

# Children and Adolescents

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Children's health has a dramatic impact on their physical, emotional, developmental and intellectual abilities. Providing adequate health care optimizes their current well-being and potential and reduces or prevents the development of future health problems.



# Poverty

## Why It Is Important

The population living below 100% of the federal poverty level (FPL) is considered to be in poverty. Nationwide, 17% of children—nearly 13 million—live in families with incomes below the federal poverty level. The number of children living in poverty increased 11% between 2000 and 2006. Official poverty rates are highest for young children with 20% of children under age 6 and 16% of children age 6 or older living in poor families. Food insecurity, lack of affordable housing and other hardships affect millions of American children and many poor children lack health insurance.<sup>43</sup>

Figure 99:  Estimated Percentage of Children Living in Poverty

Ages	2000	2001	2002	2003	2004	2005	2006
<b>Ages 0-4</b>							
San Joaquin County	18.6%	21.9%	18.5%	20.0%	*	*	*
California	21.1%	19.5%	19.7%	20.3%	*	*	*
<b>Ages 5-17</b>							
San Joaquin County	10.9%	19.9%	18.5%	19.2%	*	*	*
California	18.5%	17.1%	17.6%	18.0%	*	*	*
<b>Ages 0-17</b>							
San Joaquin County	13.0%	20.4%	18.2%	19.4%	19.5%	19.7%	19.3%
California	19.2%	17.7%	18.2%	18.6%	18.9%	18.6%	18.1%

Source: U.S. Census Bureau, *American Community Survey*, 2007.

\* Under 5 and Ages 5-17 data are unavailable after 2003.

## What the Data Tell Us

Between 2000 and 2003 the percentage of children ages 0-5 living in poverty in the past 12 months increased slightly in San Joaquin County but decreased slightly in California. For ages 5-17, the percentage of impoverished County youth nearly doubled during the same time period from 11% to 19%, though the state percentage stayed fairly constant from 2000 to 2003. Similarly, percentages for California children ages 0-17 in poverty fluctuated between 18% and 19% from 2000 to 2006. In San Joaquin County, the percentage increased from 13% to 19% over the same period.

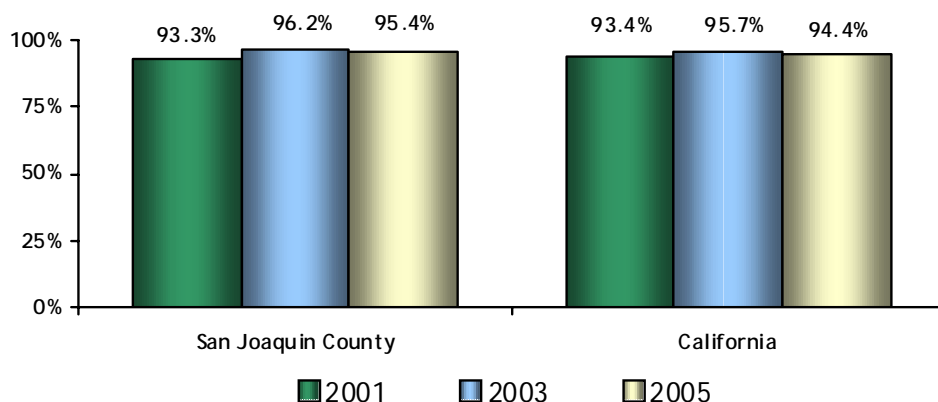
<sup>43</sup> Fass, S., & Cauthen, N. K. *Who are America's Poor Children? The Official Story*. [Electronic version]. National Center for Children in Poverty. Retrieved January 14, 2008 from [http://www.nccp.org/publications/pub\\_787.html](http://www.nccp.org/publications/pub_787.html), 2007.

# Children’s Health Insurance

## Why It Is Important

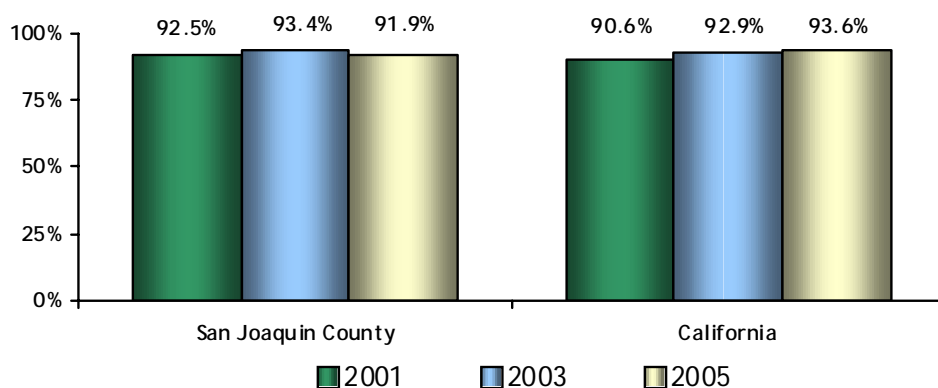
Health insurance is an important component of access to health care. People with medical insurance are more likely to have a primary care doctor and to receive adequate preventive care as compared to those without health insurance.<sup>44</sup> Children with health insurance are better able to receive timely check-ups ensuring they are healthy and developing appropriately. Children with health insurance also have more access to care for more chronic conditions such as asthma and diabetes.

Figure 100:  Children Who Currently Have Health Insurance Coverage, 0-4



Source: 2001, 2003 and 2005 California Health Interview Survey.  
 San Joaquin County 2001 N: 49,000; 2003 N: 47,000; 2005 N: 58,000.  
 California 2001 N: 2,463,000; 2003 N: 2,518,000; 2005 N: 2,618,000.

Figure 101:  Children Who Currently Have Health Insurance Coverage, 0-17



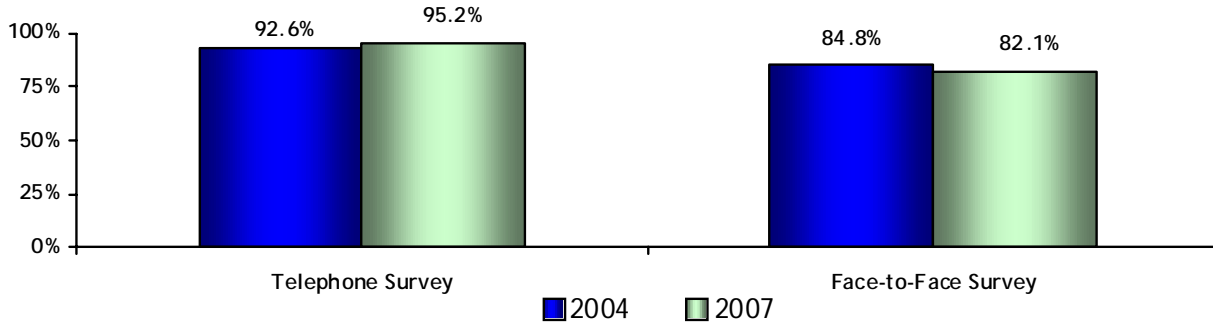
**HEALTHY PEOPLE 2010 OBJECTIVE:**  
 100% of residents under 65 years will have health insurance.

Source: 2001, 2003 and 2005 California Health Interview Survey.  
 San Joaquin County 2001 N: 180,000; 2003 N: 187,000; 2005 N: 199,000.  
 California 2001 N: 9,305,000; 2003 N: 9,488,000; 2005 N: 9,759,000.

<sup>44</sup> Great Valley Center, *The State of the Great Central Valley of California: Supporting Economic, Social and Environmental Well-being in California’s Great Central Valley*, 2003.

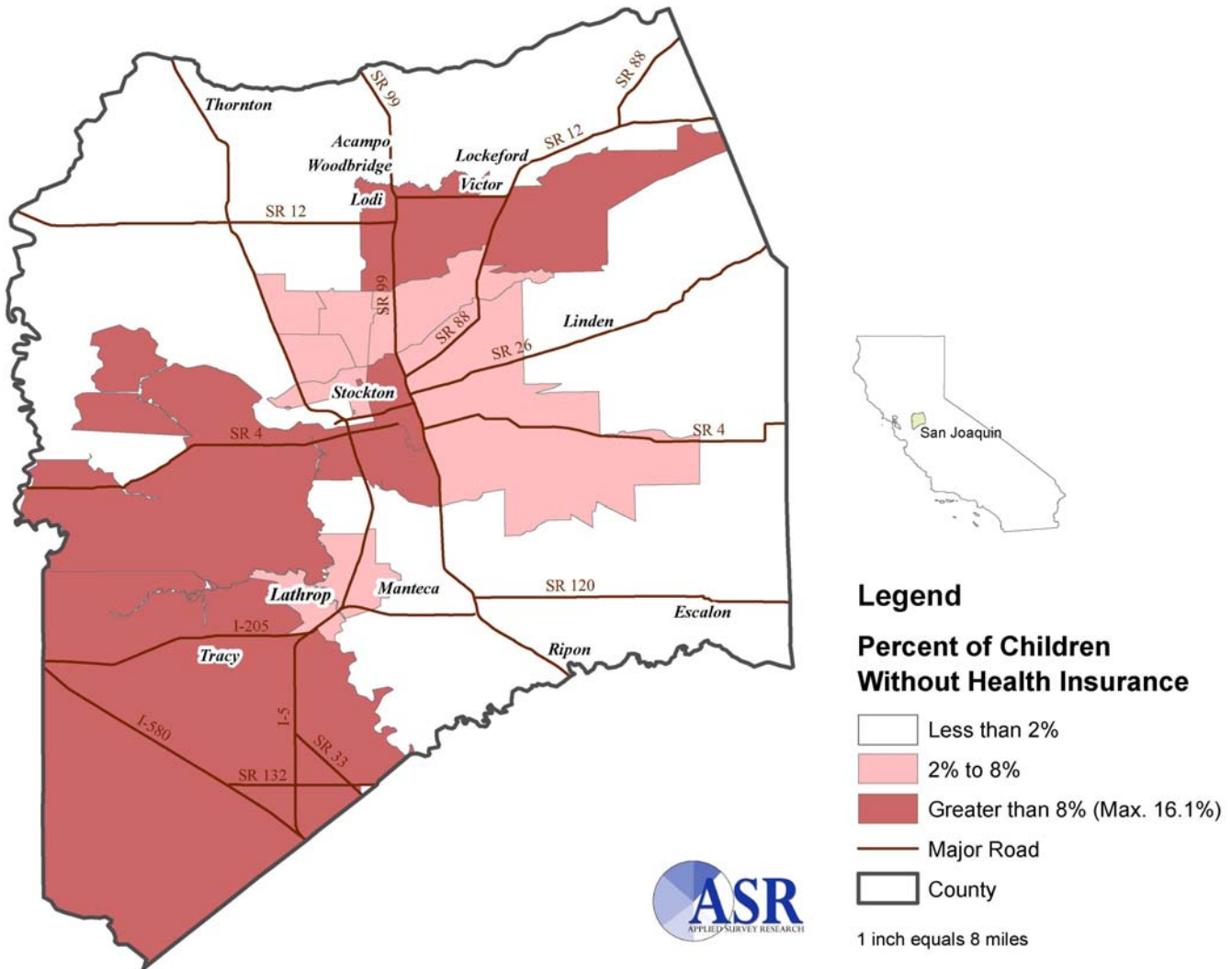
# Children's Health Insurance (cont.)

Figure 102: 📞 👨‍👩‍👧 Do Your Children Have Health Insurance? Those Responding "Yes."



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.  
 Telephone Survey 2004 N: 183; 2007 N: 156.  
 Face-to-Face Survey 2004 N: 1,287; 2007 N: 1,060.

Figure 103: 📞 👨‍👩‍👧 Percent of Children Without Health Insurance



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2007; U.S. Census Bureau, 2000. N=180.

## Children's Health Insurance (cont.)

### What the Data Tell Us

According to CHIS, over 90% of children in San Joaquin County and California were insured in 2001, 2003 and 2005. Ninety-three percent (93%) of respondents to the Healthier San Joaquin County telephone survey indicated their children had health insurance in 2004; this percentage increased to 95% in 2007. In 2004, 85% of face-to-face survey respondents indicated that their children had health coverage while in 2007 slightly fewer respondents indicated the same (82%). Neither California nor San Joaquin County have met the Healthy people 2010 Objective of 100%.

# Healthy Families Enrollment

## Why It Is Important

In response to the increasing number of uninsured children, the Federal Government created a health insurance program for children whose parents earn up to 250% of the Federal Poverty Level. Administered in California as “Healthy Families” since 1998, it has provided health insurance for the first time to many children who were not eligible for other programs. This program seems to be working to insure more children as according to CHIS 2005, 92% of County children under age 18 were insured in 2005 (please see the Children and Adolescents section for more information on this topic). It is likely that without the Healthy Families program and the new Healthy Kids program, many of these children would go without health insurance coverage.

Figure 104: Current Enrollment in Healthy Families, San Joaquin County

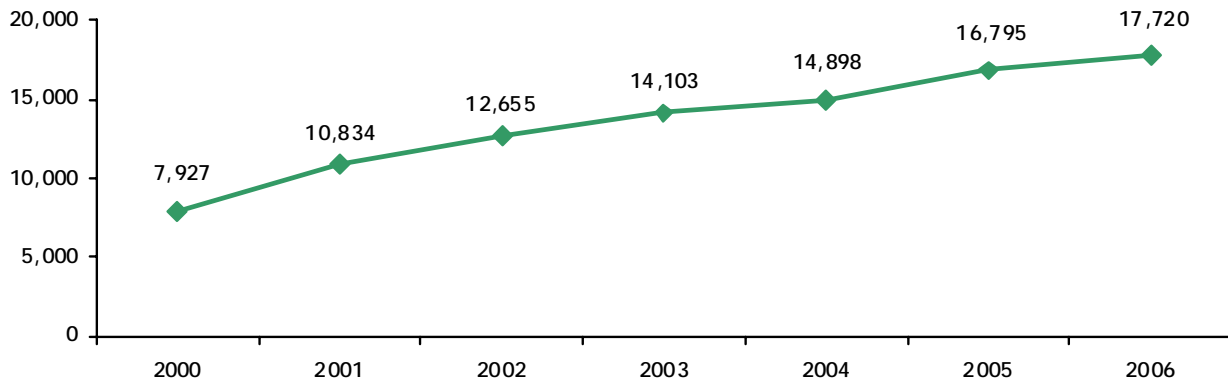
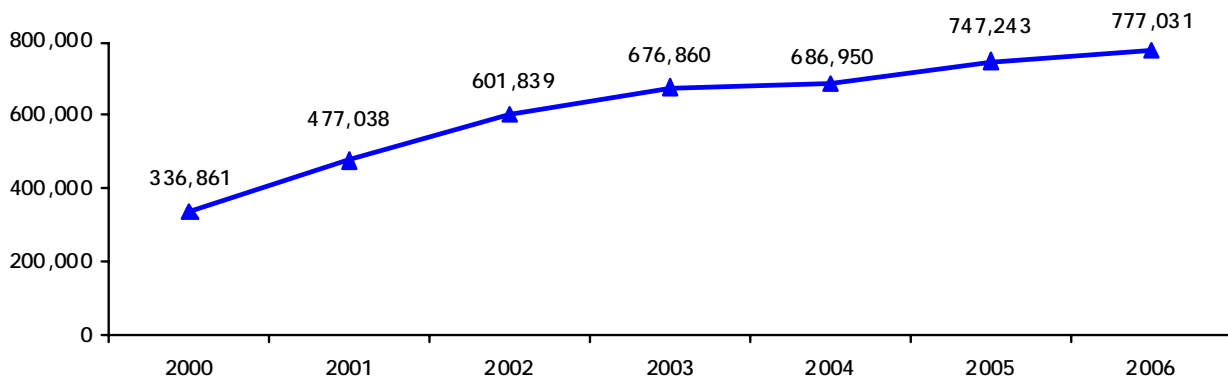


Figure 105: Current Enrollment in Healthy Families, California



Source: California Managed Risk Medical Insurance Board, *HFP Currently Enrolled Subscribers by County*, 2007.

Note: Counts are from the month of October each year.

## What The Data Tell Us

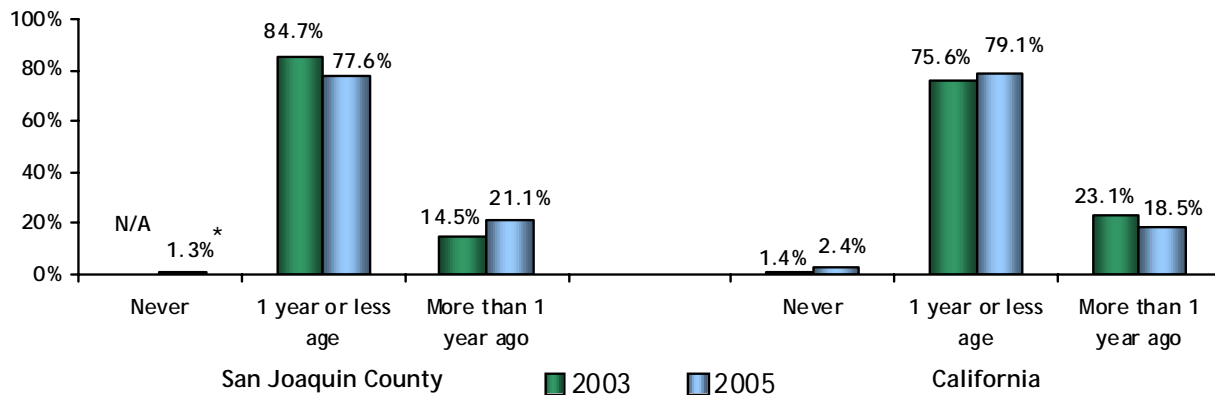
The number of enrollees in the Healthy Families program in San Joaquin County increased 124% from 2000 to 2006 from 7,927 to 17,720 in 2006. In California, the number of enrollees increased 131% during the same time period.

# Annual Health Assessments

## Why It Is Important

Regular and timely screenings for children and adolescents can detect health conditions at their early stages when they are most easily treated, as well as uncover potential risk factors for chronic disease that can be managed with lifestyle changes.<sup>45</sup> Since children undergo significant changes as they grow, regular health assessments can help determine whether or not the child is developing normally in the areas of physical, mental and emotional health.

**Figure 106:** 🏥 Last Time Teens Ages 12-17 Saw a Doctor for a Routine Physical/Check-up



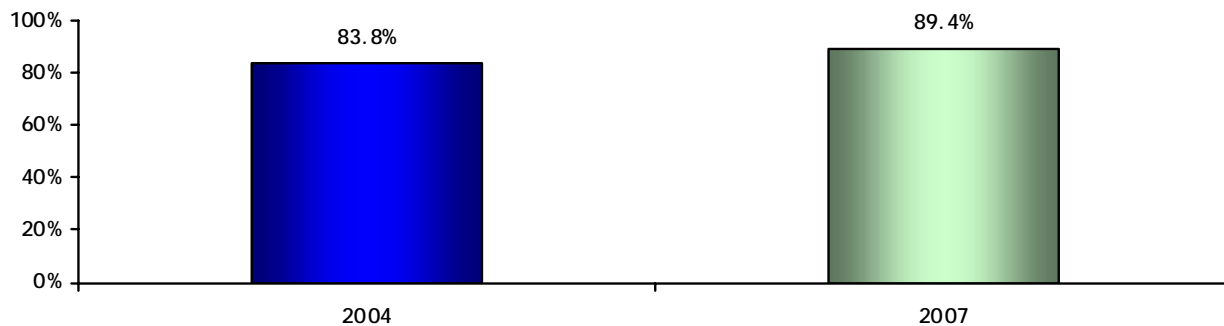
Source: 2003 and 2005 California Health Interview Survey.

San Joaquin County 2003 N: 67,000; 2005 N: 71,000.

California 2003 N: 3,260,000; 2005 N: 3,359,000.

\* Statistically unstable due to low number of respondents. Caution should be used with these data.

**Figure 107:** 📞 Do Your Children Get Annual Health Exams? Those Responding "Yes."



Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2004 and 2007.

Telephone Survey 2004 N: 183; 2007 N: 156.

<sup>45</sup> U.S. Department of Health and Human Services, Administration on Aging, *Promoting Healthy Lifestyles – Health Screenings*, 2004, retrieved February 28, 2005, from [http://www.aoa.gov/eldfam//Healthy\\_Lifestyles/Screenings/screenings.asp](http://www.aoa.gov/eldfam//Healthy_Lifestyles/Screenings/screenings.asp).



# Annual Health Assessments (cont.)

## What The Data Tell Us


According to CHIS, the large majority of County and state teens ages 12-17 received routine care such as a physical or checkup within a year of the survey in 2003 and 2005. More specifically, in 2003, 85% of San Joaquin County teens and 76% of California teens had a physical or checkup in the last year whereas in 2005, 78% of County teens and 79% of state teens reported the same.

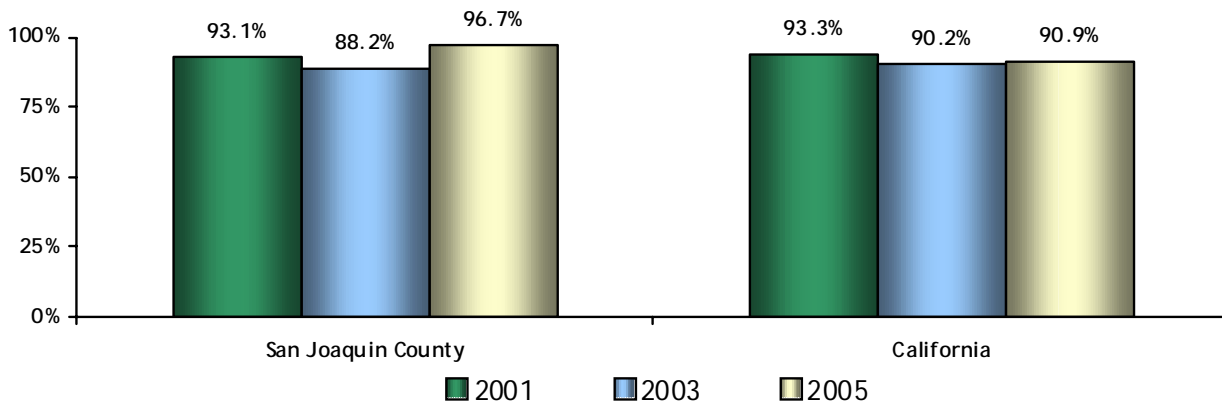
In 2007, 89% of adult Healthier San Joaquin County telephone survey respondents indicated that their children receive annual health exams, which was a slight increase from 84% in 2004.

# Access and Utilization

## Why It Is Important

Timely medical visits help residents get appropriate preventive care and treatment for common and chronic conditions. Parents and caregivers with a place to take their child or children for health care may be more likely to access care and to feel more comfortable accessing care when their children are sick or they need health advice.

**Figure 108:**  **Children Who Have a Usual Place to go to When They Are Sick or Need Health Advice**



Source: 2001, 2003 and 2005 California Health Interview Survey.

San Joaquin County 2001 N: 178,000; 2003 N: 187,000; 2005 N: 199,000.

California 2001 N: 9,267,000, 2003 N: 9,488,000; 2005 N: 9,759,000.

## What The Data Tell Us

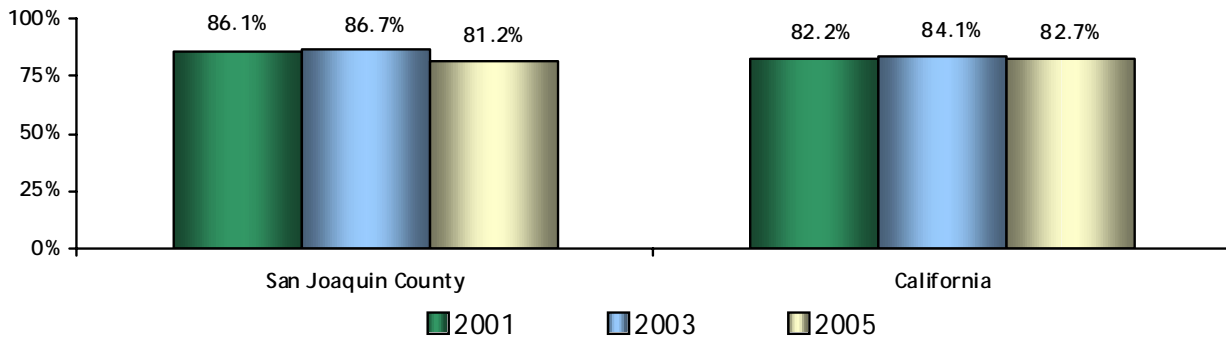
CHIS data showed a small increase in the percentage of San Joaquin County children who have a usual place to go when they are sick or need health advice, from 93% in 2001 to 97% in 2005. The percentage of California children with a usual place to go when they are sick or need health advice decreased slightly from 93% in 2001 to 91% in 2005.

# Dental Insurance

## Why It Is Important

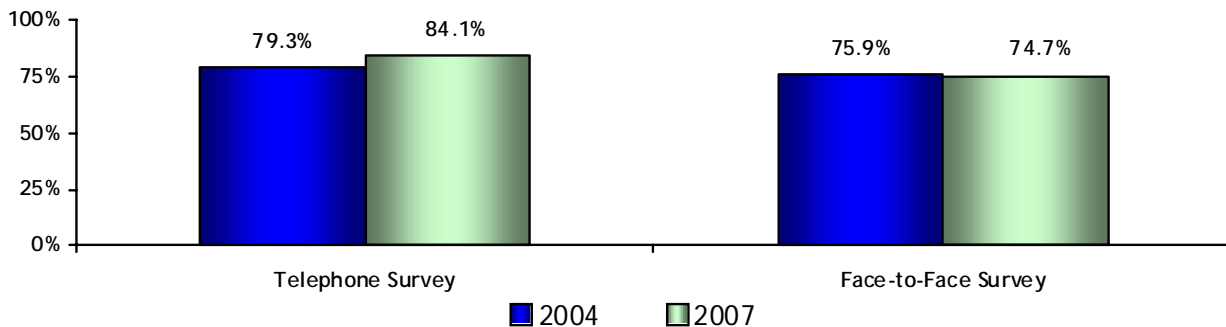
The American Academy of Pediatric Dentistry and U.S. Health Resources and Services Administration (HRSA) recommends that parents take children to the dentist twice annually, but according to a study from the U.S. Department of Health and Human Services, almost one-quarter of U.S. children do not receive the recommended number of dental checkups and 21% of all children do not visit the dentist at all.<sup>46</sup> Regular dental visits for children are important for preventing, diagnosing and treating oral diseases and having dental insurance makes getting adequate dental care easier. Children who don't see dental professionals miss the opportunity to have problems caught early before they escalate into larger, more expensive problems to treat.

Figure 109:  Percentage of Children with Dental Insurance, Ages 2-11



Source: 2001, 2003 and 2005 California Health Interview Survey.  
 San Joaquin County 2001 N: 98,000; 2003 N: 98,000; 2005 N: 80,000.  
 California 2001 N: 5,243,000; 2003 N: 5,217,000; 2005 N: 4,477,000.

Figure 110:   Do Your Children Have Dental Insurance? Those Responding "Yes."



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.  
 Telephone Survey 2004 N: 183; 2007 N: 156.  
 Face-to-Face Survey 2004 N: 1,242; 2007 N: 948.

<sup>46</sup> Too few dental checkups for children. [Electronic version]. *The Journal of the American Dental Association*, (February, 2003), 134, 156.

## Dental Insurance (cont.)

### What The Data Tell Us

There was a small decrease in the percentage of San Joaquin County children ages 2-11 who had dental insurance from 86% in 2001 to 81% in 2005. The percentage of California children ages 2-11 with dental coverage increased slightly between 2001 (82%) and 2005 (84%).

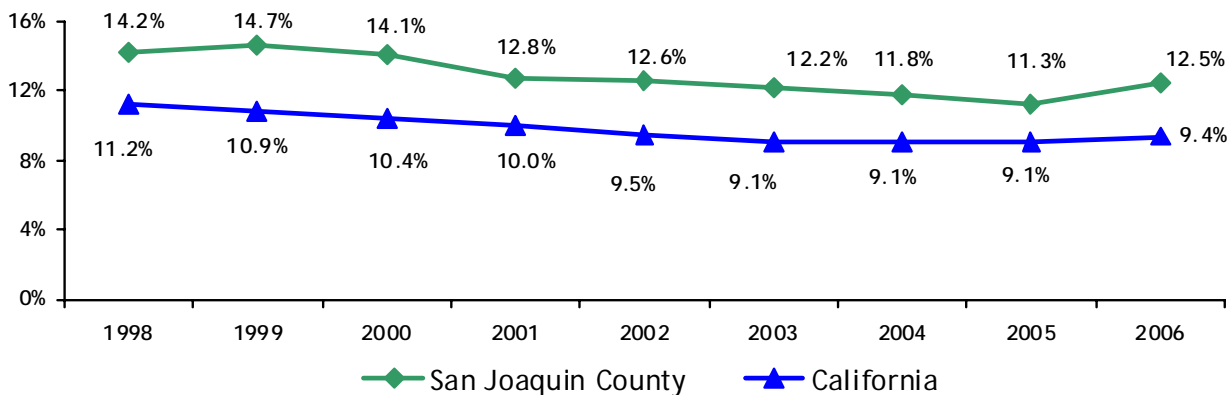
A higher percentage of adult respondents to the Healthier San Joaquin County telephone survey reported that their children had dental insurance in 2007 (84%) than in 2004 (79%). In comparison, three out of four face-to-face respondents (about 75%) indicated that their children had dental coverage in both 2004 and 2007.

# Births to Teens

## Why It Is Important

Teen girls face a greater risk of delivering low birth weight babies and their babies have a higher risk of infant mortality.<sup>47</sup> Teen mothers are less likely to complete high school and go on to college than teens who delay childbirth. Only one-third of teen mothers receive a high school diploma and only 1.5% attains a college degree by the age of 30.<sup>48</sup> Due in parts to an interruption in the mother's education, babies born to teen mothers are more likely to live in poverty.<sup>49</sup>

Figure 111: Percentage of Births to Teens, Ages 15-19 Years



Source: 1998-2005 data: State of California, Department of Public Health, *Birth Records*, 2007. 2006 data: San Joaquin County Public Health Services, *Birth Records*, 2006.

## What The Data Tell Us

From 1998 to 2006, the percentage of births to teens ages 15–19 in San Joaquin County was consistently higher than the percentage of births to teens in California. Both the County and state percentages dropped steadily between 1999 and 2005; however, in 2006, births to teens were increasing at the County (13%) and state level (9%).

<sup>47</sup> Public Health Services of San Joaquin County, *Public Health Counts*, 2002.

<sup>48</sup> Alan Guttmacher Institute, *Facts in Brief, Teen Sex and Pregnancy*, retrieved July 28, 2004 from [http://sss.agi-usa.org/pubs/fb\\_teen\\_sex.html](http://sss.agi-usa.org/pubs/fb_teen_sex.html); see also, The National Campaign to Prevent Teen Pregnancy, *General Facts and Stats*, 2004, retrieved November 10, 2004 from <http://www.teenpregnancy.org/resources/data/genfact.asap>.

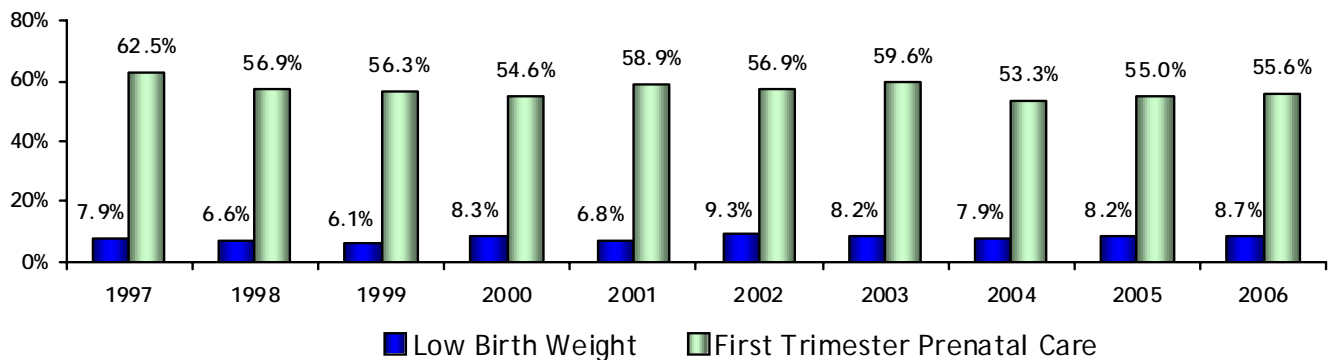
<sup>49</sup> Public Health Services of San Joaquin County, *Public Health Counts*, 2002.

# Teens - Low Birth Weight Babies and Adequate Prenatal Care

## Why It Is Important

As with adults, adequate prenatal care is measured by the percentage of teens who receive prenatal care in the first trimester of their pregnancy. Mothers in their teens are by far the most likely to receive late or no prenatal care. In 2003, 15% of births to girls under age 15 and 8% of births to teens ages 15 to 17 were to those receiving late or no prenatal care. This percentage drops steadily with increasing age, reaching a low of 2% for women in their early thirties.<sup>50</sup> Teen mothers are also much more likely to have low birth weight babies, which can result in serious medical problems.<sup>51</sup>

**Figure 112: Percentage of Low Weight Births (<5.5 pounds) to Teens Ages 15-19 and Percentage of Teen Mothers Who Received Prenatal Care in the First Trimester, San Joaquin County**



Source: 1998-2004 data: State of California, Department of Public Health, *Birth Records*, 2007. 2005-2006 data: San Joaquin County Public Health Services, *Birth Records*, 2006.

## What The Data Tell Us

Each year between 1997 and 2006, over half of San Joaquin County teen mothers received prenatal care in the first trimester of their pregnancy. During this same time period, between 6% and 10% of teen births were born under 5.5 pounds, which is considered low birth weight. Additionally, during this same time period, a higher percentage of births to teen mothers were at low birth weight compared to births to mothers of all ages.<sup>52</sup> Further, smaller percentages of teen mothers received prenatal care in the first trimester than San Joaquin County mothers overall.<sup>53</sup>

<sup>50</sup> Child Trends Database, *Late or no prenatal care*. January 14, 2008, from <http://www.childtrendsdatabank.org/indicators/25PrenatalCare.cfm>, 2006.

<sup>51</sup> Aetna IntelliHealth, *Risks For Pregnant Teens*. Retrieved January 14, 2008, from <http://www.intelihealth.com/IH/ihtIH/WSIHW000/31697/25753/310396.html?d=dmContent>, 2006.

<sup>52</sup> See “Low Birth Weight Babies” in the Health and Access to Health Care section of this document.

<sup>53</sup> See “Adequate Prenatal Care” in the Health and Access to Health Care section of this document.

## How We're Making a Difference

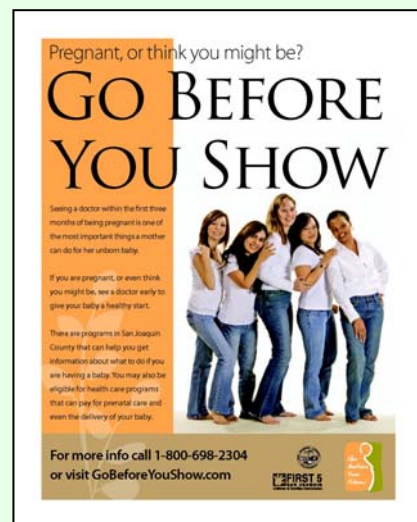
### Go Before You Show

The "Go Before You Show" message is being communicated to San Joaquin County residents in an effort to encourage women to see a doctor within the first three months of pregnancy. This message is being delivered in several ways, including an Internet website, posters, and the following radio announcement:

*If you're pregnant, or even just think you might be, remember one thing: "Go before you show." What does that mean? It means see a doctor early to give your baby a healthy start. Seeing a doctor within the first three months of being pregnant is one of the most important things a mother can do for her unborn baby. Early prenatal care includes exams, tests, and advice about healthy eating and healthy behavior, like not smoking, drinking or using drugs. These simple steps can make all the difference to your baby.*

*San Joaquin County offers programs that can help you get the information you need. You may also be eligible for health care programs that can pay for prenatal care and even the delivery of your baby. Just call public health services at 1-800-698-2304 or go to gobeforeyoushow.com.*

*So... "go before you show"... And give your baby a healthy start in life.*



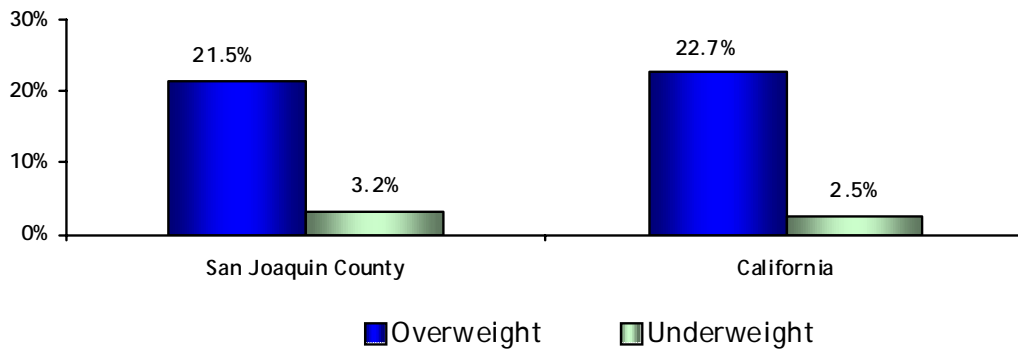
# Overweight and Underweight Youth

## Why It Is Important

Since the 1970s, the percentage of overweight children and adolescents in the United States has more than doubled. In 2007, 10% of 2- to 5-year-olds and more than 15% of children between the ages of 6 and 19 were overweight. If the percent of youth who are overweight or at risk of becoming overweight are combined, about one out of three children are affected. Overweight children are at risk for serious health problems like type 2 diabetes, high blood pressure and high cholesterol - all once considered exclusively adult diseases. Risk factors present in childhood can lead to serious adult medical conditions like heart disease, heart failure and stroke. Preventing or treating obesity in children may reduce the risk of developing these conditions as they get older.<sup>54</sup>

Young people who are underweight (less than 5<sup>th</sup> percentile for Body Mass Index) may be that way for a variety of reasons, including dietary, health or emotional problems. An under-nourished child is more likely to become sick, may feel weak or tired, have trouble focusing and concentrating, may have stunted growth or a delay in the onset of puberty. It has been estimated that 12 million children live in food-insecure households, meaning that they have limited availability of nutritious and safe foods.<sup>55</sup>

**Figure 113: Percentage of Youth Ages 5-19 Who Are Overweight and Underweight, 2005**



Source: Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance, *Growth Indicators*, 2007.

San Joaquin County N: 13,606.

California Ages N: 490,680.

 **New data not available**

<sup>54</sup> Nemours Foundation, KidsHealth for Parents, *Overweight and obesity*, Retrieved January 14, 2008 from [http://www.kidshealth.org/parent/general/body/overweight\\_obesity.html](http://www.kidshealth.org/parent/general/body/overweight_obesity.html), 2005.

<sup>55</sup> Serrano, E., & Branstad, K., *Healthy Weights for Healthy Kids: What Should I Do if My Child Is Underweight?* Retrieved January 14, 2008 from <http://www.ext.vt.edu/pubs/nutrition/348-271/348-271.html>, 2007.



## Overweight and Underweight Youth (cont.)

Figure 114: Percentage of San Joaquin County Children Who Are Overweight (≥95<sup>th</sup> Percentile for Body Mass Index), by Ethnicity and Age, 2005

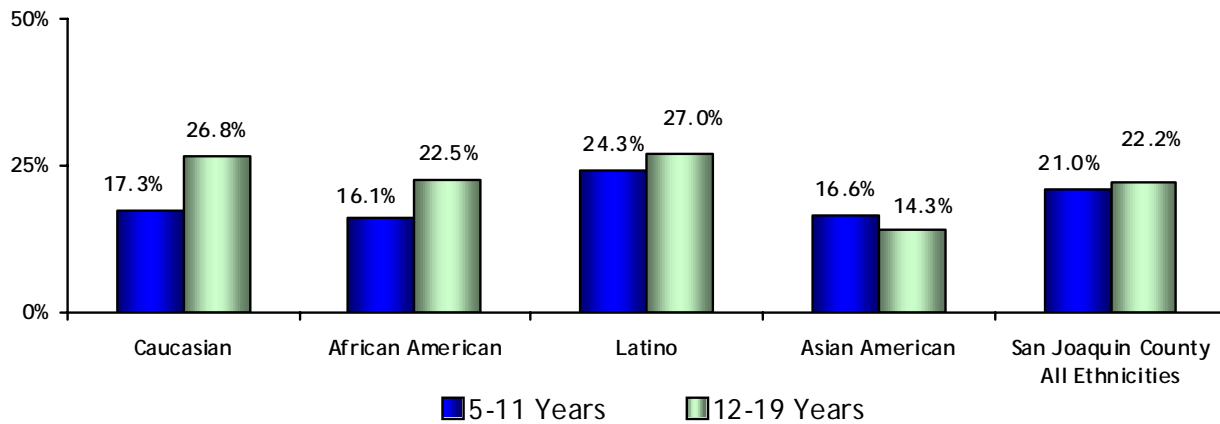
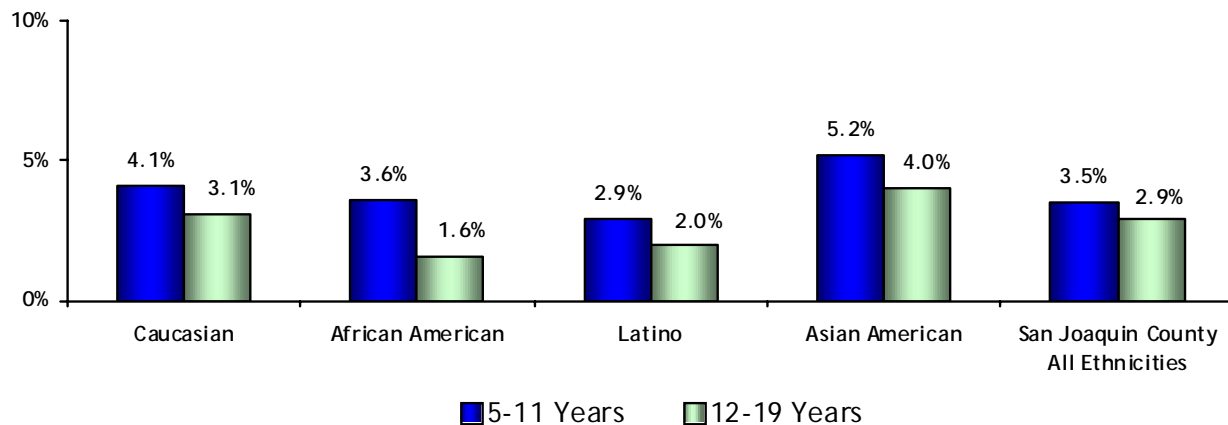


Figure 115: Percentage of San Joaquin County Children Who Are Underweight (<5<sup>th</sup> Percentile for Body Mass Index), by Ethnicity and Age, 2005



Source: Centers for Disease Control and Prevention, 2005 Pediatric Nutrition Surveillance, *Growth Indicators by Race/Ethnicity and Age*, 2007.

### What The Data Tell Us

Overall, 22% of San Joaquin County children ages 5–19 and 23% of California children ages 5–19 were overweight in 2005. Higher percentages of the County’s older children, ages 12-19, were overweight than their 5-11 year-old peers. Latinos and Caucasians had the highest percentages of overweight children in both age groups. Compared to all other ethnicities, Latinos and Caucasians ages 12-19 had the highest percentage of overweight children (27%) while Asian Americans of the same age had the smallest percentage (14%).

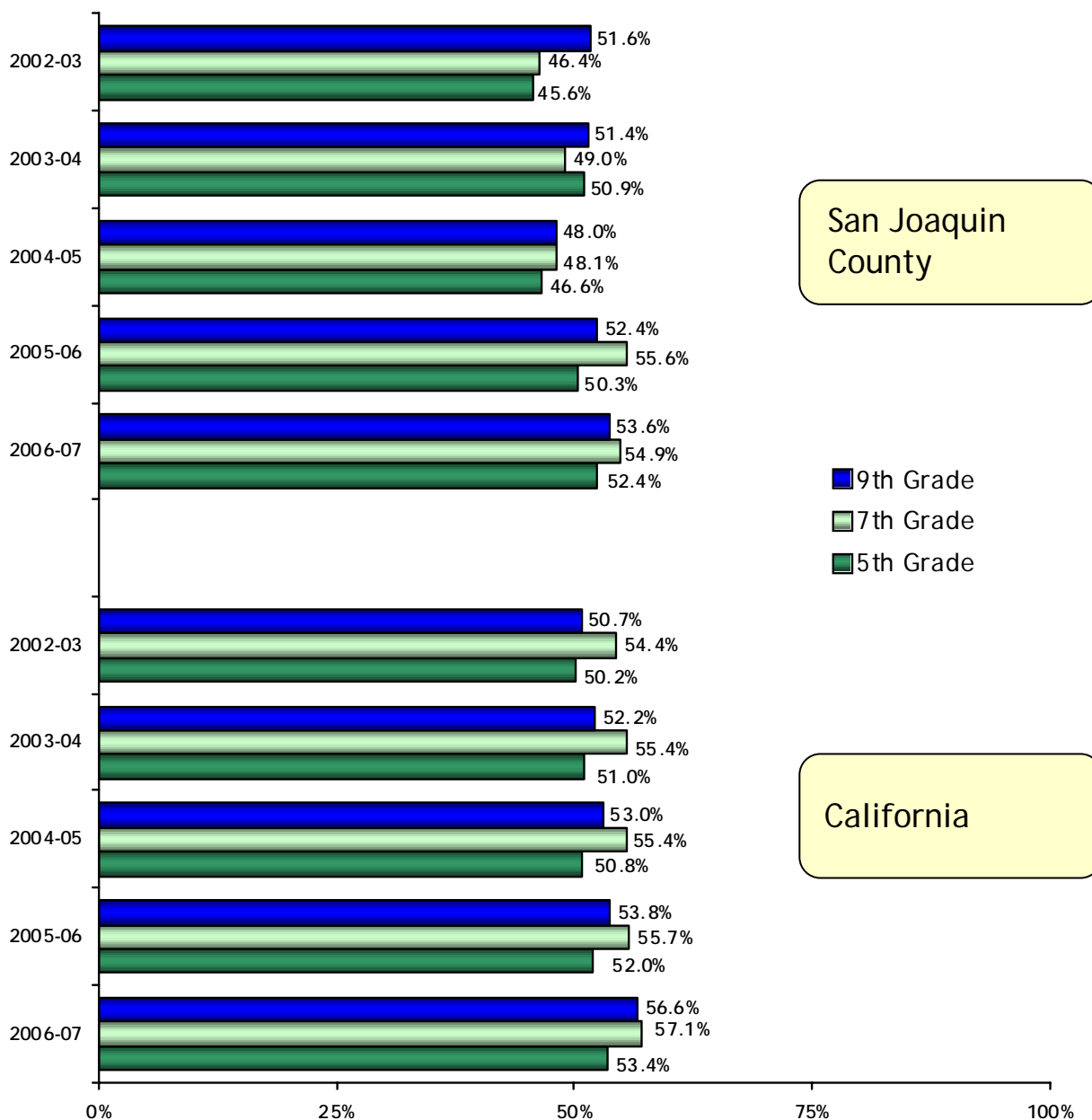
Also in 2005, San Joaquin County and California reported that 3% of all children ages 5-19 were underweight (< 5<sup>th</sup> percentile for BMI). The 12-19 year-old age group had smaller percentages of underweight youth regardless of ethnicity. Asian Americans were the ethnicity with the highest percentage of underweight children ages 5-11 (5%) and ages 12-19 (4%).

# Youth Physical Activity

## Why It Is Important

Regular physical activity helps children maintain a healthy weight. Children who are physically fit are less likely to suffer from chronic diseases in childhood and adulthood, and are more likely to become physically active adults, which in turn helps reduce the risks of heart disease and diabetes.

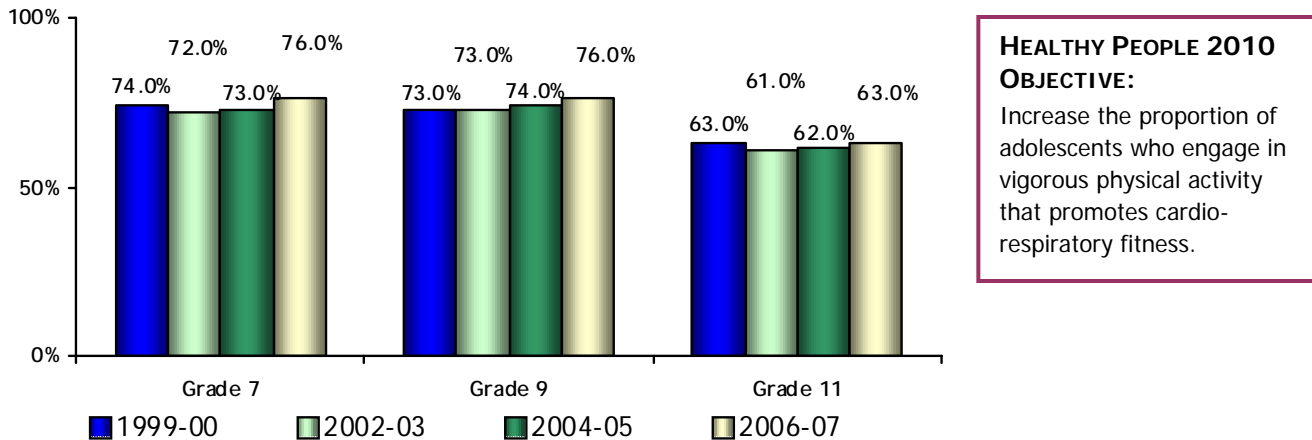
**Figure 116: Percentage of Students Achieving 5 or more out of 6 Fitness Standards, by Grade**



Source: State of California, Department of Education, Standards and Assessment Division, *California Physical Fitness Report*, 2007.

## Youth Physical Activity (cont.)

Figure 117:  Percentage of San Joaquin County Students Who Exercised or Did a Physical Activity for at Least 20 Minutes that Made Them Sweat and Breathe Hard in the Last 7 Days, by Grade



Source: San Joaquin County Office of Education, California Healthy Kids Survey, 2007.

Note: 1999-00 data presented represent the following districts: Banta Elementary, County Continuation/Alternative Sites, Escalon Unified, Holt Union Elementary, Lammersville Elementary, Lincoln Elementary, Linden Unified, Lodi Unified, Manteca Unified, New Hope Elementary, New Jerusalem Elementary, Oak View Union Elementary, Ripon Unified, Stockton Unified and Tracy Joint Unified. 2002-03 data presented represent the following districts: Escalon Unified, Lincoln Unified, Manteca Unified and Stockton City Unified. 2004-05 data represent all districts *except* New Jerusalem Elementary, Holt Union Elementary, and Banta Elementary. 2006-07 data presented represent all districts.

### What The Data Tell Us

From the 2002-03 to the 2006-07 school year, student “fitness” improved by a small margin for all grades in San Joaquin County. In 2006-07, over half of 5<sup>th</sup>, 7<sup>th</sup> and 9<sup>th</sup> graders achieved five or more standards while 7<sup>th</sup> graders had the highest percentage of students achieving at least five fitness standards, at 55%.

California consistently had a higher percentage of students achieving at least five standards than did the County from 2002-03 to 2006-07; over half of California students achieved five or more standards each year. In 2006-07 specifically, 7<sup>th</sup> graders had the highest percentage of students achieving five or more fitness standards (57%).

According to the California Healthy Kids Survey, the majority of San Joaquin County 7<sup>th</sup> and 9<sup>th</sup> graders (over 70%) reported exercising or doing a physical activity for at least 20 minutes that made them sweat and breathe hard during the 1999-00, 2002-03, 2004-05, and 2006-07 school years. The percentage of students who reported exercising for at least 20 minutes was lowest among 11<sup>th</sup> graders each year (61%-63%).

## How We're Making a Difference

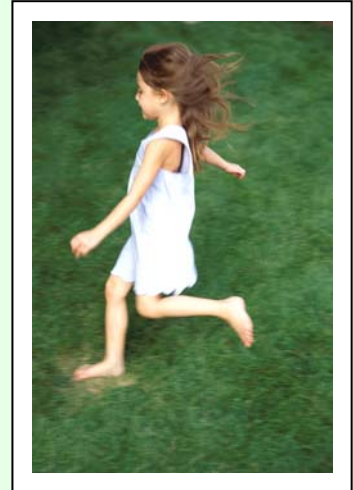
### Healthy San Joaquin Collaborative

The Healthy San Joaquin (HSJ) collaborative is a recent merger of two groups—the Childhood Obesity Learning Circle and the Nutrition and Physical Activity Coalition—which have similar goals and objectives. HSJ brings together representatives from over 30 organizations with the common vision that *the people of San Joaquin County will be physically active, eat healthy foods, and live in communities where policies and environments promote healthy lifestyles*. The Healthy San Joaquin's target population includes San Joaquin County professionals, paraprofessionals, and community leaders. HSJ has developed a three-year strategic plan to build community capacity for increasing physical activity, improving nutrition, and decreasing obesity, especially of children, through increased knowledge, advocacy and coordination of activities, resources and efforts in San Joaquin County.

HSJ's four goals are:

- Create community awareness/facilitate program development by identifying resources and fostering relationships
- Provide continuous education for our membership to increase their knowledge
- Empower individuals and groups to take action on behalf of their community to increase healthy lifestyles
- Create an operational and governance structure that supports us in meeting our vision and mission.

New members are always welcome to join our efforts. Please call (209) 468-2085.

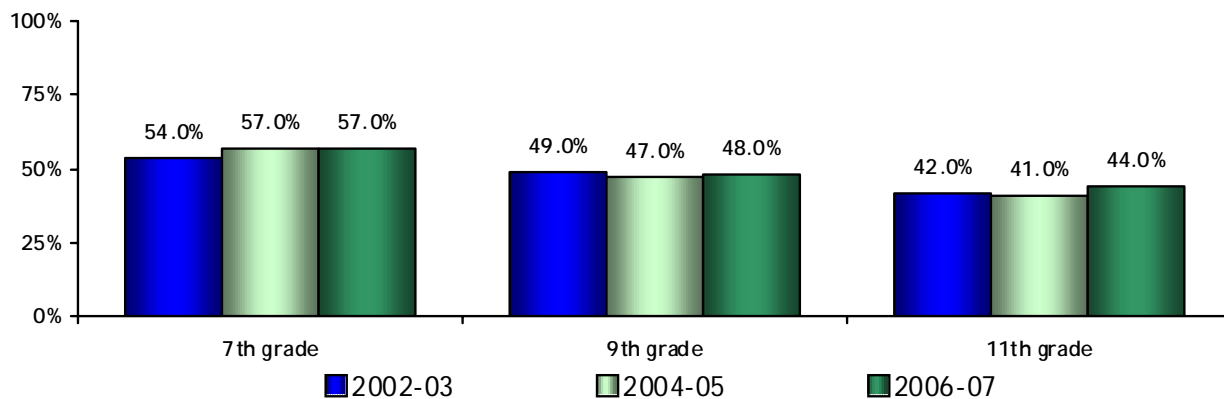


# Child and Adolescent Nutrition

## Why It Is Important

Research shows that good nutrition can help to lower people's risk for many chronic diseases, including heart disease, stroke, some cancers, diabetes and osteoporosis.<sup>56</sup> The United States Department of Agriculture (USDA), the National Academy of Sciences, the American Cancer Society and the National Cancer Institute recommend that people consume between 5 to 9 serving of fruits and vegetables each day to help maintain good health and reduce the risk of cancer and heart disease.<sup>57</sup> It is widely noted that fast food restaurants serve foods that are full of calories, saturated fats and carbohydrates. Eating fast food on a regular basis can contribute to high cholesterol, diabetes and weight problems. Saturated fats have been directly linked to heart disease, sugar to diabetes and sodium to high blood pressure. A steady diet of these non-nutrients can lead to many health problems.<sup>58</sup>

**Figure 118:**  Percentage of San Joaquin Students Who Reported Consuming 5 or More Portions of Fruits or Vegetables in the Past 24 Hours, by Grade



Source: San Joaquin County Office of Education, California Healthy Kids Survey, 2007.



Note: 2002-03 data presented represent the following districts: Escalon Unified, Lincoln Unified, Manteca Unified and Stockton City Unified. 2004-05 data represent all districts *except* New Jerusalem Elementary, Holt Union Elementary, and Banta Elementary. 2006-07 data presented represent all districts.

<sup>56</sup> Centers for Disease Control and Prevention, *Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity*. Retrieved January 14, 2008 from <http://www.cdc.gov/nccdphp/publications/aag/dnpa.htm>, 2007.

<sup>57</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, *5 a Day Frequently Asked Questions*, 2004.

<sup>58</sup> fuel the mind.com, Fast food nutrition facts, Retrieved January 14, 2008 from [http://www.fuelthemind.com/health/nutrition/nutrition\\_articles/fast\\_food\\_nutrition\\_article.html](http://www.fuelthemind.com/health/nutrition/nutrition_articles/fast_food_nutrition_article.html), 2008.

## Child and Adolescent Nutrition (cont.)

Figure 119:   How Many Times During the Past 7 Days Have Your Children Eaten Fast Food?

Response	Telephone Survey '04	Telephone Survey '07	Face-to-Face Survey '04	Face-to-Face Survey '07
Never	28.0%	32.0%	25.7%	29.5%
One time	36.8%	36.9%	30.0%	27.0%
Two times	21.3%	16.5%	20.3%	17.2%
Three times	7.7%	8.2%	6.2%	8.8%
Four times	1.6%	2.4%	3.4%	2.7%
Five times	0.8%	1.9%	2.0%	1.5%
More than five times	3.7%	1.9%	4.3%	1.9%
Total respondents	183	155	1,279	958

Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.

Note: Totals may not equal 100% due to respondents answering "Don't know."

### What The Data Tell Us

From 2002-03 to 2006-07 there were no large changes in the percentage of San Joaquin County students who reported consuming five or more portions of fruits or vegetables in the past 24 hours. In each survey year, 7<sup>th</sup> graders had the highest percentage of students eating fruits or vegetables in the past day (54%-57%). They were followed by 9<sup>th</sup> graders (47%-49%) and 11<sup>th</sup> graders (41%-44%). In 2006-07, the percentage of students who reported eating five or more servings of fruits or vegetables in the past 24 hours was 57% for 7<sup>th</sup> graders, 48% for 9<sup>th</sup> graders and 44% for 11<sup>th</sup> graders.

When asked how many times in the past week their children have eaten fast food, the greatest percentage of respondents to the 2007 Healthier San Joaquin County telephone survey replied "one time" (37%) followed by "never" (32%) and then "two times" (17%). The greatest percentage of 2007 face-to-face survey respondents indicated their children had never eaten fast food in the past week (30%), which was followed by "one time" (27%) and then "two times" (17%).

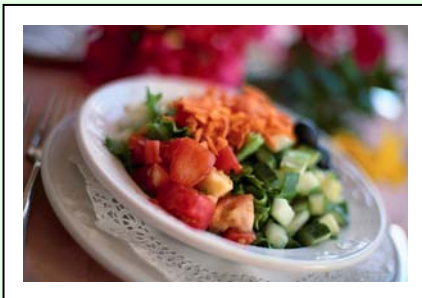
## *How We're Making a Difference*

### **Community Medical Centers, Inc.**

Community Medical Centers, Inc. (CMC) has developed a preventative health program geared towards patient self-management. CMC provides clinic-based health and nutrition education that includes one-to-one education and small group classes in asthma, diabetes, cholesterol, obesity, cardiovascular illness, and other health topics. Services provided by Health Educators are geared towards initiating patient behavior change.

#### **Stories of Health Education Successes**

Carlos, a four year old boy, was referred by his pediatrician to the Health Educator due to his weight problem. His family was very worried about his weight due to their family history of diabetes, heart attack, and stroke. They didn't understand why he kept gaining weight. Both Carlos and his parents attended the Nutrition classes, where they learned how to prepare their meals in a healthy way. They were taught how to read food labels and what types of food to avoid. They learned a lot about trans fat and non-trans fat. The Health Educator encouraged the family to drink low-fat or nonfat milk and to opt for water instead of juice. They also learned a lot about food servings, and Carlos' parents asked many questions about what each portion looks like. The Food Pyramid materials were utilized



to help them learn how to prepare well balanced meals. Most importantly, the Health Educator also stressed the importance of eating healthy snacks. She gave a list of different snacks that they could buy instead of candies and cakes. She also explained how walking together could help Carlos significantly reduce his weight, and the benefits to the entire family. At the end of the 4th class Carlos lost 8 lbs. and they were very happy. The family continues to improve their eating habits and still comes to Nutrition classes seeking new low-calorie recipes that they can try.

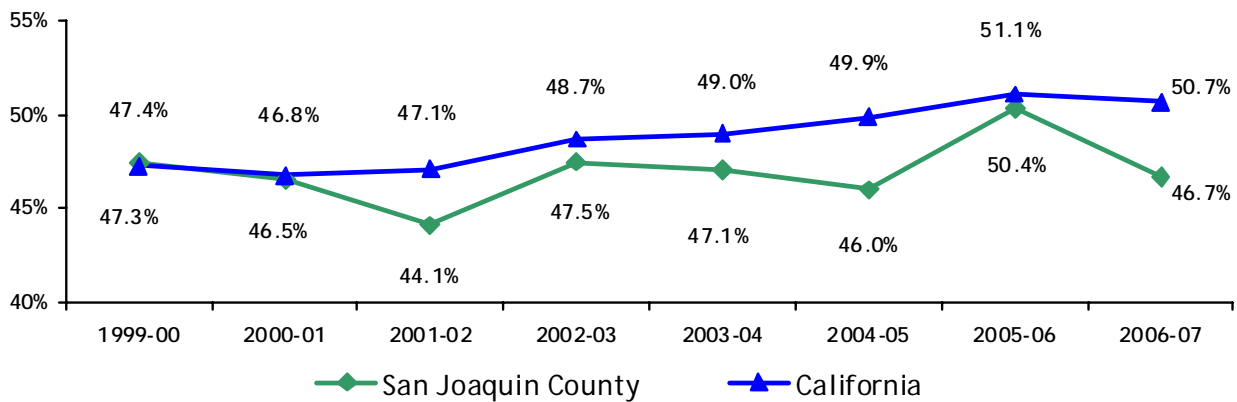
# Free and Reduced Cost Meals

## Why It Is Important

The National School Lunch Program qualifies low-income children living in families below 185% of the Federal Poverty Level for reduced-cost meals and those below 130% of the Federal Poverty Level to qualify for free meals.

Free and reduced cost meal programs serve children who might otherwise go without meals or choose nutritionally inferior food because of cost. School breakfasts and lunches also provide a nutritionally balanced and appropriately portioned meal at the lowest possible price. Moreover, studies have shown that when children’s nutritional needs are met they have fewer attendance and discipline problems and are more attentive in class.<sup>59</sup>

**Figure 120: Percentage of Students Enrolled in Free or Reduced Cost Meals**



Source: State of California, Department of Education, Educational Demographics Unit, 2007.

<sup>59</sup> California Department of Education (2007). *School Lunch*. Retrieved Jan., 2007, from <http://www.cde.ca.gov/ls/nu/sn/nslp.asp>.



## Free and Reduced Cost Meals (cont.)

Figure 121: Percentage of Students Receiving Free or Reduced Cost Meals

School District	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
Banta Elementary	40.4	39.9	45.9	40.4	39.5	39.2	44.6	47.7
Escalon Unified	34.1	32.1	33.3	35.1	38.9	38.7	38.8	42.5
Holt Union Elementary	94.4	98.9	93.5	93.5	98.1	92.6	90.4	92.8
Jefferson Elementary	11.5	9.4	12.1	12.3	10.2	11.4	12.9	14.8
Lammersville Elementary	33.0	23.6	27.7	23.8	28.5	17.8	17.0	18.8
Lincoln Unified	44.4	39.9	38.3	34.9	35.9	40.0	39.0	43.0
Linden Unified	39.0	38.6	40.9	39.9	43.0	41.2	48.5	45.4
Lodi Unified	51.6	52.2	50.1	60.2	52.5	53.7	54.2	42.1
Manteca Unified	30.4	28.2	30.2	33.0	34.6	28.3	42.2	43.8
New Hope Elementary	96.3	93.7	93.0	91.7	90.7	84.4	85.0	88.7
New Jerusalem Elementary	32.9	28.5	25.1	23.6	15.7	39.5	25.4	19.1
Oak View Union Elementary	27.9	29.6	35.6	39.3	40.5	39.1	40.9	38.8
Ripon Unified	15.4	24.1	24.4	17.7	26.2	25.1	24.9	26.4
San Joaquin County Office of Education	N/A	N/A	N/A	87.1	62.7	65.6	46.0	36.8
Stockton City Unified	67.2	67.4	67.2	62.8	65.1	68.7	72.7	68.8
Tracy Joint Unified	23.4	22.5	15.7	21.7	25.6	24.1	26.0	27.9
County Total	47.4	46.5	44.1	47.5	47.1	46.0	50.4	46.7
State Total	47.3	46.8	47.1	48.7	49.0	49.9	51.1	50.7

Source: State of California, Department of Education, Educational Demographics Unit, 2007.

### What The Data Tell Us


From 1999-00 to 2006-07, the percentage of students enrolled in the free or reduced cost meals program has remained at about 50% in both San Joaquin County and California, although California had a marginally higher percentage enrolled each year. In 2006-07 the California enrollment percentage was 51% compared to 47% in the County.

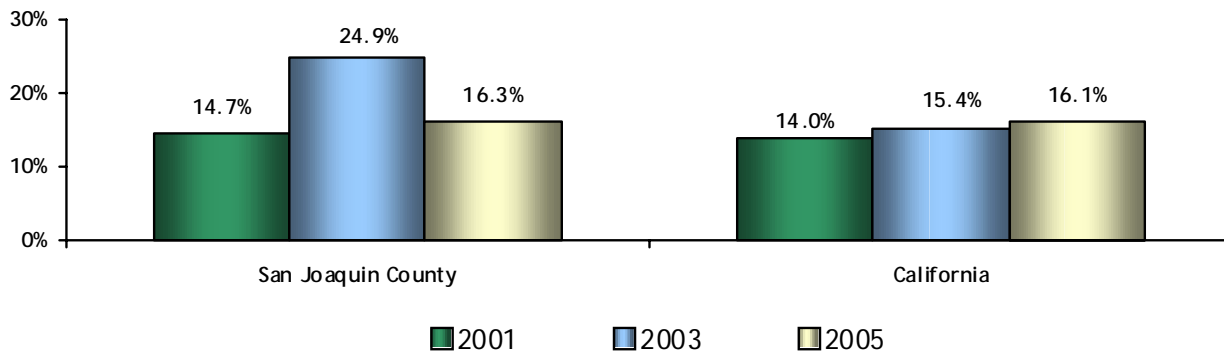
Among individual school districts within San Joaquin County, the district with the highest percentage of students who received free or low cost meals in 2006-07 was Holt Union Elementary (93%), followed by New Hope Elementary (89%) and Stockton City Unified (69%). The school district with the smallest percentage of students in the free or reduced cost lunch program was Jefferson Elementary (15%).

# Asthma

## Why It Is Important

Asthma is a chronic disease that causes the airways in the lungs to become sore and swollen. In the United States, about 9 million children have asthma. Children have smaller airways than adults, which makes asthma especially serious for them. Children with asthma may experience wheezing, coughing, chest tightness and trouble breathing.<sup>60</sup> Asthma is the leading cause of activity restriction among children and is the second most common chronic childhood condition.<sup>61</sup>

Figure 122:  Children Who Have Been Diagnosed with Asthma



Source: 2001, 2003 and 2005 California Health Interview Survey.


San Joaquin County 2001 N: 170,000; 2003 N: 179,000; 2005 N: 188,000.

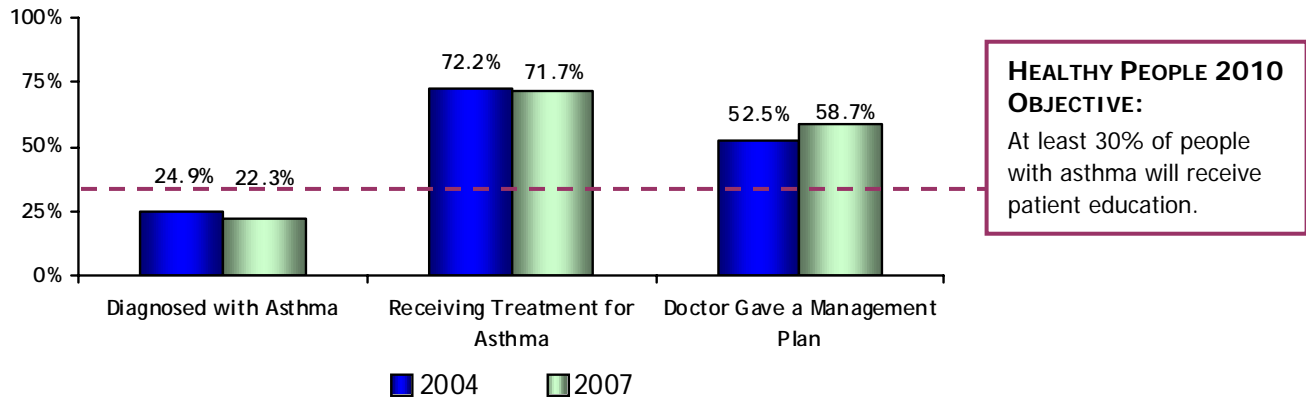
California 2001 N: 8,801,000; 2003 N: 9,021,000; 2005 N: 9,186,000.

<sup>60</sup> United States National Library of Medicine, National Institutes of Health, *MedlinePlus Health Topics: Asthma in Children*. Retrieved January 14, 2008 from <http://www.nlm.nih.gov/medlineplus/asthmainchildren.html>, 2008.

<sup>61</sup> UCLA Center for Health Policy Research, *Policy Brief: Asthma among California’s Children, Adults and the Elderly: A Geographic Look by Legislative Districts*, September 2004.

## Asthma (cont.)

Figure 123:  Percentage of Children Diagnosed with Asthma, Percentage Receiving Treatment for Their Asthma and Percentage Whose Doctor Gave a Management Plan or Instructions on How to Treat Their Asthma



Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2004 and 2007.

Telephone Survey Diagnosed with Asthma 2004 N: 184; 2007 N: 155; Receiving Treatment for Asthma 2004 N: 46; 2007 N: 35; Doctor Gave a Management Plan 2004 N: 46; 2007 N: 35.

Note: Questions about treatment and about management plan was asked only of those respondents who reported that their children had been diagnosed with asthma.

### What The Data Tell Us

California Health Interview Survey (CHIS) data from 2001 to 2005 showed a small increase in the percentage of children diagnosed with asthma in both San Joaquin County and California. In 2005, 16% of children in both the County and the state had asthma.

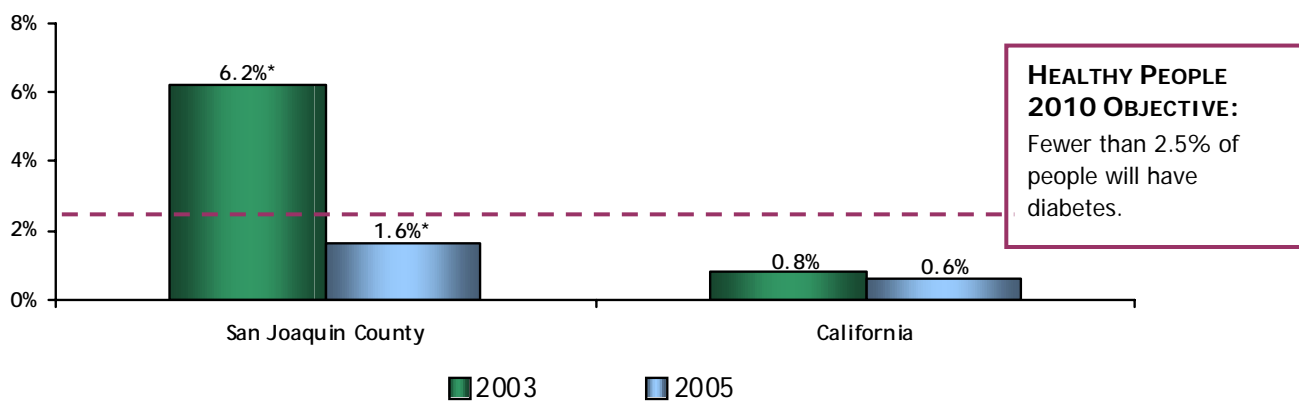
About a fourth of adult respondents to the Healthier San Joaquin County telephone survey reported that their children had asthma in 2004 and 2007. Seven out of every ten children diagnosed with asthma (about 72%) were receiving treatment each year while a smaller percentage had been given a management plan by their doctor (53% in 2004 and 59% in 2007).

# Childhood Diabetes

## Why It Is Important

Most children with diabetes have type I diabetes. Type 1 diabetes is a disease of the immune system where the immune system attacks and kills the insulin-producing cells of the pancreas. People with type 1 diabetes must take insulin daily to survive. In comparison, type 2 diabetes occurs when the body is no longer able to use insulin well and this type of diabetes occurs most frequently in overweight adults ages 40 and older. As the number of children who are overweight, obese and/or inactive rises, more children are being diagnosed with type II diabetes.<sup>62</sup>

Figure 124:  Youth Who Have Been Diagnosed with Diabetes, Ages 12-17



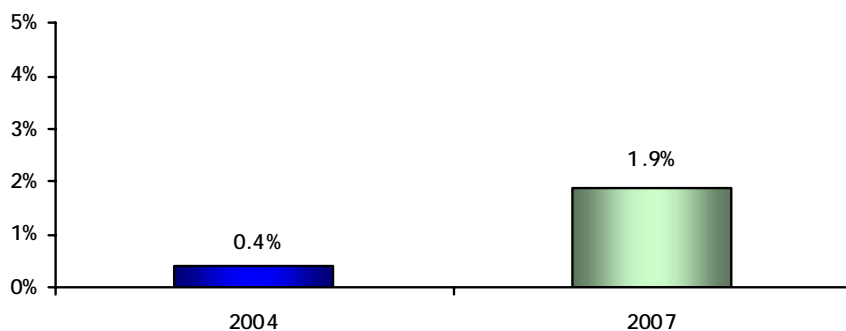
Source: 2003 and 2005 California Health Interview Survey.

San Joaquin County 2003 N: 67,000. 2005 N: 71,000.

California 2003 N: 3,260,000; 2005 N: 3,359,000.

\* Statistically unstable due to low number of respondents. Caution should be used with these data.

Figure 125:  Percentage of Children Diagnosed with Diabetes or Sugar Diabetes



Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2004 and 2007.

Telephone Survey 2004 N: 184; 2007 N: 156.

<sup>62</sup> National Institute of Health, National Diabetes Education Program, *Overview of Diabetes in Children and Adolescents Fact Sheet*, 2006.

# Childhood Diabetes (cont.)

## What The Data Tell Us

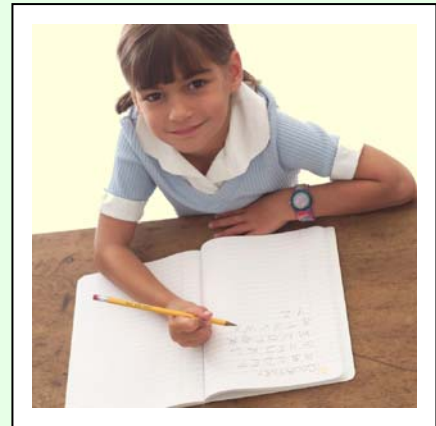
In 2003 and 2005, a small percentage of children ages 12–17 in both San Joaquin County and California had been diagnosed with diabetes. Unfortunately, due to the low number of respondents in both CHIS years, the San Joaquin County data are statistically unreliable. However, less than 1% of California children ages 12–17 were diagnosed with diabetes each survey year. There is no specific Healthy People 2010 Objective for childhood diabetes, but the overall objective is that fewer than 2.5% of people will have diabetes.

## *How We're Making a Difference*

### **Give Every Child a Chance**

Sometimes, families have to compromise the quality or quantity of nutrition and exercise for a variety of reasons. Lack of knowledge about nutrition and time constraints of today's living often leave children at the short end of the stick for a healthy meal. "Inadequate nutrition and exercise can have its effect on a child's behavior and performance in school," said Carol Davis, President and CEO of Give Every Child a Chance (GECAC). "We offer hands-on activity-driven education combining classroom instruction with outdoor activities around a healthier family theme. We're seeing results in learning and school attendance."

GECAC operates cardiovascular and diabetes prevention and positive lifestyle programs for 865 students at nine school sites in Manteca, Lathrop, Banta, Escalon, French Camp and Weston Ranch. Increased scores in the most recent California Standardized Testing and Results (STAR) results indicate that 77% of GECAC participants advanced one academic grade level in language arts and 76% advanced one year's growth in math. "Kaiser Permanente is there for us and shares health education and disease prevention resources. With this kind of support, we have a greater ability to help families make positive lifestyle changes," Davis said. "This is where positive attitudes on the playing field and better nutrition result in good report cards in the classroom."




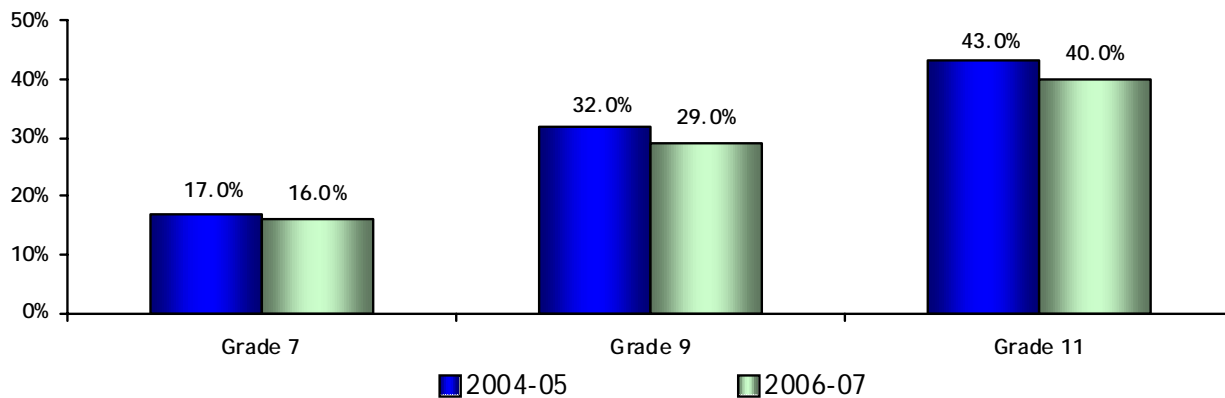
# Youth Tobacco Use

## Why It Is Important

Smoking and secondary smoke have serious health consequences for people of all ages; however, tobacco use by young people is particularly problematic as the earlier a person uses tobacco the more heavily he or she is likely to use tobacco as an adult.<sup>63</sup> Nearly all first use of tobacco takes place before high school graduation; almost 90% of adult smokers started at or before the age 19. For the most part, people who do not start using tobacco when they are teens never start using it.<sup>64</sup>

Cigarette smoking causes serious health problems among children and teens, including coughing, shortness of breath, respiratory illnesses, reduced physical fitness, poor lung growth and function, worse overall health and addiction to nicotine.

**Figure 126:**  Percent of Students who have Ever Used Cigarettes or Smokeless Tobacco by Grade




Source: San Joaquin County Office of Education, California Healthy Kids Survey, 2005 and 2007.

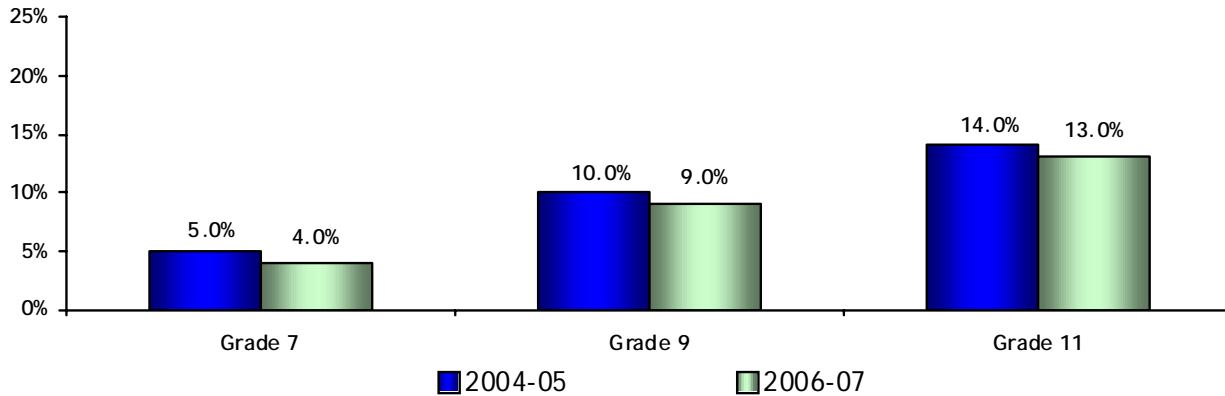
Note: 2006-07 data represent all districts. 2004-05 data represent all districts *except* New Jerusalem Elementary, Holt Union Elementary, and Banta Elementary.

<sup>63</sup> The National Center for Chronic Disease Prevention and Health Promotion. *Preventing Tobacco Use Among Young People: A Report of the Surgeon General, 1994.*

<sup>64</sup> American Cancer Society, *Child and Teen Tobacco Use* [Electronic version], 2007.

# Youth Tobacco Use (cont.)

Figure 127:  Percent of Students who have Used Cigarettes or Smokeless Tobacco in the past 30 Days by Grade



Source: San Joaquin County Office of Education, California Healthy Kids Survey, 2005 and 2007.

Note: 2004-05 data represent all districts *except* New Jerusalem Elementary, Holt Union Elementary, and Banta Elementary. 2006-07 data represent all districts.

## What The Data Tell Us


According to the California Healthy Kids Survey conducted in both 2004-05 and 2006-07, 30-day and lifetime cigarette usage increased as students got older. In 2006-07, 16% of 7<sup>th</sup> graders have ever smoked compared to 29% of 9<sup>th</sup> graders and 40% of 11<sup>th</sup> graders. These percentages have decreased since 2004-05. In 2006-07, 4% of 7<sup>th</sup> graders have smoked in the past 30 days compared to 9% of 9<sup>th</sup> graders and 13% of 11<sup>th</sup> graders. These percentages were slightly lower than the percentages for 2004-05.

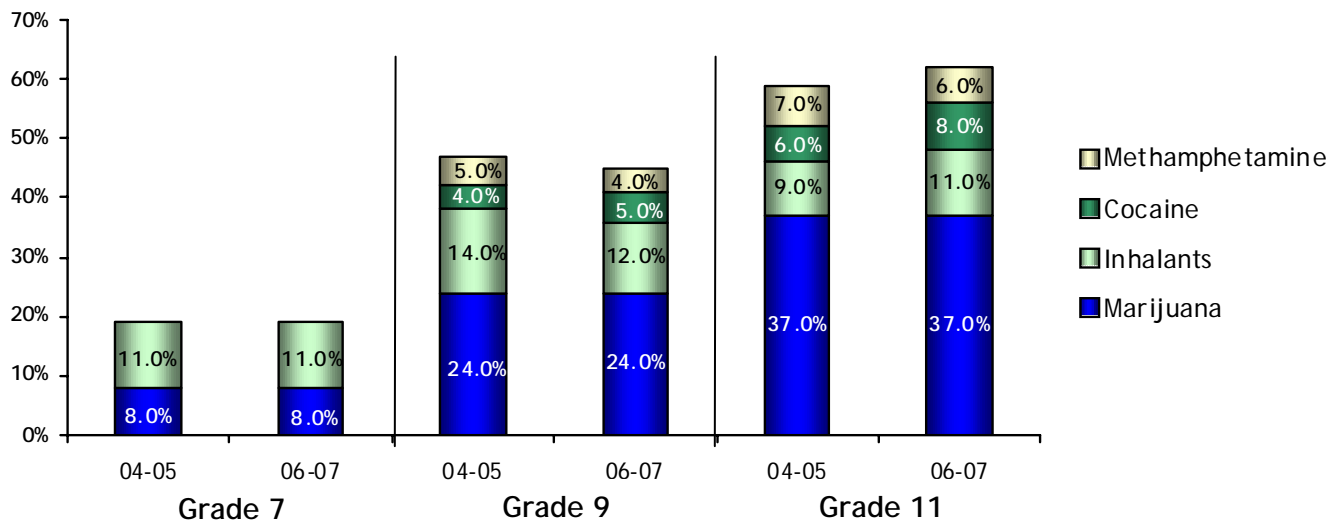


# Youth Drug Use

## Why It Is Important

Youth who engage in substance abuse are more likely to also engage in risky or unhealthy behavior that can result in serious diseases, chronic health conditions, injuries and even death. Drug use is also linked to educational failure, family and social problems. Unfortunately, most drug use is cyclical as children with parents who have a history of use are more likely to use themselves.<sup>65</sup>

Figure 128:  Percent of Students who have Ever Used Drugs, by Grade and Substance



Source: San Joaquin County Office of Education, California Healthy Kids Survey, 2005 and 2007.

Note: 2004-05 data represent all districts *except* New Jerusalem Elementary, Holt Union Elementary, and Banta Elementary. 2006-07 data represent all districts. Questions regarding cocaine and methamphetamine usage not asked of middle school students.

## What The Data Tell Us

Marijuana use increased by grade, but within each grade, has remained consistent between 2004-05 and 2006-07. In both 2004-05 and 2006-07, 8% of 7<sup>th</sup> graders, 24% of 9<sup>th</sup> graders and 37% of 11<sup>th</sup> graders used marijuana. In 2006-07, the percentage of students who used inhalants was fairly similar across grade. Eleven percent (11%) of 7<sup>th</sup> graders, 12% of 9<sup>th</sup> graders, and 11% of 11<sup>th</sup> graders used inhalants. In 2006-07, 5% of 9<sup>th</sup> graders used cocaine compared to 8% of 11<sup>th</sup> graders, and 4% of 9<sup>th</sup> graders used methamphetamine compared to 6% of 11<sup>th</sup> graders. Seventh graders were not asked whether or not they used cocaine or methamphetamine.

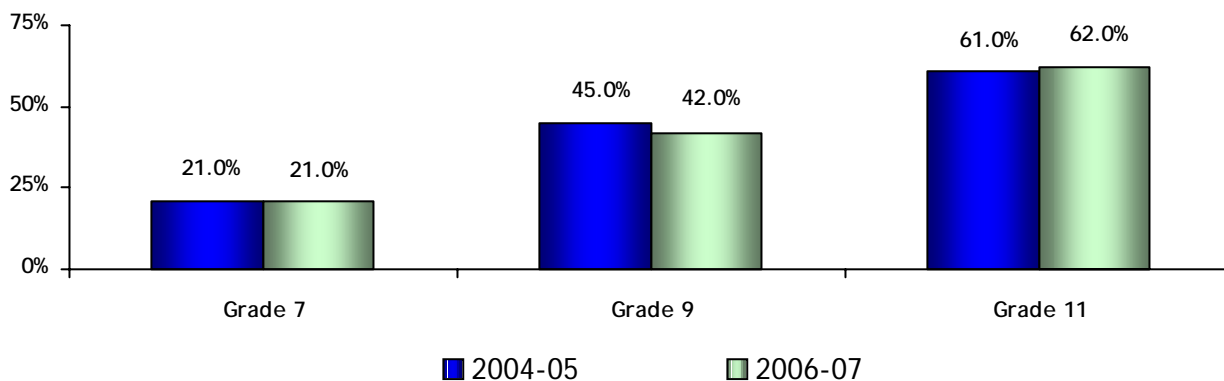
<sup>65</sup> Applied Survey Research, *San Mateo County Children's Report*, 2005.

# Youth Alcohol Consumption

## Why It Is Important


Alcohol is the leading drug of abuse by American youth. The National Center on Addiction and Substance Abuse connects youth alcohol consumption to dangerous sexual activity, school drop outs, overdose deaths and suicides. Moreover, the center indicates that teens who experiment with alcohol are “virtually certain” to continue using alcohol in the future.<sup>66</sup>

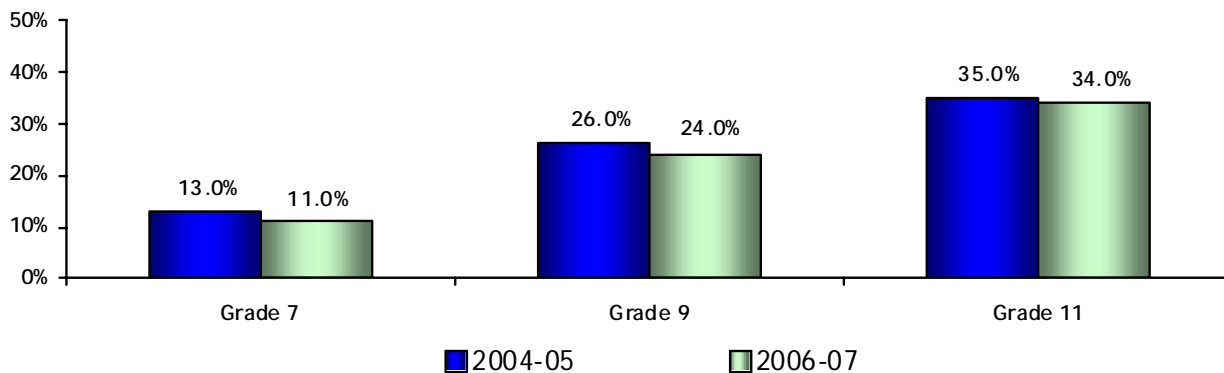
**Figure 129:**  Percent of Students who have Ever Used Alcohol by Grade



Source: San Joaquin County Office of Education, California Healthy Kids Survey, 2005 and 2007.

Note: 2004-05 data represent all districts *except* New Jerusalem Elementary, Holt Union Elementary, and Banta Elementary. 2006-07 data represent all districts.

**Figure 130:**  Percent of Students who have Used Alcohol in the Past 30 Days by Grade



Source: San Joaquin County Office of Education, California Healthy Kids Survey, 2005 and 2007.

Note: 2004-05 data represent all districts *except* New Jerusalem Elementary, Holt Union Elementary, and Banta Elementary. 2006-07 data represent all districts.

<sup>66</sup> The National Center on Addiction and Substance Abuse at Columbia University. *Teen Tiplers: America’s Underage Drinking Epidemic*, 2003.

# Youth Alcohol Consumption (cont.)

## What The Data Tell Us

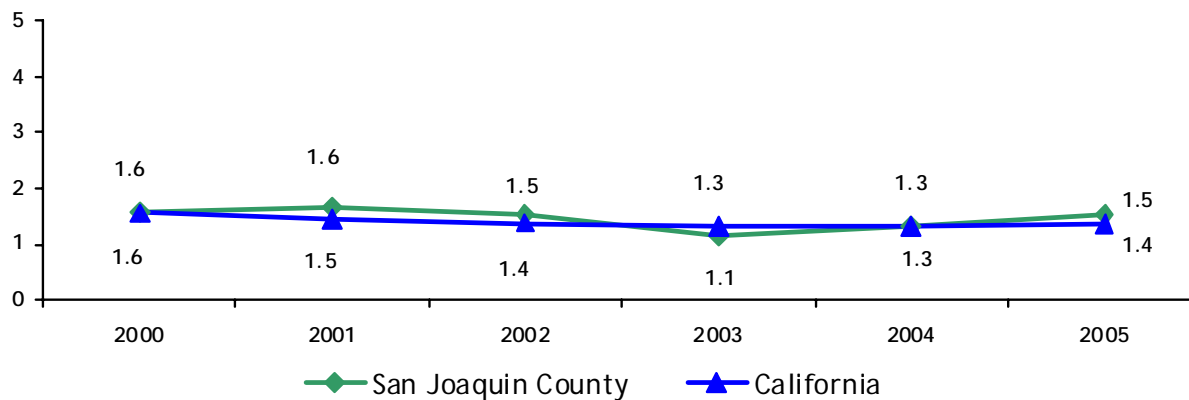
As with tobacco use, the percentages of students who had ever consumed alcohol and who had used alcohol in the past 30 days increased with age in both 2004-05 and 2006-07. In 2006-07, 21% of 7<sup>th</sup> graders, 42% of 9<sup>th</sup> graders and 62% of 11<sup>th</sup> graders had ever used alcohol. These percentages either did not change or changed very little from 2004-05 where 21% of 7<sup>th</sup> graders, 45% of 9<sup>th</sup> graders, and 61% of 11<sup>th</sup> graders had ever used alcohol. The percentages of students who had used alcohol in the past 30 days in 2006-07 decreased slightly from 2004-05. In 2006-07, 11% of 7<sup>th</sup> graders, 24% of 9<sup>th</sup> graders and 34% of 11<sup>th</sup> graders used alcohol in the past 30 days.

# Youth Drug and Alcohol Related Arrests

## Why It Is Important

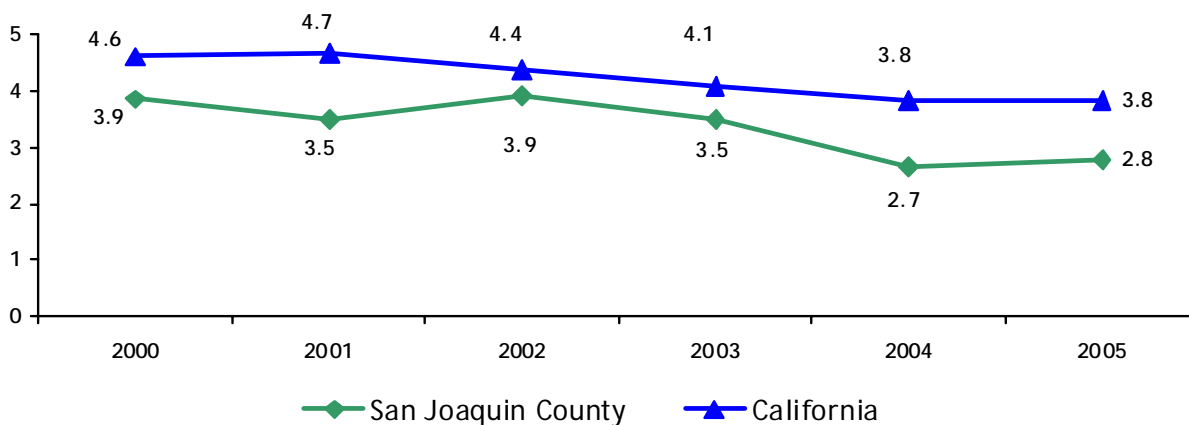
Youth who engage in illegal activities are a risk to themselves, their friends and family and the larger community. Moreover, young offenders recidivate at a high rate, often returning to criminal activity even after becoming adults. Juvenile arrest rates may also indicate other risk-taking behavior and be a sign of substance abuse, poverty, gang involvement and mental health issues.<sup>67</sup>

**Figure 131: Youth Drug and Alcohol Related Felony Arrest Rates per 1,000 Youth Ages 10-17**



Source: California Department of Justice, Juvenile Felony Arrests, 2007. Population data: California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050, 2007.

**Figure 132: Youth Drug and Alcohol Related Misdemeanor Arrest Rates per 1,000 Youth Ages 10-17**



Source: California Department of Justice, Juvenile Misdemeanor Arrests, 2007. Population data: California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050, 2007.

<sup>67</sup> The Santa Clara County Children’s Report, 2005.

# Youth Drug and Alcohol Related Arrests (cont.)

## What The Data Tell Us

From 2000 to 2005 San Joaquin County and California had very similar youth drug and alcohol related felony arrest rates per 1,000 residents ages 10-17. In 2005, San Joaquin County had a rate of 1.5, compared to a rate of 1.4 for California. In contrast, from 2000 to 2005, California consistently had a higher rate of youth drug and alcohol related misdemeanor arrests than the County. In 2005, this rate was 3.8 while San Joaquin County's rate was 2.8.

# Youth Suicide

## Why It Is Important

In 2001, suicide was the third leading cause of death among teenagers ages 15–19.<sup>68</sup> Because the death of a young person is usually only called a suicide if there is a suicide note, many health professionals believe suicides are underreported. Further, injuries are not tracked systematically unless they result in hospitalization or death. Thus, these nonfatal self-inflicted injury hospital data only represent the most serious injuries among children. Suicidality, including intentional self-harm and completed suicide, is indicative of serious mental health problems and may signal other traumatic life events such as depression, social isolation, discrimination and physical or substance abuse. A growing body of research estimates that gay, lesbian, bisexual and transgendered youth attempt suicide at a rate 2–3 times higher than their heterosexual peers.<sup>69</sup>

**Figure 133: Number of Suicides for Youths, Ages 5-15**

	2000	2001	2002	2003	2004
San Joaquin County	0	0	1	1	2
California	39	34	33	19	38

Source: State of California, Department of Health Services, Death Records, 2005.

**Figure 134: Number and Rate of Suicides per 100,000 Teens, Ages 16-20**

	2000		2001		2002		2003		2004	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
San Joaquin County	6	12.6	2	3.9	4	7.5	2	3.6	5	8.7
California	159	6.4	148	5.9	142	5.5	179	6.9	182	6.8

Source: State of California, Department of Health Services, Death Records, 2005.

Note: Extreme caution should be used when looking at the suicide rates for San Joaquin County as they are based on less than 20 cases. Therefore, the rates can vary widely even when the number of deaths does not.

<sup>68</sup> Centers for Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics Report, Volume 49, Number 11*, 2001.

<sup>69</sup> University of New Hampshire, Counseling Center, *Suicide and Lesbian, Bisexual and Transgender Youth*, 2002.

## Youth Suicide (cont.)

Figure 135: Number and Rate of Nonfatal Intentional Self-Inflicted Hospitalizations per 1,000 Teens, Ages 13-15 and 16-20

	1999		2000		2001		2002		2003		2004	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
<b>San Joaquin County</b>												
Ages 13-15	19	0.7	22	0.7	26	0.8	11	0.3	18	0.5	17	0.5
Ages 16-20	30	0.7	36	0.8	29	0.6	43	0.8	40	0.7	51	0.9
<b>California</b>												
Ages 13-15	844	0.6	1,178	0.8	1,135	0.7	1,194	0.8	1,148	0.7	1,015	0.6
Ages 16-20	1,977	0.9	2,322	0.9	2,660	1.1	2,550	1.0	2,534	1.0	2,424	0.9

Source: California Office of Statewide Health Planning and Development, Patient Discharge Data, 2007. Population data: California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. 2007.

Note: Extreme caution should be used when looking at the nonfatal intentional self-inflicted hospitalizations rates for San Joaquin County teens ages 13-15 that are based on less than 20 cases as the rates can vary widely even when the number of deaths does not. Population data from 2000-2003 include 2000 Census results.

### What The Data Tell Us


In San Joaquin County, the number of youth suicides (ages 5-15) ranged from 0 in 2000 to 2 in 2004. In California the number of youth suicides fluctuated between 39 in 2000 to 38 in 2004. In 2004, the rate of teen suicides (ages 16-20) in San Joaquin County was 8.7 deaths per 100,000. In 2004, the California rate of teen suicides was 6.8 deaths per 100,000.

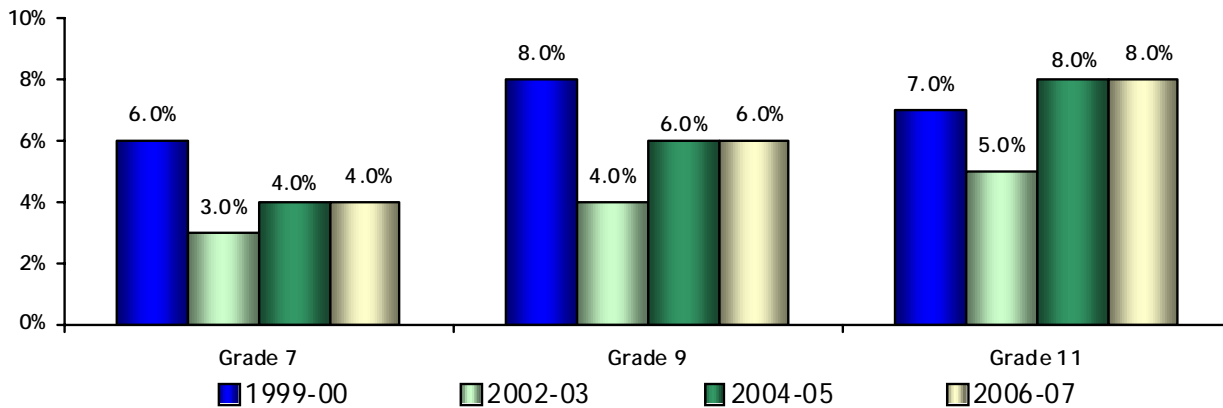
From 1999 to 2004, the rate of nonfatal intentional self-inflicted hospitalizations in the County stayed under 1.0 per 1,000 for teens ages 13-15 and 16-20 as did the state rate, except for the years 2001, 2002 and 2003 when the rate reached 1.1, 1.0 and 1.0, respectively.

# Teen Relationship Violence

## Why It Is Important

Many experts estimate that violence in adolescent dating relationships is a large-scale problem and may result in long-term trauma and psychosocial problems for victims. Further, violence in dating relationships among youth may be viewed as a precursor to violence in adult relationships. Statistics indicate that there may be a progression from hurtful gossiping and teasing to serious forms of violence such as pushing, hitting and punching a boyfriend or girlfriend.<sup>70</sup> Relationship violence has been associated with other serious health-risk behaviors, such as alcohol and drug abuse, eating disorders, depression, risky sexual behavior, poor school performance and suicidal behavior.<sup>71</sup>

**Figure 136:**  Percentage of San Joaquin County Teens Who Experienced Relationship Violence in the Past 12 Months, by Grade



Source: San Joaquin County Office of Education, California Healthy Kids Survey, 2007.

Note: 1999-00 data presented represent the following districts: Banta Elementary, County Continuation/Alternative Sites, Escalon Unified, Holt Union Elementary, Lammersville Elementary, Lincoln Elementary, Linden Unified, Lodi Unified, Manteca Unified, New Hope Elementary, New Jerusalem Elementary, Oak View Union Elementary, Ripon Unified, Stockton Unified and Tracy Joint Unified. 2002-03 data presented represent the following districts: Escalon Unified, Lincoln Unified, Manteca Unified and Stockton City Unified. 2004-05 data represent all districts *except* New Jerusalem Elementary, Holt Union Elementary, and Banta Elementary. 2006-07 data presented represent all districts.

## What The Data Tell Us

From 1999-00 to 2006-07, 7<sup>th</sup> and 9<sup>th</sup> graders saw a decrease of 2% in the percentage of teens who experienced relationship violence in the past 12 months. Eleventh graders had a small increase of 1% from 7% to 8%.

<sup>70</sup> Jennifer Connolly, York University; Debra J. Pepler, York University; & Wendy Craig, Queen’s University, Teen Relationship Project, *What We’ve Learned About Dating Violence*, 2003.

<sup>71</sup> California Attorney General’s Crime and Violence Prevention Center, Safe State: Preventing Crime and Violence in California, *Teen Relationship Violence Facts*, 2005. Retrieved March 28, 2005 from: <http://www.safestate.org/index.cfm?navID=169>.



# Homeless Youth

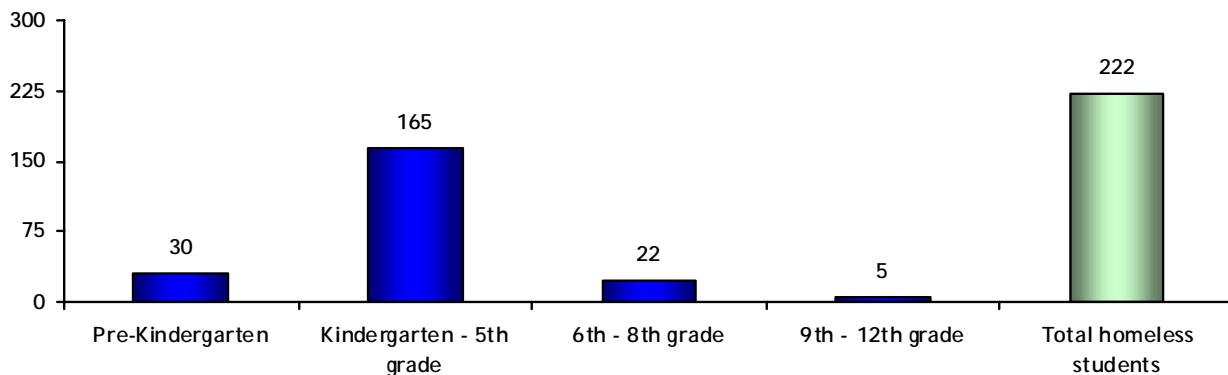
## Why It Is Important

The majority of homeless families consist of a single mother and her children. However, homeless youth also consist of runaways and other youth who do not come from homeless families. Homeless children face significant health challenges and are more likely than non-homeless youth to go hungry. Further, homeless youth are 12 times as likely to end up in foster care and 20% of these children do not attend school.<sup>72</sup> Those who do attend school may face challenges such as having to repeat a grade or being suspended.

Homeless children are guaranteed enrollment in school by the federal McKinney-Vento Act and California state law. Children and youth are considered homeless if they live:

- In a shelter (family, domestic violence or youth shelter or transitional living program)
- In a motel, hotel or weekly rate housing
- In a house or apartment with more than one family because of economic hardship or loss
- In an abandoned building, in a car, at a campground or on the street
- In temporary foster care or with an adult who is not your parent or guardian
- In substandard housing (without electricity, water or heat)
- With friends or family because you are a runaway or an unaccompanied youth<sup>73</sup>

**Figure 137: Homeless Students Enrolled in San Joaquin County Schools, 2003-04**



Source: San Joaquin County Office of Education, 2004.



New data not available

## What The Data Tell Us

During the 2003-04 school year, there were 222 homeless students enrolled in San Joaquin County schools. Students in elementary school (kindergarten to 5<sup>th</sup> grade) accounted for most of those students (165) followed by pre-kindergarten students (30) and 6<sup>th</sup> to 8<sup>th</sup> grade students (22).

While data were not available by grade level, the total number of homeless students in the County during the 2006-07 school year was 1,147.

<sup>72</sup> California Housing Law Project, *Homeless Children*, 2001, retrieved March 28, 2005 from <http://www.housingadvocates.org/default.asp?ID=170>.

<sup>73</sup> California Department of Education, *Enrollment Poster for Homeless Youth*, 2005, retrieved March 28, 2005 from <http://www.cde.ca.gov/sp/hs/cy/enrollpost.asp>.

