 11 and non-traditional students that reported being hit, slapped or intentionally physically hurt by a boyfriend or girlfriend in the past 12 months.

- A higher percentage of male students in grades seven and nine reported dating violence in both Stanislaus (4.8% and 5.2%) and California (5.3% and 5.2%) than female students in the same grades.
- Non-traditional students were most likely to have experienced dating violence in the past 12 months.
- A higher percentage of Stanislaus (16.6%) female non-traditional students experienced dating violence than California (12.0%) females in the same group.

**Table 27: Youth Experiencing Dating Violence in the Past 12 Months by Gender, Grade, and Jurisdiction, 2011-2013**

Grade Level	Percentage of all students							
	Female				Male			
	Experienced Dating Violence		Did not have boyfriend/girlfriend during the past 12 months		Experienced Dating Violence		Did not have boyfriend/girlfriend during the past 12 months	
	Stan	CA	Stan	CA	Stan	CA	Stan	CA
<b>7<sup>th</sup> Grade</b>	2.6%	2.7%	57.9%	57.5%	4.8%	5.3%	45.9%	50.1%
<b>9<sup>th</sup> Grade</b>	4.6%	4.7%	52.6%	50.1%	5.2%	5.2%	52.3%	49.8%
<b>11<sup>th</sup> Grade</b>	6.6%	5.0%	41.9%	44.0%	5.7%	6.9%	44.4%	46.7%
<b>Non-Traditional</b>	16.6%	12.0%	28.1%	24.2%	9.4%	10.3%	38.8%	31.0%

*Stan = Stanislaus; CA = California*  
*Data Source: California Department of Education, [California Healthy Kids Survey](#) and [California Student Survey](#) (WestEd).*

Table 28 shows the percentage of students in grades 7, 9, 11, and non-traditional students experiencing dating violence by race/ethnicity in Stanislaus and California. African American/Black students in Stanislaus (8.9%) have the highest percentage of experiencing dating violence compared to all other races in both Stanislaus and California whereas Asian students in both Stanislaus (3.4%) and California (3.2%) have a low percentage of experiencing dating violence, likely related to the low rates of dating reported by Asian students.

**Table 28: Youth Experiencing Dating Violence in the Past 12 Months by Race/Ethnicity and Jurisdiction, 2011-2013**

Race/Ethnicity	Percentage			
	Experienced Dating Violence		Did not have boyfriend/girlfriend during the past 12 months	
	Stanislaus	California	Stanislaus	California
<b>Black</b>	8.9%	6.7%	48.3%	45.8%
<b>Latino</b>	5.7%	5.7%	45.5%	44.6%
<b>White</b>	5.4%	4.7%	48.4%	49.6%
<b>Asian</b>	3.4%	3.2%	69.8%	67.5%

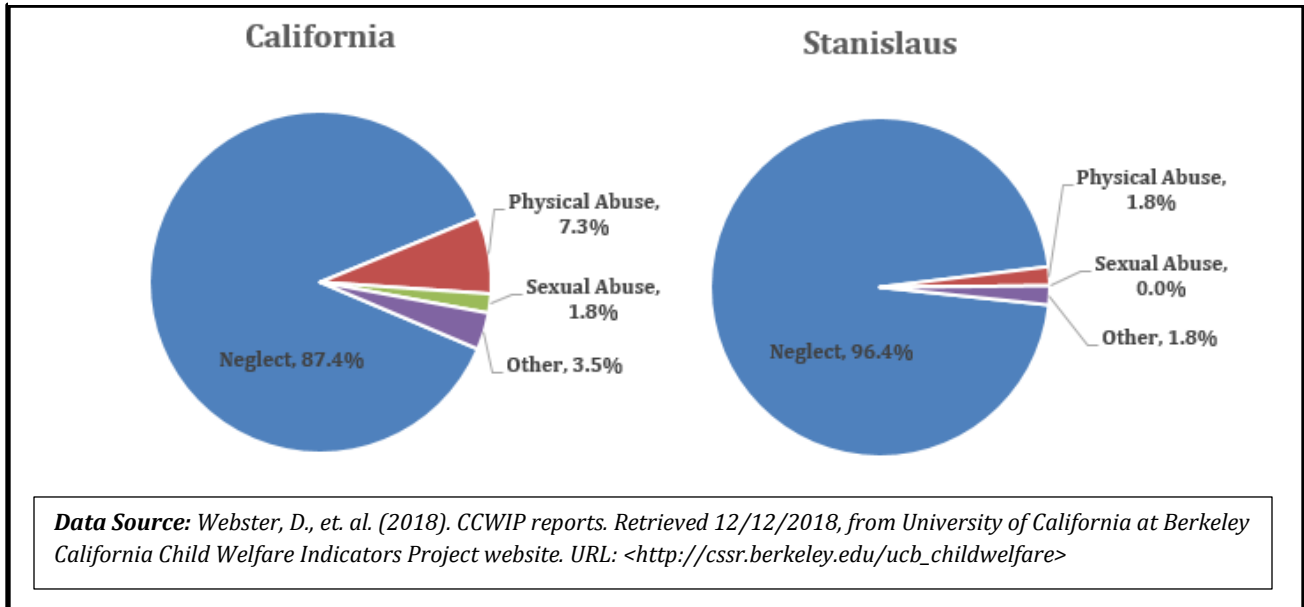
*Data Source: As cited on Kidsdata.org, California Department of Education, [California Healthy Kids Survey](#) and [California Student Survey](#) (WestEd).*

## Foster Care

Children in foster care are a vulnerable and diverse population. As of January 1, 2018, there were 841 children age 0-17 in foster care in Stanislaus County (Webster, D., et al., 2018). For children who entered foster care for the first time in Stanislaus County from 2012 to 2016, the average length of their stay is 529 days, almost a year and a half (Webster, D., et al., 2017).

Figure 49 shows the percentage of first entries into foster care by reason of removal (2017). Neglect was the primary reason for removal for first entries into foster care in Stanislaus and California (2017 96.4% Stanislaus, 87.4% California). Stanislaus Community Services Agency estimates that 80% of neglect cases resulting in a first entry into foster care are caused directly by substance abuse of one or both parents. Other contributing factors leading to neglect include untreated mental illness and poverty.

**Figure 49: First Entries into Foster Care, by Reason of Removal, by Jurisdiction, 2017**



The rate of first entries into foster care by age group during 2017 is shown in Figure 50 by rate per 1,000 children. The age group “under 1” has the highest rate for first entries into foster care. The rate for children ages 1-17 making a first entry was lower in Stanislaus than in California. The majority of first entries into foster care occur with children age five and under. “Children under the age of three are most at risk for neglect, with rates decreasing as the age of the child increases” (DePanfilis, 2006).

**Figure 50: First Entries into Foster Care Rate per 1,000 Children by Age Group, by Jurisdiction, 2017**

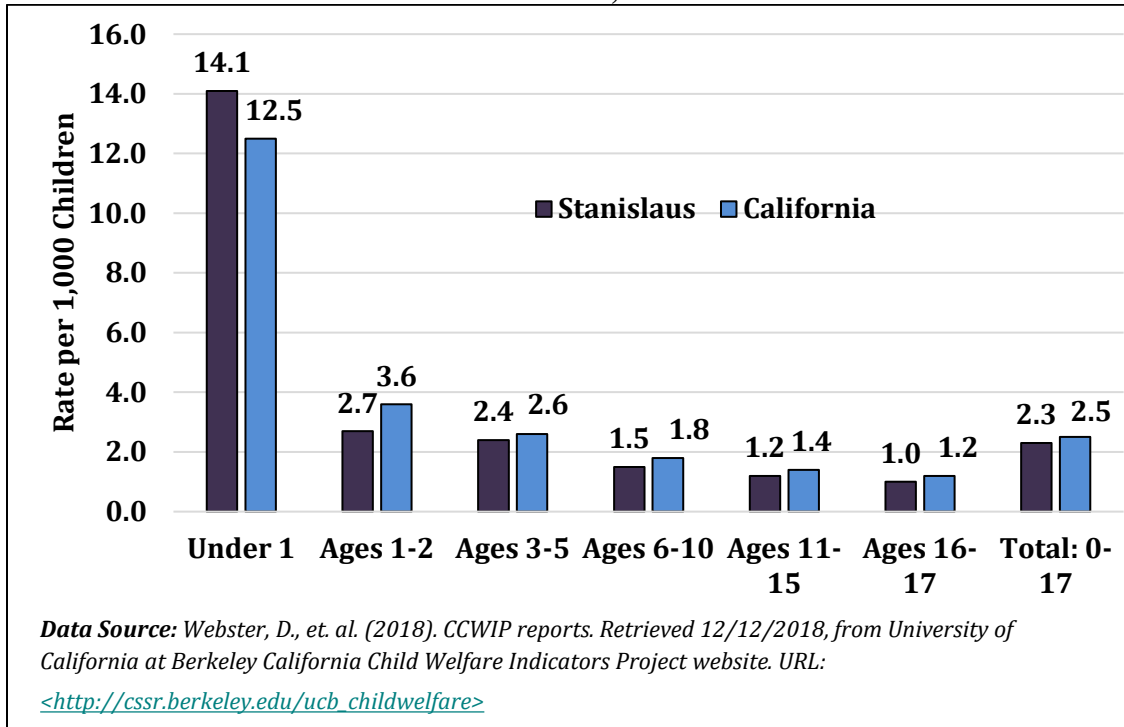
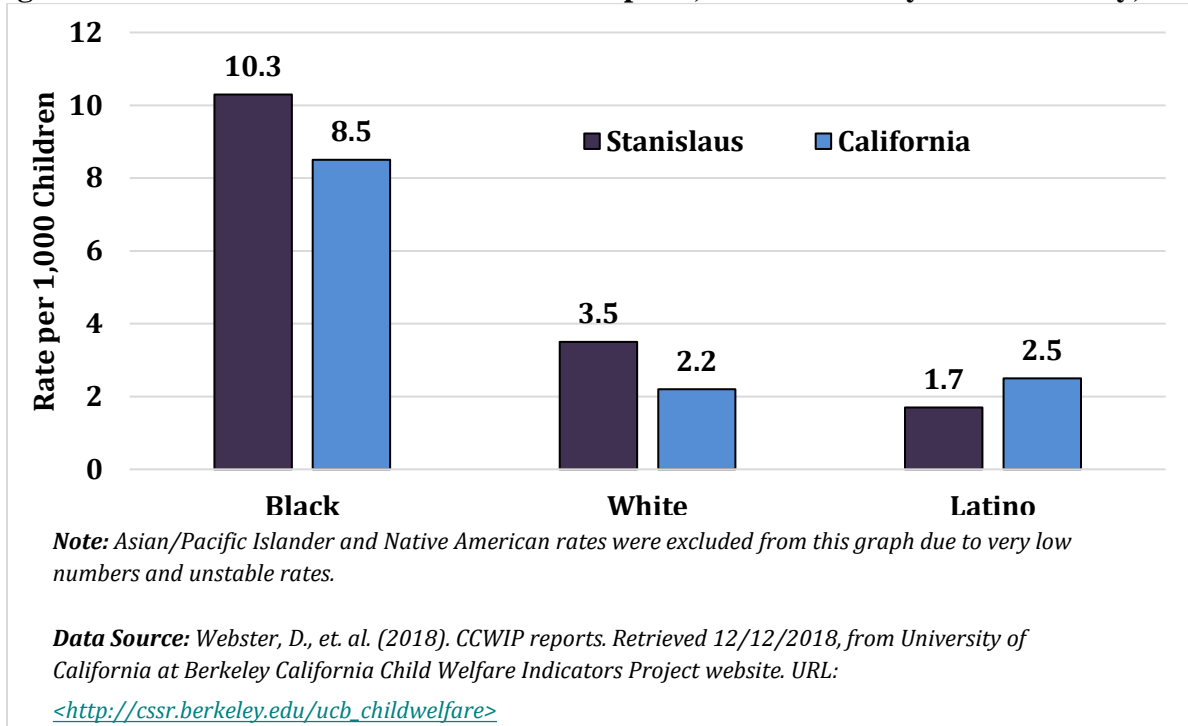


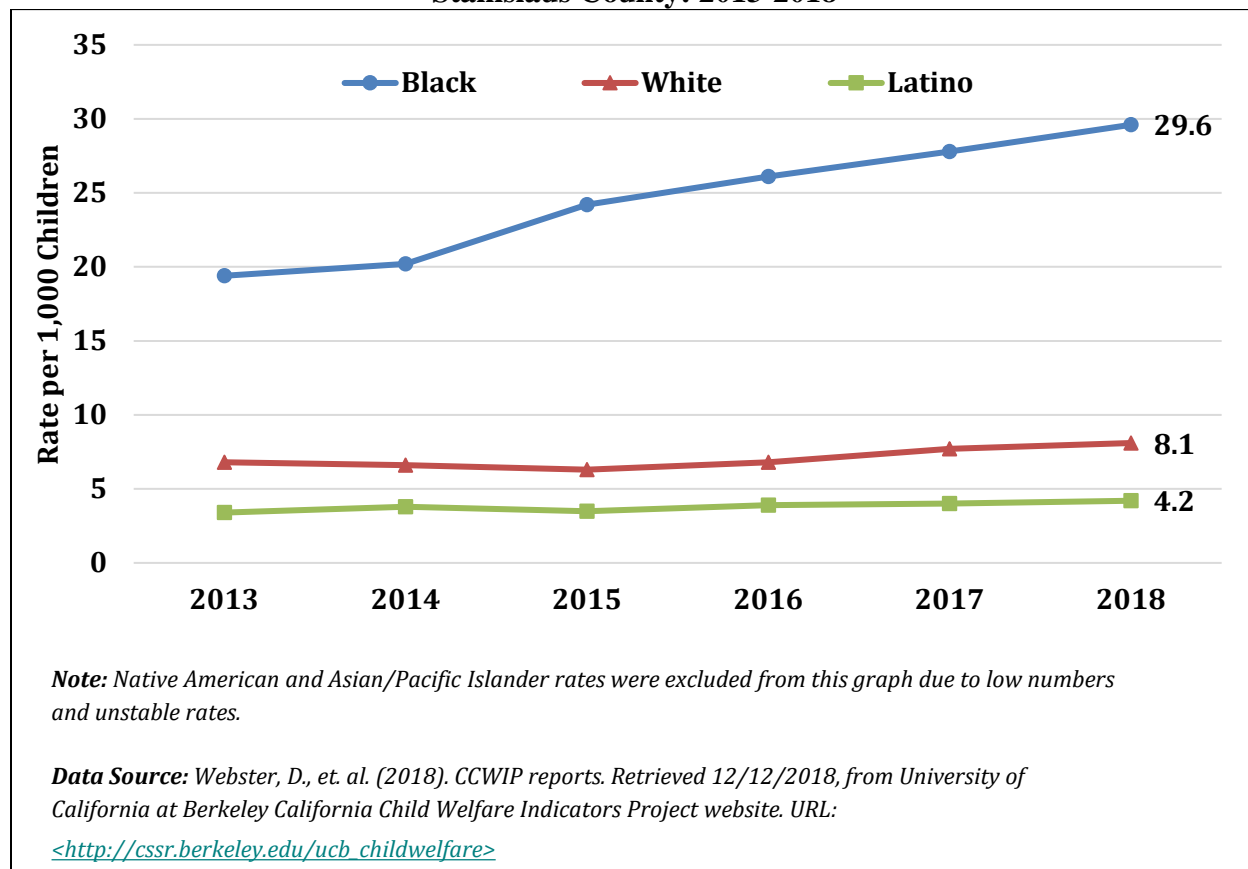
Figure 51 below details first entries into foster care by race/ethnicity and shows that Black children enter foster care at a considerably higher rate than White and Latino children combined. Black children are overrepresented in both Stanislaus and California foster care entries during 2017, compared their percentage of the general population. Black children in Stanislaus (10.3/1000) had a higher average rate of first entry into foster care than California (8.5/1000) during 2017.

**Figure 51: First Entries into Foster Care Rate per 1,000 Children by Race/Ethnicity, 2017**



While Figure 51 shows entries into foster care, Figure 52 illustrates the current foster care population ages 0-17. A substantial difference can be seen in the rate per 1,000 children in foster care by race/ethnicity in Stanislaus. Black youth were over 3.5 times more likely to be in foster care than White youth and over seven times more likely than Hispanic/Latino youth on January 1, 2018. While entries into foster care were less than three times for Black children compared to White, the higher rate of Black children in foster care (3.5 times) is a function of how quickly White children exit from the system compared to Black children.

**Figure 52: Children in Foster Care on July 1 by Race/Ethnicity Rate per 1,000 Children Stanislaus County: 2013-2018**



Foster care encompasses a variety of different placement types.

- Foster homes are families in the community that take in foster children under the approval and management of county social services.
- Foster Family Agency homes are similar to foster homes, but they also have a foster agency social worker working with the family in addition to the county social worker for the child.
- Group homes take in larger numbers of children, especially those who are in need of additional treatment or care that a 24-hour staff can provide.

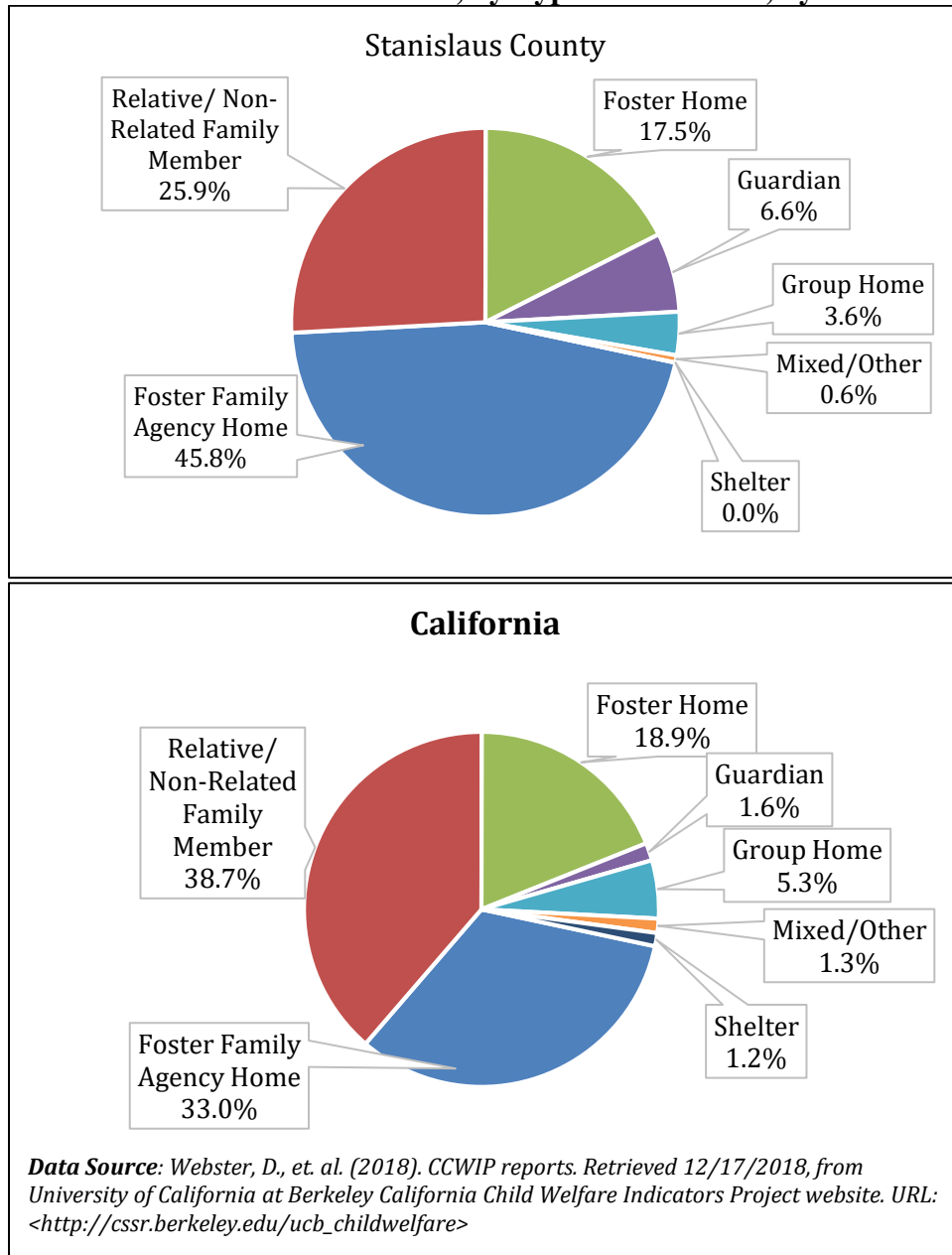


- Guardians are semi-permanent caregivers, operating like adoption, but with the options and support that foster care provides.
- Relatives and non-related extended family members are able to provide care for children under the foster care system as well.
- Shelters are temporary emergency placements while arrangements are being made for other placements.

As of January 1, 2017, all California foster families are called Resource Families, and the requirements for evaluations have been streamlined, making progress to guardianship and adoption easier. Additionally, emphasis has been placed on limiting placement in group homes (Dickson, 2017). Figure 53 identifies the percentage of first entries into foster care by type of placement for 2017 in Stanislaus County compared to California:

- Foster Family Agency (FFAs) homes were the primary type of placement for first entries in Stanislaus (45.8%) and were the second most common placement type for California (33.0%) in 2017.
- In California, placement with relatives and extended family (non-related family members) is the most common placement type (38.7%) but is the second most common in Stanislaus County (25.9%).
- In Stanislaus County, 89.2% of placements fell into the top three categories: Foster Family Agency homes, Foster Homes, and Relatives/Non-Relative Family Members.

**Figure 53: First Entries into Foster Care, by Type of Placement, by Jurisdiction, 2017**



**Figure 54: Status of Children in Twelve Months After Entering Foster Care in California and Stanislaus, 2009-2014**

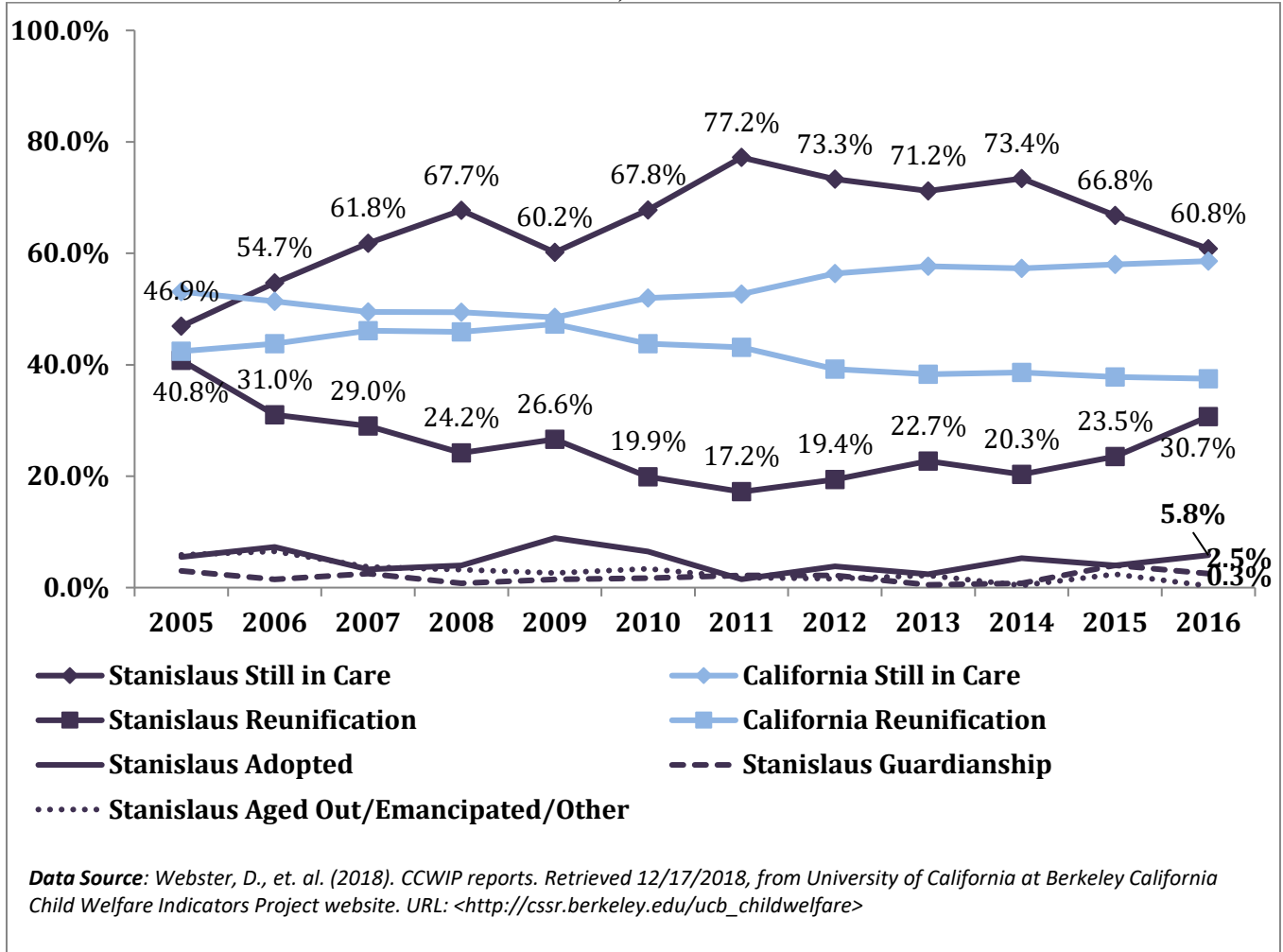


Figure 54 above shows status after 12 months for children who entered foster care in Stanislaus and California. Since other status options (adoption, guardianship, emancipation and other) remained fairly consistent and small, this graph highlights those children still in care and those who were reunified for California. Figure 54 illustrates how the percentage of children exiting foster care to be reunified with their families has the largest impact on the number who remain in care. Stanislaus has a consistently higher percentage of children entering foster care who are still in care at 12 months, when compared to California foster care entrants 2005 to 2016. California has higher rates of reunification within 12 months of entering foster care compared with Stanislaus County (37.5% California, 30.7% Stanislaus County for those entering the foster care system in 2016).

## Gang Involvement

The National Gang Center (n.d.) uses five main points to classify a group as a gang:

- the group has three or more members, generally aged 12–24;
- members share an identity, typically linked to a name, and often other symbols;
- members view themselves as a gang, and they are recognized by others as a gang;
- the group has some permanence and a degree of organization;
- the group is involved in an elevated level of criminal activity.

Students of in grades seven, nine, eleven, and non-traditional students were surveyed by the California Student Survey and California Healthy Kids Survey and asked if they considered themselves to be part of a “gang”. “Gang” was not defined in the survey.

A smaller proportion of White (4.5% v 5.9%), Hispanic/Latino (8.5% v 9.2%), and African American/Black (12.7% v 12.9%) Stanislaus students surveyed considered themselves to be part of a gang compared with all surveyed California students (Figure 55). Asian students considered themselves to be part of a gang at a higher rate in Stanislaus (6.4%) than in California (4.7%). Black students reported being part of a gang more frequently than any other race.

**Figure 55: Student Reported Gang Membership by Race/Ethnicity: 2011-2013**

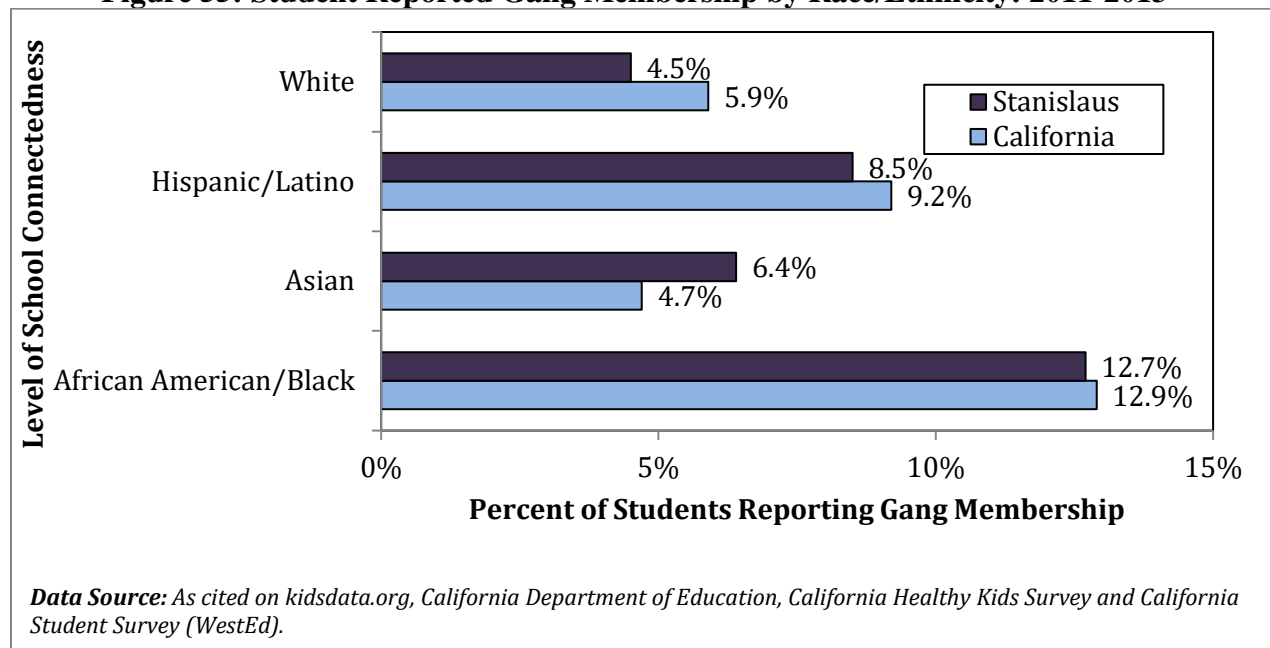
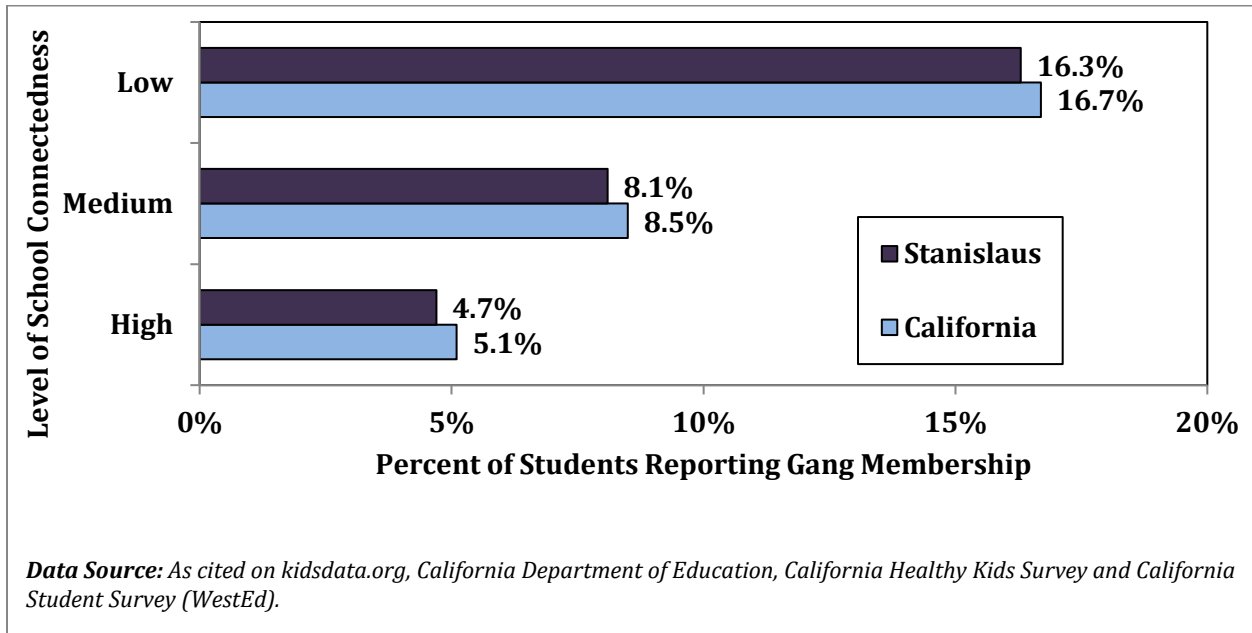


Figure 56 shows students reported gang membership by their level of connectedness to school. Stanislaus and California shared similar percentages in each group (low, medium and high). There is a strong inverse correlation between level of connectedness to school and reported gang membership with students who report a high level of connectedness to school being least likely to report gang membership.

**Figure 56: Student Reported Gang Membership by Level of School Connectedness: 2011-2013**



**Table 29: Student Reported Gang Membership by Gender and Grade Level, 2011-2013**

Grade Level	Percentage			
	Female		Male	
	Stanislaus	California	Stanislaus	California
7 <sup>th</sup> Grade	5.8%	6.6%	7.6%	9.5%
9 <sup>th</sup> Grade	4.6%	5.6%	8.6%	9.4%
11 <sup>th</sup> Grade	4.7%	4.6%	8.6%	10.6%
Non-Traditional	11.1%	7.7%	16.8%	16.5%

*Data Source: California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd).*

Table 29 shows student reported gang membership by gender and grade level.

- Non-traditional students are much more likely to report gang membership in both Stanislaus and California.
- Male students are more likely than female students to report gang membership.

- A higher percentage of non-traditional students report gang membership in Stanislaus (11.1% Female and 16.8% Male) compared to California (7.7% Female and 16.5% Male).
- Stanislaus reports lower percentages of gang membership for both female and males in grades 7, 9, and 11 when compared to the State.

## Mental and Behavioral Health

Mental and behavioral health issues often begin in adolescence. The National Alliance of Mental Illness (NAMI) (2017), states that nearly (50%) of mental health conditions begin by age 14 and (75%) of mental health conditions develop by age 24. “People are most likely to begin abusing drugs—including tobacco, alcohol, and illegal and prescription drugs—during adolescence and young adulthood” (National Institute on Drug Abuse, 2014). Youth consumption of tobacco, alcohol and/or other drugs can present with a wide range of negative effects on mental and physical health, as well as social and academic problems (Kids Data, n.d.).

### **Tobacco Use**

Two changes in 2016 are thought to influence tobacco use in children and adolescents. In May 2016, new legislation in California raised the legal minimum age to purchase or possess tobacco products from 18 to 21 years of age. The new requirement pertains to smoking, smokeless tobacco, and e-cigarettes. On November 8, 2016, voters passed California Proposition 56 with 64% of the vote, raising cigarette taxes by \$2.00 per pack with equivalent increases on other tobacco products and e-cigarettes (Padilla, 2016, and Official Voter Information Guide, 2016). Boonn (2016) states that for every ten percent increase in the real price of cigarettes, overall consumption reduces by three to five percent, young-adult smokers by three and a half percent, and youth smokers by six to seven percent. These two landmark pieces of legislation show great promise for continuing the fight to reduce and eliminate the negative impacts of tobacco consumption for youth in California and Stanislaus County.

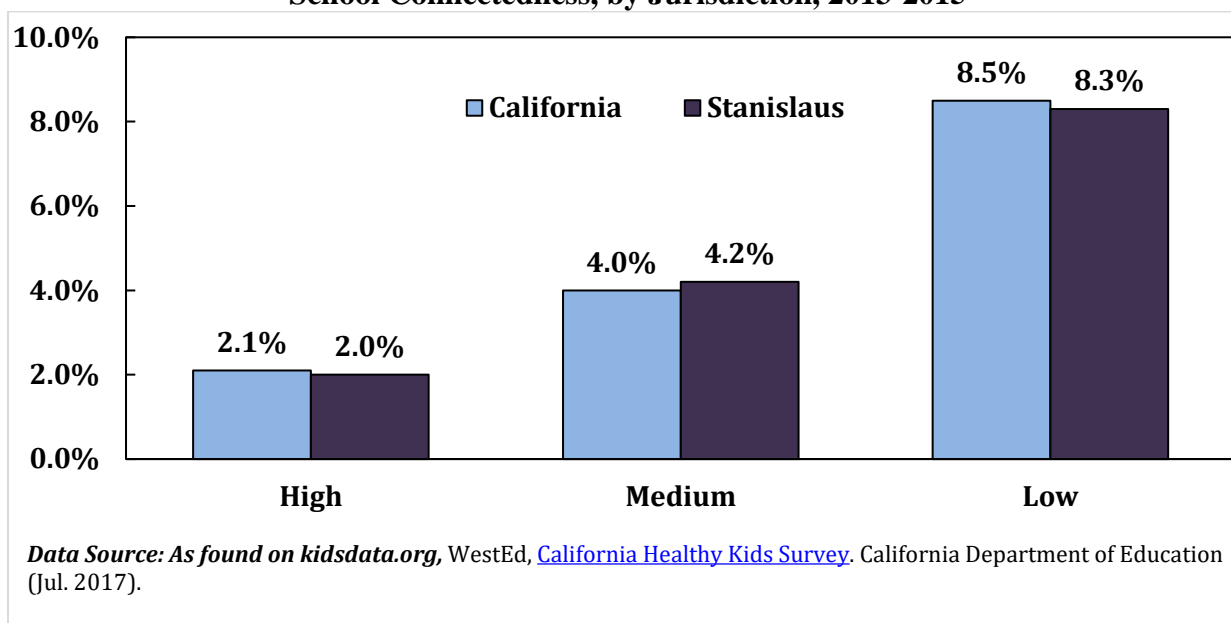
**Table 30: Student Reported Cigarette Use in Lifetime, by Gender and Grade Level, by Jurisdiction, 2013-2015**

Grade Level	Stanislaus					
	1-3 Times		4-6 Times		7 or More Times	
	Female	Male	Female	Male	Female	Male
<b>7<sup>th</sup> Grade</b>	1.9%	2.2%	0.4%	0.3%	0.6%	0.7%
<b>9<sup>th</sup> Grade</b>	5.4%	6.7%	1.1%	1.0%	2.8%	2.2%
<b>11<sup>th</sup> Grade</b>	7.1%	8.0%	0.9%	1.7%	4.4%	6.5%
<b>Non-traditional</b>	17.1%	17.5%	5.8%	3.8%	19.1%	22.6%
California						
<b>7<sup>th</sup> Grade</b>	1.7%	2.2%	0.4%	0.2%	0.7%	0.8%
<b>9<sup>th</sup> Grade</b>	6.3%	5.8%	0.8%	1.0%	2.1%	3.4%
<b>11<sup>th</sup> Grade</b>	8.0%	8.4%	1.8%	1.9%	5.2%	7.8%
<b>Non-traditional</b>	16.9%	16.1%	13.3%	4.4%	22.5%	28.2%
<i>Data Source: California Department of Education, <a href="#">California Healthy Kids Survey</a> and <a href="#">California Student Survey</a> (WestEd).</i>						

Table 30 shows student-reported cigarette use by gender and grade level during 2013-2015. Stanislaus County and California are similar in the frequency of cigarette use in each category. Male students are more likely than female students to report cigarette use seven or more times for almost every grade and male non-traditional students report cigarette use more than any other surveyed group (22.6% in Stanislaus, 28.2% in California).

Figure 57 displays the higher levels of connectedness to school correlating with lower percentages of students reporting cigarette use seven times or more. Among students (grades 7, 9, 11 and non-traditional) reporting cigarette use seven times or more, the majority have a low connectedness to school (Stanislaus 8.3% and California 8.5%).

**Figure 57: Student Reported Cigarette Use (7 Times or More in Lifetime) by Level of School Connectedness, by Jurisdiction, 2013-2015**



### Alcohol Use

“Alcohol is the most commonly used and abused drug among youth in the United States” (CDC, 2013). While consumption of alcohol is legal for adults aged 21 and older, misuse of alcohol by adults and minors is a common problem in the U.S. (CDC, 2013a). The immediate risks of excessive alcohol include traffic injuries, domestic violence, child abuse, risky sexual behavior, and alcohol poisoning. Long-term health risks include neurological, cardiovascular and psychiatric problems, liver disease, and cancer. Social problems, such as unemployment, loss of productivity, and family problems, can result from excessive alcohol consumption (CDC, 2013a).



“In 2012, adults aged 21 or older who had first used alcohol at age 14 or younger were more than 7 times as likely to be classified with alcohol dependence or abuse than adults who had their first drink at age 21 or older (15.2 vs. 2.1 percent)” (U.S. Department of Health and Human Services, 2013). The economic cost of excessive alcohol use is \$249 billion nationally (Sacks et. al, 2015). To put that into perspective, the cost of excessive alcohol consumption is about \$2.05 per drink in the United States due to various ill effects including loss of productivity, health care costs, and crime (Sacks et. al, 2015). Binge drinking was responsible for over three quarters of the costs (\$191.1 billion or 76.7%), underage drinking responsible for (\$24.3 billion or 9.7%) and drinking while pregnant totals \$5.5 billion, or 2.2%, of costs (Sacks et. al, 2015).

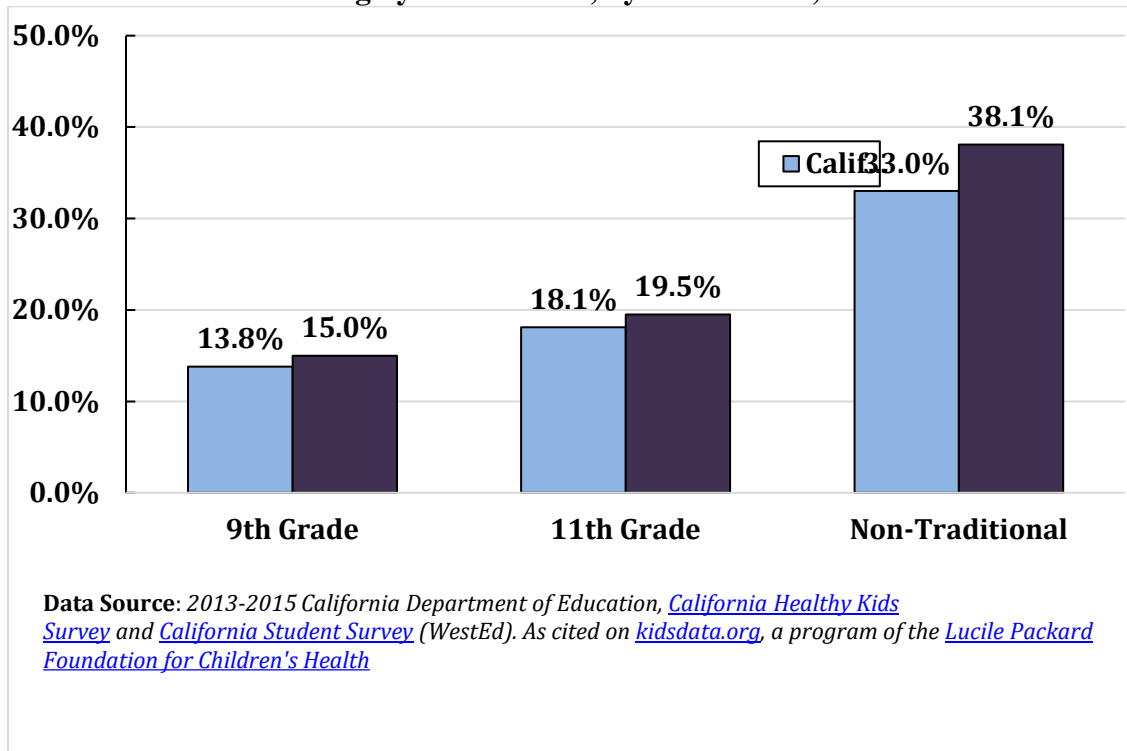
Alcohol initiation and use increase as youth get older. According to the 2013-2015 California Healthy Kids Survey (CHKS) (2015, as cited on kidsdata.org), 15.6% of Stanislaus seventh graders have ever used alcohol in their lifetime. The percentage rises with grade level: 35.6% for ninth graders and 53.1% for eleventh graders, an even higher percentage of youth in non-traditional education programs (68.7%), report having tried alcohol at least once. In the same survey, 8.5% percent of Stanislaus seventh graders reported having used alcohol in the past 30 days (CHKS, 2015). The percentage of recent alcohol users rises with grade level: 21.2% for ninth graders and 30.7% for eleventh graders. Almost half (44.9%) of youth in non-traditional education programs report having used alcohol in the past 30 days.

Binge drinking also increases with age; three percent of Stanislaus seventh graders report being a current binge drinker (within the past 30 days) as do ten percent of ninth graders and 17% of eleventh graders; one-third (33%) of youth in non-traditional education programs report being a current binge drinker (CHKS, 2015).

Nationally the percentage of teens 16 years of age and older who drink and drive has decreased significantly (54%) from 1991-2011 (CDC, 2012). In 2010, an estimated one in five teens involved in fatal traffic accidents had some amount of alcohol in their systems, and 81% had blood alcohol contents higher than legal limits for adults (CDC, 2012).

Figure 58 below shows student-reported driving after drinking or riding as a passenger of a driver who had been drinking alcohol by grade level. Non-traditional students were almost twice as likely to report drinking and driving/riding than eleventh graders. California students reported very similar rates of riding in a car with a driver who had been drinking, or driving after drinking, compared with Stanislaus youth.

**Figure 58: Student Reported Driving after Drinking or Been a Passenger of a Driver Who Was Drinking by Grade Level, by Jurisdiction, 2013-2015**



### Illegal Drug Use

Teen substance abuse is associated with “motor vehicle accidents, risky sexual behaviors, increase suicidality, homicides, mental health problems, and high rate of high school dropout.” (Ali et al. 2011). Additionally, initiation of illegal drug use at an early age is associated with higher rates of substance abuse as adults. For example, a 2012 study showed that adults that tried marijuana by the time they were 14 years old had six times the rate of illicit drug dependence or abuse compared with those who began using marijuana after turning 18 (U.S. Department of Health and Human Services, 2013).

Illegal drug use among Stanislaus County youth has been slightly higher than California levels for all grades and all drugs (CHKS, 2015). Table 31 shows the percentage of Stanislaus students at different grade levels who self-reported different types of illegal drug use.

**Table 31: Percentage of Stanislaus County Students Self-Reporting Illegal Drug Use by Grade Level, 2014-2015**

Grade Level	Marijuana		Inhalants		Cocaine, Methamphetamine or any Amphetamine		Ecstasy, LSD, or other Psychedelics	
	Ever	Past Month	Ever	Past Month	Ever	Past Month	Ever	Past Month
7th	6%	3%	5%	2%	N/A*	N/A*	N/A*	N/A*
9th	21%	11%	5%	2%	2%	N/A*	3%	N/A*
11th	34%	17%	5%	2%	4%	N/A*	5%	N/A*
Non-Traditional	67%	46%	15%	10%	19%	N/A*	19%	N/A*

*\*Data not available or suppressed due to sample size.*  
**Data Source:** California Healthy Kids Survey (CHKS) report for Stanislaus County, 2014-2015.

*Marijuana Use*

- In 2014-2015, six percent (6%) of Stanislaus seventh graders, 21% of ninth graders and 34% of eleventh graders reported ever having used marijuana.
- Two-thirds (67%) of youth in non-traditional programs, report having ever used marijuana.
- A smaller percentage of survey respondents reported having used marijuana in the past month: three percent (3%) of seventh, 11% of ninth, 17% of eleventh graders and 46% of non-traditional students.

*Inhalant Use*

- In 2014-2015, five percent of Stanislaus students in grades seven, nine and eleven reported ever having used inhalants.
- 15% of youth in non-traditional programs report having ever used inhalants.
- Fewer students report having used inhalants in the past 30 days: two percent of seventh, ninth and eleventh graders.

*Cocaine, Methamphetamine, or any Amphetamine Use*

- Over four times as many youth in non-traditional programs (19%) self-reported ever using cocaine and/or methamphetamine and/or any amphetamine than ninth (3%) or eleventh (4%) graders.

*Ecstasy, LSD, or Other Psychedelic Use*

- Approximately four times as many youth in non-traditional programs (19%) self-reported ever using Ecstasy, LSD, or other psychedelics than ninth (3%) or eleventh (4%) graders.

**Table 32: Perceived Harm of Alcohol and Marijuana Use Among Stanislaus County Youth, 2014-2015**

Perceived Harm of Use	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	Non-Traditional
<b>Alcohol – Drink Occasionally</b>				
Great	27%	29%	30%	35%
Moderate	26%	28%	28%	27%
Slight	22%	25%	28%	21%
None	26%	17%	14%	16%
<b>Alcohol – 5 or More Drinks Once or Twice a Week</b>				
Great	41%	48%	52%	43%
Moderate	22%	25%	27%	28%
Slight	11%	12%	11%	15%
None	26%	15%	10%	14%
<b>Marijuana – Smoke Occasionally</b>				
Great	40%	36%	32%	29%
Moderate	21%	25%	20%	14%
Slight	11%	18%	22%	16%
None	28%	21%	26%	40%
<b>Marijuana – Smoke Once or Twice a Week</b>				
Great	44%	43%	38%	29%
Moderate	18%	22%	20%	13%
Slight	10%	15%	18%	16%
None	28%	20%	24%	42%
<p><b>Data Source:</b> California Healthy Kids Survey (CHKS) report for Stanislaus County, 2014-2015. Percent responses to the questions: How much do people risk harming themselves physically and in other ways when they do the following?... Drink alcohol occasionally... Have five or more drinks of an alcoholic beverage once or twice a week... Smoke marijuana occasionally... Smoke marijuana once or twice a week...</p>				

Table 32 above shows the perceived level of harm from occasional or frequent (once or twice a week) alcohol and marijuana use, by grade level. Frequent alcohol use had highest percentages of ninth, eleventh, and non-traditional students perceiving a “great” amount of harm (43-52%). The largest percent of seventh grade students reporting “great” harm was for frequent marijuana use. Youth reported perception of no risk more often with marijuana use than alcohol consumption.

## Mental Health

“Parental mental illness is a risk factor for a range of maladaptive outcomes among offspring” (Slominski, 2010). Maladaptive outcomes can include substance abuse, coping difficulties and relationship problems (Slominski, 2010). Other negative outcomes of parental mental illnesses can include genetic vulnerabilities of children. Early detection and treatment/management of a mental illness can be a key component in mitigating negative effects on children, families and the individuals themselves.

**Table 33: Mental Health Status of Adults with Children in Stanislaus County, 2013**

Mental Health Status	Percentage		
	w/ Children Age 0-5	w/ Children Age 6-17	w/ Children Age 0-17
Felt Hopeless or Sad in last two weeks/ given up regular activities	18.3%	14.4%	15.0%
Sample Size	N = 479	N = 785	N = 991
Diagnosed Anxiety	15.7%	18.7%	18.0%
Diagnosed Depression	19.5%	20.3%	19.8%
Diagnosed Schizophrenia	1.4%	0.6%	0.8%
Sample Size	N = 482	N = 779	N = 983
<b>Data Source:</b> FHOP, Stanislaus County CHA Community Survey, 2013.			

Table 33 above is the self-reported mental health status of adults with children in Stanislaus County. Diagnosed depression accounted for the majority of mental health issues among adults with children of all ages (age 0-5, 19.5%; 6-17, 20.3%; and age 0-17, 19.8%). Eighteen percent (18.0%) of adults with children report having diagnosed anxiety.

## Depression-Related Feelings

The Anxiety and Depression Association of America (ADAA) (2016) states that children of parents with depression are at greater risk for being depressed, and that females are more likely to develop depression during adolescence than males.

Table 34 shows that female students in grades seven, nine and eleven are two times more likely to report depression-related feelings compared to male students. Female students in eleventh grade in Stanislaus (49.2%), and non-traditional female students in Stanislaus (46.3%) and California (43.6%) reported the highest percentages of depression-related feelings. With the exception of male non-traditional students, Stanislaus County students in grades seven, nine and eleven reported higher rates of depression-related feelings compared to California students.

**Table 34: Student Reported Depression Related Feelings, by Gender and Grade, by Jurisdictions, 2013-2015**

Grade Level	Percentage			
	Female		Male	
	Stanislaus	California	Stanislaus	California
7 <sup>th</sup> Grade	36.9%	32.3%	18.8%	18.2%
9 <sup>th</sup> Grade	43.2%	42.2%	20.7%	20.1%
11 <sup>th</sup> Grade	49.2%	41.4%	26.4%	24.7%
Non-Traditional	46.3%	43.6%	28.6%	35.2%

*Data Source: As cited on Kidsdata.org, WestEd, California Healthy Kids Survey. California Department of Education (Jul. 2017).*

*Note: In this survey, depression-related feelings means: "in the previous year, felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities," among surveyed 7, 9, 11 and non-traditional students.*

Figure 59 below shows that Asian (37.4%), Multiracial, (36.3%), and Native Hawaiian/Pacific Islander (35.3%) students reported the highest percentages of depression-related feelings in Stanislaus County, with the understanding that those populations are quite small which may skew results. The greatest difference between Stanislaus County and California rates was Stanislaus County Asian youth who reported depression related feelings over ten percentage points (10.8) more than California youth. Overall, Stanislaus youth reported slightly more depression related feeling than California youth, with the exceptions of Native Hawaiian/Pacific Islander (35.3% Stanislaus, 40.8% California), Hispanic/Latino (31.9% Stanislaus, 32.3% California), and American Indian/Alaska Native (29.7% Stanislaus, 31.7% California).

**Figure 59: Student Reported Depression Related Feelings, by Race/Ethnicity, by Jurisdiction, 2013-2015**

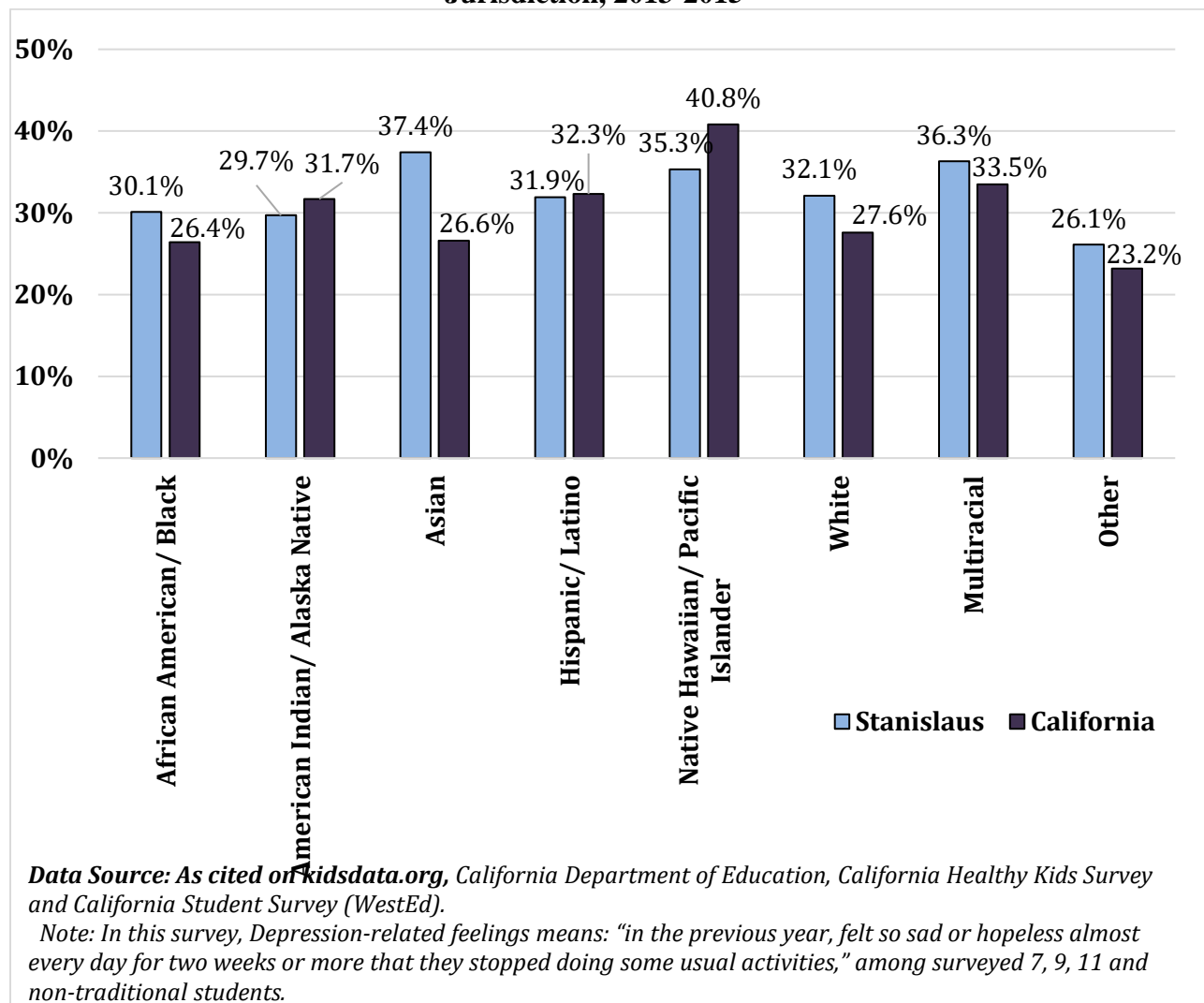
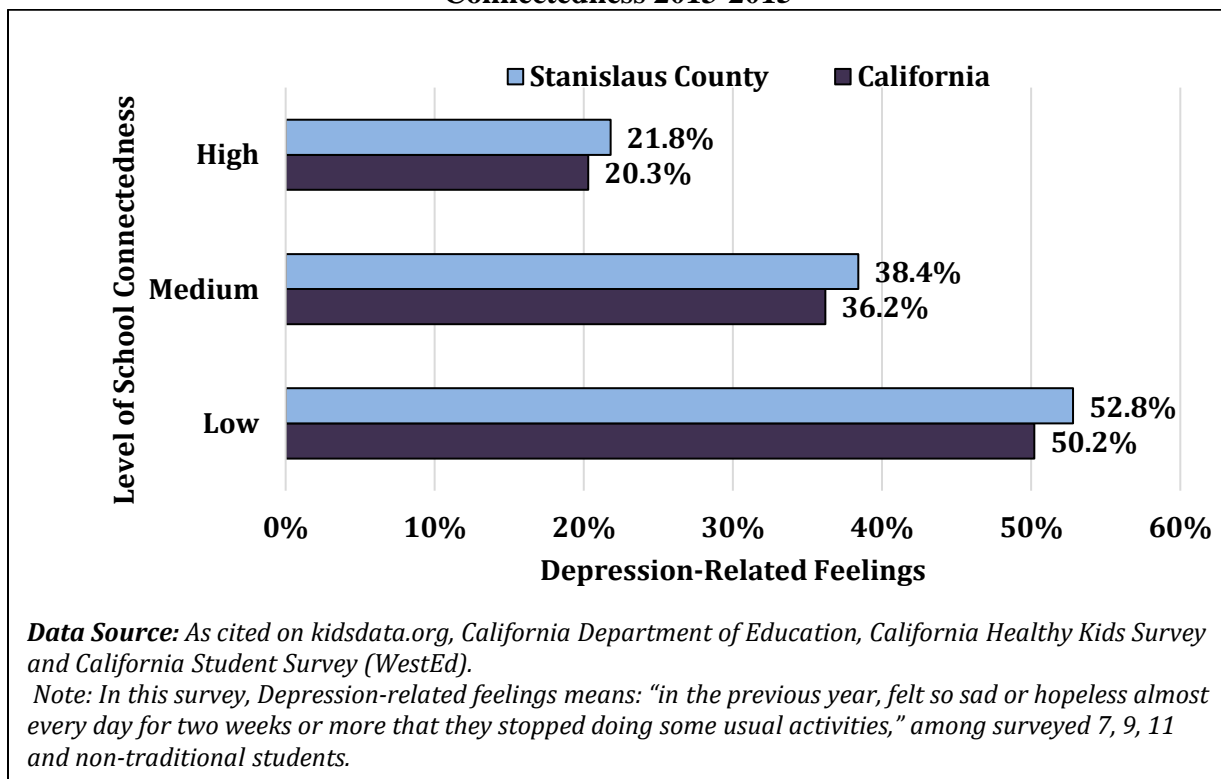


Figure 60 below shows student reported depression-related feelings by level of school connectedness. The Mayo Clinic (2016) notes that teen depression can produce symptoms such as feelings of negativity and anger, poor performance and attendance at school, and avoidance of social interaction. These symptoms can contribute to low levels of connectedness to school as shown in Figure 60. Reporting of depression-related feelings increased with decreasing levels of connectedness to school. The most self-reported depression-related feelings were among Stanislaus County students with a low level of connectedness to school (47.8%). Stanislaus County students consistently reported more depression-related feelings than California students with comparable levels of school connectedness.

**Figure 60: Student Reported Depression Related Feelings, by Level of School Connectedness 2013-2015**



### Hospitalizations for Mental Health Issues

Nationally, among youth age 3 to 20, hospitalizations for mental health issues cost an estimated \$247 billion annually for both inpatient and outpatient services (Bardach et al., 2014). Depression (\$1.33 billion) and bipolar disorder (\$702 million) are the most expensive on an annual basis (Bardach et al., 2014). Eating disorders (\$108 million) ranks the highest among average charge per visit (\$46,130) by diagnosis when compared to other mental health hospitalization per average per visit cost (\$15,540) (Bardach et al., 2014).



Table 35 below shows the rate of hospitalization for mental health issues by age group in Stanislaus County and California.

- Among 5-14 year-olds, Stanislaus youth had a lower rate of hospitalization for mental health issues when compared to California youth as a whole in 2012-2014, but a slightly higher rate in 2015-2016.
- Compared to those in California, Stanislaus County 15-19 year-olds had a lower rate of hospitalization for mental health issues during 2014 (8.0/1000 versus 9.7/1000) and 2016 (8.8/1000 versus 9.8/1000).
- Children age 5-14 showed much lower rates of hospitalization for mental health issues compared to children ages 15-19.

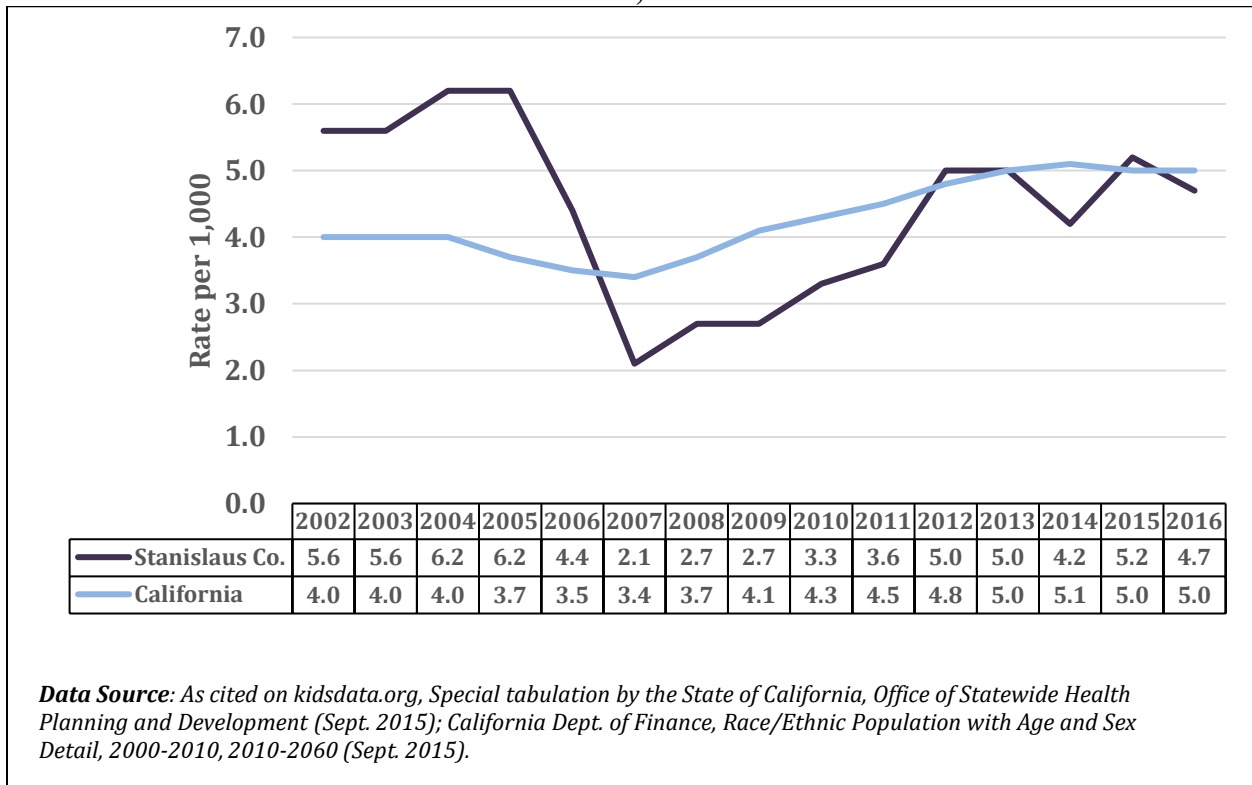
**Table 35: Hospitalization for Mental Health Issues, by Age Group, by Jurisdiction, Rate per 1,000, 2012-2016**

Age Group	Rate per 1,000									
	2012		2013		2014		2015		2016	
	Stan	CA	Stan	CA	Stan	CA	Stan	CA	Stan	CA
<b>5-14 Years</b>	2.1	2.5	2.4	2.6	2.2	2.7	2.7	2.6	2.6	2.5
<b>15-19 Years</b>	10.3	9.1	10.2	9.6	8.0	9.7	9.9	9.7	8.8	9.8

*Data Source: As cited on Kidsdata.org, California Office of Statewide Health Planning and Development special tabulation; California Dept. of Finance, Population Estimates by Race/Ethnicity with Age and Gender Detail 2000-2009; Population Reference Bureau, Population Estimates 2010-2016 (Aug. 2017).*

Figure 61 shows the trend in hospitalizations for mental health issues per 1,000 children age 5 to 19. From 2002 – 2016, California youth rates of hospitalization for mental health issues increased by 25%. Stanislaus youth rates of hospitalization for mental health issues started high 2002-2005, fell dramatically 2006-2007, then climbed from 2008-2012, and fluctuated 2013-2016. From 2002-2006, Stanislaus County rates were much higher than California, with peak in 2004 and 2005 at 6.2 per 1,000. While Stanislaus County rates have been increasing, current rates (4.7/1,000 in 2016) are still well below the peak in 2004-2005.

**Figure 61: Hospitalization Rate for Mental Health Issues per 1,000 Children Age 5-19, by Jurisdiction, 2002-2016**



## Conclusion

Children and youth are a special population with great opportunities for interventions that have long term impacts on their lives. While there are many factors that affect the lives of children and youth, the Stanislaus County Child Health Report specifically focused on elements that have an effect on their immediate and long-term health. This report identifies many opportunities for improving the health of Stanislaus County children and youth, especially in the realms of family economics, education, safety and abuse, and adverse childhood experiences. The Stanislaus County Child Health Report offers this information for local agencies and partners, to inform our work as we serve and provide for the next generation.

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