

THE 22ND ANNUAL REPORT ON THE
CONDITIONS OF CHILDREN
IN ORANGE COUNTY

LETTER FROM THE CHAIR

Every child in Orange County deserves to grow up in a healthy and safe environment – with access to a high quality education.

As Chair of the Orange County Children's Partnership, I am committed to making sure that we deliver on that promise to every child in Orange County. The 22ND Annual Report offers a comprehensive and detailed look at how children in Orange County are faring – their health, socioeconomics, education and safety.

Some of the findings reveal that we've made substantial progress. For example, this year's report shows more children in Orange County have gained access to health insurance. That means more kids getting access to proper care to stay healthy.

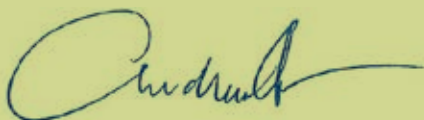
But, there's still more work to be done. Although Orange County continues to outperform the state, we must do more to address the growing number of children living in poverty.

Mental illness continues to drive more hospital visits among Orange County's children and teens. In the areas of physical fitness and academic achievement, there are striking disparities across ethnic and socioeconomic lines. And early prenatal care, which helps improve health outcomes for both mothers and infants, continues to decline.

These areas must inspire our call to action. We need to devote more resources and innovative thinking to tackling these problems. We need everyone engaged – teachers, parents, doctors and patients – to identify creative solutions to these complex problems.

Join me, the Orange County Children's Partnership and the more than 20 organizations working on behalf of children and families in Orange County to deliver on our promise to our kids.

Sincerely,



Supervisor Andrew Do
Chair, Orange County Children's Partnership

ORANGE COUNTY CHILDREN'S PARTNERSHIP

MISSION STATEMENT

Orange County Children's Partnership is a unified voice that champions health, education, safety and economic stability by advancing more responsive services that effectively meet the needs of children and families in Orange County communities.

2016 MEMBERS

Chair

Andrew Do
Supervisor, 1st District

Co-Chair

Mike Ryan, MS
Orange County Social Services Agency Director

Members

Vacant
Former Foster Youth

Kimberly Goll, MURP
*Children and Families
Commission of Orange
County*

Eldon Baber
The Raise Foundation

Leon J. Page
*Orange County County
Counsel*

Eric Handler, MD, MPH
*Orange County Health Care
Agency / Public Health
Officer*

Hon. Maria Hernandez
*Presiding Judge of the
Orange County Juvenile
Court*

Sandra Hutchens
Orange County Sheriff

Harold LaFlamme, J.D.
*Contract Attorney for
Children*

Susan Leibel
*Juvenile Justice
Commission*

Al Mijares, Ph.D.
*Orange County
Superintendent
of Schools*

Sharon Petrosino
Public Defender

Tony Rackauckas
*Orange County District
Attorney*

Mark Refowitz, MSW
*Orange County Health Care
Agency Director*

Steven J. Sentman
Chief Probation Officer

Linda Smith
Parent Representative

Cheryl Meronk
CalOptima

David Wesson
Foster Home Association

Janis White, Ed.D.
*Regional Center of Orange
County*

Vacant
*Foster Parent
Representative*

Denise MacAllister
*Special Education Local
Plan Area*

For more information about the priorities, work and public meetings of the OCCP, please visit:
ochealthinfo.com/phs/about/family/OCCP.

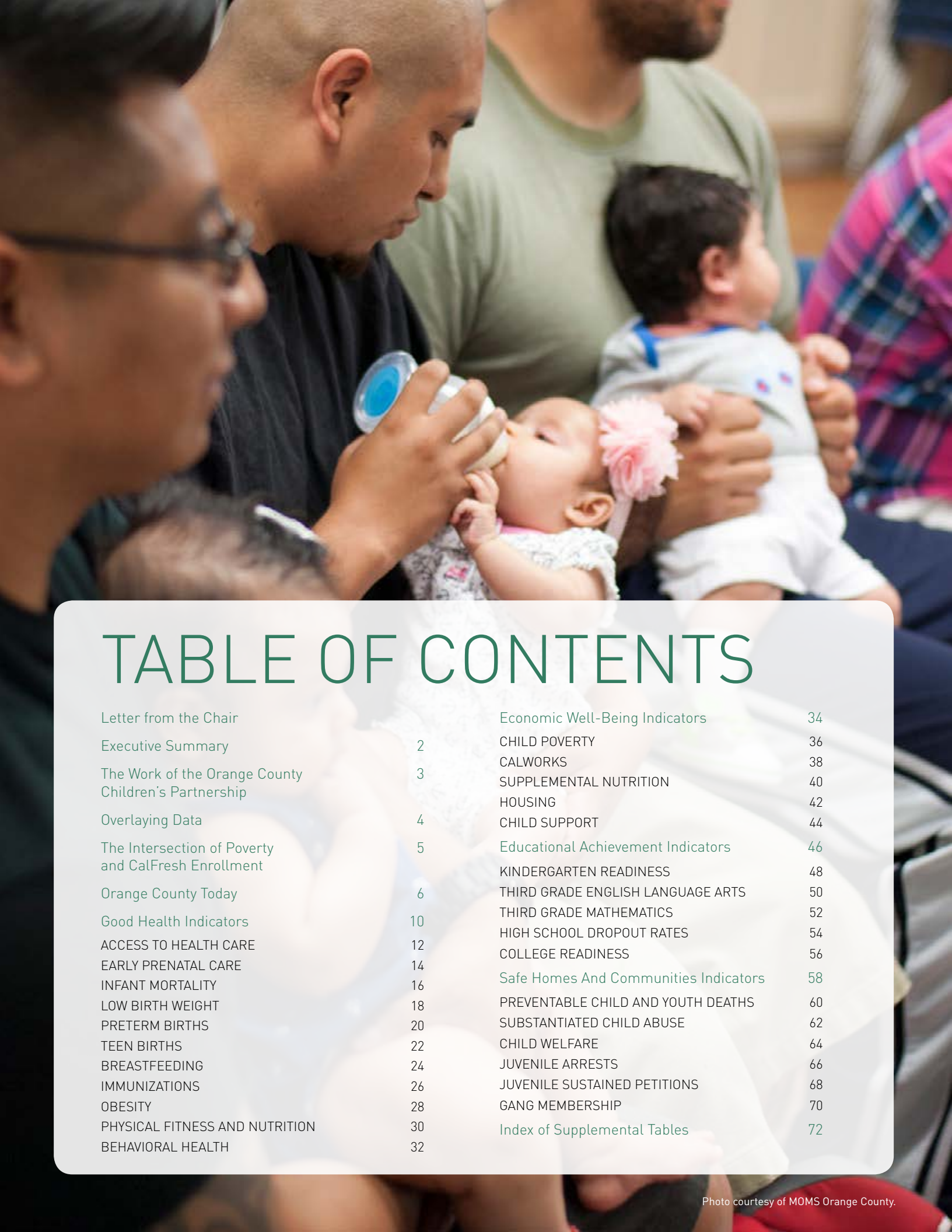


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EXECUTIVE SUMMARY

17 OUT OF 27 INDICATORS OF WELL-BEING SHOW IMPROVEMENT.

The 22nd Annual Report on the Conditions of Children examines Orange County through four interrelated and interdependent focus areas grounded in the OCCP's mission: **Good Health, Economic Well-Being, Educational Achievement and Safe Homes and Communities**. Together, these focus areas feature 27 measures including the definition, findings and trends of each indicator, along with a discussion of why the indicator is important.

The economic and racial diversity within the county underscores the complexity of its population and the conditions under which its children are living and growing up. Conditions are improving in some areas, while in others, problems have deepened and enormous need remains. The good news is that of 27 indicators, 17 measures with trend data show signs of improvement. In many cases, however, racial, ethnic and geographic disparities persist.

Among the 11 measures of **Good Health**, nine reveal improvement, with a notable decrease in the percent of uninsured children from 10.9% in 2008 to 5.0% in 2014. In contrast, up from a low in 2008, there has been a 47% increase in hospitalization rates driven by serious mental illness among children and teens.

Among measures of **Economic Well-Being**, only one of the five measures, child support distribution, shows signs of improvement. It is important to note that while some measures, such as the number of beneficiaries of CalWORKs, CalFresh and Free and Reduced Price Lunch Programs, positively reveal that more children are accessing these benefits, they are used in this report as an indicator of poverty and thus have been identified as needing improvement due to the increasing number of beneficiaries. Notably, the percent of current child support distributed in Orange County has increased 24.2% to 68.0% in 2014/15, surpassing California at 66.9%.

Among the measures within **Educational Achievement**, both high school dropout rates and college readiness have improved across all races and ethnicities. The percent of high

school dropouts has decreased by more than half (53.7%) since the 2009/10 school year to a current low of 5.7% and college readiness among high school graduates has increased 30.2%. Despite these improvements, a deeper look reveals that disparities among race and ethnic groups persist. For example, among students who are deemed college-ready, Hispanic students are least likely to be college-ready despite having the largest proportion of graduates.

New to the report are three academic indicators: Kindergarten Readiness and Academic Performance in both Third Grade English Language Arts and Third Grade Mathematics. The baseline data show that 51.9% of students in Orange County are Kindergarten-ready, just under half (46%) of third grade students meet or exceed standards for English/Language Arts on the California Assessment of Student Performance and Progress (CAASPP) test and just over half (51%) of third grade students meet or exceed standards for Mathematics on the CAASPP test.

Among the six measures of **Safe Homes and Communities**, five are improving, indicating that Orange County is becoming a safer place for children to live. Again, while there is measurable improvement, the racial and ethnic divide persists. For example, Hispanic youth comprise 77.8% of juveniles who are arrested and receive a formal court hearing, an increase of almost 4.0% from 2013.

In summary, this report makes data about children, youth and families of Orange County accessible and relevant to the public for use in research, as a call to action and to strengthen and guide the collaborative efforts of the OCCP to improve conditions for children in Orange County. By shining a light on the status of children and families, it highlights issues that need to be addressed, measures progress toward healthier outcomes and allows celebration of victories along the way.

THE WORK OF THE ORANGE COUNTY CHILDREN'S PARTNERSHIP

It is imperative that we address the pressing issues facing Orange County's children and families highlighted in this report. Already, there is an enormous breadth of programming being delivered in effective ways by OCCP member organizations and agencies across the county. Further, as a coalition, the OCCP leverages the unique attributes of its members by working collaboratively to coordinate and link services.

In 2016, the OCCP undertook a strategic planning effort to ensure its work is both meaningful and impactful. The Partnership committed to using its collective abilities to strengthen, expand and enhance existing initiatives that are focused on improving outcomes for children and families. The OCCP will channel its energy toward initiatives that meet the following criteria:

- alignment with OCCP's mission;
- an ability for services to be integrated;
- potential for collaboration;
- maximization of existing resources and expertise;
- an ability for the OCCP to address road blocks and/or advance the initiative.

The OCCP has begun to identify priority initiatives and implement accountability for its work by setting goals, tracking progress and engaging stakeholders. Additionally, the Conditions of Children report has considerable potential to help target interventions and set effective policy relating to critical issues for Orange County's families. Following are three examples of how the OCCP will build upon existing initiatives to improve the lives of Orange County's children and families.

Serious Mental Health Needs for Adolescents

The Orange County Alliance for Children and Families is leading a collaborative initiative to identify and measure the need for serious emotional and mental health services among youth, the demographic characteristics of those youth and the barriers to their accessing existing services. Currently the magnitude of need and the population characteristics are unknown, but it is widely recognized that the acute needs of these youth are poorly addressed by the system.

This project will result in the development of a set of recommendations to fill gaps in services and improve the system. To carry this out, data collection protocols that expand across youth populations will determine the extent to which youth access, or are in need of, critical services. The urgency of this project is underscored by the County's low capacity to house and treat these youth (including juvenile dependents and wards of the courts). Youth are often sent out of state to receive treatment when they would have improved outcomes if closer to family and home. A committee is conducting focus groups with community partners including Orange County's Health Care Agency, Social Services Agency, Probation Department, the Department of Education and private providers to research and collect data on the issue. Ultimately, the findings will be presented to the OCCP to strategically identify opportunities to better serve these youth.

Continuum of Care Reform (AB 403)

AB 403, new state legislation that went into effect this year, aims to phase out the way treatment and services are currently provided to youth at group homes, in favor of measures geared toward providing greater support to foster families. The new regulations will drastically reduce the number of children placed in facilities currently run as group homes as well as the length of time they spend in such placements through the establishment of short-term residential therapeutic programs (STRTPs). Specialized and intensive treatment will be provided to children with demonstrated need at STRTPs, with all other youth placements directed to family-based care. The magnitude of overhaul is tremendous and as the county system develops its implementation strategies under the leadership of the Child Welfare System Improvement Partnership, the OCCP will stay abreast of the plans and connect its support strategically. The OCCP envisions activating its resources to support the recruitment of resource families to take the higher volume of residential foster placements through public outreach and media campaigns, as well as supporting programs to be rolled out to make the system's move into family-based care a success.

Commercially/Sexually Exploited Children

Several members of the OCCP are collaborating to develop and launch a crucial public education and awareness campaign about commercially and sexually exploited children (CSEC). The campaign will strive to deepen public and stakeholder awareness of the issue, change the conversation on the plight of these youth, promote early identification of at-risk youth and generate greater interest from suitable foster family for recruitment purposes. The issues facing these youth, whether entering the dependency system or through juvenile justice, are complex. CSEC youth are often

mistaken for and characterized as prostitutes when in fact they are sexual assault victims who have been coerced, often violently, into desperate situations. A deeper understanding of their plight and the huge systemic barriers to diverting them from their abusers and a lifestyle of sexual exploitation could result in better outcomes for these children. As the campaign is developed, it will be brought to the OCCP to expand the reach of the campaign, help recruit suitable foster homes for training and placement, and help connect with other stakeholders not at the table.

Waste Not OC Coalition

The Waste Not OC Coalition – a nationally recognized model for addressing hunger – is an inspiring example of an initiative that is made stronger by leveraging the OCCP network. The Coalition collects unused food, promotes screening for food insecurity across the county and coordinates distribution by leveraging technology and connecting the families in need. Through the OCCP network of agencies, more organizations are now inquiring about hunger and pointing families in need to food resources.

Safe Sleep Orange County

Safe Sleep Orange County (OC) – carried out by the OC Perinatal Council – is a multi-partner initiative that amplified its impact on families with the support of the OCCP. Safe Sleep OC developed a trilingual educational campaign to bring awareness to preventable infant deaths due to unsafe sleep environments and practices. As part of its work, it also has partnered with one county hospital to distribute cribs to high-need families who lack the resources to purchase safe sleep spaces for their infants. OCCP's support accelerated the development and distribution of resources, trainings, and cribs and provided a network through which Sleep Safe OC could reach families.

OVERLAYING DATA

The Conditions of Children Report presents indicators of well-being across a broad spectrum of distinct subject matter. Yet it is understood that none of the conditions measured in this report occur in isolation. In fact, multiple metrics of well-being that indicate success or challenges in communities across the county are interconnected and cannot be separated in the actual lives of children. Data presents a powerful tool for examining the facts of what

is occurring in communities. By investigating the intersection of multiple data sets, a more complete picture emerges. This year, for the first time, the Conditions of Children report explores the intersection of data through an “overlay map.” This kind of exploration may raise further questions, and fall short of conclusive findings, but it can be used to identify situations in communities that merit further investigation.

The Intersection of Poverty and CalFresh Enrollment

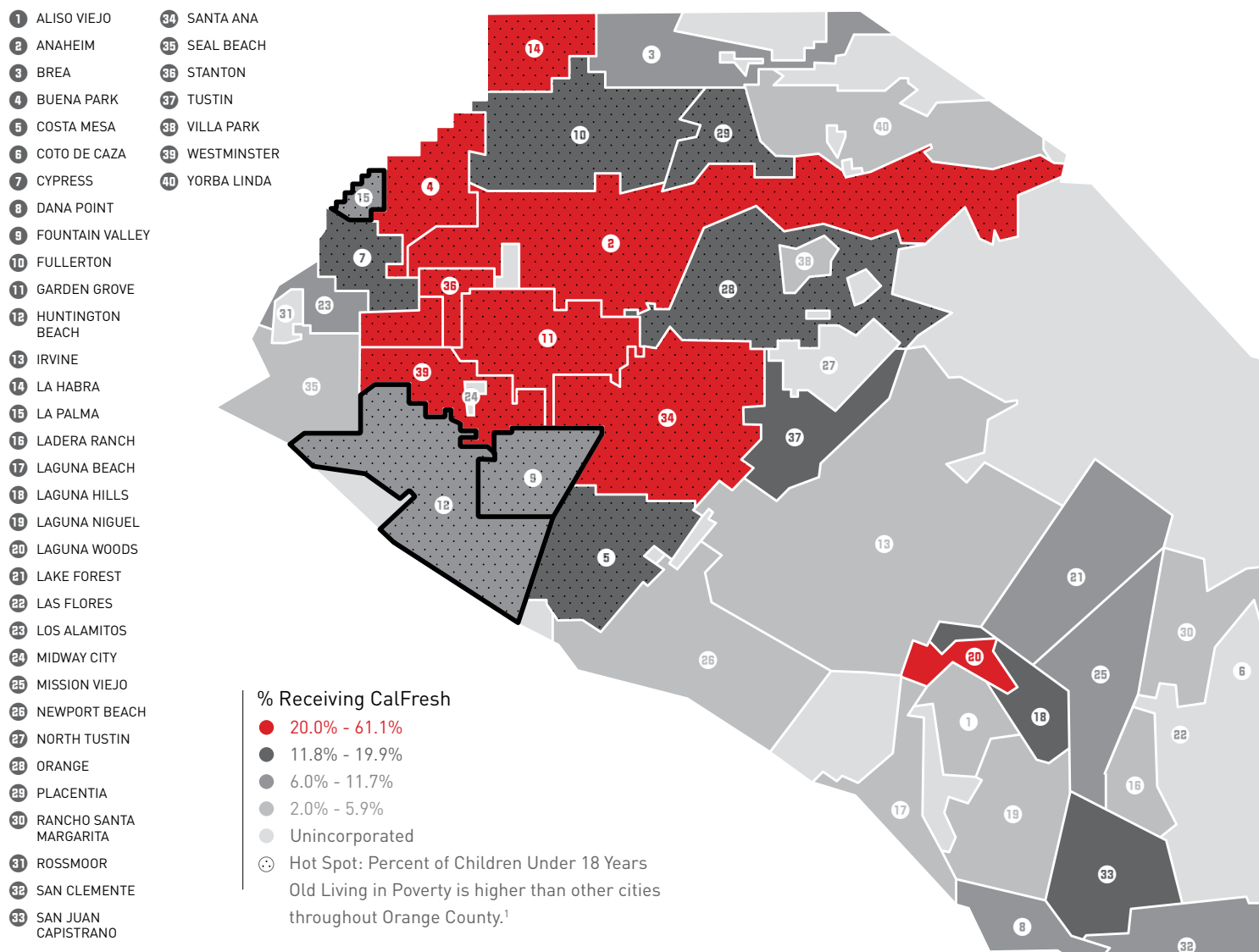
The CalFresh Program, federally known as the Supplemental Nutrition Assistance Program (SNAP), supplements a family's food budget. It helps to improve the health and well-being of eligible individuals and families by providing financial support to meet their nutritional needs. There is limited data available to understand where and to what extent families and children in Orange County could benefit from CalFresh but for any number of reasons, may not access CalFresh.

By overlaying CalFresh enrollment data with poverty data, the resulting map reveals communities where enrollment in this important nutritional program is lower than would be expected in an area with high poverty, indicating cities in the county where there may be gaps between need and services. Specifically, the overlay map shows potential gaps in the cities of Huntington Beach, Fountain Valley, and La Palma. These three cities have below-median CalFresh child beneficiaries and fall within a hot spot for child poverty, suggesting a real need among children who are eligible for CalFresh but who are not benefiting from CalFresh.¹ Further investigation may reveal barriers to enrollment for eligible children and families who are in need of these important benefits.

Alternatively, the map shows a high proportion of children in Garden Grove, Westminster, Buena Park, La Habra, and Santa Ana who are receiving CalFresh where child poverty is also high, suggesting that these cities are doing well in reaching kids in need.

¹ Hot spot occurs when a group of nearby cities is determined to be significantly different from the study area of interest, in this case, Orange County.

Percent of Children Under 18 Years Old Receiving CalFresh, by Community, 2015



¹ Hot spot occurs when a group of nearby cities is determined to be significantly different from the study area of interest, in this case, Orange County.

Sources: Orange County Social Services Agency, 2015, Percent of Children Under 18 Years Old Served by CalFresh; U.S. Census, 2010-2014 American Community Survey 5-Year Estimates, Table 1701, Percent of Children Under 18 Years Old Living Below Poverty

ORANGE COUNTY TODAY

Demographics

According to California's Department of Finance, in January 2016 Orange County's population numbered 3,183,011, making it the third largest county in California, trailing Los Angeles County (10,241,335) and San Diego County (3,288,612),¹ and ranking as the sixth most populated county in the nation,² with more residents than 22 states, including Iowa, Utah and Mississippi.³ Since 2010, Orange County's population increased by 5.0%. The average annual increase slowed considerably to 0.8% between 2014 and 2015. The population growth is expected to experience a 9.0% growth rate with population projections reaching just over 3.4 million by the year 2040.⁴

While natural population increase (births minus deaths) has outpaced migration as the county's principal source of growth, international immigration – largely from Asia and Latin America – has contributed significantly to Orange County's growth in the last 30 years, shifting the county's proportion of foreign born residents from 6.0% in 1970 to 30.3% in 2014.⁵ Between 2014 and 2015, Orange County added 20,460 residents through natural increase and 13,247 residents through net immigration.⁶

Ethnicity and Age

Orange County continues to experience increasing racial and ethnic diversification. As of 2014, the Census estimates Orange County's population was composed of 42.9% Whites, 34.0% Hispanics or Latinos, 18.6% Asians, 1.6% Blacks and 2.9% All Other race/ethnicities.

Orange County's child population is similarly diverse, albeit with somewhat different proportions than the overall population, according to 2014 American Community Survey estimates. In 2014, Hispanic or Latino children comprised 47.2% of the total child population; White children comprised 30.7%; Asian children comprised 15.7%; Black children comprised 1.5% and All Others comprised 4.9%.⁷

In 2014, 30.3% of people living in Orange County were foreign born. Among those residents who were at least five years or older, 45.5% spoke another language other than English at home; the majority spoke Spanish (26.3%) followed by Asian/Pacific Islander languages (14.0%).⁸ The median age has risen from 35 in 2003 to 36.7 in 2014 and 26.4% of the population was under 19 years of age in 2014.⁹

Education

In the 2015/16 school year, Orange County public school enrollment was 493,030. The largest racial/ethnic student group in the county was Hispanic or Latino, representing 49.1% of school enrollment, a 10.8% increase since 2005/06. White students comprised the second largest racial/ethnic group, representing 27.5% of students in 2015/16, a decrease of 23.0% since 2005/06. In 2015/16, Asian, Pacific Islander or Filipino students represented 18.0%; Black, 1.4%; American Indian or Alaska Native, 0.3%; and all other race/ethnicities represented 3.7% of the student population.¹⁰

¹ California Department of Finance, "E-1 Population Estimates for Cities, Counties and the State – January 1, 2014 and 2015," <http://www.dof.ca.gov/research/demographic/reports/estimates/e-1/documents/E-12015InternetVersion.xls>. ² U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2015, <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>. ³ Ibid. ⁴ Orange County Community Indicators Report, July 2015: 2, <http://ocgov.com/about/infooc/facts/indicators>. ⁵ American Community Survey 2010-2014 5-Year Estimates, S0501, Selected Characteristics of the Native and Foreign-Born Population. ⁶ California Department of Finance, "E-2, California County Population Estimates and Components of Change by Year – July 1, 2010-2014," Table 1. ⁷ American Community Survey 2010-2014 5-Year Estimates, S0901, Children Characteristics. ⁸ American Community Survey 2010-2014 5-Year Estimates, S1601, Language Spoken at Home. ⁹ American Community Survey 2010-2014 5-Year Estimates, S0101, Age and Sex. ¹⁰ California Department of Education, DataQuest, <http://dq.cde.ca.gov/dataquest/>

Economy

Orange County has a stronger than average regional economy with a Gross County Product reaching \$212.7 billion forecast for 2015.¹¹

The most recent Census data (2014) show that the median family income is \$75,998, a 0.3% increase from 2012. As of May 2016, the largest labor markets were Professional and Business Services (18.4%), Trade, Transportation and Utilities (16.5%), Leisure and Hospitality Services (13.2%), Educational and Health Services (12.9%) and Government (10.4%).¹²

The five largest employers in Orange County are Walt Disney Company (27,000 employees), University of California, Irvine (22,835), Orange County government (18,000), St. Joseph Health (12,227), and Kaiser Permanente (7,000).¹³

Socioeconomics

In May 2016, the unemployment rate for Orange County was 3.6%; lower than California (4.7%) and the national average (4.7%).¹⁴ Poverty, on the other hand, increased in both number and proportion in recent years. As of 2014, 17.6% of children ages 0-17 lived in poverty in Orange County. In addition, in 2015/16, 49.1% (237,969) of Orange County's public school children were eligible for the Free and Reduced Price Lunch (FRL) program.¹⁵ In order to be eligible for the FRL program, families must not exceed 185% of the Federal Poverty Level. In 2016, the Federal Poverty Level for a household of four was \$24,300 compared to \$19,350 in 2005.¹⁶

Orange County continues to be among the most inaccessible places to live for low- and moderate-income earners. In April 2016, the median sale price of an existing single-family home in Orange County was \$735,910, an increase of 4.2% since April 2015.¹⁷ The minimum household income needed to

purchase a median-priced single family home in Orange County is approximately \$141,992.¹⁸ Less than half (43%) of households in Orange County could afford an entry-level home in 2015.¹⁹

At 42%, a smaller proportion of Orange County households are renters than California at 45%.²⁰ Rental housing remains more expensive than that of neighboring counties. In 2016, the fair market rent in Orange County was \$1,324 for a one-bedroom apartment, \$1,672 for a two-bedroom apartment and \$2,327 for a three-bedroom apartment.²¹ The hourly wage needed for a household to afford the fair market rent of a one-bedroom apartment was \$27.58; for a two-bedroom, \$34.83; a three-bedroom, \$48.48; and for a four-bedroom, \$52.75. A minimum wage earner in Orange County must work 102 hours per week to afford a one-bedroom apartment, compared to the state average of 89 hours per week.²²

Orange County is considered one of the most densely populated areas in the United States, ranking 19th out of 3,143 counties in the nation.²³ In 2016 the average household size in Orange County was 3.06 persons, larger than California (2.97) and the United States (2.63). The city of Santa Ana had the highest household size in the county at 4.47 persons per household.²⁴ In addition to Santa Ana, 13 Orange County cities had an average household size higher than the county average, including Garden Grove (3.75), Stanton (3.57), Westminster (3.48) and Anaheim (3.46). Orange County's population density is 4,034 persons per square mile, an increase of 5.8% since 2010 (3,815 persons per square mile).

¹¹ Center for Demographic Research, Fullerton State University, December 2015. "Orange County Facts and Figures." <http://www.fullerton.edu/cdr/ocff.pdf>. ¹² California Employment Development Department, "Labor Market Information - Orange County." May 2015. [http://www.calmis.ca.gov/file/1fmonth/oran\\$pd.pdf](http://www.calmis.ca.gov/file/1fmonth/oran$pd.pdf). ¹³ Location OC. "Major Employers." 2015. <http://www.locationoc.com/business-climate/major-employers/> and OC.gov Orange County Development Board for employee estimates for the government of Orange County. ¹⁴ For Orange County and California, State of California, Employment Development Department, May 2016. For national average, US Department of Labor, Bureau of Labor Statistics, May 2016. <http://www.oceconomy.org/population/> ¹⁵ California Department of Education, DataQuest. <http://dq.cde.ca.gov/dataquest/>. ¹⁶ U.S. Department of Health and Human Services, "2015 Poverty Guidelines." <http://aspe.hhs.gov/poverty/15poverty.cfm#>. ¹⁷ California Association of Realtors, April 2007 and April 2016 Median Home Price. http://www.car.org/3550/xls/econxls/Median_PriceMay_2016ata.xls. ¹⁸ California Association of Realtors, "First Quarter 2016 California Housing Affordability." <http://www.car.org/newsstand/newsreleases/2016releases/1stqtrhousingaffordability> ¹⁹ California Association of Realtors, 2015. ²⁰ National Low Income Housing Coalition, "Out of Reach 2016: California." <http://nlihc.org/oor/california>. ²¹ Housing and Urban Development, "FY2015 Fair Market Rent Documentation System." https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2016_code/2016summary.odn. ²² National Low Income Housing Coalition, "Out of Reach 2015: California." ²³ 2010 data is most recent U.S. census data. U.S. Census Bureau, Census 2010, Table GCT-PH1. Population, Housing Units, Area and Density and 2012 American Community Survey, 5-Year Estimates. ²⁴ California Department of Finance, "E-5 Population and Housing Estimates for Cities, Counties and the State, 2011-2015, with 2010 Census Benchmark." http://www.dof.ca.gov/research/demographic/reports/estimates/e-5/2011-20/documents/E-5_2015_InternetVersion.xls

ORANGE COUNTY SNAPSHOT



Photo courtesy of MOMS Orange County

Economy

- 3.6% unemployment
- Median family income is \$75,998
- 17.6% of children living in poverty (123,620)
- 49.1% of public school students are eligible for free and reduced price lunch

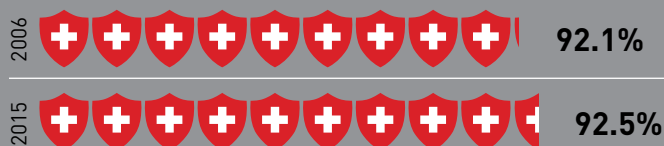
UNEMPLOYMENT



Health

- 3.2% of very young children are uninsured
- 5.9% of children 6-17 are uninsured
- Infant mortality rate is 3.3 per 1,000 Live Births
- 92.5% of children are adequately immunized by Kindergarten

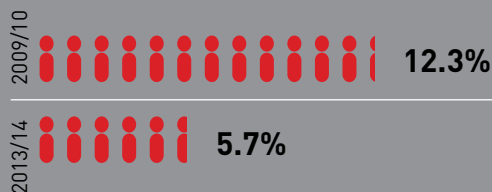
% ADEQUATELY IMMUNIZED



Education

- 493,030 students are enrolled in public schools
- 51.9% of children are developmentally ready for kindergarten
- 5.7% of high school students drop out

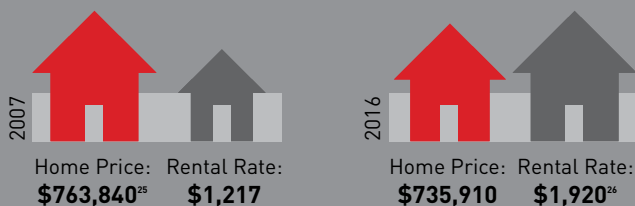
HIGH SCHOOL DROPOUT RATE



Housing

- Median home price is \$735,910
- Average apartment rental rate is \$1,920 per month

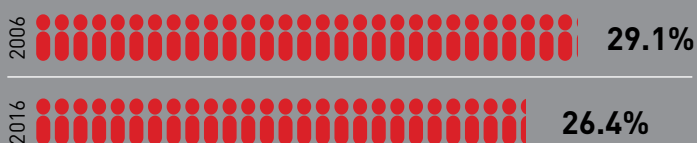
MEDIAN HOME PRICE AND AVERAGE RENTAL RATE



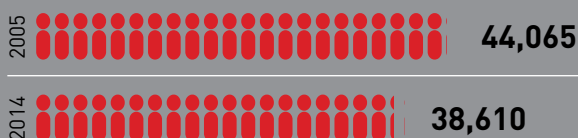
Population

- 38,610 children are born
- 26.4% of Orange County's total population are children under 18 (339,738)
- Nearly 3.2 million people living in Orange County
- Median age is 36.7

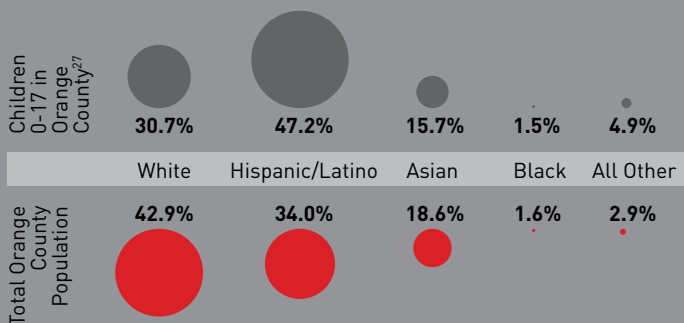
% CHILDREN IN ORANGE COUNTY



NUMBER OF BIRTHS IN ORANGE COUNTY



ORANGE COUNTY DEMOGRAPHICS



Note: Current data reflect the most recent year of data available, ranging from 2014 to 2016.

²⁵ California Association of Realtors, April 2007 and April 2016 Median Home Price. http://www.car.org/3550/xls/econxls/Median_PriceMay_2016ata.xls. ²⁶ Orange County Workforce Investment Board. <http://www.oceconomy.org/housing/may2016.asp>. ²⁷ American Community Survey 2010-2014 5-Year Estimates. S0901. Children Characteristics.

GOOD HEALTH INDICATORS

ACCESS TO HEALTH CARE

PERCENT OF UNINSURED CHILDREN



10.9%
2008

5.0%
2014

PRETERM BIRTHS

PERCENT OF PRETERM BIRTHS



9.8%
2005

7.4%
2014

OBESITY

PERCENT OF 5TH GRADE STUDENTS WITH HEALTH RISK DUE TO BODY COMPOSITION



18.3%
2013/14

17.7%
2014/15

EARLY PRENATAL CARE

PERCENT OF WOMEN WHO RECEIVED EARLY PRENATAL CARE IN THE FIRST TRIMESTER



91.4%
2005

86.1%
2014

TEEN BIRTHS

BIRTH RATE PER 1,000 FEMALES 15 TO 19 YEARS OF AGE



30.4
2005

14.8
2014

PHYSICAL FITNESS AND NUTRITION

PERCENT OF 5TH GRADE STUDENTS WITH HEALTH RISK DUE TO AEROBIC ACTIVITY



5.8%
2013/14

5.3%
2014/15

INFANT MORTALITY

RATE OF INFANT MORTALITY PER 1,000 LIVE BIRTHS



4.8
2005

3.0
2014

BREASTFEEDING

PERCENT EXCLUSIVE BREASTFEEDING AT TIME OF HOSPITAL DISCHARGE



63.1%
2012

67.1%
2015

BEHAVIORAL HEALTH

HOSPITALIZATION RATE PER 10,000 CHILDREN FOR SERIOUS MENTAL ILLNESS AND SUBSTANCE ABUSE



17.1
2005

24.5
2014

LOW BIRTH WEIGHT

PERCENT OF INFANTS WITH LOW BIRTH WEIGHT



6.4%
2005

6.3%
2014

IMMUNIZATIONS

PERCENT OF CHILDREN ADEQUATELY IMMUNIZED BY KINDERGARTEN



92.1%
2006

92.5%
2015



UPWARD TREND
IMPROVEMENT



UPWARD TREND
NEEDS IMPROVEMENT



DOWNWARD TREND
IMPROVEMENT



DOWNWARD TREND
NEEDS IMPROVEMENT



DIFFICULT TO ASSESS DUE TO THE NATURE
OF THE DATA OR BASELINE DATA





ACCESS TO HEALTH CARE

UNINSURED RATES FOR CHILDREN DROP BY MORE THAN HALF BETWEEN 2008 AND 2014.

DESCRIPTION OF INDICATOR

This indicator reports the number and percent of children under 18 years old who are uninsured; the number and percent who do not have a usual source of care; and those who experienced delayed care or did not receive medical care or prescription medications.

Why is this Important?

Improving health care access for all children helps to improve prevention, early diagnosis and treatment of health problems. Children with health insurance are more likely to get timely prescription medications and medical or mental health care when needed; are more likely to get preventive care (including immunizations, dental care and vision screenings); and, overall, have better health outcomes.

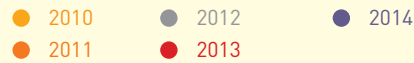
Findings

- In 2014, 5.0% of children were uninsured, representing a drop in uninsured rates by more than half since 2008 (10.9%).
- Orange County went from having a higher rate of uninsured children in 2008 (10.9%) than California (10.0%) and the United States (9.3%), to having a lower rate than both in 2014.
- Hispanic children continue to have higher uninsured rates than other racial/ethnic groups, with 6.8% of Hispanic children uninsured in 2014, compared with Other races (4.5%), Asian (3.7%) and White (3.0%) groups. However, this gap is shrinking.
- Uninsured rates of very young children (0-5 years old) have dropped by two-thirds, from 8.9% in 2009 to 3.2% in 2014. Similarly, rates of uninsured 6-17 year olds have dropped by nearly half, from 11.2% in 2009 to 5.9% in 2014.
- In addition, the 2014 California Health Interview Survey (pooled estimate for 2011 through 2014) reveals:
 - An estimated 59,000 (7.7%) Orange County children annually did not have a usual source of care to go to when they were sick or needed health advice.
 - Approximately 24,750 children (3.3%) experienced a delay or lack of medical care and 31,250 children (4.1%) experienced a delay or lack of needed prescription medications.
 - Most children who had access to a usual source of care went to a doctor's office (71.6%), while 19.6% went to a clinic or community hospital. The proportion of children who regularly visited an Emergency Department, urgent care center or other location is unknown.¹

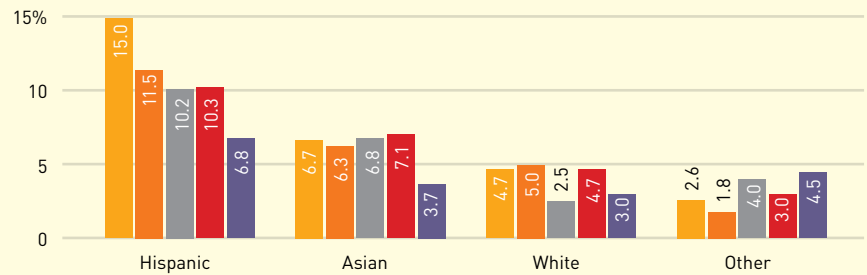
GOOD HEALTH

Percent of Children Uninsured, by Race/Ethnicity

2010 to 2014

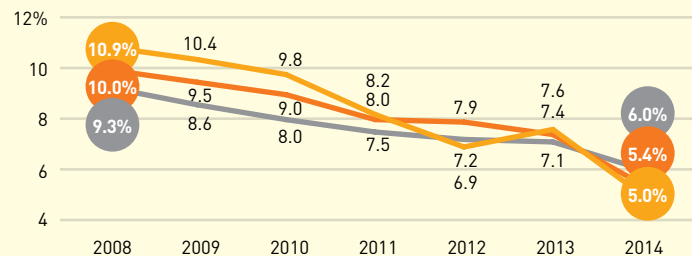
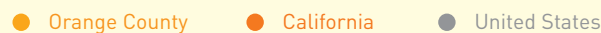


Note: Other category includes Blacks, American Indian/Alaskan Natives, Multiracial and Other races
Source: American Community Survey, 2010-2014 (1 year estimates)



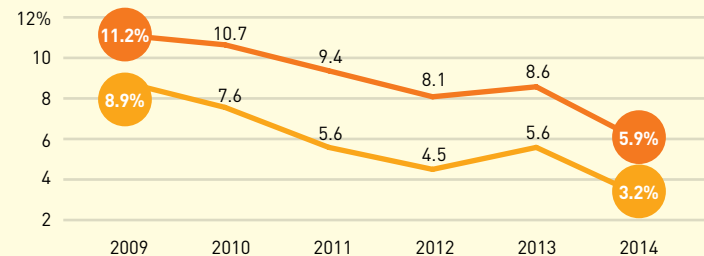
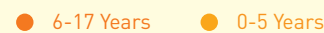
Percent of Children Under 18 Years Old Who Were Uninsured

Orange County, California and United States, 2008 to 2014



Source: American Community Survey (2008-2014; 1 year estimates)

By Age Group, 2009 to 2014

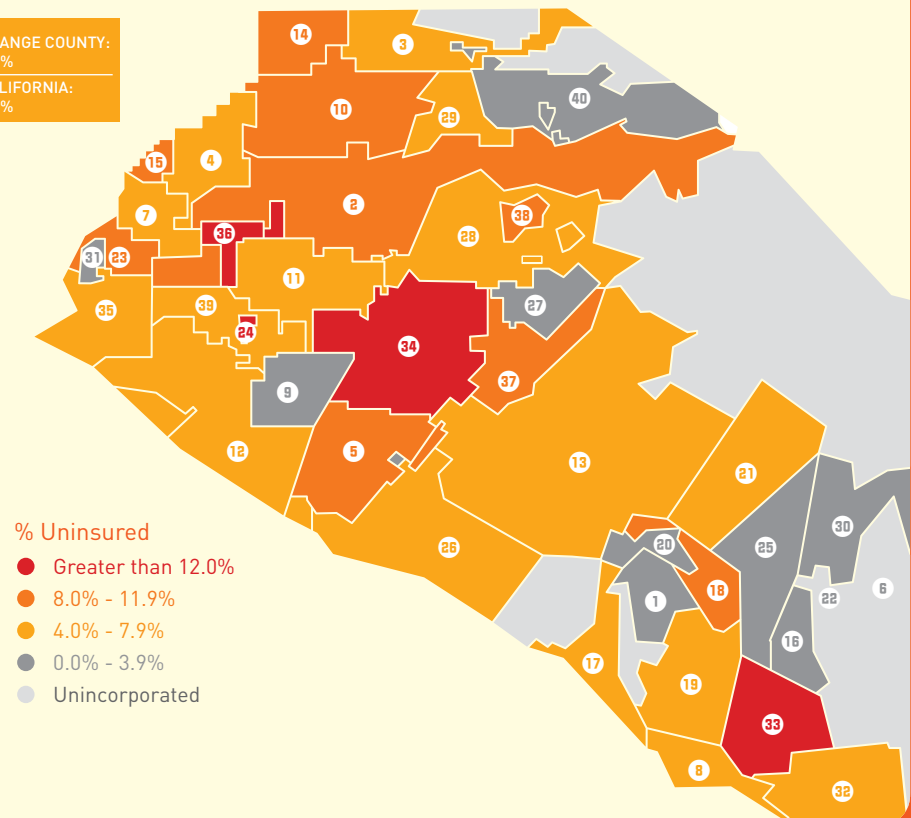


Source: American Community Survey (2009-2014; 1 year estimates)

Percent of Children Under 18 Years Old Who Were Uninsured, by Community, 5 Year Average, 2014

1 ALISO VIEJO 3.8%	14 LA HABRA 10.2%	28 ORANGE 5.9%
2 ANAHEIM 8.5%	15 LA PALMA 9.8%	29 PLACENTIA 5.7%
3 BREA 5.1%	16 LADERA RANCH CDP 3.1%	30 RANCHO SANTA MARGARITA 2.8%
4 BUENA PARK 6.6%	17 LAGUNA BEACH 4.5%	31 ROSSMOOR CDP 3.5%
5 COSTA MESA 9.7%	18 LAGUNA HILLS 8.2%	32 SAN CLEMENTE 5.2%
6 COTO DE CAZA CDP 2.1%	19 LAGUNA NIGUEL 5.5%	33 SAN JUAN CAPISTRANO 12.3%
7 CYPRESS 6.7%	20 LAGUNA WOODS N/A	34 SANTA ANA 12.3%
8 DANA POINT 4.9%	21 LAKE FOREST 7.0%	35 SEAL BEACH 7.0%
9 FOUNTAIN VALLEY 2.2%	22 LAS FLORES CDP 2.8%	36 STANTON 12.9%
10 FULLERTON 10.8%	23 LOS ALAMITOS 10.0%	37 TUSTIN 9.3%
11 GARDEN GROVE 7.2%	24 MIDWAY CITY CDP 14.0%	38 VILLA PARK 8.9%
12 HUNTINGTON BEACH 4.6%	25 MISSION VIEJO 3.8%	39 WESTMINSTER 7.6%
13 IRVINE 4.1%	26 NEWPORT BEACH 4.0%	40 YORBA LINDA 3.8%
	27 NORTH TUSTIN CDP 3.3%	

ORANGE COUNTY:
5.0%
 CALIFORNIA:
5.4%



[CDP=census designated place]

Source: American Community Survey, 2010-2014, 5 year Average



EARLY PRENATAL CARE

EARLY PRENATAL CARE CONTINUES TO DECLINE AS
DISPARITY BETWEEN ETHNICITIES AND RACES WIDENS.

DESCRIPTION OF INDICATOR

This indicator tracks the number and percent of infants born to women whose prenatal care began during the first trimester (the first three months) of pregnancy.

Why is this Important?

Getting early and regular prenatal care improves the chances of a healthy pregnancy, which is one of the best ways to promote a healthy birth. This care can begin even before pregnancy with a preconception care visit to a health care provider. Prenatal care provides screening and management of a woman's risk factors and health conditions, as well as education and counseling on healthy behaviors during and after pregnancy.¹ Mothers who receive no or late (defined as beginning in the third trimester of pregnancy) prenatal care are more likely to have babies with health problems, including infants with low birth weight.² Achieving a healthy birth weight baby is also a preventive and cost-effective approach for reducing health care costs associated with providing neonatal intensive care services for low birth weight babies.³

Findings

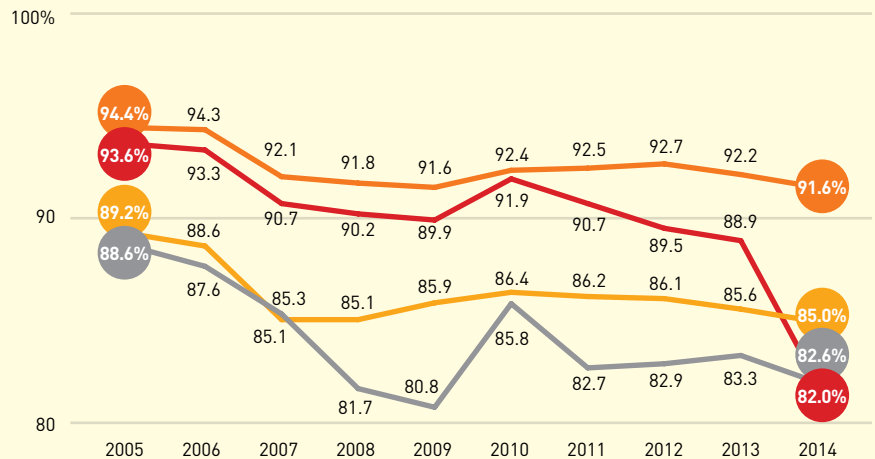
- Overall, the percent of women receiving early prenatal care in Orange County decreased 5.8% in 10 years, dropping from 91.4% in 2005 to 86.1% in 2014. The decrease was reflected among all racial and ethnic groups.
- In Orange County, 91.6% of White women received early prenatal care in the first trimester followed by Hispanic (85.0%), Black (82.6%) and Asian (82.0%) women.
- The growth in disparity between race/ethnicity groups was most pronounced between White women and Asian women. In 2005, the difference was 0.8% (93.6% versus 94.4%) and by 2014, the difference increased to 9.6% (91.6% versus 82.0%).

GOOD HEALTH

Percent of Women who Received Early Prenatal Care in the First Trimester, by Race/Ethnicity, 2005 to 2014

- White
- Asian
- Hispanic
- Black

Source: Orange County Health Care Agency

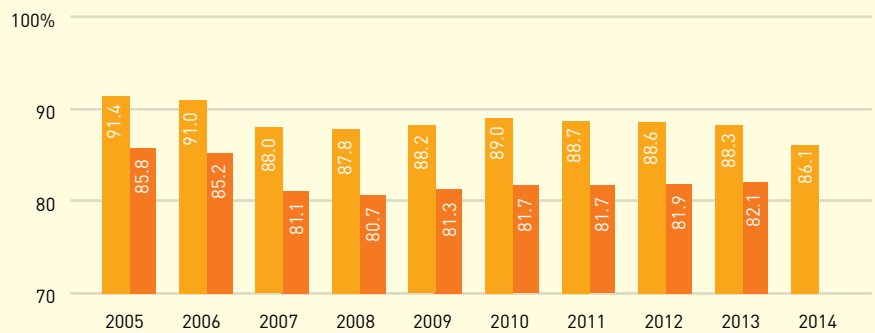


Percent of Women who Received Early Prenatal Care in the First Trimester, Orange County and California, 2005 to 2014

- Orange County
- California

Note: California data are not available for 2014.

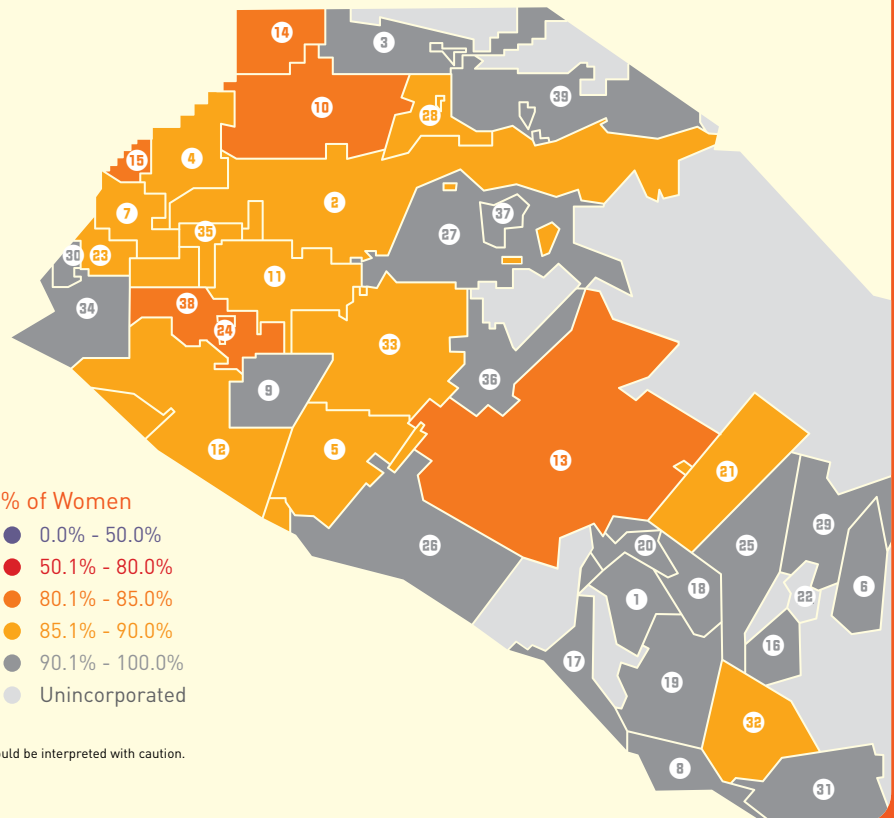
California Source: California Department of Health, Vital Statistics Query System
Orange County Source: Orange County Health Care Agency, Family Health Division



Percent of Women who Received Early Prenatal Care by Community, 2014

1 ALISO VIEJO 94.9%	15 LA PALMA 84.7%	29 RANCHO SANTA MARGARITA 93.5%
2 ANAHEIM 87.1%	16 LADERA RANCH 95.5%	30 ROSSMOOR 95.2%
3 BREA 91.0%	17 LAGUNA BEACH 91.7%	31 SAN CLEMENTE 92.9%
4 BUENA PARK 87.7%	18 LAGUNA HILLS 90.9%	32 SAN JUAN CAPISTRANO 88.8%
5 COSTA MESA 87.8%	19 LAGUNA NIGUEL 93.4%	33 SANTA ANA 86.8%
6 COTO DE CAZA 100.0%	20 LAGUNA WOODS 100.0%	34 SEAL BEACH 96.0%
7 CYPRESS 88.8%	21 LAKE FOREST 89.3%	35 STANTON 85.4%
8 DANA POINT 91.7%	22 LAS FLORES N/A	36 TUSTIN 93.0%
9 FOUNTAIN VALLEY 88.6%	23 LOS ALAMITOS 86.8%	37 VILLA PARK 100.0%
10 FULLERTON 85.0%	24 MIDWAY CITY 84.3%	38 WESTMINSTER 82.1%
11 GARDEN GROVE 88.0%	25 MISSION VIEJO 91.7%	39 YORBA LINDA 91.9%
12 HUNTINGTON BEACH 89.6%	26 NEWPORT BEACH 94.8%	
13 IRVINE 81.9%	27 ORANGE 90.8%	
14 LA HABRA 82.8%	28 PLACENTIA 89.3%	

ORANGE COUNTY:
86.1%
CALIFORNIA:
N/A



* Laguna Woods had fewer than five births. Rates based on less than five events are unstable and should be interpreted with caution.

Source: Orange County Health Care Agency Family Health Division



INFANT MORTALITY

INFANT MORTALITY RATES DECLINE.

DESCRIPTION OF INDICATOR

The infant mortality indicator refers to deaths of infants under one year of age. The number and rate of infant mortality is calculated per 1,000 live births per year.

Why is this Important?

The infant mortality rate is a widely used indicator of societal health because it is associated with maternal health, quality of and access to medical care, socioeconomic conditions and public health practices. Improvements in the infant mortality rate may reflect progress in medical technology, hygiene and sanitation systems, economic well-being and the availability and use of both preventive and clinical health services.¹ Despite the overall declines in infant mortality since 2002, there remain significant disparities in the rates among Blacks and Hispanics in Orange County, which remain higher than the overall county rate. In the past, these disparities have been only partially explained by factors such as adequacy and quality of prenatal care.

Findings

- In 2014, there were 115 infant deaths in Orange County.
- The infant mortality rate was 3.0 deaths per 1,000 births in 2014, compared to California's rate of 4.3² and the United States' rate of 5.8,³ and a 37.5% decrease since 2005.
- Leading causes of infant mortality were congenital anomalies (birth defects) (33.9%), maternal causes (20.9%), other conditions of perinatal period (11.3%) and short gestation/low birth weight (3.5%).
- Disparities persist. Infant mortality rates (per 1,000 live births) were highest among Hispanic infants (3.9), followed by White (2.5) and Asian (1.7) infants. See supplemental tables for mortality rate for Black infants.

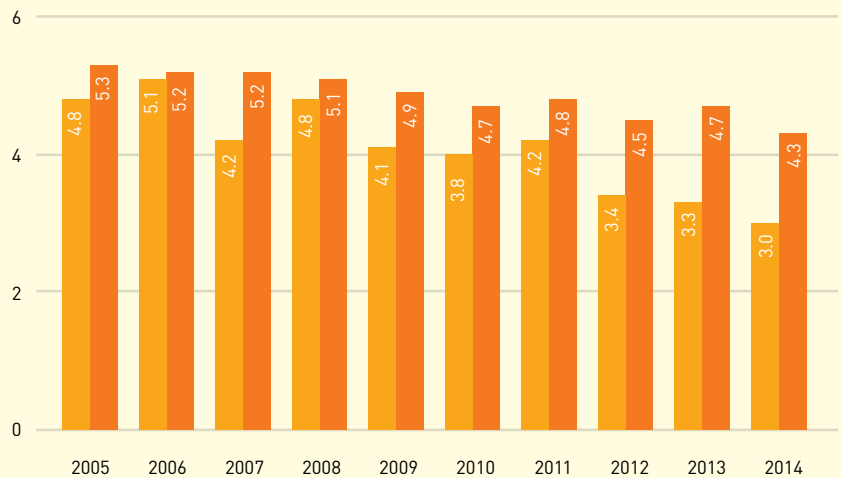
GOOD HEALTH

Rate per 1,000 Live Births Suffering Infant Mortality

Orange County and California, 2005 to 2014

- Orange County
- California

Source: Orange County Health Care Agency



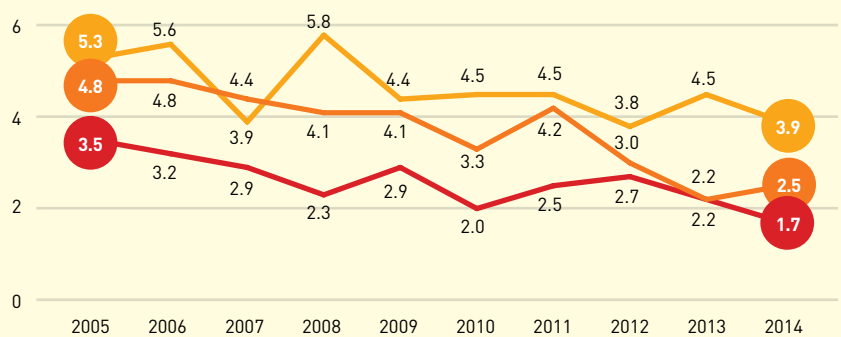
Rate per 1,000 Live Births Suffering Infant Mortality, by Race and Ethnicity

2005 to 2014

- Hispanic
- White
- Asian

Note: Rates based on less than five deaths are unstable and therefore should be interpreted with caution. Black infant mortality rates are not included because the relatively low numbers of Black infant births and deaths in Orange County yield unreliable statistics for annual comparison.

Source: Orange County Health Care Agency



Percent of Infant Deaths, by Cause, 2014

Causes	Percent of Infant Deaths
Congenital Anomalies (Birth Defects)	33.9%
Maternal Causes	20.9%
Other Conditions of Perinatal Period*	11.3%
Short Gestation/Low Birthweight	3.5%
Neonatal Hemorrhage	1.7%
Pneumonia and Influenza	1.7%
Diarrhea and Gastroenteritis of Presumed Infectious Origin	1.7%
Accidents and Adverse Effects	0.9%
Sudden Infant Death Syndrome (SIDS) ⁴	0.0%
Not Specified	20.9%

*Includes: newborn affected by noxious influences transmitted via placenta or breast milk, intrauterine hypoxia, birth asphyxia, chronic respiratory disease originating in the perinatal period, neonatal hemorrhage, hydrops fetalis not due to hemolytic disease, newborn affected by other complications of labor and delivery, bacterial sepsis of newborn, necrotizing enterocolitis of newborn, pulmonary hemorrhage originating in the perinatal period, atelectasis and all other infections specific to the perinatal period.

The remaining 3.5% of causes include heart disease, diarrhea and gastroenteritis of infectious origins, other and unspecified viral diseases, In situ, benign and neoplasms of uncertain or unknown behavior, certain disorders involving the immune mechanism, other diseases of the nervous system and other external causes.

Source: County of Orange Health Care Agency

⁴ In 2014, there were eight sleep related deaths, referred to as Sudden Unexpected Infant Death (SUID) in Orange County, which are included in other categories.

Source: Orange County Coroner Division



LOW BIRTH WEIGHT

STABLE SINCE 2005, LOW BIRTH WEIGHT VARIES BY RACE AND ETHNICITY, WITH GREATEST DISPARITY AMONG BLACK INFANTS.

DESCRIPTION OF INDICATOR

This indicator reports the total number of low birth weight infants and very low birth weight infants as proportions of the total number of births. Low birth weight is defined as infants born weighing less than 2,500 grams (5 pounds, 8 ounces). Very low birth weight infants are defined as a subset of low birth weight infants born weighing less than 1,500 grams (3 pounds, 5 ounces).

Why is this Important?

Low birth weight infants have an increased risk of experiencing developmental problems and delays. In addition, these infants are at higher risk for serious illness, disability, lifelong health difficulties and are more likely to die before their first birthday.¹ Amongst very low birthweight infants, the risks are higher and the negative outcomes more severe, especially the risk of death in the first year with a 22% chance of dying, compared to 1% for low birth weight infants.² The primary causes of low birth weight are premature birth and fetal growth restriction. Risk factors for low birth weight include smoking, alcohol/drug use during pregnancy, multiple births, poor nutrition, maternal age, socioeconomic factors, domestic violence and maternal or fetal infections.

Findings

- In 2014, there were 38,610 resident births in Orange County, of which 6.3% (2,433) were low birth weight infants, a decrease from the high of 6.7% in 2011 and the same rate since 2012.
- Overall, the Orange County rate is lower than the 2014 rates for California (6.7%)³ and the United States (8.0%)⁴.
- Very low birth weight infants comprise 0.9% (345) of the total births.
- When assessed by race/ethnicity, the percent of low birth weight infants within each group were Black (10.9%), Asian (6.7%), Hispanic (6.1%) and White (6.0%).

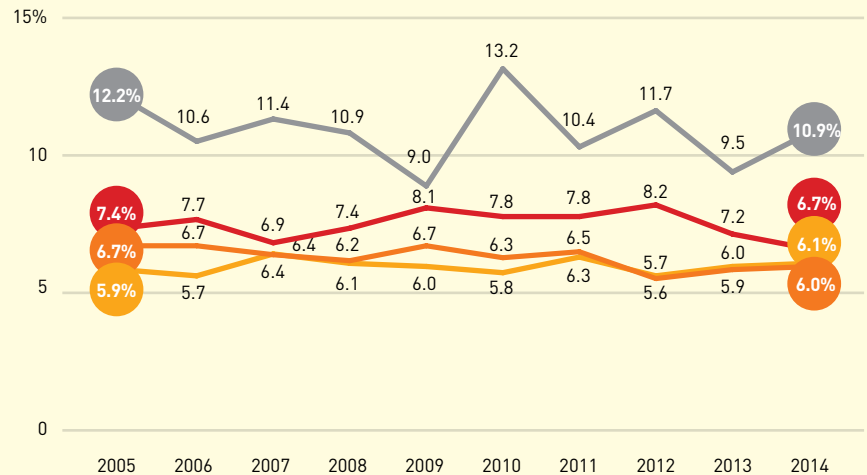
GOOD HEALTH

Percent of Infants with Low Birth Weight, by Race/Ethnicity

2005 to 2014

- Black
- Asian
- White
- Hispanic

Source: Orange County Health Care Agency, Family Health Division

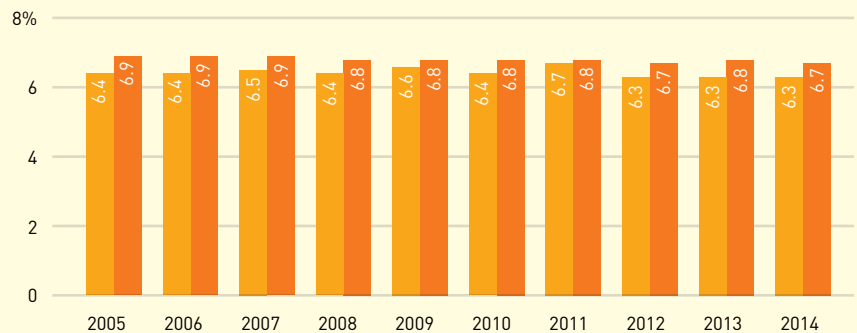


Percent of Infants with Low Birth Weight

Orange County and California, 2005 to 2014

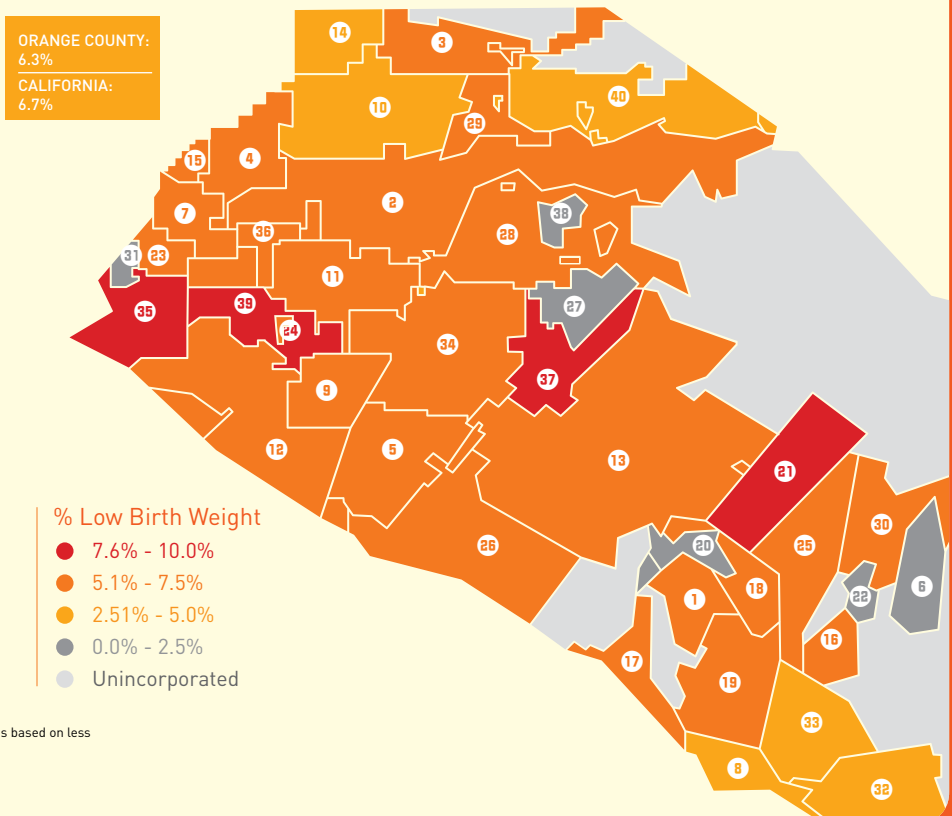
- Orange County
- California

Source: Orange County Health Care Agency, Family Health Division



Percent of Infants with Low Birth Weight, by Community, 2014

1 ALISO VIEJO 5.8%	14 LA HABRA 4.8%	28 ORANGE 6.4%
2 ANAHEIM 6.9%	15 LA PALMA 5.8%	29 PLACENTIA 5.7%
3 BREA 7.3%	16 LADERA RANCH 5.6%	30 RANCHO SANTA MARGARITA 6.0%
4 BUENA PARK 6.7%	17 LAGUNA BEACH 6.4%	31 ROSSMOOR 0.0%
5 COSTA MESA 6.5%	18 LAGUNA HILLS 6.4%	32 SAN CLEMENTE 4.5%
6 COTO DE CAZA 0.0%	19 LAGUNA NIGUEL 6.5%	33 SAN JUAN CAPISTRANO 4.6%
7 CYPRESS 7.5%	20 LAGUNA WOODS* 0.0%	34 SANTA ANA 6.3%
8 DANA POINT 3.7%	21 LAKE FOREST 8.1%	35 SEAL BEACH 8.6%
9 FOUNTAIN VALLEY 6.3%	22 LAS FLORES 0.0%	36 STANTON 6.2%
10 FULLERTON 4.7%	23 LOS ALAMITOS 7.3%	37 TUSTIN 7.6%
11 GARDEN GROVE 6.8%	24 MIDWAY CITY 7.3%	38 VILLA PARK 0.0%
12 HUNTINGTON BEACH 6.3%	25 MISSION VIEJO 6.3%	39 WESTMINSTER 8.0%
13 IRVINE 6.1%	26 NEWPORT BEACH 5.2%	40 YORBA LINDA 3.8%
	27 NORTH TUSTIN N/A	



Note: N/A is no data available. * Laguna Woods rate is based on fewer than five births. Rates based on less than five events are unstable and should be interpreted with caution.

Source: HCA Family Health Division



PRETERM BIRTHS

SINCE 2005, PRETERM BIRTHS IN ORANGE COUNTY DECLINE TO THE LOWEST LEVEL OVER THE PAST DECADE. DISPARITIES BY MATERNAL AGE AND RACE/ETHNICITY NARROW SLIGHTLY.

DESCRIPTION OF INDICATOR

This indicator reports the percent of total annual births which are preterm. Preterm birth is defined as the delivery of an infant at less than 37 weeks of gestation, the period of time between conception and birth. Late preterm births (occurring between 34 to 36 weeks of gestation), moderate preterm births (occurring between 32 to 33 weeks of gestation) and very preterm births (occurring less than 32 weeks of gestation) are subsets of preterm births. Since 2014, preterm births have been calculated by establishing the gestational age based on the obstetric estimate. For years 2013 and earlier, the gestational age was calculated in the month prenatal care began by recording the date of the last normal menses. This change may lead to a slight discontinuity in prenatal care results between years 2013 and 2014.

Why is this Important?

Preterm birth is an important public health issue requiring sustained focus on its causes, consequences and prevention strategies.¹ Several factors – economic, personal, medical and behavioral – including ones that researchers have not yet identified, may increase the likelihood that a woman has preterm labor and delivers early.² Compared to infants born at term, preterm infants are more likely to suffer lifelong neurologic, cognitive and behavioral problems.^{3,4} Preterm births and low birth weight are often, but not always, associated. In 2010, infants born preterm accounted for two-thirds of all low birthweight infants and 46% of preterm births were low birth weight. In 2013, two-thirds (67.0%) of all infant deaths occurred to the 11.4% of infants who were born preterm.⁵ Preterm births cost the U.S. health care system more than \$26 billion each year.⁶

Findings

- Preterm births accounted for 7.4% of the 38,610 births to Orange County residents in 2014, dropping 24.5% from 9.8% in 2005. By comparison, the rate for California was 8.3% (25.9% decrease since 2005) and the United States was higher at 9.6% (24.4% decrease since 2005) in 2014.
- Disparities persist with Black infants at 10.9%, followed by Asian (6.7%), Hispanic (6.1%) and White (6.0%) infants. The percents decreased for all race/ethnicities, compared to 2005.
- Percent of preterm births was highest among women less than 15 years old (18.2%) followed by women older than 40 years of age (11.8%), 35-39 years (8.9%), 15-19 years (7.3%), 30-34 years (7.1%), 20-24 years (6.4%) and 25-29 years (6.3%).

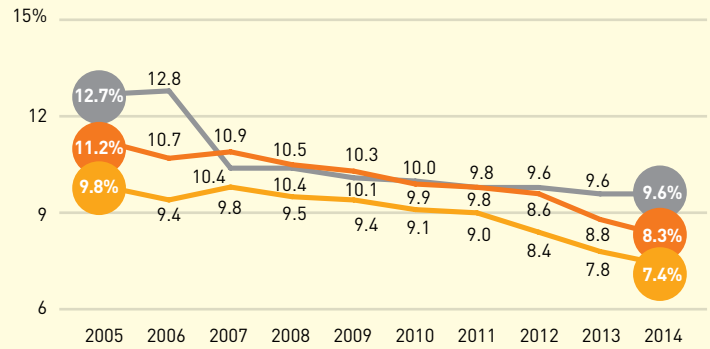
GOOD HEALTH

Percent of Preterm Births

Orange County, California and United States, 2005 to 2014

United States California Orange County

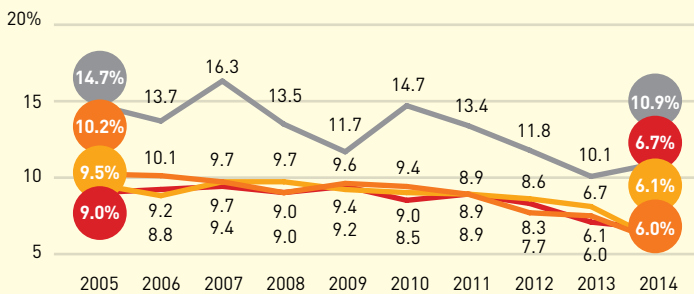
Note: Percent calculated from number of births with known obstetric estimate gestational age less than 37 weeks for 2014. Rates prior to 2014 were calculated from last menstrual cycle dates.
Sources: County of Orange Health Care Agency; March of Dimes Report Card



Percent of Preterm Births, by Race/Ethnicity

2005 to 2014

Black White Hispanic Asian

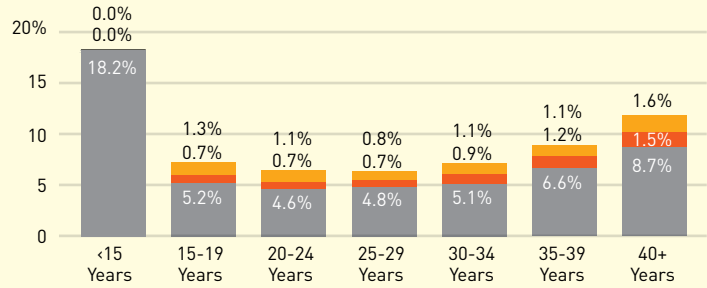


Note: Percent calculated from number of births with known obstetric estimate gestational age less than 37 weeks for 2014. Rates prior to 2014 were calculated from last menstrual cycle dates.
Source: County of Orange Health Care Agency

Percent of Preterm Births, by Mother's Age

Orange County, 2014

Late Preterm Births Moderately Preterm Births Very Preterm Births

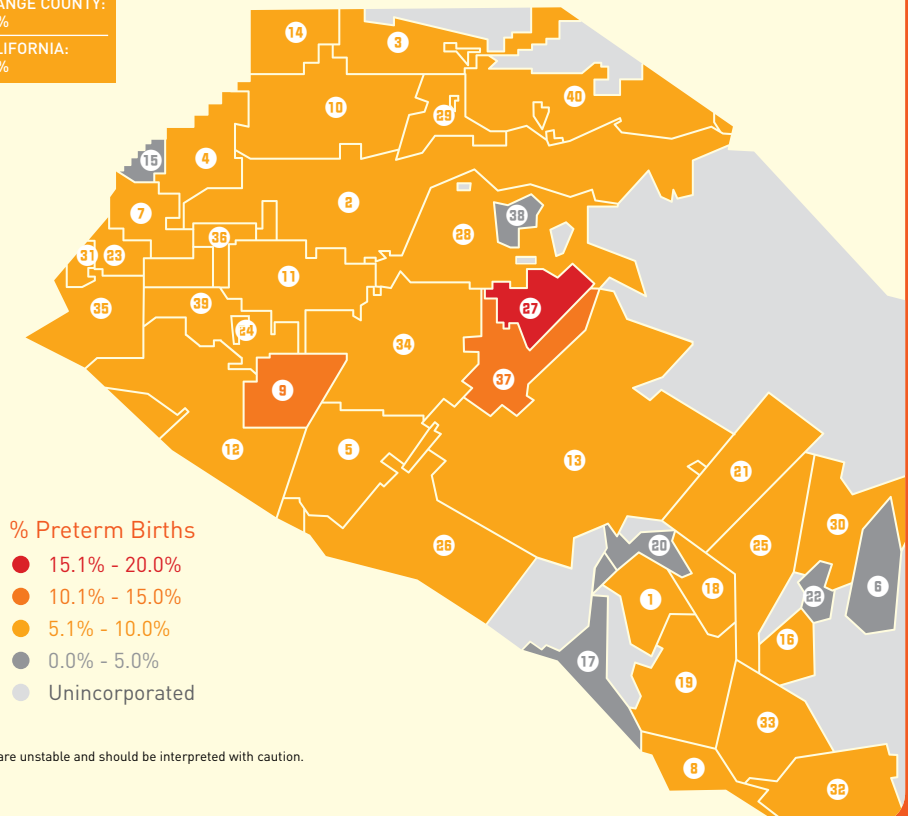


Source: Orange County Health Care Agency

Percent of Preterm Births, by Community, 2014

1 ALISO VIEJO 6.4%	14 LA HABRA 7.1%	28 ORANGE 8.1%
2 ANAHEIM 7.8%	15 LA PALMA 4.3%	29 PLACENTIA 7.8%
3 BREA 6.5%	16 LADERA RANCH 7.0%	30 RANCHO SANTA MARGARITA 9.3%
4 BUENA PARK 7.2%	17 LAGUNA BEACH 4.5%	31 ROSSMOOR 9.5%
5 COSTA MESA 7.1%	18 LAGUNA HILLS 7.4%	32 SAN CLEMENTE 5.5%
6 COTO DE CAZA 4.7%	19 LAGUNA NIGUEL 8.9%	33 SAN JUAN CAPISTRANO 5.6%
7 CYPRESS 7.1%	20 LAGUNA WOODS 0.0%*	34 SANTA ANA 7.8%
8 DANA POINT 6.8%	21 LAKE FOREST 7.9%	35 SEAL BEACH 9.3%
9 FOUNTAIN VALLEY 10.3%	22 LOS FLORES 0.0%	36 STANTON 8.1%
10 FULLERTON 5.7%	23 LOS ALAMITOS 7.3%	37 TUSTIN 10.4%
11 GARDEN GROVE 7.4%	24 MIDWAY CITY 7.4%	38 VILLA PARK 0.0%
12 HUNTINGTON BEACH 7.1%	25 MISSION VIEJO 5.9%	39 WESTMINSTER 10.0%
13 IRVINE 6.4%	26 NEWPORT BEACH 7.2%	40 YORBA LINDA 6.1%
	27 NORTH TUSTIN 18.8%	

ORANGE COUNTY:
7.4%
CALIFORNIA:
8.3%



Note: *Laguna Woods rate is based on fewer than five births. Rates based on less than five events are unstable and should be interpreted with caution.
Source: Orange County Health Care Agency, Family Health Division



TEEN BIRTHS

THE TEEN BIRTH RATE CONTINUES TO IMPROVE, DECLINING 51.3% FROM 2005.

DESCRIPTION OF INDICATOR

This indicator reports the percent of total annual births occurring among females ages 19 years and under and the teen birth rate, which is a calculation of annual teen births per 1,000 females ages 15 to 19 years per year.

Why is this Important?

Giving birth as a teen can have profoundly negative consequences for both the teen parents and the infant. Teen births also have negative consequences for society. Teen mothers are less likely to get or stay married and less likely to complete high school or college. They are more likely to require public assistance and live in poverty than their peers who are not mothers.¹ Infants born to teen mothers are at greater risk for low birth weight, preterm birth and death in infancy. These infants have a lower probability of obtaining the emotional and financial resources they need throughout childhood to develop into independent, productive, well-adjusted adults.² For society, teen births in the United States cost taxpayers an estimated \$5.2 billion in 2013. Estimated taxpayer costs were \$590 million for California and \$35 million for Orange County in 2013 (societal costs are estimated to be even higher). Teen birth rates have declined significantly since 1991, representing an estimated annual U.S. taxpayer savings of \$1.8 billion.³

Findings

- In 2014, 4.1% (1,583) of total annual births were to teen females ages 19 years and younger, a 70.7% decrease from 7.0% (3,084) in 2005.
- The teen birth rate in Orange County in 2014 was 14.8 births per 1,000, a decrease of 51.3% from 30.4 births per 1,000 in 2005.
- Overall, Orange County (14.8) has a lower teen birth rate than California (21.1)⁴ and the United States (24.2).⁵
- When assessed by race/ethnicity, Hispanic teens had the highest birth rate (28.6), followed by Black (17.4), White (4.7) and Asian (1.3) teens.

¹ Healthy People 2020, 2014. ² CDC, Vital Signs: Teen Pregnancy, 1991-2009. ³ Public Health Institute, No Time for Complacency Teen Births in California, updated February 2016 using 2013 birth data from the California Department of Public Health and 2013 population projections from the California Department of Finance. ⁴ State of California, Department of Health Services, Birth Records.

⁵ CDC, National Vital Statistics Reports: National Center for Health Statistics.

GOOD HEALTH

Birth Rate per 1,000 Females 15 to 19 Years of Age

Orange County, California and United States 2005 to 2014

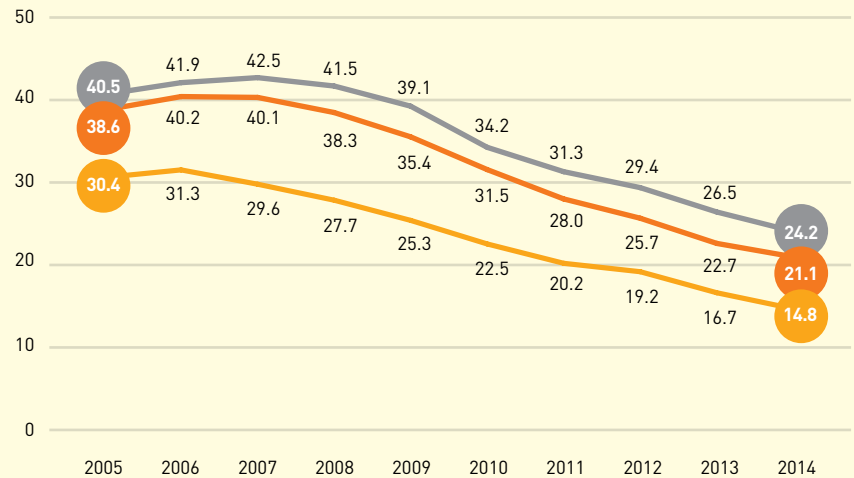
- United States
- California
- Orange County

Note: Rates calculated using data from State of California, Department of Finance.

Source Orange County: County of Orange Health Care Agency

Source California: State of California, Department of Health Services, Birth Records

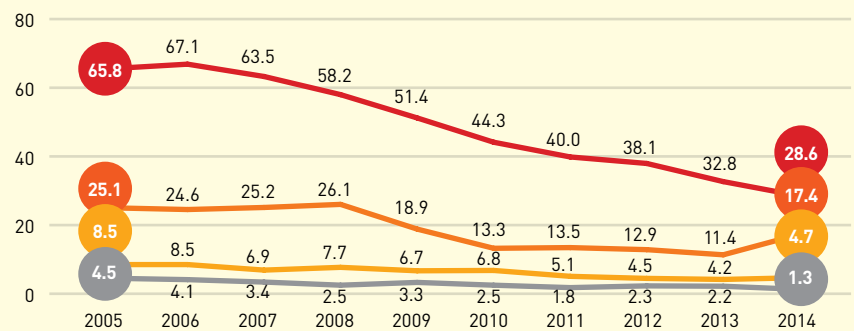
Source United States: National vital statistics reports: National Center for Health Statistics



Birth Rate per 1,000 Females 15 to 19 Years of Age, by Race/Ethnicity 2005 to 2014

- Hispanic
- Black
- Non-Hispanic White
- Asian

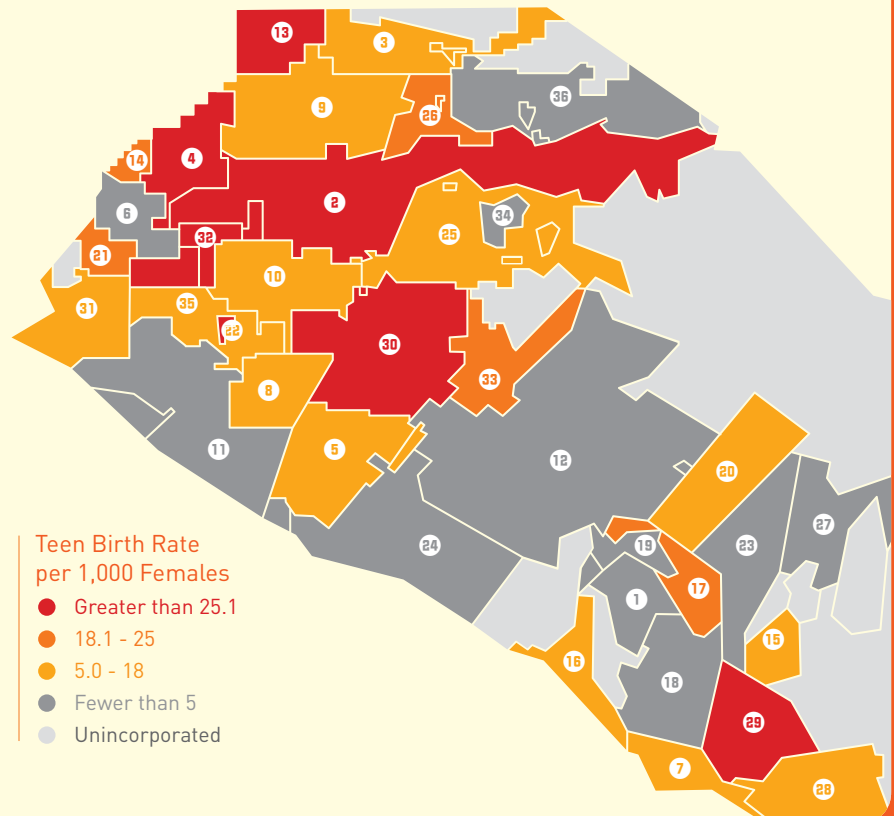
Source: Orange County Health Care Agency



Birth Rate per 1,000 Females 15 to 19 Years of Age, by Community of Residence, 2010 to 2014, 5 Year Average

1 ALISO VIEJO 4.2	14 LA PALMA 21.7	28 SAN CLEMENTE 14.5
2 ANAHEIM 32.9	16 LADERA RANCH 6.7	29 SAN JUAN CAPISTRANO 62.1
3 BREA 6.8	16 LAGUNA BEACH 6.6	30 SANTA ANA 45.3
4 BUENA PARK 35.7	17 LAGUNA HILLS 24.9	31 SEAL BEACH 7.7
5 COSTA MESA 17.8	18 LAGUNA NIGUEL 3.8	32 STANTON 41.9
6 CYPRESS 4.0	18 LAGUNA WOODS N/A	33 TUSTIN 25.0
7 DANA POINT 14.8	20 LAKE FOREST 7.8	34 VILLA PARK 4.5
8 FOUNTAIN VALLEY 5.3	21 LOS ALAMITOS 20.3	35 WESTMINSTER 16.4
9 FULLERTON 8.0	22 MIDWAY CITY 58.3	36 YORBA LINDA 1.5
10 GARDEN GROVE 12.6	23 MISSION VIEJO 4.2	
11 HUNTINGTON BEACH 3.6	24 NEWPORT BEACH 0.7	
12 IRVINE 0.3	25 ORANGE 11.0	
13 LA HABRA 65.8	26 PLACENTIA 20.1	
	27 RANCHO SANTA MARGARITA 3.9	

ORANGE COUNTY:
14.8
CALIFORNIA:
21.1



Source: Orange County Health Care Agency, Family Health Division



BREASTFEEDING

26.1% OF NEW MOTHERS EXCLUSIVELY BREASTFEED THREE MONTHS AFTER DELIVERY.

DESCRIPTION OF INDICATOR

This indicator reports the prevalence of breastfeeding using two California Department of Public Health data sources. The In-Hospital Newborn Screening Program documents feeding practices at the time of hospital discharge. The Maternal Infant Health Assessment (MIHA) is an annual California survey of a sample of women with a recent live birth. In-Hospital Newborn Screening data are presented as the percent of mothers breastfeeding in the hospital after birth; MIHA data are presented as the percent of mothers who report breastfeeding at one month after delivery and at three months after delivery.

Why is this Important?

Human milk is the optimal source of nutrition and provides many benefits for healthy infant growth and development. These benefits increase greatly when a mother exclusively breastfeeds for the first six months of life. Breastfeeding significantly reduces infant risks for infections, visits to the doctor and number of medications compared to infants who are formula fed.¹ Evidence also demonstrates that breastfeeding reduces the risk for cardiovascular disease, asthma and diabetes later in life and that exclusive breastfeeding can reduce the risk of childhood obesity.²

Breastfeeding can provide protective health benefits for the mother who breastfeeds frequently enough and for sufficient duration. The breastfeeding mother may experience less postpartum bleeding, menstrual blood loss (which conserves iron in the body), risk for osteoporosis and hip fracture in the post-menopausal period, earlier return to pre-pregnancy weight and decreased risks of breast and ovarian cancers. Breastfeeding also benefits the entire family and community. It improves household food security because families need not use income to buy formula, food and bottles. Health care related

expenses decrease because breastfeeding protects the infant and mother.

Findings

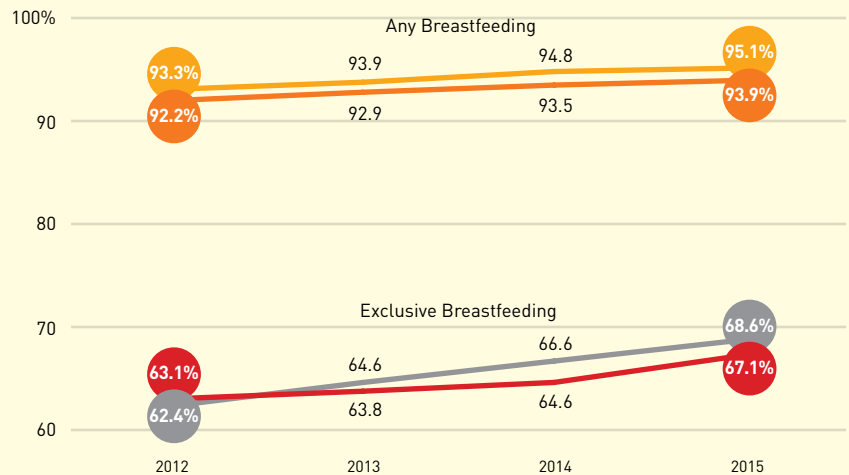
- In 2015, 67.1% of Orange County women were exclusively breastfeeding at time of hospital discharge, lower than California at 68.6% of women.
- Exclusive breastfeeding at time of discharge was highest among White women at 79.9%, followed by Multiracial (78.9%), Other races (70.5%), Black (67.7%), Hispanic (64.8%), Pacific Islander (54.3%) and Asian (52.9%) women.
- In 2013/14, 51.0% of women surveyed by MIHA were exclusively breastfeeding one week after delivery, an increase from 45.9% in 2011/12 and lower than women in California at 54.4%.
- One month after delivery, 39.3% of women surveyed by MIHA in 2013/14 were exclusively breastfeeding, an increase from 34.6% in 2011/12 and lower than women in California at 42.7%.
- Three months after delivery, 26.1% of Orange County women surveyed by MIHA in 2013/14 were exclusively breastfeeding, an increase from 25.1% in 2011/12 and lower than women in California 27.4%.

GOOD HEALTH

Hospital Discharge Breastfeeding Percents in Orange County and California, 2012 to 2015

- Orange County Any Breastfeeding
- California Any Breastfeeding
- Orange County Exclusive Breastfeeding
- California Exclusive Breastfeeding

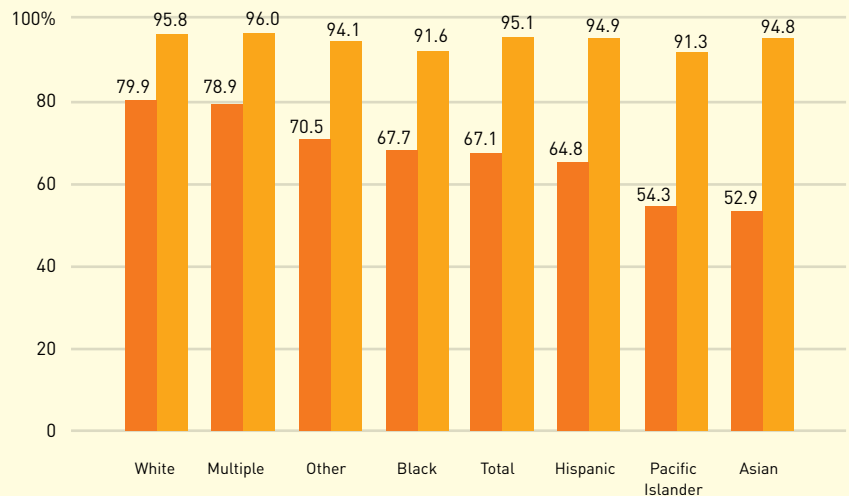
Source: California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2015. NBS Form Version (D) Revised 12/2008. Maternal, Child and Adolescent Health Program



Hospital Discharge Breastfeeding Percents, by Race/Ethnicity, 2015

- Exclusive Breastfeeding
- Any Breastfeeding

Source: California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2015. NBS Form Version (D) Revised 12/2008. Maternal, Child and Adolescent Health Program



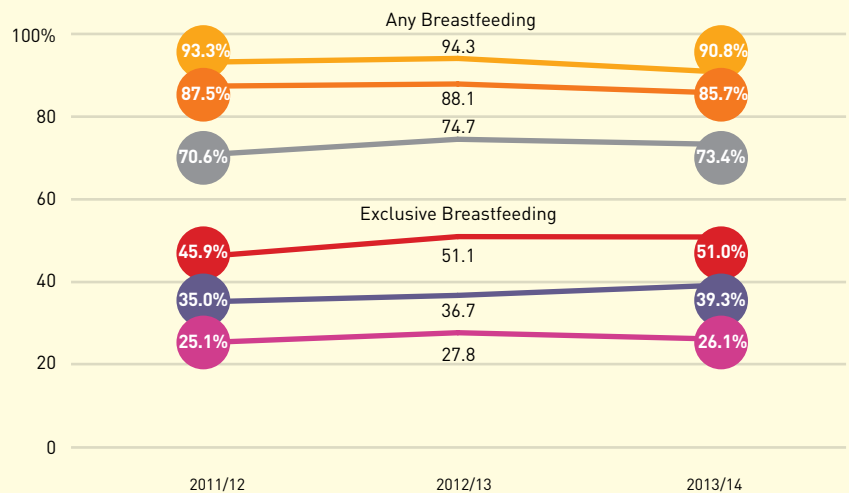
Breastfeeding Percents at One Week, One Month and Three Months After Delivery, 2011/12 to 2013/14

- Any breastfeeding 1 week postpartum
- Any breastfeeding 1 month postpartum
- Any breastfeeding 3 months postpartum
- Exclusive breastfeeding 1 week postpartum
- Exclusive breastfeeding 1 month postpartum
- Exclusive breastfeeding 3 months postpartum

Note: Indicators for breastfeeding at three months postpartum are limited to women whose infant was at least three months old at the time of survey completion.

Note: MIHA is an annual population-based survey of California resident women with a live birth. The total sample size was 6,853 in 2011, 6,810 in 2012, 7,010 in 2013 and 6,953 in 2014. The Orange county sample size was 390 in 2011, 387 in 2012, 187 in 2013 and 182 in 2014. The data are weighted to represent all women with live births in California. More information on MIHA and the indicators above is on the MIHA website.

Source: Sacramento: California Department of Public Health, Maternal, Child and Adolescent Health Program, 2016





IMMUNIZATIONS

NINE IN 10 CHILDREN ARE ADEQUATELY IMMUNIZED UPON ENROLLING IN SCHOOL.

DESCRIPTION OF INDICATOR

This indicator reports the percent of children who received all of the doses of specific vaccines recommended by their 2nd birthday and required at kindergarten entry. Data at the 2nd birthday are based upon annual retrospective reviews of a sample of randomly selected schools' kindergarten immunization records and therefore represent vaccination trends three years prior.

Why is this Important?

The widespread use of safe, effective childhood vaccinations has been one of the most successful and cost-effective public health interventions in the U.S. and globally. Many serious and once-common childhood infections have been dramatically reduced through routine immunizations. The success of immunization programs depends upon appropriate timing and on a high rate of vaccine acceptance, particularly among parents of young children.

Over the past decade, increasing numbers of children with delayed or refused vaccinations have led to reduced levels of vaccine coverage. Studies have found that children whose parents delay or refuse vaccines are more likely to be White and reside in well-educated, higher income areas.¹ On the population level, success depends on a community achieving a threshold level of immunity and many communities are below the protective level needed to prevent the spread of disease.²

Findings

- In 2015, 75.5% of Orange County children entering kindergarten had been adequately immunized (4:3:1 schedule)³ at age two, lower than the rate of 78.1% in 2011.
- In 2015, 92.5% of Orange County kindergartners had up-to-date immunizations, an increase from the 10 year low at 88.7% in 2013 and similar to the high of 92.1% in 2006.
- These percents and trends are similar to those among kindergartners throughout California at 92.9% and similar to the high of 92.7% in 2006.⁴
- Two school districts had 85% or fewer of their kindergartners with up-to-date immunization levels, including Laguna Beach Unified and Capistrano Unified. This correlates with higher percents of personal belief exemptions and conditional enrollments.⁵

Effective July 1, 2016, California law now removes the personal belief exemption from statute and requires almost all schoolchildren to be fully vaccinated in order to attend public or private elementary, middle and high schools. For kindergarten entrance, children must be immunized against 10 diseases: Diphtheria, Haemophilus Influenza Type B (Bacterial meningitis), Measles, Mumps, Pertussis (whooping cough), Polio, Rubella, Tetanus, Hepatitis B and Varicella (chicken pox). Home school students or students who do not receive classroom-based instruction are not required to be vaccinated. Students who qualify for an Individualized Educational Program cannot be prevented from accessing any special education and related services required by their IEP. The medical exemption will remain in statute.

¹ Wei, F., Mullooly, J.P., Goodman, M. et al., 2009. ² Hussain, H. et al., 2011. ³ In order to be considered adequately immunized by age two, children need to have at least the 4:3:1 immunization series, which includes: four or more doses of diphtheria/tetanus/pertussis (DTaP) vaccine, three or more doses of poliovirus vaccine and one or more doses of measles/mumps/rubella (MMR) vaccine. ⁴ California Department of Public Health, Immunization Branch. ⁵ Personal belief exemptions filed with a school before January 1, 2016 are valid until entry into the next grade span (7th through 12th grade). Personal belief exemptions may be transferred between schools in California, both within and across school districts. Conditional enrollment is when a child is behind on their required immunizations and may be admitted conditionally if they are not currently due for any doses or have a temporary medical exemption.

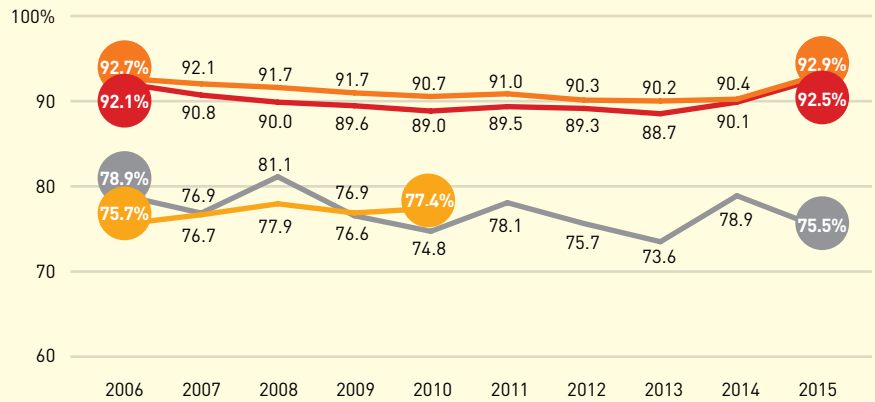
GOOD HEALTH

Percent of Adequately Immunized Children Enrolling in School Between 2006 and 2015 in Orange County and California

- Up-To-Date at Kindergarten Entry California
- Up-To-Date at Kindergarten Entry Orange County
- Up-To-Date at 2nd Birthday Orange County
- Up-To-Date at 2nd Birthday California

Notes: After 2010, California data is no longer being collected for percent of up-to-date immunized children after their 2nd birthday. 2006 to 2010 Orange County data includes other Southern California counties (Imperial, Orange, Riverside, San Bernardino and San Diego). 2011-2014 data include a small, random sample of schools for Orange County only.

Source: Orange County Health Care Agency



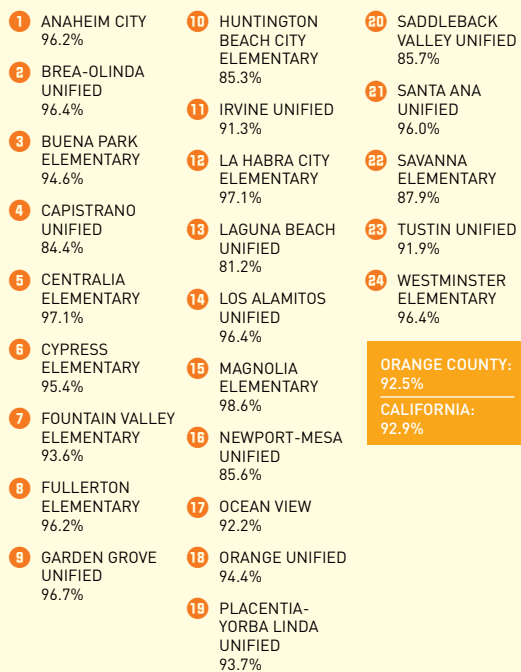
Immunization Coverage Among Kindergarten Students at Two Years of Age, by Immunization, Kindergarten Retrospective Survey, 2011 to 2015

Year	Number	DTaP (4+)	Polio (3+)	MMR (1+)	Hepatitis B (3+)	Varicella (1+)	4:3:1*	4:3:1 plus Hepatitis B	4:3:1 plus Hepatitis B and Varicella
2011	1,449	81.7%	91.9%	91.9%	92.0%	89.4%	78.1%	76.0%	73.6%
2012	1,887	80.1%	90.5%	89.7%	90.5%	88.8%	75.7%	73.3%	70.9%
2013	1,966	78.6%	88.3%	87.6%	87.8%	86.5%	73.6%	70.9%	68.9%
2014	1,800	82.7%	92.1%	90.9%	90.8%	90.2%	78.9%	77.1%	75.3%
2015	1,634	79.7%	90.2%	89.7%	87.0%	88.1%	75.5%	72.2%	70.2%

Note: *In order to be considered adequately immunized by age two, children need to have at least the 4:3:1 immunization series, which includes: four or more doses of diphtheria/tetanus/pertussis (DTaP) vaccine, three or more doses of poliovirus vaccine and one or more doses of measles/ mumps/rubella (MMR) vaccine. (Wei, F., Mullooly, J.P., Goodman, M. et al., 2009. 2 Hussain, H. et al., 2011).

Source: Orange County Health Care Agency

Up-to-Date Immunizations at Kindergarten Enrollment, Private and Public Schools within Each School District, 2015



% of Immunizations

- 95.0% - 100.0%
- 90.0% - 94.9%
- 85.0% - 89.9%
- 80.0% - 84.9%

Source: Orange County Health Care Agency



OBESITY

RISK OF OBESITY AMONG 5TH GRADERS DROPPED 3.6% LAST YEAR, YET LIFELONG CHRONIC HEALTH RISK STRESSES THE URGENCY FOR MORE PROGRESS.

DESCRIPTION OF THE INDICATOR

This indicator reports data from the California Physical Fitness Test on the percent of 5th grade students who are classified as having health risk due to their body composition. Detail about this indicator is provided in the box below.

Why is this Important?

Excess weight acquired during childhood and adolescence may persist into adulthood and increase the risk for chronic diseases, such as sleep apnea, diabetes, cardiovascular disease and hypertension. Obese adolescents have a 70% chance of becoming obese adults.¹ Excess weight can be prevented and treated through proper nutrition and physical activity (reported on page 30 and 31 of this report), especially during the critical periods of infancy, two to four years of age and adolescence.

Findings

- During the 2014/15 school year, 17.7% (6,428) of 5th graders tested were classified “at health risk due to body composition,” down 3.6% from 2013/14 (18.3% or 6,668) and lower than California at 20.9% of 5th graders.
- Among race and ethnic groups, Pacific Islander (39.4%) and Hispanic (26.2%) 5th graders had the highest percents of students classified at health risk due to their body composition, followed by Filipino (17.1%), American Indian (16.0%), Black (15.3%), Multiracial (11.4%), White (9.4%) and Asian (8.5%) 5th graders.

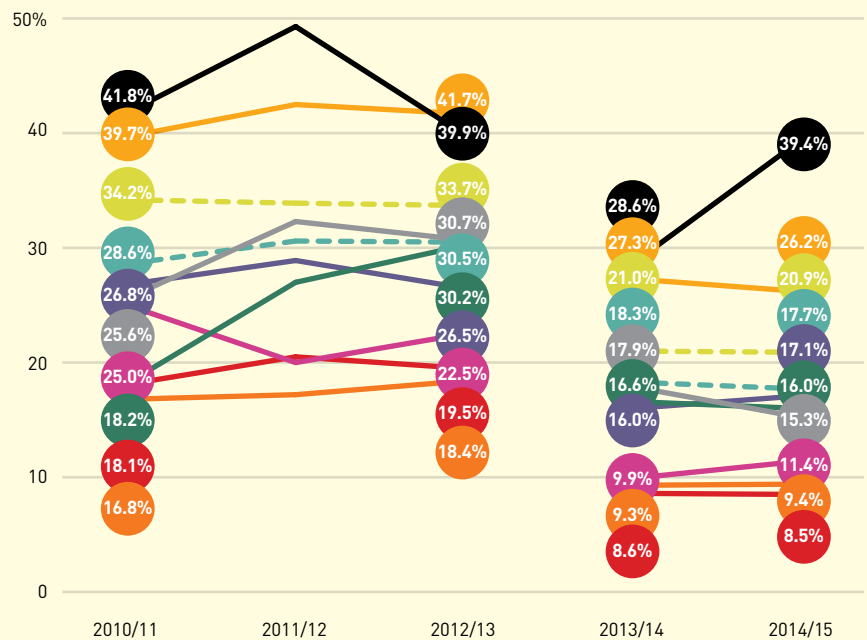
California Physical Fitness Test uses the Cooper Institute’s FITNESSGRAM approach, which classifies 5th grade students at “Health Risk” due to body composition when they had a body fat percentage or a body mass index (BMI) that could result in health issues. “Health Risk” classifications for body composition are defined using criterion-referenced, age-specific standards. The definitions of FITNESSGRAM categories were recently modified to more closely approximate widely accepted CDC-defined BMI weight classification schemes and improve classification agreement between body fat and BMI based approaches. Because of these adjustments, California Physical Fitness Test data collected prior to the 2013/14 school year are not comparable to those collected under the current standards.

GOOD HEALTH

Percent of 5th Grade Students at Health Risk Due to Body Composition, by Race/Ethnicity 2010/11 to 2014/15

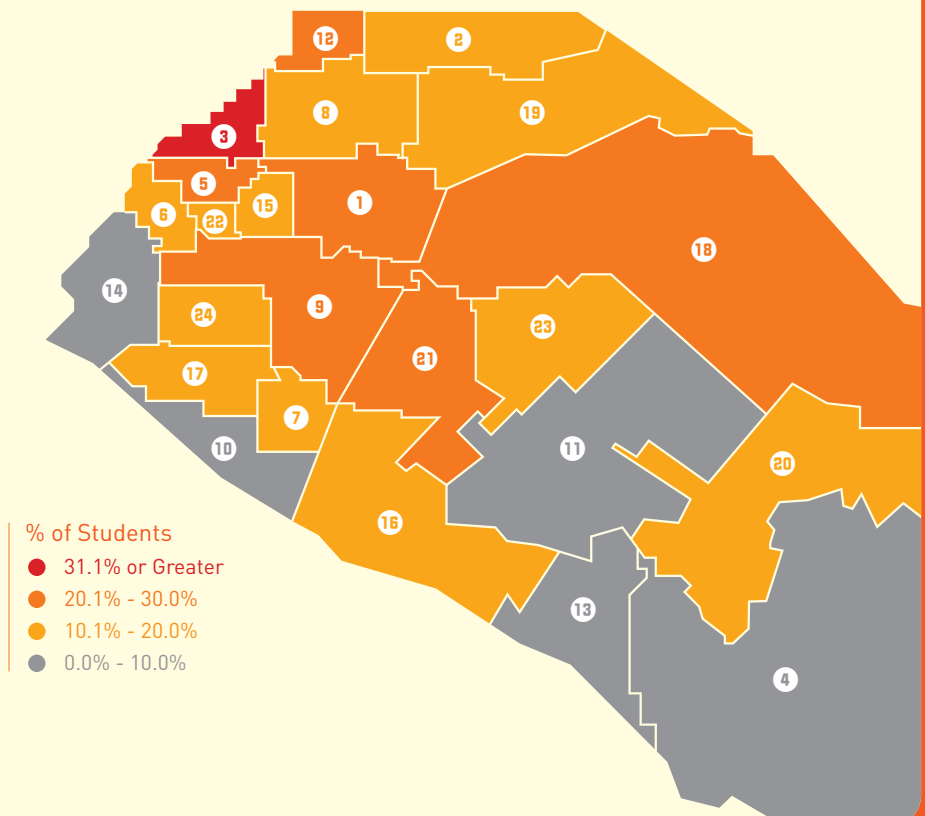
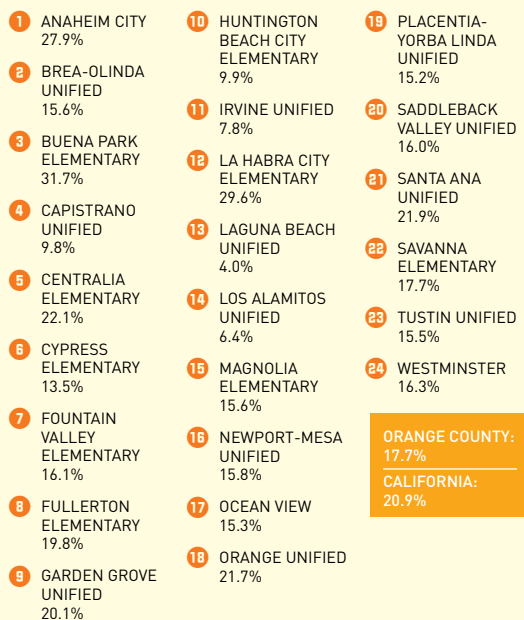


Source: California Department of Education, DataQuest, 2016



Obese adolescents have a 70% chance of becoming obese adults.

Percent of 5th Grade Students at Health Risk Due to Body Composition, by School District, 2014/15



Source: California Department of Education, DataQuest, 2016



PHYSICAL FITNESS AND NUTRITION

RACIAL DISPARITY EXISTS FOR STUDENTS' PHYSICAL FITNESS.

DESCRIPTION OF INDICATOR

To assess physical fitness, this indicator reports data from the California Physical Fitness Test on the percent of 5th grade students who are classified as having health risk due to their aerobic capacity.

For nutrition, this indicator reports the proportion of youth (ages 2 to 17) who ate fast food one or more times in the past week and ate less than two fruit servings in the past day.

Why is this Important?

Both physical fitness and nutrition are essential to achieving and keeping a healthy weight.¹ The habitual intake of too many calories, including from the consumption of sugary beverages, without enough physical fitness, can result in obesity. Those who eat a nutritious diet rich in fruits and vegetables and/or incorporate aerobic physical activity and cardio-respiratory fitness into a daily routine are less likely to develop many types of disease, including heart disease, high blood pressure, Type 2 diabetes and oral disease.^{2,3} Additionally, these behaviors, when developed at a younger age, are associated with similar behaviors in adulthood.⁴

Findings

- During the 2014/15 school year, 5.3% (1,925) of 5th graders tested were classified "at health risk due to aerobic capacity," down

9.0% from 2013/2014 (5.8% or 2,113) and lower than California at 6.5% of 5th graders.

- The percent of 5th graders at health risk due to aerobic capacity was highest among Pacific Islander 5th graders (13.6%), followed by American Indian (8.7%), Hispanic (7.7%), Black (6.6%), Filipino (4.9%), Multiracial (3.7%), White (2.9%) and Asian (2.3%) 5th graders.
- According to the 2013/14 California Health Interview Survey:
 - 77.8% of children (2 to 17 years old) reported eating fast food one or more times in the past week, an increase of 5.4% from 73.8% in 2011.
 - 41.2% of children (2 to 17 years old) reported eating less than two fruit servings the previous day, an increase of 26.0% from 32.7% in 2011.

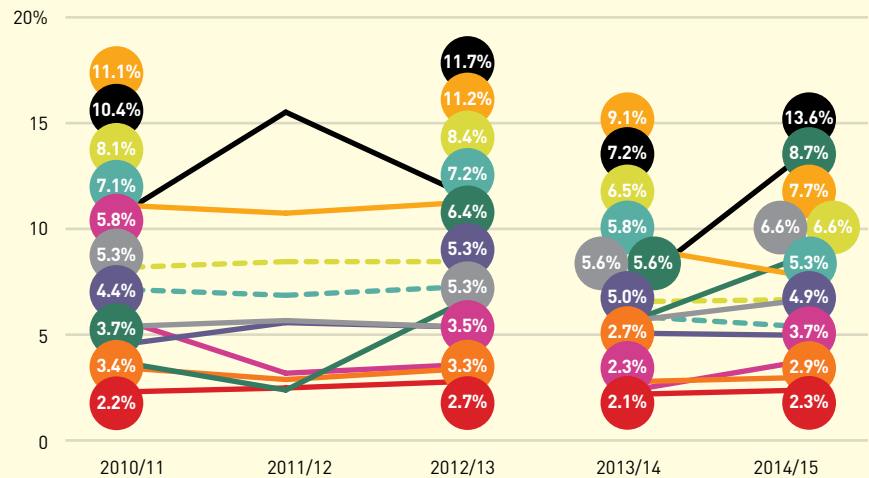
California Physical Fitness Test uses the Cooper Institute's FITNESSGRAM approach to classify 5th graders aerobic capacity at health risk when their V02max, a measure of maximum oxygen consumption, fell within certain limits after participation in structured aerobic exercises, such as the Progressive Aerobic Cardiovascular Endurance Run (PACER), one-mile run, or walk test, which deemed them at likely risk for future health problems. The definition of aerobic capacity categories was recently modified to improve classification agreement between the PACER and one-mile run approaches. Because of these adjustments, California Physical Fitness Test data collected prior to the 2013/14 school year are not comparable to those collected under the current standards.

GOOD HEALTH

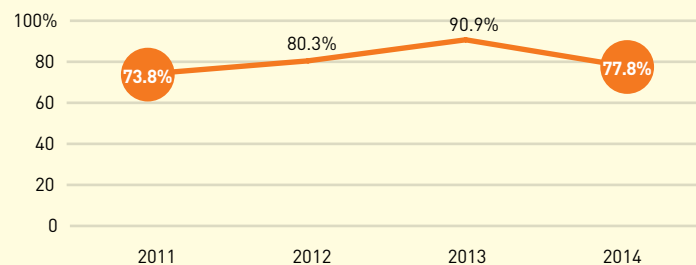
Percent of 5th Grade Students at Health Risk Due to Aerobic Capacity, by Race/Ethnicity in Orange County 2010/11 to 2014/15



Source: California Department of Education, DataQuest, 2016

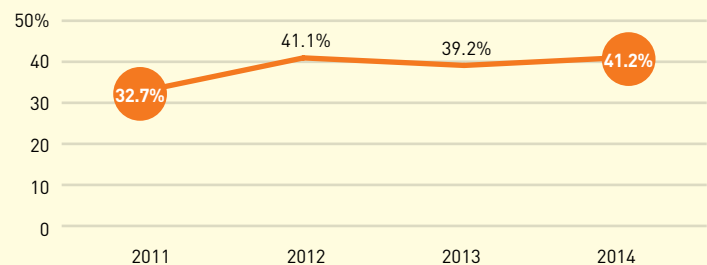


Percent of Children Ages 2 to 17 Years Old who Ate Fast Food One or More Times in the Past Week 2011 to 2014



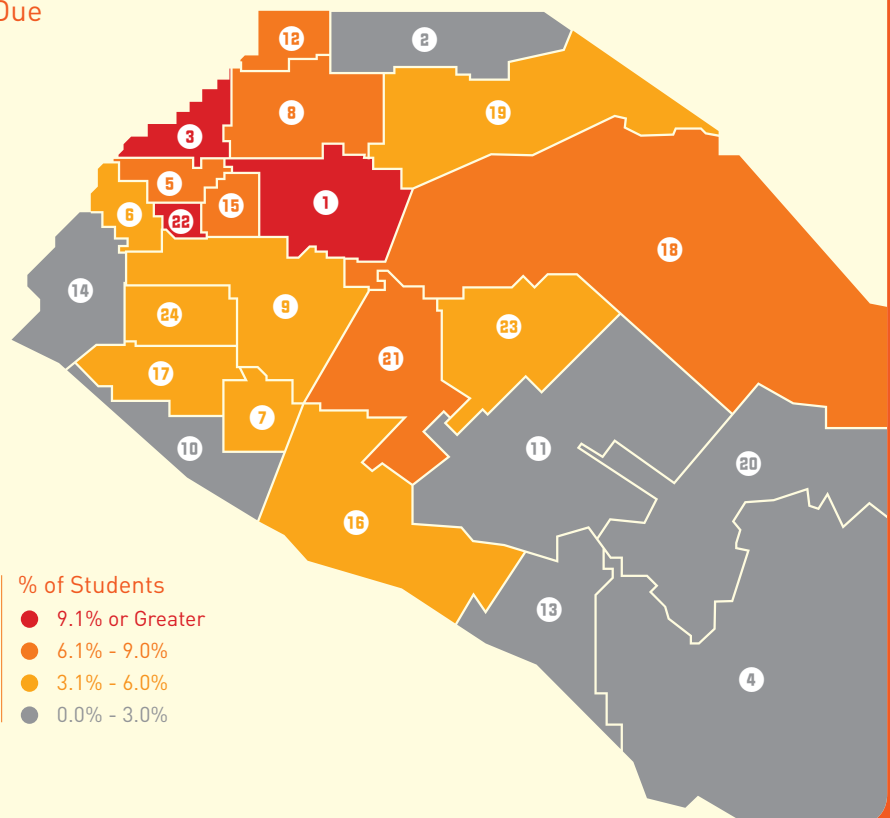
Source: California Health Interview Survey, 2014/15

Percent of Children Ages 2 to 17 Years Old who Ate Less than Two Fruit Servings the Previous Day 2011 to 2014



Source: California Health Interview Survey, 2014/15

Percent of 5th Grade Students at Health Risk Due to Aerobic Capacity, by School District, 2014/15



Source: California Department of Education, DataQuest, 2016



BEHAVIORAL HEALTH

SINCE 2008, SERIOUS MENTAL ILLNESS AMONG CHILDREN AND TEENS HAS LED TO A 47% INCREASE IN THE RATE OF HOSPITALIZATION.

DESCRIPTION OF INDICATOR

This indicator reports the number of inpatient hospitalizations in Orange County among 0-17 year olds related to serious mental health and substance use conditions. The data include rates of inpatient hospitalization for broad behavioral health conditions and rates of inpatient hospitalization per 10,000 children broken down by behavioral health diagnosis and race and ethnicity.

Why is this Important?

The presence of behavioral health disorders can have a profound impact on individuals and families, as well as systems within the community, such as schools or the juvenile justice system. By tracking hospitalization rates related to behavioral health disorders, health officials can more readily identify trends and monitor the needs of the community while directing needed resources (e.g., training, education, counseling, outreach, substance abuse treatment, etc.) to areas in need. For example, an increase in hospitalization rates due to heroin use may signal a serious trend in a local community and may lead to resource allocation to combat the increase in use of this harmful drug.

Findings

- The overall hospitalization rate for serious mental illness and substance abuse conditions for children increased by 46.7%, from a low of 16.7 per 10,000 children in 2008 to 24.5 in 2014.
- The hospitalization rate for serious mental illness increased 84.1%, from a low of 11.3 in 2008 to 20.8 per 10,000 children in 2014.
- Hospitalizations for substance-related diagnoses accounted for 3% of all such admissions for children in 2014 and has decreased 61% over the past decade to 0.7 per 10,000 population in 2014.
- White youth accounted for 46% of all mental illness and substance abuse-related hospitalizations and Hispanic youth accounted for 39%.
- Major Depression and Mood Disorders accounted for over six in 10 (64%) of all such hospitalizations, followed by Bipolar (13%), Schizophrenia/Psychoses (6%) and Schizoaffective Disorders (2%).
- In 2014, 11.4% of adolescents aged 12 to 17 years had at least one major depressive episode in both California and the United States. Overall, both rates were a higher percentage than previous years between 2005 to 2013 (ranging from 8.8 to 10.7%).
- While males accounted for the majority (71%) of substance-related hospitalizations, females accounted for 66% of mental illness hospitalizations (and 65% of all admissions).

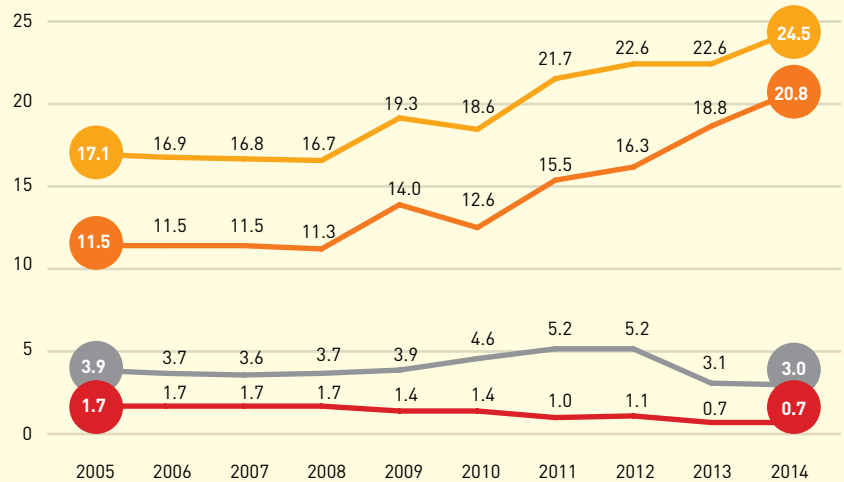
GOOD HEALTH

Mental Health and Substance Abuse Related-Hospitalization Rates, Rate per 10,000 Children

2005 to 2014

- Total
- Mental Illness
- Other
- Substance Abuse

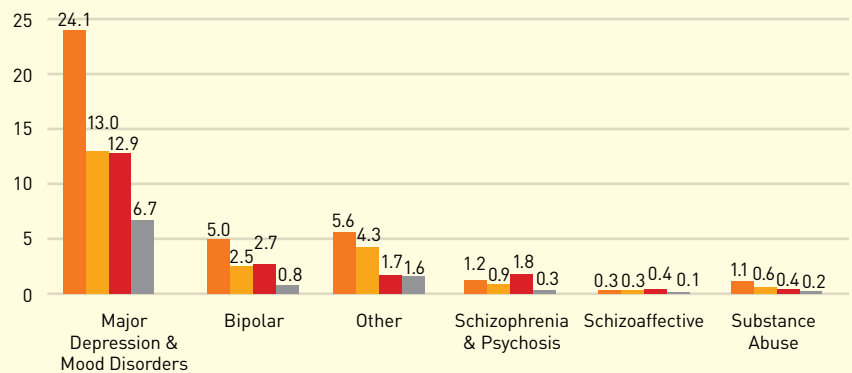
Source: Orange County Health Care Agency, Health Policy Research and Planning
Note: Other includes mental disorders such as other unspecified mood disorders, conduct disorders and disorders related to sleep, eating, elimination and pain.



Mental Health Hospitalization Rates per 10,000 Children, by Race/Ethnicity 2014

- White
- Hispanic
- Other
- Asian

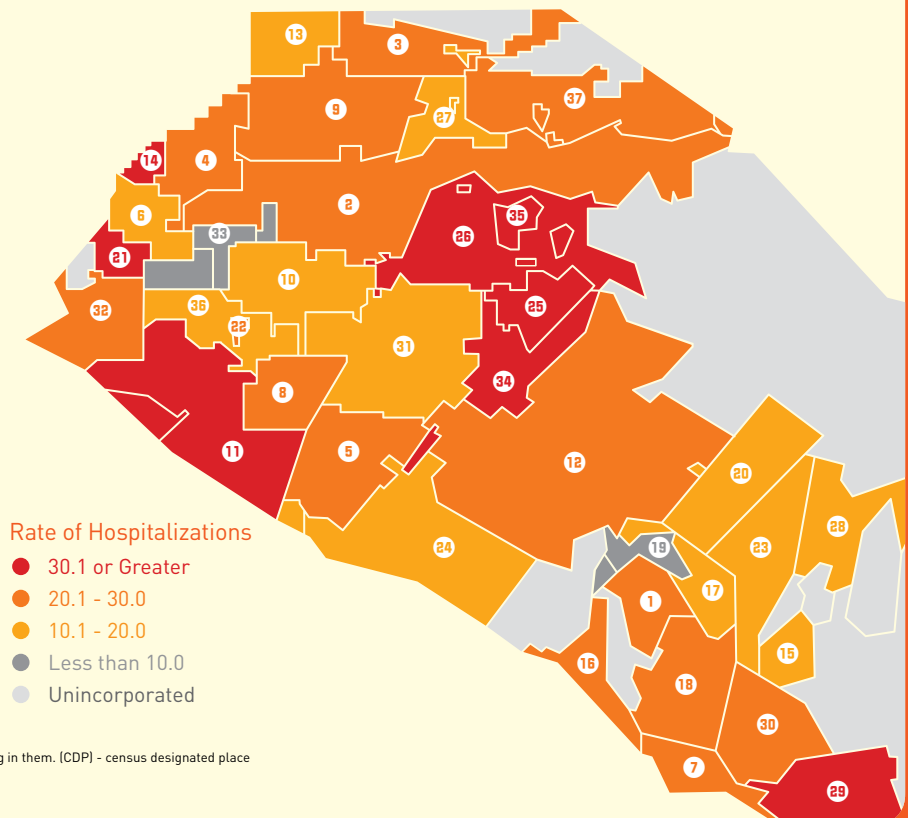
Source: Orange County Health Care Agency, Health Policy and Research
Notes: Rates for black children are not included due to unstable and unreliable estimates for small populations. Other includes mental disorders such as other unspecified mood disorders, conduct disorders and disorders related to sleep, eating, elimination and pain.



Rate of Orange County Hospitalizations for Mental Health and Substance Abuse per 10,000 Children, by Community, 2014

1 ALISO VIEJO 28.4	14 LA PALMA 32.1*	27 PLACENTIA 17.1
2 ANAHEIM 25.3	15 LADERA RANCH 11.8	28 RANCHO SANTA MARGARITA 18.8
3 BREA 22.6	16 LAGUNA BEACH 23.3*	29 SAN CLEMENTE 33.9
4 BUENA PARK 20.5	17 LAGUNA HILLS 18.4	30 SAN JUAN CAPISTRANO 27.1
5 COSTA MESA 24.3	18 LAGUNA NIGUEL 22	31 SANTA ANA 19
6 CYPRESS 16.5	19 LAGUNA WOODS 0.0*	32 SEAL BEACH 12.1*
7 DANA POINT 29.7	20 LAKE FOREST 18.5	33 STANTON 8.8
8 FOUNTAIN VALLEY 21.3	21 LOS ALAMITOS 36.5*	34 TUSTIN 34.9
9 FULLERTON 28.5	22 MIDWAY CITY CDP 27.3*	35 VILLA PARK 234.6*
10 GARDEN GROVE 18.3	23 MISSION VIEJO 19.7	36 WESTMINSTER 19.6
11 HUNTINGTON BEACH 36.4	24 NEWPORT BEACH 15.6	37 YORBA LINDA 21.6
12 IRVINE 28.1	25 NORTH TUSTIN CDP 56.7*	
13 LA HABRA 18.7	26 ORANGE 33.7	

ORANGE COUNTY:
24.5
CALIFORNIA:
NA



Note: *The rates for these cities are unreliable because of the small population of children residing in them. (CDP) - census designated place
Source: Orange County Health Care Agency, Health Policy and Research

ECONOMIC WELL-BEING INDICATORS

CHILD POVERTY

PERCENT OF STUDENTS ELIGIBLE FOR
FREE AND REDUCED PRICE LUNCH



38.5%
2006/07

49.1%
2015/16

HOUSING

PERCENT OF STUDENTS
INSECURELY HOUSED



2.0%
2005/06

5.2%
2014/15

CALWORKS

PERCENT OF CHILDREN
RECEIVING CALWORKS



4.2%
2005/06

6.0%
2014/15

CHILD SUPPORT

PERCENT OF CURRENT
SUPPORT DISTRIBUTED



54.8%
2006/07

68.0%
2015/16

SUPPLEMENTAL NUTRITION

PERCENT OF CHILDREN
RECEIVING CALFRESH



6.8%
2005/06

19.9%
2014/15



UPWARD TREND
IMPROVEMENT



UPWARD TREND
NEEDS IMPROVEMENT



DOWNWARD TREND
IMPROVEMENT



DOWNWARD TREND
NEEDS IMPROVEMENT



DIFFICULT TO ASSESS DUE TO THE NATURE
OF THE DATA OR BASELINE DATA





CHILD POVERTY

NEARLY ONE IN TWO STUDENTS ARE ELIGIBLE FOR A FREE AND REDUCED PRICE LUNCH PROGRAM, REFLECTING MORE CHILDREN LIVING AT OR NEAR POVERTY.

DESCRIPTION OF INDICATOR

This indicator reports the number and percent of students eligible for the the National School Free and Reduced Price Lunch program, considered to be an indicator of children living in poverty or of working poor families. Eligibility is based on income of the child's parent(s) or guardian(s), which must be below 185% of the Federal Poverty Level.

Why is this Important?

Research has demonstrated that living in poverty has a wide range of negative effects on the physical and mental health and well-being of children. Poverty is linked with negative conditions such as substandard housing, homelessness, inadequate nutrition, food insecurity, inadequate child care, lack of access to health care, unsafe neighborhoods and under-resourced schools.¹ These conditions mean school districts face many challenges serving low-income families, particularly those school districts with more than 75% of students enrolled in the Free and Reduced Price Lunch program.² The implications for children living in poverty include greater risk for poor academic achievement, school dropout, abuse and neglect, behavioral and socioemotional problems, physical health problems and developmental delays.

Findings

- In 2015/16, 49.1% (237,969) of students were eligible for the Free and Reduced Price Lunch program in Orange County, lower than California at 60.0% (3,665,6445).
- Between 2006/07 and 2015/16, there has been a larger increase (27.5%) among Orange County students eligible for the Free and Reduced Price Lunch program than among students throughout California (17.6%).
- According to the U.S. Census, 17.6% of Orange County's children were living in poverty in 2014. This is a 29.4% increase from 2010 (13.6%), while remaining lower than California (22.7%) and the United States (21.9%).
- When cost of housing is factored in, poverty among Orange County's children jumps to 21.8%, surpassing California at 21.0%, with a threshold income needed to maintain a basic standard of living for a family of four at \$33,769.³

¹ American Psychological Association, 2014. ² The Institute for Education Sciences define high-poverty schools public schools where more than 75.0% of the students are eligible for the Free and Reduced Price Lunch program. ³ California Poverty Measure, 2015 (Data estimates from 2011-2013 CPM combined). The California Poverty Measure (CPM) incorporates the changes in costs and standards of living since the official poverty measure was devised in the early 1960s—and accounts for geographic differences in the cost of living across the state. It also factors in tax credits and in-kind assistance that can augment family resources and subtracts medical, commuting and child care expenses. 2011 Census Bureau data is used to estimate the CPM.

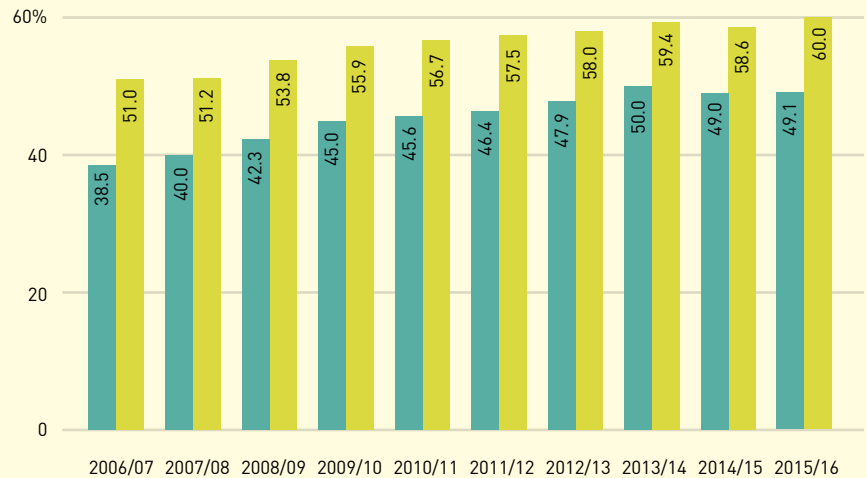
ECONOMIC WELL-BEING

Percent of Students Eligible to Receive Free and Reduced Price Lunch

2006/07 to 2015/16

- Orange County
- California

Source: Department of Education, 2016

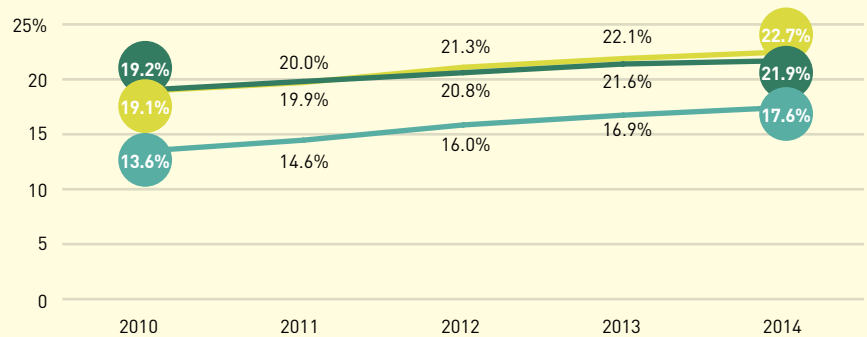


Percent of Children Under 18 Years Old, Living in Poverty, Orange County, California and United States

2010-2014

- United States
- California
- Orange County

Source: U.S. Census Bureau, 2010-2014 5-Year American Community Survey

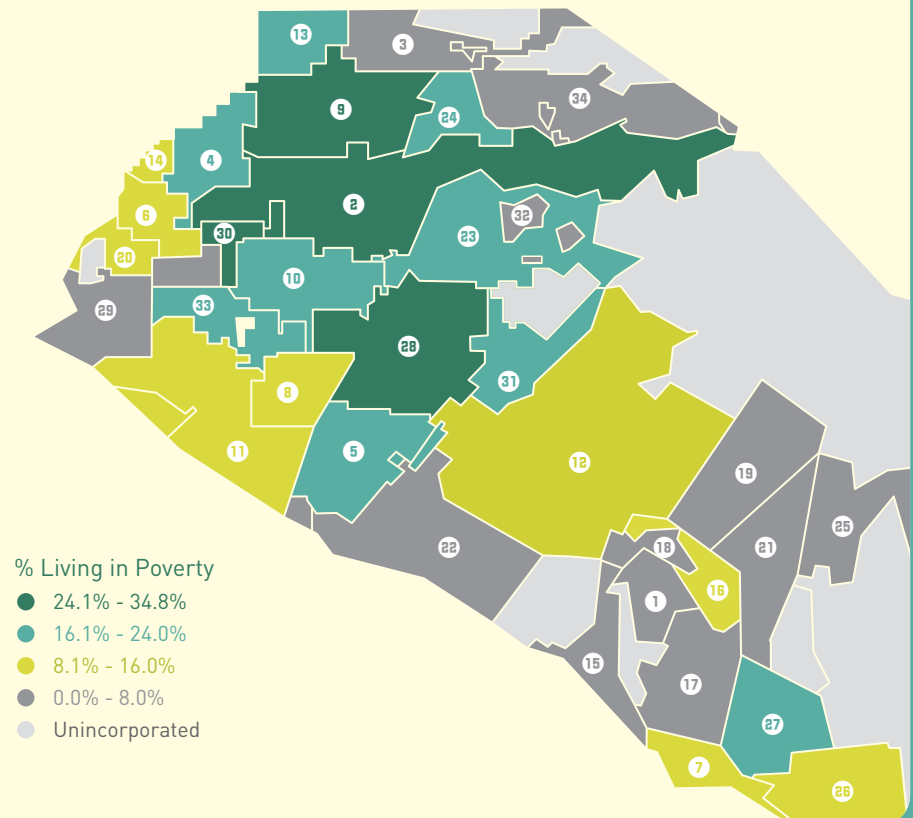


Percent of Children Under 18 Years Old Living in Poverty, by City

2014

- | | | |
|------------------------------|-----------------------------------|---------------------------------|
| 1 ALISO VIEJO
5.6% | 14 LA PALMA
10.1% | 27 SAN JUAN CAPISTRANO
22.1% |
| 2 ANAHEIM
25.4% | 15 LAGUNA BEACH
4.3% | 28 SANTA ANA
31.3% |
| 3 BREA
7.6% | 16 LAGUNA HILLS
9.3% | 29 SEAL BEACH
4.6% |
| 4 BUENA PARK
17.7% | 17 LAGUNA NIGUEL
7.2% | 30 STANTON
34.8% |
| 5 COSTA MESA
20.5% | 18 LAGUNA WOODS
0% | 31 TUSTIN
17.2% |
| 6 CYPRESS
8.1% | 19 LAKE FOREST
7.8% | 32 VILLA PARK
0% |
| 7 DANA POINT
11% | 20 LOS ALAMITOS
13.3% | 33 WESTMINSTER
23.6% |
| 8 FOUNTAIN VALLEY
8.1% | 21 MISSION VIEJO
5.1% | 34 YORBA LINDA
3.2% |
| 9 FULLERTON
24.9% | 22 NEWPORT BEACH
4.5% | |
| 10 GARDEN GROVE
23.2% | 23 ORANGE
18.1% | |
| 11 HUNTINGTON BEACH
12.1% | 24 PLACENTIA
16.3% | |
| 12 IRVINE
9.9% | 25 RANCHO SANTA MARGARITA
4.9% | |
| 13 LA HABRA
19.2% | 26 SAN CLEMENTE
12.3% | |

ORANGE COUNTY:
17.6%
CALIFORNIA:
22.7%



Source: U.S. Census Bureau, S1701 2010-2014 American Community Survey, 5-Year Estimates



CALWORKS

THE PERCENT OF CALWORKS BENEFICIARIES HAS REMAINED STEADY AT ABOUT 6% OVER THE LAST FIVE YEARS.

DESCRIPTION OF INDICATOR

This indicator reports the average number and percent of children per month under the age of 18 years receiving financial assistance through California Work Opportunity and Responsibility to Kids (CalWORKs). Any change in the number of CalWORKs beneficiaries is an indicator of a change in poverty status.

Why is this Important?

The percent of children benefiting from CalWORKs is an indicator of Orange County's capacity to help families struggling to make ends meet and, at the same time, responsibly care for their children. This indicator also reflects a widespread need for financial support among families in need across Orange County as CalWORKs beneficiaries receive financial and employment assistance. Among CalWORKs' multiple goals, including reduced welfare dependency and increased self-sufficiency, it works to improve child well-being by encouraging parental responsibility through school attendance and child immunizations requirements and by assisting with paternity and child support enforcement activities.

Findings

- In 2014/15, 6.0% (42,345) of Orange County's children received CalWORKs assistance which is a 26.0% increase from 4.2% in 2005/06. Overall Orange County is lower than California at 11.0%.
- Nearly one in three children who receive CalWORKs assistance is less than five years old.
- The highest percents of children receiving CalWORKs are in the cities of Santa Ana at 10.7% (10,444), Anaheim at 10.5% (9,473), Stanton at 7.4% (752), Buena Park at 7.1% (1,396), Garden Grove at 6.6% (2,772) and La Habra at 6.4% (1,006).
- Cities with the lowest percents of children receiving CalWORKs include Laguna Beach at 0.6% (23), Villa Park at 0.7% (7), Newport Beach at 0.7% (104), Yorba Linda at 0.9% (145), Aliso Viejo at 1.0% (129) and Rancho Santa Margarita at 1.0% (140).

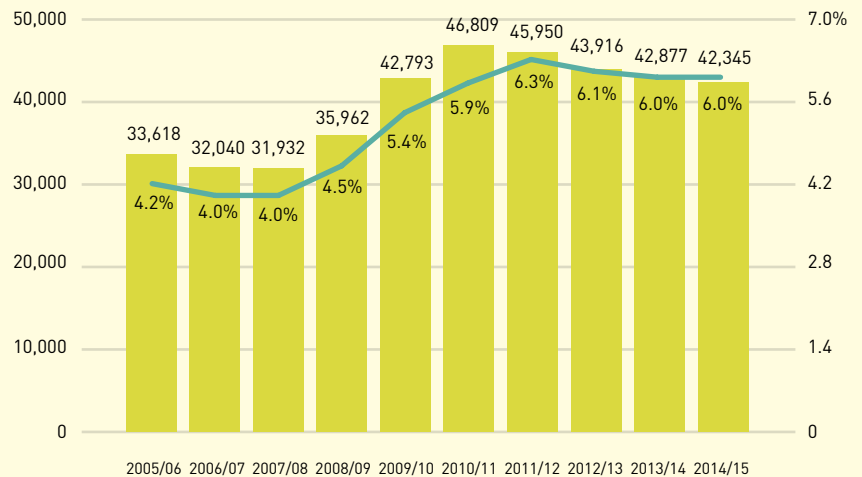
ECONOMIC WELL-BEING

Number and Percent of Children Under 18 Years Old Receiving CalWORKs

2005/06 to 2014/15

- Number of Children
- Percent of Children

Source: Orange County Social Services Agency

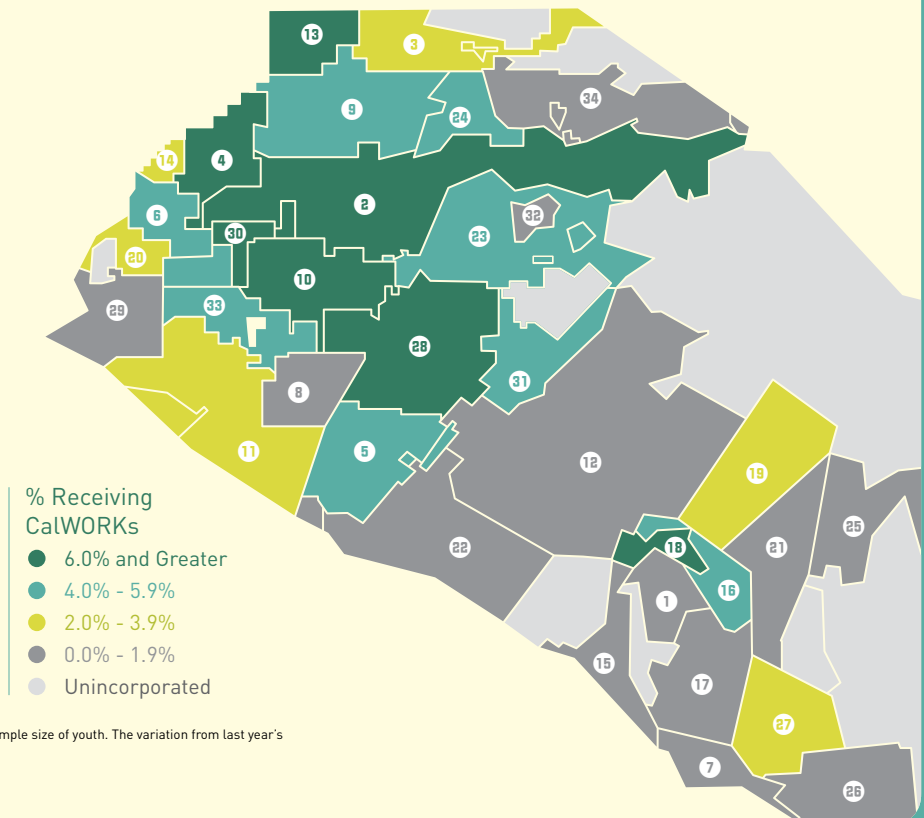


Nearly one in three children who receive CalWORKs assistance is less than 5 years old.

Percent Receiving CalWORKs, by City

2014

1 ALISO VIEJO 1.0%	13 LA HABRA 6.4%	25 RANCHO SANTA MARGARITA 1.0%
2 ANAHEIM 10.5%	14 LA PALMA 2.5%	26 SAN CLEMENTE 1.2%
3 BREA 2.6%	15 LAGUNA BEACH 0.6%	27 SAN JUAN CAPISTRANO 3.6%
4 BUENA PARK 7.1%	16 LAGUNA HILLS 4.2%	28 SANTA ANA 10.7%
5 COSTA MESA 4.3%	17 LAGUNA NIGUEL 1.5%	29 SEAL BEACH 1.3%
6 CYPRESS 4.9%	18 LAGUNA WOODS 22.2%*	30 STANTON 7.4%
7 DANA POINT 1.4%	19 LAKE FOREST 2.3%	31 TUSTIN 5.2%
8 FOUNTAIN VALLEY 1.9%	20 LOS ALAMITOS 3.1%	32 VILLA PARK 0.7%
9 FULLERTON 5.4%	21 MISSION VIEJO 1.5%	33 WESTMINSTER 5.7%
10 GARDEN GROVE 6.6%	22 NEWPORT BEACH 0.7%	34 YORBA LINDA 0.9%
11 HUNTINGTON BEACH 3.1%	23 ORANGE 5.0%	
12 IRVINE 1.6%	24 PLACENTIA 5.0%	
		ORANGE COUNTY: 6.0%
		CALIFORNIA: 11.0%



Note: *For Laguna Woods, the high percent of CalWORKs recipients (22.2%) is due to a small sample size of youth. The variation from last year's 6.7% to this year's 22.2% is due to fluctuations related to the small sample size.

Source: Orange County Social Services Agency, January 2016



SUPPLEMENTAL NUTRITION

ONE IN FIVE CHILDREN UNDER 18 YEARS OLD BENEFIT FROM CALFRESH, MORE THAN TWICE THE NUMBER OF CHILDREN 10 YEARS AGO.

DESCRIPTION OF INDICATOR

The indicator reports the number and percent of recipients of the CalFresh Program, federally known as the Supplemental Nutrition Assistance Program (SNAP) and the number and percent of recipients in the Supplemental Nutrition Program for Women, Infants and children (WIC).¹ As an indicator of poverty, the increase in children receiving these benefits is one that needs improvement. However, the increase may also be viewed as an improvement in that more eligible children are receiving these benefits.

Why is this Important?

Data shows that there is a relationship between a family's food security and assurance of a healthy life. Households with food insecurity are more likely to experience reduced diet quality, anxiety about their food supply, increased use of emergency food sources or other coping behaviors and hunger. CalFresh and WIC programs provide nutrition assistance to people in low-income households by increasing their food buying power so they are able to purchase more nutritious foods, such as fruits, vegetables and other healthy foods. Income eligible children can receive both forms of nutrition assistance.

Findings

- In 2014/15, 19.9% (141,716) of children under 18 years old received CalFresh, a 191% increase in the number of children since 2005/2006 at 6.8%. Orange County had a lower rate than California at 24.7% (2,280,000) of children receiving CalFresh (SNAP).²

- In January 2016, the largest age group of CalFresh beneficiaries in Orange County were six to 12 year olds (43.8% or 61,526), followed by zero to five year olds (32.9% or 46,142) and 13 to 17 year olds (23.3% or 32,663).
- It is estimated that only 58.3% of persons in Orange County who are eligible for CalFresh are receiving that benefit, less than California at 63.4%.³
- In 2014/15, 78,856 participants were served by the WIC program, a decrease of 17.5% from 95,635 in 2005/06.
- In 2013, 60.2% of women and children eligible for WIC were receiving that benefit nationally, lower than California at 76%.⁴

¹ WIC provides nutrition services to pregnant and postpartum women, infants and children (ages 0 to 5 years). Participants must meet eligibility and income guidelines (at or below 185% of the federal poverty level). WIC participants are reported as the number of prenatal, breastfeeding and postpartum women, infants and children up to five years old who receive food vouchers in the month of September each year. The CalFresh Program, federally known as the Supplemental Nutrition Assistance Program (SNAP), helps income-eligible families put healthy and nutritious food on the table. The program issues monthly electronic benefits that can be used at grocery stores and participating farmers markets. The amount of the benefit is based on household size, income and housing expenses. Children under 18 years are reported annually through CalWIN. December figures are used to define the service population for a given federal fiscal year (Oct. 1, 2013 to Sept. 30, 2014).

² United States Department of Agriculture, Food and Nutrition Service, SNAP 2015. ³ California Department of Social Services, CalFresh County Data Dashboard, 2014. ⁴ USDA Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Eligibles and Coverage National and State Level Estimates, December 2015.

ECONOMIC WELL-BEING

Number and Percent of Children Under 18 Years Old Served by CalFresh and Number of Participants Served by WIC

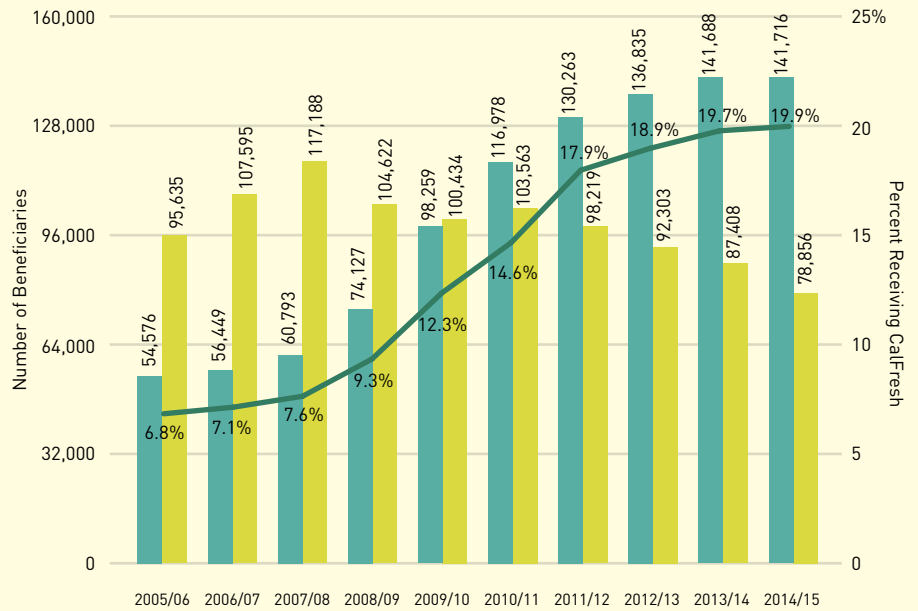
2005/06 to 2014/15

- CalFresh
- WIC
- Percent Served by CalFresh

Note: For the 2005/06 data point, CalFresh represent the 2005 calendar year. Data represents fiscal Year (July - June) monthly averages for CalFresh.

Source for CalFresh: Orange County Social Services Agency

Source for WIC: Orange County Health Care Agency/Nutrition Services-WIC



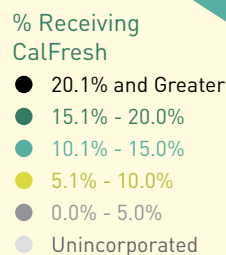
20% of Orange County Children (141,716) receive CalFresh.

Percent of Children Under 18 Years Old Receiving CalFresh, by City

2015

1 ALISO VIEJO 4.7%	13 LA HABRA 22.0%	26 SAN CLEMENTE 6.1%
2 ANAHEIM 32.8%	14 LA PALMA 8.4%	27 SAN JUAN CAPISTRANO 15.7%
3 BREA 8.7%	15 LAGUNA BEACH 3.2%	28 SANTA ANA 37.9%
4 BUENA PARK 21.8%	16 LAGUNA HILLS 14.8%	29 SEAL BEACH 3.3%
5 COSTA MESA 17.9%	17 LAGUNA NIGUEL 5.9%	30 STANTON 27.5%
6 CYPRESS 11.7%	18 LAGUNA WOODS 61.1%*	31 TUSTIN 19.0%
7 DANA POINT 8.6%	19 LAKE FOREST 9.2%	32 VILLA PARK 2.0%
8 FOUNTAIN VALLEY 8.9%	20 LOS ALAMITOS 9.3%	33 WESTMINSTER 27.9%
9 FULLERTON 18.7%	21 MISSION VIEJO 6.0%	34 YORBA LINDA 3.6%
10 GARDEN GROVE 29.5%	22 NEWPORT BEACH 2.8%	
11 HUNTINGTON BEACH 11.7%	23 ORANGE 19.9%	
12 IRVINE 5.1%	24 PLACENTIA 17.6%	
	25 RANCHO SANTA MARGARITA 4.2%	

ORANGE COUNTY:
19.9%
CALIFORNIA:
24.7%



Note: *The rates for these cities are unstable because of the small population of children residing in these areas.

Source: Orange County Health Care Agency, Family Health Division



HOUSING

STUDENTS WITH INSECURE HOUSING INCREASE MORE THAN TWO-FOLD SINCE 2005/06.

DESCRIPTION OF INDICATOR

This indicator reports the number of insecurely housed students identified by school districts as homeless, meaning they are living in motels, shelters, parks and doubling- or tripling-up in a home, as defined by the McKinney-Vento Homeless Education Assistance Act.

Why is this Important?

The high mobility, trauma and poverty associated with homelessness and insecure housing create educational barriers, such as low school attendance, as well as development, physical and emotional problems for students. Lacking a fixed, regular nighttime stay increases the chances that a student will require additional support services associated with their developmental and academic success. A homeless student or one living in a crowded environment may experience a greater tendency for stress and anxiety not knowing where they are going to sleep each night nor having a consistent, quiet, permanent place to study or do their homework. Lack of secure housing may be associated with lower standardized test scores in all areas.

Findings

- In 2014/15, 5.2% (26,064) of students in Orange County experienced insecure housing, which is 160% greater than the percent of Orange County students in 2005/06, at 2.0% (11,642).¹

- With regard to primary nighttime residence, in 2014/15:
 - 90.3% (23,533) of insecurely housed students were doubled or tripled-up in housing.
 - 4.7% (1,232) of insecurely housed students were housed in shelters.
 - 4.0% (1,052) of insecurely housed students were in hotels or motels.
 - 0.9% (247) of insecurely house students were unsheltered.²
- Of those students with insecure housing in 2014/15, elementary age students (pre K- 5th grade) represent the highest percent at 44.8%, followed by high school students (grades 9-12) at 33.2% and middle school students (grades 6-8) at 22.0%.³

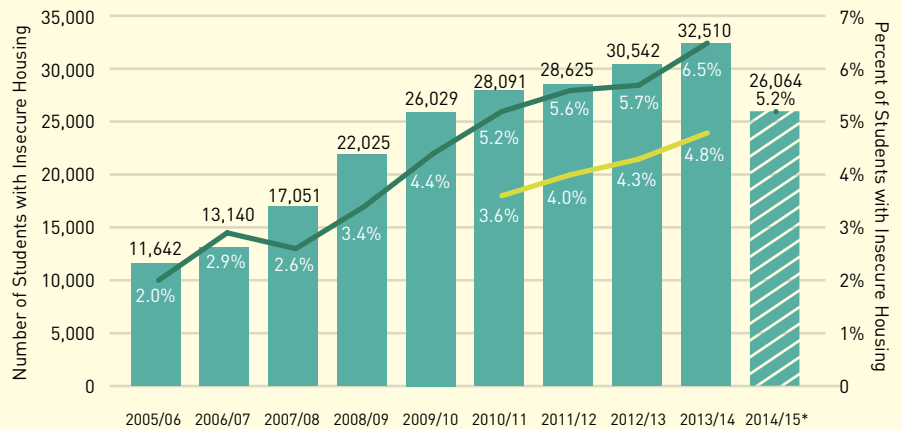
¹ The data are collected from the Local Education Agency (school district) and reported to the California Department of Education (CDE) at the end of each academic year, by June 30. Beginning 2010-2011, CDE began collecting the data directly via California Longitudinal Pupil Achievement Data System. Data from 2014-2015 is lower due to a statewide data system error at the CDE that likely resulted in under-reported counts. ² Due to the small population size, the data may be unstable. ³ National Center for Homeless Education, 2014 Education for Homeless Children and Youths Program

ECONOMIC WELL-BEING

Number and Percent of Students with Insecure Housing, Orange County and California, 2005/06 to 2014/15

- Total Orange County Students with Insecure Housing
- % of Total Student Enrollment in Orange County
- % of Total Student Enrollment in California
- Unstable Data

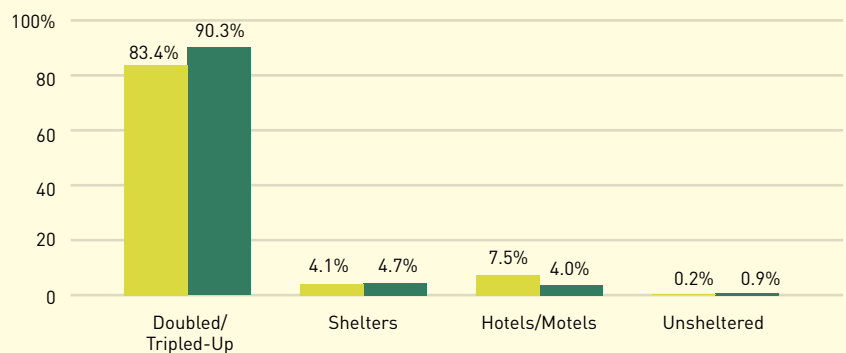
* Data from 2014-2015 is lower due to a statewide data system error at the CDE that likely resulted in under-reported counts.
Source: Orange County Department of Education



Primary Nighttime Residency of Students With Insecure Housing, 2005/06 and 2014/15

- 2005/06
- 2014/15

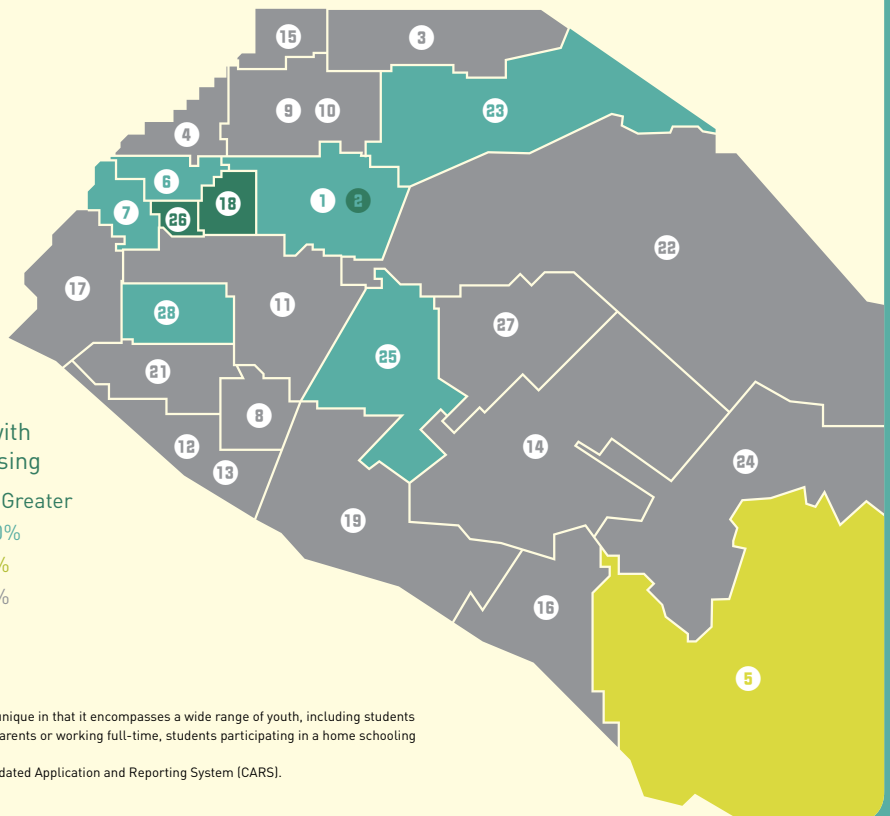
Source: California Department of Education



Percent of Enrolled Students with Insecure Housing, by School District, 2014/15

- | | | |
|------------------------------------|--|----------------------------|
| 1 ANAHEIM ELEMENTARY 11.5% | 13 HUNTINGTON BEACH UNION HIGH 2.2% | 25 SANTA ANA UNIFIED 11.4% |
| 2 ANAHEIM UNION HIGH 13.1% | 14 IRVINE UNIFIED 0.4% | 26 SAVANNA 12.3% |
| 3 BREA-OLINDA UNIFIED 0.2% | 15 LA HABRA CITY 0.6% | 27 TUSTIN UNIFIED 1.0% |
| 4 BUENA PARK 4.0% | 16 LAGUNA BEACH UNIFIED 0.1% | 28 WESTMINSTER 9.5% |
| 5 CAPISTRANO UNIFIED 4.8% | 17 LOS ALAMITOS UNIFIED 0.1% | |
| 6 CENTRALIA 9.5% | 18 MAGNOLIA 27.0% | |
| 7 CYPRESS 8.8% | 19 NEWPORT-MESA UNIFIED 0.7% | |
| 8 FOUNTAIN VALLEY 0.1% | 20 OCDE - ACCESS* 4.4% | |
| 9 FULLERTON 1.2% | 21 OCEAN VIEW 1.4% | |
| 10 FULLERTON JOINT UNION HIGH 3.1% | 22 ORANGE UNIFIED 0.7% | |
| 11 GARDEN GROVE UNIFIED 2.2% | 23 PLACENTIA-YORBA LINDA UNIFIED 11.6% | |
| 12 HUNTINGTON BEACH CITY 0.5% | 24 SADDLEBACK VALLEY UNIFIED 2.0% | |
- ORANGE COUNTY: 5.2%
CALIFORNIA: N/A

- % Students with insecure housing
- 12.1% and Greater
 - 8.1% - 12.0%
 - 4.1% - 8.0%
 - 0.0% - 4.0%



Note: *ACCESS (Alternative, Community and Correctional Schools and Service) student population is unique in that it encompasses a wide range of youth, including students in group homes or incarcerated in institutions, students on probation or homeless, students who are parents or working full-time, students participating in a home schooling program and students who are referred by local school districts.

Source: California Department of Education. Data provided by districts on their LEA Reporting Consolidated Application and Reporting System (CARS).



CHILD SUPPORT

SINCE FISCAL YEAR 2010/11, THE AMOUNT OF CHILD SUPPORT PAID TO CUSTODIAL PARENTS REMAINS STEADY.

DESCRIPTION OF INDICATOR

This indicator reports the Distributed Net Collections divided by the average monthly caseload for the Federal Fiscal Year. Improvements in collections per case indicate more dollars available for children's basic necessities.

Why is this Important?

The number of Orange County children living in poverty has risen by 12.5% since 2010 (presently 129,233).¹ Research shows that child support payments help to lift more than one million Americans above the poverty line each year and assist families with incomes above the poverty line to make ends meet.² Child Support Services (CSS) builds partnerships with parents, develops community linkages and cultivates existing relationships with other county agencies. Expected results are increased collections and improved performance, which yield increased financial support to meet the needs of children and families. Child support collections pay for essentials such as food, shelter, child care and medical support. CSS has implemented a family-centered approach that connects customers to local resources for family essentials (e.g., clothing and food), parental success (e.g., parenting classes and financial workshops) and individual services (e.g., adult education and job training). In the last 10 years, the number of Orange County CSS cases has decreased while services to customers have increased along with the collections per case.

Findings

- Total Orange County cases decreased by 24.2% from 89,852 cases in 2010/11 to 68,117 in 2015/16. Over the same time period, net collections remained steady with an average of \$179.2 million annually.
- Total children in the CSS case load has decreased by 29.3% from 100,715 in 2010/11 to 71,171 in 2015/16. However, nearly one in 10 children in Orange County is served through Child Support Services.
- 90.2% of Orange County cases have a child support order established (legally enforceable), higher than the State's average of 89.5%.³
- The percent of current support distributed among Orange County cases during 2015/16 was 68.0%, which is higher than the California rate of 66.9% and represents a continuous improvement since 2010/11 when the rate was 59.0% (a 15.2 percent increase).

Note: 2014 data was not available at time of publishing.

¹ U.S. Census Bureau, American Community Survey, 2014. ² Turetsky, V., 2005. ³ Department of Child Support Services, 2016. Percentage data source, Year to date as of May of Federal Fiscal Year State of California – Health and Human Services Agency Child Support Program Statistics – CSS 1257 Report. ⁴ Department of Child Support Services, 2016. Collection Rate Percentage and Dollars Owed collected from California pulled from State of California – Health and Human Services Agency Child Support Program Statistics FFY 2016, table 1.3.

ECONOMIC WELL-BEING

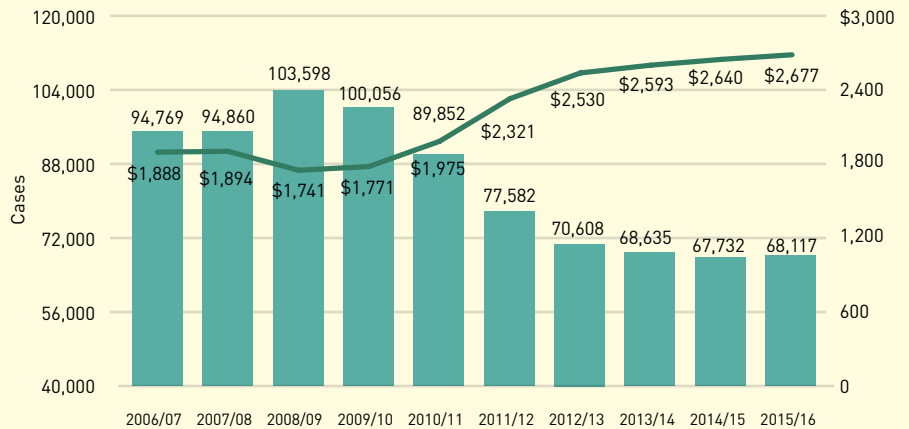
Total Child Support Cases and Per Case Collections

2006/07 to 2015/16

- Total Number of Cases
- Per Case Collection

Note: Total cases each year is a 12-month average from July to June.

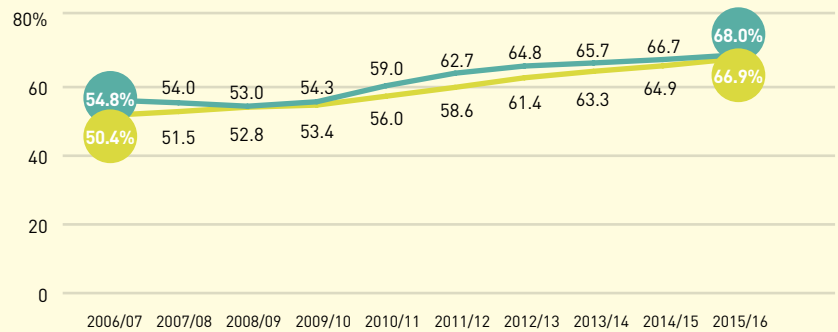
Source: Orange County Department of Child Support Services



Percent of Child Support Distributed, Orange County and California, 2006/07 to 2015/16

- Orange County
- California

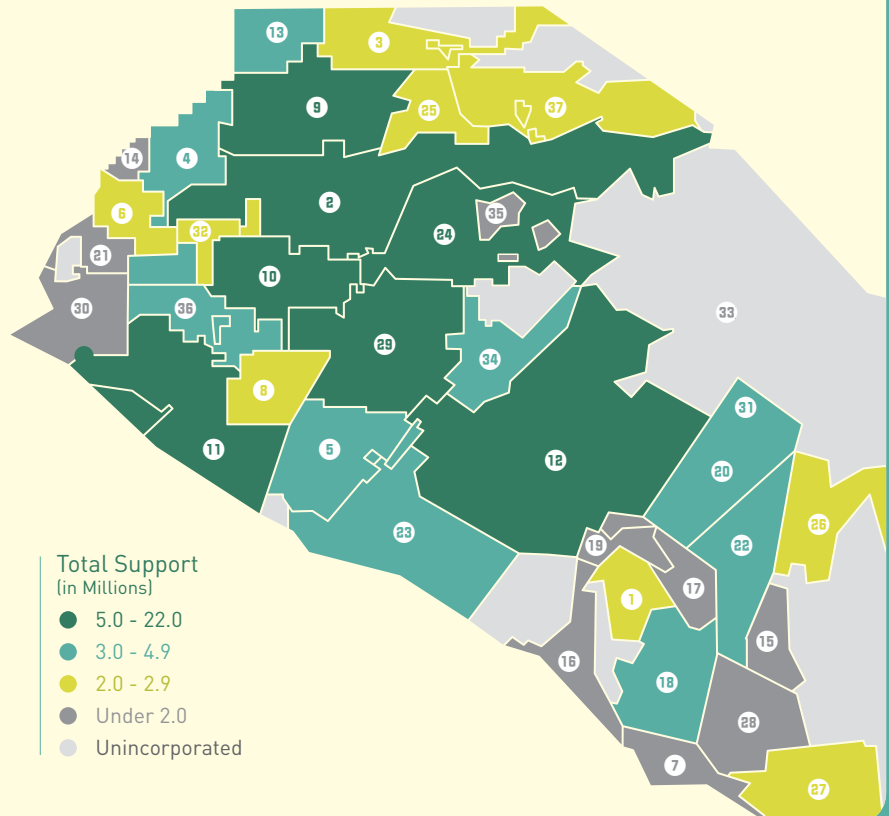
Source: Orange County Department of Child Support Services



Number of Cases and Total Support Distributed, by Community, 2015/16

1 ALISO VIEJO 440 \$2,721,459.15	13 LA HABRA 942 \$3,514,145.12	25 RANCHO SANTA MARGARITA 433 \$2,451,527.70
2 ANAHEIM 6,108 \$21,179,993.19	14 LA PALMA 115 \$544,526.15	27 SAN CLEMENTE 464 \$2,531,833.91
3 BREA 448 \$2,244,171.19	15 LADERA RANCH 161 \$1,511,793.68	28 SAN JUAN CAPISTRANO 328 \$1,287,209.47
4 BUENA PARK 1,306 \$4,665,103.12	16 LAGUNA BEACH 114 \$670,355.58	29 SANTA ANA 5,597 \$19,776,583.08
5 COSTA MESA 1,064 \$4,045,269.39	17 LAGUNA HILLS 280 \$1,387,067.15	30 SEAL BEACH 82 \$429,408.22
6 CYPRESS 580 \$2,327,738.75	18 LAGUNA NIGUEL 476 \$3,040,532.97	31 SILVERADO 21 \$93,121.10
7 DANA POINT 298 \$1,440,515.88	19 LAGUNA WOODS 19 \$66,426.66	32 STANTON 558 \$2,018,259.06
8 FOUNTAIN VALLEY 472 \$2,371,028.67	20 LAKE FOREST 732 \$3,150,081.57	33 TRABUCO CANYON 188 \$1,274,384.59
9 FULLERTON 1,662 \$5,860,563.43	21 LOS ALAMITOS 221 \$1,037,931.21	34 TUSTIN 1,167 \$4,738,940.41
10 GARDEN GROVE 2,396 \$8,669,045.38	22 MISSION VIEJO 763 \$3,803,967.28	35 VILLA PARK 24 \$112,537.50
11 HUNTINGTON BEACH 2,014 \$8,729,197.71	23 NEWPORT BEACH 430 \$3,086,324.63	36 WESTMINSTER 1,189 \$4,781,756.19
12 IRVINE 1,301 \$7,273,153.89	24 ORANGE 1,668 \$6,559,631.55	37 YORBA LINDA 504 \$2,617,993.47
	25 PLACENTIA 670 \$2,638,946.99	

ORANGE COUNTY:
35,235 CASES
\$144.65 MILLION



EDUCATIONAL ACHIEVEMENT INDICATORS

KINDERGARTEN READINESS

PERCENT OF CHILDREN READY
FOR KINDERGARTEN



51.9%
2015 Baseline

HIGH SCHOOL DROPOUT RATES

PERCENT HIGH SCHOOL DROPOUTS
FOR GRADES 9-12 COHORT



12.3% **5.7%**
2009/10 2014/15

THIRD GRADE ENGLISH LANGUAGE ARTS

PERCENT OF THIRD GRADE STUDENTS
MET OR EXCEEDED STATE STANDARDS
FOR ENGLISH LANGUAGE ARTS



46.0%
2014/15 Baseline

COLLEGE READINESS

PERCENT OF GRADUATES WITH UC/CSU
ELIGIBLE REQUIREMENTS



38.7% **50.4%**
2005/06 2014/15

THIRD GRADE MATHEMATICS

PERCENT OF THIRD GRADE
STUDENTS MET OR EXCEEDED
STANDARDS FOR MATHEMATICS



51.0%
2014/15 Baseline



UPWARD TREND
IMPROVEMENT



UPWARD TREND
NEEDS IMPROVEMENT



DOWNWARD TREND
IMPROVEMENT



DOWNWARD TREND
NEEDS IMPROVEMENT



DIFFICULT TO ASSESS DUE TO THE NATURE
OF THE DATA OR BASELINE DATA



Photo courtesy of Accelerate Change Together (ACT) Anaheim



KINDERGARTEN READINESS

ONE IN TWO CHILDREN ARE DEVELOPMENTALLY
READY FOR KINDERGARTEN.

DESCRIPTION OF INDICATOR

Orange County uses the Early Development Index (EDI) to measure children's readiness for school. The EDI, conducted during the kindergarten year, assesses children's development by using a questionnaire filled out by kindergarten teachers for every child in their class. It tracks five areas of a child's development: language and cognitive development; communication skills and general knowledge; social competence; emotional maturity; and physical health and well-being. In 2015, comprehensive EDI data were available for children enrolled in public school for the first time in Orange County and thus serves as a baseline to measure changes in incoming kindergarten class readiness over time.

Why this is Important?

Long-term, a child's academic success is heavily dependent upon their readiness for kindergarten. Children who enter school with early skills, such as basic knowledge of math and reading concepts as well as communication, language, social competence and emotional maturity, are more likely than their peers without such skills to experience later academic success, attain higher levels of education and secure employment.¹ Factors that influence kindergarten readiness include family and community supports and environments, as well as children's early development opportunities and experiences. The EDI is one way to assess how well communities are preparing their children for school.

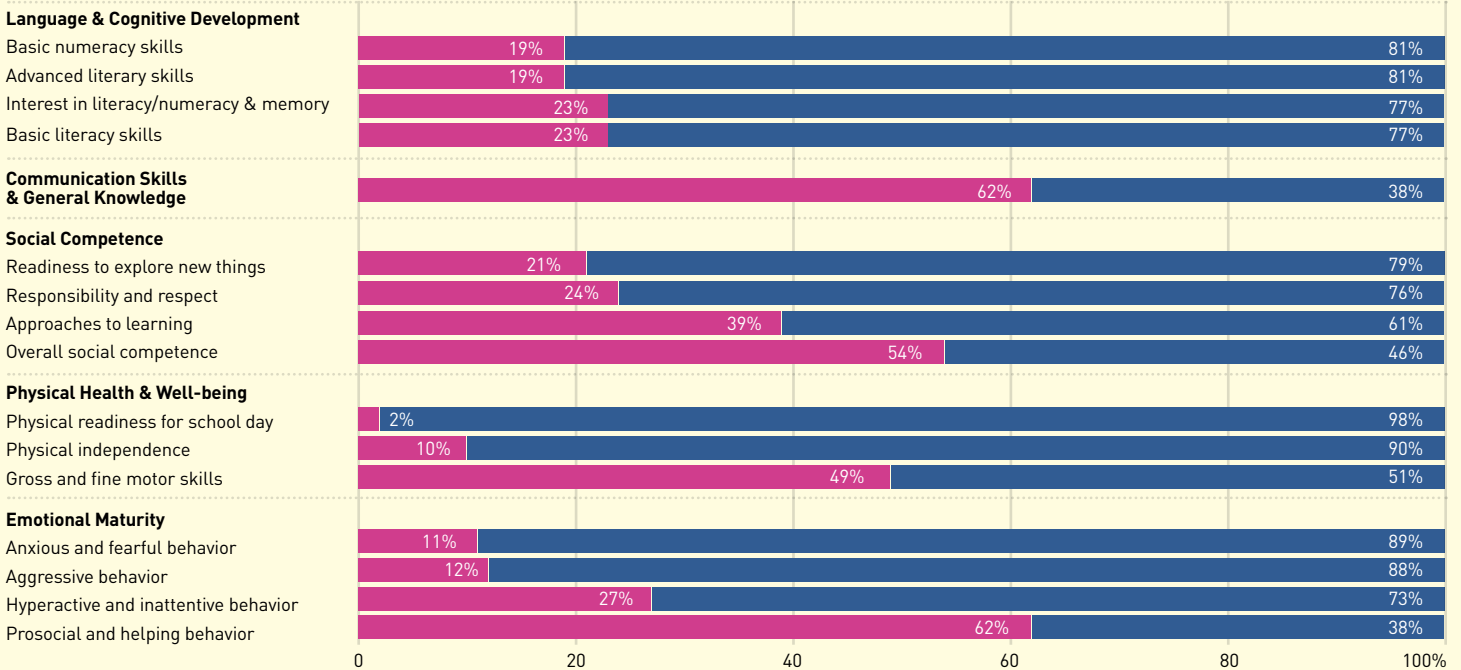
Findings

- In 2015, 51.9% of children in Orange County were developmentally ready for kindergarten. Children are considered developmentally ready for school if they are on track on all five areas assessed (or on all four areas if only four areas were assessed).
- Among Orange County kindergartners, the areas of greatest vulnerability are language and cognitive development (28% vulnerable or at-risk), followed by communication skills and general knowledge (27%), social competence (22%), physical health and well-being (19%) and emotional maturity (19%).
- The five developmental areas are made up of 16 sub areas and within these sub areas, children are least ready in their communication skills and general knowledge (62% not ready), prosocial and helping behavior (62% not ready), overall social competence (54% not ready) and gross and fine motor skills (49% not ready).
- Cities with the highest percents of students developmentally ready for school include Irvine at 65.5%, followed by San Clemente at 63.2% and Dana Point at 62.8%.
- The lowest percents of students ready for school are in the cities of La Habra at 42.2%, followed by Santa Ana at 43.0% and Laguna Beach at 43.7%.

EDUCATION

Percent of Children Ready and Not Ready for Kindergarten, by Sub Area, 2015

● Not Ready ● Ready

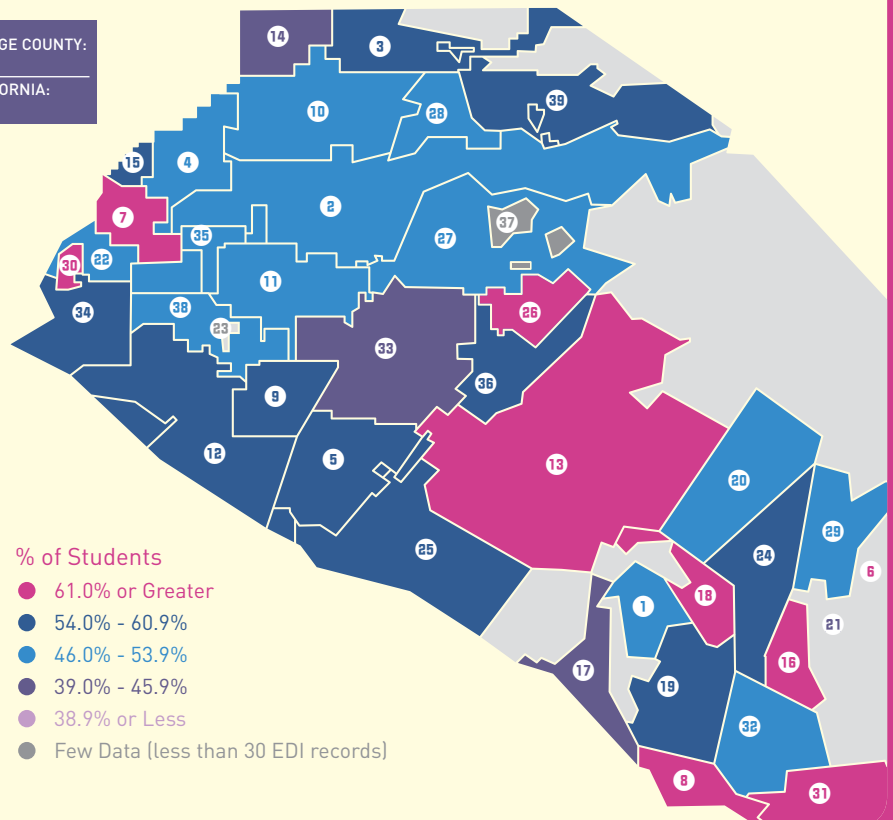


Source: Early Development Index, 2015

Percent of Children Ready for Kindergarten, by Community, 2015



ORANGE COUNTY:
51.9%
CALIFORNIA:
N/A



Note: *Data not available due to fewer than 30 EDI records.

Source: Early Development Index, 2015



THIRD GRADE ENGLISH LANGUAGE ARTS

LESS THAN HALF OF THIRD GRADE STUDENTS MEET OR EXCEED THE STATEWIDE ACHIEVEMENT STANDARD FOR LITERACY.

DESCRIPTION OF INDICATOR

This indicator presents the California Assessment of Student Performance and Progress (CAASPP) data for student academic performance in English Language Arts and Literacy (ELA). CAASPP is a reflection of Common Core State Standards and online testing system, to measure the academic performance of students. This indicator reports on third grade students. The 2014/15 school year serves as a baseline to measure student progress and thus, the data are not comparable to previous assessments.

Why this is Important?

CAASPP is designed to demonstrate progress towards learning problem-solving and critical-thinking skills needed for college and a career. It gives schools and communities data on the performance of all students and significant subgroups within a school. This information helps schools analyze their overall academic programs to determine if they have made academic progress and if adjustments in resources might be needed to ensure all students succeed. ELA assesses a student's performance in reading, writing, listening and research. Understanding performance at the completion of third grade is important because third grade is the year that students start reading to learn, rather than learning to read. Third-graders who lack proficiency in reading are four times more likely to become high school dropouts.¹

Findings

- In 2014/15, less than half (46%) of Orange County third grade students met or exceeded the statewide achievement standard for ELA, higher than California at 38%.
- Among third grade students who are not economically disadvantaged, 68% met or exceeded the statewide achievement standards in ELA,

substantially higher than among those students who are economically disadvantaged at 25%.

- Nearly one in four (23%) third grade students were above the standards in reading, writing and research/inquiry. Nearly one in five (18%) students were above the standard in listening.
- Within each race/ethnic group, Asian students had the highest percent of students who exceeded standards for ELA at 46%, followed by Multiracial (42%), Filipino (42%), White (36%), American Indian (19%), Black (13%), Pacific Islander (12%) and Hispanic (9%) students.
- The school districts with the highest percents of third grade students exceeding or meeting standards for overall achievement in ELA were Laguna Beach Unified (77%), followed by Los Alamitos Unified (74%), Irvine Unified (72%) and Huntington Beach City Elementary (65%).
- The school districts with the lowest percents of third grade students exceeding or meeting standards for overall achievement in ELA were Santa Ana Unified (18%) and Anaheim City (18%), followed by La Habra City Elementary (25%) and Buena Park Elementary (30%).

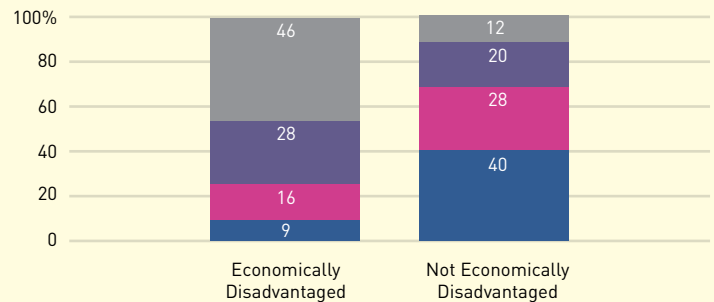
EDUCATION

Overall Achievement in ELA Among Third Grade Students, by Socioeconomic Status, 2014/15

● Standard Not Met ● Standard Met
● Standard Nearly Met ● Standard Exceeded

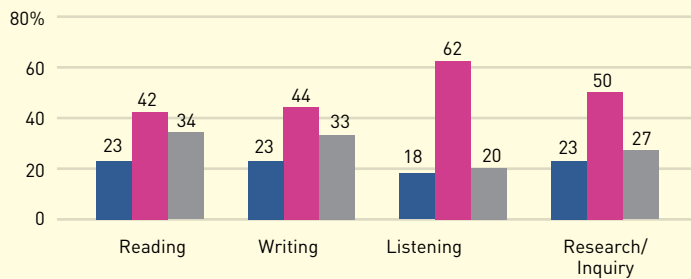
Note: A student is defined as "economically disadvantaged" if the most educated parent of the student, as indicated in CALPADS, has not received a high school diploma or the student is eligible to participate in the free or reduced price lunch program also known as the National School Lunch Program.

Source: CAASPP, 2015



Achievement in ELA Focus Areas Among Third Grade Students, 2014/15

● Above Standard ● At or Near Standard ● Below Standard

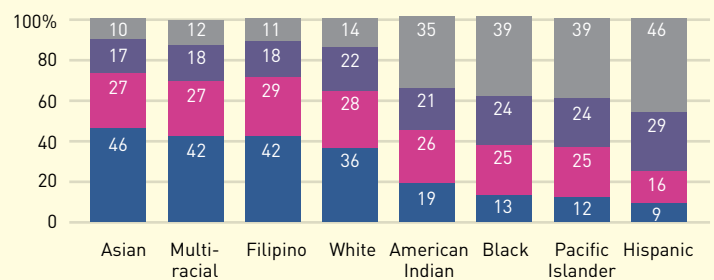


Note: ELA results include information about the students' performance in the areas of reading, writing, listening and research. The student's performance in these key areas for each subject are reported using the following three indicators: below standard, at or near standard and above standard.

Source: CAASPP, 2015

Overall Achievement in ELA Among Third Grade Students, by Race/Ethnicity, 2014/15

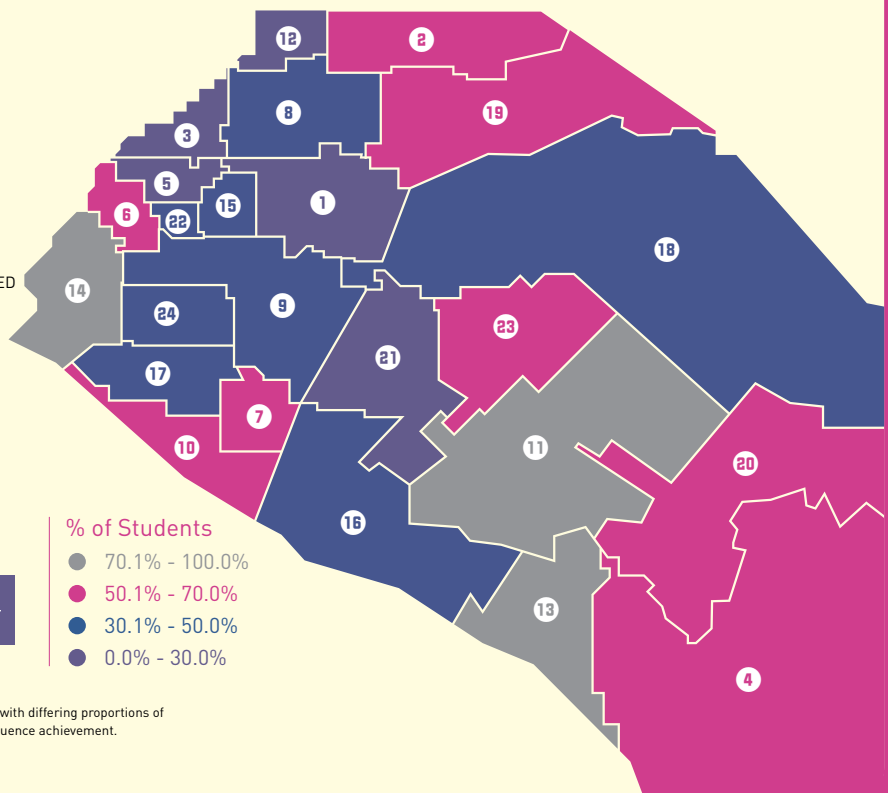
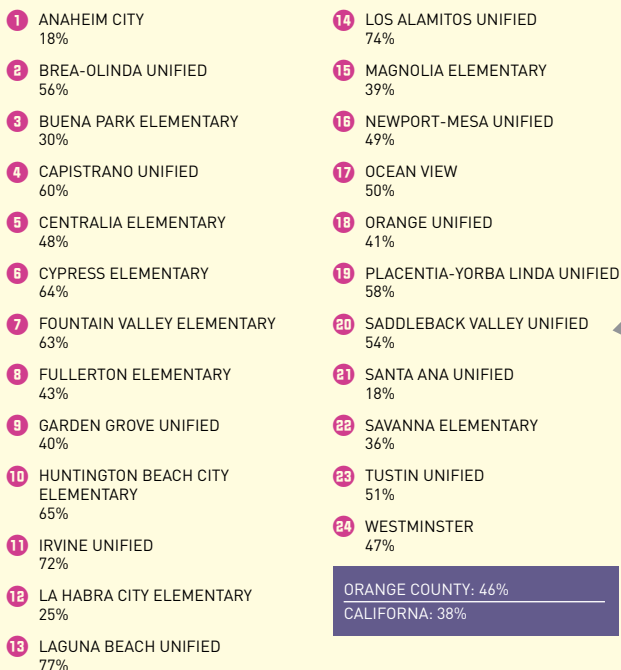
● Standard Not Met ● Standard Met
● Standard Nearly Met ● Standard Exceeded



Note: Third grade student enrollment by race/ethnicity is 51.6% Hispanic, 24.8% White, 15.6% Asian, 3.8% Multiracial, 1.9% Filipino, 1.3% Black, 0.3% Pacific Islander and 0.2% American Indian.

Source: CAASPP, 2015

Percent of Third Grade Students Who Exceeded or Met Standards for ELA Overall Achievement, by School District, 2014/15



Note: District comparisons should be interpreted with caution as districts vary greatly in composition, with differing proportions of students who are English learners, special needs, low income, or homeless – all factors which can influence achievement.

Source: CAASPP, 2015



THIRD GRADE MATHEMATICS

ABOUT HALF OF THIRD GRADE STUDENTS MEET OR EXCEED
MATH STANDARDS; SOCIOECONOMIC DISPARITIES ARE STRIKING.

DESCRIPTION OF INDICATOR

This indicator presents the new California Assessment of Student Performance and Progress (CAASPP) data for student academic performance in mathematics. CAASPP is a reflection of the Common Core State Standards and online testing system to measure the academic performance of students. This indicator reports on third grade students. The 2014/15 school year is the first year of CAASPP and will serve as a baseline to measure student progress and thus, the data are not comparable to previous assessments.

Why this is Important?

CAASPP is designed to demonstrate progress towards learning problem-solving and critical-thinking skills needed for college and a career. This information helps schools analyze their overall academic programs to determine if they have made academic progress and if adjustments in resources might be needed to ensure all students succeed. The mathematics component assesses a student's performance in applying mathematical concepts and procedures, using appropriate tools and strategies to solve problems and demonstrating ability to support mathematical conclusions. It is known that math difficulties are cumulative and worsen with time. Understanding third grade performance is important because it is the year that students start utilizing the decimal system in order to do multi-digit number calculations, an important foundation for future success in mathematics.

Findings

- In 2014/15, just over half (51%) of Orange County third grade students met or exceeded the statewide achievement standard in mathematics, higher than California at 40%.
- Among third grade students who are not economically disadvantaged, 72% met or

exceeded the state achievement standards in math, higher than among those students who are economically disadvantaged at 31%.

- Just over one in three (34%) third grade students were above the standard in concepts and procedures. Fewer students (just over one in four) met the standards in problem solving and modeling/data analysis (27%) and communicating reasoning (28%).
- Within each race/ethnic group, Asian students had the highest percent of students who exceeded standards in math at 47%, followed by Multiracial (34%), Filipino (34%), White (29%), Pacific Islander (15%), American Indian (14%), Black (8%) and Hispanic (8%) students.
- The school districts with the highest percents of third grade students exceeding or meeting standards for overall achievement in math were Los Alamitos Unified (82%), followed by Irvine Unified (77%) and Laguna Beach Unified (76%).
- The school districts with the lowest percents of third grade students exceeding or meeting standards for overall achievement in math were Anaheim City (23%), followed by La Habra City Elementary (26%) and Santa Ana Unified (27%).

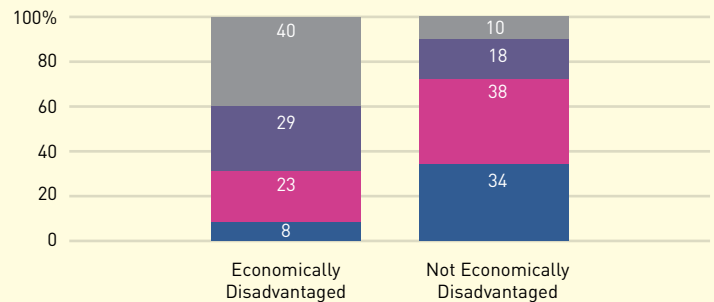
EDUCATION

Overall Achievement Among Third Grade Students in Mathematics, by Socioeconomic Status, 2014/15

● Standard Not Met
 ● Standard Met
 ● Standard Nearly Met
 ● Standard Exceeded

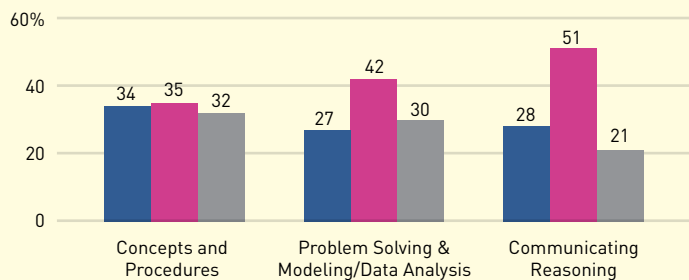
Note: A student is defined as "economically disadvantaged" if the most educated parent of the student, as indicated in CALPADS, has not received a high school diploma or the student is eligible to participate in the free or reduced-price lunch program also known as the National School Lunch Program.

Source: CAASPP, 2015



Achievement in Mathematics Focus Areas Among Third Grade Students, 2014/15

● Above Standard
 ● At or Near Standard
 ● Below Standard

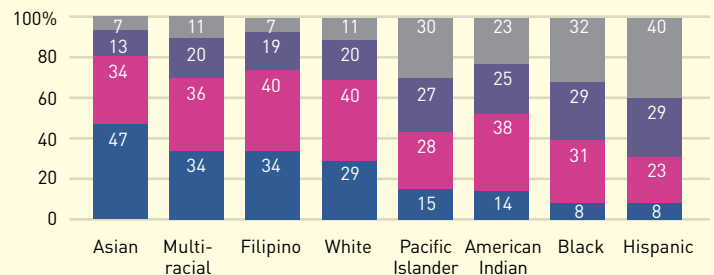


Note: Math results include information about the students' performance in the areas of concepts and procedures, problem solving & modeling/data analysis and communicating reasoning. The student's performance in these key areas for each subject are reported using the following three indicators: below standard, at or near standard and above standard.

Source: CAASPP, 2015

Overall Achievement in Mathematics Among Third Grade Students, by Race/Ethnicity, 2014/15

● Standard Not Met
 ● Standard Met
 ● Standard Nearly Met
 ● Standard Exceeded



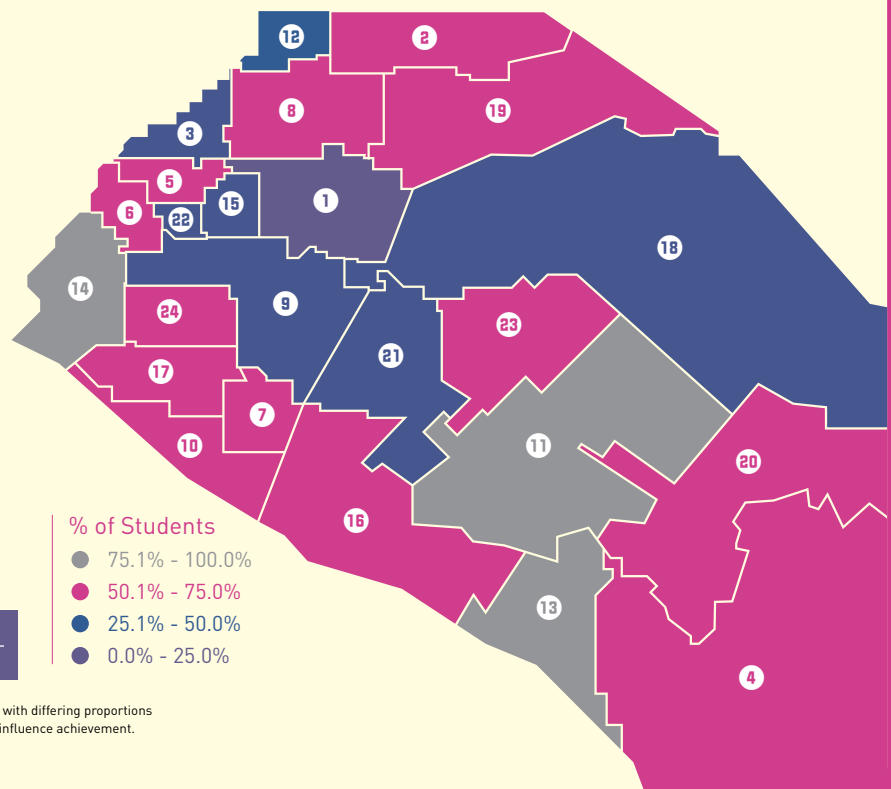
Note: Third grade student enrollment by race/ethnicity is 51.6% Hispanic, 24.8% White, 15.6% Asian, 3.8% Multiracial, 1.9% Filipino, 1.3% Black, 0.3% Pacific Islander and 0.2% American Indian.

Source: CAASPP, 2015

Percent of Third Grade Students Who Exceeded or Met Standards for Mathematics Overall Achievement, by School District, 2014/15

1 ANAHEIM CITY 23%	14 LOS ALAMITOS UNIFIED 82%
2 BREA-OLINDA UNIFIED 62%	15 MAGNOLIA ELEMENTARY 46%
3 BUENA PARK ELEMENTARY 40%	16 NEWPORT-MESA UNIFIED 53%
4 CAPISTRANO UNIFIED 60%	17 OCEAN VIEW 57%
5 CENTRALIA ELEMENTARY 58%	18 ORANGE UNIFIED 45%
6 CYPRESS ELEMENTARY 64%	19 PLACENTIA-YORBA LINDA UNIFIED 65%
7 FOUNTAIN VALLEY ELEMENTARY 71%	20 SADDLEBACK VALLEY UNIFIED 54%
8 FULLERTON ELEMENTARY 53%	21 SANTA ANA UNIFIED 27%
9 GARDEN GROVE UNIFIED 44%	22 SAVANNA ELEMENTARY 35%
10 HUNTINGTON BEACH CITY ELEMENTARY 74%	23 TUSTIN UNIFIED 54%
11 IRVINE UNIFIED 77%	24 WESTMINSTER 53%
12 LA HABRA CITY ELEMENTARY 26%	
13 LAGUNA BEACH UNIFIED 76%	

ORANGE COUNTY: 51%
 CALIFORNIA: 40%



Note: District comparisons should be interpreted with caution as districts vary greatly in composition, with differing proportions of students who are English learners, special needs, low income, or homeless - all factors which can influence achievement.

Source: CAASPP, 2014/15



HIGH SCHOOL DROPOUT RATES

DROPOUT RATES DECREASE FOR FIVE CONSECUTIVE YEARS
ACROSS ALL RACES AND ETHNICITIES.

DESCRIPTION OF INDICATOR

This indicator measures high school dropout rates for Orange County school districts, including detail by race/ethnicity and by program. Beginning in 2008, a student is considered a dropout if he or she was enrolled in grades 9 to 12 during the previous year and left before completing the current school year, or did not attend the expected school or any other school by October of the following year. Students who received a diploma, General Education Diploma (GED), or California High School Proficiency Exam certificate; transferred to a degree-granting college; died; had a school-recognized absence; or were known to have left the state are not counted as dropouts.¹

Why is this Important?

Education provides benefits to both individuals and society. Compared to high school graduates, dropouts earn lower wages, pay fewer taxes, are more likely to commit crimes, are more likely to be on welfare and are far less healthy.²

Findings

- The Orange County cohort dropout rate for 2014/15 was 5.7%, lower than the California dropout rate of 10.7% in 2014/15 and the United States dropout rate for public schools of 6.8% in 2013.³
- In 2014/15, there were 40,872 cohort students of which 36,770 graduated and 2,311 students dropped out. The remaining 1,791 students did not graduate because they were considered Special Ed Completers (339 students), still enrolled at the time of the cohort's graduation (1,432 students), or completed the GED (20 students).
- While rates across all races/ethnicities are declining, dropout rates for the 2014/15 school year continued to be highest among Black students (10.4%), followed by Hispanic (8.1%), American Indian (4.8%), Multiracial (4.7%), White (3.7%) and Asian (2.6%) students.
- By program, in 2014/15, dropout rates were highest among students enrolled in Migrant Education (14.6%), followed by English Learners (11.8%), Special Education (9.9%) and Socioeconomically Disadvantaged (8.5%) programs.
- Rates across all programs are declining. The change in dropout rates since 2009/10 was greatest among the English Learner program (61.7%), followed by the Socioeconomically Disadvantaged (38.4%), Special Education (23.8%) and Migrant Education (3.3%) programs.⁴

¹ California Department of Education, DataQuest, 2014/15 data. A cohort is defined as the group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12).

² Belfield, C. and Levin, H. (2007). The Economic Losses from High School Dropouts in California. ³ National Center of Education Statistics, 2013. ⁴ Socioeconomically Disadvantaged is a student whose parents have not received a high school diploma or is eligible for the free or reduced-price lunch program. English Learner is a student identified as English learner based on the results of the California English Language Development Test or is a reclassified fluent-English-proficient student (RFEF) who has not scored at the proficient level on the California English-Language Arts and Mathematics Standards Tests. Student with Disabilities is a student who receives special education services and has a valid disability code or was previously identified as special education but who is no longer receiving special education services for two years after exiting special education. Migrant is a student who changes schools during the year, often crossing school district and state lines, to follow work in agriculture, fishing, dairies, or the logging industry".

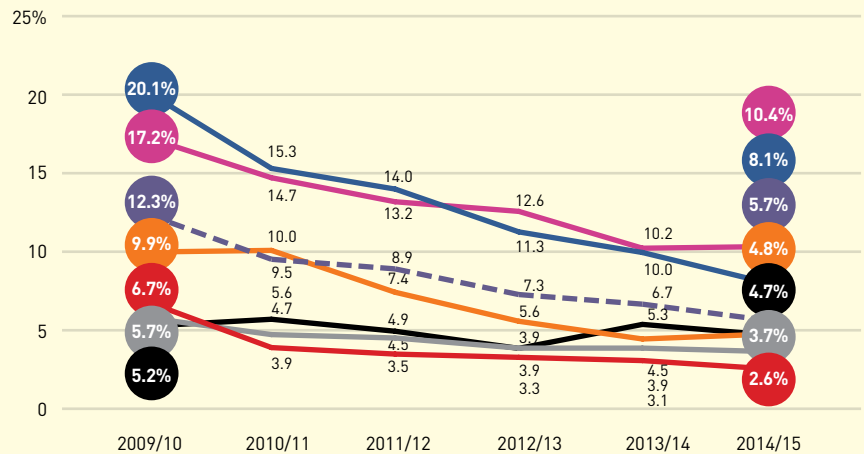
EDUCATION

Percent of Grade 9-12 Cohort Dropouts, by Race/Ethnicity

2009/10 to 2014/15

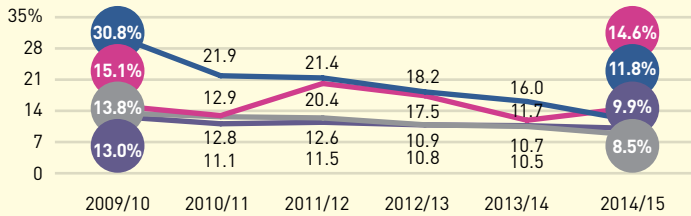
- Hispanic
- Black
- Overall Orange County
- American Indian
- Asian
- White
- Multiracial

Source: California Department of Education, DataQuest, 2015



Percent of Grade 9-12 Cohort Dropouts, by Program, 2009/10 to 2014/15

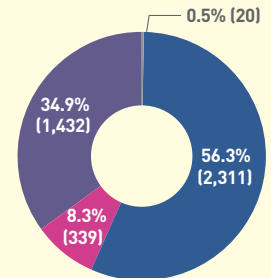
- English Learners
- Migrant Education
- Socioeconomically Disadvantaged
- Special Education



Source: California Department of Education, DataQuest, 2015

Percent and Number of Students Who Did Not Graduate with Cohort, by Reason, 2014/15

- Cohort Student Dropouts
- Special Ed Completers
- Still Enrolled at Time of Cohort Graduation
- Completed the GED



Source: California Department of Education, DataQuest, 2015

Percent of Grade 9-12 Cohort Dropouts, by School District, 2014/15

- ANAHEIM UNION HIGH: 7.3%
- BREA-OLINDA UNIFIED: 1.9%
- CAPISTRANO UNIFIED: 1.4%
- FULLERTON JOINT UNION HIGH: 3%
- GARDEN GROVE UNIFIED: 6.2%
- HUNTINGTON BEACH UNION HIGH: 2.5%
- IRVINE UNIFIED: 2.8%
- LAGUNA BEACH UNIFIED: 3.5%
- LOS ALAMITOS UNIFIED: 0.7%
- NEWPORT-MESA UNIFIED: 4.3%
- ORANGE UNIFIED: 4.8%
- PLACENTIA-YORBA LINDA UNIFIED: 2.8%
- SADDLEBACK VALLEY UNIFIED: 2.5%
- SANTA ANA UNIFIED: 6.2%
- TUSTIN UNIFIED: 1.1%

ORANGE COUNTY: 5.7%
CALIFORNIA: 10.7%

- % Dropouts
- 0.0% - 2.0%
 - 2.1% - 4.0%
 - 4.1% - 6.0%
 - 6.1% - 8.0%

Source: California Department of Education, DataQuest, 2015



COLLEGE READINESS

COLLEGE READINESS CONTINUES TO CLIMB,
BUT AT SIGNIFICANTLY DIFFERENT RATES AMONG
RACE/ETHNICITIES AND NOT FOR ALL PROGRAMS.

DESCRIPTION OF INDICATOR

This indicator tracks the number and percent of students who graduate from high school having completed the course requirements to be eligible to apply to a University of California (UC) or California State University (CSU). The UC/CSU eligibility requirements are presented below.

Why is this Important?

The UC/CSU minimum course requirements are centered on a well-rounded curriculum that fosters content mastery and ensures that students are ready to take college courses without remediation. The comprehensiveness of the courses includes an applied learning component which gives the opportunity to prove comprehension and practice critical thinking skills. The more students master the content in conjunction with these skills, the more likely they are to pursue and succeed in college, as well as in the workforce.¹

Findings

- In 2014/15, Orange County had 37,965 high school graduates, of which 50.4% were UC/CSU eligible, higher than California's eligibility rate of 43.4%.²
- UC/CSU eligibility in Orange County increased 30.2% in 10 years, from 38.7% of graduates in 2005/06 to 50.4% in 2014/15.

- At 77.3%, Asian students had the greatest proportion of graduates who were UC/CSU eligible, followed by White (57.9%), American Indian (53.1%), Black (36.1%) and Hispanic (34.1%) graduates.
- Hispanic graduates comprise the largest group of total graduates (43.4%), while accounting for only 29.3% of those UC/CSU eligible, lower than Asian (16.2% of total graduates accounting for 24.8% of UC/CSU eligible) and White (32.8% of total graduates accounting for 37.7% of UC/CSU eligible) graduates.
- Since 2006/07, the UC/CSU eligibility rates for graduates have increased the most among students in the Migrant Education program (133% increase), followed by students in the Socioeconomically Disadvantaged program (76.9%). The eligibility rate for graduates of the English Learner program has declined 72.6% since 2006/07.³

UC/CSU Requirements

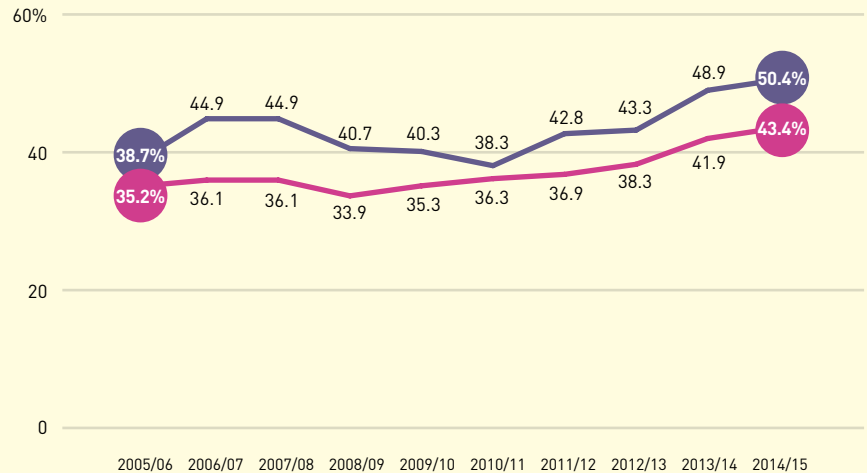
- 4 years of English
- 3 years of Math, including Algebra, Geometry and Intermediate Algebra
- 2 years of History/Social Studies, including one year of U.S. History or one-half year of U.S. History and one-half year of Civics or American Government; and one year of World History, Cultures and Geography
- 2 years of Science with lab required chosen from Biology, Chemistry and Physics
- 2 years of Foreign Language and must be the same language for those two years
- 1 year of Visual and Performing Arts chosen from Dance, Drama/Theater, Music or Visual Art
- 1 year of Electives

EDUCATION

Percent of Graduates in Orange County and California Meeting UC/CSU Entrance Requirements, 2005/06 to 2014/15

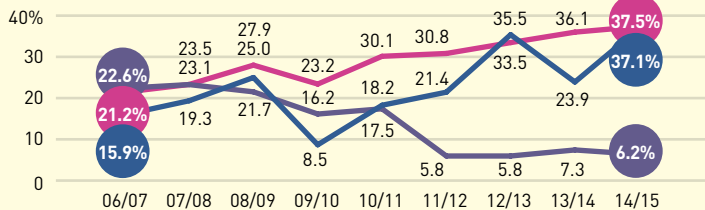
- Orange County
- California

Source: California Department of Education, DataQuest, 2015



Percent of Graduates, Meeting UC/CSU Entrance Requirements, by Program, 2006/07 to 2014/15

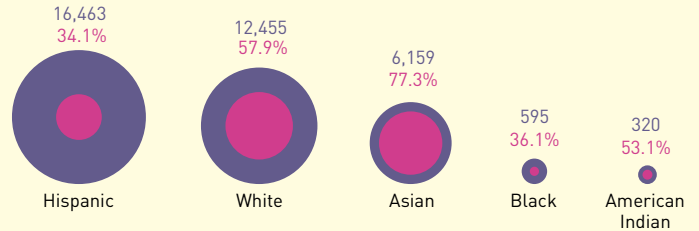
- Migrant Education
- Socioeconomically Disadvantaged
- English Learners



Source: California Department of Education, DataQuest, 2015

Number of Graduates and Percent Graduates Meeting UC/CSU Entrance Requirements, 2014/15

- Total Graduates
- Percent of UC/CSU Eligible Graduates within each Race/Ethnicity



Source: California Department of Education, DataQuest, 2015

Percent of Graduates Meeting UC/CSU Entrance Requirements, by School District, 2014/15

- | | |
|--|---|
| 1 ANAHEIM UNION HIGH
37.5% | 10 NEWPORT-MESA UNIFIED
57.1% |
| 2 BREA-OLINDA UNIFIED
54.4% | 11 ORANGE UNIFIED
33.4% |
| 3 CAPISTRANO UNIFIED
54.4% | 12 PLACENTIA-YORBA LINDA UNIFIED
52.4% |
| 4 FULLERTON JOINT UNION HIGH
51.4% | 13 SADDLEBACK VALLEY UNIFIED
50.9% |
| 5 GARDEN GROVE UNIFIED
53.8% | 14 SANTA ANA UNIFIED
47.1% |
| 6 HUNTINGTON BEACH UNION HIGH
61.9% | 15 TUSTIN UNIFIED
58.0% |
| 7 IRVINE UNIFIED
69.4% | |
| 8 LAGUNA BEACH UNIFIED
72.4% | |
| 9 LOS ALAMITOS UNIFIED
68.8% | |

ORANGE COUNTY: 50.4%
CALIFORNIA: 43.4%

% Meeting Requirements

- 30.0% - 45.0%
- 45.1% - 55.0%
- 55.1% - 65.0%
- 65.1% - 75.0%

Source: California Department of Education, DataQuest, 2015

SAFE HOMES AND COMMUNITIES INDICATORS

PREVENTABLE CHILD AND YOUTH DEATHS

UNINTENTIONAL INJURY DEATH RATE
PER 100,000 YOUTH ONE TO 19 YEARS OLD



6.1
2005

5.5
2014

JUVENILE ARRESTS

JUVENILE ARREST RATE PER 100,000
YOUTH 10 TO 17 YEARS OLD



3,521
2005

1,994
2014

SUBSTANTIATED CHILD ABUSE

SUBSTANTIATED CHILD ABUSE
ALLEGATIONS RATE PER 1,000
CHILDREN 0 TO 17 YEARS OLD



12.1
2006

7.6
2015

JUVENILE SUSTAINED PETITIONS

SUSTAINED PETITIONS PER 100,000
YOUTH 10 TO 17 YEARS OLD



1,048
2003

680
2014

CHILD WELFARE

PERCENT OF CHILDREN PLACED IN
PERMANENT HOMES WITHIN 12 MONTHS
OF ENTERING FOSTER CARE



36.6%
2004/05

30.0%
2013/14

GANG MEMBERSHIP

JUVENILE GANG MEMBERS
PER 100,000 YOUTH



324
2006

121
2015



UPWARD TREND
IMPROVEMENT



UPWARD TREND
NEEDS IMPROVEMENT



DOWNWARD TREND
IMPROVEMENT



DOWNWARD TREND
NEEDS IMPROVEMENT



DIFFICULT TO ASSESS DUE TO THE NATURE
OF THE DATA OR BASELINE DATA





PREVENTABLE CHILD AND YOUTH DEATHS

DESPITE A RECENT INCREASE, OVERALL DEATHS DUE TO INJURY DECLINES 16.0% SINCE 2005.

DESCRIPTION OF INDICATOR

This indicator reports the number of deaths from unintentional and intentional injuries, including suicide and homicide. Leading causes of death by age group are identified.

Why is this Important?

The death of every child is a tragedy for family and friends and a loss to the community. Along with the direct impact of a child's death, the child death rate in a community is an important indicator for public health advocates and policymakers. A high rate can point to underlying problems, such as violent neighborhoods or inadequate child supervision.¹ Unintentional childhood death due to injury is strongly inversely related to median income and thus, a solid indicator of poverty.² It can also point to inequities, for example, in access to health care or safe places to play.² Because children are much more likely to die during the first year of life (infancy) than they are at older ages, trends in infant mortality are discussed separately (pages 16-17).

Findings

- Orange County's overall injury death rate for children decreased 31% from a peak rate of 12.9 (per 100,000 children one to 19 years) in 2006 to 8.9 in 2014 (121 deaths), lower than California with a rate of 10.6 in 2014.
- The unintentional injury death rate (e.g., accidental poisoning, motor vehicle accident or drowning) decreased 27% from a peak rate of 7.5 (per 100,000 children one to 19 years) in 2006 to 5.5 in 2014.
- Unintentional injuries accounted for the highest average number (41 per year) and rate (5.3 per 100,000) of all injury deaths to children one to 19 years between 2012 and 2014, followed by cancer (16.7 deaths per year), suicide (11.0 per year), homicide (9.0 per year) and congenital anomalies (8.7 per year).
- Younger children and teens (ages one to 14) tended to have higher average number of deaths compared to older teens (ages 15 to 19) from unintentional injuries such as accidental poisoning, drowning and motor vehicle occupant deaths at 7.3 per year.
- Older teens (ages 15 to 19) tended to have higher average number of deaths per year compared to younger children and teens due to suicide (9.6 per year) and homicide (7.7 per year) in addition to unintentional injury deaths (23.3 per year) primarily due to accidental poisoning and motor vehicle incidents.

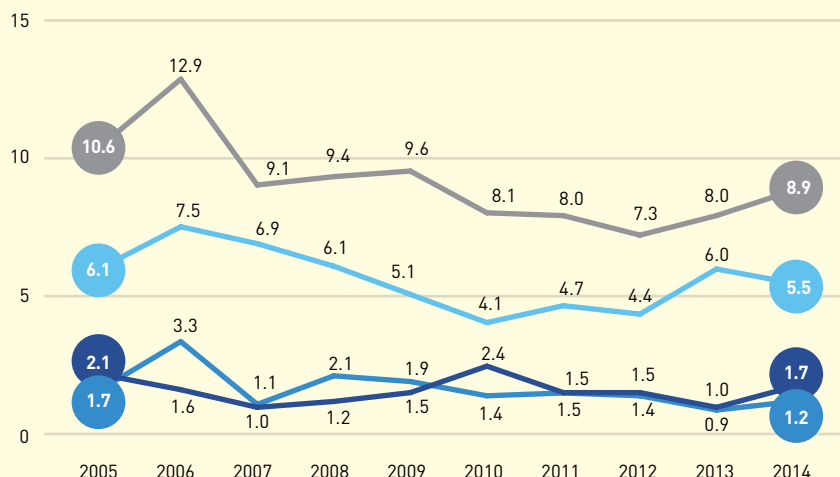
SAFE HOMES & COMMUNITIES

Injury, Unintentional Injury, Suicide and Homicide, Rate Per 100,000 Children, One to 19 Years Old

2005 to 2014

- All Injury Deaths
- Unintentional Injury
- Suicide
- Homicide

Source: Orange County Health Care Agency

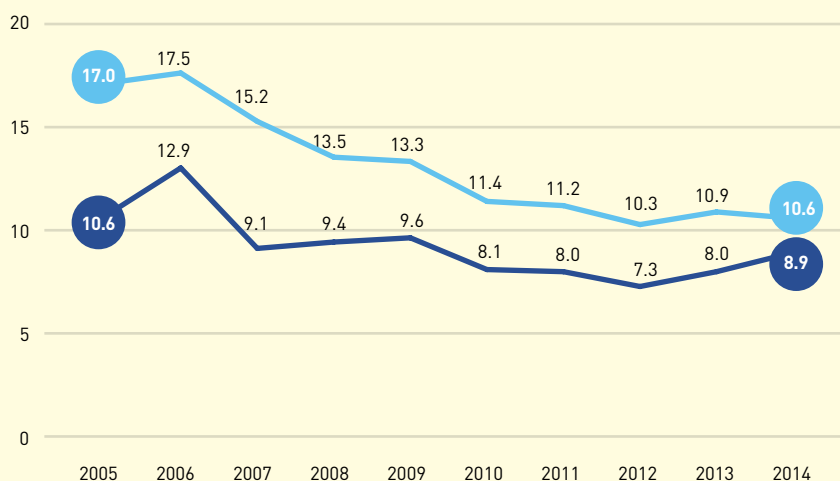


Injury Death Rate per 100,000, Youth One to 19 Years Old, Orange County and California

2005 to 2014

- California
- Orange County

Source: Orange County Health Care Agency



Leading Causes of Death for Children One to 19 Years Old, by Age Group and Number of Deaths, 2012-2014

	1-4 Years	5-9 Years	10-14 Years	15-19 Years	1-19 Years
FIRST LEADING CAUSE	Unintentional Injuries (22)	Unintentional Injuries (11)	Unintentional Injuries (20)	Unintentional Injuries (70)	Unintentional Injuries (123)
SECOND LEADING CAUSE	Congenital Anomalies (12)	Cancer (10)	Cancer (16)	Suicide (29)	Cancer (50)
THIRD LEADING CAUSE	Cancer (7)	Congenital Anomalies (4)	Congenital Anomalies (5)	Homicide (23)	Suicide (33)

Note: Three-year total number of deaths.
Source: Orange County Health Care Agency



SUBSTANTIATED CHILD ABUSE

SUBSTANTIATED CHILD ABUSE ALLEGATIONS DROP 42.5%
BETWEEN 2006 AND 2015.

DESCRIPTION OF INDICATOR

This indicator reports the unduplicated count of children with substantiated child abuse allegations. Allegations refer to the nature of abuse or neglect that a child is experiencing (e.g. sexual or physical). A substantiated child abuse allegation is determined by the investigator based upon evidence that makes it more likely than not that child abuse or neglect occurred as defined in Penal Code (PC) 1165.6. A substantiated allegation does not include a report where the investigator later found the report to be false, inherently improbable, to involve accidental injury or to not constitute child abuse or neglect as defined in PC 1165.6.

Why is this Important?

Studies indicate that victims of child abuse are more likely to use drugs and alcohol, become homeless as adults, engage in violence against others and be incarcerated. The identification of a family in which a substantiated incident of abuse or neglect has occurred is important because it provides an opportunity for intervention to assure child safety. Once a child abuse referral is substantiated by the investigating social worker, safety threats for the child(ren) are identified and a social worker works with the family to develop a safety plan.

Findings

- In 2015, 31,958 children were the subject of one or more child abuse allegations in Orange County. Of these, 16.8% (5,368) of children had substantiated allegations of child abuse, higher than California, at 14.8%.¹
- In 2015, substantiated allegations occurred at a rate of 7.6 per 1,000 children, a 37.2% decrease from 12.1 in 2006 and lower than California (8.2), with a 27.4% decrease from 11.3 in 2006. In 2014, there were approximately 702,000 maltreated children with substantiated allegations in the United States, a rate of 9.4 per thousand population, higher than Orange County and California.²
- Children less than one year of age comprised 12.1% of substantiated child abuse allegations; children one to five, 31.1%; six to 10, 28.9%; 11 to 15, 20.7%; and 16 to 17, 7.2%.
- In 2015, general neglect made up the largest type of substantiated child abuse allegations at 70.9%, followed by at-risk/sibling abuse (11.3%) and sexual abuse (6.4%) substantiated allegations. Physical abuse (4.8%), severe neglect (4.5%), caretaker absence (1.9%), emotional abuse (0.2%) and exploitation (0.1%) made up the remaining types.

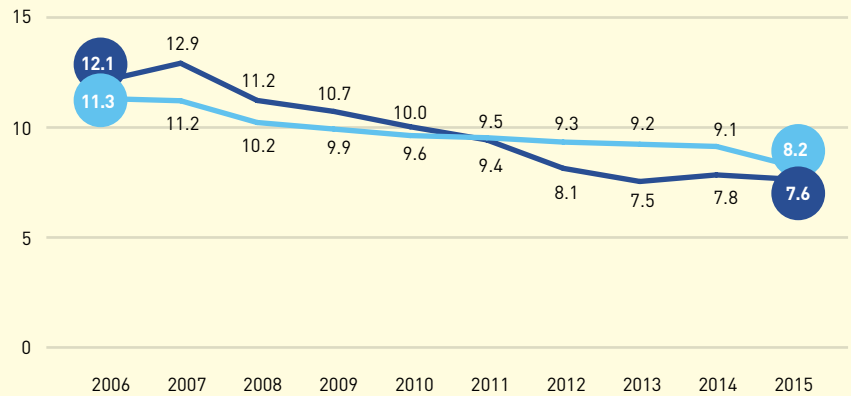
SAFE HOMES & COMMUNITIES

Substantiated Child Abuse Allegations, Rate per 1,000 Children Under 18 Years Old

2006 to 2015

- Orange County
- California

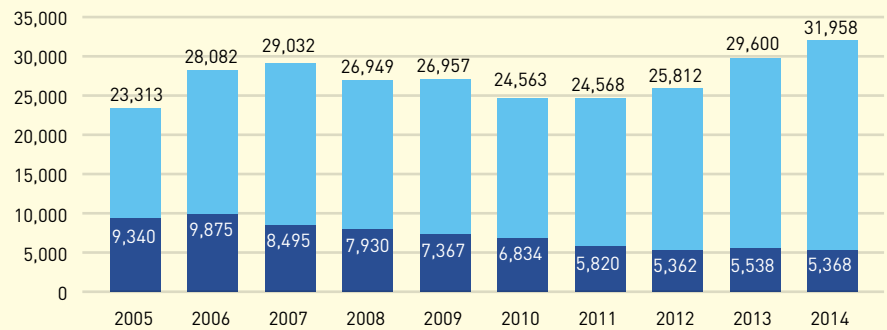
Note: Rates are based on unduplicated count of children.
Source: Orange County Social Service's Agency



Total Number of Children with Child Abuse Allegations and Substantiated Allegations, 2005 to 2014

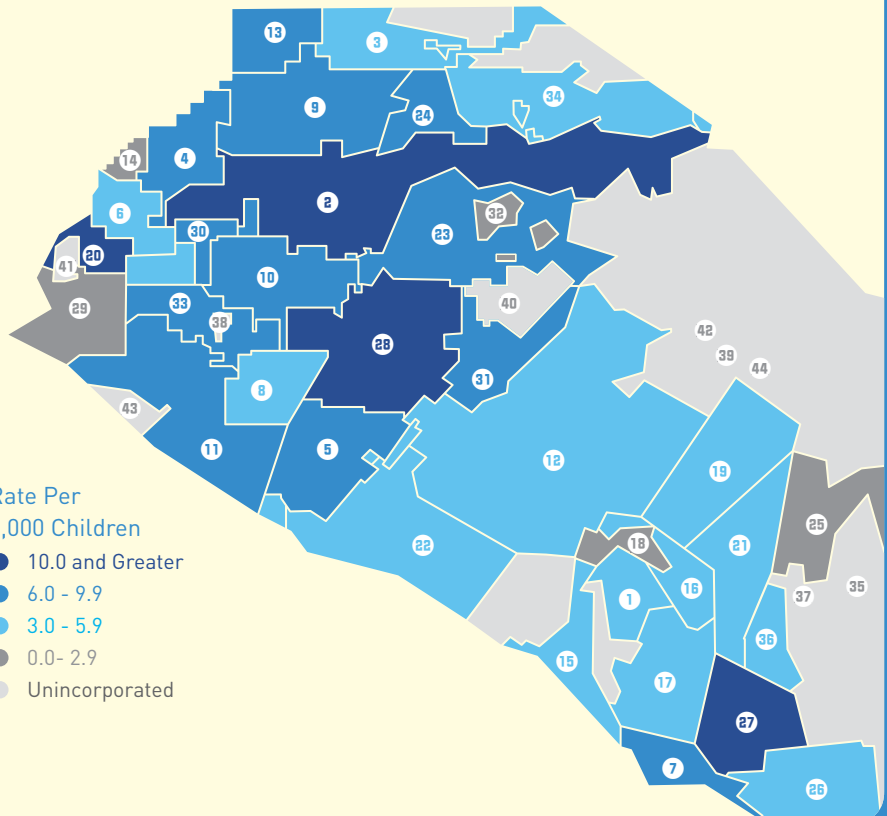
- Child Abuse Allegations
- Substantiated Allegations

Note: Rates are based on unduplicated count of children.
Source: CWS/CMS 2015 Quarter 4 Extract, Orange County Social Services Agency



Substantiated Child Abuse Allegations, Rate per 1,000 Children, by Community, 2015

1	ALISO VIEJO 3.7	16	LAGUNA HILLS 5.7	30	STANTON 6.6
2	ANAHEIM 12.7	17	LAGUNA NIGUEL 5.0	31	TUSTIN 9.3
3	BREA 5.7	18	LAGUNA WOODS* N/A	32	VILLA PARK 0.9
4	BUENA PARK 7.9	19	LAKE FOREST 4.5	33	WESTMINSTER 6.8
5	COSTA MESA 7.5	20	LOS ALAMITOS 12.6	34	YORBA LINDA 3.5
6	CYPRESS 2.7	21	MISSION VIEJO 3.0	UNINCORPORATED SUBTOTAL: 2.3	
7	DANA POINT 7.6	22	NEWPORT BEACH 3.9	35	COTO DE CAZA
8	FOUNTAIN VALLEY 3.2	23	ORANGE 9.5	36	LADERA RANCH
9	FULLERTON 8.4	24	PLACENTIA 7.5	37	LAS FLORES
10	GARDEN GROVE 8.6	25	RANCHO SANTA MARGARITA 2.5	38	MIDWAY CITY
11	HUNTINGTON BEACH 6.6	26	SAN CLEMENTE 4.9	39	MODJESKA CANYON
12	IRVINE 5.0	27	SAN JUAN CAPISTRANO 11.3	40	NORTH TUSTIN
13	LA HABRA 6.6	28	SANTA ANA 10.7	41	ROSSMOOR
14	LA PALMA 1.7	29	SEAL BEACH 2.5	42	SILVERADO CANYON
15	LAGUNA BEACH 3.2			43	SUNSET BEACH
				44	TRABUCO CANYON
				ORANGE COUNTY: 7.6	
				CALIFORNIA: 8.2	



* The rate is not reported due to the small number of children living in Laguna Woods.
Source: County of Orange, Social Services Agency, 2015



CHILD WELFARE

THREE IN 10 CHILDREN ARE PLACED IN PERMANENT HOMES WITHIN 12 MONTHS OF ENTERING CARE.

DESCRIPTION OF INDICATOR

This indicator reports on three measures of permanency following the placement of a child into foster care. “Permanency within 12 months” reports the percent of children placed in homes through reunification with the family, adoption or guardianship within 12 months of removal. “Reentry Following Reunification” tracks those children who reentered foster care within 12 months of reunification with the family or guardianship. “Exits to Permanency” is a measure of children who were in foster care for 24 months or longer, who were then transitioned to a permanent home, including reunified with the family, placed with a legal guardian or adopted.¹

Why is this Important?

The placement of children in out-of-home care is an indicator of when a child cannot remain safely with his or her family.² Child abuse and neglect is a problem that crosses socioeconomic and race-ethnic boundaries with profound effect on the well-being of the children. The number of children growing to maturity in out-of-home care has gained considerable national, state and local attention. Too often these children experience many placements, which can lead to the inability to reunify with their families or attach to a new permanent family. Permanent placement of children helps prevent placement instability, which can be related to attachment disorders, poor educational outcomes, mental health and behavioral problems and negative adult outcomes.

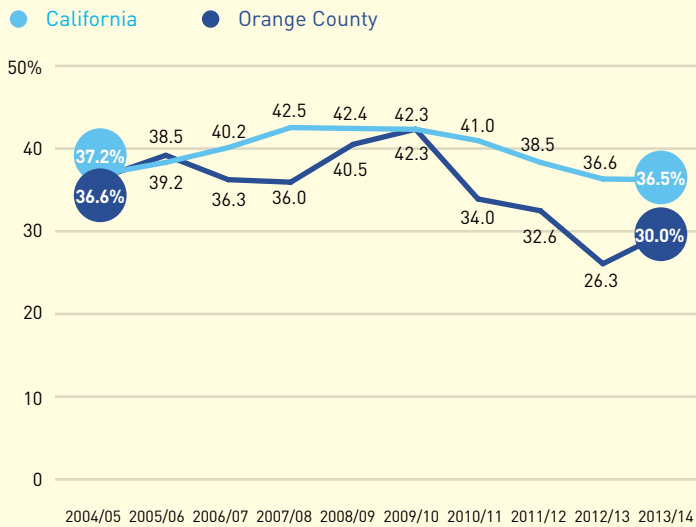
Findings

- In 2013/14, 30.0% of Orange County children were placed in permanent homes within 12 months of entering foster care, lower than California at 36.5%. The national goal is greater than or equal to 40.5%.
- Of the children who were placed in permanent homes within 12 months of entering foster care in 2013/14, reunification was the most common type of permanency (26.7%), followed by guardianship (2.1%) and adoption (1.2%).
- In 2012/2013, the percent of children reentering foster care within 12 months of reunification, adoption or guardianship was 9.0%, a 20.0% increase since 2003/04. California is higher at 11.4%. The national goal is less than or equal to 9.3%.³
- In 2014/15, 33.8% of children were in foster care for two years or more before placement in a permanent home, 68.2% higher than 2005/06 [20.1%]. California is lower at 28.3%.
- Of all children in care on the first day of the 12-month period who had been in care for 24 months or more, 33.8% were placed in permanent homes within 12 months. The national goal is greater than or equal to 30.3%.

¹ Exits to permanency measures children who were in foster care for 24 months or longer on the first day of the year, who were then transitioned to a permanency within 12 months. ² University of California, Berkeley, Center for Social Services Research, 2013. ³ Federal evaluation of statewide child welfare systems, Child and Family Services Review (CFSR), recently released the third round of Federal Outcomes measures (CFSR3). The new focus is on timeliness to any type of permanency achieved—a combination of reunification, adoption and guardianship. Methodology has changed from exit cohort (in which all who reunified within study period are observed), to an entry cohort (of those who were removed within the same study period and reunified within 12 months are observed).

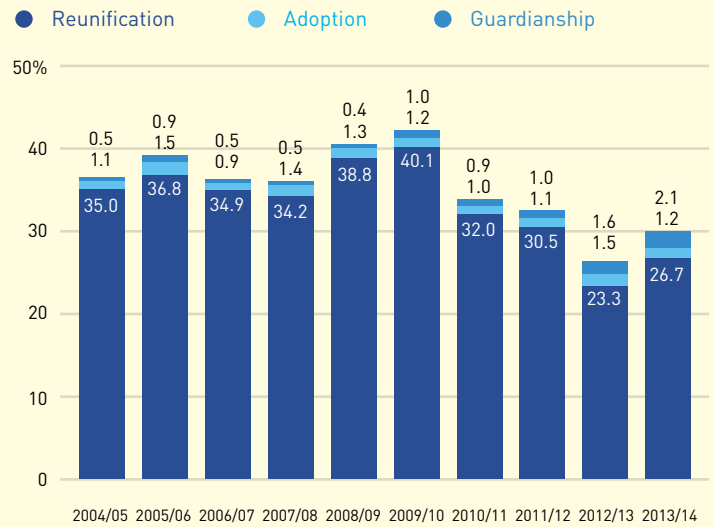
SAFE HOMES & COMMUNITIES

Percent of Children Entering Foster Care and Placed in a Permanent Home within 12 months, Orange County and California, 2004/05 to 2013/14



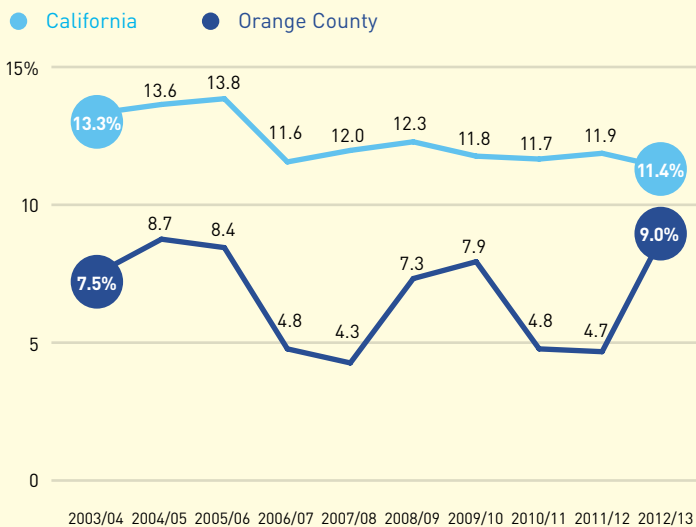
Note: Permanency is defined as achieved when the child is reunified with the family, placed with a legal guardian, or adopted.
Source: CWS/CMS 2015 Quarter 4 Extract, UC Berkeley Center for Social Services Research

Percent of Children Entering Foster Care and Placed in a Permanent Home within 12 months, by Type of Permanency, 2004/05 to 2013/14



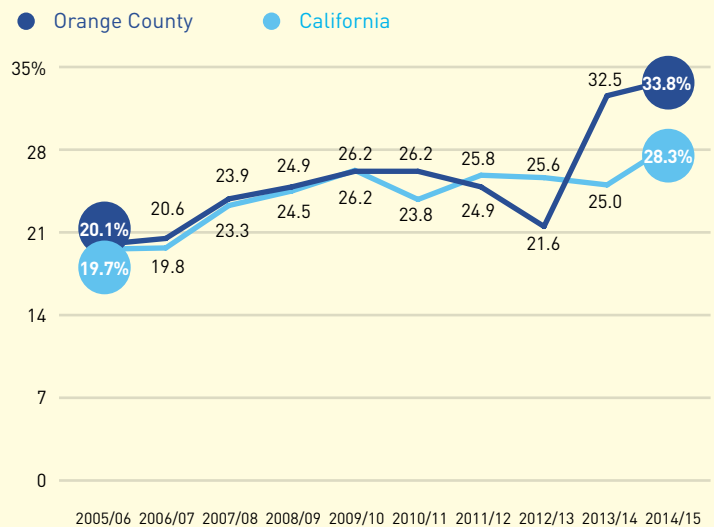
Note: Permanency is defined as achieved when the child is reunified with the family, placed with a legal guardian, or adopted.
Source: CWS/CMS 2015 Quarter 4 Extract, UC Berkeley Center for Social Services Research

Percent of Children Reentering Foster Care within 12 months of Reunification or Guardianship, Orange County and California, 2003/04 to 2012/13



Note: Due to methodological differences, the reporting period for no reentry following reunification will always be one year behind what is reported for the other measures.
Source: CWS/CMS 2015 Quarter 4 Extract, UC Berkeley, Center for Social Services Research

Percent of Children in Foster Care, 24+ Months, Placed in a Permanent Home, Orange County and California, 2005/06 to 2014/15



Note: Permanency is defined as achieved when the child is reunified with the family, placed with a legal guardian, or adopted.
Source: CWS/CMS 2015 Quarter 4 Extract, UC Berkeley, Center for Social Services Research



JUVENILE ARRESTS

JUVENILE ARRESTS DROP 49.3% SINCE 2005.

DESCRIPTION OF INDICATOR

This indicator tracks youth 10-17 years old who have been taken into custody in a manner authorized by law. An arrest may be made by a peace officer or by a private person. It may be a felony, misdemeanor, status or infraction. Felonies generally include violent crimes (such as murder, assault and rape), some property and drug-related offenses, plus other more serious offenses. Misdemeanor offenses include crimes such as assault and battery, petty theft, other drug and alcohol-related offenses and many less serious offenses. Status offenses are acts that are considered offenses only when committed by a juvenile, such as truancy or curfew violations. Infractions include non "criminal" charges such as seatbelt violations, speeding tickets, littering citations and running a red light.

Why is this Important?

An arrest is usually the first formal encounter a youth has with the juvenile justice system. It is particularly important that at this onset of criminal activity, a pattern of juvenile delinquency does not continue into adulthood. More importantly, the flow of youthful offenders into the justice system should be prevented. By getting involved in children's lives early, later crime can be effectively reduced.¹ Prevention programs positively impact the general public because they stop crime from happening in the first place.² Various cost-benefit analyses show that early prevention programs are a worthwhile investment of government resources compared with prison and other criminal justice responses.³

Findings

- In 2014, there were 6,580 juvenile arrests in Orange County and 86,636 in California.
- Since 2005 there was a 49.3% decrease in the total number of juvenile arrests in Orange County from 12,985 to 6,580 arrests in 2014.
- In 2014, Orange County's juvenile arrest rate was 1,994 per 100,000 youth 10 to 17 years old, a decrease of 43.4% from 2005, compared to California at 2,134, a decrease of 56.0% since 2005.
- In Orange County, misdemeanors accounted for 53.7% (3,534), felonies for 25.2% (1,659) and status offenses for 21.1% (1,387) of arrests among youth ages 17 years and under in 2014.
- In 2014, 6.9% (91) of fatal and injury collisions due to driving under the influence of alcohol involved youth under the age of 21 years; 69.2% of those youth were male.
- Among 18 to 20 year olds, DUI convictions have decreased by 18.3% since 2006 with a peak of 1,226 convictions in 2010. Among youth under 18 years, there was a 41.8% decrease since 2006, with a peak of 87 convictions in 2012.

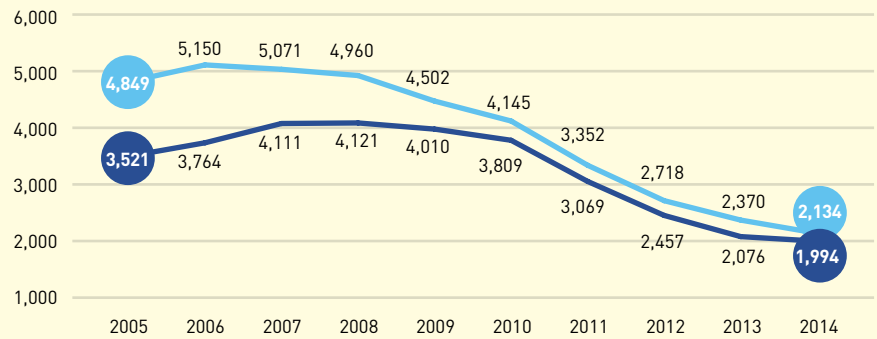
SAFE HOMES & COMMUNITIES

Juvenile Arrest Rate per 100,000 Youth 10 to 17 Years Old

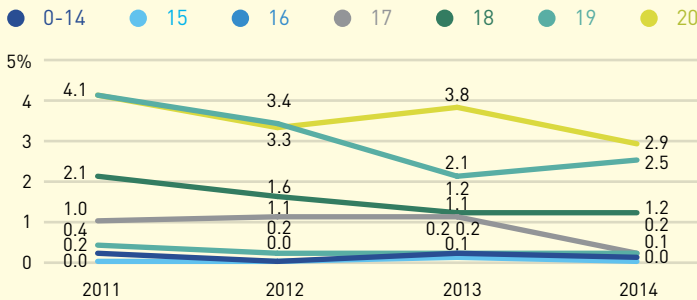
Orange County and California, 2005 to 2014

- California
- Orange County

Note: 2005 to 2012 figures were based on population projections as of 2007 while 2013 and 2014 figures were based on revised projections as of December 2014.
Sources: Criminal Justice Statistics Center, California Department of Justice
Demographic Research Unit, California State Department of Finance

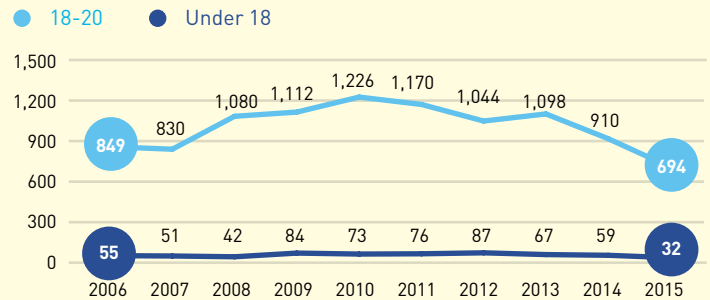


Percent Youth 0-20 Years in Fatal and Injury Collisions by "Had Been Drinking Drivers," by Age 2011 to 2014



Note: Information on crash involvement is maintained and produced by the California Highway Patrol; 2014 crash data is the most recent available.
Source: California Highway Patrol, Information Services Unit Statewide Integrated Traffic Records System, Table 5J

DUI Convictions in Orange County, by Age 2006 to 2015



Note: The number of DUI convictions per year are based on data from two years prior.
Source: Annual Reports of the California DUI Management Information System (2006-2016)

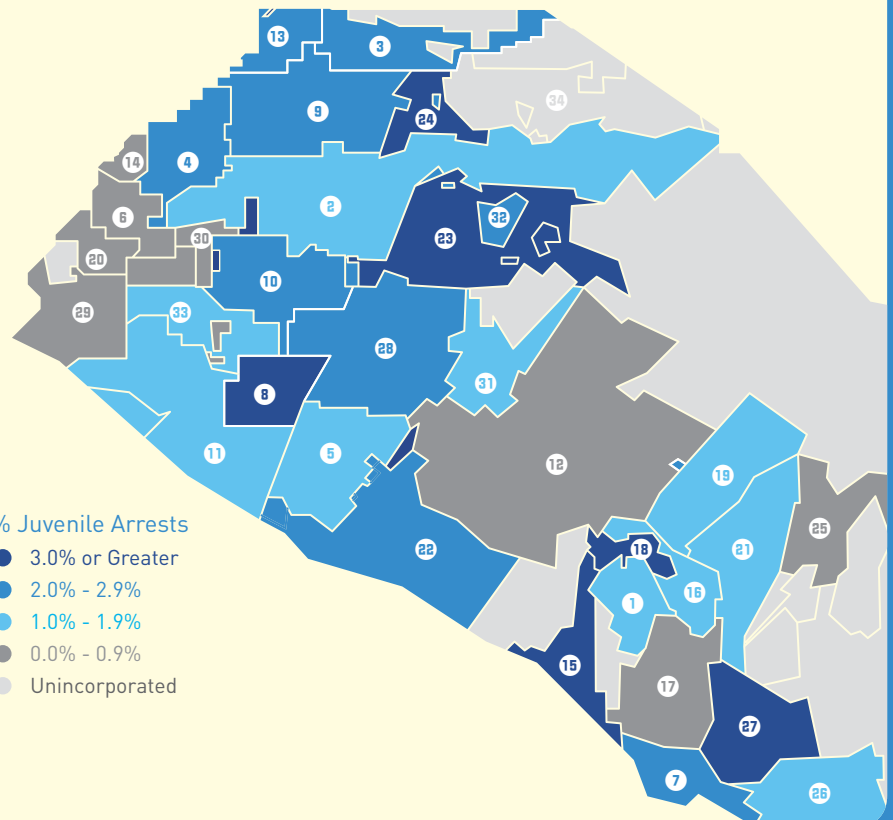
Percent of Juvenile Arrests, by City, Youth 10 to 17 Years Old 2014

1 ALISO VIEJO 1.7%	13 LA HABRA 2.6%	25 SAN CLEMENTE 1.1%
2 ANAHEIM 1.4%	14 LA PALMA 0.5%	27 SAN JUAN CAPISTRANO 3.3%
3 BREA 2.3%	15 LAGUNA BEACH 3.5%	28 SANTA ANA 2.2%
4 BUENA PARK 2.3%	16 LAGUNA HILLS 1.6%	29 SEAL BEACH 0.6%
5 COSTA MESA 1.4%	17 LAGUNA NIGUEL 0.4%	30 STANTON 0.8%
6 CYPRESS 0.3%	18 LAGUNA WOODS 5.0%	31 TUSTIN 1.3%
7 DANA POINT 2.5%	19 LAKE FOREST 1.1%	32 VILLA PARK 2.7%
8 FOUNTAIN VALLEY 3.0%	20 LOS ALAMITOS 0.7%	33 WESTMINSTER 1.3%
9 FULLERTON 2.7%	21 MISSION VIEJO 1.2%	34 YORBA LINDA N/A
10 GARDEN GROVE 2.6%	22 NEWPORT BEACH 2.7%	
11 HUNTINGTON BEACH 1.5%	23 ORANGE 3.5%	
12 IRVINE 0.7%	24 PLACENTIA 3.8%	
	26 RANCHO SANTA MARGARITA 0.6%	

ORANGE COUNTY:
1.7%
CALIFORNIA:
N/A

% Juvenile Arrests

- 3.0% or Greater
- 2.0% - 2.9%
- 1.0% - 1.9%
- 0.0% - 0.9%
- Unincorporated



Sources: Criminal Justice Statistics Center, California Department of Justice
Demographic Research Unit, California State Department of Finance



JUVENILE SUSTAINED PETITIONS

OVERALL JUVENILE SUSTAINED PETITION RATES DECLINE,
BUT RACIAL DISPARITIES GROW.

DESCRIPTION OF INDICATOR

This indicator reports number and percent of juvenile petitions that are sustained. After a juvenile arrest, a referral is typically made by the arresting officer to the Probation Department for further processing. The probation officer decides whether a referral is dismissed, the juvenile is placed on informal probation or a petition will be sought for a formal court hearing. When a petition is sustained by the court, the juvenile becomes a ward of the court. A ward is either allowed to go home under the supervision of a probation officer or ordered for detention in a juvenile institution.

Why is this Important?

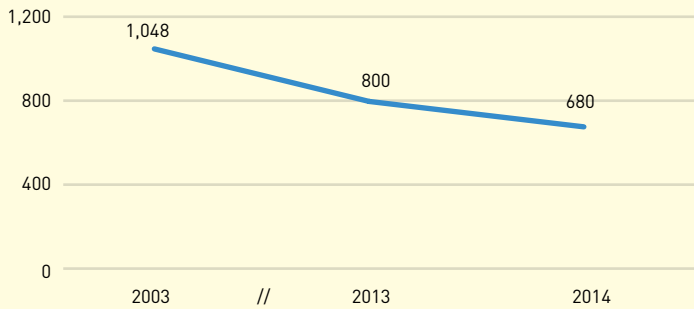
Sustained juvenile petitions are similar to an adult criminal conviction. They indicate where and what types of crimes are occurring among youth. Many agencies have a role to play in helping to meet California's goal of rehabilitation for youth who have a sustained petition, including schools, social services agencies and community-based organizations. Knowledge about sustained juvenile petitions can help provide strategic direction to prevention, early intervention and rehabilitation efforts in Orange County.

Findings

- In 2014, there were 2,244 juvenile sustained petitions, a 15.5% decrease from 2013 (2,657).
- The rate of sustained petitions per 100,000 youth ages 10 to 17 years old was 680 in 2014, a 15.0% decrease from 2013 (800 per 100,000) and a 35.1% decrease from 2003 (1,048 per 100,000).
- Sustained petitions were highest among youth 15 to 17 years old who comprised 86.3% of total sustained petitions, followed by youth 12 to 14 years old (13.6%).
- When assessed by race and ethnicity, Hispanic youth (77.8%) comprised the greatest proportion of sustained petitions, followed by White (14.1%), Black (3.4%), Asian (3.2%) and Other (1.5%) youth in 2014.
- Across genders, the vast majority of sustained petitions were on juvenile males at 83.4%, while juvenile females accounted for 16.6% of sustained petitions in 2014.

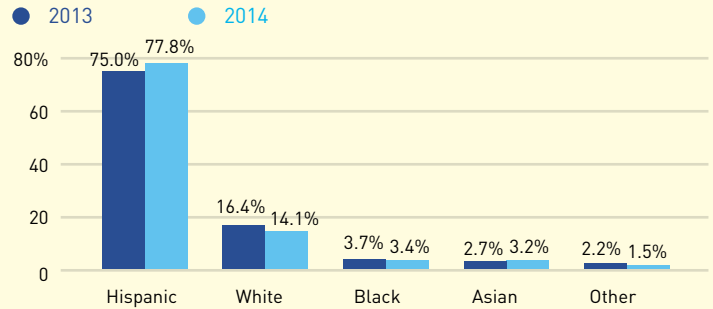
SAFE HOMES & COMMUNITIES

Juvenile Sustained Petitions, Rate per 100,000 Youth 10 to 17 Years Old, Orange County, 2003, 2013 and 2014



Source: Orange County Probation, Research Division

Percent of Total Juvenile Sustained Petitions, Youth 10 to 17 Years Old, by Race/Ethnicity, 2013 to 2014

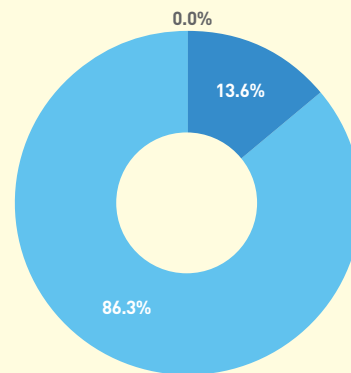


Source: Orange County Probation, Research Division

Percent of Juvenile Arrests with a Sustained Petition, Youth 10 to 17 Years Old, by Age, 2014

- 11 and under
- 12-14 Years of Age
- 15-17 Years of Age

Source: Orange County Probation, Research Division



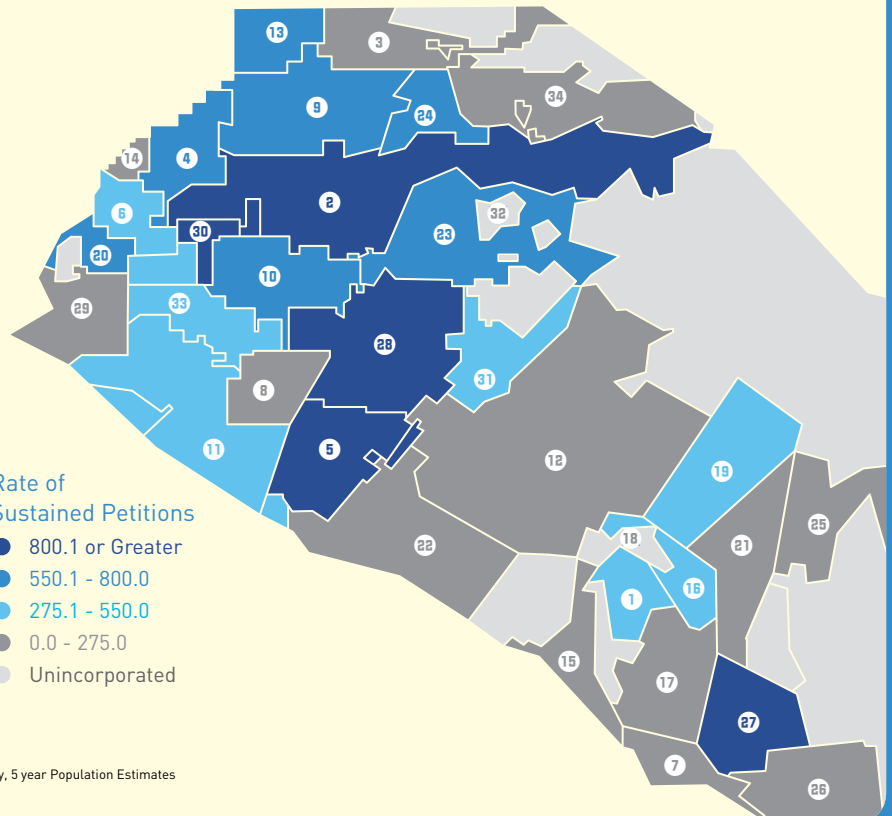
Juvenile Sustained Petitions, Rate per 100,000, Youth 10 to 17 years old, by City, 2014

1 ALISO VIEJO 317.6	13 LA HABRA 635.1	25 RANCHO SANTA MARGARITA 86.9
2 ANAHEIM 1,157.4	14 LA PALMA 110.7	26 SAN CLEMENTE 164.4
3 BREA 144.5	15 LAGUNA BEACH 43.7	27 SAN JUAN CAPISTRANO 1,111.7
4 BUENA PARK 675.3	16 LAGUNA HILLS 348.7	28 SANTA ANA 1,112.4
5 COSTA MESA 862.3	17 LAGUNA NIGUEL 213.4	29 SEAL BEACH 62.7
6 CYPRESS 363.8	18 LAGUNA WOODS N/A	30 STANTON 918.4
7 DANA POINT 269.5	19 LAKE FOREST 340.2	31 TUSTIN 392.6
8 FOUNTAIN VALLEY 213.2	20 LOS ALAMITOS 658.8	32 VILLA PARK N/A
9 FULLERTON 723.0	21 MISSION VIEJO 223.6	33 WESTMINSTER 507.3
10 GARDEN GROVE 719.9	22 NEWPORT BEACH 224.4	34 YORBA LINDA 274.3
11 HUNTINGTON BEACH 446.8	23 ORANGE 765.7	
12 IRVINE 171.4	24 PLACENTIA 687.4	

ORANGE COUNTY:
660
CALIFORNIA:
N/A

Rate of Sustained Petitions

- 800.1 or Greater
- 550.1 - 800.0
- 275.1 - 550.0
- 0.0 - 275.0
- Unincorporated



Source: Orange County Probation, Research Division. B01001, 2009-2013 American Community Survey, 5 year Population Estimates



GANG MEMBERSHIP

GANG MEMBERSHIP CONTINUES TO DECREASE, DOWN 78.3% FROM A HIGH OF NEARLY 1,900 YOUTH IN 2008.

DESCRIPTION OF INDICATOR

This indicator reports the number, percent and rate per 100,000 youth of known gang members 10 to 17 years of age.

Why is this Important?

Data consistently shows that gang members are responsible for a disproportionately high number of crimes committed by youth offenders. Compared to other delinquent youth, gang members are more extensively involved in serious and violent criminal behavior. Juvenile gang members commit serious and violent offenses at a rate several times higher than non-gang adolescents. Gang crime often involves drug trafficking, the use of weapons and violence that includes rape, carjacking, assault and murder.¹ According to the 2015 *National Gang Report*, neighborhood street gangs continue to be a significant threat to local jurisdictions across the country.² From a societal standpoint, the issue of juvenile gangs is one that requires swift action both for the well-being and safety of communities and the youth who get caught up in gang life.

Findings

- In the last 10 years, there was a 65.9% decrease in the total number of known gang members ages 10 to 17 years old in Orange County, from 1,204 in 2006 to 411 individuals in 2015.
- Since 2006, there was a 78.3% decrease in the total known gang members ages 10 to 14 years old (152 in 2006 to 33 in 2015) and a 64.1% decrease in gang members ages 15 to 17 years old (1,052 in 2006 to 378 in 2015).
- The rate of known gang members was 121 per 100,000 for 10 to 17 year olds in 2015; this reflects a 76.6% decrease from a high mark of 517 per 100,000 in 2009.³
- Broken down by age, 10 to 14 year old juvenile gang members decreased from 27 to 10 per 100,000 from 2006 to 2015. For 15 to 17 years old, the rate decreased from 227 to 111 per 100,000 from 2006 to 2015.
- In 2015, across ethnicities, Hispanic youth represented the highest percent of juvenile gang members (96%), followed by White (1.5%), Black (1%), Other (1%) and Asian (1%) youth.
- Nationally, in 2015, respondents to the National Alliance of Gang Investigators Associations Survey indicated that street gang members increased in approximately 49% of jurisdictions since 2013, stayed the same in 43% and decreased in approximately 8% of surveyed jurisdictions.⁴

¹ National Gang Intelligence Center, "National Gang Report." (2015): 12. ² National Gang Intelligence Center, "National Gang Report." (2015): 9. ³ Rate is calculated using gang membership data from the Orange County District Attorney's Office and U.S. Census data for the total 10-17 year-old population in 2014. ⁴ National Gang Intelligence Center, "National Gang Report." (2015): 11.

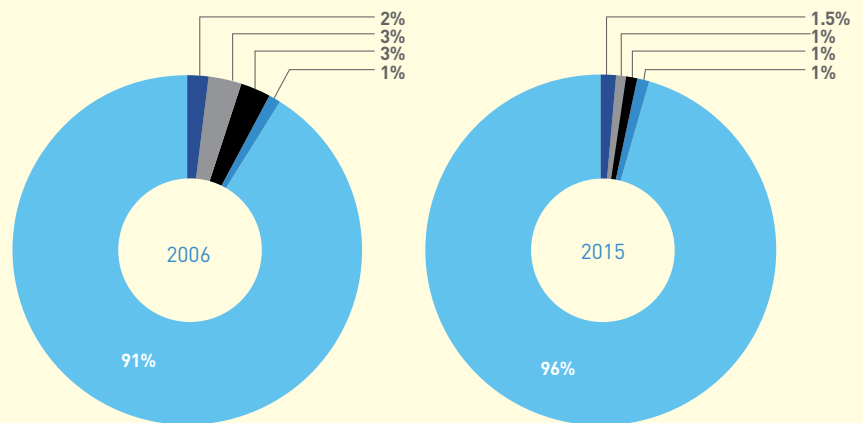
SAFE HOMES & COMMUNITIES

Percent of Total Juvenile Gang Members, by Race/Ethnicity 10 to 17 Years Old

2006 and 2015

- Asian
- Black
- Hispanic
- White
- Other/Unknown

Source: Orange County District Attorney's Office



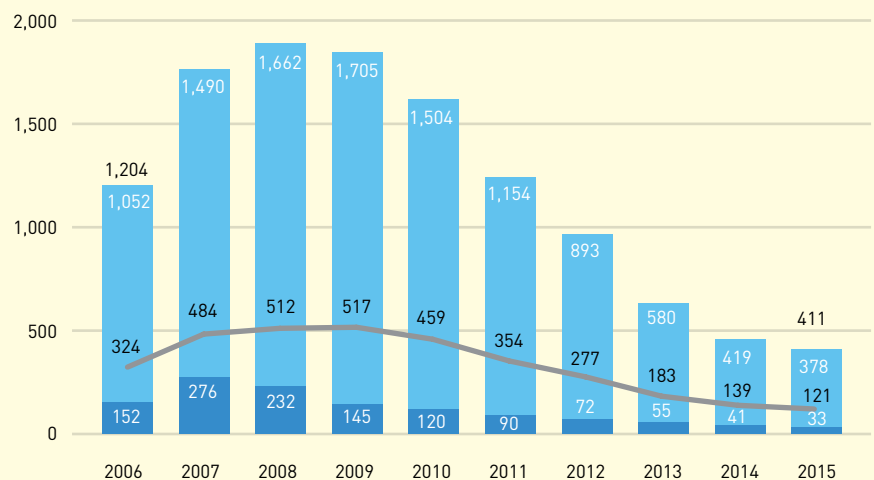
More than nine in 10 gang members are Hispanic youth.

Total Number of Known Juvenile Gang Members 10 to 17 Years Old, by Age

2006 to 2015

- 15 to 17 years old
- 10 to 14 years old
- Rate per 100,000

Source: Orange County District Attorney's Office





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