THE 23RD 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 ensuring that we deliver on that promise. The 23rd Annual Conditions of Children Report offers a thorough and comprehensive look at how children in Orange County are faring in terms of health, socioeconomics, education and safety.

Over the past year, we have made substantial progress in areas of health for our children. Teen birth rates have dropped 62% and immunizations for kindergarteners have reached their highest level in 10 years, with 95.5% having up-to-date immunizations. Mental health hospitalization rates have begun to drop after five years of steady increase, although our overall rates are still unacceptably high. We have made improvements, but there is still work to be done.

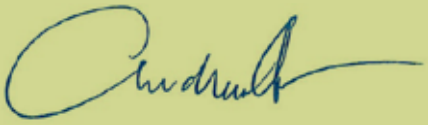
Orange County's children are continuing to receive quality educational opportunities, as overall college readiness rates increase. Approximately 50% of our third graders met or exceeded the statewide achievement standard for English language arts and mathematics, with the largest improvements among economically disadvantaged students.

Poverty among Orange County children is increasing faster than California overall. In addition, nearly 30,000 students have insecure housing. We need to increase the availability and affordability of housing in Orange County in order to address this issue.

These areas require action in order to deliver on our promise. We must devote more resources and innovative thinking to tackling these problems. We need everyone engaged – parents, teachers, business and community leaders, doctors and patients – to identify creative solutions for our children.

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 2017 MEMBERS

Chair
Supervisor Andrew Do
First District
Vice-Chair of the Orange County Board of Supervisors

Co-Chair
Mike Ryan, MS
Orange County Social Services Agency Director

Members
Eldon Baber
The Raise Foundation

Kimberly Goll, MURP
Children and Families Commission of Orange County

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

Denise MacAllister
Special Education Local Plan Area

Cheryl Meronk
CalOptima

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

Leon J. Page
Orange County, County Counsel

Sharon Petrosino
Public Defender

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Orange County District Attorney

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Orange County Health Care Agency Director

Steven J. Sentman
Chief Probation Officer

Linda Smith
Parent Representative

David Wesson
Foster Home Association

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

Vacant
Former Foster Youth

Vacant
Foster Parent Representative

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

As of 7/2017

TABLE OF CONTENTS

Photo courtesy of Family Support Network

EXECUTIVE SUMMARY

ORANGE COUNTY CHILDREN ADVANCE IN HEALTH, EDUCATION AND SAFETY BUT REGRESS ECONOMICALLY

The 23rd Annual Report on the Conditions of Children in Orange County studies four interdependent focus areas: Good Health, Economic Well-Being, Educational Achievement and Safe Homes and Communities. Each focus area includes the most recent data for indicators to assess improving or worsening trends over 10 years.

Overall, Orange County children are healthier, with rates of uninsured children and teen birth rates dropping by more than half. Children are stronger academically, with 14% more students ready for college and 56% fewer high school dropouts. Also, children live in safer environments, with unintentional injuries down 41% and child abuse down 43%. Juvenile arrests rates are also down 62%; and fewer youth join gangs. Children and youth entering foster care and placed in a permanent home within the 12-month benchmark has shown a 38% increase from a low of 23% in 2012/13.

Areas of concern include serious mental illness and substance abuse and overall economic well-being. Among children, the hospitalization rate for serious mental illness and substance abuse increased 32% since 2008. However, the 2015 rate slightly decreased from 2014, showing early signs of improvement. The percent of children living in poverty has risen steadily and is increasing faster in Orange County than in California overall. The number of children insecurely housed increased 11% between 2015 and 2016. One in two children are eligible for free and reduced priced lunch; and one in five children receive CalFresh, a 170% increase. The positive news is that the increase in benefit enrollment is also an indication that more children are obtaining needed services.

Orange County has much to celebrate; but there is still work to be done to reduce disparities and to ensure its children are thriving.

GOOD HEALTH	ECONOMIC WELL-BEING	EDUCATIONAL ACHIEVEMENT	SAFE HOMES AND COMMUNITIES
ACCESS TO HEALTH CARE	CHILD POVERTY	KINDERGARTEN READINESS	PREVENTABLE CHILD AND YOUTH DEATHS
EARLY PRENATAL CARE	CALWORKS	THIRD GRADE ENGLISH LANGUAGE ARTS	SUBSTANTIATED CHILD ABUSE
INFANT MORTALITY	SUPPLEMENTAL NUTRITION	THIRD GRADE MATHEMATICS	CHILD WELFARE
LOW BIRTH WEIGHT	HOUSING	HIGH SCHOOL DROPOUT RATES	JUVENILE ARRESTS
PRETERM BIRTHS	CHILD SUPPORT	COLLEGE READINESS	JUVENILE SUSTAINED PETITIONS
TEEN BIRTHS			GANG MEMBERSHIP
BREASTFEEDING			
IMMUNIZATIONS			
OBESITY			
PHYSICAL FITNESS AND NUTRITION			
BEHAVIORAL HEALTH			

STEADY OR IMPROVING NEEDS IMPROVEMENT

THE WORK OF THE ORANGE COUNTY CHILDREN'S PARTNERSHIP

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.

For 35 years, the Orange County Children's Partnership (OCCP) has worked collaboratively to ensure children and families live in an environment in which all children can thrive. The agencies, community organizations, and individuals that serve on the OCCP strategically work together to ensure alignment of targeted efforts, to reduce duplication and ultimately maximize resources.

Annually, the OCCP provides a comprehensive picture of the current conditions of children in Orange County. The key indicators outlined in this report allows the OCCP to focus its attention and efforts on the most critical issues facing our children and families.

The OCCP builds upon initiatives and programs that have evidence of improving outcomes, and meet the following standards:

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

In 2017/18, the priority of the OCCP is implementation of Assembly Bill 403 (2015), the Child Welfare Continuum of Care Reform legislation which California began implementing in 2017. Additionally, the OCCP identified critical areas to follow due to increasing trends in these areas statewide, including opioid use and commercially sexually exploited children.

Child Welfare Continuum of Care Reform (Assembly Bill 403)

Assembly Bill (AB) 403 states that youth "who must live apart from their biological parents do best when they are cared for in committed nurturing family homes."[1] In Orange County, there are over 2,600 dependents of the juvenile court. About 80% of youth who are dependents of the court are in out-of-home care; 31% of these youth are in long-term foster care. Challenges with implementing AB 403 in Orange County include:

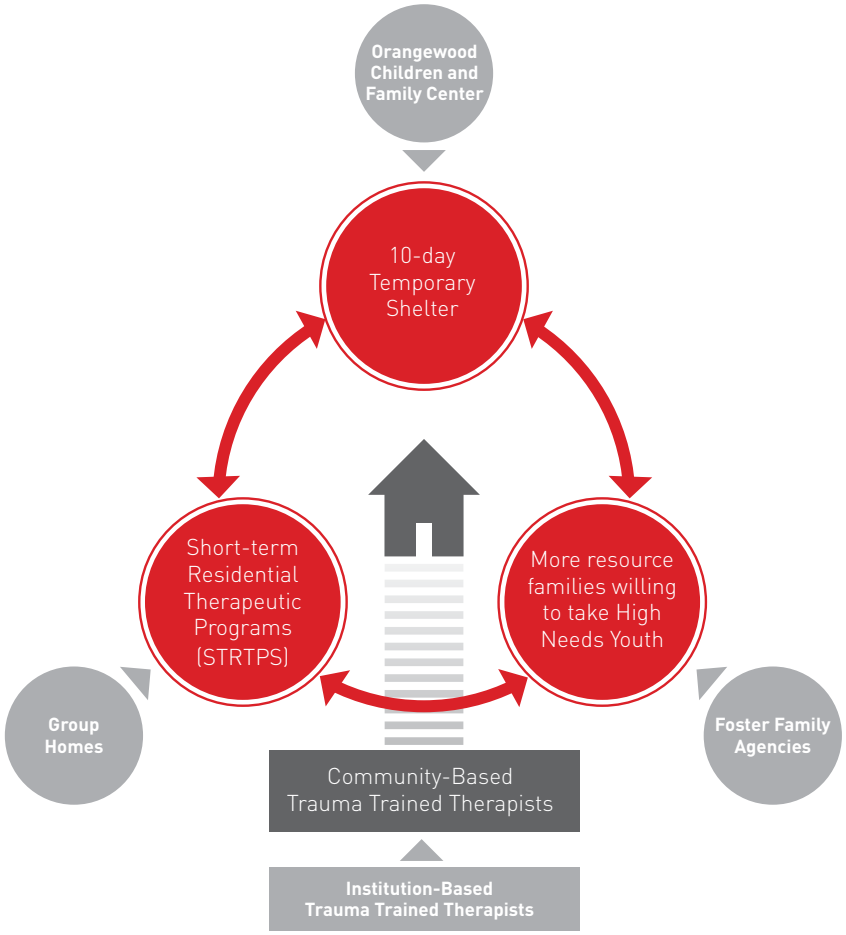
1. Transitioning Orangewood Children and Family Center (Orangewood) into a 10-day temporary shelter;
2. Transitioning group homes into short-term residential therapeutic programs (STRTPs);
3. Recruiting additional resource families willing to provide support to high needs youth; and
4. Obtaining sufficient trauma-based services to be delivered in the home or community.

OCCP is working diligently with the Social Services Agency to bring together community stakeholders to provide guidance on understanding the specific needs of Orange County foster youth, to identify gaps in services and to assist and support with implementation. There are two active subcommittees: one to address the critical transition of youth and adolescents with high needs departing Orangewood and group homes; and the other to work with Foster Family Agencies to recruit and train more resource families.

Many of the youth and adolescents transitioning out of Orangewood and group homes have high needs – most have experienced trauma, substance use disorders and mental health conditions requiring hospitalization. Many have had multiple placements in and out of foster homes and require a higher degree of supervision. Another challenge is placing large sibling groups in family-based care. The Social Services Agency is committed to keeping them together, but finding resource families able to care for three to five siblings is challenging.

[1] http://www.cdss.ca.gov/cdssweb/entres/pdf/CCR/WhatIsContinuumCareReform.pdf

With OCCP prioritizing AB 403 implementation and working in collaboration with key stakeholders, the hope is that the needs of Orange County youth who have experienced significant trauma and, as a result, may have challenging behaviors and mental health needs, will be met in the community through family-based care. Additionally, Orangewood will have successfully transitioned to 10-day shelter and there will be ample resource families providing homes to our high needs youth.



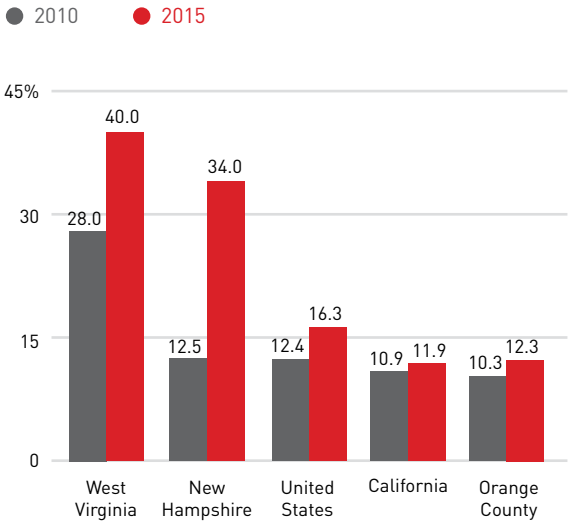
Opioid Use

While Orange County has lower drug mortality rates compared to other states, the rates of opioid-related emergency department (ED) visits have more than doubled since 2005, increasing to 1,760 cases in 2015. Notable disparities and risk factors include white males and residents between the ages of 18 to 34 who were most likely to visit the ED for an opioid-related issue. Coastal and southern cities have the highest rates of drug-related deaths and higher ED visit rates.

With the dramatic increase in opioid abuse in young adults 18 to 34 years old, the OCCP has an opportunity to educate and inform our partners to ensure Orange County's children are prepared to enter adulthood with resilience and education about opioid abuse.

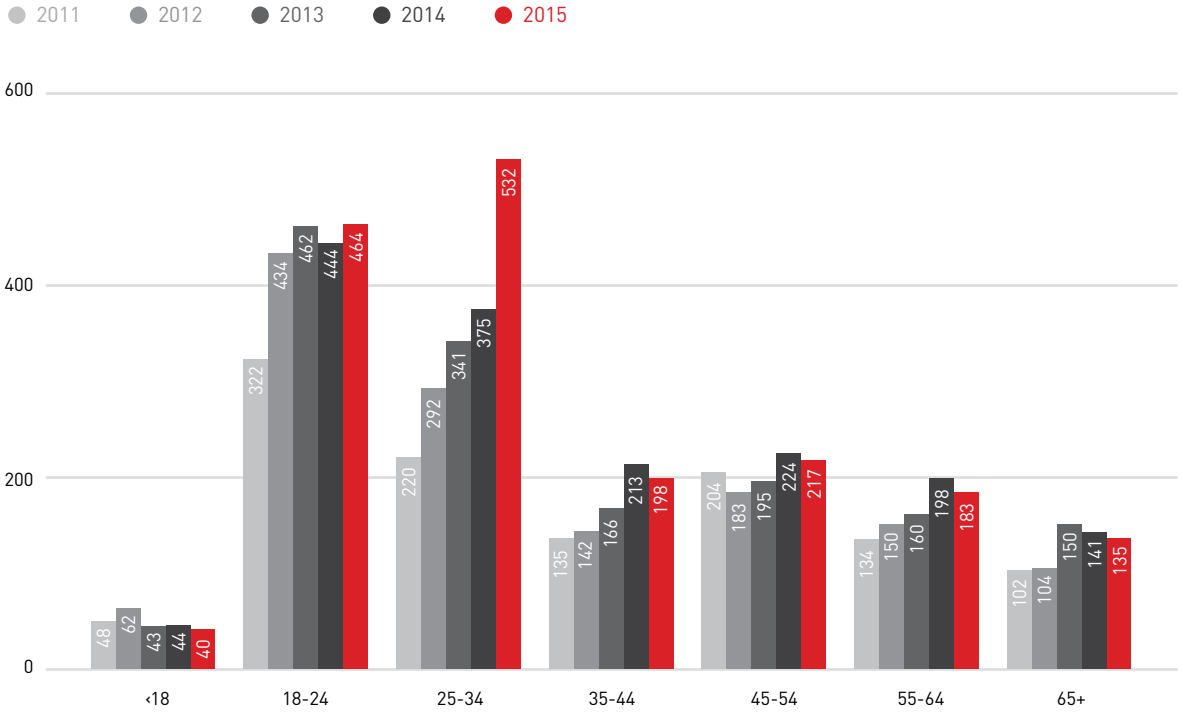
All Drug Deaths per 100,000

Orange County and Comparison States, 2010 and 2015



Note: Rates includes deaths related to all drugs, including those from opioids.

Opioid-related Emergency Department Visits, Orange County, 2011 to 2015



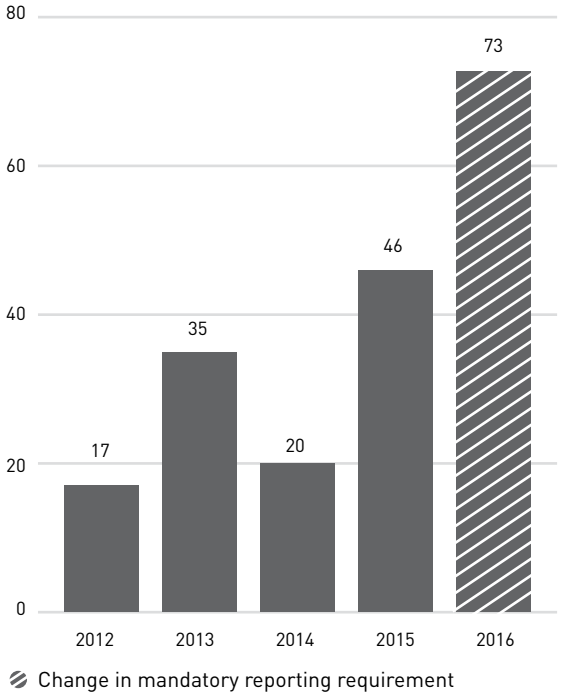
Commercially Sexually Exploited Children

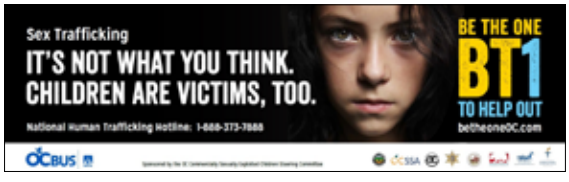
As of 2016, the Orange County Social Services Agency (SSA) is mandated to report to the state the number of suspected children who are commercially sexually exploited per Senate Bill 855. In 2016, there were 73 referrals, an increase of 59% over the prior year. The number of exploited children referred increased in 2016 presumably due to the mandatory reporting requirement.

On May 31, 2017 SSA and their partners launched the "Be the One" campaign, which aims to raise awareness of the sexual exploitation and trafficking of children in Orange County. Several OCCP members have been instrumental in implementing the "Be the One" campaign, which includes bus tail designs and a new website, betheoneoc.com, which has helpful information about how children are being trafficked in Orange County, myths vs. realities, data and resources on taking action and reporting.

SSA continues to recruit resource homes for commercially sexually exploited children who cannot return home due to safety concerns. The OCCP is encouraged there is heightened awareness and a process in place to refer, investigate and mitigate danger for our youth.

Victims Identified by Calendar Year





OVERLAYING DATA

The Conditions of Children report presents distinct indicators of well-being across a broad spectrum of subject matter, yet none of the conditions measured in this report occur in isolation. The multiple metrics of well-being that indicate success or challenges in communities across the county are interconnected and cannot be separated in the experience of children and families.

By investigating the intersection of multiple indicators, a more complete picture emerges. This year, the Conditions of Children report explores the intersection of three measures: third grade English Language Arts (ELA) achievement; rates of child poverty; and children's readiness for kindergarten regarding their language and cognitive skills. This exploration may raise further questions and fall short of conclusive findings, but it can be used to identify areas of interest for further investigation.

The Intersection of Third Grade Achievement in ELA with Child Poverty and Kindergarten Readiness

Poverty can have a significant impact on a child's ability to do well in school.[1] Fewer than half of poor children are ready for school at age five, compared to 75% of children born to parents with moderate or higher incomes. The extent to which a child is ready for kindergarten is a strong indicator of later educational and developmental outcomes, such as third grade achievement in ELA and earning a high school diploma.[2]

The Early Development Index (EDI) is a population-based measure of early child development and school readiness in five domains: physical health, social competence, emotional maturity, language and cognitive skills, and communications skills and general knowledge. The Children and Families Commission, in partnership with Orange County's school districts, collected the first set of comprehensive EDI data for Orange County in 2015 and has since validated the EDI's ability to predict student learning outcomes and academic achievements.[3]

Mapping third grade achievement in ELA, along with EDI language and cognitive skill data and poverty among children younger than five years old, begins to show the role that childhood poverty has in driving overall academic achievement.

Consistent with the literature, the map shows poor third grade ELA achievement in areas with higher poverty and lower kindergarten readiness, including in Orange and Santa Ana Unified, Anaheim City, Savanna Elementary and La Habra City Elementary school districts. In contrast, higher third grade ELA achievement appears to be associated with lack of poverty and greater readiness for kindergarten, as seen in Cypress, Fountain Valley, and Huntington Beach Elementary, as well as Irvine and Los Alamitos Unified school districts.

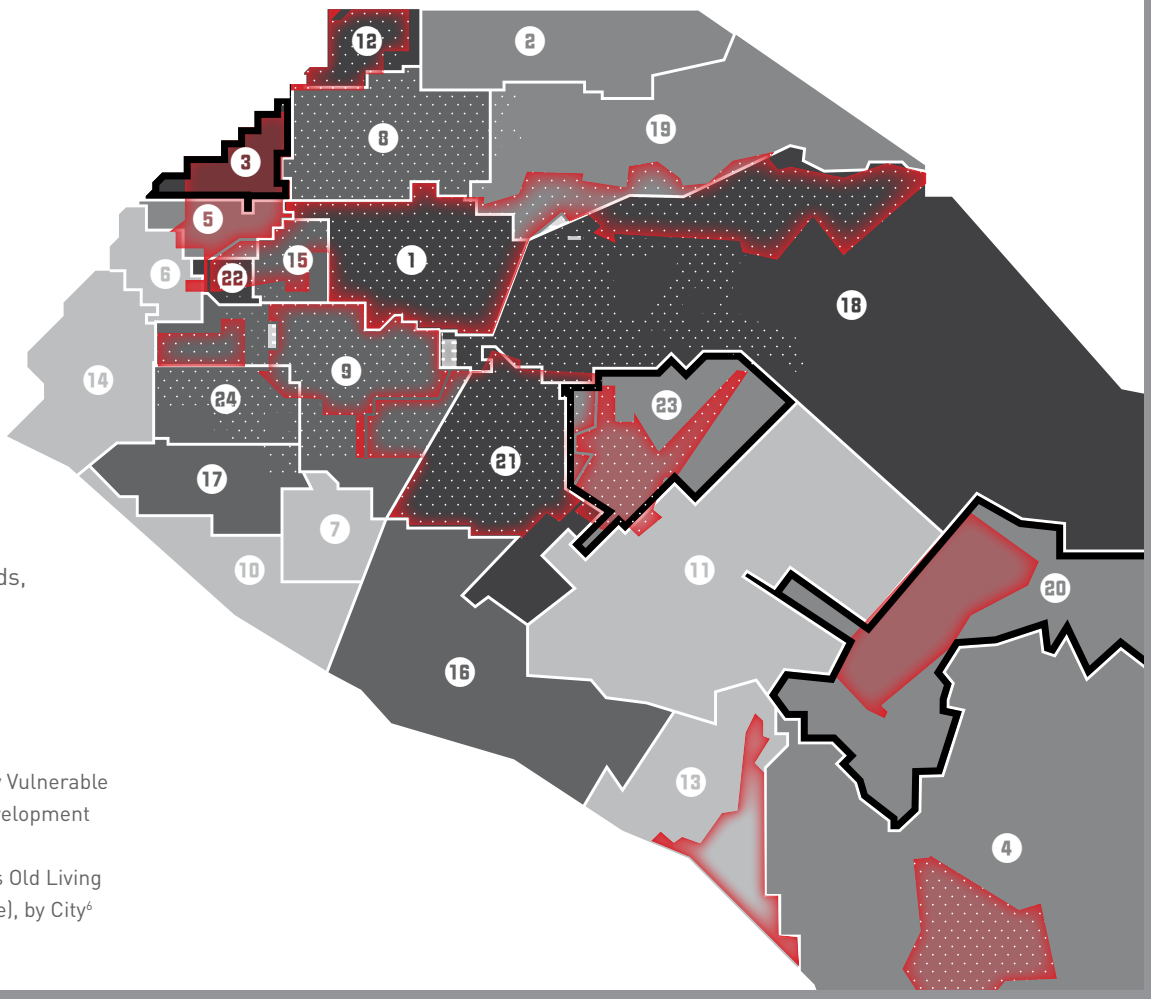
Areas of interest emerge that reveal exceptions to this link. For example, Buena Park Elementary school district shows lower third grade ELA achievement and poor readiness for kindergarten compared to the county, yet lacks high child poverty rates. Tustin and Saddleback Valley Unified school districts experience greater-than-average poverty and/or poor kindergarten readiness, yet better academic outcome in third grade ELA achievement. A deeper dive into these areas of interest suggest other factors that may influence these outcomes.

% of Students Who Have Not Met or Nearly Met Standards, by School District

1. ANAHEIM CITY 80.0%
2. BREA-OLINDA UNIFIED 41.0%
3. BUENA PARK ELEMENTARY 60.0%
4. CAPISTRANO UNIFIED 40.0%
5. CENTRALIA ELEMENTARY 42.0%
6. CYPRESS ELEMENTARY 39.0%
7. FOUNTAIN VALLEY ELEMENTARY 31.0%
8. FULLERTON ELEMENTARY 50.0%
9. GARDEN GROVE UNIFIED 53.0%
10. HUNTINGTON BEACH CITY ELEMENTARY 32.0%
11. IRVINE UNIFIED 26.0%
12. LA HABRA CITY ELEMENTARY 72.0%
13. LAGUNA BEACH UNIFIED 19.0%
14. LOS ALAMITOS UNIFIED 17.0%
15. MAGNOLIA ELEMENTARY 48.0%
16. NEWPORT-MESA UNIFIED 47.0%
17. OCEAN VIEW 47.0%
18. ORANGE UNIFIED 54.0%
19. PLACENTIA-YORBA LINDA UNIFIED 41.0%
20. SADDLEBACK VALLEY UNIFIED 45.0%
21. SANTA ANA UNIFIED 78.0%
22. SAVANNA ELEMENTARY 59.0%
23. TUSTIN UNIFIED 45.0%
24. WESTMINSTER 48.0%

[1] Isaacs, J. B.[w](2012, March). Starting School at a Disadvantage: The School Readiness of Poor Children. Center on Children and Families at Brookings. [2] Duncan, G. J., Dowsett, C. J., Claessens, A., Magnuson, K., Huston, A. C., Klebanov, P. et al. (2007). School readiness and later achievement. Developmental Psychology, 43(6), 1428-1446. [3] Duncan, R. et al. (2016). Orange County Early Development Index (EDI) Predictive Validity Study Do Scores from the EDI Predict Third Grade Achievement?

The Intersection of Third Grade Literacy with Poverty and Kindergarten Readiness



% of Students Who Have Not Met or Nearly Met Standards, by School District[4]

- 54.0% - 80.0%
- 46.0% - 53.0%
- 40.0% - 45.0%
- 17.0% - 39.0%

% of Children Developmentally Vulnerable in Language and Cognitive Development (highest quartile), by City[5]

% of Children Under Five Years Old Living Below Poverty (highest quartile), by City[6]

Areas of Interest

Orange County Average

51% Have not met or nearly met ELA Standards

9.4% Developmentally vulnerable in language and cognitive development

5.4% Grade 9-12 cohort dropouts

24.3% English language learners

$10,261 Annual expenditure/pupil (K-12)

Areas of Interest

3 Buena Park Elementary in Buena Park City

60% Have not met or nearly met ELA standards

9.6% Developmentally vulnerable in language and cognitive development

3.0% Grade 9-12 cohort dropouts

40.0% English language learners

$10,905 Annual expenditure/pupil (K-12)

23 Tustin Unified in Tustin City

45% Have not met or nearly met ELA standards

9.6% Developmentally vulnerable in language and cognitive development

1.5% Grade 9-12 cohort dropouts

19.0% English language learners

$8,908 Annual expenditure/pupil (K-12)

20 Saddleback Valley Unified in Lake Forest, Mission Viejo, and Laguna Hills Cities

45% Have not met or nearly met ELA standards

11.7% Lake Forest
7.2% Mission Viejo
9.3% Laguna Hills
Developmentally vulnerable in language and cognitive development

2.3% Grade 9-12 cohort dropouts

17.0% English language learners

$9,371 Annual expenditure/pupil (K-12)

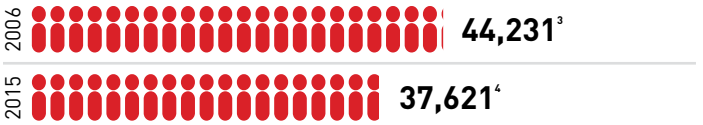
[4] The map boundaries are school district showing "density" or percent of students who have not met or nearly met standards. [5] The highest quartile or the top 25% of cities with the highest poverty or low kindergarten readiness rates among youth under five years old. [6] The highest quartile or the top 25% of cities with the highest poverty or low kindergarten readiness rates among youth under five years old.

ORANGE COUNTY SNAPSHOT

Population

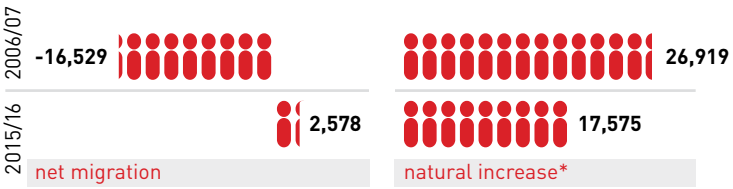
- Nearly 3.2 million people are living in Orange County[1]
- Median age is 37.8[2]
- Population increase continues to be driven by natural increase*

NUMBER OF BIRTHS IN ORANGE COUNTY

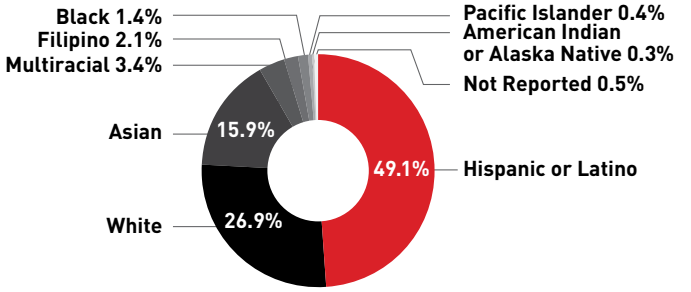


% CHILDREN IN ORANGE COUNTY

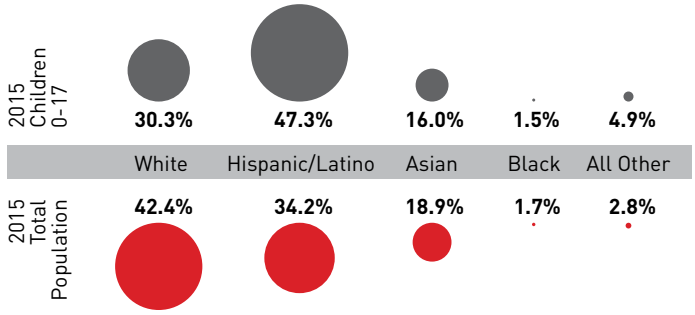
POPULATION INCREASE DUE TO NET MIGRATION VS NATURAL INCREASE[5]



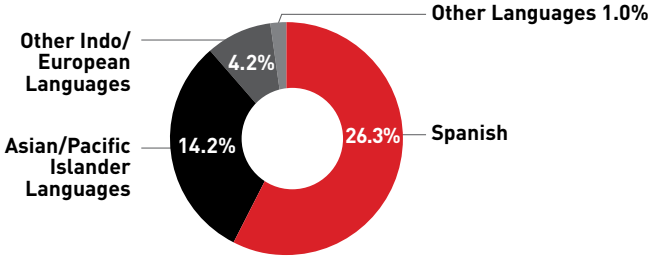
GRADE K-12 STUDENT POPULATION BY RACE/ETHNIC GROUP[8]



DEMOGRAPHICS[6]

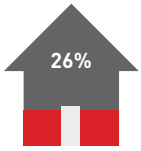


45.7% OF CHILDREN AGES 5 AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME[9]

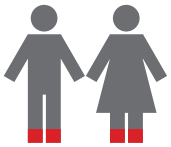


Safe Homes and Communities

CHILDREN IN SINGLE PARENT HOUSEHOLDS[10]

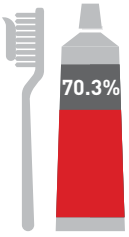


YOUTH AGES 16-24 YEARS OLD WHO ARE NEITHER WORKING NOR IN SCHOOL[11]



Good Health

LAST VISIT TO THE DENTIST WAS 6 MONTHS AGO OR LESS[12]



HEALTH STATUS OF 0 TO 17 YEAR OLDS IS EXCELLENT OR VERY GOOD[13]

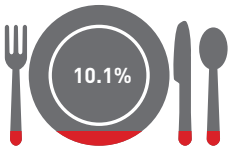
Note: Current data reflect the most recent year of data available, ranging from 2014 to 2016. *Natural increase is total births minus total deaths. Net migration is the net movement including intrastate, interstate, and international moves.

Economic Well-Being

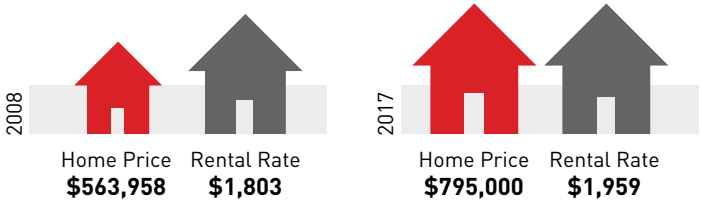
- 17.6% of children are living in poverty (123,045)[14]
- A minimum wage earner must work 133 hours/week to afford a two-bedroom apartment

UNEMPLOYMENT

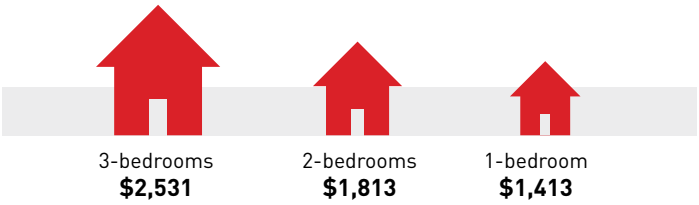
FOOD INSECURITY IN 2015[16]



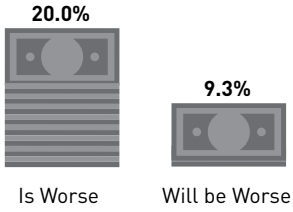
MEDIAN HOME PRICE AND AVERAGE RENTAL RATE[19]



FAIR MARKET RENT[17]

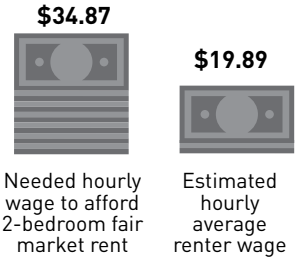


HOUSEHOLD IS WORSE NOW FINANCIALLY THAN IN THE LAST 12 MONTHS[20]



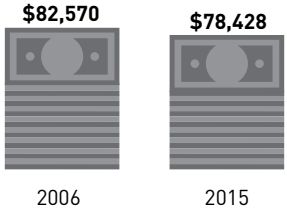
MINIMUM INCOME NEEDED TO PURCHASE A MEDIAN-PRICED HOME[21]

HOURLY WAGE[18]



HOUSEHOLDS WHO COULD AFFORD AN ENTRY-LEVEL HOME IN 2017

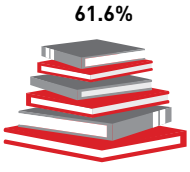
MEDIAN HOUSEHOLD INCOME ADJUSTED FOR INFLATION[22]

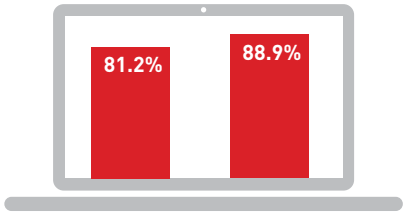


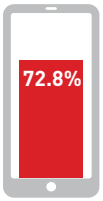
Educational Achievement

2016/17 STUDENT ENROLLMENT[23]

CHILDREN ARE READ TO DAILY (0 TO 5 YEARS OLD)[24]







[1] U.S. Census. 2011-2015 American Community Survey 5-Year Estimates, Table S0201. [2] 2015 American Community Survey 1-Year Estimates, Table S0201. [3] Orange County Health Care Agency. [4] Orange County Health Care Agency. [5] California Department of Finance, "E-2. California County Population Estimates and Components of Change by Year – July 1, 2011–2015." Table 1. [6] American Community Survey 2011-2015 5-Year Estimates. S0901. [7] U.S. Census. 2011-2015 American Community Survey 5-Year Estimates. [8] CDE Dataquest, 2017. [9] American Community Survey 2011-2015 5-Year Estimates. S1601.Language Spoken at Home. [10] American Community Survey (ACS). [11] Measure of America, http://www.measureofamerica.org/disconnected-youth/ [12] CHIS, 2016. [13] CHIS, 2016.[14] American Community Survey 2011-2015 5-Year Estimates. S1701. [15] https://data.bls.gov/map/MapToolServlet. [16] Feeding America, Map the Meal Gap, 2015. [17] Housing and Urban development, FY2017 Fair Market Rent Documentation System. [18] National Low Income Housing Coalition, Out of Reach 2017. [19] California Association of Realtors, Historical Housing Data, Median Prices of Existing Detached Home. [20] ESRI & MRI GfK, 2017. Survey question asking "Thinking of the last 12 months, do you believe that you and your household are better off or worse off financially than you were one year ago?" [21] California Association of Realtors, Traditional Housing Affordability Index (HAI) measure. [22] U.S. Census Bureau, American Community Survey, 1-Year Estimates; U.S. Bureau of Labor Statistics, Inflation Calculator. [23] CDE Dataquest, 2017. [24] CHIS, 2016. [25] ESRI, 2017.

GOOD HEALTH INDICATORS

ACCESS TO HEALTH CARE

PERCENT OF UNINSURED CHILDREN

10.9%	3.4%
2008	2015

PRETERM BIRTHS

PERCENT OF PRETERM BIRTHS

9.4%	7.6%
2006	2015

OBESITY

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

18.3%	18.1%
2013/14	2015/16

EARLY PRENATAL CARE

PERCENT OF WOMEN WHO RECEIVED EARLY PRENATAL CARE IN THE FIRST TRIMESTER EXCLUDING SELF-PAY DELIVERIES

88.1%	87.4%
2007	2015

TEEN BIRTHS

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

31.3	12.0
2006	2015

PHYSICAL FITNESS AND NUTRITION

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

5.8%	6.3%
2013/14	2015/16

INFANT MORTALITY

RATE OF INFANT MORTALITY PER 1,000 LIVE BIRTHS

4.8	2.7
2006	2015

BREASTFEEDING

PERCENT EXCLUSIVE BREASTFEEDING AT TIME OF HOSPITAL DISCHARGE

63.1%	66.1%
2012	2015

BEHAVIORAL HEALTH

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

16.9	22.3
2006	2015

LOW BIRTH WEIGHT

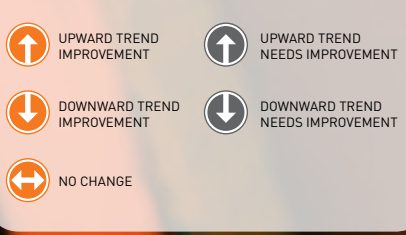
PERCENT OF INFANTS WITH LOW BIRTH WEIGHT

6.4%	6.3%
2006	2015

IMMUNIZATIONS

PERCENT OF CHILDREN ADEQUATELY IMMUNIZED BY KINDERGARTEN

90.8%	95.5%
2007	2016



NOTE: Variation in data ranges are due to availability of data and frequency of data collection.

Photo courtesy of The Raise Foundation

ACCESS TO HEALTH CARE

ACCESS TO HEALTH CARE INCREASES AS UNINSURED RATES FOR CHILDREN DROP BY MORE THAN HALF.

DESCRIPTION OF INDICATOR

This indicator reports the number and percentage of children under 18 years old who are uninsured; the number and percentage 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?

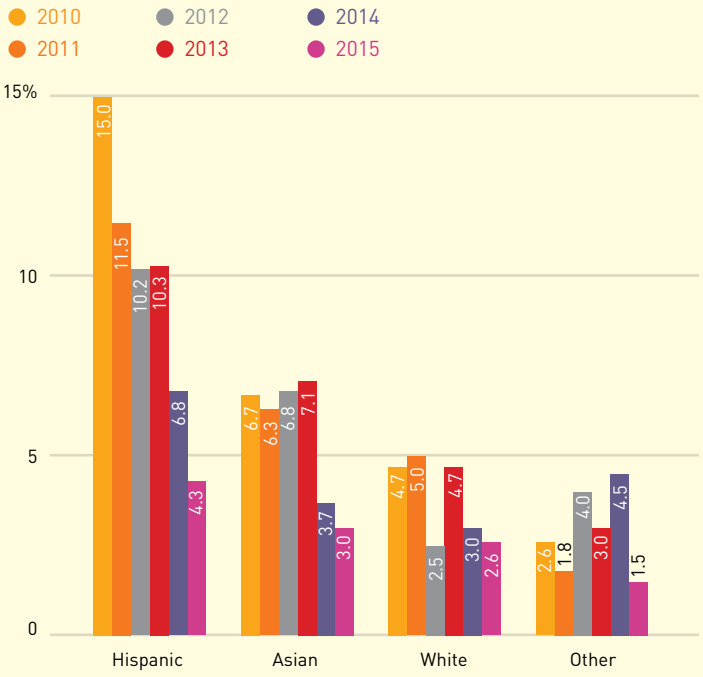
Improving health care access for all children helps to improve prevention, early diagnosis and treatment of health problems. Children with health insurance are more likely to get timely prescription medications and medical or mental health care when needed; are more likely to get preventive care (including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

Findings

- In 2015, 3.4% of children were uninsured, representing a drop in uninsured rates by more than half since 2008 (from 10.9%).
- Orange County has a similar rate of uninsured children (3.4%) to California (3.3%), but currently better than the national average (4.8%) in 2015.
- More Hispanic children continue to have higher uninsured rates than other racial/ethnic groups, with 4.3% of Hispanic children uninsured in 2015, compared with Asian children (3.0%), White children (2.6%) and Other races (1.5%). However, this gap is shrinking.
- Uninsured rates for very young children (0-5 years old) have dropped by nearly three-fourths from 8.9% in 2009 to 2.4% in 2015. Similarly, rates of uninsured children between six and 17 years old have dropped by two-thirds, from 11.2% in 2009 to 3.9% in 2015.
- In addition, the 2015 California Health Interview Survey (pooled estimate for 2012 through 2015) reveals:
  - An estimated 81,729 (10.8%) Orange County children annually did not have a usual source of care to go to when they were sick or needed health advice. This is an increase from 2014 when 7.7% of children did not have a usual source of care.
  - Approximately 20,432 children (2.7%) experienced a delay or lack of medical care and approximately 26,486 children (3.5%) experienced a delay or lack of needed prescription medications, about the same as in previous years.
  - Most children who had access to a usual source of care went to a doctor's office (68.6%), while 19.9% went to a clinic or community hospital.

Percent of Children Uninsured, by Race/Ethnicity

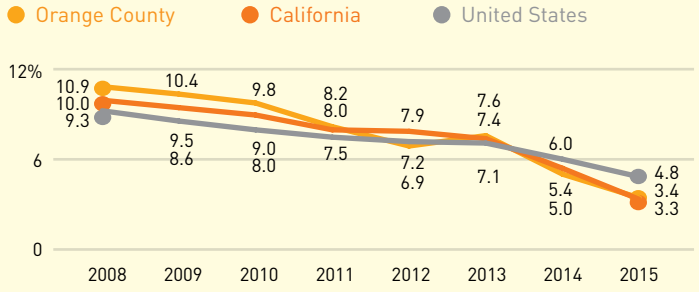
2010 to 2015



Note: Other category includes Blacks, American Indian/Alaskan Natives, Multiracial and Other races
Source: American Community Survey, 2010-2015 (1 year estimates)

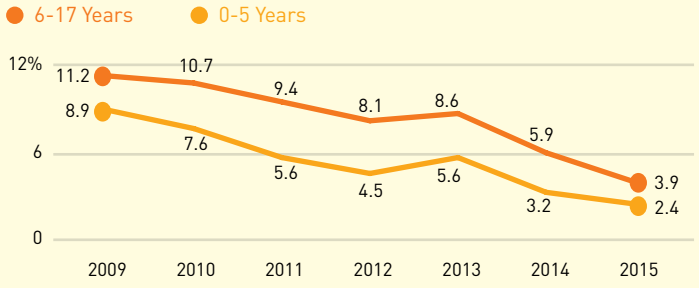
Percent of Children Under 18 Years Old Who Were Uninsured

Orange County, California and United States, 2008 to 2015



Source: U.S. Census Bureau, Tables S2701 (2009-2015 data) and B27001 (2008 data)

By Age Group, 2009 to 2015

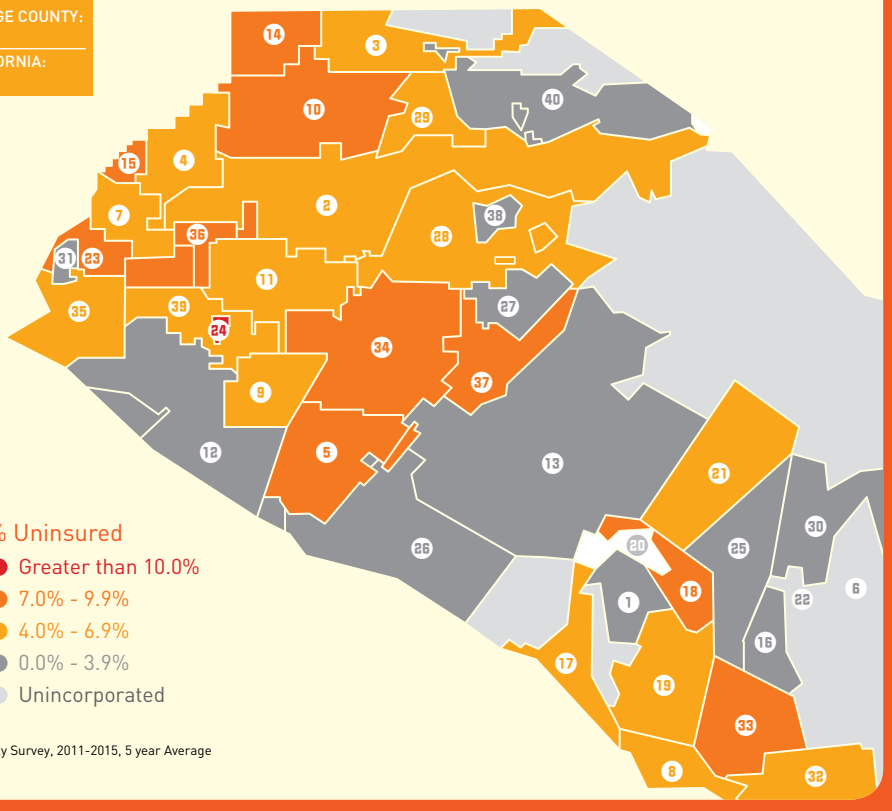


Source: American Community Survey (2009-2015).

Percent of Children Under 18 Years Old Who Were Uninsured, by Community, 5 Year Average, 2015

1. ALISO VIEJO 3.2%
2. ANAHEIM 6.9%
3. BREA 4.2%
4. BUENA PARK 4.4%
5. COSTA MESA 8.0%
6. COTO DE CAZA CDP 2.6%
7. CYPRESS 5.8%
8. DANA POINT 5.5%
9. FOUNTAIN VALLEY 4.1%
10. FULLERTON 9.6%
11. GARDEN GROVE 6.1%
12. HUNTINGTON BEACH 3.6%
13. IRVINE 3.8%
14. LA HABRA 8.8%
15. LA PALMA 9.8%
16. LADERA RANCH CDP 3.3%
17. LAGUNA BEACH 6.2%
18. LAGUNA HILLS 7.6%
19. LAGUNA NIGUEL 5.8%
20. LAGUNA WOODS N/A
21. LAKE FOREST 6.2%
22. LAS FLORES CDP 2.8%
23. LOS ALAMITOS 9.5%
24. MIDWAY CITY CDP 13.5%
25. MISSION VIEJO 3.3%
26. NEWPORT BEACH 3.2%
27. NORTH TUSTIN CDP 2.7%
28. ORANGE 4.9%
29. PLACENTIA 5.7%
30. RANCHO SANTA MARGARITA 2.6%
31. ROSSMOOR CDP 2.7%
32. SAN CLEMENTE 5.0%
33. SAN JUAN CAPISTRANO 9.2%
34. SANTA ANA 9.5%
35. SEAL BEACH 5.5%
36. STANTON 9.6%
37. TUSTIN 7.0%
38. VILLA PARK 3.3%
39. WESTMINSTER 6.3%
40. YORBA LINDA 3.7%

ORANGE COUNTY: 3.4%
CALIFORNIA: 3.3%



Note: N/A indicates no data are available. CDP=census designated place. **Source:** American Community Survey, 2011-2015, 5 year Average

EARLY PRENATAL CARE

EARLY PRENATAL CARE REMAINS STABLE, DISPARITIES BETWEEN ETHNICITIES AND RACES PERSIST.

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?

Early (i.e. first trimester) and regular prenatal healthcare improves the potential for a healthy pregnancy, delivery and baby. Ideally, this care should 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 to reduce pregnancy complications, as well as education and counseling on healthy behaviors during and after pregnancy.[1]

Of particular concern is late (third trimester) or no prenatal care which has been associated with increased risk of maternal death in all women (especially in minorities), increased rates of preterm delivery, low birth weight, and congenital malformations.[2] In addition to prenatal care, certain genetic, behavioral, social, environmental, and other factors can adversely affect the ability to have a healthy, full-term baby.

Findings

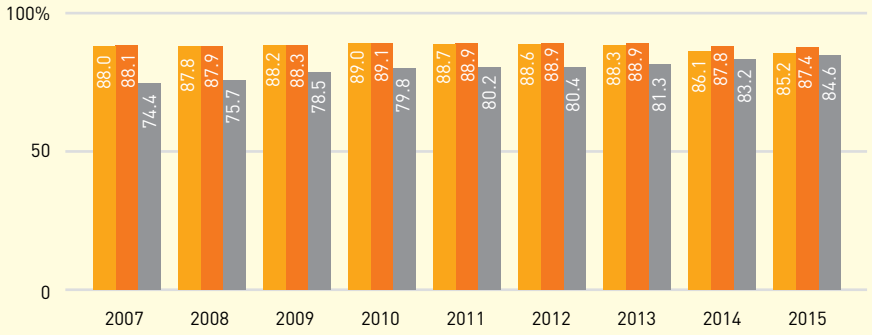
- Orange County's 2015 rate of women receiving early prenatal care was 85.2% – greater than both California (84.6%)[3] and the United States' (77.0%).[4]
- In Orange County, the percent of women receiving early prenatal care has decreased 3.2% since 2007, dropping from 88.0% in 2007 to 85.2% in 2015. However, this decrease is correlated with an increase of self-pay deliveries.[5]
  - Self-pay deliveries are those paid through cash payment rather than health insurance and are often associated with foreign visitors that travel to the U.S. to give birth. These women generally arrive in the U.S. late in their pregnancy and leave shortly after giving birth; therefore, these births typically have no recorded prenatal care. In 2015, there were 2,581 self-pay deliveries in Orange County, an increase from 859 in 2007. Nearly 83% of self-pay deliveries in 2015 were among Asian women.
  - When self-pay deliveries are excluded, the percent of women who received early prenatal care in Orange County in 2015 increases from 85.2% to 87.4%. While this still results in a lower rate than 2007 (88.1%), it reflects a more stable pattern.
- With self-pay deliveries excluded, 91.7% of White women received early prenatal care followed by Asian (87.3%), Hispanic (85.1%) and Black (81.8%) women. The most significant decreases in early prenatal rates are among Asian and Black women, which both have a nearly 4% decrease since 2007.

[1] Hagan, J. F., Shaw, J. S., and Duncan, P. M., Eds. (2008). [2] Smith, A. and Bassett-Novoa, E., Late Presentation to Prenatal Care, American Family Physician, Volume 92, Number 5, September 1, 2015. [3] State of California, Health Information and Research Section. [4] United States: Centers for Disease Control, National Center for Health Statistics. [5] Self-pay deliveries in Orange County increased substantially in 2014 and 2015. Analysis of trends indicate correlation of individuals with self-pay deliveries with lack of documentation of early prenatal care. Self-pay deliveries comprise a minor percentage for all other races/ethnicities and exclusion does not affect the prenatal care percentages for these groups. Further analyses of the California Birth Statistical Master Files indicate that early prenatal care in Orange County remains relatively stable when birth circumstances related to self-pay deliveries are considered. However, disparities between ethnicities and races persist.

Percent of Women who Received Early Prenatal Care in the First Trimester,

Orange County and California, 2007 to 2015

- Orange County
- Orange County, Excluding Self-Pay
- California

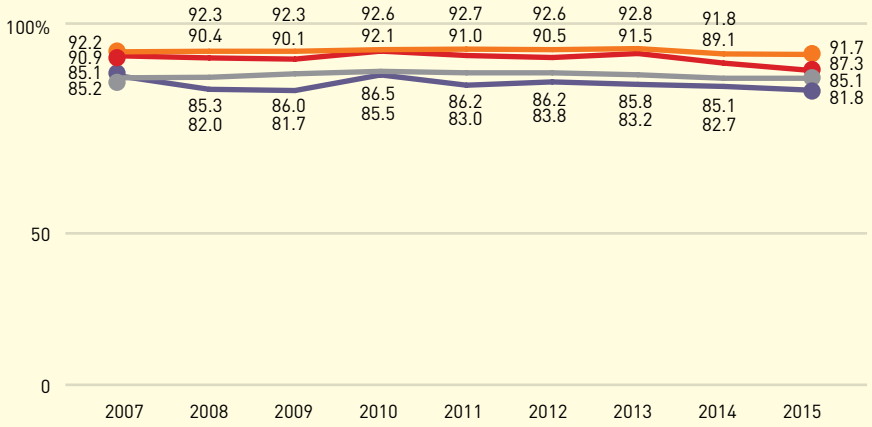


Note: California implemented a change in methodology for the collection of prenatal care information beginning in 2007, which likely resulted in reduced reports of early prenatal care after 2006.
California Source: California Department of Health, Vital Statistics Query System.
Orange County Source: Orange County Health Care Agency, Family Health Division

Percentage of Women who Received Early Prenatal Care in the First Trimester,

Excluding Self-Pay Deliveries, by Race/Ethnicity, 2007 to 2015

- White
- Asian
- Hispanic
- Black

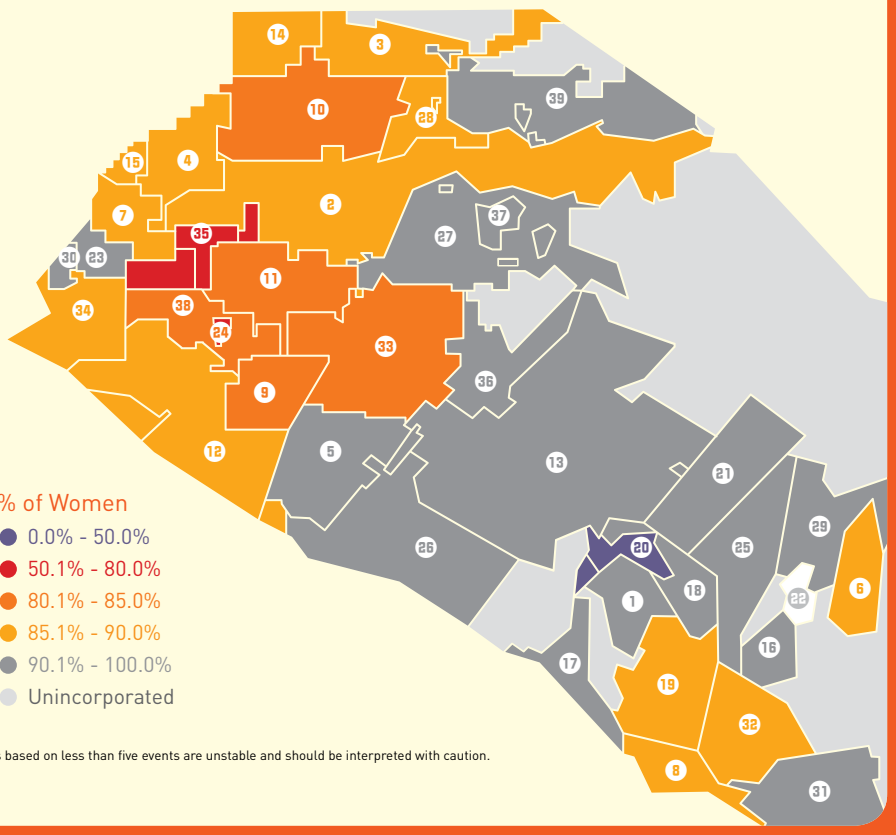


Note: If comparing to state and national data, beginning in 2006, individuals whose race/ethnicity is not stated or is unknown have been grouped with Non-Hispanic Whites for CA and USA statistics. As a result, Hispanic rates are potentially underestimated.
Source: Orange County Health Care Agency, Family Health Division

Percent of Women who Received Early Prenatal Care, Excluding Self-Pay Deliveries, by City of Residence, 2015

1. ALISO VIEJO 94.3%
2. ANAHEIM 85.1%
3. BREA 90.0%
4. BUENA PARK 86.3%
5. COSTA MESA 91.1%
6. COTO DE CAZA 89.6%
7. CYPRESS 87.3%
8. DANA POINT 89.4%
9. FOUNTAIN VALLEY 82.6%
10. FULLERTON 84.9%
11. GARDEN GROVE 82.6%
12. HUNTINGTON BEACH 87.2%
13. IRVINE 92.2%
14. LA HABRA 85.8%
15. LA PALMA 86.0%
16. LADERA RANCH 96.3%
17. LAGUNA BEACH 90.9%
18. LAGUNA HILLS 90.7%
19. LAGUNA NIGUEL 89.9%
20. LAGUNA WOODS 50.0%
21. LAKE FOREST 90.3%
22. LAS FLORES N/A
23. LOS ALAMITOS 91.4%
24. MIDWAY CITY 73.9%
25. MISSION VIEJO 90.7%
26. NEWPORT BEACH 94.1%
27. ORANGE 90.3%
28. PLACENTIA 86.9%
29. RANCHO SANTA MARGARITA 94.3%
30. ROSSMOOR 95.2%
31. SAN CLEMENTE 90.1%
32. SAN JUAN CAPISTRANO 86.3%
33. SANTA ANA 84.6%
34. SEAL BEACH 86.5%
35. STANTON 79.5%
36. TUSTIN 90.5%
37. VILLA PARK 97.3%
38. WESTMINSTER 81.3%
39. YORBA LINDA 91.7%

ORANGE COUNTY: 87.4%
CALIFORNIA: 84.6%



Note: N/A indicates no data are 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: Orange County Health Care Agency, Family Health Division

INFANT MORTALITY

INFANT MORTALITY RATES CONTINUE TO 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 are 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 Hispanics in Orange County, which remain higher than the overall county rate. In the past, these disparities had been only partially explained by factors such as adequacy and quality of prenatal care.

Findings

- In 2015, there were 114 infant deaths in Orange County.
- The infant mortality rate was 2.7 deaths per 1,000 births in 2015, a 43.8% decrease since 2006. This is lower than California's rate of 4.4[2] and the United States' rate of 5.9.[3]
- Leading causes of infant mortality were maternal causes[4] (28.0%), other conditions of the perinatal period (23.0%), all other causes (19.0%) and congenital anomalies (birth defects) (16.0%).
- In 2015, there were eight infant deaths associated with bed-sharing for which the cause of death was classified as undetermined or asphyxia. These deaths may be included in the broad category of Sudden Unexpected Infant Death (SUID), which are included in "all other causes".
- Disparities persist. Infant mortality rates (per 1,000 live births) were highest among Hispanic infants at 5.0, followed by White and Asian infants, both at 1.8.

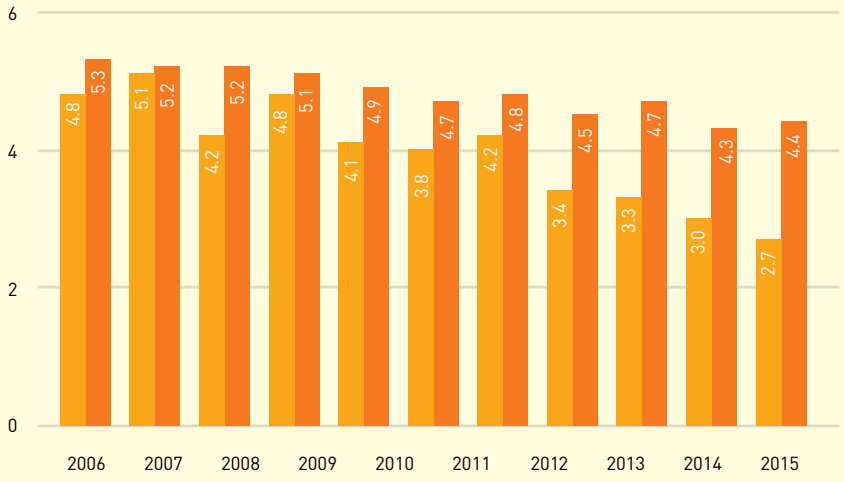
[1] MacDorman, M F, Mathew, MS, 2013. [2] Orange County Coroner Division [3] State of California, Center for Health Statistics, Vital Statistics Query System. [4] Centers for Disease Control, CDC Wonder, 2016.
[4] Maternal Causes includes causes such as hypertension, premature rupture of membranes, malpresentation, placenta previa, alcohol/drug abuse, or other complications of labor and delivery.

Rate per 1,000 Live Births Suffering Infant Mortality

Orange County and California, 2006 to 2015

- Orange County
- California

Source: Orange County Health Care Agency

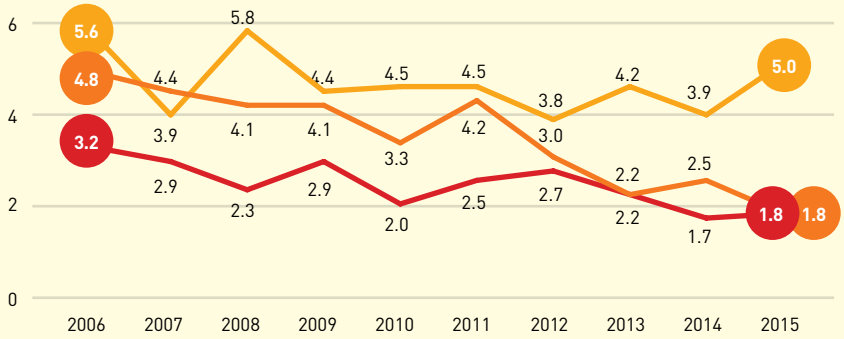


Rate per 1,000 Live Births Suffering Infant Mortality, by Race and Ethnicity

2006 to 2015

- 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, 2015

Causes of Infant Death	2015
Maternal Causes	28.0%
Other Conditions of Perinatal Period	23.0%
All Other Causes	19.0%
Congenital Anomalies (Birth Defects)	16.0%
Short Gestation/Low Birth Weight	7.0%
Accidents and Adverse Effects	5.0%
Respiratory Distress Syndrome (RDS)	1.0%
Pneumonia and Influenza	1.0%

Note: Maternal Causes includes causes such as hypertension, premature rupture of membranes, malpresentation, placenta previa, alcohol/drug abuse, or other complications of labor and delivery.

Sources: Orange County Health Care Agency, Orange County Coroner Division

LOW BIRTH WEIGHT

LOW BIRTH WEIGHT REMAINS STABLE AT 6.3% OF ALL BIRTHS.

DESCRIPTION OF INDICATOR

This indicator reports the total number of low birth weight infants and very low birth weight infants as a proportion 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 and/or drug use during pregnancy, multiple births, poor nutrition, maternal age, socioeconomic factors, domestic violence and maternal or fetal infections.

Findings

- In 2015, there were 37,621 births to Orange County residents, of which 6.3% (2,370) were low birth weight infants, a decrease from the high of 6.7% in 2011.
- Overall, the Orange County rate is lower than the 2015 rates for California (6.8%)[3] and the United States (8.1%)[4].
- Very low birth weight infants comprised 1.0% (358) of the total births.
- When assessed by race/ethnicity, the percent of low birth weight infants within each group were: Black (10.4%), Asian (7.3%), Hispanic (6.1%) and White (5.5%) infants.

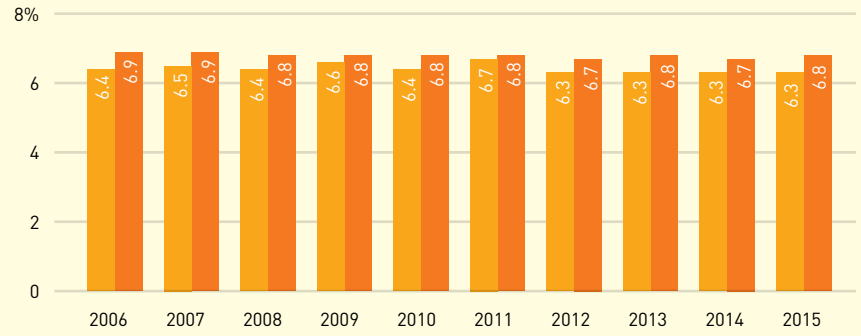
[1] MacDorman, M. F., Mathews, T. J., & Declercq, E. R. (2012). [2] Mathews, T. J., MacDorman, M. F. (2013). [3] California Department of Public Health, Center for Health Statistics, Birth Files.
[4] Centers for Disease Control, National Center for Health Statistics, 2016.

Percent of Infants with Low Birth Weight

Orange County and California, 2006 to 2015

- Orange County
- California

Source: Orange County Health Care Agency, Family Health Division



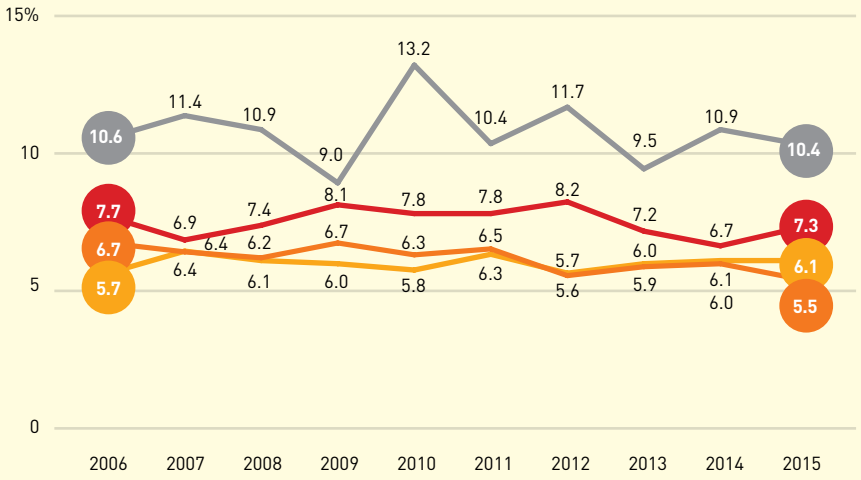
Percent of Infants with Low Birth Weight, by Race/Ethnicity

2006 to 2015

- Black
- Asian
- White
- Hispanic

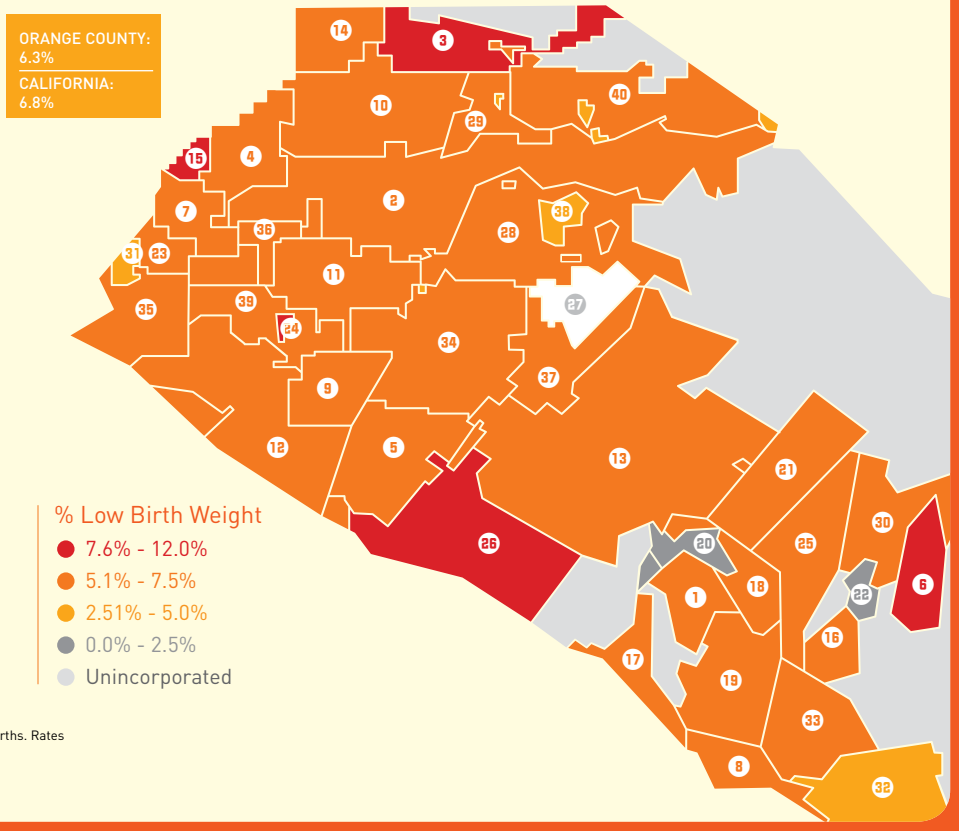
Note: Due to relatively low numbers of Black infants and deaths, statistics for this group are unreliable.

Source: Orange County Health Care Agency, Family Health Division



Percent of Infants with Low Birth Weight, by Community of Residence, 2015

1. ALISO VIEJO 5.4%
2. ANAHEIM 6.18%
3. BREA 8.0%
4. BUENA PARK 6.8%
5. COSTA MESA 6.7%
6. COTO DE CAZA 11.8%%
7. CYPRESS 5.2%
8. DANA POINT 5.2%
9. FOUNTAIN VALLEY 7.1%
10. FULLERTON 7.2%
11. GARDEN GROVE 7.5%
12. HUNTINGTON BEACH 6.0%
13. IRVINE 5.4%
14. LA HABRA 7.2%
15. LA PALMA 8.0%
16. LADERA RANCH 5.2%
17. LAGUNA BEACH 6.3%
18. LAGUNA HILLS 5.1%
19. LAGUNA NIGUEL 6.1%
20. LAGUNA WOODS 0.0%
21. LAKE FOREST 6.8%
22. LAS FLORES 0.0%
23. LOS ALAMITOS 6.7%
24. MIDWAY CITY 10.6%
25. MISSION VIEJO 6.7%
26. NEWPORT BEACH 8.1%
27. NORTH TUSTIN N/A
28. ORANGE 6.0%
29. PLACENTIA 7.3%
30. RANCHO SANTA MARGARITA 5.9%
31. ROSSMOOR 4.8%
32. SAN CLEMENTE 4.6%
33. SAN JUAN CAPISTRANO 5.7%
34. SANTA ANA 5.9%
35. SEAL BEACH 6.3%
36. STANTON 6.5%
37. TUSTIN 7.0%
38. VILLA PARK 2.6%
39. WESTMINSTER 6.4%
40. YORBA LINDA 5.9%



Note: N/A indicates no data are 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: Orange County Health Care Agency, Family Health Division

PRETERM BIRTHS

PRETERM BIRTHS IN ORANGE COUNTY ARE AT A 10-YEAR LOW.

DESCRIPTION OF INDICATOR

This indicator reports the percentage 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 preterm birth 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 – may increase the likelihood that a woman has preterm labor and delivers early.[2] Preterm infants are at risk of lifelong neurologic, cognitive and behavioral problems.[3,4] Preterm births and low birth weight are often, but not always, associated. In the United States, the preterm birth rate increased slightly from 2014, to 9.6% in 2015, as did the rate of low birthweight (8.07% in 2015).[5] Preterm births cost the U.S. health care system more than $26 billion each year.[6]

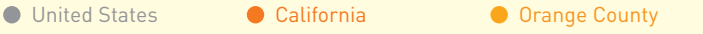
Findings

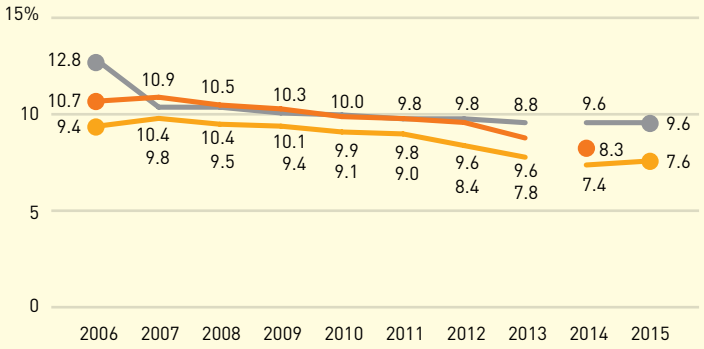
- Preterm births accounted for 7.6% of the 37,621 births to Orange County residents in 2015, dropping 19.2% from 9.4% in 2006. By comparison, the rate for the United States was higher at 9.6% (25% decrease since 2006) in 2015.
- Disparities persist with preterm births among Black infants at 10.8%, followed by Hispanic (8.0%), White (7.3%) and Asian (7.0%) infants (the percentages decreased for all race/ethnicities, compared to 2006).
- Out of all preterm births, the percentage of preterm births was highest among women less than 19 years old (14.1%), followed by women older than 40 years (13.5%), 35 to 39 years (9.7%), 30 to 34 years (8.7%), 20 to 24 years (8.3%), and 25 to 29 years (7.6%) of age.

[1] Surgeon General's Conference on the Prevention of Preterm Birth, 2008. [2] Centers for Disease Control, Preterm Birth Infographic. [3] Martin, J.A., et al, 2012. [4] Mathews, T.J., MacDorman, M.F., 2012. [5] National Vital Statistics Reports, Vol. 66, No. 1, January 5, 2017. [6] Centers for Disease Control and Prevention, Reproductive Health, 2013.

Percent of Preterm Births

Orange County, California and United States, 2006 to 2015

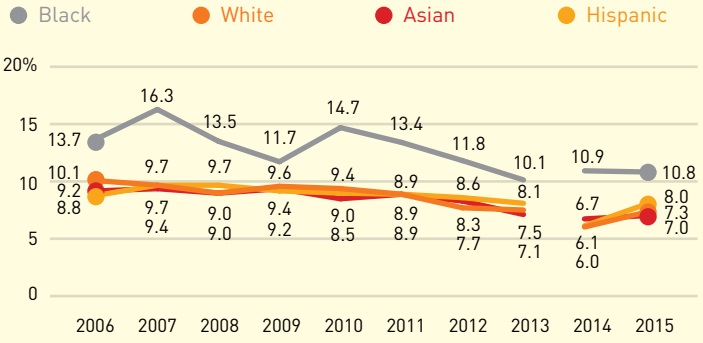




Note: Percent of preterm births in California is no longer available in 2015. Percent calculated from number of births with known obstetric estimate gestational age less than 37 weeks for 2014. Rates prior to 2014 were calculated from last menstrual cycle dates.
Sources: County of Orange Health Care Agency; March of Dimes Report Card

Percent of Preterm Births, by Race/Ethnicity

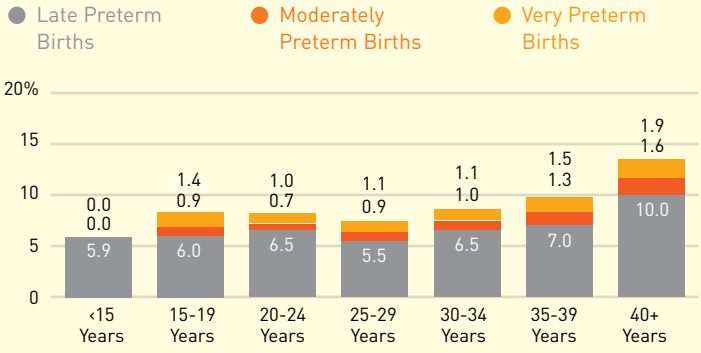
2006 to 2015



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, 2015

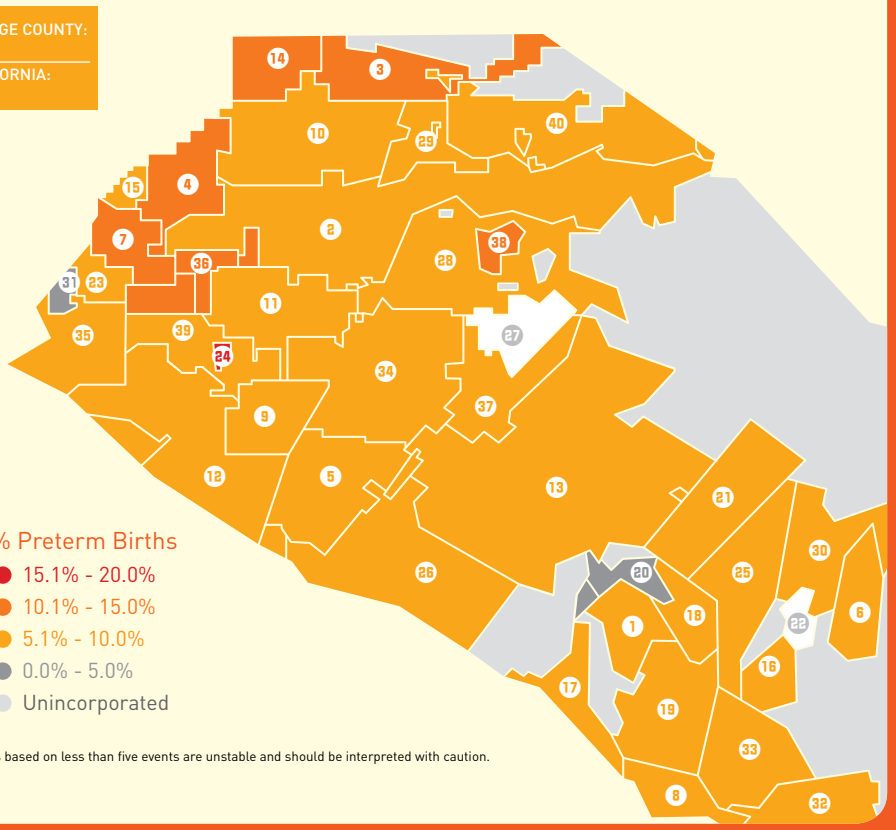


Source: Orange County Health Care Agency

Percent of Preterm Births, by Community, 2015

1. ALISO VIEJO 6.5%
2. ANAHEIM 7.9%
3. BREA 10.2%
4. BUENA PARK 10.1%
5. COSTA MESA 8.0%
6. COTO DE CAZA 8.0%
7. CYPRESS 10.1%
8. DANA POINT 7.6%
9. FOUNTAIN VALLEY 8.8%
10. FULLERTON 8.3%
11. GARDEN GROVE 8.7%
12. HUNTINGTON BEACH 6.1%
13. IRVINE 5.8%
14. LA HABRA 10.4%
15. LA PALMA 8.8%
16. LADERA RANCH 6.4%
17. LAGUNA BEACH 9.1%
18. LAGUNA HILLS 6.3%
19. LAGUNA NIGUEL 6.8%
20. LAGUNA WOODS 0.0%
21. LAKE FOREST 7.9%
22. LAS FLORES N/A
23. LOS ALAMITOS 6.7%
24. MIDWAY CITY 16.0%
25. MISSION VIEJO 7.7%
26. NEWPORT BEACH 8.6%
27. NORTH TUSTIN N/A
28. ORANGE 6.8%
29. PLACENTIA 9.4%
30. RANCHO SANTA MARGARITA 6.8%
31. ROSSMOOR 4.8%
32. SAN CLEMENTE 5.7%
33. SAN JUAN CAPISTRANO 8.1%
34. SANTA ANA 7.2%
35. SEAL BEACH 7.1%
36. STANTON 10.1%
37. TUSTIN 7.6%
38. VILLA PARK 13.2%
39. WESTMINSTER 7.4%
40. YORBA LINDA 6.3%

ORANGE COUNTY: 7.6%
CALIFORNIA: N/A



Note: N/A indicates no data are 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: Orange County Health Care Agency, Family Health Division

TEEN BIRTHS

ORANGE COUNTY'S TEEN BIRTH RATE IS ABOUT HALF OF THE US AVERAGE.

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, with societal costs 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

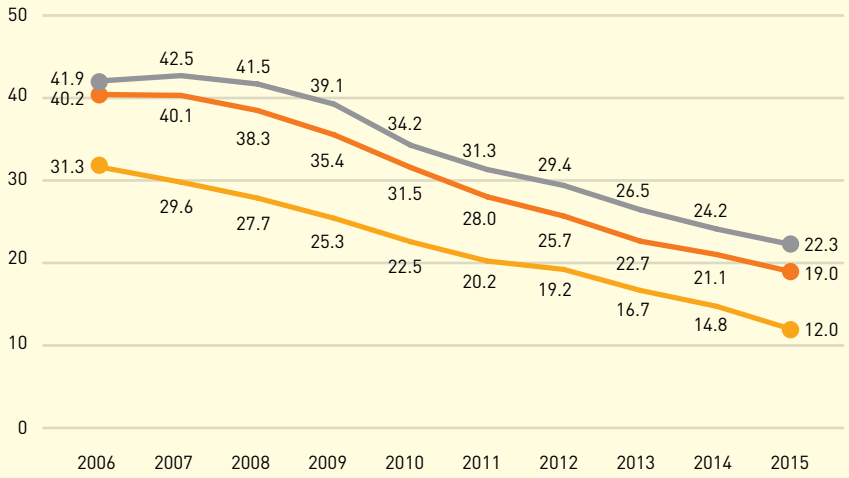
- In 2015, 3.7% (1,392) of total annual births were to teen females ages 19 years and younger, a 50% decrease from 7.4% (3,265) in 2006. Overall, total births decreased 12.7% from 44,231 in 2006 to 37,621 births in 2015.
- The teen birth rate in Orange County in 2015 was 12.0 births per 1,000, a decrease of 61.7% from 31.3 births per 1,000 in 2006.
- At 12.0 births per 1,000 teen females, Orange County has a lower teen birth rate than California (19.0)[4] and the United States (22.3).[5]
- When assessed by race/ethnicity, Hispanic teens had the highest birth rate (23.7), followed by Black (9.0), White (3.5) and Asian (1.6) teens.
- Cities with the highest rate of teen births include Santa Ana (28.2), Anaheim (24.8) and Buena Park (20.5).

[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, Health Information and Research Section. [5] CDC, National Vital Statistics Reports: National Center for Health Statistics.

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

Orange County, California and United States 2006 to 2015

- United States
- California
- Orange County

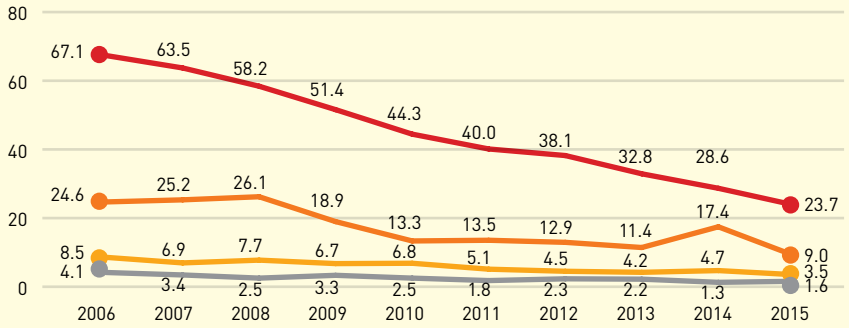


Note: Rates calculated using data from State of California, Department of Finance.
Source Orange County: County of Orange Health Care Agency
Source California: State of California, Health Information and Research Section
Source United States: National vital statistics reports: National Center for Health Statistics

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

2006 to 2015

- Hispanic
- Black
- Non-Hispanic White
- Asian

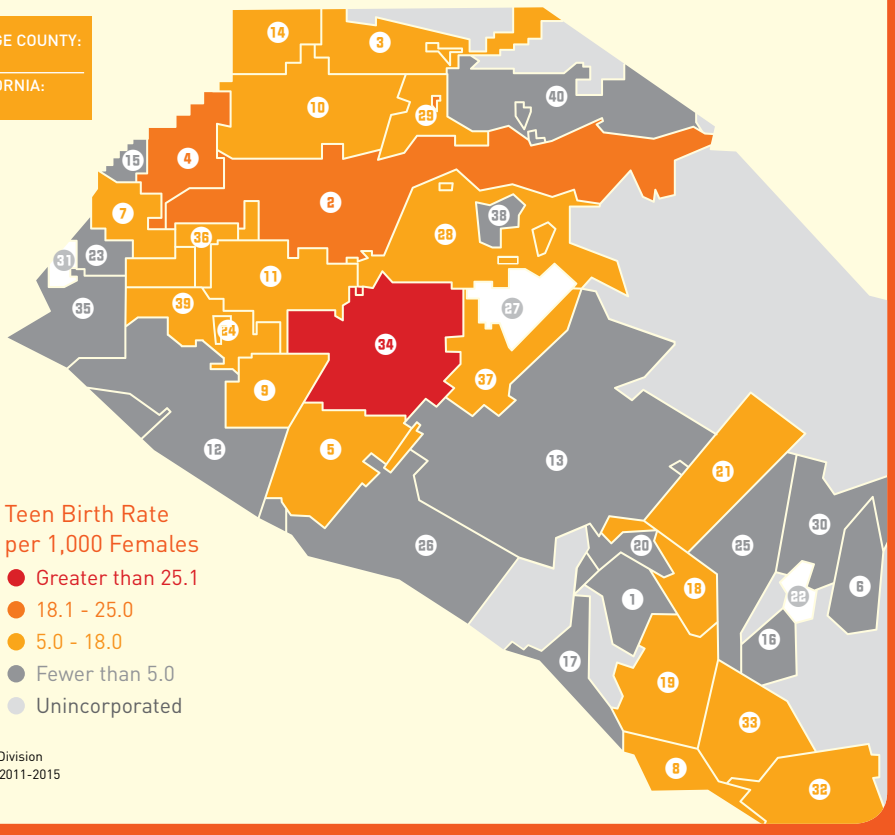


Source: Orange County Health Care Agency

Birth Rate per 1,000 Females 15 to 19 Years of Age, by Community of Residence, 2011 to 2015, 5 Year Average

1. ALISO VIEJO 3.4
2. ANAHEIM 24.8
3. BREA 9.0
4. BUENA PARK 20.5
5. COSTA MESA 14.7
6. COTO DE CAZA 1.5
7. CYPRESS 5.0
8. DANA POINT 9.41
9. FOUNTAIN VALLEY 7.7
10. FULLERTON 14.2
11. GARDEN GROVE 13.6
12. HUNTINGTON BEACH 4.5
13. IRVINE 1.0
14. LA HABRA 16.3
15. LA PALMA 1.9
16. LADERA RANCH 2.1
17. LAGUNA BEACH 0.0
18. LAGUNA HILLS 5.5
19. LAGUNA NIGUEL 6.3
20. LAGUNA WOODS 0.0
21. LAKE FOREST 5.1
22. LAS FLORES N/A
23. LOS ALAMITOS 3.7
24. MIDWAY CITY 9.1
25. MISSION VIEJO 2.5
26. NEWPORT BEACH 1.9
27. NORTH TUSTIN N/A
28. ORANGE 13.4
29. PLACENTIA 14.3
30. RANCHO SANTA MARGARITA 4.8
31. ROSSMOOR N/A
32. SAN CLEMENTE 8.6
33. SAN JUAN CAPISTRANO 14.1
34. SANTA ANA 28.2
35. SEAL BEACH 2.8
36. STANTON 15.5
37. TUSTIN 8.9
38. VILLA PARK 4.6
39. WESTMINSTER 9.0
40. YORBA LINDA 3.5

ORANGE COUNTY: 12.2
CALIFORNIA: 19.0



Note: N/A indicates no data are available. **Source:** Orange County Health Care Agency, Family Health Division
Population source: U.S. Census Bureau, American Community Survey, Five Year Average Population, 2011-2015

BREASTFEEDING

THREE MONTHS AFTER DELIVERY 32.0% OF NEW MOTHERS CONTINUE TO EXCLUSIVELY BREASTFEED.

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 statewide-representative survey of women with a recent live birth in California. 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 reported breastfeeding at one month after delivery and at three months after delivery.

Why is this important?

Human milk provides the ideal nutrition for infants and has many benefits for healthy infant growth and development. Breastfeeding significantly reduces infant risks for infections, asthma or allergies compared to infants who are formula fed resulting in fewer hospitalizations and trips to the doctor.[1] Evidence also demonstrates that breastfeeding reduces the risk of heart disease, asthma and diabetes later in life and can reduce the risk of childhood obesity.[2] These benefits increase greatly when a mother exclusively breastfeeds for the first six months of life.

Breastfeeding can provide protective health benefits for the mother who breastfeeds frequently enough for the sufficient duration. The breastfeeding mother may experience less postpartum bleeding (which conserves iron in the body), risk for post-menopausal osteoporosis and hip fracture, earlier return to pre-pregnancy weight and decreased risks of breast and ovarian cancers.

Breastfeeding benefits the 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

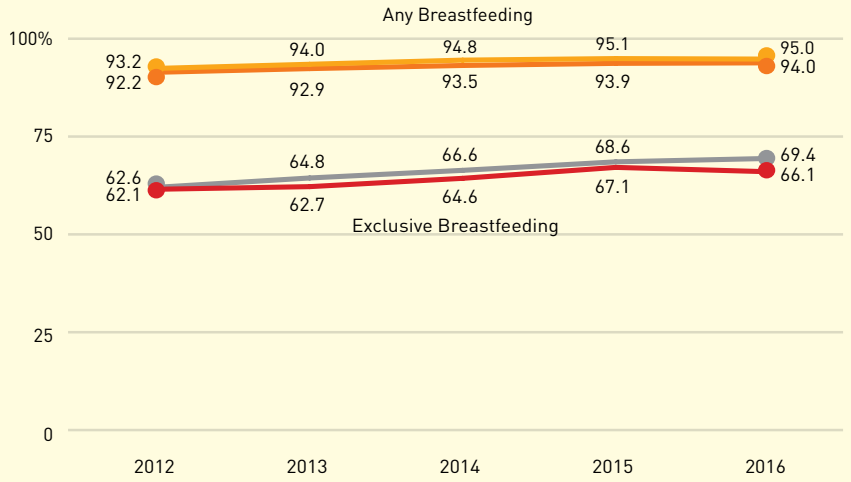
- In 2016, 66.1% of Orange County women were exclusively breastfeeding at time of hospital discharge, lower than California at 69.4% of women.
- Exclusive breastfeeding at time of discharge was highest among White women at 80.6%, followed by multiracial (77.1%), Black (69.3%), Pacific Islander (67.1%), Hispanic (63.0%), and Asian (53.5%) women.
- In 2014/15, 51.4% of Orange County women surveyed by MIHA were exclusively breastfeeding one week after delivery, an increase of 0.6% since 2012/13, and lower than women in California at 57.2%.
- One month after delivery, 42.8% of Orange County women surveyed by MIHA in 2014/15 were exclusively breastfeeding, an increase from 16.6% in 2012/13, and lower than women in California at 45.7%.
- Three months after delivery, 32.0% of Orange County women surveyed by MIHA in 2014/15 were exclusively breastfeeding, an increase from 27.8% in 2012/13, and higher than women in California at 30.2%.

[1] Bartick M, Reinhold A., 2010. [2,3] Gartner LM, et al., 2005.

Hospital Discharge Breastfeeding Percents in Orange County and California, 2012 to 2016

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

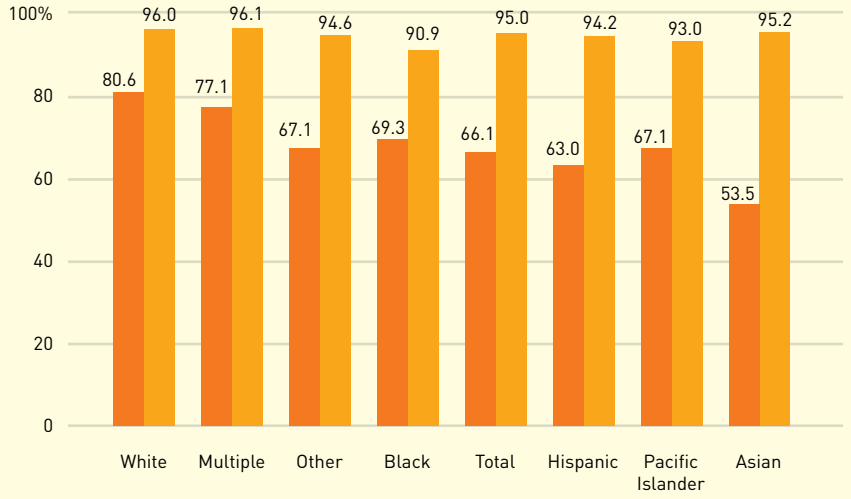
Source: California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2016. NBS Form Version (D) Revised 12/2008. Maternal, Child and Adolescent Health Program



Hospital Discharge Breastfeeding Percents, by Race/Ethnicity, 2016

- Exclusive Breastfeeding
- Any Breastfeeding

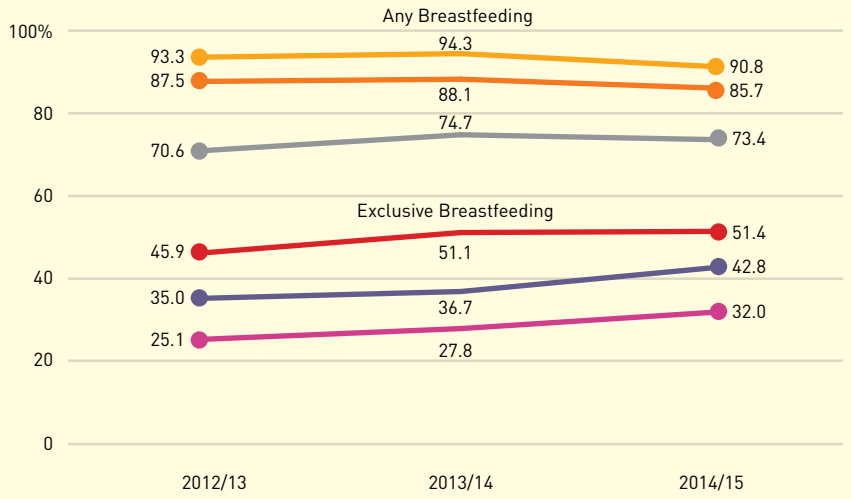
Source: California Department of Public Health. Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2016. NBS Form Version (D) Revised 12/2008. Maternal, Child and Adolescent Health Program



Breastfeeding Percentages at One Week, One Month, and Three Months After Delivery, 2012/13 to 2014/15

- 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. Data from MIHA 2014-2015 were combined, resulting in a statewide sample size 13,752. The sample size of Orange county was 363. Prevalence (%), 95% confidence interval (CI) and estimated number of women in the population breastfeeding (rounded to the nearest hundred) are weighted to represent all women with a live birth who resided in California and the county in 2014-2015. See the Technical Notes for information on weighting, comparability to prior years and technical definitions. Visit the MIHA website at www.cdph.ca.gov/MIHA.
Source: Sacramento: California Department of Public Health, Maternal, Child and Adolescent Health Program, 2017



IMMUNIZATIONS

IMMUNIZATION FOR KINDERGARTENERS REACHES THE HIGHEST LEVEL IN 10 YEARS.

DESCRIPTION OF INDICATOR

This indicator reports the percentage 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 on 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] Successful elimination of vaccine preventable diseases depends on decreasing the percentages of under-vaccinated children, teens, and adults.[2]

Findings

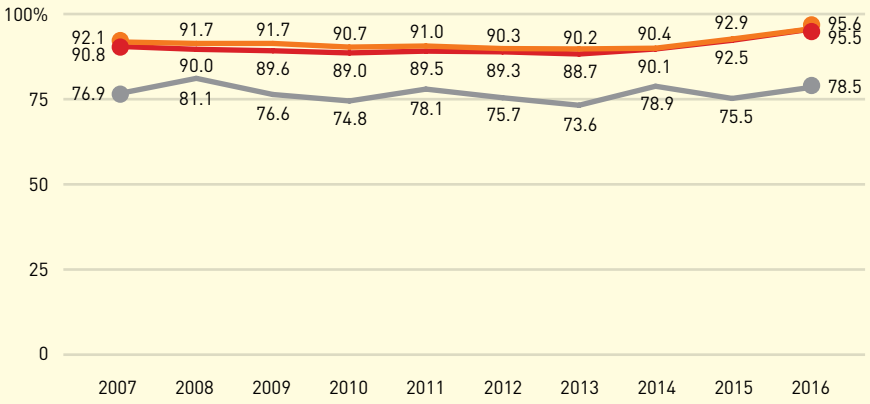
- In 2016, 78.5% of Orange County children entering kindergarten had been adequately immunized (4:3:1 schedule) at age two, higher than the 10-year low of 73.6% in 2013.[3]
- In 2016, 95.5% of Orange County kindergartners had up-to-date immunizations, a 7.7% increase from the 10-year low of 88.7% in 2013 and exceeding the high of 92.5% in 2015.
- These percents and trends are similar to those among kindergartners throughout California, who were immunized at a rate of 95.6%.[4]
- Two school districts, Laguna Beach Unified and Capistrano Unified, had 89.9% or fewer of kindergartners with up-to-date immunization levels. This correlates with higher percentages of personal belief exemptions and conditional enrollments in these districts.[5]

Effective January 1, 2016, California law removed 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] Adequately Immunized-4:3:1 or Better: 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 beliefs 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.

Percent of Adequately Immunized Children Enrolling in School Between 2007 and 2016 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



Note: 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.
Sources: Orange County Health Care Agency. Kindergarten Assessment Results, California Department of Health Services, Immunization Branch. Kindergarten Retrospective Survey Results California Department of Health Services, Immunization Branch; County of Orange, Health Care Agency.

Immunization Coverage Among Kindergarten Students at Two Years of Age, by Immunization, Kindergarten Retrospective Survey, 2012 to 2016

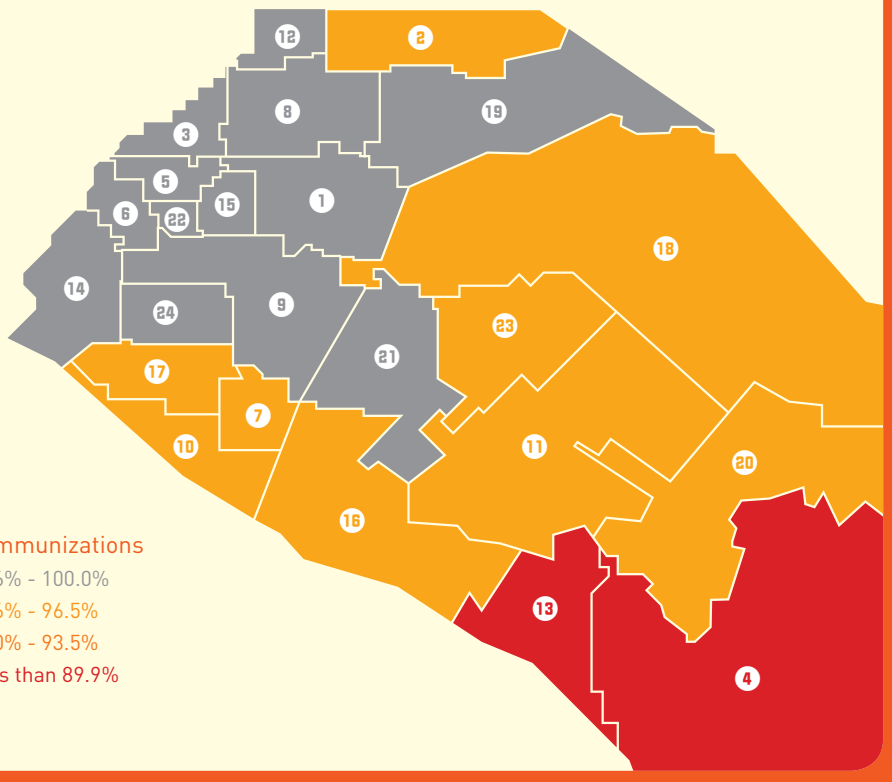
Year	Number	DTaP (4+)	Polio (3+)	MMR (1+)	Hepatitis B (3+)	Varicella (1+)	4:3:1	4:3:1 plus Hepatitis B	4:3:1 plus Hepatitis B and Varicella
2012	1,887	80.1%	90.5%	89.7%	90.5%	88.8%	75.7%	73.3%	70.9%
2013	1,966	78.6%	88.3%	87.6%	87.8%	86.5%	73.6%	70.9%	68.9%
2014	1,800	82.7%	92.1%	90.9%	90.8%	90.2%	78.9%	77.1%	75.3%
2015	1,634	79.7%	90.2%	89.7%	87.0%	88.1%	75.5%	72.2%	70.2%
2016	1,995	83.0%	93.5%	92.1%	90.0%	91.1%	78.5%	75.5%	73.4%

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).
Sources: Orange County Health Care Agency.

Up-to-Date Immunizations at Kindergarten Enrollment, Private and Public Schools within Each School District, 2016

1. ANAHEIM CITY 98.1%
2. BREA-OLINDA UNIFIED 96.4%
3. BUENA PARK ELEMENTARY 98.8%
4. CAPISTRANO UNIFIED 89.0%
5. CENTRALIA ELEMENTARY 98.2%
6. CYPRESS ELEMENTARY 97.1%
7. FOUNTAIN VALLEY ELEMENTARY 96.3%
8. FULLERTON ELEMENTARY 97.1%
9. GARDEN GROVE UNIFIED 97.6%
10. HUNTINGTON BEACH CITY ELEMENTARY 93.6%
11. IRVINE UNIFIED 93.8%
12. LA HABRA CITY ELEMENTARY 98.8%
13. LAGUNA BEACH UNIFIED 84.7%
14. LOS ALAMITOS UNIFIED 98.1%
15. MAGNOLIA ELEMENTARY 97.0%
16. NEWPORT-MESA UNIFIED 94.3%
17. OCEAN VIEW 94.8%
18. ORANGE UNIFIED 95.9%
19. PLACENTIA-YORBA LINDA UNIFIED 96.9%
20. SADDLEBACK VALLEY UNIFIED 94.7%
21. SANTA ANA UNIFIED 98.0%
22. SAVANNA ELEMENTARY 97.2%
23. TUSTIN UNIFIED 95.5%
24. WESTMINSTER ELEMENTARY 97.7%

ORANGE COUNTY: 95.5%
CALIFORNIA: 95.6%



Source: Orange County Health Care Agency

OBESITY

RISK OF OBESITY REMAINS STEADY AT 18% OF 5TH GRADERS OVER THE LAST THREE YEARS.

DESCRIPTION OF INDICATOR

This indicator reports data from the California Physical Fitness Test on the percent of 5th grade students who are classified as obese. Obese is defined as having health risk due to their body composition being equivalent to or greater than the 95th percentile of Body Mass Index (BMI). 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 30-31 of this report), especially during the critical periods of infancy, two to four years of age, and adolescence.

Findings

- During the 2015/16 school year, 18.1% (6,586) of Orange County 5th graders tested were classified as obese. This rate has remained steady since 2013/14 at approximately 18% and is lower than California at approximately 21% of 5th graders.
- Among racial and ethnic groups, Pacific Islander (33.8%), Hispanic (26.7%) and American Indian (25.4%) 5th graders had the highest percentages of students classified as obese, followed by Black (19.1%), Multiracial (12.9%), Filipino (12.7%), White (9.4%) and Asian (9.3%) 5th graders. As of the 2013/14, "at health risk due to body composition" is equivalent to or greater than the 95th percentile of BMI which is obesity.

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. As of the 2013/14, "at health risk due to body composition" is equivalent to or greater than the 95th percentile of BMI which is obesity. 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.

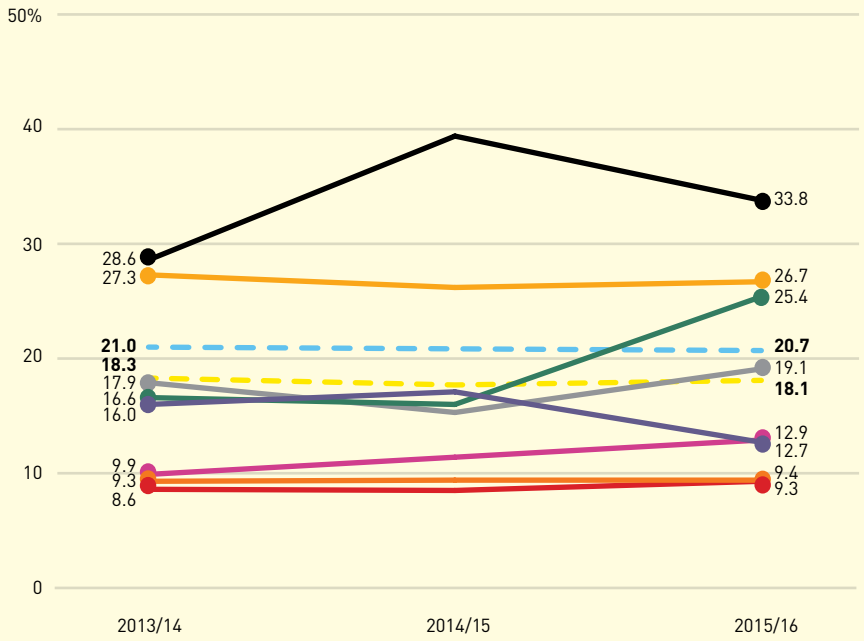
[1] The Surgeon General, 2000.

Percent of 5th Grade Students who Are Obese, by Race/Ethnicity
2013/14 to 2015/16

- Pacific Islander
- Hispanic
- Filipino
- Black
- Multi Race
- American Indian
- Asian
- White

- California
- Orange County

Notes: Black, Filipino, American Indian and Pacific Islander 5th grade student enrollment is less than 2% of all 5th grade student enrollment. Percent obese for these groups may be unstable and should be interpreted with caution. See supplemental tables for data on obesity among 5th, 7th, and 9th graders and trends in racial/ethnic obesity estimates.
Source: California Department of Education, DataQuest, 2017.

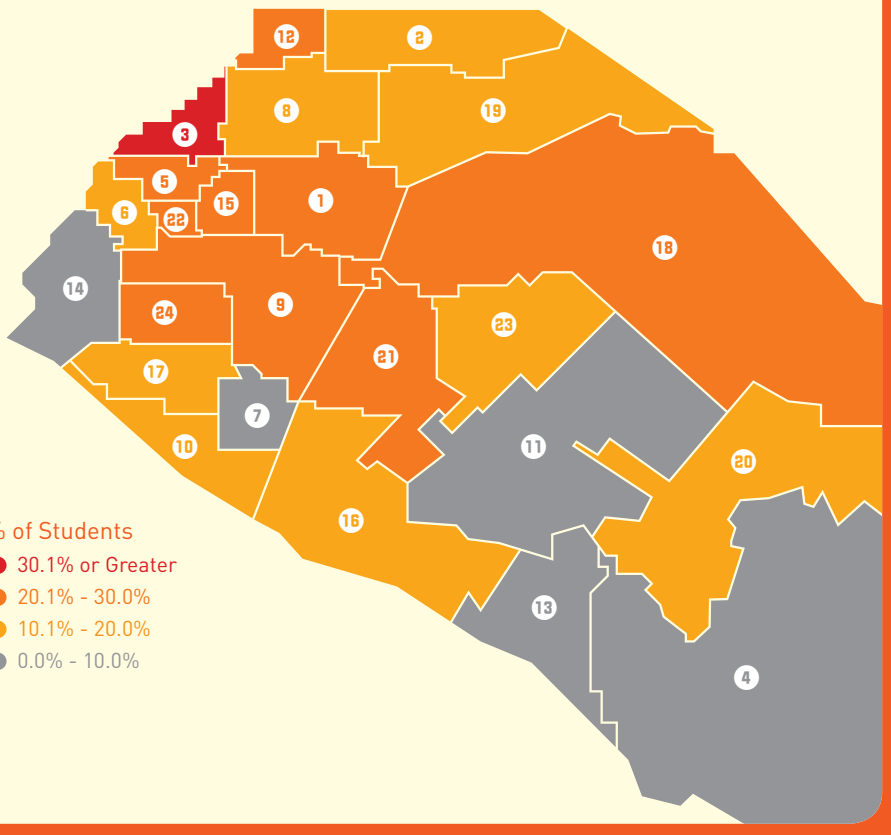


Nearly one in five 5th grade students are obese.

Percent of 5th Grade Students who Are Obese, by School District, 2015/16

1. ANAHEIM CITY 28.4%
2. BREA-OLINDA UNIFIED 11.8%
3. BUENA PARK ELEMENTARY 31.2%
4. CAPISTRANO UNIFIED 9.2%
5. CENTRALIA ELEMENTARY 24.4%
6. CYPRESS ELEMENTARY 16.0%
7. FOUNTAIN VALLEY ELEMENTARY 9.9%
8. FULLERTON ELEMENTARY 18.6%
9. GARDEN GROVE UNIFIED 21.6%
10. HUNTINGTON BEACH CITY ELEMENTARY 11.2%
11. IRVINE UNIFIED 7.7%
12. LA HABRA CITY ELEMENTARY 29.9%
13. LAGUNA BEACH UNIFIED 0.0%
14. LOS ALAMITOS UNIFIED 8.2%
15. MAGNOLIA ELEMENTARY 20.7%
16. NEWPORT-MESA UNIFIED 18.1%
17. OCEAN VIEW 14.9%
18. ORANGE UNIFIED 23.0%
19. PLACENTIA-YORBA LINDA UNIFIED 15.7%
20. SADDLEBACK VALLEY UNIFIED 14.1%
21. SANTA ANA UNIFIED 28.2%
22. SAVANNA ELEMENTARY 24.5%
23. TUSTIN UNIFIED 15.7%
24. WESTMINSTER 21.3%

ORANGE COUNTY: 18.1%
CALIFORNIA: 20.7%



Source: California Department of Education, DataQuest, 2017

PHYSICAL FITNESS AND NUTRITION

PHYSICAL FITNESS DECLINES AS PERCENT OF 5TH GRADERS WITH HEALTH RISK INCREASES.

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 two to 17) who drank one or more glasses of soda during the previous day and eat five or more servings of fruits and vegetables daily.

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 2015/16 school year, 6.3% (2,292) of 5th graders tested were classified "at health risk due to aerobic capacity," up 8.6% since 2013/2014 (5.8% or 2,113), but slightly lower than California at 6.8% of 5th graders.
- The percentage of 5th graders at health risk due to aerobic capacity was highest among Pacific Islander 5th graders (10.1%), followed by American Indian (9.8%), Hispanic (9.5%), Black (6.6%), Filipino (5.1%), Multiracial (4.6%), White (3.2%) and Asian (2.6%) 5th graders.
- According to the 2015 California Health Interview Survey[5]:
  - 22.9% of children (2 to 17 years old) reported drinking one or more glasses of soda during the previous day, a decrease of 33.0% from 34.2% in 2013.
  - 25.1% of children (2 to 17 years old) reported eating five or more servings of fruits and vegetables daily, an increase of 26.8% from 19.8% in 2011.

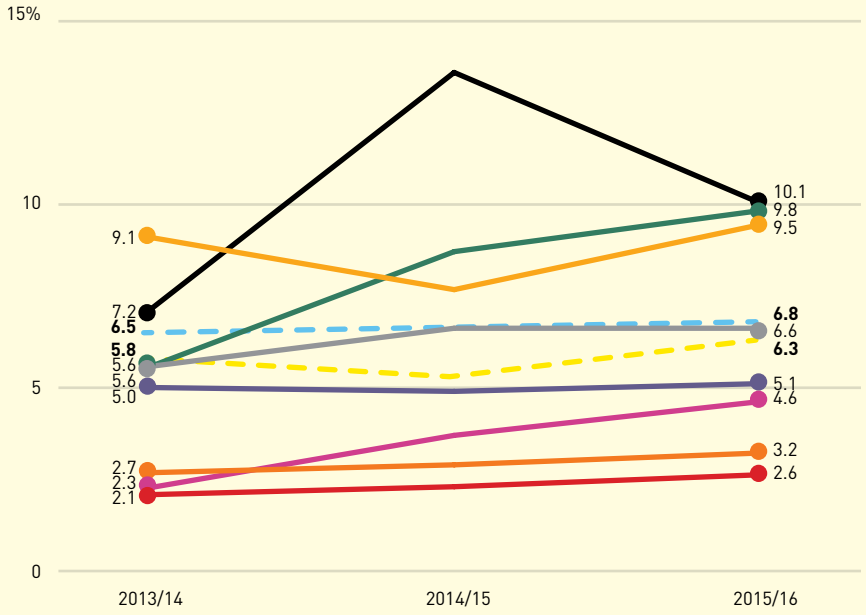
California Physical Fitness Test uses the Cooper Institute's FITNESSGRAM approach to classify 5th graders aerobic capacity at health risk when their V02max, a measure of maximum oxygen consumption, fell within certain limits after participation in structured aerobic exercises, such as the Progressive 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.

[1] Chan RSM and Wood J., 2010. [2] U.S. Department of Health and Human Services and U.S. Department of Agriculture, 2010. [3] Warburton, D.E.R., et. al., 2006. [4] Hallal, P.C., et. al., 2006. [5] California Health Interview Survey, 2015.

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

2013/14 to 2015/16

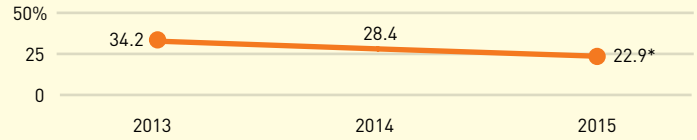
- Hispanic
- Pacific Islander
- Multiracial
- Black
- Filipino
- American Indian
- White
- Asian
- California
- Orange County



Note: Black, Filipino, American Indian and Pacific Islander 5th grade student enrollment is less than 2% of all 5th grade student enrollment. Percent at health risk due to aerobic capacity for these groups may be unstable and should be interpreted with caution.
Source: California Department of Education, DataQuest, 2017

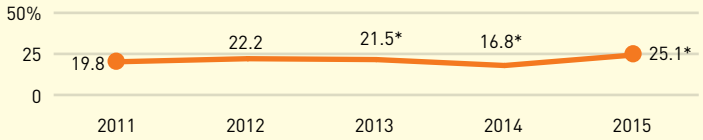
Percent of Children Ages 2 to 17 Years Old who Consumed Soda the Previous Day

2013 to 2015



* Statistically unstable. **Source:** California Health Interview Survey, 2015/16

Percent of Children Ages 2 to 17 Years Old who Eat 5+ Servings of Fruits/Vegetables Daily, 2009-2015

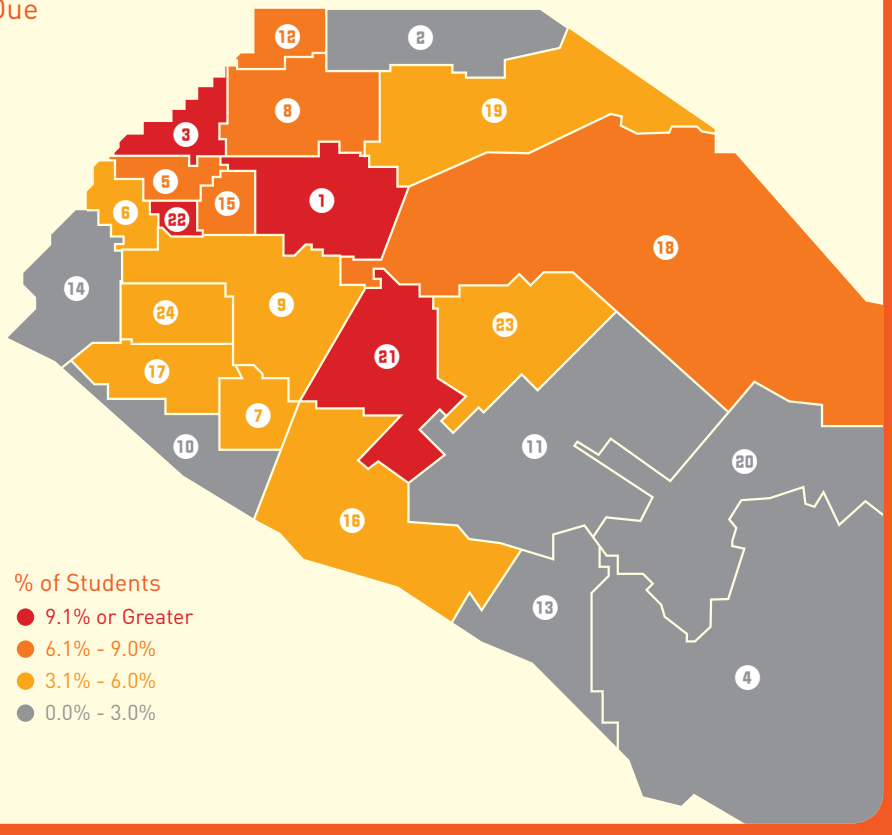


* Statistically unstable. **Source:** California Health Interview Survey, 2015/16

Percent of 5th Grade Students at Health Risk Due to Aerobic Capacity, by School District, 2015/16

1. ANAHEIM CITY 17.4%
2. BREA-OLINDA UNIFIED 2.2%
3. BUENA PARK ELEMENTARY 14.0%
4. CAPISTRANO UNIFIED 3.1%
5. CENTRALIA ELEMENTARY 6.5%
6. CYPRESS ELEMENTARY 5.1%
7. FOUNTAIN VALLEY ELEMENTARY 3.3%
8. FULLERTON ELEMENTARY 2.6%
9. GARDEN GROVE UNIFIED 5.9%
10. HUNTINGTON BEACH CITY ELEMENTARY 4.1%
11. IRVINE UNIFIED 2.1%
12. LA HABRA CITY ELEMENTARY 5.9%
13. LAGUNA BEACH UNIFIED 1.2%
14. LOS ALAMITOS UNIFIED 3.7%
15. MAGNOLIA ELEMENTARY 9.0%
16. NEWPORT-MESA UNIFIED 3.7%
17. OCEAN VIEW 3.8%
18. ORANGE UNIFIED 6.4%
19. PLACENTIA-YORBA LINDA UNIFIED 6.4%
20. SADDLEBACK VALLEY UNIFIED 1.9%
21. SANTA ANA UNIFIED 10.8%
22. SAVANNA ELEMENTARY 6.8%
23. TUSTIN UNIFIED 6.3%
24. WESTMINSTER 4.3%

ORANGE COUNTY: 6.3%
CALIFORNIA: 6.8%



Source: California Department of Education, DataQuest, 2017

BEHAVIORAL HEALTH

MENTAL HEALTH HOSPITALIZATION RATES DROP IN 2015 BUT STILL REPRESENT A 10-YEAR 33% INCREASE.

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, race/ethnicity and city of residence.

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 and substance abuse treatment) to areas in need. For example, an increase in hospitalization rates due to heroin use may lead to resource allocation to combat the increase in the use of this harmful drug.

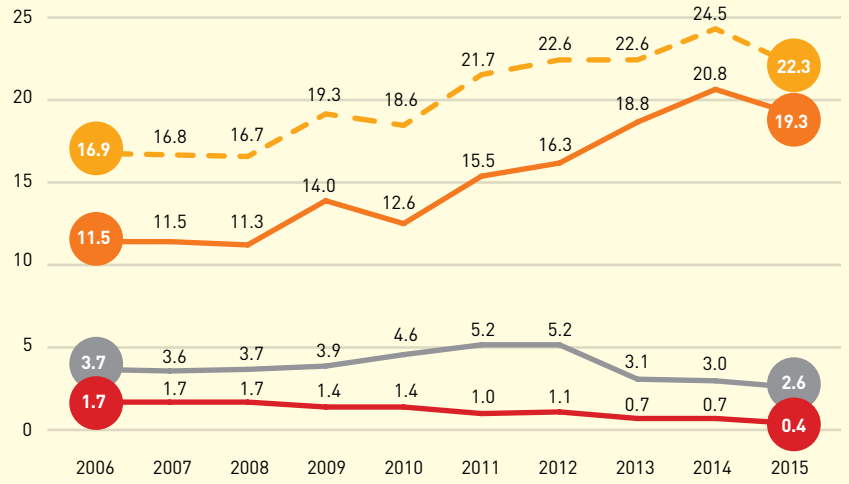
Findings

- Overall hospitalization rates for serious mental health and substance abuse conditions among children dropped for the first time in five years.
- Despite the one-year decline, the overall hospitalization rate for serious mental illness and substance abuse conditions among children increased by 33%, from a low of 16.7 per 10,000 children in 2008 to 22.3 per 10,000 children in 2015.
- Hospitalizations for substance-related diagnoses accounted for 2% of all such admissions for children in 2015, a decrease of 76% over the past decade from 1.7 per 10,000 children in 2006 to 0.4 per 10,000 children in 2015.
- The hospitalization rate for serious mental illness increased 71%, from a low of 11.3 per 10,000 children in 2008 to 19.3 per 10,000 children in 2015.
- Major Depression and Mood Disorders accounted for over six in 10 (66%) of all such hospitalizations, followed by Bipolar (13%), Schizophrenia/Psychoses (4%) and Schizoaffective Disorders (3%).
- White youth accounted for nearly half (49%) of all mental illness and substance abuse-related hospitalizations and Hispanic children accounted for more than one third (38%).
- Males comprised more than half (54%) of substance-related hospitalizations, while females accounted for the majority (65%) of mental illness hospitalizations.
- In 2015, 12.3% of adolescents aged 12 to 17 years had at least one major depressive episode in California and 11.9% in the United States. Overall, both rates were a higher percentage than previous years between 2005 to 2013 (ranging from 8.8 to 11.4%).[1]

[1] Substance Abuse and Mental Health Services Administration. (2015). 2015 National Survey on Drug Use and Health: Table 9.6B (United States) and Table 20 (California) Rockville, MD.

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

2005 to 2014

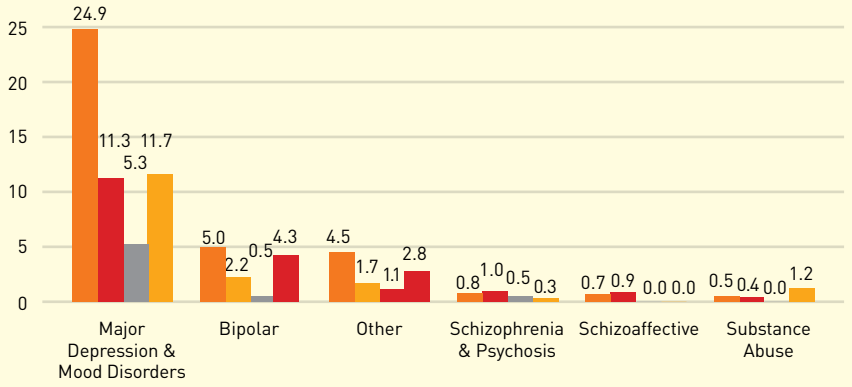


--- Total
● Mental Illness
● Other
● Substance Abuse

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



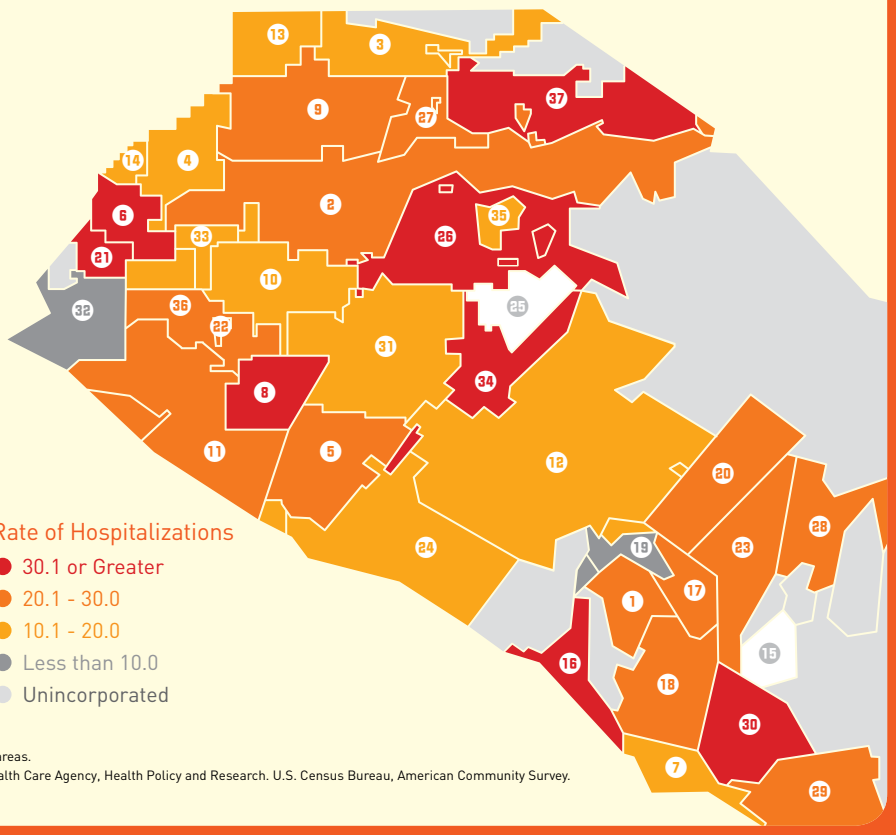
● White
● Asian
● Hispanic
● Other

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 City, 2015

1. ALISO VIEJO 26.2
2. ANAHEIM 20.6
3. BREA 18.4
4. BUENA PARK 15.1
5. COSTA MESA 22.9
6. CYPRESS 30.1
7. DANA POINT 14.9
8. FOUNTAIN VALLEY 32.8
9. FULLERTON 21.7
10. GARDEN GROVE 19.3
11. HUNTINGTON BEACH 28.2
12. IRVINE 16.7
13. LA HABRA 13.4
14. LA PALMA 12.2*
15. LADERA RANCH N/A
16. LAGUNA BEACH 38.5*
17. LAGUNA HILLS 25.4
18. LAGUNA NIGUEL 28.8
19. LAGUNA WOODS 0.0*
20. LAKE FOREST 22.5
21. LOS ALAMITOS 34.9*
22. MIDWAY CITY CDP 27.3*
23. MISSION VIEJO 21.6
24. NEWPORT BEACH 16.8
25. NORTH TUSTIN CDP N/A
26. ORANGE 34.2
27. PLACENTIA 24.8
28. RANCHO SANTA MARGARITA 22.5
29. SAN CLEMENTE 24.4
30. SAN JUAN CAPISTRANO 38.3
31. SANTA ANA 16.2
32. SEAL BEACH 9.4*
33. STANTON 12.8
34. TUSTIN 41.3
35. VILLA PARK 17.2*
36. WESTMINSTER 25.4
37. YORBA LINDA 31.6

ORANGE COUNTY: 22.3
CALIFORNIA: N/A



*The rates for these cities are unstable because of the small population of children residing in these areas.
Note: N/A indicates no data are available. CDP=census designated place. **Sources:** Orange County Health Care Agency, Health Policy and Research. U.S. Census Bureau, American Community Survey.

ECONOMIC WELL-BEING INDICATORS

CHILD POVERTY

PERCENT OF STUDENTS ELIGIBLE FOR FREE AND REDUCED PRICE LUNCH

40.0% 2007/08 **47.7%** 2016/17

HOUSING

PERCENT OF STUDENTS INSECURELY HOUSED

2.9% 2006/07 **5.8%** 2015/16

CALWORKS

PERCENT OF CHILDREN RECEIVING CALWORKS

4.0% 2006/07 **5.5%** 2015/16

CHILD SUPPORT

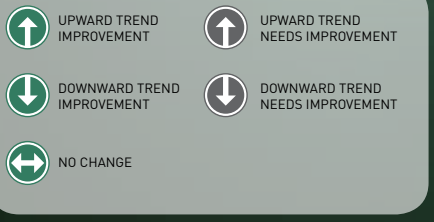
PERCENT OF CURRENT SUPPORT DISTRIBUTED

54.0% 2007/08 **68.0%** 2016/17

SUPPLEMENTAL NUTRITION

PERCENT OF CHILDREN RECEIVING CALFRESH

7.1% 2006/07 **19.2%** 2015/16



NOTE: Variation in data ranges are due to availability of data and frequency of data collection.

Photo courtesy of Children and Families Commission of Orange County

CHILD POVERTY

POVERTY AMONG CHILDREN IS INCREASING FASTER IN ORANGE COUNTY THAN CALIFORNIA OVERALL.

DESCRIPTION OF INDICATOR

This indicator reports the number and percent of students eligible for 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 the income of the child's parent(s) or guardian(s), which must be below 185% of the Federal Poverty Level. It also tracks the percent of children living in poverty according to the U.S. Census.

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 2016/17, 47.7% (226,745) of students were eligible for the Free and Reduced Price Lunch program in Orange County, lower than California at 59.2% (3,617,630).
- Between 2007/08 and 2016/17, there was a slightly larger increase (19.3%) among Orange County students eligible for the Free and Reduced Price Lunch program than among students throughout California (15.6%).
- According to the U.S. Census, 17.6% of Orange County's children were living in poverty in 2015; a 29.4% increase from 2010 (13.6%), while remaining lower than California (22.5%) and the United States (21.7%).
- 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]

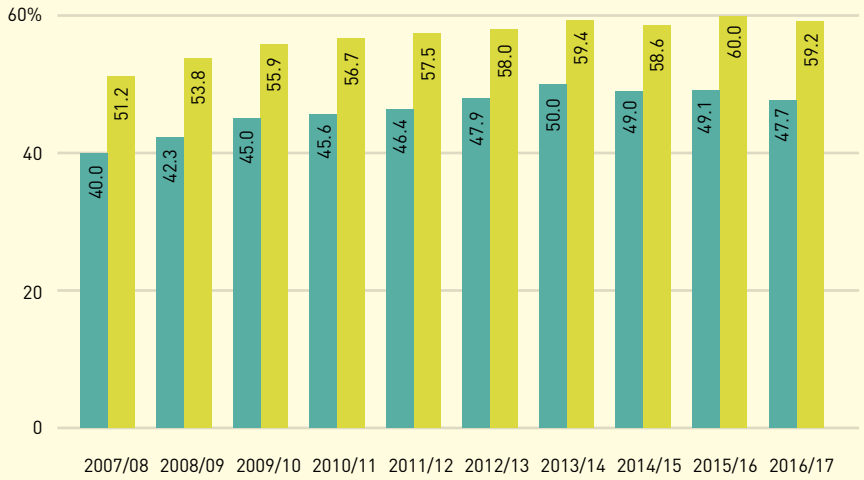
[1] American Psychological Association, 2014. [2] The Institute for Education Sciences define high-poverty schools public schools where more than 75.0% of the students are eligible for the Free and Reduced Price Lunch program. [3] California Poverty Measure, 2015 (Data estimates from 2011-2013 CPM combined). 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.

Percent of Students Eligible to Receive Free and Reduced Price Lunch

2007/08 to 2016/17

- Orange County
- California

Source: Department of Education, 2017

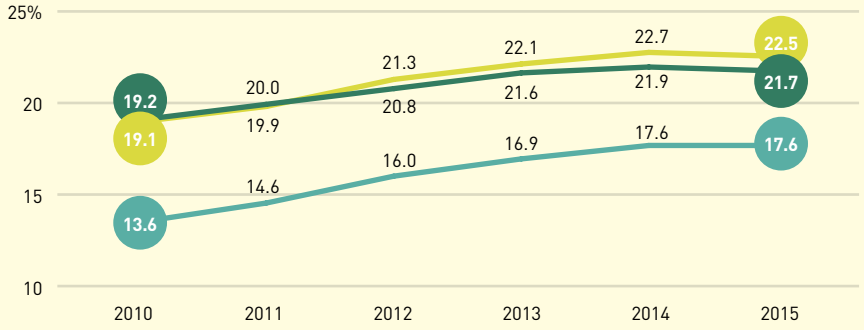


Percent of Children Under 18 Years Old, Living in Poverty, Orange County, California and United States

2010-2015

- United States
- California
- Orange County

Source: U.S. Census Bureau, 2011-2015 5-Year American Community Survey



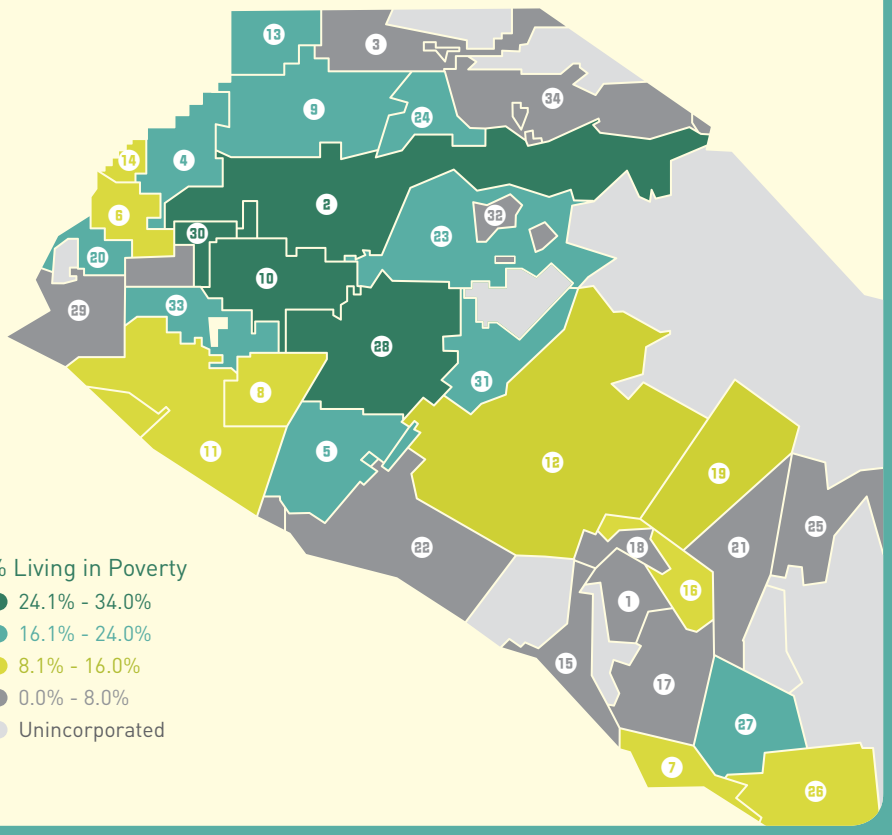
Percent of Children Under 18 Years Old Living in Poverty, by City

2015

1. ALISO VIEJO 5.1%
2. ANAHEIM 25.1%
3. BREA 7.3%
4. BUENA PARK 19.5%
5. COSTA MESA 17.7%
6. CYPRESS 8.6%
7. DANA POINT 11.1%
8. FOUNTAIN VALLEY 10.3%
9. FULLERTON 22.8%
10. GARDEN GROVE 25.1%
11. HUNTINGTON BEACH 12.3%
12. IRVINE 9.6%
13. LA HABRA 19.1%
14. LA PALMA 10.5%
15. LAGUNA BEACH 4.3%
16. LAGUNA HILLS 12.1%
17. LAGUNA NIGUEL 7.2%
18. LAGUNA WOODS 0.0%
19. LAKE FOREST 8.2%
20. LOS ALAMITOS 16.5%
21. MISSION VIEJO 5.9%
22. NEWPORT BEACH 3.9%
23. ORANGE 19.3%
24. PLACENTIA 16.5%
25. RANCHO SANTA MARGARITA 5.6%
26. SAN CLEMENTE 9.7%
27. SAN JUAN CAPISTRANO 21.4%
28. SANTA ANA 31.5%
29. SEAL BEACH 4.2%
30. STANTON 33.6%
31. TUSTIN 19.6%
32. VILLA PARK 1.8%
33. WESTMINSTER 22.7%
34. YORBA LINDA 4.3%

ORANGE COUNTY: 17.6%

CALIFORNIA: 22.5%



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

CALWORKS

DESPITE RECENT DECLINES IN ENROLLMENT, THE PERCENTAGE OF CALWORKS BENEFICIARIES HAS INCREASED 21.7% OVER 10 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 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. The goals of the CalWORKs program include reduced welfare dependency, increased self-sufficiency and improved child well-being by encouraging parental responsibility through school attendance, child immunizations requirements and by assisting with paternity and child support enforcement activities.

Findings

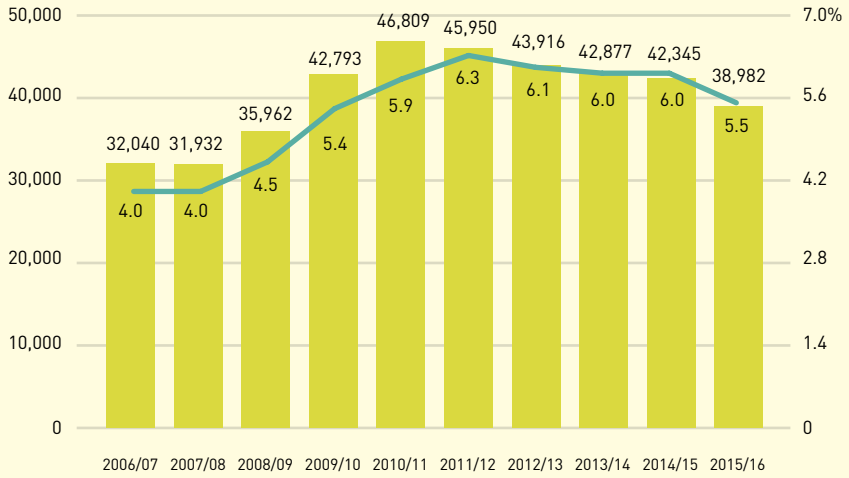
- In 2015/16, 5.5% (38,982) of Orange County's children received CalWORKs assistance which is a 21.7% increase from 4.0% in 2006/07. Overall Orange County is lower than California at 11.0%
- Nearly one in three children (30.0%) who receive CalWORKs assistance is five years old or younger.
- The cities of Anaheim at 9.6% (8,542), Santa Ana at 9.2% (8,892), Buena Park at 5.9% (1,172), Garden Grove at 5.9% (2,457) and Westminster at 5.6% (1,055) have the highest percentages of children receiving CalWORKs.
- Cities with the lowest percentage of children receiving CalWORKs include Laguna Beach at 0.4% (17), Villa Park at 0.6% (7), Rancho Santa Margarita at 0.7% (99), Newport Beach at 0.7% (103), Yorba Linda at 0.9% (143) and Aliso Viejo at 0.9% (111).

Number and Percent of Children Under 18 Years Old Receiving CalWORKs

2006/07 to 2015/16

- Number of Children
- Percent of Children

Source: Orange County Social Services Agency



Nearly one in three children ages birth to five receive CalWORKs assistance.

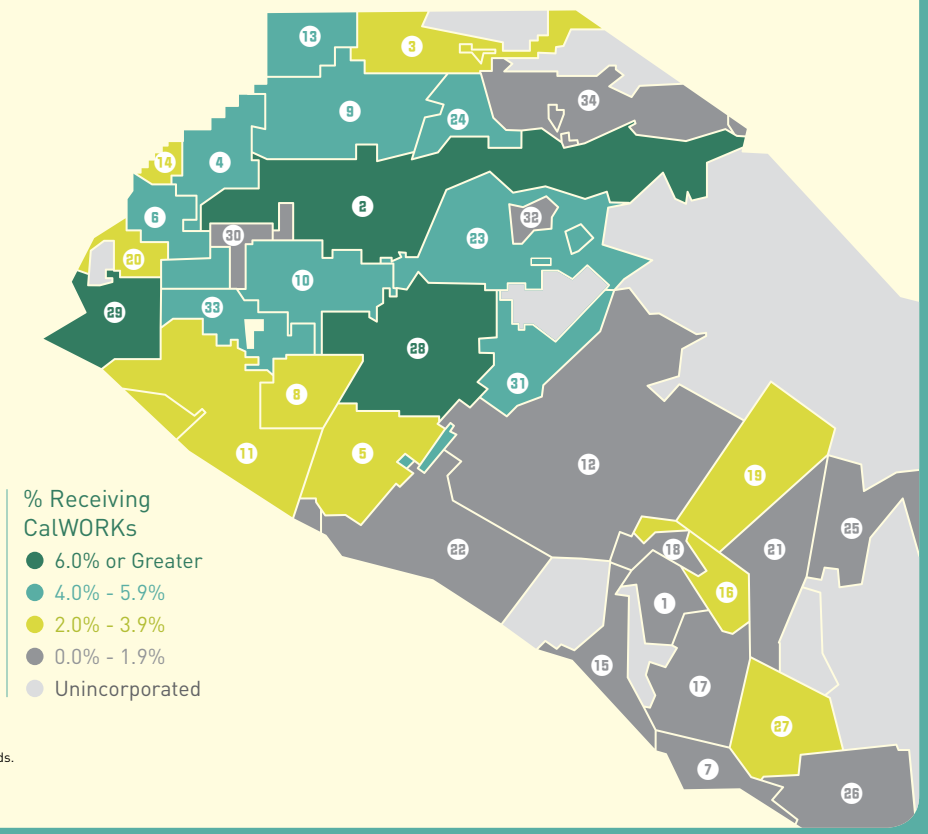
Percent Receiving CalWORKs, by City

January 2016

1. ALISO VIEJO 0.9%
2. ANAHEIM 9.6%
3. BREA 2.1%
4. BUENA PARK 5.9%
5. COSTA MESA 3.5%
6. CYPRESS 4.4%
7. DANA POINT 1.5%
8. FOUNTAIN VALLEY 2.0%
9. FULLERTON 5.0%
10. GARDEN GROVE 5.9%
11. HUNTINGTON BEACH 2.6%
12. IRVINE 1.2%
13. LA HABRA 5.3%
14. LA PALMA 2.1%
15. LAGUNA BEACH 0.4%
16. LAGUNA HILLS 3.8%
17. LAGUNA NIGUEL 1.5%
18. LAGUNA WOODS 0.0
19. LAKE FOREST 2.1%
20. LOS ALAMITOS 3.2%
21. MISSION VIEJO 1.5%
22. NEWPORT BEACH 0.7%
23. ORANGE 4.5%
24. PLACENTIA 5.1%
25. RANCHO SANTA MARGARITA 0.7%
26. SAN CLEMENTE 1.2%
27. SAN JUAN CAPISTRANO 3.2%
28. SANTA ANA 9.2%
29. SEAL BEACH 21.5%
30. STANTON 0.3%
31. TUSTIN 4.8%
32. VILLA PARK 0.6%
33. WESTMINSTER 5.6%
34. YORBA LINDA 0.9%

ORANGE COUNTY: 5.5%

CALIFORNIA: 11.0%



Note: 2011-2015 American Community Survey estimates no population under 18 in Laguna Woods.

Source: Orange County Social Services Agency, January 2017

SUPPLEMENTAL NUTRITION

CALFRESH ENROLLMENT SHOWS 10-YEAR INCREASE WHILE WIC PARTICIPATION DECLINES.

DESCRIPTION OF INDICATOR

This 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 2015/16, 19.2% (140,410) of children under 18 years old received CalFresh, a 149% increase in the number of children since 2006/2007 at 7.1%. Orange County had a lower rate than California at 24.7% (2,280,000) of children receiving CalFresh (SNAP).[2]
- In January 2016, the greatest proportion of CalFresh beneficiaries under 18 in Orange County were children aged six to 12 years old (44.0% or 58,317), followed by zero to five years old (31.9% or 42,230) and 13 to 17 years old (24.1% or 31,983).
- It is estimated that only 61.1% of people in Orange County who are eligible for CalFresh are receiving that benefit, less than California at 69.7%.[3]
- In 2015/16, 71,367 participants were served by the WIC program, a decrease of 33.7% from 107,595 in 2006/07. Of these, approximately three fourths (54,886) of participants are young children zero to five years old.
- In 2013, 60.2% of women and children eligible for WIC were receiving that benefit nationally, lower than California at 76%.[4]

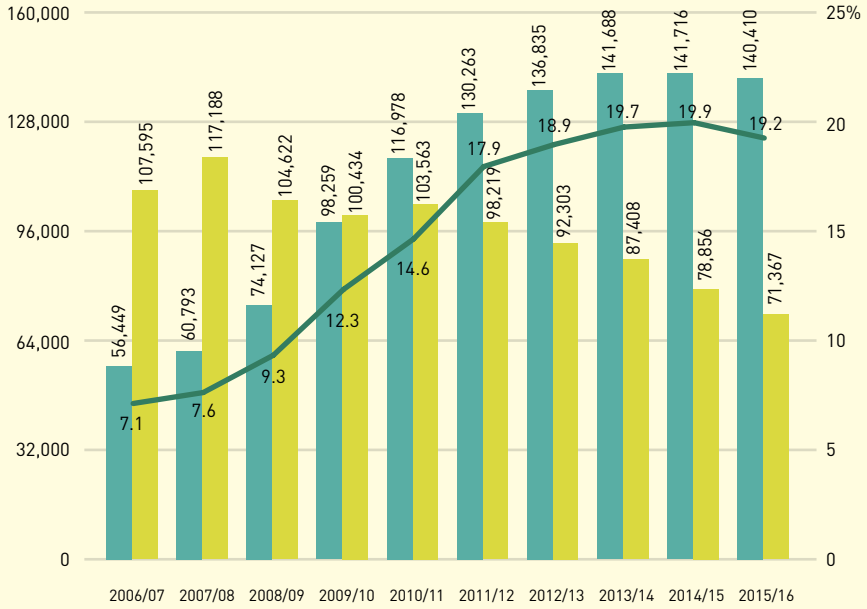
[1] WIC provides nutrition services to pregnant and postpartum women, infants and children (ages 0 to 5 years). Participants must meet eligibility and income guidelines (at or below 185% of the federal poverty level). WIC participants are reported as the number of prenatal, breastfeeding and postpartum 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, 2015 to Sept. 30, 2016). [2] United States Department of Agriculture, Food and Nutrition Service, SNAP 2015. [3] California Department of Social Services, CalFresh County Data Dashboard, 2015. [4] USDA Special Supplemental Nutrition Program for WIC Eligibles and Coverage National and State Level Estimates, December 2016.

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

2006/07 to 2015/16

- CalFresh
- WIC
- Percent Served by CalFresh

Note: 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



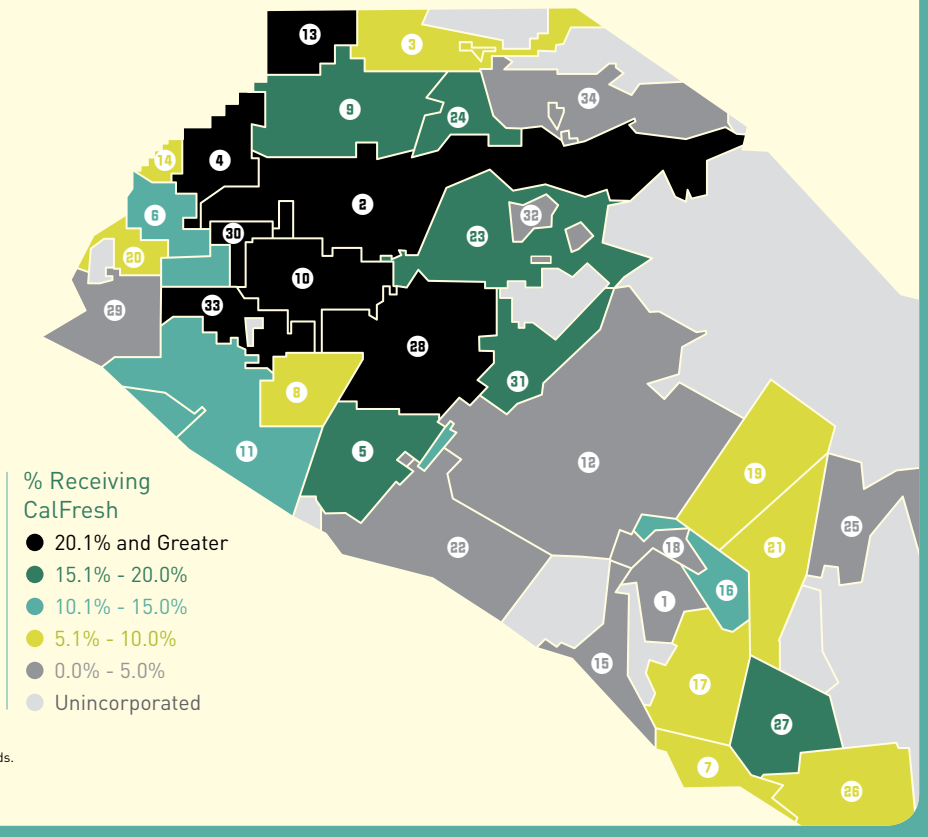
19% of Orange County Children (140,410) receive CalFresh.

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

2016

1. ALISO VIEJO 4.4%
2. ANAHEIM 31.5%
3. BREA 7.9%
4. BUENA PARK 20.6%
5. COSTA MESA 16.6%
6. CYPRESS 10.8%
7. DANA POINT 8.4%
8. FOUNTAIN VALLEY 9.1%
9. FULLERTON 18.1%
10. GARDEN GROVE 28.5%
11. HUNTINGTON BEACH 10.9%
12. IRVINE 4.9%
13. LA HABRA 20.4%
14. LA PALMA 7.9%
15. LAGUNA BEACH 3.0%
16. LAGUNA HILLS 13.5%
17. LAGUNA NIGUEL 5.9%
18. LAGUNA WOODS 0.0%
19. LAKE FOREST 8.6%
20. LOS ALAMITOS 9.2%
21. MISSION VIEJO 6.1%
22. NEWPORT BEACH 2.8%
23. ORANGE 19.3%
24. PLACENTIA 17.5%
25. RANCHO SANTA MARGARITA 4.1%
26. SAN CLEMENTE 6.8%
27. SAN JUAN CAPISTRANO 15.7%
28. SANTA ANA 35.6%
29. SEAL BEACH 3.4%
30. STANTON 25.6%
31. TUSTIN 18.4%
32. VILLA PARK 1.6%
33. WESTMINSTER 28.4%
34. YORBA LINDA 3.7%

ORANGE COUNTY: 19.2%
CALIFORNIA: 24.7%



Note: 2011-2015 American Community Survey estimates no population under 18 in Laguna Woods.
Source: Orange County Health Care Agency, Family Health Division

HOUSING

SCHOOL AGE CHILDREN LIVING IN INSECURE HOUSING DOUBLED SINCE 2006/07.

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, low school attendance, developmental, 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; not having a consistent, quiet, permanent place to study; or not having a place to do homework. Lack of secure housing may be associated with lower standardized test scores in all areas.

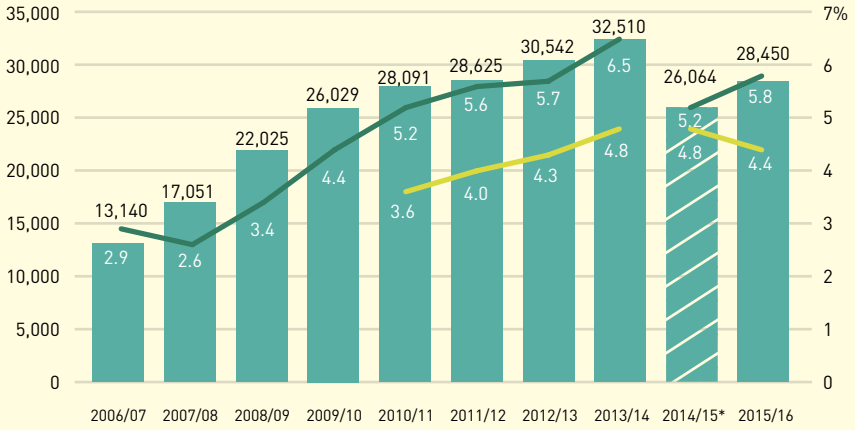
Findings

- In 2015/16, 5.8% (28,450) of students in Orange County experienced insecure housing, which is 100% greater than in 2006/07, at 2.9% (13,140) and higher than California at 4.4%.[1]
- With regard to primary nighttime residence, in 2015/16:
  - 89.8% (25,545) of insecurely housed students were doubled or tripled-up in housing.
  - 4.7% (1,336) of insecurely housed students were in hotels or motels.
  - 4.4% (1,254) of insecurely housed students were housed in shelters.
  - 1.1% (315) of insecurely house students were unsheltered.[2]
- Of those students with insecure housing in 2015/16, elementary age students (pre K-5th grade) represent the highest percentage 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

Number and Percent of Students with Insecure Housing, Orange County and California, 2006/07 to 2015/16

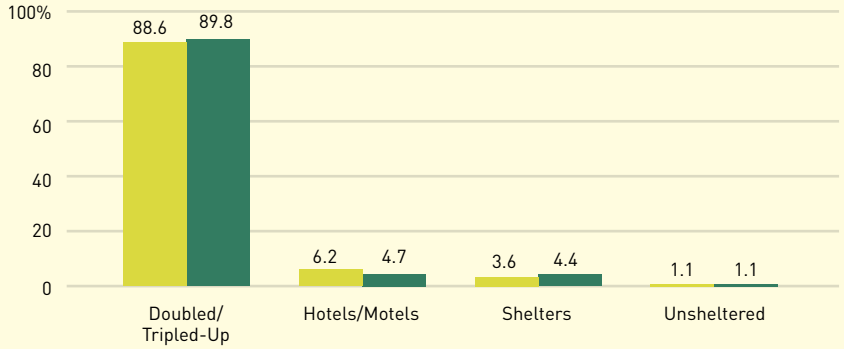
- Total Orange County Students with Insecure Housing
- % of Total Student Enrollment in Orange County
- % of Total Student Enrollment in California
- Unstable Data



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

Primary Nighttime Residency of Insecurely Housed Students, 2006/07 and 2015/16

- 2006/07
- 2015/16

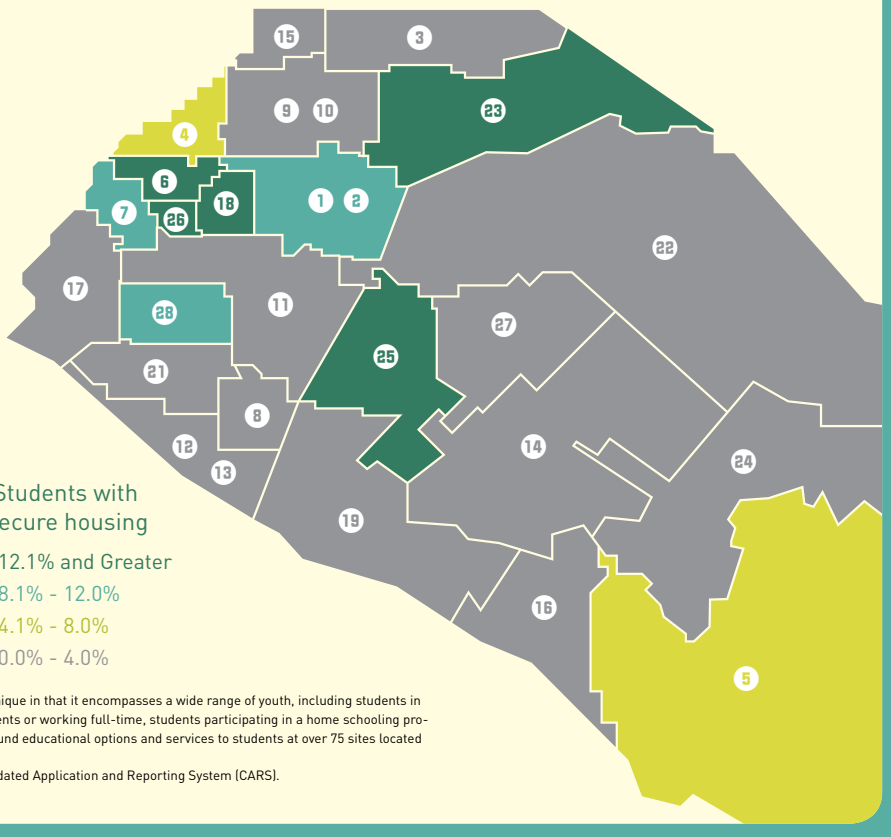


Source: California Department of Education

Percent of Enrolled Students with Insecure Housing, by School District, 2015/16

1. ANAHEIM ELEMENTARY 11.9%
2. ANAHEIM UNION HIGH 10.0%
3. BREA-OLINDA UNIFIED 0.3%
4. BUENA PARK 5.8%
5. CAPISTRANO UNIFIED 5.0%
6. CENTRALIA 13.9%
7. CYPRESS 11.3%
8. FOUNTAIN VALLEY 0.2%
9. FULLERTON 1.3%
10. FULLERTON JOINT UNION HIGH 2.7%
11. GARDEN GROVE UNIFIED 2.1%
12. HUNTINGTON BEACH CITY 0.6%
13. HUNTINGTON BEACH UNION HIGH 2.3%
14. IRVINE UNIFIED 0.2%
15. LA HABRA CITY 1.2%
16. LAGUNA BEACH UNIFIED 0.6%
17. LOS ALAMITOS UNIFIED 0.3%
18. MAGNOLIA 29.1%
19. NEWPORT-MESA UNIFIED 0.7%
20. OCDE – ACCESS 29.8%
21. OCEAN VIEW 3.0%
22. ORANGE UNIFIED 0.9%
23. PLACENTIA-YORBA LINDA UNIFIED 13.8%
24. SADDLEBACK VALLEY UNIFIED 2.4%
25. SANTA ANA UNIFIED 12.5%
26. SAVANNA 12.1%
27. TUSTIN UNIFIED 1.3%
28. WESTMINSTER 10.8%

ORANGE COUNTY: 5.8%
CALIFORNIA: 4.4%



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. ACCESS is a program that offers year-round educational options and services to students at over 75 sites located throughout Orange County.
Source: California Department of Education. Data provided by districts on their LEA Reporting Consolidated Application and Reporting System (CARS).

CHILD SUPPORT

SINCE FISCAL YEAR 2012/13, THE AMOUNT OF CHILD SUPPORT PAID TO CUSTODIAL PARENTS HAS REMAINED 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 reflect an increase in income to parents to provide for the basic needs of their children.

Why is this important?

The number of Orange County children living in poverty has risen by 29.4% since 2010 (presently 125,803).[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 have decreased while services to customers have increased along with the collections per case.

Findings

- Total Orange County cases decreased by 25.8% from 94,860 in 2007/08 to 70,403 in 2016/17. Over the same time period, net collections increased slightly by 2.4% from $179.6 million to $184.0 million, with an average of $179.6 million annually.
- 92.0% of Orange County cases have a court order established, in comparison to the California's rate of 90.9%. Over the past five years, the CSS rate has increased 4.0%.[3]
- The percent of current support distributed among Orange County cases during 2016/17 was 68.0%, which is higher than the California rate of 66.4% and represents a continuous improvement since 2007/08 when the rate was 54.0% (a 25.9% increase).[4]

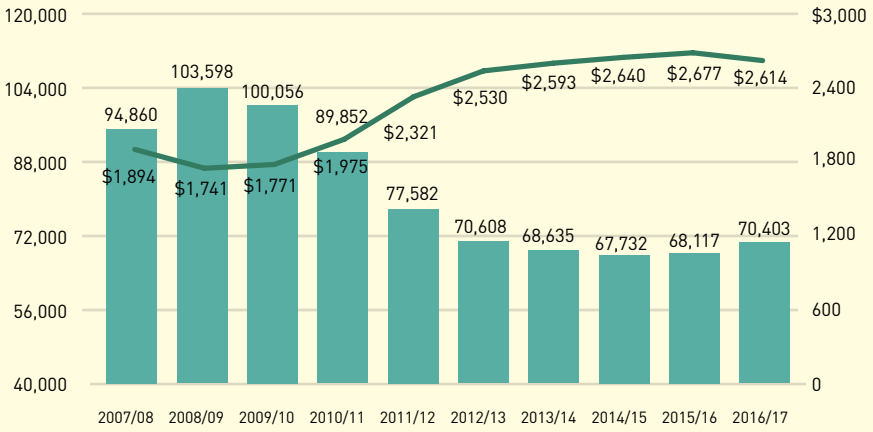
[1] American Community Survey 2011-2015 5-Year Estimates. Table S1701. [2] Turetsky, V., 2005. [3] Orange County Department of Child Support Services, 2017. Percentage data source, Year to date as of May of Federal Fiscal Year State of California – Health and Human Services Agency Child Support Program Statistics - CSS 1257 Report. [4] Department of Child Support Services, 2017. Collection Rate Percentage and Dollars Owed collected from California pulled from State of California – Health and Human Services Agency Child Support Program Statistics FFY 2017, table 1.3.

Total Child Support Cases and Per Case Collections

2007/08 to 2016/17

- 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

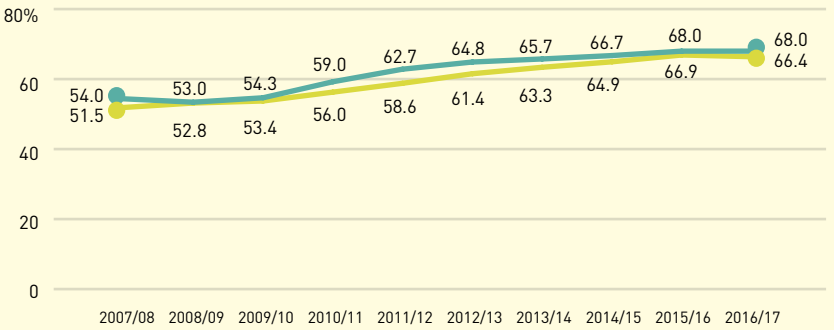


Percent of Child Support Distributed, Orange County and California

2007/08 to 2016/17

- Orange County
- California

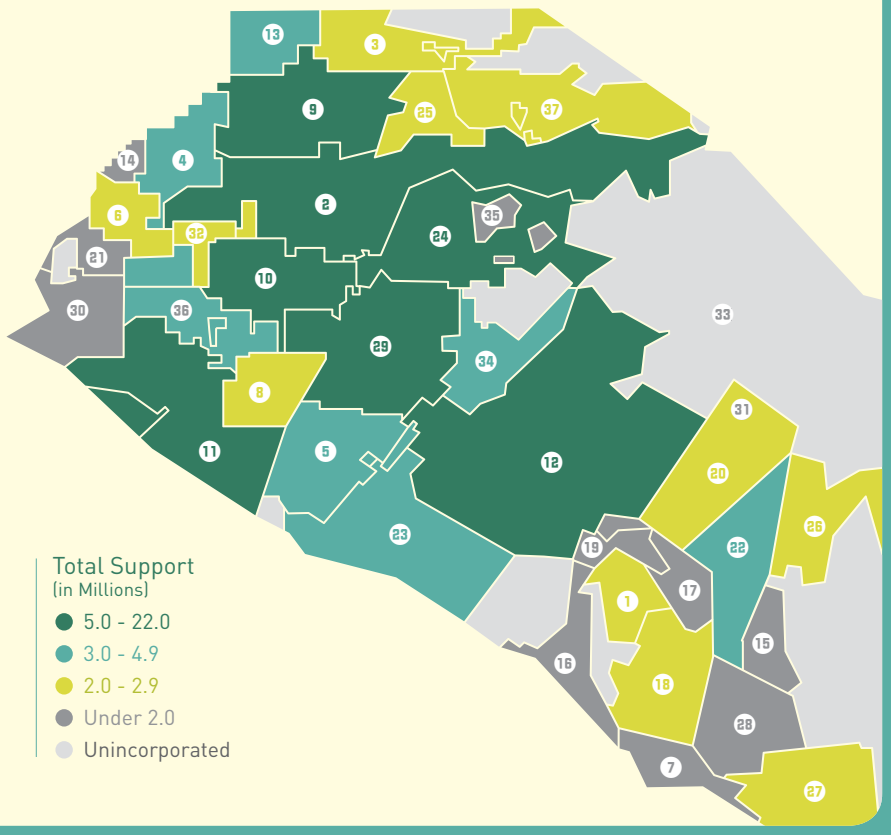
Source: Orange County Department of Child Support Services



Number of Cases and Total Support Distributed, by Community, 2016/17

1. ALISO VIEJO
442
$2,618,332.39
2. ANAHEIM
5,918
$21,318,713.32
3. BREA
435
$2,009,703.66
4. BUENA PARK
1,237
$4,728,774.38
5. COSTA MESA
1,064
$4,620,794.07
6. CYPRESS
550
$2,229,987.28
7. DANA POINT
299
$1,464,450.49
8. FOUNTAIN VALLEY 457
$2,275,448.42
9. FULLERTON
1,701
$6,315,969.19
10. GARDEN GROVE
2,424
$8,946,684.09
11. HUNTINGTON BEACH
1,945
$8,781,886.07
12. IRVINE
1,310
$7,819,511.28
13. LA HABRA
937
$3,584,522.40
14. LA PALMA
112
$494,027.77
15. LADERA RANCH
167
$1,182,555.46
16. LAGUNA BEACH
109
$653,813.29
17. LAGUNA HILLS
283
$1,182,170.78
18. LAGUNA NIGUEL
467
$2,777,148.77
19. LAGUNA WOODS
22
$66,965.22
20. LAKE FOREST
707
$2,974,720.78
21. LOS ALAMITOS
186
$900,458.17
22. MISSION VIEJO
722
$3,833,008.29
23. NEWPORT BEACH
414
$3,454,617.77
24. ORANGE
1,627
$6,432,104.58
25. PLACENTIA
670
$2,835,264.34
26. RANCHO SANTA MARGARITA
409
$2,362,347.61
27. SAN CLEMENTE
482
$2,694,436.25
28. SAN JUAN CAPISTRANO
317
$1,394,602.75
29. SANTA ANA
5,531
$19,499,858.41
30. SEAL BEACH
81
$416,716.13
31. SILVERADO
23
$98,157.66
32. STANTON
591
$2,014,668.92
33. TRABUCO CANYON
178
$1,211,377.65
34. TUSTIN
1,155
$4,579,792.37
35. VILLA PARK
24
$111,614.40
36. WESTMINSTER
1,156
$4,710,847.68
37. YORBA LINDA
507
$2,603,509.42

ORANGE COUNTY:
70,403 CASES
$184.0 MILLION



EDUCATIONAL ACHIEVEMENT INDICATORS

KINDERGARTEN READINESS

PERCENT OF CHILDREN READY FOR KINDERGARTEN

51.9%	52.2%
2015	2017

HIGH SCHOOL DROPOUT RATES

PERCENT HIGH SCHOOL DROPOUTS FOR GRADES 9-12 COHORT

12.3%	5.4%
2009/10	2015/16

THIRD GRADE ENGLISH LANGUAGE ARTS

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

46.0%	49.0%
2014/15	2015/16

COLLEGE READINESS

PERCENT OF GRADUATES WITH UC/CSU ELIGIBLE REQUIREMENTS

44.9%	51.1%
2006/07	2015/16

THIRD GRADE MATHEMATICS

PERCENT OF THIRD GRADE STUDENTS MET OR EXCEEDED STANDARDS FOR MATHEMATICS

51.0%	55.0%
2014/15	2015/16

- UPWARD TREND IMPROVEMENT
- UPWARD TREND NEEDS IMPROVEMENT
- DOWNWARD TREND IMPROVEMENT
- DOWNWARD TREND NEEDS IMPROVEMENT
- NO CHANGE

NOTE: Variation in data ranges are due to availability of data and frequency of data collection.

Photo courtesy of The Raise Foundation

KINDERGARTEN READINESS

ONLY 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 was 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 is this important?

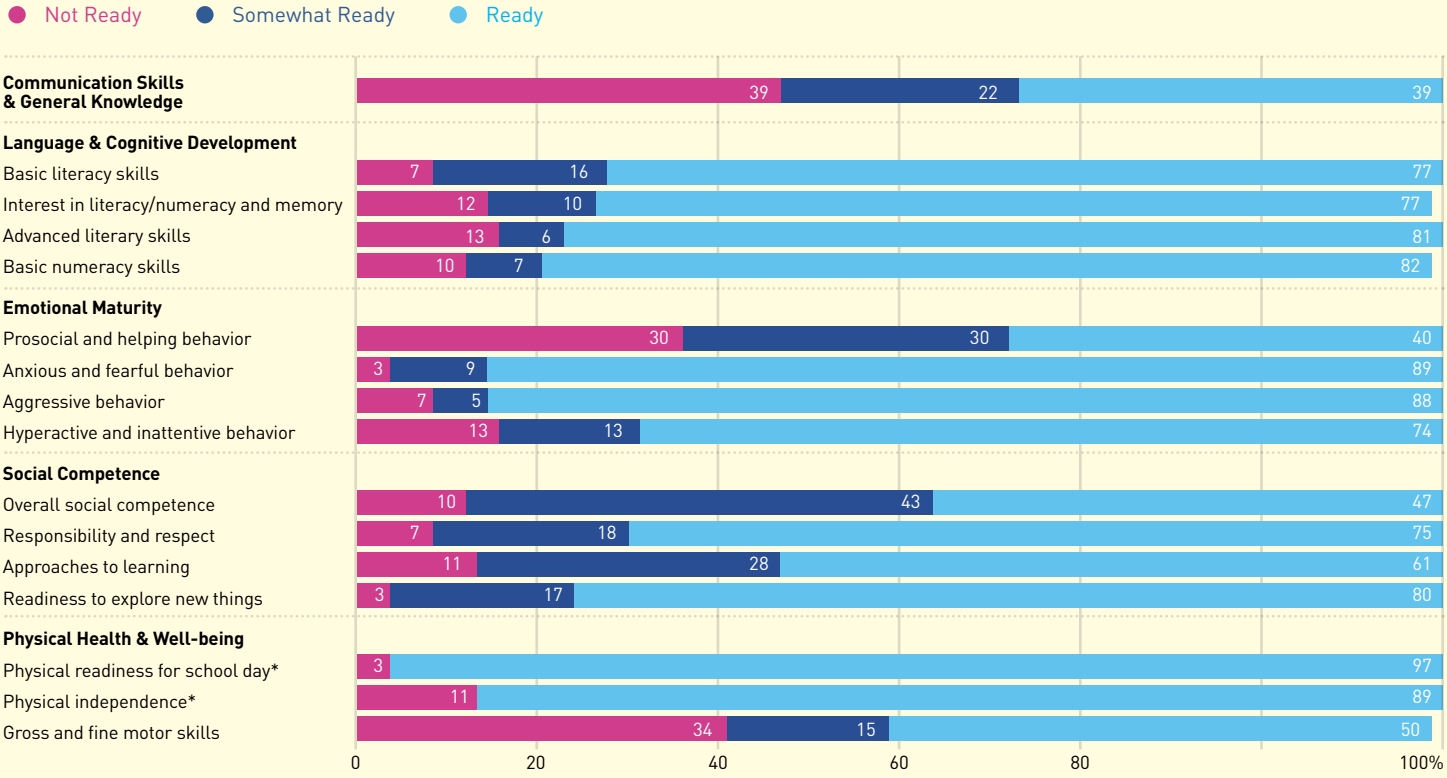
Long-term, a child's academic success is heavily dependent upon their readiness for kindergarten. Children who enter school with early skills, such as basic knowledge of math and reading concepts as well as communication, language, social competence and emotional maturity, are more likely than their 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 its children for school.

Findings

- In 2017, 52.2% of children in Orange County were developmentally ready for kindergarten, a .6% increase from 2015 at 51.9%. 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 kindergartners, the areas of greatest vulnerability are language and cognitive development (27% vulnerable or at-risk), followed by communication skills and general knowledge (26%), social competence (21%), physical health and well-being (20%) 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 prosocial and helping behavior (60% not ready), communication skills and general knowledge (61% not ready), overall social competence (53% not ready) and gross and fine motor skills (49% not ready).
- Communities with the highest percentage of students developmentally ready for school include North Tustin at 76% (102 EDI records), followed by Ladera Ranch at 73% (433) and Los Alamitos at 68% (120).[2]
- The lowest percentage of students ready for school are in the communities of Santa Ana at 44% (4,039), followed by Anaheim at 46% (4,169) and Garden Grove at 48% (1,820).

[1] Duncan, G. J., Dowsett, C. J. and Claessens, A. (2007). School readiness and later achievement. Developmental Psychology, 43(6), 1428-1446.
[2] EDI records indicate how many assessments were completed in each community and is provided to show sample size.

Percent of Children Not Ready for Kindergarten, by Sub Area, 2017

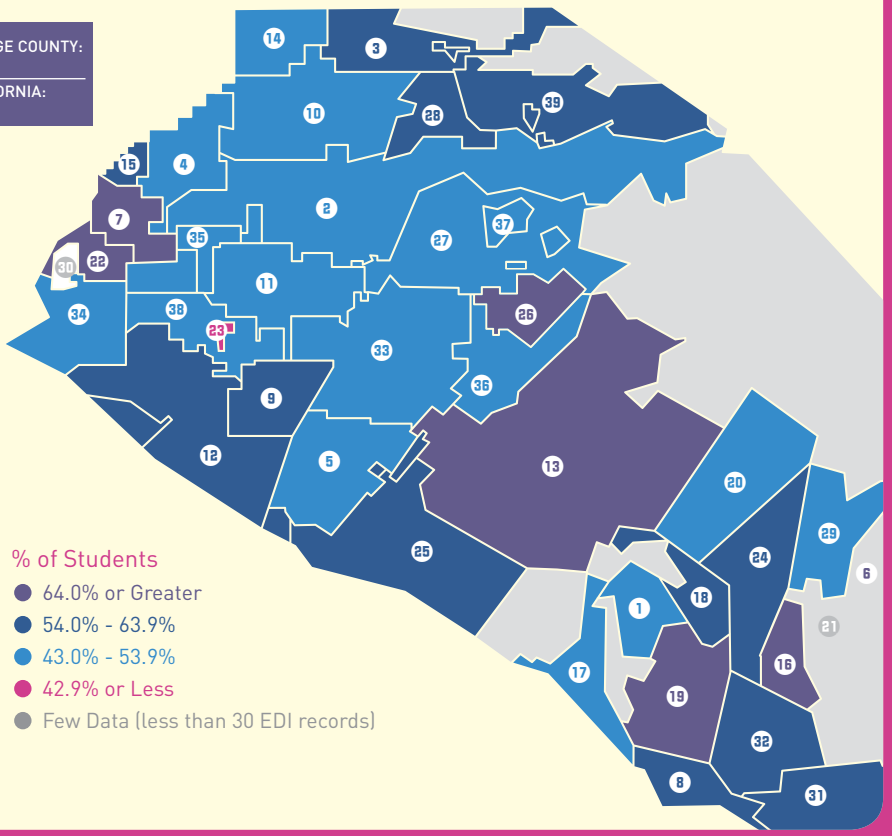


Note: Due to rounding, percentages may not add to 100. **Source:** Early Development Index, 2017

Percent of Children Ready for Kindergarten, by Community of Residence, 2017

1. ALISO VIEJO 49%
2. ANAHEIM 46%
3. BREA 60%
4. BUENA PARK 52%
5. COSTA MESA 52%
6. COTO DE CAZA 66%
7. CYPRESS 64%
8. DANA POINT 62%
9. FOUNTAIN VALLEY 54%
10. FULLERTON 53%
11. GARDEN GROVE 48%
12. HUNTINGTON BEACH 59%
13. IRVINE 66%
14. LA HABRA 46%
15. LA PALMA 54%
16. LADERA RANCH 73%
17. LAGUNA BEACH 45%
18. LAGUNA HILLS 55%
19. LAGUNA NIGUEL 65%
20. LAKE FOREST 50%
21. LAS FLORES N/A
22. LOS ALAMITOS 68%
23. MIDWAY CITY 34%
24. MISSION VIEJO 59%
25. NEWPORT BEACH 56%
26. NORTH TUSTIN 76%
27. ORANGE 51%
28. PLACENTIA 54%
29. RANCHO SANTA MARGARITA 51%
30. ROSSMOOR N/A
31. SAN CLEMENTE 60%
32. SAN JUAN CAPISTRANO 56%
33. SANTA ANA 44%
34. SEAL BEACH 49%
35. STANTON 52%
36. TUSTIN 50%
37. VILLA PARK 51%
38. WESTMINSTER 51%
39. YORBA LINDA 60%

ORANGE COUNTY: 52.2%
CALIFORNIA: N/A



Note: N/A indicates no date are available.
Source: Early Development Index, 2017

THIRD GRADE ENGLISH LANGUAGE ARTS

ONE IN TWO THIRD GRADERS MET OR EXCEEDED 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). Starting in 2014/15 (2015), 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.

Why is this important?

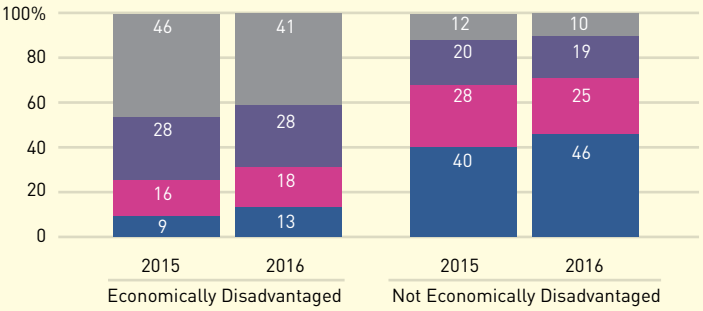
CAASPP is designed to demonstrate progress towards learning problem-solving and critical-thinking skills needed for college and a career. It gives schools and communities data on the performance of students and significant subgroups within a school. This information helps schools analyze academic progress and if resource re-allocation is 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 2016, just about half (49%) of Orange County third grade students met or exceeded the statewide achievement standard for ELA, a 6.1% increase from 2015 (46%) and higher than California at 46%.
- Among third grade students who are not economically disadvantaged, 71% met or exceeded the achievement standards in ELA, substantially higher than those students who are economically disadvantaged at 31%.
- The greatest improvement was among the economically disadvantaged students with a 24% increase in students who met or exceeded standards compared to a 4% increase not economically disadvantaged for students.
- On average, the most third grade students were above the standards for research/inquiry (28%), followed by writing (27%) and reading (25%). In contrast, only one in five (20%) students were above the standard in listening.
- Across all focus areas, more third grade students were above standards in 2016 than in 2015. The greatest improvement was in research/inquiry (22% increase), followed by writing (17% increase), listening (11.1% increase) and reading (8.7% increase) focus areas.
- Within each race/ethnic group, Asian students had the highest percentage of students who exceeded or met standards for ELA at 75%, followed by Filipino (72%), Multiracial (70%), White (68%), Pacific Islander (40%), Black (39%), American Indian (37%) and Hispanic (31%) students. American Indian students, while not the lowest percentage of students who met or exceed standards (37%), were the only race/ethnic group to see a decrease from 2015 (18% decrease).

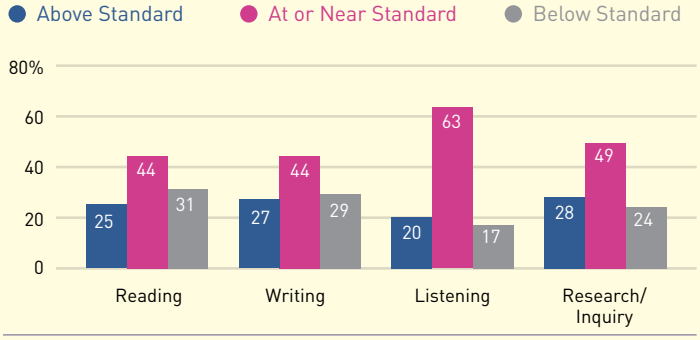
[1] Hernandez, D.J. (2012). Double Jeopardy: How Third-Grade Reading Skills and Poverty Influence High School Graduation. The Annie E. Casey Foundation.

Overall Achievement in ELA Among Third Grade Students, by Socioeconomic Status, 2015 and 2016



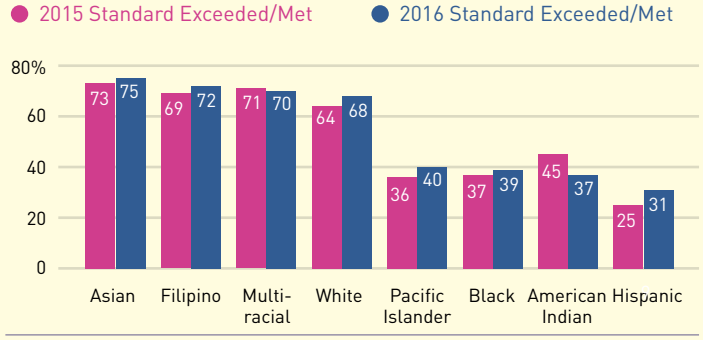
Note: A student is defined as "economically disadvantaged" if the most educated parent of the student, as indicated in CALPADS, has not received a high school diploma or the student is eligible to participate in the free or reduced price lunch program also known as the National School Lunch Program.
Source: CAASPP, 2016

Achievement in ELA Focus Areas Among Third Grade Students, 2016



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, 2016

Overall Achievement in ELA Among Third Grade Students, by Race/Ethnicity, 2015 to 2016

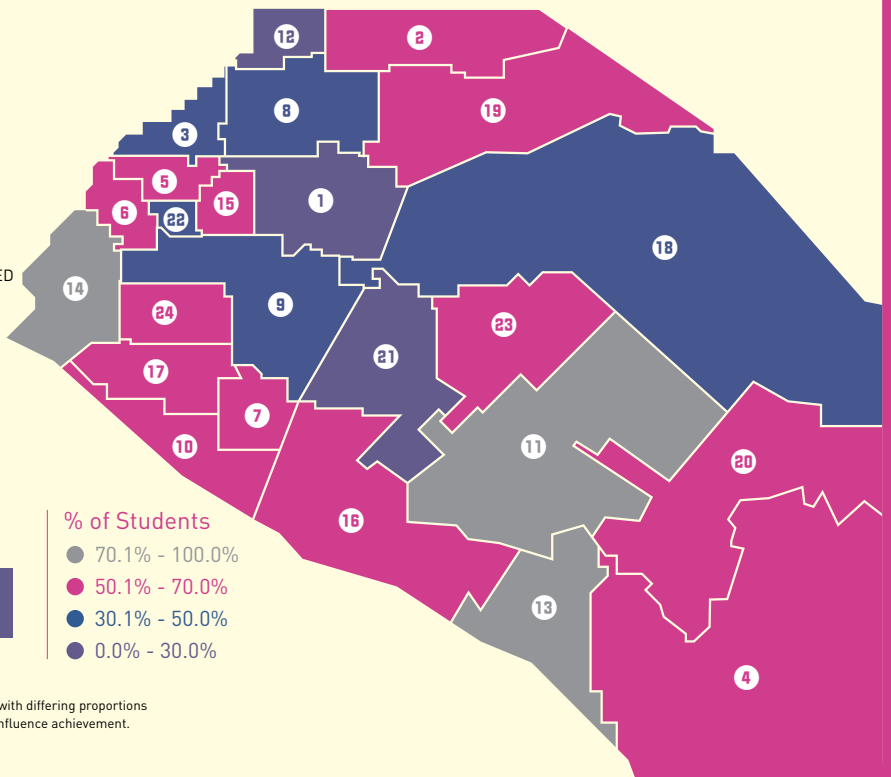


Note: Third grade student enrollment by race/ethnicity is 51.6% Hispanic, 24.8% White, 15.6% Asian, 3.8% Multiracial, 1.9% Filipino, 1.3% Black, 0.3% Pacific Islander and 0.2% American Indian.
Source: CAASPP, 2016

Percent of Third Grade Students Who Exceeded or Met Standards for ELA Overall Achievement, by School District, 2016

1. ANAHEIM CITY 20%
2. BREA-OLINDA UNIFIED 59%
3. BUENA PARK ELEMENTARY 40%
4. CAPISTRANO UNIFIED 60%
5. CENTRALIA ELEMENTARY 58%
6. CYPRESS ELEMENTARY 61%
7. FOUNTAIN VALLEY ELEMENTARY 69%
8. FULLERTON ELEMENTARY 50%
9. GARDEN GROVE UNIFIED 47%
10. HUNTINGTON BEACH CITY ELEMENTARY 68%
11. IRVINE UNIFIED 74%
12. LA HABRA CITY ELEMENTARY 28%
13. LAGUNA BEACH UNIFIED 81%
14. LOS ALAMITOS UNIFIED 83%
15. MAGNOLIA ELEMENTARY 52%
16. NEWPORT-MESA UNIFIED 53%
17. OCEAN VIEW 53%
18. ORANGE UNIFIED 46%
19. PLACENTIA-YORBA LINDA UNIFIED 59%
20. SADDLEBACK VALLEY UNIFIED 55%
21. SANTA ANA UNIFIED 22%
22. SAVANNA ELEMENTARY 41%
23. TUSTIN UNIFIED 55%
24. WESTMINSTER 52%

ORANGE COUNTY: 49%
CALIFORNIA: 46%



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, 2016

THIRD GRADE MATHEMATICS

MORE THAN HALF OF THIRD GRADE STUDENTS MET OR EXCEEDED MATH STANDARDS, ALTHOUGH DISPARITIES STILL EXIST BY RACE AND ETHNICITY AND SOCIOECONOMIC STATUS.

DESCRIPTION OF INDICATOR

This indicator presents the new California Assessment of Student Performance and Progress (CAASPP) data for student academic performance in mathematics. Starting in 2014/15 (2015), 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.

Why is this 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 academic progress and if resource re-allocation is 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 an ability to support mathematical conclusions. It is known that math difficulties are cumulative and worsen with time.[1] 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.

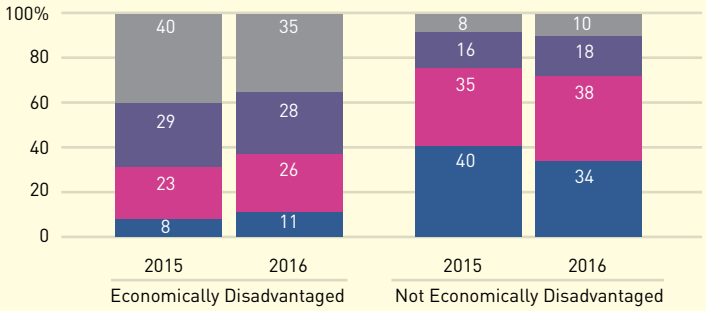
Findings

- In 2016, over half (55%) of Orange County third grade students met or exceeded the statewide achievement standard in math, a 7.8% increase from 2015 (51%) and higher than California at 46%.
- Among third grade students who are not economically disadvantaged, 72% met or exceeded the achievement standards in math, substantially higher than those students who are economically disadvantaged at 37%.
- Just over one in three (39%) third grade students were above the standard in concepts and procedures compared to problem solving and modeling/data analysis (30%) and communicating reasoning (33%).
- Asian students were the highest percentage of students who exceeded or met standards in math at 85%, followed by Filipino (76%), Multiracial (76%), White (72%), Pacific Islander (46%), Black (42%), American Indian (39%) and Hispanic (37%) students.
- The school districts with the highest percentage of third grade students exceeding or meeting standards for overall achievement in math were Los Alamitos Unified (91%), followed by Laguna Beach Unified (81%), Irvine Unified (78%) and Fountain Valley Elementary (78%).
- The school districts with the lowest percentage of third grade students exceeding or meeting standards for overall achievement in math were Anaheim City (27%), followed by Santa Ana Unified (30%) and La Habra City Elementary (38%).

[1] National Mathematics Advisory Panel. Foundations for success: The final report of the National Mathematics Advisory Panel. Washington, DC: U.S. Department of Education; 2008.

Overall Achievement Among Third Grade Students in Mathematics, by Socioeconomic Status, 2015 and 2016

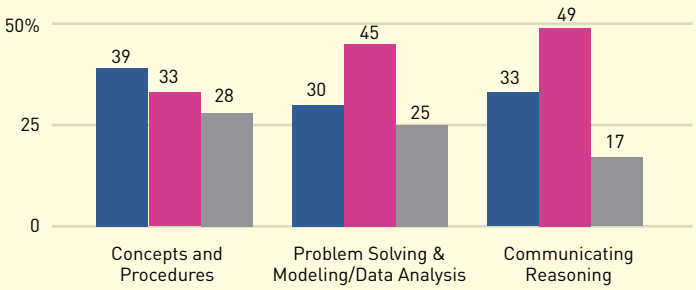
Standard Not Met · Standard Met · Standard Nearly Met · Standard Exceeded



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, 2016

Achievement in Mathematics Focus Areas Among Third Grade Students, 2016

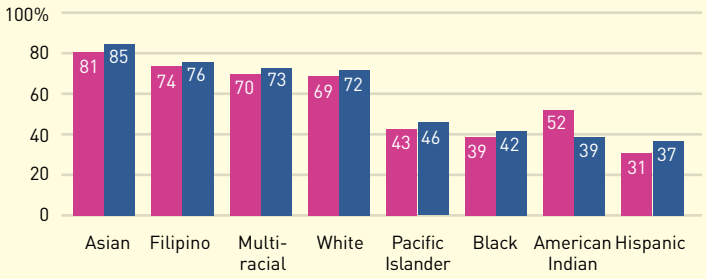
Above Standard · At or Near Standard · Below Standard



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, 2016

Overall Achievement in Mathematics Among Third Grade Students, by Race/Ethnicity, 2015 to 2016

2015 Standard Exceeded/Met · 2016 Standard Exceeded/Met

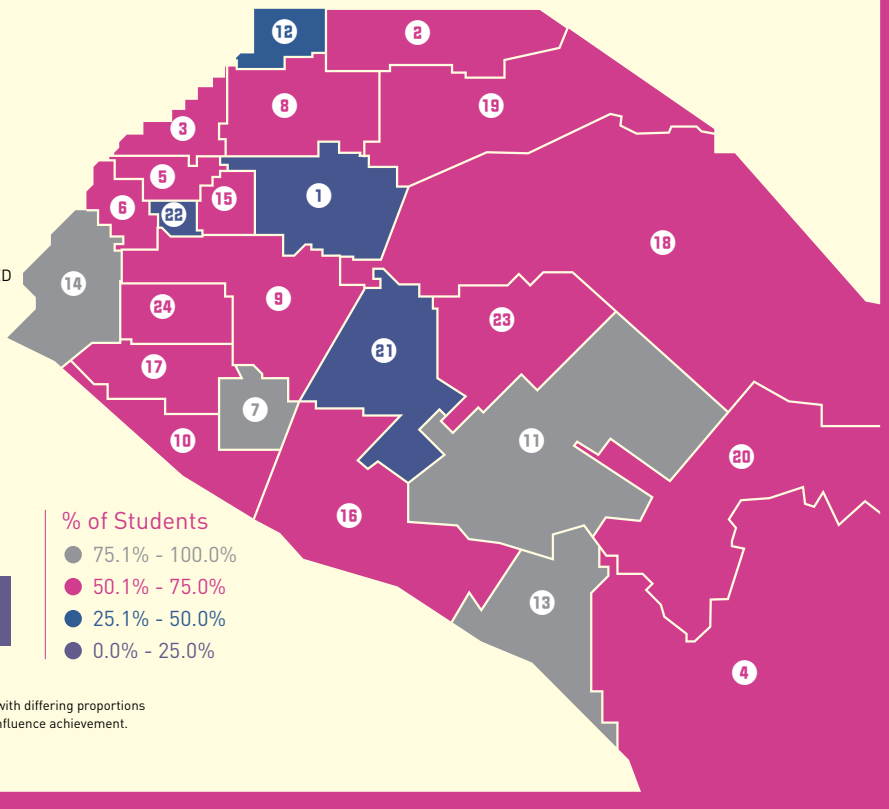


Note: Third grade student enrollment by race/ethnicity is 51.6% Hispanic, 24.8% White, 15.6% Asian, 3.8% Multiracial, 1.9% Filipino, 1.3% Black, 0.3% Pacific Islander and 0.2% American Indian.
Source: CAASPP, 2016

Percent of Third Grade Students Who Exceeded or Met Standards for Mathematics Overall Achievement, by School District, 2016

1. ANAHEIM CITY 27%
2. BREA-OLINDA UNIFIED 65%
3. BUENA PARK ELEMENTARY 57%
4. CAPISTRANO UNIFIED 62%
5. CENTRALIA ELEMENTARY 64%
6. CYPRESS ELEMENTARY 67%
7. FOUNTAIN VALLEY ELEMENTARY 78%
8. FULLERTON ELEMENTARY 59%
9. GARDEN GROVE UNIFIED 53%
10. HUNTINGTON BEACH CITY ELEMENTARY 75%
11. IRVINE UNIFIED 78%
12. LA HABRA CITY ELEMENTARY 38%
13. LAGUNA BEACH UNIFIED 81%
14. LOS ALAMITOS UNIFIED 91%
15. MAGNOLIA ELEMENTARY 53%
16. NEWPORT-MESA UNIFIED 60%
17. OCEAN VIEW 58%
18. ORANGE UNIFIED 52%
19. PLACENTIA-YORBA LINDA UNIFIED 63%
20. SADDLEBACK VALLEY UNIFIED 55%
21. SANTA ANA UNIFIED 30%
22. SAVANNA ELEMENTARY 47%
23. TUSTIN UNIFIED 57%
24. WESTMINSTER 59%

ORANGE COUNTY: 55%
CALIFORNIA: 46%



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, 2016

HIGH SCHOOL DROPOUT RATES

DROPOUT RATES SHOW STEADY IMPROVEMENT.

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]

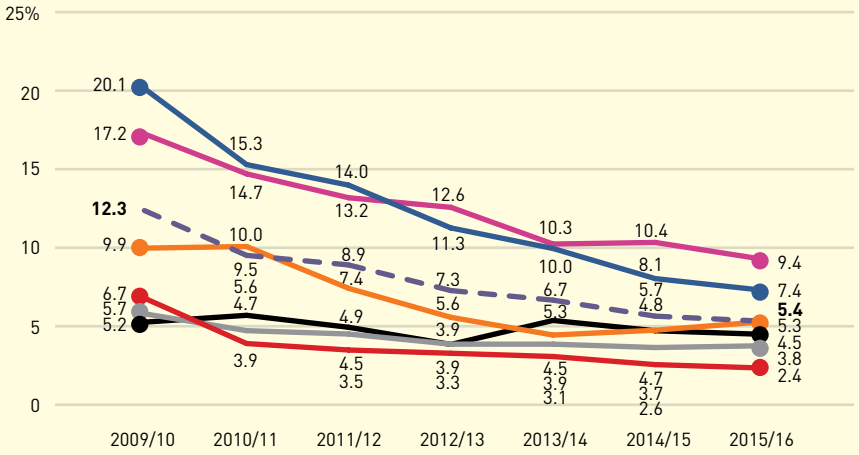
Findings

- The Orange County cohort dropout rate for 2015/16 was 5.4%, down 56.1% from 12.3% in 2009/10. This rate is lower than the California dropout rate of 9.8% in 2015/16[1] and the United States dropout rate for public schools of 5.9% in 2015.[3]
- In 2015/16, there were 39,820 cohort students of which 36,162 graduated and 2,145 students dropped out. The remaining 1,513 students did not graduate because they were considered still enrolled at the time of the cohort's graduation (1,142 students), Special Education completers (346 students), or completed the GED (25 students).
- While rates across all races/ethnicities are declining, dropout rates for the 2015/16 school year continued to be highest among Black students (9.4%), followed by Hispanic (7.4%), American Indian (5.3%), Multiracial (4.5%), White (3.8%) and Asian (2.4%) students.
- By program, dropout rates were highest among students enrolled as English Learners (10.3%), followed by Special Education (9.1%), Migrant Education (8.8%) and Socioeconomically Disadvantaged (8.0%) programs.[4]
- Dropout rates across all programs are declining. The change in dropout rates since 2009/10 was greatest among the English Language Learner program (improving 66.6%), followed by the Socioeconomically Disadvantaged, Migrant Education and Special Education programs, which improved 42.0%, 41.7% and 30.0%, respectively.

[1] California Department of Education, DataQuest, 2015/16 data. A cohort is a defined 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, 2015. [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 (RFEP) 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.

Percent of Grade 9-12 Cohort Dropouts, by Race/Ethnicity
2009/10 to 2015/16

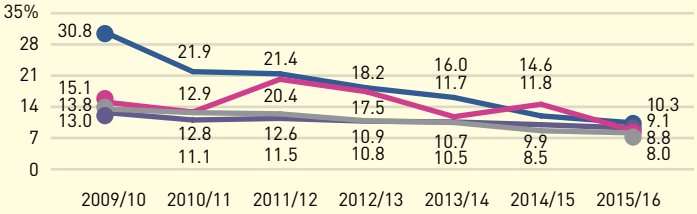
- Hispanic
- Black
- American Indian
- Asian
- White
- Multiracial
- Overall Orange County



Source: California Department of Education, DataQuest, 2016

Percent of Grade 9-12 Cohort Dropouts, by Program, 2009/10 to 2015/16

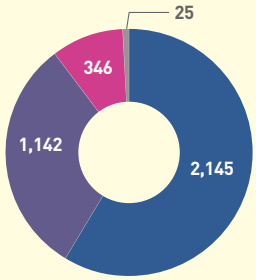
- English Learners
- Migrant Education
- Special Education
- Socioeconomically Disadvantaged



Source: California Department of Education, DataQuest, 2016

Number of Students Who Did Not Graduate with Cohort, by Reason, 2015/16

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

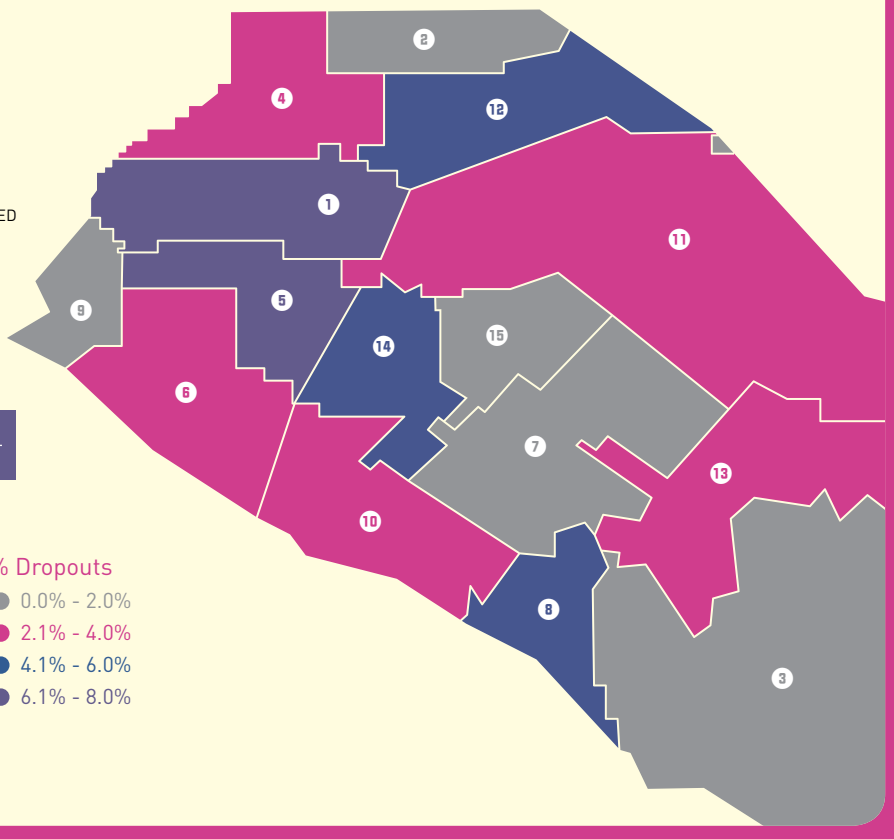


Source: California Department of Education, DataQuest, 2016

Percent of Grade 9-12 Cohort Dropouts, by School District, 2015/16

1. ANAHEIM UNION HIGH 6.4%
2. BREA-OLINDA UNIFIED 2.0%
3. CAPISTRANO UNIFIED 1.4%
4. FULLERTON JOINT UNION HIGH 3.0%
5. GARDEN GROVE UNIFIED 6.2%
6. HUNTINGTON BEACH UNION HIGH 2.4%
7. IRVINE UNIFIED 1.5%
8. LAGUNA BEACH UNIFIED 4.7%
9. LOS ALAMITOS UNIFIED 0.8%
10. NEWPORT-MESA UNIFIED 3.8%
11. ORANGE UNIFIED 3.1%
12. PLACENTIA-YORBA LINDA UNIFIED 5.7%
13. SADDLEBACK VALLEY UNIFIED 2.3%
14. SANTA ANA UNIFIED 4.3%
15. TUSTIN UNIFIED 1.5%

ORANGE COUNTY: 5.4%
CALIFORNIA: 9.8%



Source: California Department of Education, DataQuest, 2016

COLLEGE READINESS

OVERALL COLLEGE READINESS INCREASES; RATES VARY AMONG RACES/ETHNICITIES AND 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. Courses include an applied learning component to help students improve 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

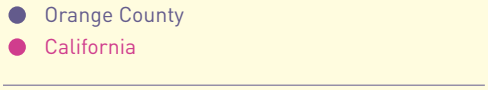
- In 2015/16, Orange County had 37,185 high school graduates, of which 51.1% were UC/CSU eligible, higher than California's eligibility rate of 45.4%.[2]
- UC/CSU eligibility in Orange County increased 13.8% in 10 years, from 44.9% of graduates in 2006/07 to 51.1% in 2015/16.
- At 77.1%, Asian students had the greatest proportion of graduates who were UC/CSU eligible, followed by White (59.0%), American Indian (55.0%), Black (38.5%) and Hispanic (35.6%) graduates.
- Hispanic graduates comprise the largest group of total graduates (44.3%), while accounting for only 30.9% of those UC/CSU eligible, lower than Asian (15.5% of total graduates accounting for 23.3% of UC/CSU eligible) and White (32.1% of total graduates accounting for 37.1% 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 (105.7% increase), followed by students in the Socioeconomically Disadvantaged program (75.5% increase). The eligibility rate for graduates of the English Learner program has declined 72.6% since 2006/07.[3]

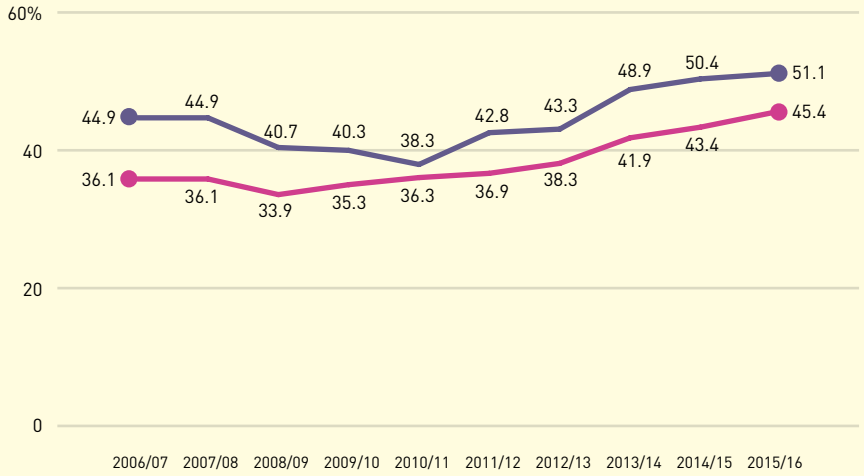
UC/CSU Requirements

- 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

[1] University of California, Office of the President (UCOP). [2] California Department of Education, DataQuest, 2017. [3] See footnotes on page 54 for program descriptions.

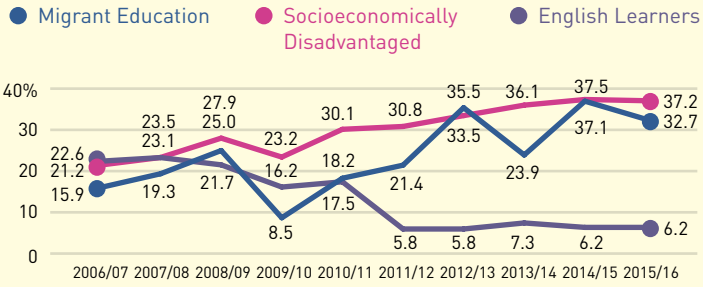
Percent of Graduates in Orange County and California Meeting UC/CSU Entrance Requirements, 2006/07 to 2015/16





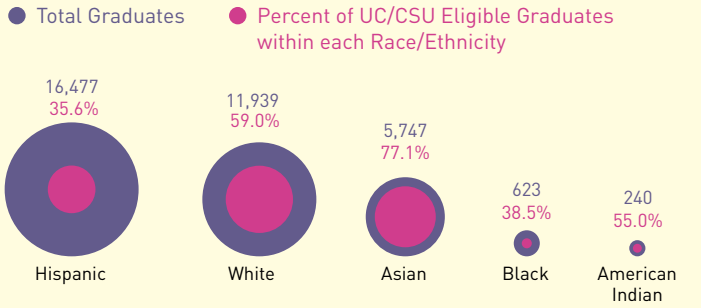
Source: California Department of Education, DataQuest, 2017

Percent of Graduates, Meeting UC/CSU Entrance Requirements, by Program, 2006/07 to 2015/16



Source: California Department of Education, DataQuest, 2016

Number of Graduates and Percent Graduates Meeting UC/CSU Entrance Requirements, 2015/16

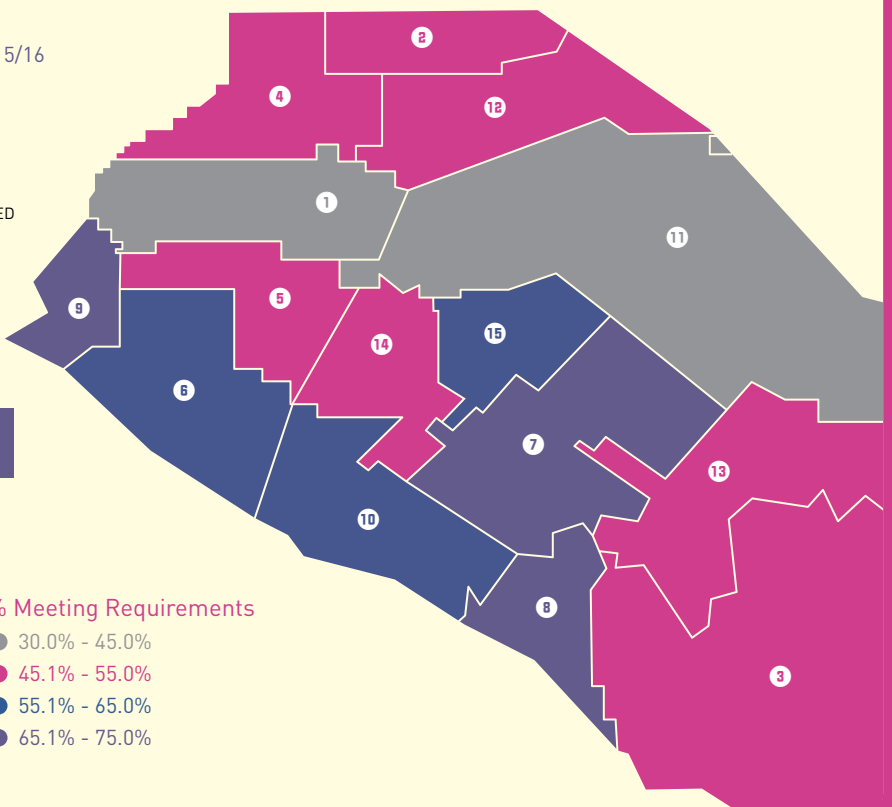


Source: California Department of Education, DataQuest, 2016

Percent of Graduates Meeting UC/CSU Entrance Requirements, by School District, 20015/16

1. ANAHEIM UNION HIGH 38.1%
2. BREA-OLINDA UNIFIED 51.2%
3. CAPISTRANO UNIFIED 54.4%
4. FULLERTON JOINT UNION HIGH 54.5%
5. GARDEN GROVE UNIFIED 51.6%
6. HUNTINGTON BEACH UNION HIGH 59.0%
7. IRVINE UNIFIED 66.8%
8. LAGUNA BEACH UNIFIED 67.2%
9. LOS ALAMITOS UNIFIED 71.9%
10. NEWPORT-MESA UNIFIED 59.8%
11. ORANGE UNIFIED 42.2%
12. PLACENTIA-YORBA LINDA UNIFIED 52.0%
13. SADDLEBACK VALLEY UNIFIED 51.2%
14. SANTA ANA UNIFIED 47.0%
15. TUSTIN UNIFIED 59.4%

ORANGE COUNTY: 51.1%
CALIFORNIA: 45.4%



Source: California Department of Education, DataQuest, 2017

SAFE HOMES AND COMMUNITIES INDICATORS

PREVENTABLE CHILD AND YOUTH DEATHS

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

12.9	7.6
2006	2015

JUVENILE ARRESTS

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

3,764	1,422
2006	2015

SUBSTANTIATED CHILD ABUSE

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

12.9	7.3
2007	2016

JUVENILE SUSTAINED PETITIONS

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

1,048	492
2003	2015

CHILD WELFARE

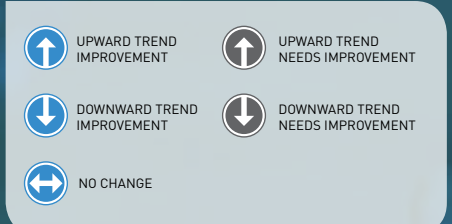
PERCENT OF CHILDREN PLACED IN PERMANENT HOMES WITHIN 12 MONTHS OF ENTERING FOSTER CARE

38.3%	32.2%
2005/06	2014/15

GANG MEMBERSHIP

JUVENILE GANG MEMBERS PER 100,000 YOUTH

484	102
2007	2016



NOTE: Variation in data ranges are due to availability of data and frequency of data collection.

Photo courtesy of MOMS Orange County

PREVENTABLE CHILD AND YOUTH DEATHS

DEATHS DUE TO INJURY DECLINE SINCE 2006.

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 also 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 mortality 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 41% from a peak rate of 12.9 per 100,000 children ages one to 19 years in 2006 to 7.6 per 100,000 children in 2015. Orange County's rate of 7.6 is lower than California's rate of 11.0 in 2015.
- The unintentional injury death rate (e.g., accidental poisoning, motor vehicle accident, or drowning) also decreased 41% from a peak rate of 7.5 per 100,000 children ages one to 19 years in 2006 to 4.4 per 100,000 children in 2015.
- Despite this decrease, unintentional injuries accounted for the highest average number (41 per year) and rate (4.4 per 100,000) of all injury deaths to children between 2013 and 2015, regardless of age group.
- The next most common causes of death for all children were cancer (14.7 per year) and suicide (12.0 per year).
- Nearly half (48%) of all child and youth deaths were among the older teen age group (ages 15 to 19).

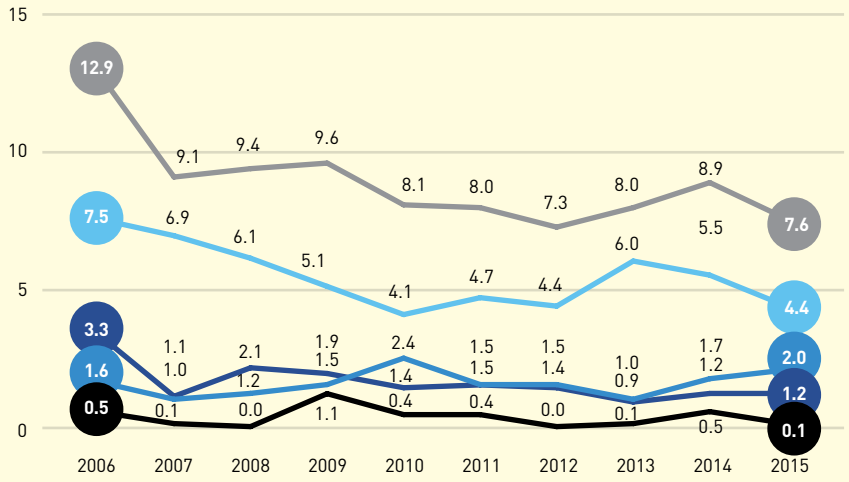
[1] Infant, Child and Teen Mortality, Indicators on Children and Youth, Child Trends Data Bank, updated June 2013 (www.childtrendsdatabank.org). [2] Consumer Federation of America. 2013. Child Poverty, Unintentional Injuries and Foodborne Illness: Are Low-Income Children at Greater Risk?

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

2006 to 2015

- All Injury Deaths
- Unintentional Injury
- Suicide
- Homicide
- Other

Source: Orange County Health Care Agency

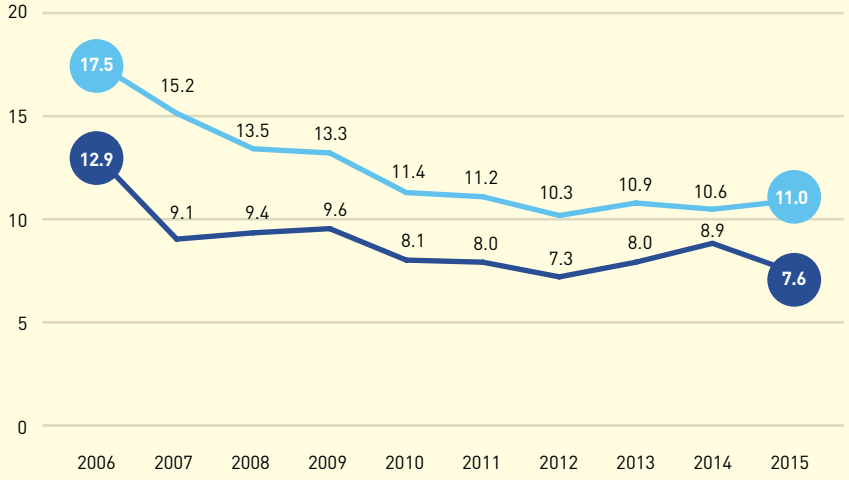


Injury Death Rates per 100,000, Youth One to 19 Years Old,

Orange County and California, 2006 to 2015

- 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, 2013-2015

	1-4 Years	5-9 Years	10-14 Years	15-19 Years	1-19 Years
FIRST LEADING CAUSE	Unintentional Injuries (20)	Unintentional Injuries (14)	Unintentional Injuries (22)	Unintentional Injuries (66)	Unintentional Injuries (122)
SECOND LEADING CAUSE	Congenital Anomalies (14)	Cancer (12)	Cancer (12)	Suicide (31)	Cancer (44)
THIRD LEADING CAUSE	Cancer (7)	Congenital Anomalies (6)	Suicide (5)	Homicide (22)	Suicide (36)

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

SUBSTANTIATED CHILD ABUSE

SUBSTANTIATED CHILD ABUSE ALLEGATIONS STEADILY DECLINE.

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 2016, 31,104 children were the subject of one or more child abuse allegations in Orange County. Of these, 16.5% (5,121) of children had substantiated allegations of child abuse, higher than California in 2015, at 14.8%.[1]
- In 2016, substantiated allegations occurred at a rate of 7.3 per 1,000 children, a 43.4% decrease from 12.9 in 2007 and lower than California (7.8), with a 30.4% decrease from 11.2 in 2007. In 2014, there were approximately 702,000 maltreated children with substantiated allegations in the United States, a rate of 9.4 per 1,000 population, higher than Orange County and California.[2]
- Children under six made up the greatest proportion of substantiated allegations: children less than one year of age comprised 12.2% of substantiated child abuse allegations and children one to five years old made up 29.5% of allegations totaling 41.7%. Children six to 10 years old made up 28.9%; 11 to 15 years old, 22.0%; and 16 to 17 years old, 7.4%.
- In 2016, general neglect made up the largest type of substantiated child abuse allegations at 71.6%, followed by at-risk/sibling abuse (10.5%) and sexual abuse (5.0%) substantiated allegations. Physical abuse (4.6%), severe neglect (4.4%), caretaker absence (3.0%), emotional abuse (0.3%) and exploitation (0.4%) made up the remaining types.

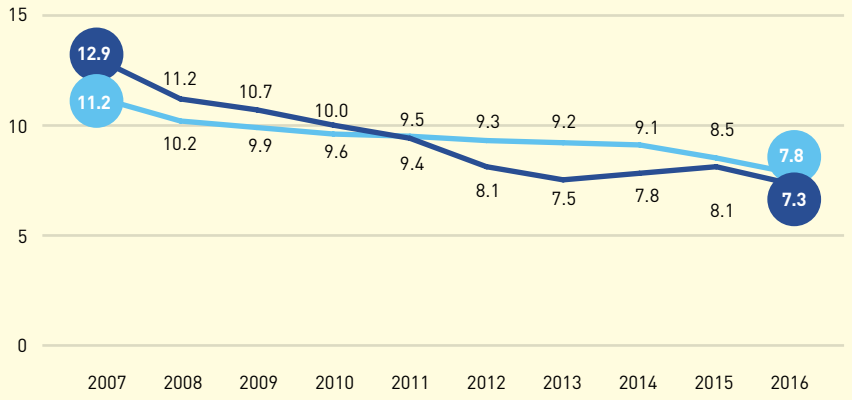
[1] University of California, Berkeley, California Child Welfare Indicators Project, CWS/CMS 2016 Quarter 4 Extract. [2] U.S. Department of Health and Human Services, Children's Bureau. (2016, January). Child Maltreatment, 2014.

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

2007 to 2016

- Orange County
- California

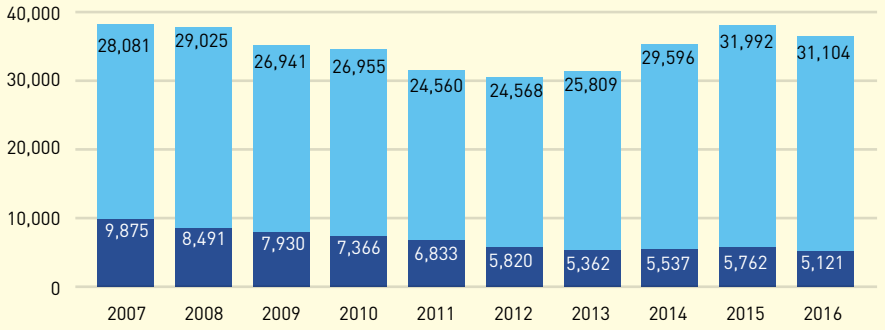
Note: Rates are based on unduplicated count of children.
Source: Orange County Social Service's Agency, 2016



Total Number of Children with Child Abuse Allegations and Substantiated Allegations, 2007 to 2016

- Child Abuse Allegations
- Substantiated Allegations

Note: Numbers are based on unduplicated count of children.
Source: CWS/CMS 2016 Quarter 4 Extract, Orange County Social Services Agency



Substantiated Child Abuse Allegations, Rate per 1,000 Children, by City, 2016

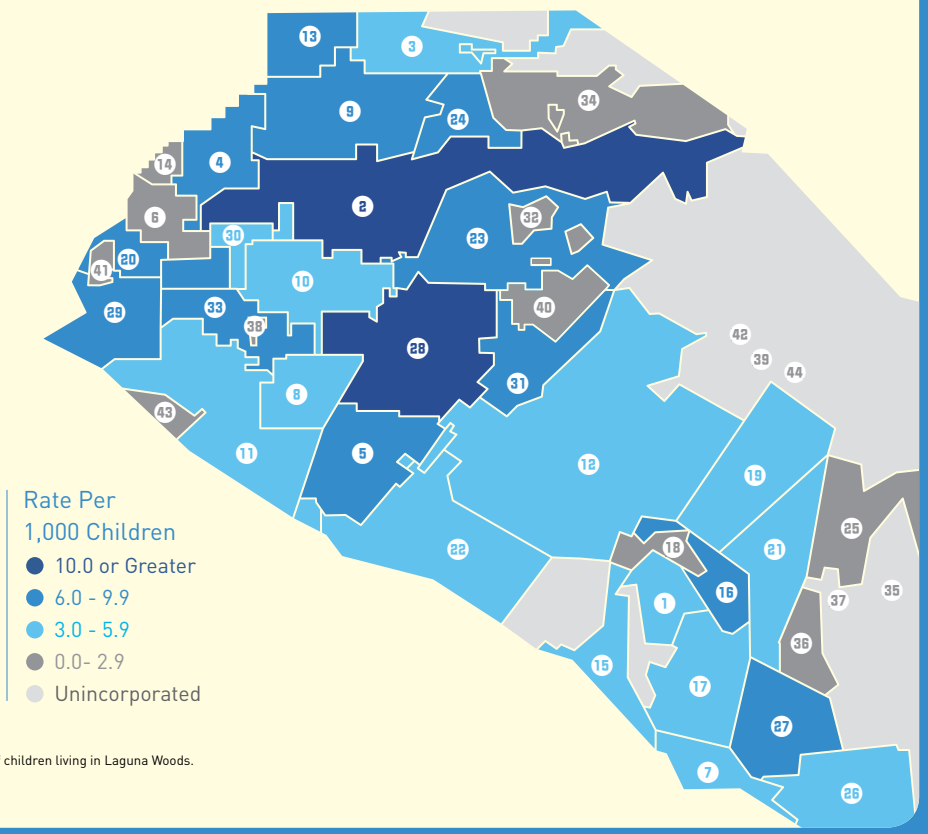
1. ALISO VIEJO 4.0
2. ANAHEIM 12.7
3. BREA 5.0
4. BUENA PARK 6.3
5. COSTA MESA 9.1
6. CYPRESS 2.8
7. DANA POINT 4.6
8. FOUNTAIN VALLEY 3.5
9. FULLERTON 8.3
10. GARDEN GROVE 5.1
11. HUNTINGTON BEACH 4.8
12. IRVINE 4.8
13. LA HABRA 6.1
14. LA PALMA 2.7
15. LAGUNA BEACH 3.3
16. LAGUNA HILLS 6.2
17. LAGUNA NIGUEL 5.2
18. LAGUNA WOODS N/A
19. LAKE FOREST 4.5
20. LOS ALAMITOS 8.0
21. MISSION VIEJO 3.9
22. NEWPORT BEACH 4.1
23. ORANGE 7.7
24. PLACENTIA 7.7
25. RANCHO SANTA MARGARITA 2.9
26. SAN CLEMENTE 4.0
27. SAN JUAN CAPISTRANO 8.9
28. SANTA ANA 11.9
29. SEAL BEACH 7.2
30. STANTON 4.8
31. TUSTIN 9.0
32. VILLA PARK 0.0
33. WESTMINSTER 7.3
34. YORBA LINDA 1.8

UNINCORPORATED SUBTOTAL: 1.6

35. COTO DE CAZA
36. LADERA RANCH
37. LAS FLORES
38. MIDWAY CITY
39. MODJESKA CANYON
40. NORTH TUSTIN
41. ROSSMOOR
42. SILVERADO CANYON
43. SUNSET BEACH
44. TRABUCO CANYON

ORANGE COUNTY: 7.3

CALIFORNIA: 7.8



Note: N/A indicates data are not available. For Laguna Woods, this is due to the small number of children living in Laguna Woods.
Source: Orange County Social Services Agency, 2016

CHILD WELFARE

ONE IN THREE CHILDREN ARE REUNIFIED WITH THEIR FAMILY WITHIN 12 MONTHS OF ENTERING FOSTER 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. "Re-entry Following Reunification" tracks those children who re-entered 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?

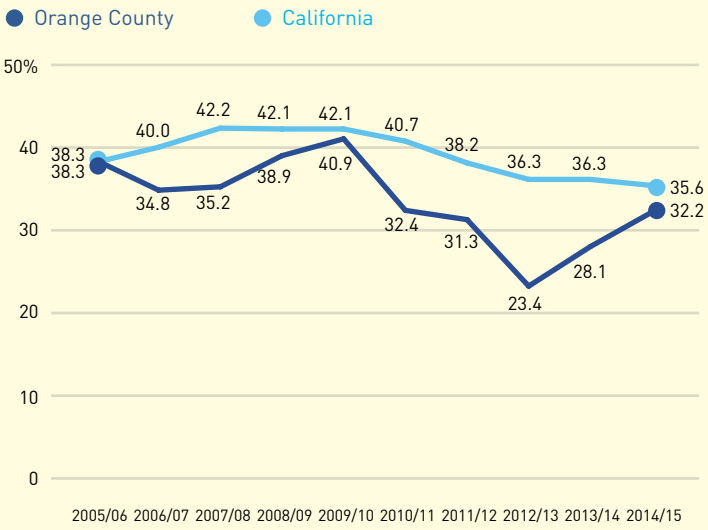
The placement of children in out-of-home care occurs when a child cannot remain safely with his or her family. Child abuse and neglect is a problem that crosses socioeconomic and racial ethnic boundaries with a profound effect on the well-being of the children. The number of children growing to maturity 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 placements for children help prevent placement instability, which can be related to attachment disorders, poor educational outcomes, mental health and behavioral problems and negative adult outcomes.

Findings

- In 2014/15, 32.2% of Orange County children were placed in permanent homes within 12 months of entering foster care, lower than California at 35.6%. 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 2014/15, reunification was the most common type of permanency (29.7%), followed by adoption (1.9%) and guardianship (0.5%).
- In 2013/14, the percent of children in Orange County re-entering foster care within 12 months of reunification, adoption or guardianship was 9.0%, a 2.3% decrease since 2004/05. California was higher at 11.3%. The national goal is less than or equal to 9.3%.[2]
- In 2015/16, 33.3% of children in foster care for two years or more were placed in a permanent home, 60.9% higher than 2006/07 (20.7%). California is lower at 29.0%. The national goal is greater than or equal to 30.3%.

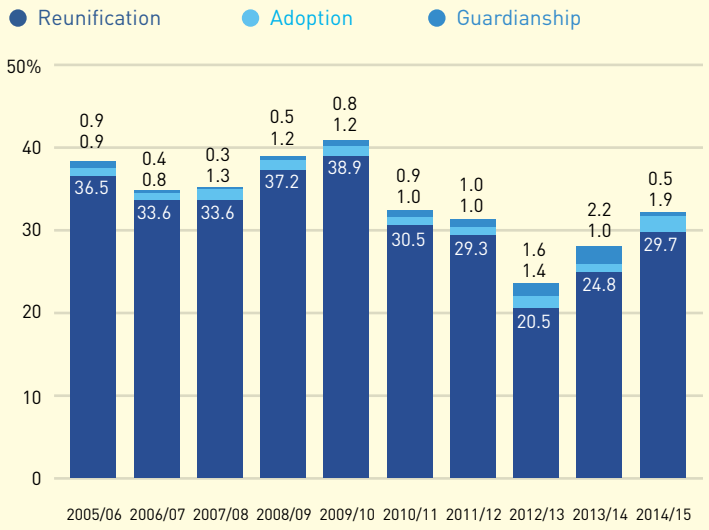
[1] Exists to permanency measures children who were in foster care for 24 months or longer on the first day of the year, who were then transitioned to a permanency within 12 months. [2] Federal evaluation of statewide child welfare systems, Child and Family Services Review (CFSR), recently released the 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).

Percent of Children Entering Foster Care and Placed in a Permanent Home within 12 months, Orange County and California, 2005/06 to 2014/15



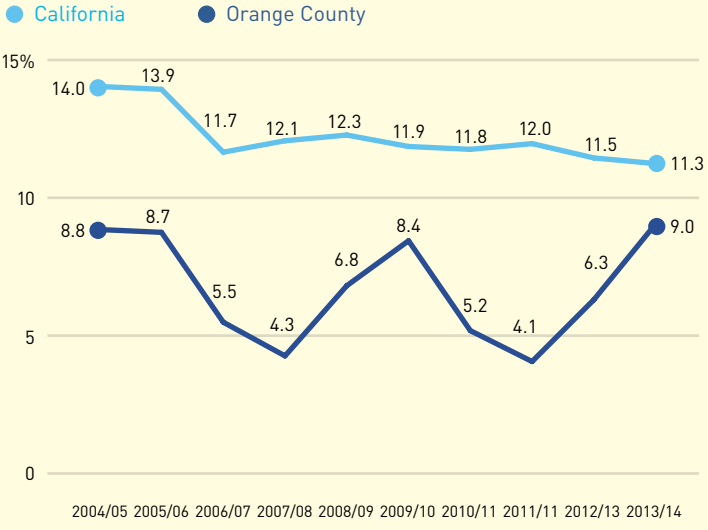
Note: Permanency is defined as achieved when the child is reunified with the family, placed with a legal guardian, or adopted.
Source: CWS/CMS 2016 Quarter 4 Extract, UC Berkeley Center for Social Services Research

Percent of Children Entering Foster Care and Placed in a Permanent Home within 12 months, by Type of Permanency, 2005/06 to 2014/15



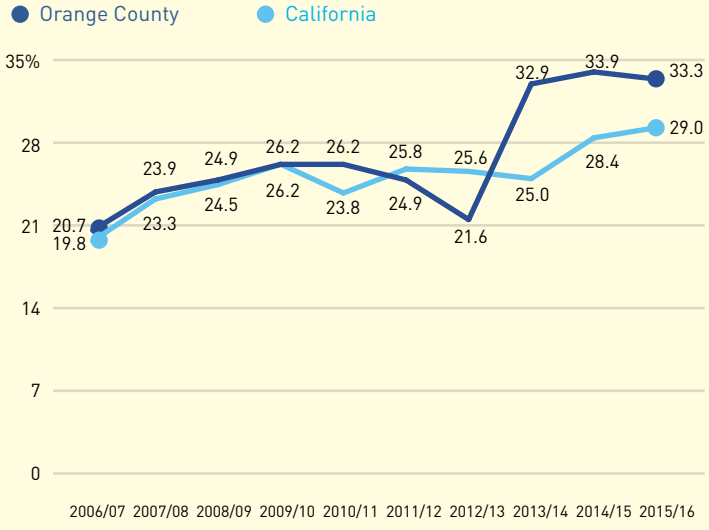
Note: Permanency is defined as achieved when the child is reunified with the family, placed with a legal guardian, or adopted.
Source: CWS/CMS 2016 Quarter 4 Extract, UC Berkeley Center for Social Services Research

Percent of Children Re-entering Foster Care within 12 months of Reunification, Adoption or Guardianship, Orange County and California, 2004/05 to 2013/14



Note: Due to methodological differences, the reporting period for no re-entry following reunification will always be one year behind what is reported for the other measures.
Source: CWS/CMS 2016 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, 2006/07 to 2015/16



Note: Permanency is defined as achieved when the child is reunified with the family, placed with a legal guardian, or adopted.
Source: CWS/CMS 2016 Quarter 4 Extract, UC Berkeley, Center for Social Services Research

JUVENILE ARRESTS

JUVENILE ARRESTS DROP 66% OVER 10 YEARS.

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. Research shows that early intervention in children's lives can effectively reduce later crime.[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]

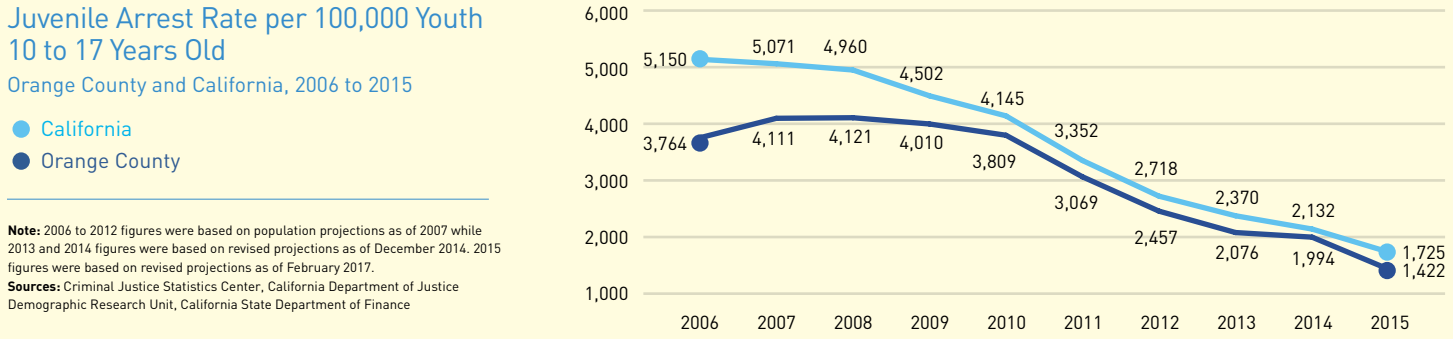
Findings

- In 2015, there were 4,829 juvenile arrests in Orange County and 71,792 in California. This equates to 1.7% of Orange County's youth arrested in 2015.
- Between 2006 and 2015, there was a 65.6% decrease in the total number of juvenile arrests in Orange County, dropping from 14,021 arrests to 4,829 arrests.
- Orange County's juvenile arrest rate in 2015 was 1,422 per 100,000 youth 10 to 17 years old, a decrease of 62.2% from 2006, compared to California at 1,725 per 100,000 youth, a decrease of 66.5% since 2006.
- In Orange County, misdemeanors accounted for 58.6% (2,832), felonies for 24.4% (1,178) and status offenses for 17.0% (819) of arrests among youth ages 10 to 17 years in 2015.[4]
- In 2015, 8.5% (110) of fatal and injury collisions due to driving under the influence of alcohol involved youth under the age of 21 years; 70.9% of those youth were males.
- Among youth between 18 and 20 years old, DUI convictions have increased by 4% since 2004 with a peak of 1,226 convictions in 2009. Among youth under 18 years, there was a 12% decrease since 2004, with a peak of 84 convictions in 2008.

[1] Zagar, R.J., Busch, K.G. and Hughes, J.R., 2009. [2] Saminsky, A., 2010. [3] Welsh, B.C. and Farrington, D.P., 2009. [4] In the United States, the term status offense also refers to an offense such as a traffic violation where motive is not a consideration in determining guilt.

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

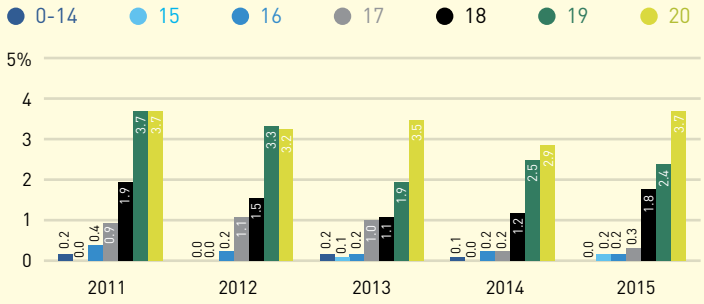
Orange County and California, 2006 to 2015



Note: 2006 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. 2015 figures were based on revised projections as of February 2017.
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

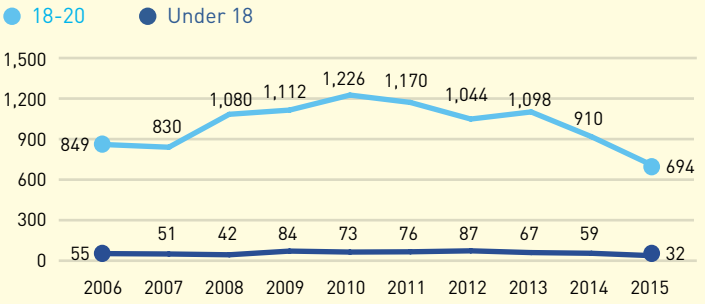
2011 to 2015



Note: Information on crash involvement is maintained and produced by the California Highway Patrol; 2015 crash data are 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



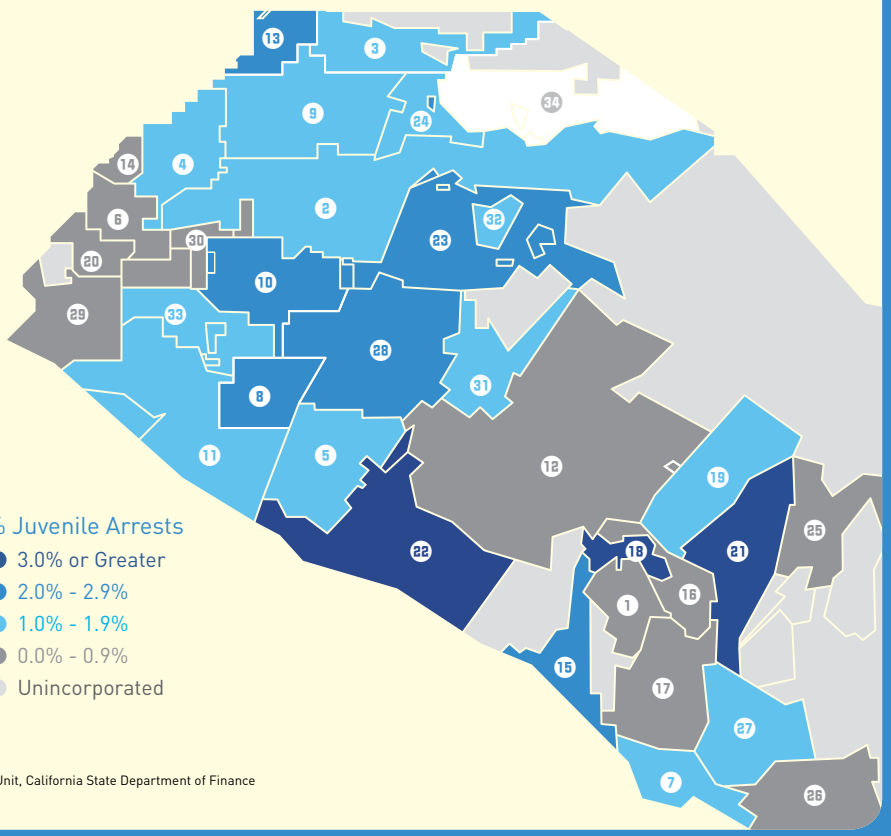
Note: The number of DUI convictions per year are based on data from two years prior.
Source: Annual Reports of the California DUI Management Information System (2006-2016)

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

2015

1. ALISO VIEJO 0.8%
2. ANAHEIM 1.1%
3. BREA 1.9%
4. BUENA PARK 1.6%
5. COSTA MESA 1.4%
6. CYPRESS 0.2%
7. DANA POINT 1.4%
8. FOUNTAIN VALLEY 2.1%
9. FULLERTON 1.6%
10. GARDEN GROVE 2.3%
11. HUNTINGTON BEACH 1.1%
12. IRVINE 0.6%
13. LA HABRA 2.2%
14. LA PALMA 0.1%
15. LAGUNA BEACH 2.0%
16. LAGUNA HILLS 0.8%
17. LAGUNA NIGUEL 0.3%
18. LAGUNA WOODS 7.1%
19. LAKE FOREST 1.0%
20. LOS ALAMITOS 0.1%
21. MISSION VIEJO 5.0%
22. NEWPORT BEACH 12.5%
23. ORANGE 2.9%
24. PLACENTIA 1.5%
25. RANCHO SANTA MARGARITA 0.2%
26. SAN CLEMENTE 0.7%
27. SAN JUAN CAPISTRANO 1.5%
28. SANTA ANA 2.1%
29. SEAL BEACH 0.7%
30. STANTON 0.4%
31. TUSTIN 1.1%
32. VILLA PARK 1.4%
33. WESTMINSTER 1.3%
34. YORBA LINDA N/A

ORANGE COUNTY: 1.7%
CALIFORNIA: N/A



Note: N/A indicates no data are available.
Sources: Criminal Justice Statistics Center, California Department of Justice Demographic Research Unit, California State Department of Finance

JUVENILE SUSTAINED PETITIONS

JUVENILE SUSTAINED PETITION RATES DECLINE; HISPANIC YOUTH COMPRISE NEARLY 80% OF ALL PETITIONS.

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.

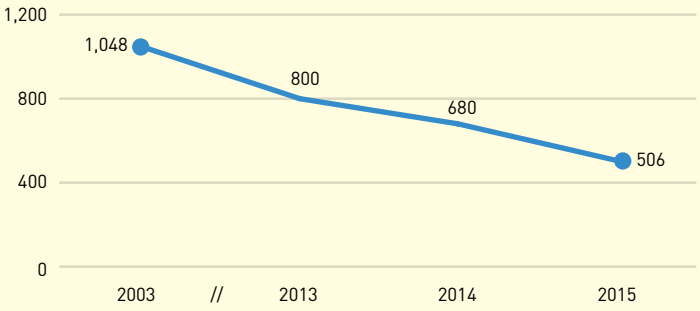
Why is this important?

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 of sustained juvenile petitions can help provide strategic direction to prevention, early intervention and rehabilitation efforts in Orange County.

Findings

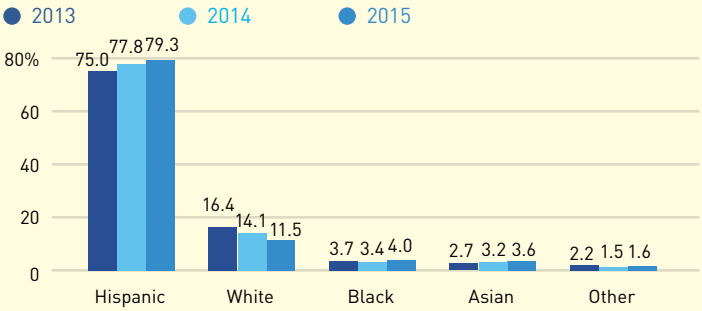
- In 2015, there were 1,719 juvenile sustained petitions, a 35.3% decrease from 2013 (2,657).
- The rate of sustained petitions was 492.4 per 100,000 youth ages 10 to 17 years old in 2015, a 36.8% decrease from 2013 (800 per 100,000 youth) and 51.7% decrease from 2003 (1,048 per 100,000 youth).
- Sustained petitions were highest among youth 15 to 17 years old who comprised 88.9% of total sustained petitions, followed by youth 12 to 14 years old (10.9%) and youth 11 years and younger (0.1%).
- When assessed by race and ethnicity, Hispanic youth (79.3%) had the most sustained petitions, followed by White (11.5%), Black (4.0%), Asian (3.6%) and Other (1.6%) youth in 2015.
- Across genders, the vast majority of sustained petitions were on juvenile males (85.9%), with juvenile females accounting for 14.1% of sustained petitions in 2015.

Juvenile Sustained Petitions, Rate per 100,000 Youth 10 to 17 Years Old, Orange County, 2003, 2013 to 2015



Source: Orange County Probation, Research Division

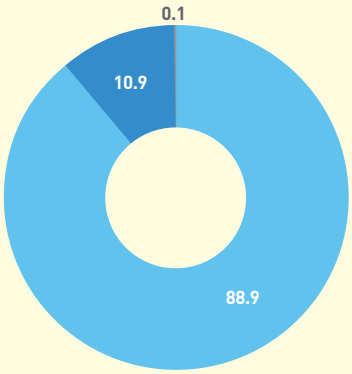
Percent of Total Juvenile Sustained Petitions, Youth 10 to 17 Years Old, by Race/Ethnicity, 2013 to 2015



Source: Orange County Probation, Research Division

Percent of Juvenile Arrests with a Sustained Petition, Youth 10 to 17 Years Old, by Age, 2015

- 10-11 Years of Age
- 12-14 Years of Age
- 15-17 Years of Age



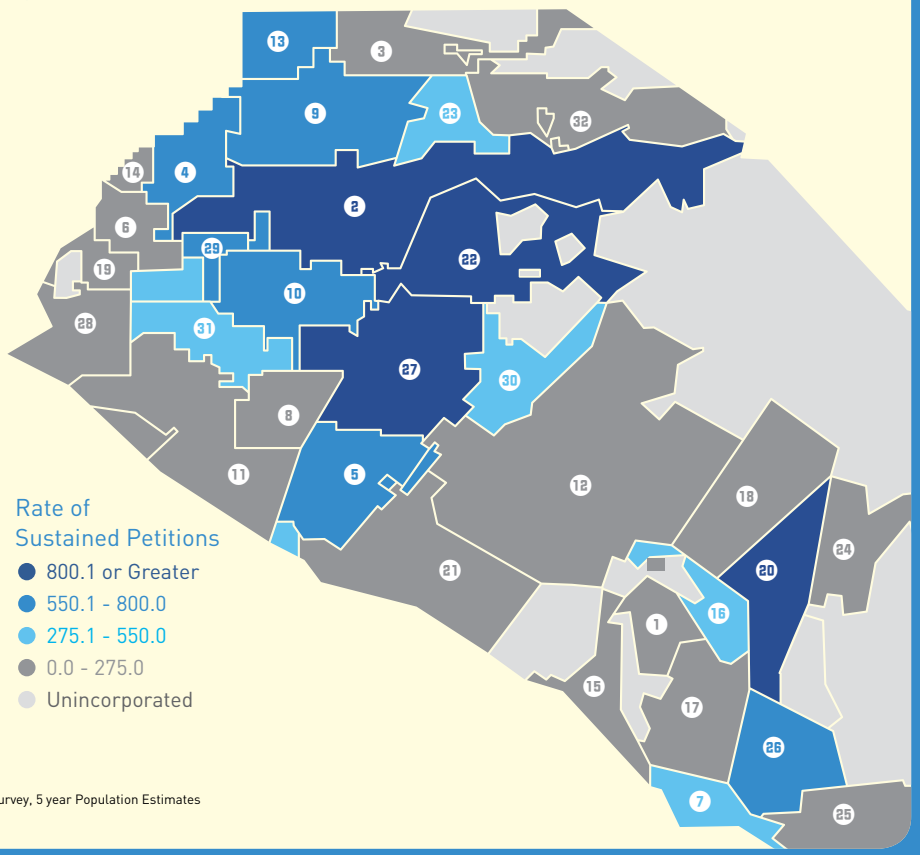
Source: Orange County Probation, Research Division

Juvenile Sustained Petitions, Rate per 100,000, Youth 10 to 17 years old, by City, 2015

1. ALISO VIEJO 171.9
2. ANAHEIM 977.5
3. BREA 186.1
4. BUENA PARK 572.0
5. COSTA MESA 637.4
6. CYPRESS 119.0
7. DANA POINT 304.9
8. FOUNTAIN VALLEY 17.3
9. FULLERTON 690.3
10. GARDEN GROVE 569.6
11. HUNTINGTON BEACH 251.9
12. IRVINE 146.7
13. LA HABRA 558.7
14. LA PALMA 15.1
15. LAGUNA BEACH 126.7
16. LAGUNA HILLS 392.4
17. LAGUNA NIGUEL 165.3
18. LAKE FOREST 216.2
19. LOS ALAMITOS 21.6
20. MISSION VIEJO 1534.7
21. NEWPORT BEACH 129.1
22. ORANGE 925.8
23. PLACENTIA 325.5
24. RANCHO SANTA MARGARITA 36.8
25. SAN CLEMENTE 179.7
26. SAN JUAN CAPISTRANO 581.0
27. SANTA ANA 902.0
28. SEAL BEACH 0.0
29. STANTON 649.2
30. TUSTIN 326.0
31. WESTMINSTER 424.9
32. YORBA LINDA 219.5

ORANGE COUNTY: 492.4

CALIFORNIA: N/A



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

GANG MEMBERSHIP

GANG MEMBERSHIP DECREASES BY 81% OVER A DECADE.

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 an 80.6% decrease in the total number of known gang members ages 10 to 17 years old in Orange County, from 1,766 in 2007 to 342 individuals in 2016.
- This decrease is driven by an 87.3% decrease in the total known gang members ages 10 to 14 years old (276 in 2007 to 35 in 2016) and a 79.4% decrease in gang members ages 15 to 17 years old (1,490 in 2007 to 307 in 2016).
- The rate of known gang members was 102 per 100,000 for youth between 10 and 17 years old in 2016; this reflects a 76.6% decrease from a high mark of 517 per 100,000 in 2009.[3]
- Broken down by age, rates of juvenile gang members between 10 and 14 years old 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 (95.3%), followed by White (1.8%), Other (1.5%), Black (1.2%) and Asian (0.3%) 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]

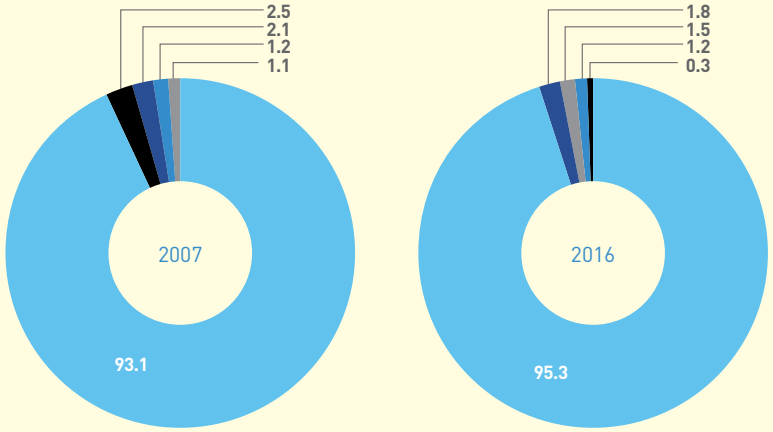
[1] National Gang Intelligence Center, "National Gang Report." (2015): 12. [2] National Gang Intelligence Center, "National Gang Report." (2015): 9. [3] Rate is calculated using gang membership data from the Orange County District Attorney's Office and U.S. Census data for the total 10-17 year-old population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

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

2007 and 2016

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

Source: Orange County District Attorney's Office



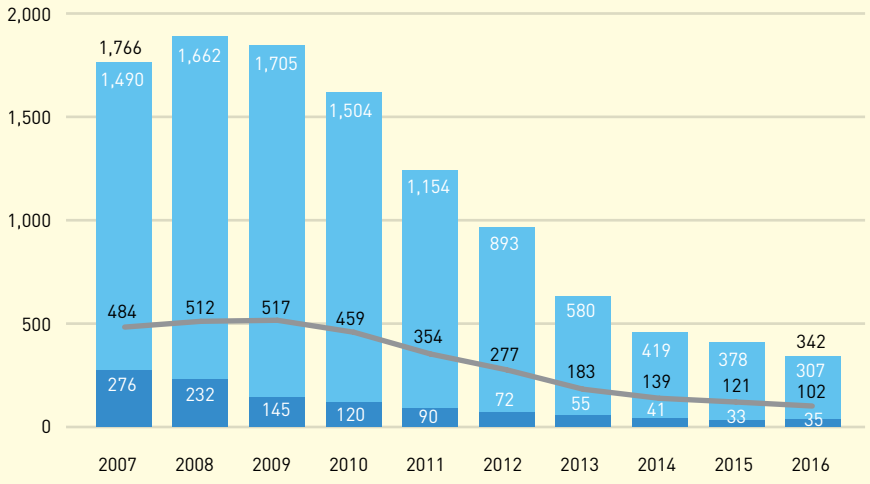
More than nine in 10 gang members are Hispanic youth.

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

2007 to 2016

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

Source: Orange County District Attorney's Office



INDEX OF SUPPLEMENTAL TABLES

Photo courtesy of MOMS Orange County

Supplemental tables are available online at http://ochealthinfo.com/phs/about/family/occp/report

*See online supplemental tables for asterisk references.

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Steven Eldred, J. D.

Additional Agencies

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Children's Home Society of California

Patrice Rogers
Department of Motor Vehicles

Steven Villafranca, MA
Department of Motor Vehicles

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Support Services Section

Michelle Ramos
California State University Fullerton

Leanne Wheeler
California Department of Education

Janis White, Ed.D.
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