
































Children and Adolescents

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Children and Adolescents Summary

Indicator	Measurement	Data	Year	Recent Trend	Direction	Page
Poverty	Children in poverty	20%	2009	—		126
Children’s Health Insurance	Telephone survey respondents’ children with health insurance	96%	2010	↑		127
Healthy Families Enrollment	Healthy Families enrollment	19,488	2009	↑		129
Annual Health Assessments	Telephone survey respondents’ children who get annual health exams	90%	2010	↑		130
Access and Utilization	Children who have a usual place to go to when they are sick or need health advice	94%	2007	—		132
Dental Insurance	Telephone survey respondents’ children with dental insurance	86%	2010	—		134
Births to Teens	Births to teens (ages 15–19)	11%	2009	↓		136
Teens – Low Birth Weight Babies and Adequate Prenatal Care	Teen mothers (ages 15–19) who received prenatal care in the first trimester	61%	2009	↑		137
Overweight and Underweight Youth	Children (ages 5-19) who are obese	23%	2009	↑		139
Youth Physical Activity	9 th graders who achieved 5 or more out of 6 fitness standards	58%	2008-2009	↑		142
Child and Adolescent Nutrition	Telephone survey respondents’ children who ate fast food at least once in the past 7 days	60%	2010	↑		145
Free and Reduced Cost Meals	Free and reduced cost meals	59%	2009-2010	↑		148
Asthma	Telephone survey respondents’ children diagnosed with asthma	34%	2010	↑		150
Childhood Diabetes	Telephone survey respondents’ children diagnosed with diabetes or sugar diabetes	1.8%	2010	↑		152
Youth Tobacco Use	11 th graders who have ever smoked a whole cigarette	29%	2008-2009	↑		153
Youth Drug Use	11 th graders who have ever used marijuana	39%	2008-2009	↑		155
Youth Alcohol Consumption	11 th graders who have ever used alcohol	63%	2008-2009	↑		156
Youth Drug and Alcohol Related Arrests	Drug-related felony arrests per 1,000 youth (ages 10-17)	1.2	2009	↓		158
Youth Suicide	Number of youth (ages 5-24) suicides	7	2008	↓		159
Teen Relationship Violence	11 th grade teen relationship violence in the past 12 months	9%	2008-2009	↑		161
Homeless Youth	Homeless students enrolled in school	2,648	2009-2010	↑		162
Graduation Rate	High school graduation rate	74%	2008-09	↓		163
Dropout Rate	Four year high school dropout rate	27%	2008-09	↓		164

Legend

Item	Description
	Indicates data moving in an upward direction over time.
	Indicates data moving in a downward direction over time.
	Indicates data remaining constant over time.
NA	Indicates trend data is not available.
	Indicates data with a combination of both challenges and successes.
	Indicates data moving in a negative direction.
	Indicates data moving in a positive direction.

Poverty

The federal poverty guideline was \$22,050 for a family of four, in 2009. Families with incomes below the federal poverty level are referred to as poor, although research suggests that on average families need an income of about twice the federal poverty level to meet their basic needs. It's estimated that 19% of children (over 1,754,200 nationwide) live in poor families, whose income falls below 100% of the federal poverty level. Economic hardship and other types of deprivation can have profound effects on children's development and their prospects for the future—and therefore on the nation as a whole. Low family income can impede children's cognitive development and their ability to learn. It can contribute to behavioral, social, and emotional problems and it can cause and exacerbate poor health.³⁸



The poverty rate for children ages 5-17 living in San Joaquin County has nearly doubled since 2000. The poverty rate increased to 20% of all children ages 5-17 living in San Joaquin County in 2009, up from 11% in 2000. The state percentages of impoverished children ages 5-17 have stayed fairly constant during that same period.

The percentage of very young children ages 0-4 living in poverty increased slightly in San Joaquin County from 19% in 2000 to 20% in 2009.

The percentage of all children living in poverty ages 0-17 in the county increased from 13% in 2000 to almost 20% in 2009. However, the percentage for all California children ages 0-17 living in poverty stayed fairly stable from 19.2% in 2000 to 19.6% in 2009.

Estimated Percentage of Children Living in Poverty

Ages	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Ages 0-4										
San Joaquin County	18.6%	21.9%	18.5%	20.0%	*	*	*	20.9%	22.3%	20.3%
California	21.1%	19.5%	19.7%	20.3%	*	*	*	18.4%	19.8%	21.7%
Ages 5-17										
San Joaquin County	10.9%	19.9%	18.5%	19.2%	*	*	*	17.0%	22.3%	19.8%
California	18.5%	17.1%	17.6%	18.0%	*	*	*	16.4%	17.5%	18.7%
Ages 0-17										
San Joaquin County	13.0%	20.4%	18.2%	19.4%	19.5%	19.7%	19.3%	18.1%	22.3%	19.9%
California	19.2%	17.7%	18.2%	18.6%	18.9%	18.6%	18.1%	17.0%	18.2%	19.6%

Source: U.S. Census Bureau, *American Community Survey*, 2010.

* Under 5 and Ages 5-17 data are unavailable for 2003-2006.

³⁸ National Center for Children in Poverty (2010) *Ten Important Questions About Child Poverty and Family Economic Hardship* <http://www.nccp.org/faq.html#question7>, Retrieved November 7, 2010

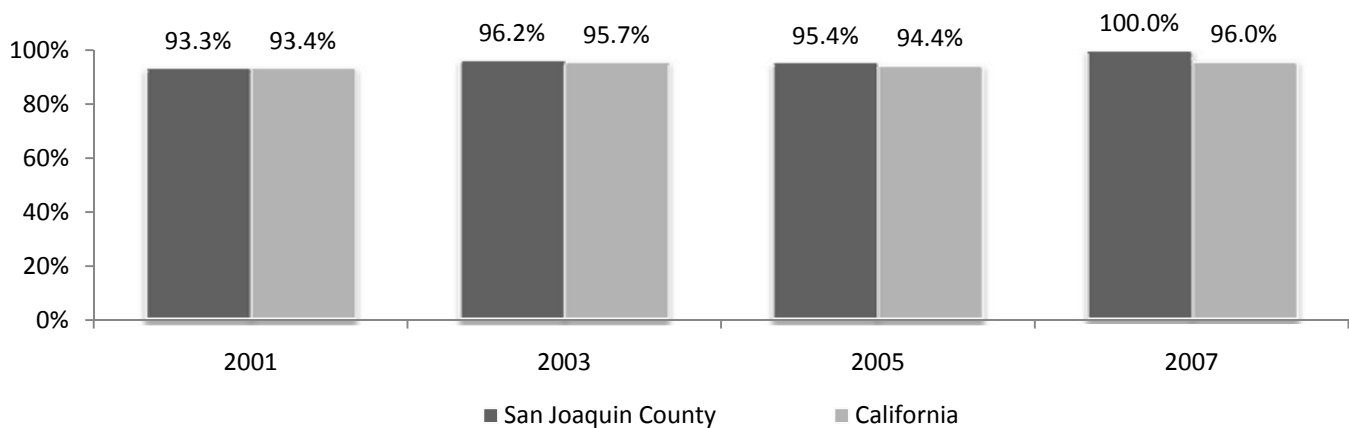
Children’s Health Insurance

Children with health insurance are more likely to be healthy and do better in school because they miss fewer school days and their parents also miss less time from work. Children without insurance are less likely to get care for minor afflictions, such as ear infections, which can lead to lifelong consequences, such as loss of hearing. Throughout the year, all children need regular check-ups, immunizations, and dental care so that they can stay healthy. Health insurance coverage makes it more likely that children have a usual source of care, have access to preventive care, and get the health care services they need. By working to get all children covered by health insurance, it may become possible to close the racial disparities gap in health, improve social and emotional childhood development, and equip all children to do well in school.³⁹



Health insurance coverage has increased for children 0-17 for both San Joaquin County and overall in the state of California since 2001. Nearly all children ages 0-17 in San Joaquin County were insured in 2007, according to the California Health Interview Survey. Ninety-six percent (96%) of San Joaquin County telephone survey respondents indicated that their children had health insurance, as compared to 85% of face-to-face survey respondents in 2010.

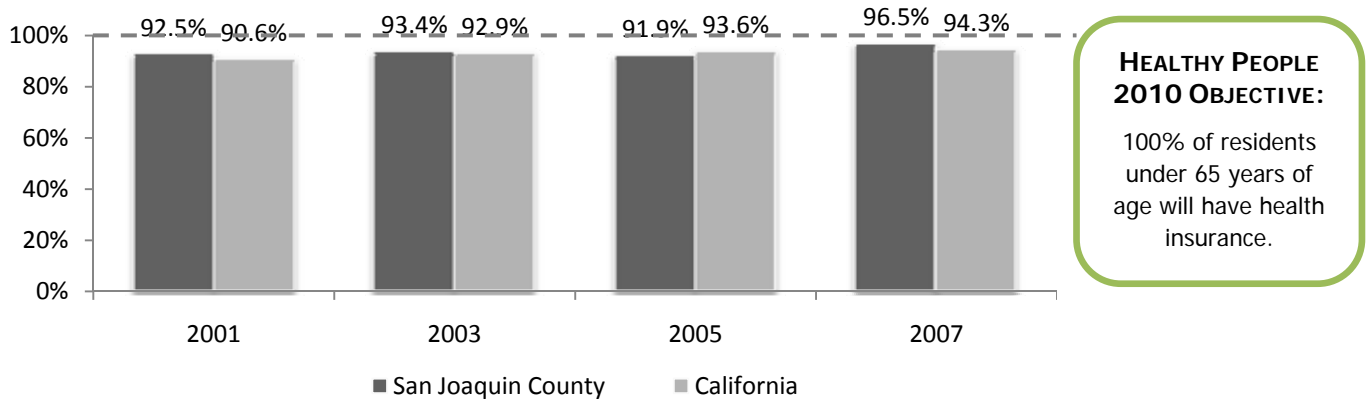
Children Who Currently Have Health Insurance Coverage (Ages 0-4)



Source: UCLA Center for Health Policy Research, California Health Interview Survey, 2001-2007.
 San Joaquin County 2001 N: 49,000; 2003 N: 47,000; 2005 N: 58,000; 2007 N: 63,000
 California 2001 N: 2,463,000; 2003 N: 2,518,000; 2005 N: 2,618,000; 2007 N: 2,671,000
 Note: New data not available.

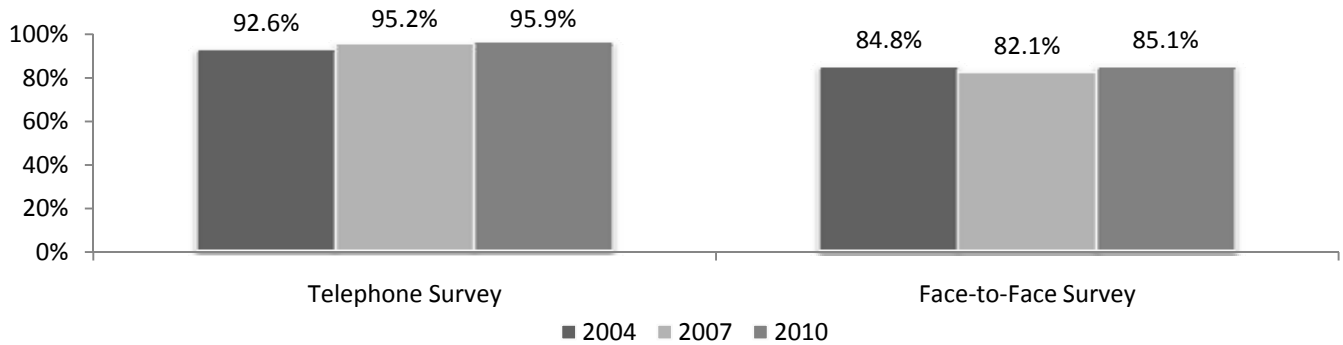
³⁹ Families USA the voice for Health Care Consumers (2007, March) *Why Do School Aged Children Need Health Insurance?* <http://www.familiesusa.org/assets/pdfs/campaign-for-childrens-health-care/school-kids-need-insurance.pdf>, Retrieved November 10, 2010.

Children Who Currently Have Health Insurance Coverage (Ages 0-17)



Source: UCLA Center for Health Policy Research, California Health Interview Survey, 2001-2007.
 San Joaquin County 2001 N: 180,000; 2003 N: 187,000; 2005 N: 199,000; 2007 N: 220,000
 California 2001 N: 9,305,000; 2003 N: 9,488,000; 2005 N: 9,759,000; 2007 N: 9,912,000
 Note: New data not available.

Do your children have health insurance? (Respondents answering “Yes”)



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004, 2007 and 2010.
 Telephone Survey 2004 N: 183; 2007 N: 156; 2010 N: 165.
 Face-to-Face Survey 2004 N: 1,287; 2007 N: 1,060; 2010 N: 1,392.

Healthy Families Enrollment

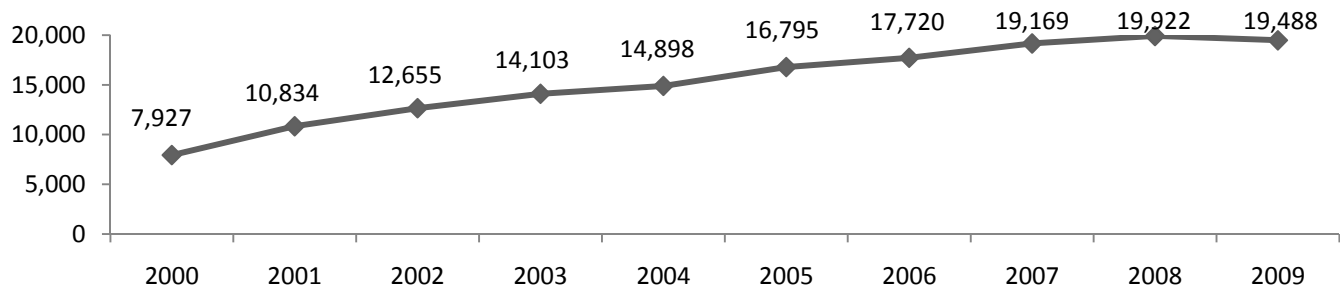
California passed legislation to expand the Medi-Cal Program and to create the Healthy Families Program in 1997 to provide more low-income families with access to no-cost and low-cost health coverage for their children. The Healthy Families Program provides low-cost health coverage for children ages 18 and under whose families' incomes are between 100% and 250% of the Federal Income Guidelines (FIG).



The Healthy Families Program and the Medi-Cal Program appear to be effective in insuring more low-income children. According to the California Health Interview Survey in 2007, 100% of San Joaquin County children under age 18 were insured. It's likely that without the Healthy Families program, many of these children would be uninsured.⁴⁰

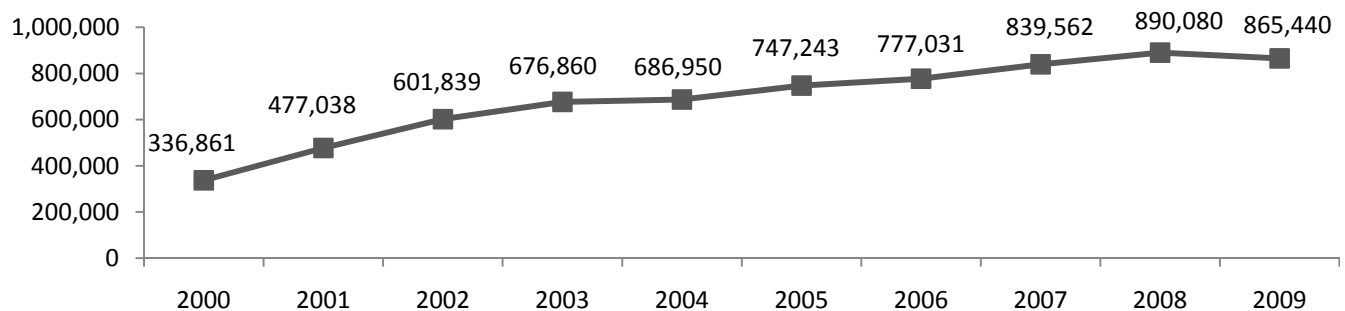
Enrollment in Healthy Families has risen in San Joaquin County and California since 2000. The number of enrollees in the Healthy Families program in San Joaquin County has increased by 146% in the last nine years, up from 7,927 in 2000 to 19,488 in 2009. In California, the number of enrollees increased 136% during the same time period.

Current Enrollment in Healthy Families, San Joaquin County



Source: State of California, Managed Risk Medical Insurance Board, Healthy Families Program Current Subscribers Enrollment, 2010.

Current Enrollment in Healthy Families, California



Source: State of California, Managed Risk Medical Insurance Board, Healthy Families Program Current Subscribers Enrollment, 2010.
 Note: Counts are from the month of October each year.

⁴⁰ Healthy Families Program of California (2008) *CAA Reference Manual*
http://www.healthyfamilies.ca.gov/EEs_CAAs/Reference_Manual.aspx, Retrieved September 8, 2010.

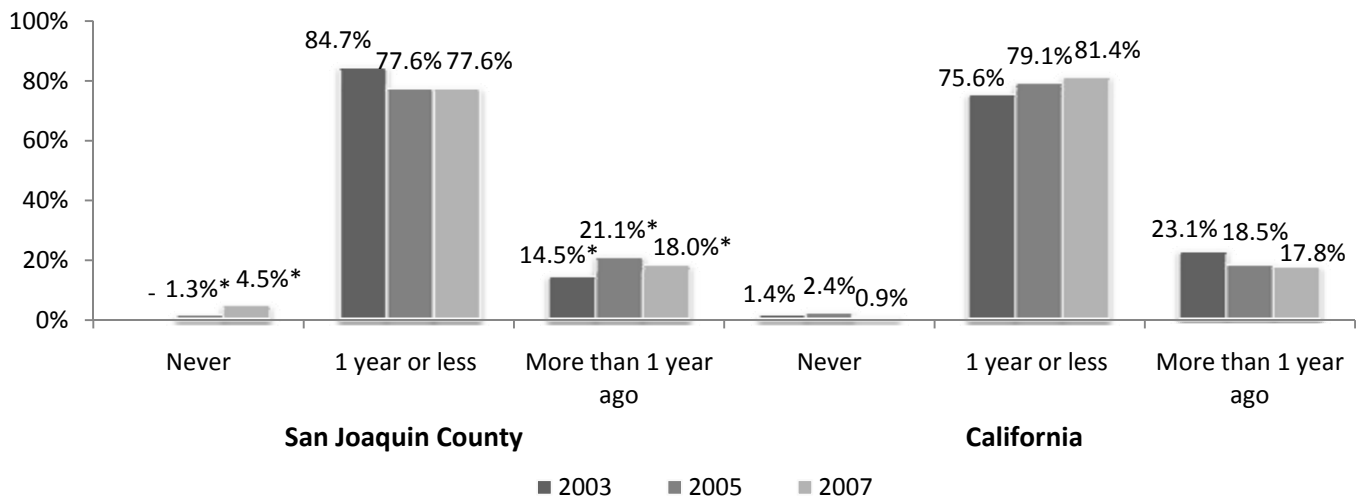
Annual Health Assessments

The American Academy of Pediatrics recommends that all young people ages 11 to 21 be seen annually by their pediatrician. Regular and timely screenings for children and adolescents can detect health conditions at their early stages when they are most easily treated. 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. One in five adolescents and young adults are not adequately immunized against preventable diseases such as measles and mumps.⁴¹




The rate of teens that see their doctor for routine physicals and check-ups varies throughout San Joaquin County and California. According to the California Health Interview Survey, 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 through 2007. More specifically, in 2007, 78% of San Joaquin County teens and 81% of California teens had a physical or checkup in the last year. In 2010, 90% of adult telephone survey respondents indicated that their children received annual health exams, which was an increase from a reported rate of 84% in 2004.

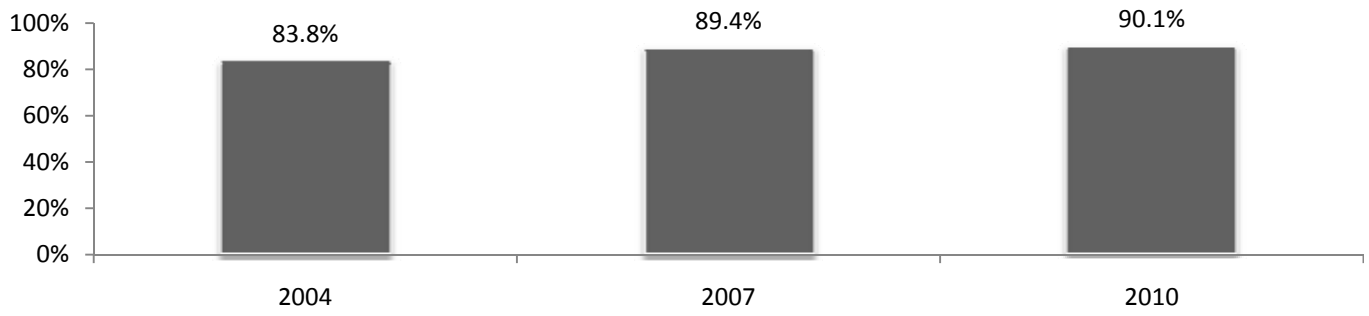
Last Time Teens Ages 12–17 Saw a Doctor for a Routine Physical/ Check-up



Source: UCLA Center for Health Policy Research, California Health Interview Survey, 2003-2007.
 San Joaquin County 2003 N: 67,000; 2005 N: 70,000; 2007 N: 71,000
 California 2003 N: 3,260,000; 2005 N: 3,359,000; 2007 N: 3,511,000
 * Statistically unstable due to low number of respondents. Caution should be used with these data.
 - Less than 500 people.
 Note: No new data available.

⁴¹ *Healthy Children Caring for Your Teenager*. (2010, June 10). <http://www.healthychildren.org/English/family-life/health-management/pages/Your-Teens-Yearly-Checkup.aspx?nfstatus=401&nftoken>, Retrieved December 3, 2010.

 **Do your children get annual health exams? (Respondents answering “Yes”)**



Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2004, 2007 and 2010.
Telephone Survey 2004 N: 183; 2007 N: 156; 2010 N: 160.

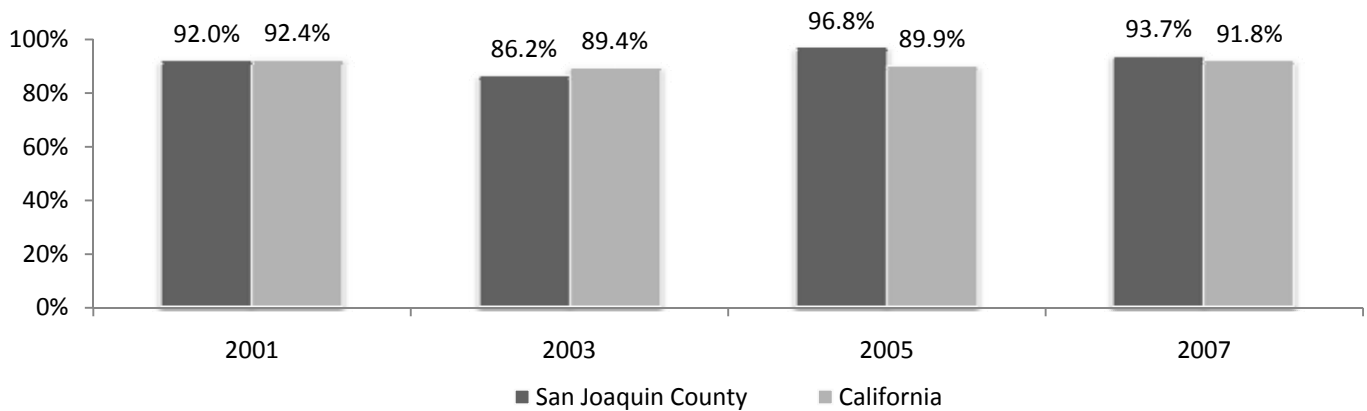
Access and Utilization

It is important to have a regular health care provider because a doctor’s recommendation greatly influences whether people receive preventative care. Parents who have a place to take their children for health care may be more likely to access care when their children are sick or they need health advice. In 2005, one out of every eight Americans—an estimated 38.5 million people—lacked a usual source of health care. The rate varied widely by sex and age group. Those without a usual source of health care are more likely to have unmet needs for care, more hospitalizations, and higher costs of care. The proportion of those without a usual source of care was lowest among children (4%) and the elderly (5%) and highest among young adults (20% to 31%).⁴²



Nearly 94% of San Joaquin County children had a usual source of health care in 2007, compared to 92% of all Californian children, according to the California Health Interview Survey (CHIS). The majority of county children went to a HMO/Kaiser/Private Doctor’s office for care (69%) and 24% went to a community clinic or hospital, but 6% had no usual source of care.

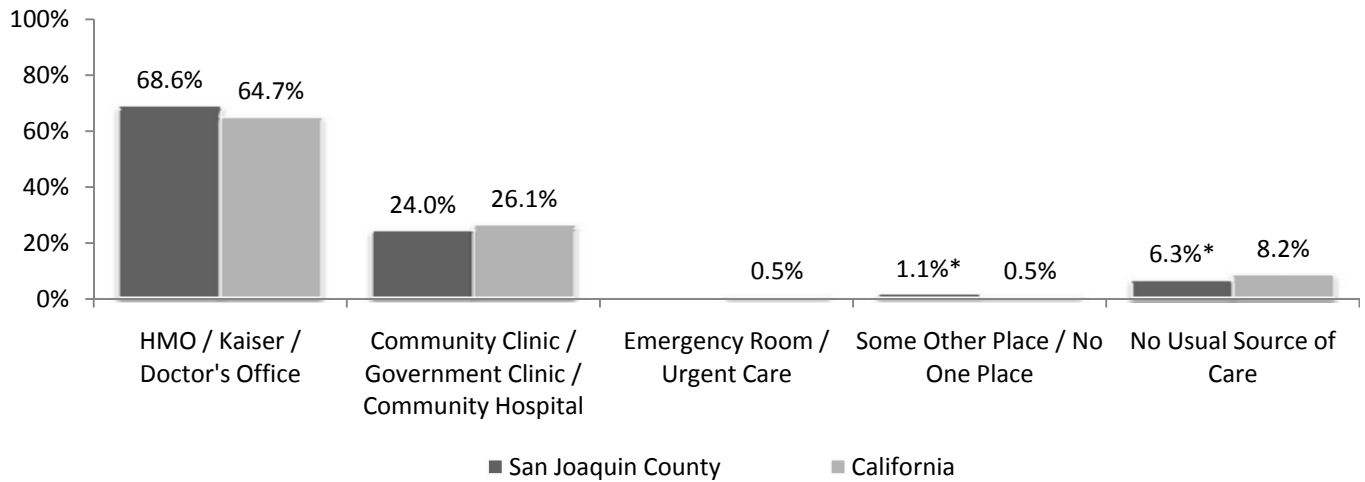
Children (Ages 0-18) Who Have a Usual Place to go to When They Are Sick or Need Health Advice



Source: UCLA Center for Health Policy Research, California Health Interview Survey, 2001-2007.
 San Joaquin County 2001 N: 178,000; 2003 N: 187,000; 2005 N: 199,000; 2007 N: 220,000
 California 2001 N: 9, 267,000, 2003 N: 9, 488,000; 2005 N: 9, 759,000; 2007 N: 9, 912,000
 Note: No new data available.

⁴² The Common Wealth Fund (2004) <http://www.commonwealthfund.org/Content/Performance-Snapshots/Financial-and-Structural-Access-to-Care/Usual-Source-of-Care-and-Receipt-of-Preventive-Care.aspx>, retrieved September 21, 2010

Type of Clinic Used as Usual Source of Care, Ages 0-18, 2007



Source: UCLA Center for Health Policy Research, California Health Interview Survey, 2007.

San Joaquin County N: 220,000.

California N: 9,912,000.

Note: No new data available.

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

Dental Insurance

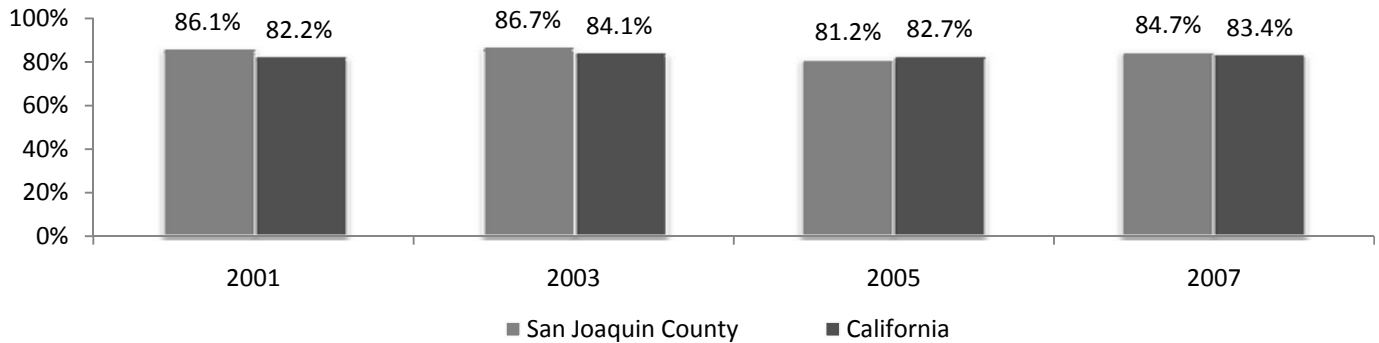
Tooth decay is the most common chronic illness among children. Low-income and minority children have the most difficulties in obtaining dental care. Lack of dental treatment has the potential to affect speech, nutrition, growth and function, social development, and quality of life. Children, nationwide, with oral diseases are restricted in their daily activities and are estimated to miss more than 51 million hours of school each year.⁴³



Dental insurance coverage for 2-11 year olds has remained fairly consistent throughout San Joaquin County and California since 2001. There was a slight decrease in the percentage of San Joaquin County children ages 2-11 that had dental insurance in 2007 (85%) down from 86% in 2001.

A higher percentage of adult respondents to the Healthier San Joaquin County telephone survey reported that their children had dental insurance in 2010 (86%) than in 2004 (79%). In comparison, 77% of face-to-face respondents indicated that their children had dental coverage in 2010.

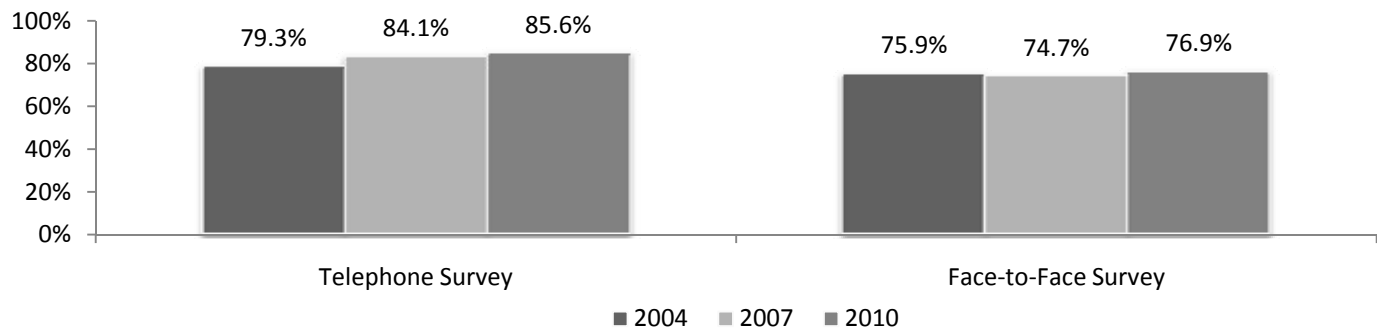
Percentage of Children with Dental Insurance (Ages 2-11)



Source: 2UCLA Center for Health Policy Research, California Health Interview Survey, 2001-2007.
 San Joaquin County 2001 N: 98,000; 2003 N: 98,000; 2005 N: 80,000; 2007 N: 121,000
 California 2001 N: 5,243,000; 2003 N: 5,217,000; 2005 N: 4,477,000; 2007 N: 5,337,000
 Note: No new data available.

⁴³ Source: Kaiser Commission on Medicaid and the Uninsured. (2008, July) *dental coverage and care for low-income children the role of medicaid and schip*. <http://www.kff.org/medicaid/upload/7681-02.pdf>, retrieved September 9, 2010

  **Do your children have dental insurance? (Respondents answering “Yes”)**



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004, 2007 and 2010.
Telephone Survey 2004 N: 183; 2007 N: 156; 2010 N: 163.
Face-to-Face Survey 2004 N: 1,242; 2007 N: 948; 2010 N: 1,292.

Births to Teens

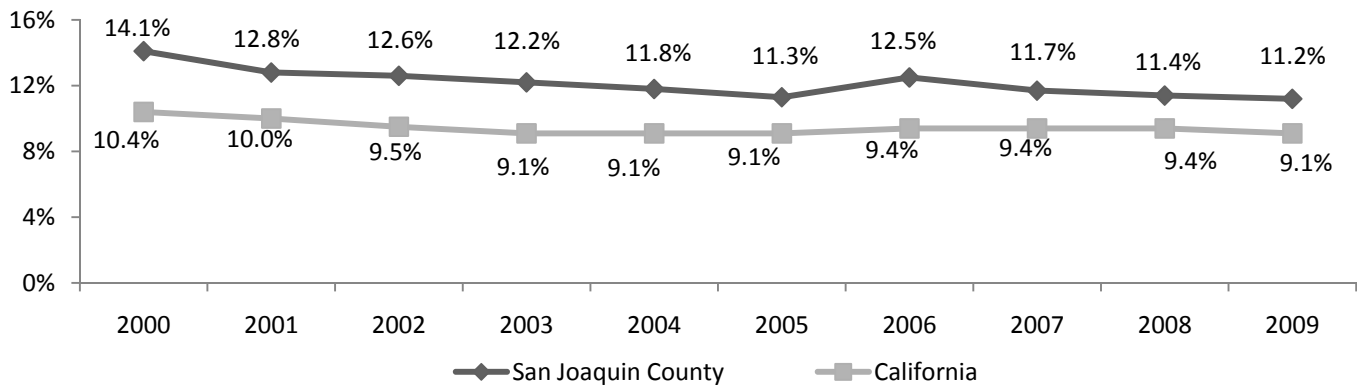
Infants born to teens are 2 to 6 times more likely to have low birth weight than those born to mothers ages 20 or older. Premature birth plays the greatest role in low birth weight, but inadequate growth of the fetus during pregnancy is also a factor. Teen mothers are more likely to have unhealthy habits that place the infant at greater risk for inadequate growth, infection, or chemical dependence. The younger a mother is, the greater the risk of her infant dying during the first year of life.⁴⁴



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% attain a college degree by the age of 30.⁴⁵ Due in part to an interruption in the mother’s education, babies born to teen mothers are more likely to live in poverty.⁴⁶

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, from 2000 to 2009. Both the county and state percentages have been dropping steadily over the last decade, with the exception of a small jump in 2006. The rate of births to teens decreased for San Joaquin County and California in 2009.

Percentage of Births to Teens, Ages 15–19 Years



Source: State of California, Department of Public Health, *Birth Records*. San Joaquin County Public Health Services, Birth Records, 2010.
 Note: No new data available.

⁴⁴ Adolescent pregnancy (2010) Adolescent pregnancy is pregnancy in girls age 19 or younger. <https://health.google.com/health/ref/Adolescent+pregnancy>, Retrieved Sept 9, 2010.

⁴⁵ Alan Guttmacher Institute, *Facts in Brief, Teen Sex and Pregnancy*, http://sss.agi-usa.org/pubs/fb_teen_sex.html; Retrieved July 28, 2004 see also, The National Campaign to Prevent Teen Pregnancy, General Facts and Stats, 2004, <http://www.teenpregnancy.org/resources/data/genfact.asap>, Retrieved November 10, 2004.

⁴⁶ Public Health Services of San Joaquin County, *Public Health Counts*, 2002.

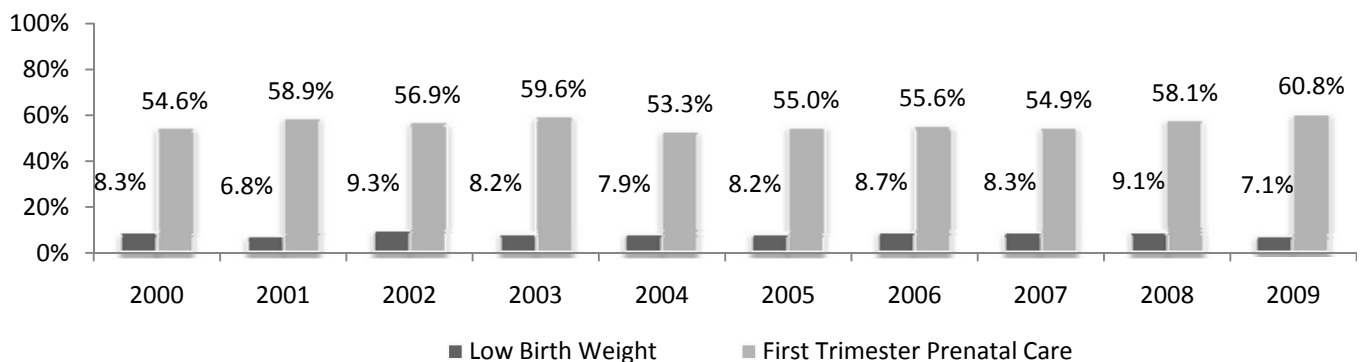
Teens - Low Birth Weight Babies and Adequate Prenatal Care

Prenatal visits are important for the health of both infant and mother. Mothers who do not receive prenatal care are three times more likely to give birth to a low-weight baby, and their baby is five times more likely to die. Mothers in their teens are by far the most likely to receive late or no prenatal care. In 2006, the most recent year for which estimates are available, 16% of births to girls under age 15, and 6% of births to teens ages 15 to 19, were to those receiving late or no prenatal care. This proportion drops steadily with increasing age, reaching a low of 2% for women in their early thirties, and then increases slightly among older women.⁴⁷



The rate of teen mothers who received prenatal care in their first trimester increased in 2009, and low birth weight slightly decreased. Every year since 2000, more than half of San Joaquin County teen mothers received prenatal care in the first trimester of their pregnancy. However, during this same time period, between 7% and 9% of babies born to teens were born under 5.5 pounds, which is considered low birth weight. Additionally, a higher percentage of births to teen mothers were at low birth weight compared to births to mothers of all ages.⁴⁸ Smaller percentages of teen mothers received prenatal care in the first trimester than San Joaquin County mothers overall.⁴⁹

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: 2000-2009 CA data: State of California, Department of Public Health, *Birth Records*, 2009. 2000-2009 SJ data: San Joaquin County Public Health Services, *Birth Records*, 2010.

⁴⁷ Aetna IntelliHealth, *Risks for Pregnant Teens*. (2006)

<http://www.intelihealth.com/IH/ihtIH/WSIHW000/31697/25753/310396.html?d=dmContent>, Retrieved September 08, 2010.

⁴⁸ See “Low Birth Weight Babies” in the Health and Access to Health Care section of this document.

⁴⁹ See “Adequate Prenatal Care” in the Health and Access to Health Care section of this document.

HOW WE ARE MAKING A DIFFERENCE

First 5 San Joaquin

Children's health and school readiness levels improve when they have healthy lifestyles and habits that promote nutrition and physical activity. Through a partnership with the University of California Cooperative Extension, First 5 provides funding to community agencies for home visiting programs. The goal of the home visits are to improve health and well-being outcomes for children and families in over sixty-five school attendance areas throughout the county. Using trained Health Educators, First 5 San Joaquin provides research-based curricula to increase parent knowledge and promote healthy lifestyles and habits.

Overall, parents are reporting that they have seen a change in their children's eating habits, as well as a greater awareness of what they're eating. Some specific examples of success seen by the Health Educators include:

- A mother of a two-year old whose husband is deployed in Afghanistan stated that she is more aware of nutrition labels and now offers her son more fruits and vegetables.
- A mother of a preschool child commented that she previously wasn't aware of how many servings of vegetables and fruits her child should eat in a day. She has changed family food menus and has become more physically active.
- One young child who was a constant soda drinker, began drinking milk and lost 15 pounds.
- Another young expectant mother was sleeping until noon and reported no physical activity. Once the Health Educator visited her, she began to walk with her husband and began eating a diet that included folic acid.
- Another family made the healthy commitment to walk 5 days a week for 30 minutes after dinner.
- One mother said that her child refused to eat birthday cake because it had too much sugar and that he wanted to eat apples or carrots instead!

First 5 San Joaquin exists to serve and improve the community through our children. First 5 works in partnership with agencies and organizations under contract, and fosters the active participation of parents, care-givers, educators, and community members. Together, we develop programs benefiting our children, ages 0 to 5 years old.

Overweight and Underweight Youth

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.⁵⁰



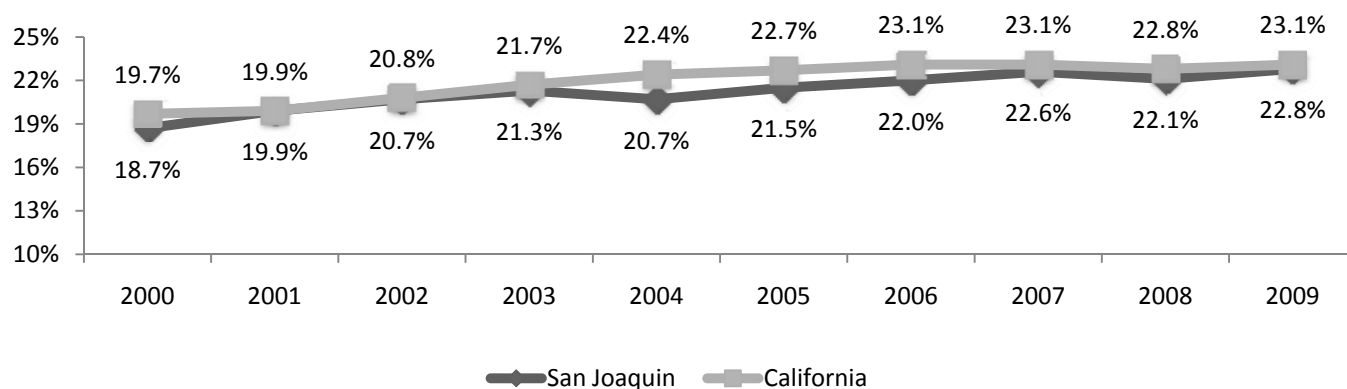
In California, the rate of overweight and obesity in children and adolescents (23%) is close to five times more than the Healthy People 2010 goal of having no more than 5% of children and adolescents who are overweight or obese. Latino teenagers in California (25%) are significantly more overweight and obese than their non-Latino white counterparts (20%).

Overall, 23% of San Joaquin County and California children ages 5–19 were obese in 2009. In San Joaquin County, Latino children had the highest percentages of being obese (26%), while Asian American children had the lowest percentages (17%) in 2009.

Young people who are underweight (less than 5th percentile for Body Mass Index) may be that way for a variety of reasons, including dietary, health or emotional problems. An undernourished child is more likely to become sick, may feel weak or tired, have trouble focusing and concentrating, and may have stunted growth or a delay in the onset of puberty. An estimated 12 million children live in food-insecure households, meaning that they have limited availability of nutritious and safe foods.⁵¹

In 2009, 3.0% of children ages 5-19 were underweight (< 5th percentile for BMI) in San Joaquin County, while roughly 2.5% of children were underweight throughout California. Asian Americans were the ethnicity with the highest percentage of underweight children ages 5-19, with a rate of 5.1% in California and 4.9% in San Joaquin County in 2009.

Percentage of Children (Ages 5-19 years) Who Are Obese



Source: Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance, *Growth Indicators*, 2010.

⁵⁰ Nemours Foundation, Kids Health for Parents, *Overweight and obesity*, (2005) http://www.kidshealth.org/parent/general/body/overweight_obesity.html, Retrieved September, 2010.

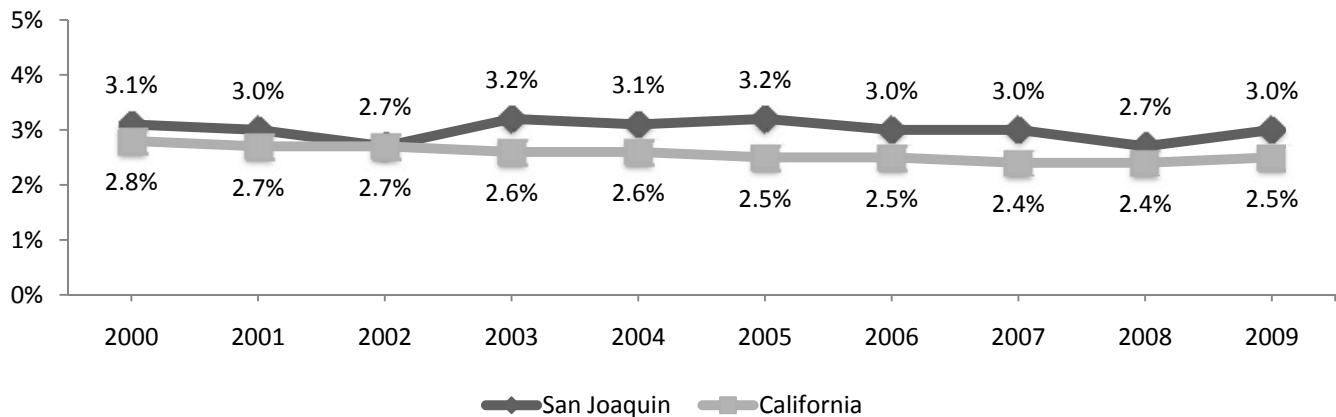
⁵¹ Serrano, E., & Branstad, K., *Healthy Weights for Healthy Kids: What Should I Do if My Child Is Underweight?*(2007) <http://www.ext.vt.edu/pubs/nutrition/348-271/348-271.html>, Retrieved January 14, 2008.

Percentage of San Joaquin County Children Who Are Obese ($\geq 95^{\text{th}}$ Percentile for Body Mass Index), by Ethnicity

	2005	2006	2007	2008	2009	05-09 Net Change
Children Under 5 Years						
Caucasian	15.2%	14.2%	14.6%	14.9%	15.7%	0.5
African American	12.2%	13.6%	14.5%	15.6%	14.7%	2.5
Latino	15.4%	14.9%	14.5%	16.1%	16.5%	1.1
Asian American	14.2%	16.4%	16.8%	16.8%	17.1%	2.9
San Joaquin County All Ethnicities	14.6%	14.5%	14.2%	15.2%	15.3%	0.7
Children 5-19 Years						
Caucasian	21.1%	20.2%	22.3%	23.4%	20.9%	-0.2
African American	18.6%	21.2%	21.3%	20.8%	20.0%	1.4
Latino	25.2%	25.7%	25.7%	24.7%	25.7%	0.5
Asian American	15.3%	16.5%	16.4%	16.8%	16.7%	1.4
San Joaquin County All Ethnicities	21.5%	22.0%	22.6%	22.1%	22.8%	1.3

Source: Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance System (PedNSS), Growth Indicators by Race/Ethnicity and Age, 2008. Trends in prevalence of underweight, among children aged 5 to <20 years, by race and ethnicity.

Percentage of Children (Ages 5-19) Who Are Underweight



Source: Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance, *Growth Indicators*, 2010.

Percentage of San Joaquin County Children Who Are Underweight (<5th Percentile for Body Mass Index), by Ethnicity

	2005	2006	2007	2008	2009	05-09 Net Change
Children Under 5 Years						
Caucasian	7.7%	6.8%	7.4%	6.6%	8.1%	0.4
African American	9.2%	8.9%	8.4%	9.0%	10.4%	1.2
Latino	6.6%	6.4%	7.1%	6.6%	7.3%	0.7
Asian American	6.6%	6.0%	7.0%	5.1%	6.6%	0.0
San Joaquin County All Ethnicities	6.9%	6.7%	7.0%	6.4%	7.1%	0.2
Children 5-19 Years						
Caucasian	3.7%	2.6%	2.1%	2.8%	3.2%	-0.5
African American	2.8%	3.1%	2.9%	1.8%	2.9%	0.1
Latino	2.6%	2.8%	2.3%	2.1%	2.4%	-0.2
Asian American	4.5%	4.4%	4.5%	4.1%	4.9%	0.4
San Joaquin County All Ethnicities	3.2%	3.0%	3.0%	2.7%	3.0%	-0.2

Source: Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance, *Growth Indicators*, 2010.

Youth Physical Activity

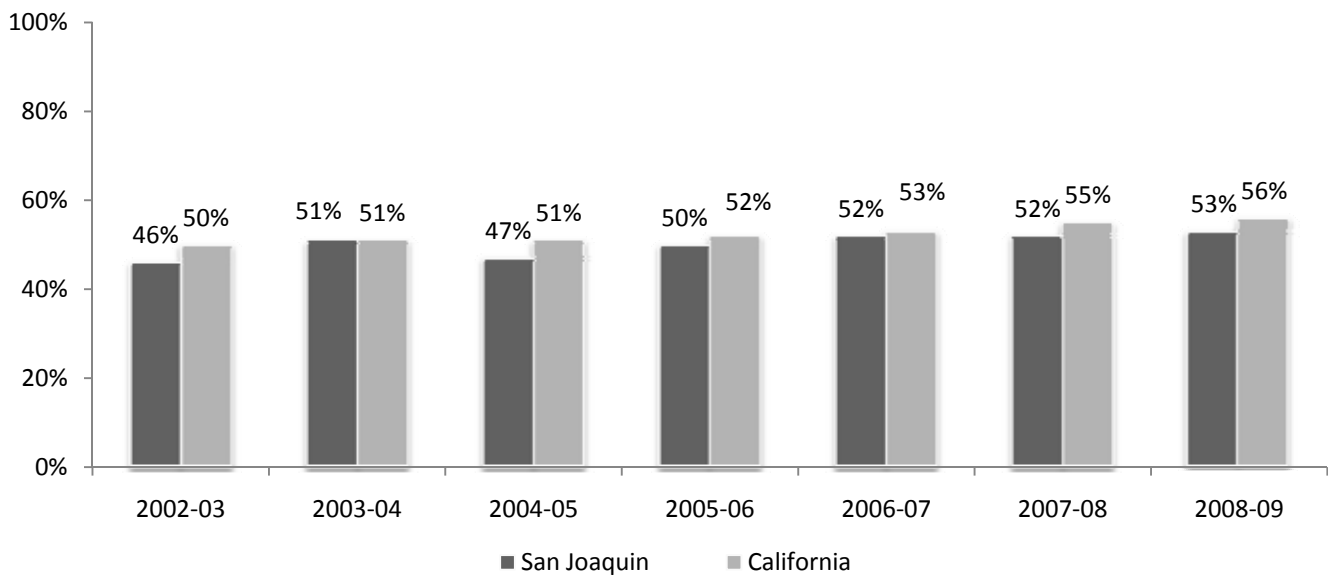
Regular physical activity helps children maintain a healthy weight. Children who are physically fit are less likely to suffer from chronic diseases in childhood and adulthood, and are more likely to become physically active adults, which in turn helps reduce the risks of heart disease and diabetes.



Key recommendations for children and adolescents are to engage in at least 60 minutes of physical activity on most, preferably all days of the week. Students in the county and across the state could benefit from a greater emphasis on all areas of physical fitness, especially aerobic capacity, body composition, upper body strength, and flexibility.⁵²

The percentage of San Joaquin County and California students achieving 5 or more out of 6 fitness standards has steadily increased since 2002. Fifty-three percent to 58% of San Joaquin County 5th, 7th, and 9th graders achieved 5 or more out of 6 fitness standards in 2008-09.

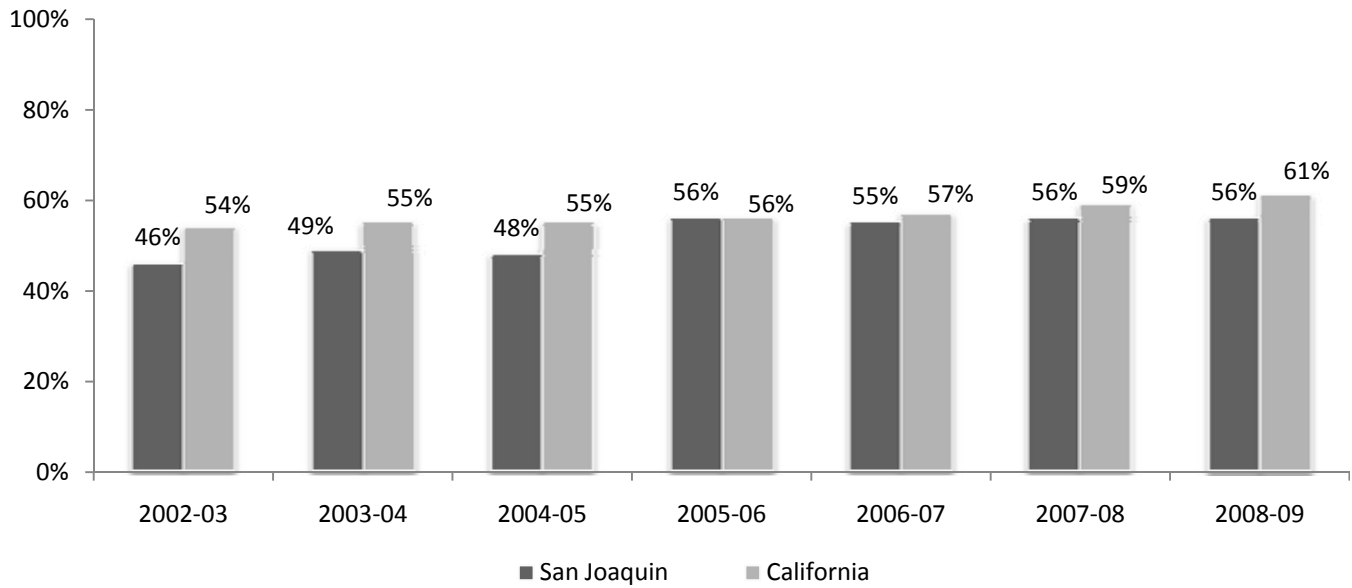
Percentage of Students Achieving 5 or more out of 6 Fitness Standards, 5th Grade



Source: State of California, Department of Education, Standards and Assessment Division, *California Physical Fitness Report*, 2009.

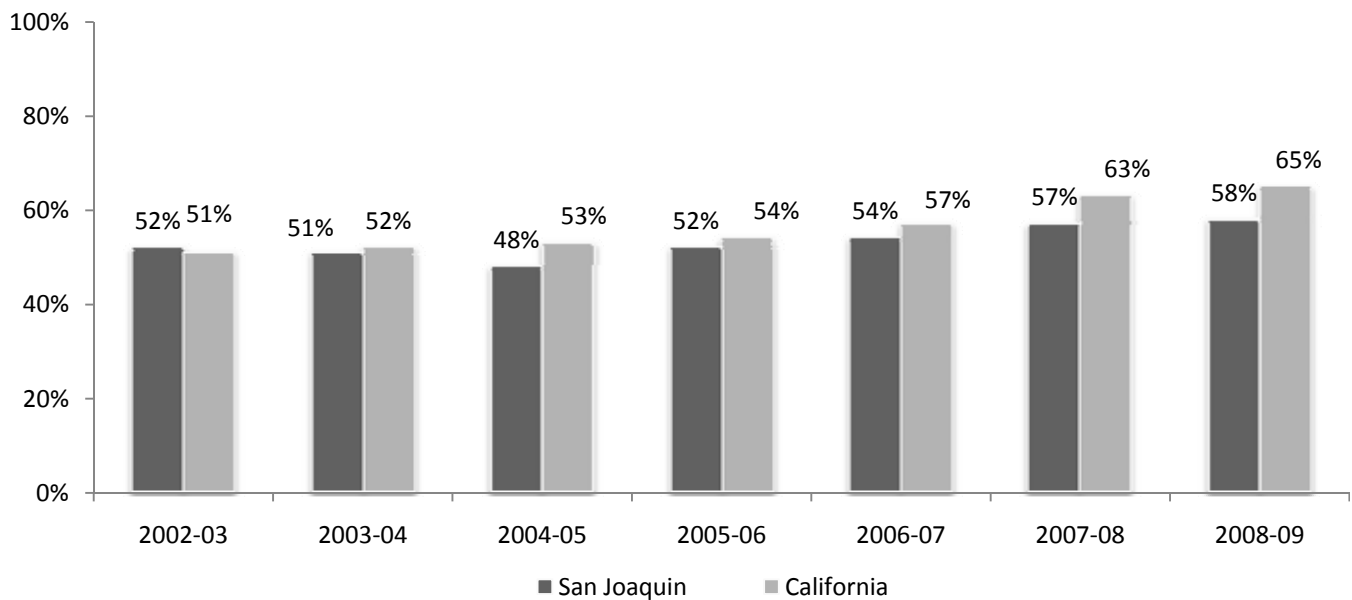
⁵² Source: California Department of Education, *Program Overview* (2009, February 19) <http://www.cde.ca.gov/ta/tg/pf/pftprogram.asp>, Retrieved November 11, 2010.

Percentage of Students Achieving 5 or more out of 6 Fitness Standards, 7th Grade



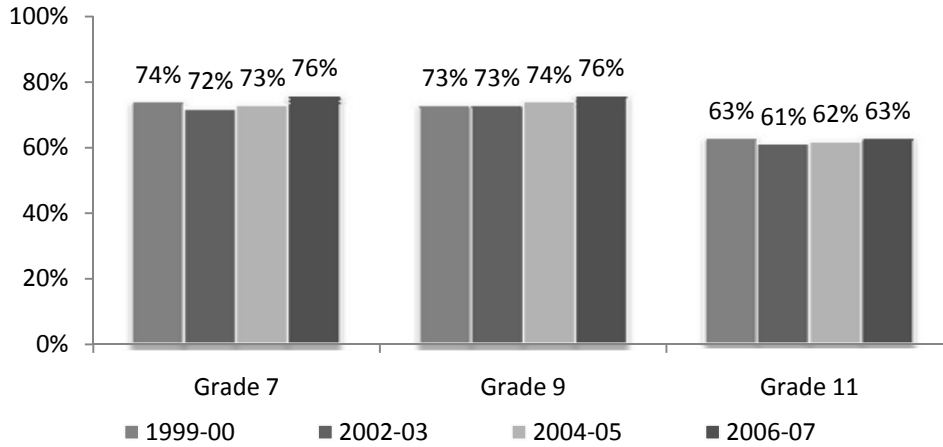
Source: State of California, Department of Education, Standards and Assessment Division, *California Physical Fitness Report, 2009*.

Percentage of Students Achieving 5 or more out of 6 Fitness Standards, 9th Grade



Source: State of California, Department of Education, Standards and Assessment Division, *California Physical Fitness Report, 2009*.

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



HEALTHY PEOPLE 2010 OBJECTIVE:
 Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardio-respiratory fitness.

Source: San Joaquin County Office of Education, California Healthy Kids Survey, 2006-07.

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. Note: No new data available.

Child and Adolescent Nutrition

To develop to their optimal potential, it is vital that children are provided with nutritionally sound diets. Diet and exercise patterns during childhood and adolescence may spell the difference between health and risk of disease in later years. Different stages of the life cycle dictate different nutrient needs.



Dietary habits, which affect food preferences, energy consumption and nutrient intake, are generally developed in early childhood and adolescence. The home and school environments play a major role in determining a child's attitude to, and consumption of individual foods.⁵³

When asked how many times in the past week their children had eaten fast food, the greatest percentage of respondents to the 2010 Healthier San Joaquin County telephone survey replied “never”(41%), followed by “one time” (36%) and then “two times” (13%). The greatest percentage of 2010 face-to-face survey respondents indicated their children had eaten fast food “one time” in the past week (39%), which was followed by “never” (28%) and then “two times” (23%).

The majority (91%) of telephone survey respondents reported that their children had eaten breakfast more than five times during the past seven days in 2010.

In each survey year, 7th graders had the highest percentage of students eating fruits or vegetables in the past day (54%-57%). They were followed by 9th graders (47%-49%) and 11th 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 7th graders, 48% for 9th graders and 44% for 11th graders.



How many times during the past 7 days have your children eaten fast food?

Response	2004	2007	2010
Never	28.0%	32.0%	40.6%
One time	36.8%	36.9%	35.6%
Two times	21.3%	16.5%	13.0%
Three times	7.7%	8.2%	5.1%
Four times	1.6%	2.4%	2.8%
Five times	0.8%	1.9%	1.9%
More than five times	3.7%	1.9%	1.2%
Total respondents	183	155	161

Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2004, 2007 and 2010.

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

⁵³ EUFIC, *Child and adolescent nutrition*, (2010) <http://www.eufic.org/article/en/page/BARCHIVE/expid/basics-child-adolescent-nutrition/>, Retrieved, December, 16 2010.

How many times during the past 7 days have your children eaten fast food?

Response	2004	2007	2010
Never	25.7%	29.5%	28.0%
One time	30.0%	27.0%	39.2%
Two times	20.3%	17.2%	22.6%
Three times	6.2%	8.8%	5.6%
Four times	3.4%	2.7%	2.7%
Five times	2.0%	1.5%	0.8%
More than five times	4.3%	1.9%	1.2%
Total respondents	1,279	958	1,204

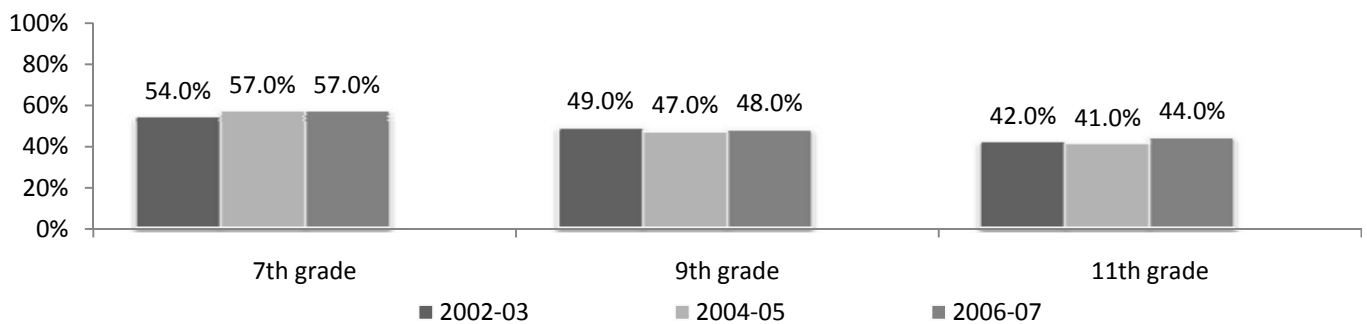
Source: Healthier San Joaquin County Community Assessment, Face-to-Face Survey, 2004, 2007 and 2010.
 Note: Totals may not equal 100% due to respondents answering "Don't know."

How many times during the past 7 days have your children eaten breakfast in the morning times?

Response	2010
Never	0.5%
One time	1.0%
Two times	1.4%
Three times	1.9%
Four times	0.9%
Five times	3.3%
More than five times	91.0%
Total respondents	159

Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010.

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, 2007-08.

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.

Note: New data not available.

HOW WE ARE MAKING A DIFFERENCE

Family Wellness Program

Funded by First 5 of San Joaquin County, El Concilio's Family Wellness Program strives to empower the Hispanic community by helping its members to improve the quality of their lives and the lives of their children by providing them with comprehensive health and developmental screenings and referrals, health education, and group parent meetings.

Since its inception in July 2010, the Family Wellness Program has served approximately 450 families with children 0-5 from Stockton, Lodi, French Camp, Lathrop, and Manteca. By June 30, 2011, the program expects to serve 600 families.

Family Wellness Program staff is trained to use an effective, age-appropriate health curriculum from the University of California Cooperative Extension in Stockton. The expectation is that a healthier lifestyle from an early age can prevent future medical challenges and increase a child's ability to be successful in learning environments.

Program staff reported that client families are demonstrating healthier practices. Families that typically drank sugar filled juice and soft drinks are choosing water instead. Families are also more likely to read food labels, less likely to purchase unhealthy foods, and are using the food pyramid as a guide when planning "balanced meals."

Lorena participated in the program along with her 4-year-old daughter Glenda, who was both overweight and struggled with asthma. After their six-week participation in the program, Glenda had lost weight and her asthma symptoms had greatly improved.

Lorena now sets aside exercise time and joins in when her children race up and down the stairs. Lorena said that after learning about the amount of sugar in soft drinks, Glenda began to reprimand her father, who is diabetic, for drinking "too much soda." Glenda has embraced eating healthier foods, even discouraging her sister from eating large quantities of potato chips. When asked what kinds of healthy food she now eats, Glenda couldn't remember what it was called but said, "the kind that make my eyes sparkle and my hair shine," referring to carrots.



Photograph courtesy of El Concilio

Azucena also participated in the program with her two-year-old son David, who, at the time, did not like fruits or vegetables nor spoke much. After the six-week program, David not only enjoyed eating fruits and vegetables, but made his mother very happy when he asked for a banana on his own. By the end of the program, David was also able to name the colors of many fruits and vegetables.

To contact the Family Wellness Program call (209)644-2600 or visit www.elconcilio.org.

Free and Reduced Cost Meals

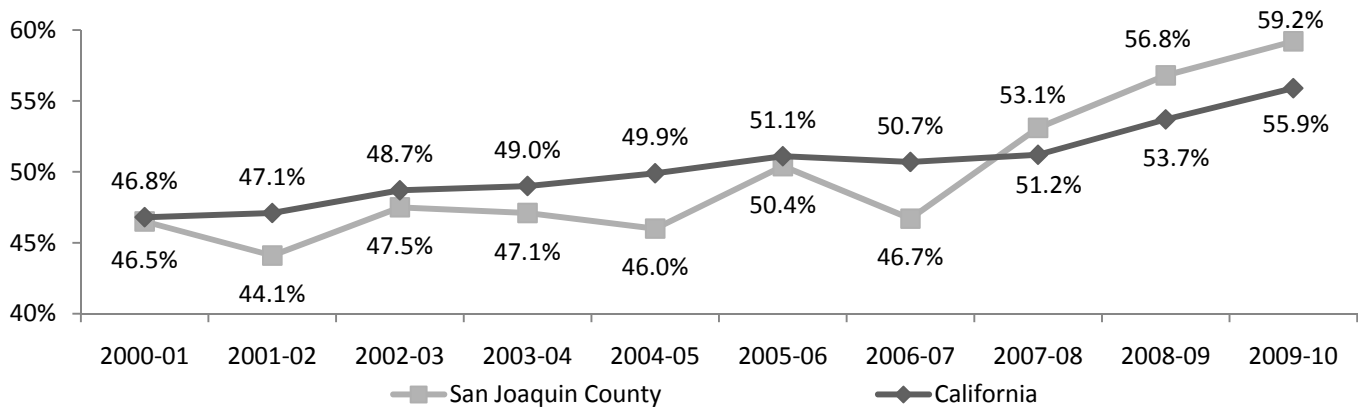
The National School Lunch Program is a federally funded program that assists schools and other agencies in providing nutritious lunches to children at reasonable prices. For children, the National School Lunch Program provides a nutritious meal that contains one-third of the recommended dietary allowance of necessary nutrients. The program enhances children's learning abilities by contributing to their physical and mental well-being. Studies have shown that children whose nutritional needs are met have fewer attendance and discipline problems and are more attentive in class.⁵⁴



In California and San Joaquin County, the number of students enrolled in free or reduced cost meals continues to increase. More than 59% of children in San Joaquin County and 56% statewide received free or reduced cost meals during the 2009-10 school years, up from less than 47% of students in 2000-2001.

Among individual school districts in San Joaquin County, New Hope Elementary (93%), and Stockton City Elementary (80%) had the highest percentages of students who received free or low cost meals during the 2009-10 school year. The school district with the smallest percentage of students in the free or reduced cost lunch program was Lammersville Elementary School District (19%).

Percentage of Students Enrolled in Free or Reduced Cost Meals



Source: State of California, Department of Education, Educational Demographics Unit, 2009-10.

⁵⁴ California Department of Education (2009). *School Lunch*. <http://www.cde.ca.gov/ls/nu/sn/nsllp.asp>. Retrieved September 2010.

Percentage of Students Receiving Free or Reduced Cost Meals

School District	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Banta Elementary	39.9	45.9	40.4	39.5	39.2	44.6	47.7	52.8	56.9	61.0
Escalon Unified	32.1	33.3	35.1	38.9	38.7	38.8	42.5	38.7	43.1	49.1
Holt Union Elementary	98.9	93.5	93.5	98.1	92.6	90.4	92.8	N/A	N/A	N/A
Jefferson Elementary	9.4	12.1	12.3	10.2	11.4	12.9	14.8	19.5	16.8	25.6
Lammersville Elementary	23.6	27.7	23.8	28.5	17.8	17.0	18.8	19.2	20.3	19.3
Lincoln Unified	39.9	38.3	34.9	35.9	40.0	39.0	43.0	40.9	46.1	52.0
Linden Unified	38.6	40.9	39.9	43.0	41.2	48.5	45.4	47.1	50.7	52.1
Lodi Unified	52.2	50.1	60.2	52.5	53.7	54.2	42.1	57.8	59.7	58.7
Manteca Unified	28.2	30.2	33.0	34.6	28.3	42.2	43.8	47.0	48.7	54.4
New Hope Elementary	93.7	93.0	91.7	90.7	84.4	85.0	88.7	88.6	87.9	93.0
New Jerusalem Elementary	28.5	25.1	23.6	15.7	39.5	25.4	19.1	24.3	42.9	54.2
Oak View Union Elementary	29.6	35.6	39.3	40.5	39.1	40.9	38.8	42.6	46.3	49.3
Ripon Unified	24.1	24.4	17.7	26.2	25.1	24.9	26.4	25.8	27.1	33.0
San Joaquin County Office of Education	N/A	N/A	87.1	62.7	65.6	46.0	36.8	60.7	59.4	58.0
Stockton City Unified	67.4	67.2	62.8	65.1	68.7	72.7	68.8	72.6	78.5	80.1
Tracy Joint Unified	22.5	15.7	21.7	25.6	24.1	26.0	27.9	31.3	36.5	39.7
County Total	46.5	44.1	47.5	47.1	46.0	50.4	46.7	53.1	56.8	59.2
State Total	46.8	47.1	48.7	49.0	49.9	51.1	50.7	51.2	53.7	55.9

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

Asthma

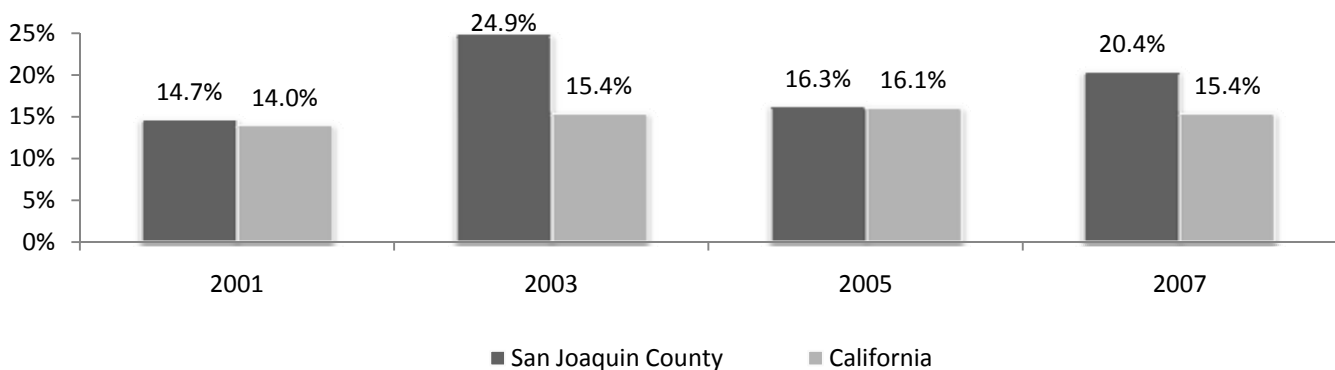
Asthma is one of the most common chronic disorders among children. It currently affects an estimated 7.1 million children under 18 in the US, of which 4.1 million suffered from an asthma attack or episode in 2009. Asthma is the third leading cause of hospitalization among children under the age of 15. It is also the leading cause of school absenteeism. In 2008, children who suffered an asthma attack accounted for an estimated 14.4 million lost school days in the previous year.⁵⁵



In San Joaquin County, the percentage of children diagnosed with asthma has risen to more than 20% in 2007, up from 15% in 2001. California rates have remained relatively stable since 2001, rising slightly to 15% in 2007 up from 14% in 2001.

About one-third of adult respondents to the Healthier San Joaquin County telephone survey reported that their children had asthma in 2010. Nearly eight out of every ten children diagnosed with asthma (about 78%) were receiving treatment each year while a smaller percentage had been given a management plan by their doctor (68% in 2010).

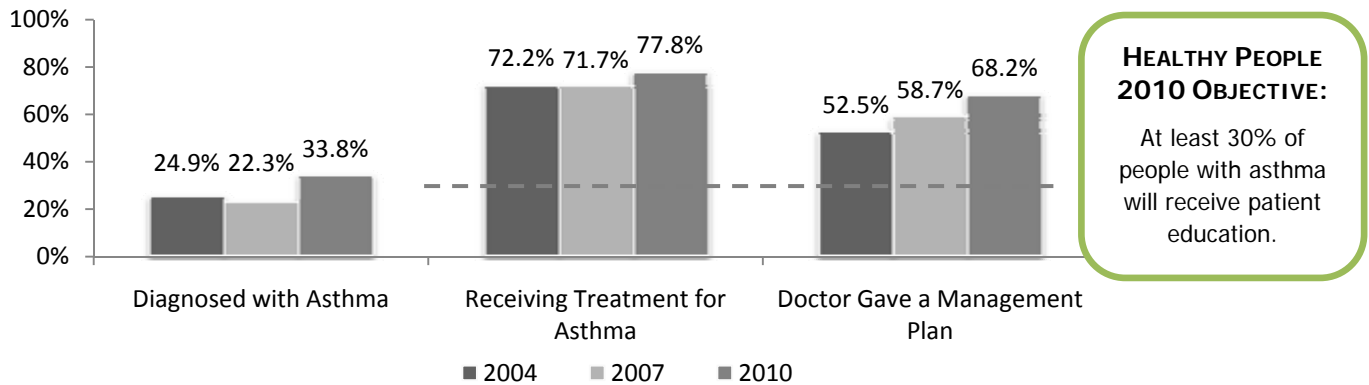
Children Who Have Been Diagnosed with Asthma (Ages 0-17)



Source: UCLA Center for Health Policy Research, California Health Interview Survey, 2001-2007.
 San Joaquin County 2001 N: 170,000; 2003 N: 179,000; 2005 N: 188,000; 2007 N: 204,000
 California 2001 N: 8,801,000; 2003 N: 9,021,000; 2005 N: 9,186,000; 2007 N: 9,392,000
 Note: No new data available.

⁵⁵ American Lung Association, *Asthma and Children Fact Sheet*, February 2010.

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, 2007 and 2010.

Telephone Survey Diagnosed with Asthma 2004 N: 184; 2007 N: 155; 2010 N: 160 Receiving Treatment for Asthma 2004 N: 46; 2007 N: 35; 2010 N: 54 Doctor Gave a Management Plan 2004 N: 46; 2007 N: 35; 2010 N: 54.

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

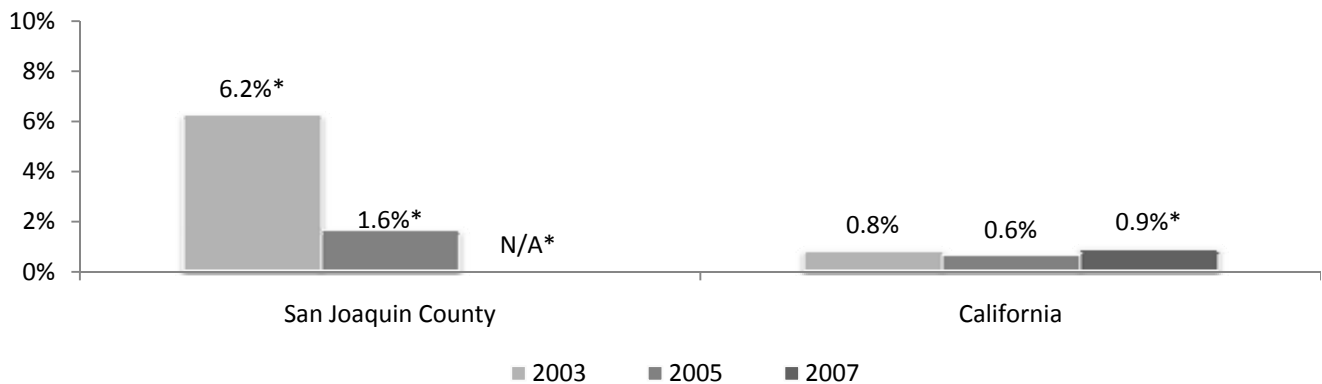
Childhood Diabetes

According to the National Diabetes Fact Sheet, about 215,000 people in the U.S. under age 20 had diabetes in 2010.⁵⁶ This represents 11.3% of all people in this age group. Based on data from 2002-2003, the SEARCH for Diabetes in Youth study reported that approximately 15,000 U.S. youth under 20 years of age are diagnosed annually with type 1 diabetes, while 3,700 are newly diagnosed with type 2 diabetes. Type 2 diabetes is rare in children younger than 10 years of age, regardless of race or ethnicity.



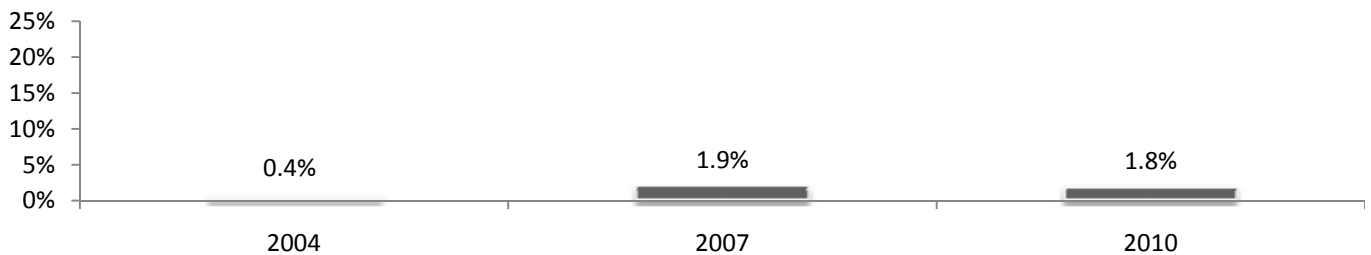
San Joaquin County experienced its highest rate of youth diagnosed with diabetes, at 6.2%, in 2003. Unfortunately, due to a low number of respondents to the California Health Interview Survey in 2003, 2005, and 2007, the San Joaquin County data are statistically unstable for those years.

Youth Who Have Been Diagnosed with Diabetes, Ages 12–17



Source: UCLA Center for Health Policy Research, California Health Interview Survey, 2003-2007.
 San Joaquin County 2003 N: 67,000; 2005 N: 71,000; 2007 N: 70,000
 California 2003 N: 3,260,000; 2005 N: 3,359,000; 2007 N: 3,511,000
 * Statistically unstable due to low number of respondents. Caution should be used with these data.
 Note: New data not available.

Percentage of Children Diagnosed with Diabetes or Sugar Diabetes



Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2004, 2007 and 2010.
 Telephone Survey 2004 N: 184; 2007 N: 156; 2010 N: 164.

⁵⁶ Centers for Disease Control and Prevention, National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

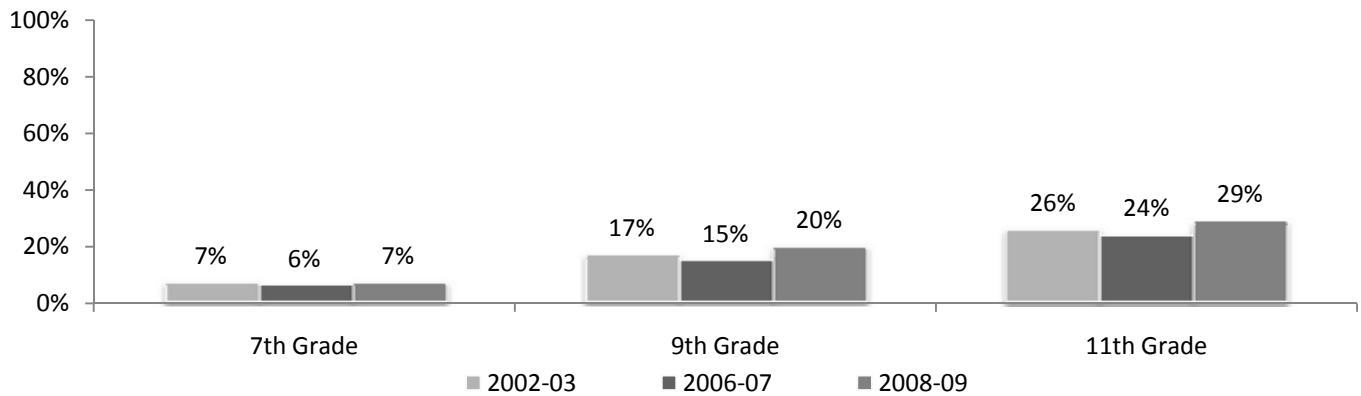
Youth Tobacco Use

A 2007 survey from the U.S. Centers for Disease Control and Prevention (CDC) found that 50% of high school students have tried cigarette smoking at some point in their lives. More than one out of every four kids age 12 or older was currently using tobacco in 2008. Each day, more than 3,500 people under the age of 18 try their first cigarette and another 1,100 become regular, daily smokers — one-third of them will die prematurely as a result.⁵⁷



According to the California Healthy Kids Survey, both 9th and 11th grade San Joaquin County students experienced an increase in the overall percentage of youth tobacco use during the 2008-09 school years. Seven percent of San Joaquin County 7th graders had smoked a cigarette compared to 20% of 9th graders and 29% of 11th graders in 2008-09. These percentages have increased since 2004-05.

Percent of Students who have Ever Smoked a Whole Cigarette by Grade

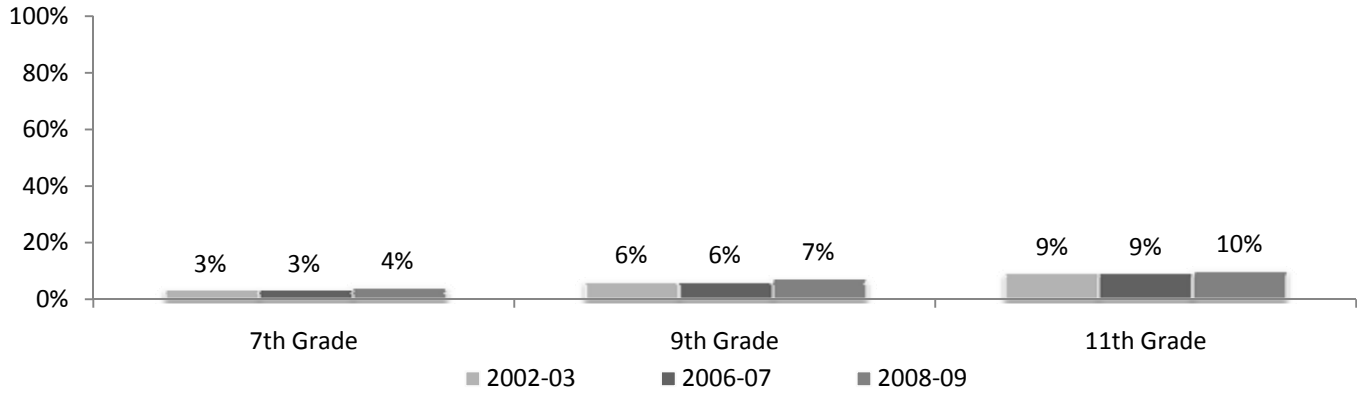


Source: San Joaquin County Office of Education, California Healthy Kids Survey, 2010.

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

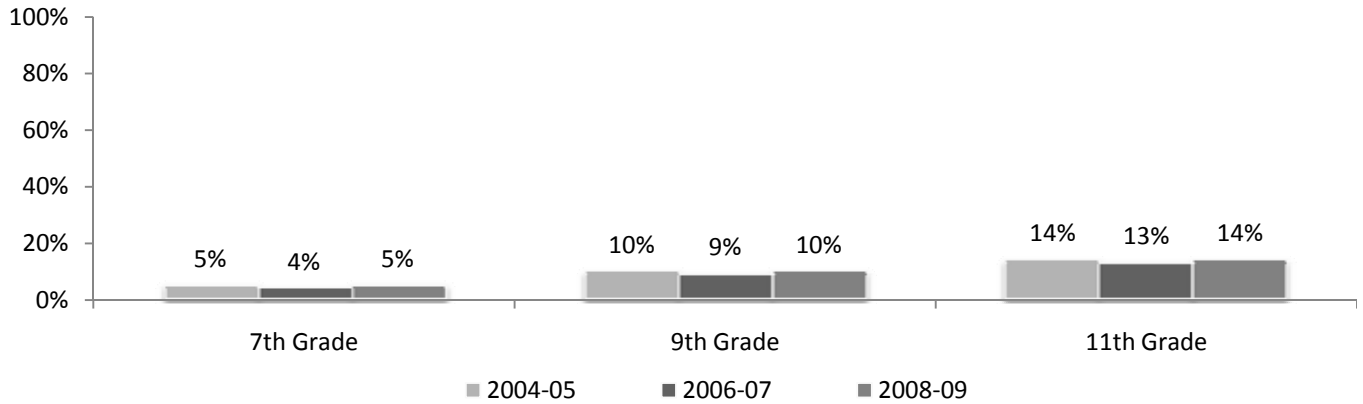
⁵⁷ American Cancer Society (2010, November 11th) *Child and Teen Tobacco Use*
<http://www.cancer.org/Cancer/CancerCauses/TobaccoCancer/ChildandTeenTobaccoUse/child-and-teen-tobacco-use-facts-and-stats>, Retrieved, September 9, 2010.

Percent of Students who have Ever Used Smokeless Tobacco by Grade



Source: San Joaquin County Office of Education, California Healthy Kids Survey, 2010.
 Note: 2006-07 data represent all districts. 2004-05 data represent all districts *except* New Jerusalem Elementary, Holt Union Elementary, and Banta Elementary.

Percent of Students who have Smoked Cigarettes in the Past 30 Days by Grade



Source: San Joaquin County Office of Education, California Healthy Kids Survey, 2010.
 Note: 2004-05 data represent all districts *except* New Jerusalem Elementary, Holt Union Elementary, and Banta Elementary. 2006-09 data represent all districts.

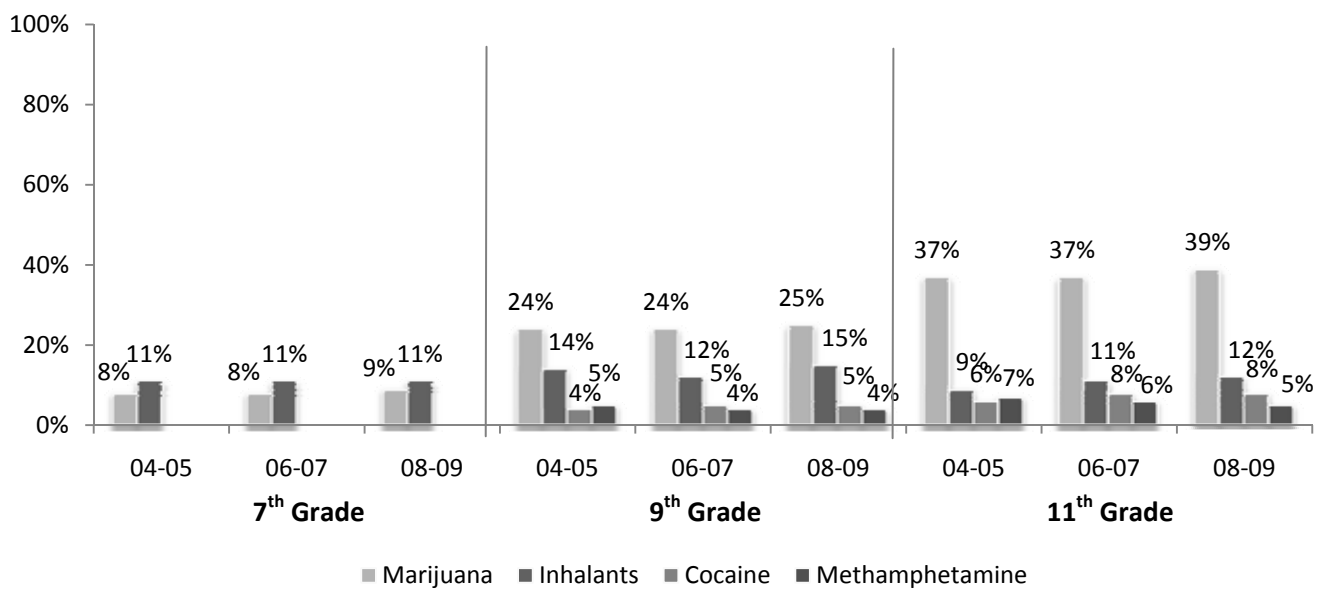
Youth Drug Use

Children who use illegal drugs, tobacco, and alcohol have an increased chance of acquiring life-long dependency problems. They also incur greater health risks. More than one-third of all Americans age twelve and older have tried an illicit drug. The use of illicit drugs among eighth graders is up 150% over the past five years. Early drug use often leads to other forms of unhealthy, unproductive behavior. Illegal drugs are associated with premature sexual activity (with risks of unwanted pregnancy and exposure to sexually-transmitted diseases like HIV/AIDS), delinquency, and involvement in the criminal justice system.⁵⁸



Youth drug use in San Joaquin County has continued to rise. Eleventh graders have the highest use, especially with marijuana. The California Healthy Kids Survey showed that older students used more drugs. Eleventh graders were more than four times (39%) more likely to use marijuana than 7th graders (9%) in 2008-09. The percentage of students who used inhalants were fairly similar across all grades in 2007-08; 11% of 7th graders, 15% of 9th graders, and 12% of 11th graders. Five percent (5%) of 9th graders used cocaine compared to 8% of 11th graders. Four percent of 9th and 5% of 11th graders used methamphetamine. Seventh graders were not asked whether or not they used cocaine or methamphetamines.

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



Source: San Joaquin County Office of Education, California Healthy Kids Survey, 2005, 2007 and 2009.

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.

⁵⁸ VC Source *America's Drug Abuse Profile* (1996) Source: <http://www.ncjrs.gov/hlm/chapter2.htm>, Retrieved September 8, 2010.

Youth Alcohol Consumption

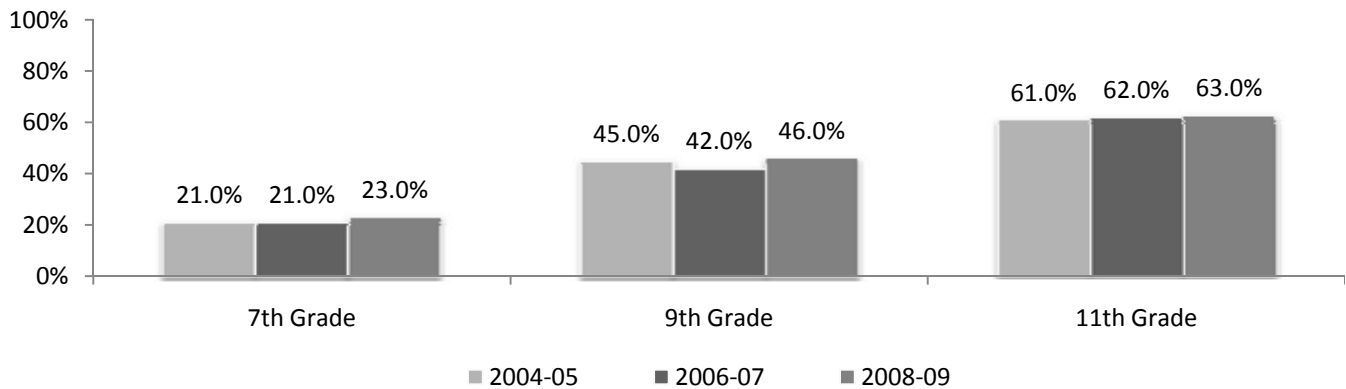
Alcohol use and binge drinking by youth is a major public health problem. Alcohol is used by more young people in the United States than tobacco or illicit drugs. Excessive alcohol consumption is associated with approximately 75,000 deaths per year in the United States. Alcohol is a factor in approximately 41% of all deaths from motor vehicle crashes. Among youth, the use of alcohol and other drugs has been linked to unintentional injuries, physical fights, academic and occupational problems, and illegal behavior.⁵⁹



Youth alcohol consumption rates increase as students become older. In San Joaquin County, 23% of 7th graders, 46% of 9th graders, and 63% of 11th graders reported *having ever used alcohol* in 2008-09.

When looking at alcohol use just in the last 30 days, 14% of 7th graders, 24% of 9th graders and 35% of 11th graders had used alcohol in 2008-09. However, over the last five years, the overall percentages of students who ever used alcohol and/or used in the past 30 days have remained relatively steady.

Percent of Students who have Ever Used Alcohol by Grade

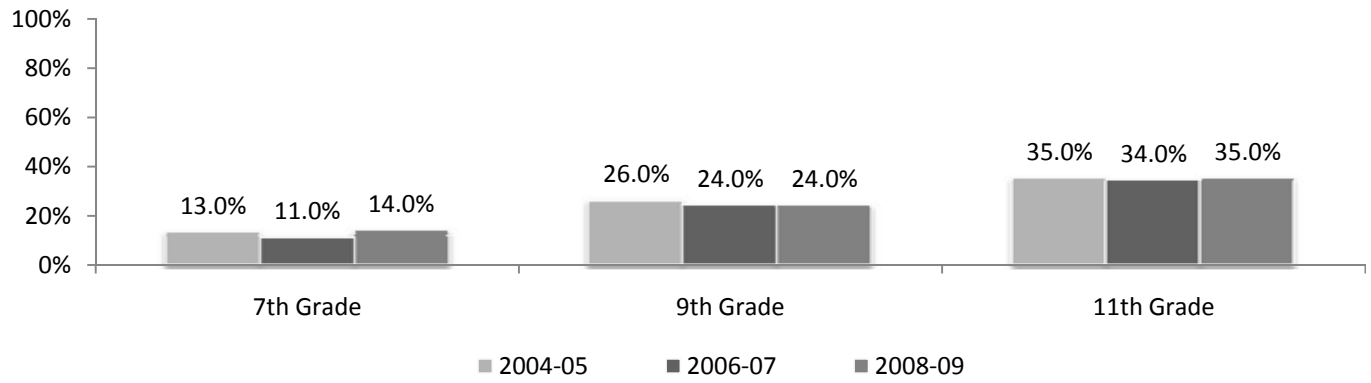


Source: San Joaquin County Office of Education, California Healthy Kids Survey, 2010.

Note: 2004-05 data represent all districts *except* New Jerusalem Elementary, Holt Union Elementary, and Banta Elementary. 2006-08 data represent all districts.

⁵⁹ National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, *Healthy Youth Health Topics Alcohol & Drug Use*, (June 03, 2010) <http://www.cdc.gov/HealthyYouth/alcoholdrug/index.htm> Retrieved, December 16, 2010.

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, 2010.

Note: 2004-05 data represent all districts *except* New Jerusalem Elementary, Holt Union Elementary, and Banta Elementary. 2006-08 data represent all districts.

Youth Drug and Alcohol Related Arrests

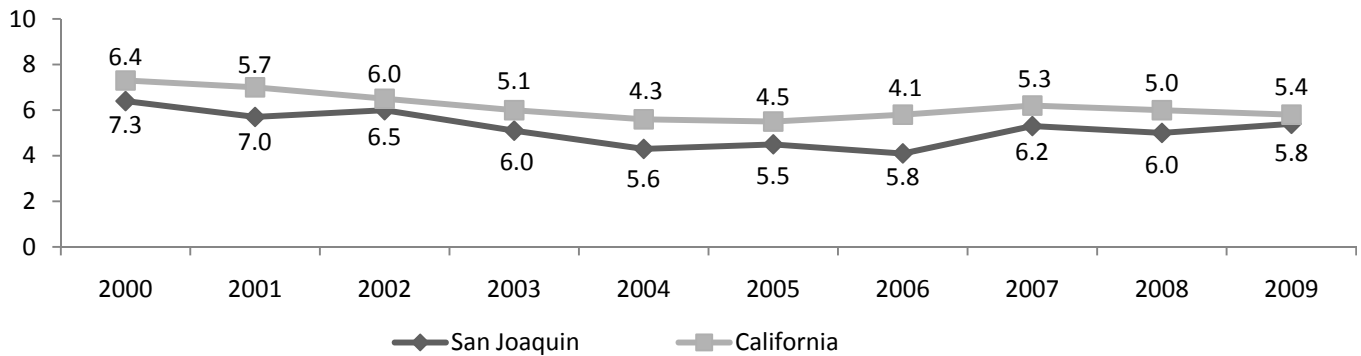
Youth substance abuse can lead to many other problems that not only affect the child, but can also influence the child's family, community, and ultimately society. Substance abuse among youth is linked to delinquency, arrest, adjudication, and intervention by the juvenile justice system.⁶⁰



Youth drug related misdemeanor arrests have dropped over the years, both in San Joaquin County and in California. Further, the county consistently had a lower rate of youth drug and alcohol related misdemeanor arrests than California, from 2000 to 2009. The misdemeanor arrest rate was 5.4 in San Joaquin County as compared to 5.8 per 1,000 youth in California, in 2009.

San Joaquin County and California had similar youth drug and alcohol related felony arrest rates per 1,000 residents ages 10-17 from 2000 to 2009. San Joaquin County and California both had a rate of 1.2 in 2009.

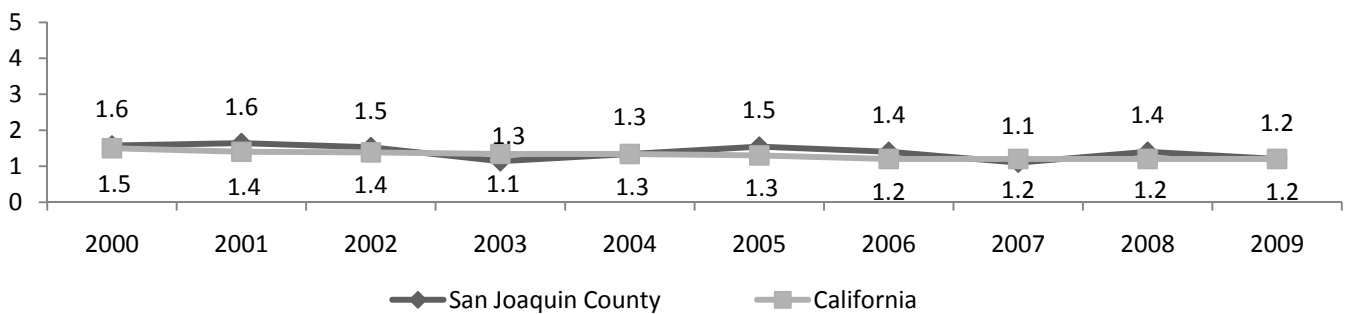
Youth Drug and Alcohol Related Misdemeanor Arrest Rates per 1,000 Youth Ages 10-17



Source: California Department of Justice, *Criminal Justice Profile*, 2010. Population data: California Department of Finance, *Race/Ethnic Population with Age and Sex Detail*, 2000-2050.

Note: Youth drug and alcohol related misdemeanor arrests include the following violations: Marijuana, Other drugs, Drunk, Liquor laws, DUI, and Glue sniffing.

Youth Drug Related Felony Arrest Rates per 1,000 Youth Ages 10-17



Source: California Department of Justice, *Criminal Justice Profile*, 2010. Population data: California Department of Finance, *Race/Ethnic Population with Age and Sex Detail*, 2000-2050.

⁶⁰ Office of National Drug and Control Policy, *Juveniles & Drugs: Facts & Figures* (2008)

http://www.whitehousedrugpolicy.gov/drugfact/juveniles/juvenile_drugs_ff.html, Retrieved, December 16, 2010.

Youth Suicide

According to the Centers for Disease Control and Prevention, suicide was the third leading cause of death among teenagers ages 15–19 in 2001.⁶¹ 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 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. Research estimates that gay, lesbian, bisexual and transgendered youth attempt suicide at a rate 2–3 times higher than their heterosexual peers.⁶²



Over the last decade in San Joaquin County, the number of youth suicides for ages 5-24 fluctuated between a low of 2 in 2005 and a high of 12 in 2004, with 7 in 2008. In California, the number of youth suicides has fluctuated since 2004, but overall has seen an decrease from 448 suicides in 2004 to 401 in 2008.

The rates of non-fatal intentional self-inflicted hospitalizations in the county and the state have remained fairly steady and below 1.0 per 1,000 for teens ages 13-20 from 2000 to 2006.

Number of Suicides for Youths (Ages 5-24)

	2000	2001	2002	2003	2004	2005	2006	2007	2008
San Joaquin County	9	9	8	7	12	2	8	5	7
California	351	371	341	393	448	385	424	383	401

Source: California Department of Public Health, Center for Health Statistics, Vital Statistics Query System, Death Records, 2008

Note: No new data available.

⁶¹ Centers for Disease Control and Prevention, National Center for Health Statistics, *National Vital Statistics Report, Volume 49, Number 11*, 2001.

⁶² University of New Hampshire, Counseling Center, *Suicide and Lesbian, Bisexual and Transgender Youth*, 2002.

Number and Rate of Non-fatal Intentional Self-Inflicted Hospitalizations per 1,000 Teens (Ages 13-15 and 16-20)

	2000	2001	2002	2003	2004	2005	2006
San Joaquin County							
Ages 13-15	22	26	11	18	17	19	14
Ages 16-20	36	29	43	40	51	43	46
Total 13-20	58	55	54	58	68	62	60
Rate per 1,000	0.75	0.68	0.64	0.67	0.75	0.67	0.63
California							
Ages 13-15	1,178	1,135	1,194	1,148	1,015	1,096	1,038
Ages 16-20	2,322	2,660	2,550	2,534	2,424	2,473	2,232
Total 13-20	3,500	3,795	3,744	3,682	3,439	3,569	3,270
Rate per 1,000	0.88	0.94	0.91	0.87	0.79	0.79	0.71

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.

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.

Note: No new data available.

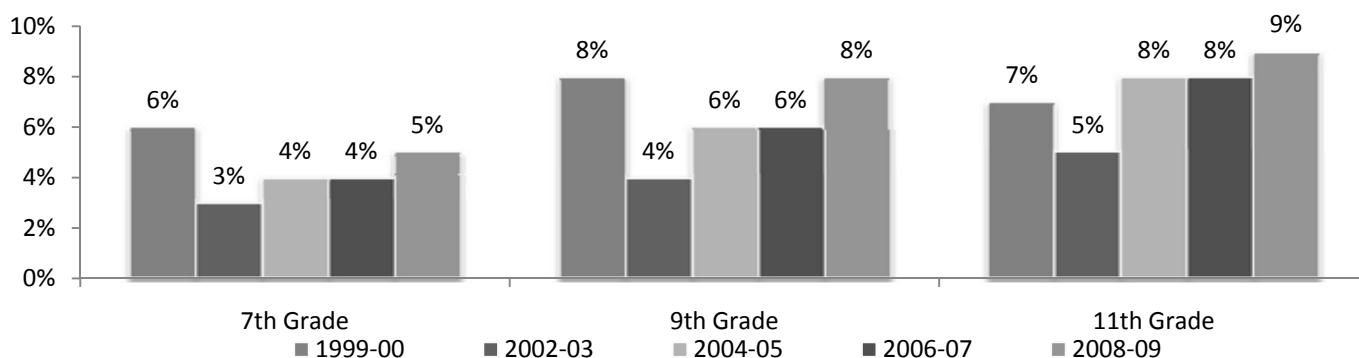
Teen Relationship Violence

Youth violence refers to harmful behaviors where a young person can be the victim, an offender, or even a witness to the violence; it is the second leading cause of death for young people between the ages of 10 and 24 in the United States. In a nationwide survey, about 32% of high school students reported being in a physical fight in the 12 months before the 2009 survey. Nearly 6% of high school students in 2009 reported taking a gun, knife, or club to school in the 30 days before the survey. An estimated 20% of high school students reported being bullied on school property in 2009.⁶³



Teen relationship violence is defined as a situation in which a teen has been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend. 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.⁶⁴ Less than 10% of 7th, 9th, and 11th grade San Joaquin County students reported relationship violence in the past 12 months during the 2008-09 school years. All grades have shown a slight increase from 2006-07. Ninth graders had the highest increase from 6% in 2006-07 to 8% in 2008-09.

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, 2010.

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.

Question HS A.122/MS A.104: During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

⁶³Centers of Disease Control and Prevention: *Understanding Youth Violence* (2010) <http://www.cdc.gov/ViolencePrevention/pdf/yv-factsheet-a.pdf>. Retrieved, September 17, 2010.

⁶⁴ California Attorney General’s Crime and Violence Prevention Center, *Safe State: Preventing Crime and Violence in California, Teen Relationship Violence Fact* (2005). <http://www.safestate.org/index.cfm?navID=169>. Retrieved March 28, 2005.

Homeless Youth

Estimates show that nearly 1.4 million children are homeless every year. Homeless students are of every race and cultural background. Homeless students sometimes do not get enough to eat and therefore come to school hungry. They may not get enough sleep at night or are afraid to sleep. Many homeless students do not receive adequate medical or dental care and are more likely than their peers to have health problems such as upper respiratory and ear infections, skin diseases, and common cold symptoms.

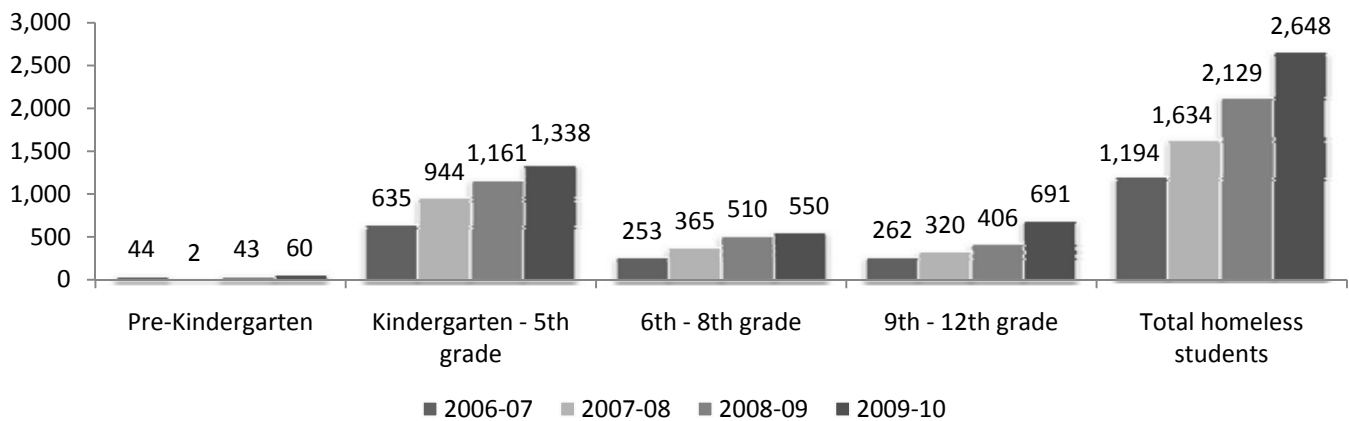


About 12% of homeless children are not enrolled in school and up to 45% do not attend school regularly. This is a cause for concern because poor attendance is a significant predictor of dropping out of school. Overall, the academic achievement of homeless students is poor. Research indicates that 43% of homeless students repeat a grade, 25% are placed in special education, and 50% are failing academically. Other data reveal that only one-third of homeless students read at grade level compared to more than half of their peers.

Federal law entitles homeless children to a free and appropriate education and states that schools must eliminate barriers to enrollment, attendance, and success in school for homeless students.⁶⁵

The number of homeless students enrolled in the San Joaquin County schools has increased rapidly over the years from 1,194 in 2006-07 to 2,648 in 2009-10 with the most children being in kindergarten to 5th grade.

Homeless Students Enrolled in San Joaquin County Schools



Source: San Joaquin County Office of Education, 2010.

⁶⁵NASP Resources: Principal Leadership Magazine, Vol. 4, Number 8, May 2004, Counseling 101 Column Helping Homeless Students (2004, May) http://www.nasponline.org/resources/principals/nassp_homeless.aspx. Retrieved September 17, 2010.

Graduation Rate

One of the most important indicators of school performance is the high school graduation rate. A high school diploma can be the gateway to postsecondary education, better employment and a successful college career. Roughly 60% of jobs require some type of training or education beyond high school and most institutions of higher education expect applicants to be high school graduates. According to the Education Commission of the States, high school graduates earn higher salaries, and are less likely to depend on public assistance, have health problems, or engage in criminal activity. A higher level of education typically means increased personal satisfaction.⁶⁶



The high school graduation rate in San Joaquin County has been steadily declining from 92% in 2003-04 to 74% in 2008-09, and has fallen below the state overall at 79% in 2008-09

High School Graduation Rate by District

District / High School	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	Net Change 03-09
Escalon Unified	98.8%	99.2%	89.8%	90.6%	93.4%	94.5%	-4.3
Lincoln Unified	96.0%	96.1%	91.4%	89.9%	86.3%	85.0%	-11.0
Linden Unified	97.9%	97.4%	95.1%	89.8%	85.1%	90.9%	-7.0
Lodi Unified	88.0%	87.2%	86.9%	86.0%	82.9%	79.5%	-8.5
Manteca Unified	95.6%	95.8%	94.3%	88.8%	88.7%	88.8%	-6.8
New Jerusalem Elementary	94.4%	94.0%	88.3%	87.3%	93.5%	87.3%	-7.1
Ripon Unified	97.5%	99.4%	94.3%	90.5%	90.3%	88.2%	-9.3
Stockton Unified	86.3%	79.8%	89.3%	53.0%	65.1%	65.0%	-21.3
Tracy Joint Unified	98.2%	97.2%	98.3%	89.9%	87.0%	81.7%	-16.5
San Joaquin County	92.3%	90.2%	91.4%	73.0%	73.9%	73.6%	-18.7
California	85.3%	85.1%	83.4%	80.6%	80.2%	78.5%	-6.8

Source: California Department of Education, Educational Demographics Office, 2010.

Note: Graduation Rate Formula is based on the NCES definition: Number of Graduates (Year 4) divided by Number of Graduates (Year 4) plus Grade 9 dropouts (Year 1) plus Grade 10 dropouts (Year 2) plus Grade 11 dropouts (Year 3) plus Grade 12 dropouts (Year 4).

Note: No new data available.

⁶⁶ Source: Math and Reading Help, *The Importance of a High School Diploma* (2010, December 3) http://math-and-reading-help-for-kids.org/articles/The_Importance_of_a_High_School_Diploma.html, Retrieved December 3, 2010.

Dropout Rate

Nationally, about 71 percent of all students graduate from high school on time with a regular diploma, but barely half of African American and Latino students earn diplomas with their peers. In many states the difference between white and minority graduation rates is stunning; in several cases there is a gap of as many as 40 or 50 percentage points.⁶⁷



San Joaquin County experienced a decrease in the adjusted four-year derived dropout rate from 34% in 2006-07 to 27% in 2008-09. San Joaquin County's dropout rates were higher than that of California during this time period.

Adjusted Four-Year Derived Dropout Rates

District / High School	2006-07	2007-08	2008-09
Escalon Unified	11.7%	8.5%	5.3%
Lincoln Unified	13.1%	12.3%	10.4%
Linden Unified	16.1%	9.7%	9.0%
Lodi Unified	15.3%	12.1%	24.0%
Manteca Unified	13.1%	10.5%	9.4%
Ripon Unified	14.1%	8.9%	11.3%
Stockton Unified	52.5%	17.7%	34.8%
Tracy Joint Unified	16.3%	13.7%	18.7%
San Joaquin County	34.0%	20.4%	26.9%
California	21.1%	18.9%	21.7%

Source: California Department of Education, *Educational Demographics Office*, 2010.

Note: 4-year Derived Rate Formula: $(1 - ((1 - (\text{Reported or Adjusted Gr. 9 Dropouts/Gr. 9 Enrollment})) * (1 - (\text{Reported or Adjusted Gr. 10 Dropouts/Gr. 10 Enrollment}))) * (1 - (\text{Reported or Adjusted Gr. 11 Dropouts/Gr. 11 Enrollment})) * (1 - (\text{Reported or Adjusted Gr. 12 Dropouts/Gr. 12 Enrollment}))) * 100$

The 4-year derived dropout rate is an estimate of the percent of students who would drop out in a four year period based on data collected for a single year.

⁶⁷ Alliance for Excellence in Education, (2009, February). *High School Dropouts in America*. www.all4ed.org/files/GraduationRates_FactSheet.pdf, Retrieved December 01, 2010