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

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

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

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

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

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

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

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

Sincerely,

Supervisor Andrew Do
Chair, Orange County Children’s Partnership

ORANGE COUNTY CHILDREN’S PARTNERSHIP

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

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Denise MacAllister
Special Education Local Plan Area

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

As of 7/2016
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter from the Chair</td>
<td>2</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>3</td>
</tr>
<tr>
<td>The Work of the Orange County Children’s Partnership</td>
<td>4</td>
</tr>
<tr>
<td>Overlaying Data</td>
<td>5</td>
</tr>
<tr>
<td>The Intersection of Poverty and CalFresh Enrollment</td>
<td>6</td>
</tr>
<tr>
<td>Orange County Today</td>
<td>10</td>
</tr>
<tr>
<td>Good Health Indicators</td>
<td>12</td>
</tr>
<tr>
<td>ACCESS TO HEALTH CARE</td>
<td>14</td>
</tr>
<tr>
<td>EARLY PRENATAL CARE</td>
<td>16</td>
</tr>
<tr>
<td>INFANT MORTALITY</td>
<td>18</td>
</tr>
<tr>
<td>LOW BIRTH WEIGHT</td>
<td>20</td>
</tr>
<tr>
<td>PRETERM BIRTHS</td>
<td>22</td>
</tr>
<tr>
<td>TEEN BIRTHS</td>
<td>24</td>
</tr>
<tr>
<td>BREASTFEEDING</td>
<td>26</td>
</tr>
<tr>
<td>IMMUNIZATIONS</td>
<td>28</td>
</tr>
<tr>
<td>OBESITY</td>
<td>30</td>
</tr>
<tr>
<td>PHYSICAL FITNESS AND NUTRITION</td>
<td>32</td>
</tr>
<tr>
<td>BEHAVIORAL HEALTH</td>
<td>34</td>
</tr>
<tr>
<td>Economic Well-Being Indicators</td>
<td>36</td>
</tr>
<tr>
<td>CHILD POVERTY</td>
<td>38</td>
</tr>
<tr>
<td>CALWORKS</td>
<td>40</td>
</tr>
<tr>
<td>SUPPLEMENTAL NUTRITION</td>
<td>42</td>
</tr>
<tr>
<td>HOUSING</td>
<td>44</td>
</tr>
<tr>
<td>CHILD SUPPORT</td>
<td>46</td>
</tr>
<tr>
<td>Educational Achievement Indicators</td>
<td>48</td>
</tr>
<tr>
<td>KINDERGARTEN READINESS</td>
<td>50</td>
</tr>
<tr>
<td>THIRD GRADE ENGLISH LANGUAGE ARTS</td>
<td>52</td>
</tr>
<tr>
<td>THIRD GRADE MATHEMATICS</td>
<td>54</td>
</tr>
<tr>
<td>HIGH SCHOOL DROPOUT RATES</td>
<td>56</td>
</tr>
<tr>
<td>COLLEGE READINESS</td>
<td>58</td>
</tr>
<tr>
<td>Safe Homes And Communities Indicators</td>
<td>60</td>
</tr>
<tr>
<td>PREVENTABLE CHILD AND YOUTH DEATHS</td>
<td>62</td>
</tr>
<tr>
<td>SUBSTANTIATED CHILD ABUSE</td>
<td>64</td>
</tr>
<tr>
<td>CHILD WELFARE</td>
<td>66</td>
</tr>
<tr>
<td>JUVENILE ARRESTS</td>
<td>68</td>
</tr>
<tr>
<td>JUVENILE SUSTAINED PETITIONS</td>
<td>70</td>
</tr>
<tr>
<td>GANG MEMBERSHIP</td>
<td>72</td>
</tr>
<tr>
<td>Index of Supplemental Tables</td>
<td>72</td>
</tr>
</tbody>
</table>

Photo courtesy of MOMS Orange County.
EXECUTIVE SUMMARY

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

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

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

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

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

Among the measures within Educational Achievement, both high school dropout rates and college readiness have improved across all races and ethnicities. The percent of high school dropouts has decreased by more than half (53.7%) since the 2009/10 school year to a current low of 5.7% and college readiness among high school graduates has increased 30.2%. Despite these improvements, a deeper look reveals that disparities among race and ethnic groups persist. For example, among students who are deemed college-ready, Hispanic students are least likely to be college-ready despite having the largest proportion of graduates.

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

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

In summary, this report makes data about children, youth and families of Orange County accessible and relevant to the public for use in research, as a call to action and to strengthen and guide the collaborative efforts of the OCCP to improve conditions for children in Orange County. By shining a light on the status of children and families, it highlights issues that need to be addressed, measures progress toward healthier outcomes and allows celebration of victories along the way.
It is imperative that we address the pressing issues facing Orange County’s children and families highlighted in this report. Already, there is an enormous breadth of programming being delivered in effective ways by OCCP member organizations and agencies across the county. Further, as a coalition, the OCCP leverages the unique attributes of its members by working collaboratively to coordinate and link services.

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

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

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

**Serious Mental Health Needs for Adolescents**

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

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

**Continuum of Care Reform (AB 403)**

AB 403, new state legislation that went into effect this year, aims to phase out the way treatment and services are currently provided to youth at group homes, in favor of measures geared toward providing greater support to foster families. The new regulations will drastically reduce the number of children placed in facilities currently run as group homes as well as the length of time they spend in such placements through the establishment of short-term residential therapeutic programs (STRTPs). Specialized and intensive treatment will be provided to children with demonstrated need at STRTPs, with all other youth placements directed to family-based care. The magnitude of overhaul is tremendous and as the county system develops its implementation strategies under the leadership of the Child Welfare System Improvement Partnership, the OCCP will stay abreast of the plans and connect its support strategically. The OCCP envisions activating its resources to support the recruitment of resource families to take the higher volume of residential foster placements through public outreach and media campaigns, as well as supporting programs to be rolled out to make the system’s move into family-based care a success.
Commercially/Sexually Exploited Children
Several members of the OCCP are collaborating to develop and launch a crucial public education and awareness campaign about commercially and sexually exploited children (CSEC). The campaign will strive to deepen public and stakeholder awareness of the issue, change the conversation on the plight of these youth, promote early identification of at-risk youth and generate greater interest from suitable foster family for recruitment purposes. The issues facing these youth, whether entering the dependency system or through juvenile justice, are complex. CSEC youth are often mistaken for and characterized as prostitutes when in fact they are sexual assault victims who have been coerced, often violently, into desperate situations. A deeper understanding of their plight and the huge systemic barriers to diverting them from their abusers and a lifestyle of sexual exploitation could result in better outcomes for these children. As the campaign is developed, it will be brought to the OCCP to expand the reach of the campaign, help recruit suitable foster homes for training and placement, and help connect with other stakeholders not at the table.

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

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

OVERLAYING DATA
The Conditions of Children Report presents indicators of well-being across a broad spectrum of distinct subject matter. Yet it is understood that none of the conditions measured in this report occur in isolation. In fact, multiple metrics of well-being that indicate success or challenges in communities across the county are interconnected and cannot be separated in the actual lives of children. Data presents a powerful tool for examining the facts of what is occurring in communities. By investigating the intersection of multiple data sets, a more complete picture emerges. This year, for the first time, the Conditions of Children report explores the intersection of data through an “overlay map.” This kind of exploration may raise further questions, and fall short of conclusive findings, but it can be used to identify situations in communities that merit further investigation.
The Intersection of Poverty and CalFresh Enrollment

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

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

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

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

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

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

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

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

Ethnicity and Age

Orange County continues to experience increasing racial and ethnic diversification. As of 2014, the Census estimates Orange County’s population was composed of 42.9% Whites, 34.0% Hispanics or Latinos, 18.6% Asians, 1.6% Blacks and 2.9% All Other race/ethnicities. Orange County’s child population is similarly diverse, albeit with somewhat different proportions than the overall population, according to 2014 American Community Survey estimates. In 2014, Hispanic or Latino children comprised 47.2% of the total child population; White children comprised 30.7%; Asian children comprised 15.7%; Black children comprised 1.5% and All Others comprised 4.9%.⁷

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

Education

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

Economy
Orange County has a stronger than average regional economy with a Gross County Product reaching $212.7 billion forecast for 2015. The most recent Census data (2014) show that the median family income is $75,998, a 0.3% increase from 2012. As of May 2016, the largest labor markets were Professional and Business Services (18.4%), Trade, Transportation and Utilities (16.5%), Leisure and Hospitality Services (13.2%), Educational and Health Services (12.9%) and Government (10.4%).

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

Socioeconomics
In May 2016, the unemployment rate for Orange County was 3.6%; lower than California (4.7%) and the national average (4.7%). Poverty, on the other hand, increased in both number and proportion in recent years. As of 2014, 17.6% of children ages 0-17 lived in poverty in Orange County. In addition, in 2015/16, 49.1% (237,969) of Orange County’s public school children were eligible for the Free and Reduced Price Lunch (FRL) program. In order to be eligible for the FRL program, families must not exceed 185% of the Federal Poverty Level. In 2016, the Federal Poverty Level for a household of four was $24,300 compared to $19,350 in 2005.

Orange County continues to be among the most inaccessible places to live for low- and moderate-income earners. In April 2016, the median sale price of an existing single-family home in Orange County was $735,910, an increase of 4.2% since April 2015. The minimum household income needed to purchase a median-priced single family home in Orange County is approximately $141,992. Less than half [43%] of households in Orange County could afford an entry-level home in 2015. At 42%, a smaller proportion of Orange County households are renters than California at 45%.

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

Orange County is considered one of the most densely populated areas in the United States, ranking 19th out of 3,143 counties in the nation. In 2016 the average household size in Orange County was 3.06 persons, larger than California (2.97) and the United States (2.63). The city of Santa Ana had the highest household size in the county at 4.47 persons per household. In addition to Santa Ana, 13 Orange County cities had an average household size higher than the county average, including Garden Grove (3.75), Stanton (3.57), Westminster (3.48) and Anaheim (3.46). Orange County’s population density is 4,034 persons per square mile, an increase of 5.8% since 2010 (3,815 persons per square mile).
ORANGE COUNTY SNAPSHOT
### Economy
- 3.6% unemployment
- Median family income is $75,998
- 17.6% of children living in poverty (123,620)
- 49.1% of public school students are eligible for free and reduced price lunch

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

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

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

### Population
- 38,610 children are born
- 26.6% of Orange County’s total population are children under 18 (339,738)
- Nearly 3.2 million people living in Orange County
- Median age is 36.7
GOOD HEALTH INDICATORS

ACCESS TO HEALTH CARE

PERCENT OF UNINSURED CHILDREN

- 10.9% in 2008
- 5.0% in 2014

EARLY PRENATAL CARE

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

- 91.4% in 2005
- 86.1% in 2014

INFANT MORTALITY

RATE OF INFANT MORTALITY PER 1,000 LIVE BIRTHS

- 4.8 in 2005
- 3.0 in 2014

LOW BIRTH WEIGHT

PERCENT OF INFANTS WITH LOW BIRTH WEIGHT

- 6.4% in 2005
- 6.3% in 2014

PRETERM BIRTHS

PERCENT OF PRETERM BIRTHS

- 9.8% in 2005
- 7.4% in 2014

BREASTFEEDING

PERCENT EXCLUSIVE BREASTFEEDING AT TIME OF HOSPITAL DISCHARGE

- 63.1% in 2012
- 67.1% in 2015

IMMUNIZATIONS

PERCENT OF CHILDREN ADEQUATELY IMMUNIZED BY KINDERGARTEN

- 92.1% in 2006
- 92.5% in 2015

OBESITY

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

- 18.3% in 2013/14
- 17.7% in 2014/15

TEEN BIRTHS

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

- 30.4 in 2005
- 14.8 in 2014

PHYSICAL FITNESS AND NUTRITION

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

- 5.8% in 2013/14
- 5.3% in 2014/15

BEHAVIORAL HEALTH

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

- 17.1 in 2005
- 24.5 in 2014

UPWARD TREND IMPROVEMENT

DOWNWARD TREND IMPROVEMENT

NEEDS IMPROVEMENT

DIFFICULT TO ASSESS DUE TO THE NATURE OF THE DATA OR BASELINE DATA
UNINSURED RATES FOR CHILDREN DROP BY MORE THAN HALF BETWEEN 2008 AND 2014.

DESCRIPTION OF INDICATOR

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

Why is this Important?

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

Findings

• In 2014, 5.0% of children were uninsured, representing a drop in uninsured rates by more than half since 2008 (10.9%).

• Orange County went from having a higher rate of uninsured children in 2008 (10.9%) than California (10.0%) and the United States (9.3%), to having a lower rate than both in 2014.

• Hispanic children continue to have higher uninsured rates than other racial/ethnic groups, with 6.8% of Hispanic children uninsured in 2014, compared with Other races (4.5%), Asian (3.7%) and White (3.0%) groups. However, this gap is shrinking.

• Uninsured rates of very young children (0-5 years old) have dropped by two-thirds, from 8.9% in 2009 to 3.2% in 2014. Similarly, rates of uninsured 6-17 year olds have dropped by nearly half, from 11.2% in 2009 to 5.9% in 2014.

• In addition, the 2014 California Health Interview Survey (pooled estimate for 2011 through 2014) reveals:
  – An estimated 59,000 (7.7%) Orange County children annually did not have a usual source of care to go to when they were sick or needed health advice.
  – Approximately 24,750 children (3.3%) experienced a delay or lack of medical care and 31,250 children (4.1%) experienced a delay or lack of needed prescription medications.
  – Most children who had access to a usual source of care went to a doctor’s office (71.6%), while 19.6% went to a clinic or community hospital. The proportion of children who regularly visited an Emergency Department, urgent care center or other location is unknown.¹

¹ Pooled estimates using 2011, 2012, 2013, and 2014 data are used because they result in statistically stable percents. A population average was used to estimate the number of children.
Why is this Important?

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

Findings

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

REFERENCES

Percent of Women who Received Early Prenatal Care in the First Trimester, by Community, 2014

- LA PALMA: 94.7%
- LADERA RANCH: 89.9%
- LAGUNA BEACH: 91.7%
- LAGUNA HILLS: 90.9%
- LAGUNA NIGUEL: 93.4%
- LA GUNA BEACH: 91.7%
- LA GUNA HILLS: 90.9%
- LA GUNA NIGUEL: 93.4%
- LA GUNA WOODS: 100.0%
- LAKE FOREST: 90.7%
- LAGUNA WOODS: 90.0%
- LA HABRA: 82.8%
- ORANGE: 90.8%
- PLACENTIA: 89.3%
- RANCHO SANTA MARGARITA: 94.6%
- ROSSMOOR: 95.2%
- SAN CLEMENTE: 92.9%
- SAN JUAN CAPISTRANO: 88.8%
- SANTA ANA: 86.8%
- SEAL BEACH: 96.0%
- SEAL BEACH: 89.6%
- TUSTIN: 85.0%
- VILLA PARK: 100.0%
- WESTMINSTER: 82.1%
- YORBA LINDA: 91.9%

Source: Orange County Health Care Agency Family Health Division

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

Note: California data are not available for 2014.

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

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

- Orange County
- California

**Source:** Orange County Health Care Agency Family Health Division

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

- White
- Asian
- Hispanic
- Black

Note: California data are not available for 2014.

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

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

% of Women
- 0.0% - 50.0%
- 50.1% - 80.0%
- 80.1% - 85.0%
- 85.1% - 90.0%
- 90.1% - 100.0%
- Unincorporated

Orange County: 86.1%
California: N/A

Source: Orange County Health Care Agency Family Health Division
INFANT MORTALITY

INFANT MORTALITY RATES DECLINE.

DESCRIPTION OF INDICATOR
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. 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. Despite the overall declines in infant mortality since 2002, there remain significant disparities in the rates among Blacks and Hispanics in Orange County, which remain higher than the overall county rate. In the past, these disparities have been only partially explained by factors such as adequacy and quality of prenatal care.

Findings

- In 2014, there were 115 infant deaths in Orange County.
- The infant mortality rate was 3.0 deaths per 1,000 births in 2014, compared to California’s rate of 4.3 and the United States’ rate of 5.8, and a 37.5% decrease since 2005.
- Leading causes of infant mortality were congenital anomalies (birth defects) (33.9%), maternal causes (20.9%), other conditions of perinatal period (11.3%) and short gestation/low birth weight (3.5%).
- Disparities persist. Infant mortality rates (per 1,000 live births) were highest among Hispanic infants (3.9), followed by White (2.5) and Asian (1.7) infants. See supplemental tables for mortality rate for Black infants.

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.
Rate per 1,000 Live Births Suffering Infant Mortality
Orange County and California, 2005 to 2014
- Orange County
- California

Source: Orange County Health Care Agency

Rate per 1,000 Live Births Suffering Infant Mortality, by Race and Ethnicity
2005 to 2014
- Hispanic
- White
- Asian

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

Percent of Infant Deaths, by Cause, 2014

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

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

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

Source: Orange County Health Care Agency

† In 2014, there were eight sleep related deaths, referred to as Sudden Unexpected Infant Death (SUID) in Orange County, which are included in other categories.
Source: Orange County Coroner Division
LOW BIRTH WEIGHT

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

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

Why is this Important?
Low birth weight infants have an increased risk of experiencing developmental problems and delays. In addition, these infants are at higher risk for serious illness, disability, lifelong health difficulties and are more likely to die before their first birthday. 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. The primary causes of low birth weight are premature birth and fetal growth restriction. Risk factors for low birth weight include smoking, alcohol/drug use during pregnancy, multiple births, poor nutrition, maternal age, socioeconomic factors, domestic violence and maternal or fetal infections.

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

Percent of Infants with Low Birth Weight, by Race/Ethnicity
Orange County and California, 2005 to 2014

- Orange County
- California

![Graph showing the percentage of infants with low birth weight by race/ethnicity from 2005 to 2014.](image)

Source: Orange County Health Care Agency, Family Health Division

Percent of Infants with Low Birth Weight
Orange County and California, 2005 to 2014

- Orange County
- California

![Bar chart showing the percentage of infants with low birth weight from 2005 to 2014.](image)

Source: Orange County Health Care Agency, Family Health Division

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

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

% Low Birth Weight
- 7.6% - 10.0%
- 5.1% - 7.5%
- 2.5% - 5.0%
- 0.0% - 2.5%
- Unincorporated

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

Source: HCA Family Health Division
PRETERM BIRTHS

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

DESCRIPTION OF INDICATOR

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

Why is this Important?

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

Findings

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

Percent of Preterm Births
Orange County, California and United States, 2005 to 2014

United States  California  Orange County

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

Percent of Preterm Births, by Race/Ethnicity
2005 to 2014
Black  White  Hispanic  Asian

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

Percent of Preterm Births, by Community, 2014

1. ALISO VIEJO  6.4%
2. ANAHEIM  7.8%
3. BREA  6.5%
4. BUENA PARK  7.2%
5. COSTA MESA  7.1%
6. COTO DE CAZA  4.7%
7. CYPRESS  7.1%
8. DANA POINT  6.8%
9. FOUNTAIN VALLEY  10.3%
10. FULLERTON  5.7%
11. GARDEN GROVE  7.4%
12. HUNTINGTON BEACH  7.1%
13. IRVINE  6.4%
15. LA HABRA  7.1%
16. LA PALMA  4.3%
17. LADERA RANCH  7.6%
18. LAGUNA BEACH  4.5%
19. LAGUNA HILLS  7.4%
20. LAGUNA NIGUEL  8.9%
21. LAGUNA WOODS  0.0%*
22. LAKE FOREST  7.7%
23. LOS FLORES  0.6%
24. LOS ALAMITOS  7.3%
25. MIDWAY CITY  7.4%
26. MISSION VIEJO  5.9%
27. NEWPORT BEACH  7.2%
18. NORTH TUSTIN  18.8%

ORANGE COUNTY: 7.4%
CALIFORNIA: 8.3%

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

Percent of Preterm Births, by Mother’s Age
Orange County, 2014

Late Preterm Births  Moderately Preterm Births  Very Preterm Births

Source: Orange County Health Care Agency
TEEN BIRTHS

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

DESCRIPTION OF INDICATOR

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

Why is this Important?

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

Findings

- In 2014, 4.1% (1,583) of total annual births were to teen females ages 19 years and younger, a 70.7% decrease from 7.0% (3,084) in 2005.
- The teen birth rate in Orange County in 2014 was 14.8 births per 1,000, a decrease of 51.3% from 30.4 births per 1,000 in 2005.
- Overall, Orange County (14.8) has a lower teen birth rate than California (21.1)\(^4\) and the United States (24.2).\(^5\)
- When assessed by race/ethnicity, Hispanic teens had the highest birth rate (28.6), followed by Black (17.4), White (4.7) and Asian (1.3) teens.
Birth Rate per 1,000 Females 15 to 19 Years of Age
Orange County, California and United States 2005 to 2014
• United States
• California
• Orange County

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

Birth Rate per 1,000 Females 15 to 19 Years of Age, by Race/Ethnicity
2005 to 2014
• Hispanic
• Black
• Non-Hispanic White
• Asian

Source: Orange County Health Care Agency

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

Source: Orange County Health Care Agency, Family Health Division
BREASTFEEDING

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

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

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

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

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

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

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

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

Hospital Discharge Breastfeeding Percents, by Race/Ethnicity, 2015

- Exclusive Breastfeeding
- Any Breastfeeding


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

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

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

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

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

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

DESCRIPTION OF INDICATOR

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

Why is this Important?

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

Over the past decade, increasing numbers of children with delayed or refused vaccinations have led to reduced levels of vaccine coverage. Studies have found that children whose parents delay or refuse vaccines are more likely to be White and reside in well-educated, higher income areas.¹

On the population level, success depends on a community achieving a threshold level of immunity and many communities are below the protective level needed to prevent the spread of disease.²

Findings

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

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

¹ Wei, F., Mullenly, J.P., Goodman, M. et al., 2009.² Hussain, H. et al., 2011.³ In order to be considered adequately immunized by age two, children need to have at least the 4:3:1 immunization series, which includes: four or more doses of diphtheria/tetanus/pertussis (DTP) vaccine, three or more doses of poliovirus vaccine and one or more doses of measles/mumps/rubella (MMR) vaccine.⁴ California Department of Public Health, Immunization Branch. ⁵ Personal belief exemptions filed with a school before January 1, 2016 are valid until entry into the next grade span (7th through 12th grade). Personal belief exemptions may be transferred between schools in California, both within and across school districts. Conditional enrollment is when a child is behind on their required immunizations and may be admitted conditionally if they are not currently due for any doses or have a temporary medical exemption.
GOOD HEALTH

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

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

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

Source: Orange County Health Care Agency

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>DTaP (4+)</th>
<th>Polio (3+)</th>
<th>MMR (1+)</th>
<th>Hepatitis B (3+)</th>
<th>Varicella (1+)</th>
<th>4:3:1*</th>
<th>4:3:1 plus Hepatitis B</th>
<th>4:3:1 plus Hepatitis B and Varicella</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1449</td>
<td>81.7%</td>
<td>91.9%</td>
<td>91.9%</td>
<td>92.0%</td>
<td>89.4%</td>
<td>78.1%</td>
<td>76.0%</td>
<td>73.6%</td>
</tr>
<tr>
<td>2012</td>
<td>1,887</td>
<td>80.1%</td>
<td>90.5%</td>
<td>89.7%</td>
<td>90.5%</td>
<td>88.8%</td>
<td>75.7%</td>
<td>73.3%</td>
<td>70.9%</td>
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<tr>
<td>2013</td>
<td>1,966</td>
<td>78.6%</td>
<td>88.3%</td>
<td>87.6%</td>
<td>87.8%</td>
<td>86.5%</td>
<td>73.6%</td>
<td>70.9%</td>
<td>68.9%</td>
</tr>
<tr>
<td>2014</td>
<td>1,800</td>
<td>82.7%</td>
<td>92.1%</td>
<td>90.9%</td>
<td>90.8%</td>
<td>90.2%</td>
<td>78.9%</td>
<td>77.1%</td>
<td>75.3%</td>
</tr>
<tr>
<td>2015</td>
<td>1,634</td>
<td>79.7%</td>
<td>90.2%</td>
<td>89.7%</td>
<td>87.0%</td>
<td>88.1%</td>
<td>75.5%</td>
<td>72.2%</td>
<td>70.2%</td>
</tr>
</tbody>
</table>

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. Hussain, H. et al., 2011).

Source: Orange County Health Care Agency

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

Source: Orange County Health Care Agency
OBESITY

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

DESCRIPTION OF THE INDICATOR

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

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

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

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

1 The Surgeon General, 2000.
Obese adolescents have a 70% chance of becoming obese adults.
Why is this Important?

Both physical fitness and nutrition are essential to achieving and keeping a healthy weight. 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. Additionally, these behaviors, when developed at a younger age, are associated with similar behaviors in adulthood.

Findings

- During the 2014/15 school year, 5.3% (1,925) of 5th graders tested were classified “at health risk due to aerobic capacity,” down 9.0% from 2013/2014 (5.8% or 2,113) and lower than California at 6.5% of 5th graders.
- The percent of 5th graders at health risk due to aerobic capacity was highest among Pacific Islander 5th graders (13.6%), followed by American Indian (8.7%), Hispanic (7.7%), Black (6.6%), Filipino (4.9%), Multiracial (3.7%), White (2.9%) and Asian (2.3%) 5th graders.
- According to the 2013/14 California Health Interview Survey:
  - 77.8% of children (2 to 17 years old) reported eating fast food one or more times in the past week, an increase of 5.4% from 73.8% in 2011.
  - 41.2% of children (2 to 17 years old) reported eating less than two fruit servings in the previous day, an increase of 26.0% from 32.7% in 2011.

RACIAL DISPARITY EXISTS FOR STUDENTS’ PHYSICAL FITNESS.

DESCRIPTION OF INDICATOR

To assess physical fitness, this indicator reports data from the California Physical Fitness Test on the percent of 5th grade students who are classified as having health risk due to their aerobic capacity. For nutrition, this indicator reports the proportion of youth (ages 2 to 17) who ate fast food one or more times in the past week and ate less than two fruit servings in the past day.

California Physical Fitness Test uses the Cooper Institute’s FITNESSGRAM approach to classify 5th graders aerobic capacity at health risk when their VO2max, 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.

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

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

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

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

Source: California Department of Education, DataQuest, 2016
Why is this Important?
The presence of behavioral health disorders can have a profound impact on individuals and families, as well as systems within the community, such as schools or the juvenile justice system. By tracking hospitalization rates related to behavioral health disorders, health officials can more readily identify trends and monitor the needs of the community while directing needed resources (e.g., training, education, counseling, outreach, substance abuse treatment, etc.) to areas in need. For example, an increase in hospitalization rates due to heroin use may signal a serious trend in a local community and may lead to resource allocation to combat the increase in use of this harmful drug.

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

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

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

Note: *The rates for these cities are unreliable because of the small population of children residing in them. (CDP) - Census designated place

Source: Orange County Health Care Agency, Health Policy and Research
ECONOMIC WELL-BEING INDICATORS

CHILD POVERTY
PERCENT OF STUDENTS ELIGIBLE FOR FREE AND REDUCED PRICE LUNCH
- 38.5% (2006/07) vs. 49.1% (2015/16)

CALWORKS
PERCENT OF CHILDREN RECEIVING CALWORKS
- 4.2% (2005/06) vs. 6.0% (2014/15)

SUPPLEMENTAL NUTRITION
PERCENT OF CHILDREN RECEIVING CALFRESH
- 6.8% (2005/06) vs. 19.9% (2014/15)

HOUSING
PERCENT OF STUDENTS INSECURELY HOUSED
- 2.0% (2005/06) vs. 5.2% (2014/15)

CHILD SUPPORT
PERCENT OF CURRENT SUPPORT DISTRIBUTED
- 54.8% (2006/07) vs. 68.0% (2015/16)

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

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

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

Why is this Important?
Research has demonstrated that living in poverty has a wide range of negative effects on the physical and mental health and well-being of children. Poverty is linked with negative conditions such as substandard housing, homelessness, inadequate nutrition, food insecurity, inadequate child care, lack of access to health care, unsafe neighborhoods and under-resourced schools. 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. The implications for children living in poverty include greater risk for poor academic achievement, school dropout, abuse and neglect, behavioral and socioemotional problems, physical health problems and developmental delays.

Findings
- In 2015/16, 49.1% (237,969) of students were eligible for the Free and Reduced Price Lunch program in Orange County, lower than California at 60.0% (3,665,644).
- Between 2006/07 and 2015/16, there has been a larger increase (27.5%) among Orange County students eligible for the Free and Reduced Price Lunch program than among students throughout California (17.6%).
- According to the U.S. Census, 17.6% of Orange County’s children were living in poverty in 2014. This is a 29.4% increase from 2010 (13.6%), while remaining lower than California (22.7%) and the United States (21.9%).
- When cost of housing is factored in, poverty among Orange County’s children jumps to 21.8%, surpassing California at 21.0%, with a threshold income needed to maintain a basic standard of living for a family of four at $33,769.

1 American Psychological Association, 2016. 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
2006/07 to 2015/16

- Orange County
- California
- United States
- California
- Orange County

Source: Department of Education, 2016

Percent of Children Under 18 Years Old, Living in Poverty, Orange County, California and United States
2010-2014

- United States
- California
- Orange County

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

Percent of Children Under 18 Years Old Living in Poverty, by City
2014

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

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

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

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

Findings
• In 2014/15, 6.0% (42,345) of Orange County’s children received CalWORKs assistance which is a 26.0% increase from 4.2% in 2005/06. Overall Orange County is lower than California at 11.0%.
• Nearly one in three children who receive CalWORKs assistance is less than five years old.
• The highest percents of children receiving CalWORKs are in the cities of Santa Ana at 10.7% (10,444), Anaheim at 10.5% (9,473), Stanton at 7.4% (752), Buena Park at 7.1% (1,396), Garden Grove at 6.6% (2,772) and La Habra at 6.4% (1,006).
• Cities with the lowest percents of children receiving CalWORKs include Laguna Beach at 0.6% (23), Villa Park at 0.7% (7), Newport Beach at 0.7% (104), Yorba Linda at 0.9% (145), Aliso Viejo at 1.0% (129) and Rancho Santa Margarita at 1.0% (140).
Nearly one in three children who receive CalWORKs assistance is less than 5 years old.
SUPPLEMENTAL NUTRITION

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

DESCRIPTION OF INDICATOR

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

Why is this Important?

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

Findings

- In 2014/15, 19.9% (141,716) of children under 18 years old received CalFresh, a 191% increase in the number of children since 2005/2006 at 6.8%. Orange County had a lower rate than California at 24.7% (2,280,000) of children receiving CalFresh (SNAP). 2
- In January 2016, the largest age group of CalFresh beneficiaries in Orange County were six to 12 year olds (43.8% or 61,526), followed by zero to five year olds (32.9% or 46,142) and 13 to 17 year olds (23.3% or 32,663).
- It is estimated that only 58.3% of persons in Orange County who are eligible for CalFresh are receiving that benefit, less than California at 63.4%. 3
- In 2014/15, 78,856 participants were served by the WIC program, a decrease of 17.5% from 95,635 in 2005/06.
- In 2013, 60.2% of women and children eligible for WIC were receiving that benefit nationally, lower than California at 76%. 4

1 WIC provides nutrition services to pregnant and postpartum women, infants and children (ages 0 to 5 years). Participants must meet eligibility and income guidelines [at or below 185% of the federal poverty level]. WIC participants are reported as the number of prenatal, breastfeeding and postpartum women, infants and children up to five years old who receive food vouchers in the month of September each year. The CalFresh Program, federally known as the Supplemental Nutrition Assistance Program (SNAP), helps income-eligible families put healthy and nutritious food on the table. The program issues monthly electronic benefits that can be used at grocery stores and participating farmers markets. The amount of the benefit is based on household size, income and housing expenses. Children under 18 years are reported annually through CalWIN. December figures are used to define the service population for a given federal fiscal year (Oct. 1, 2013 to Sept. 30, 2014).
2 United States Department of Agriculture, Food and Nutrition Service, SNAP 2015.
3 California Department of Social Services, CalFresh County Data Dashboard, 2014.
Number and Percent of Children Under 18 Years Old Served by CalFresh and Number of Participants Served by WIC 2005/06 to 2014/15

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

Source for CalFresh: Orange County Social Services Agency

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

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

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

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

Source: Orange County Health Care Agency, Family Health Division
HOUSING

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

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

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

Findings
• In 2014/15, 5.2% (26,064) of students in Orange County experienced insecure housing, which is 160% greater than the percent of Orange County students in 2005/06, at 2.0% (11,642).¹
• With regard to primary nighttime residence, in 2014/15:
  – 90.3% (23,533) of insecurely housed students were doubled or tripled-up in housing.
  – 4.7% (1,232) of insecurely housed students were housed in shelters.
  – 4.0% (1,052) of insecurely housed students were in hotels or motels.
  – 0.9% (247) of insecurely house students were unsheltered.²
• Of those students with insecure housing in 2014/15, elementary age students (pre K- 5th grade) represent the highest percent at 44.8%, followed by high school students (grades 9-12) at 33.2% and middle school students (grades 6-8) at 22.0%.³

¹ The data are collected from the Local Education Agency (school district) and reported to the California Department of Education (CDE) at the end of each academic year, by June 30. Beginning 2010-2011, CDE began collecting the data directly via California Longitudinal Pupil Achievement Data System. Data from 2014-2015 is lower due to a statewide data system error at the CDE that likely resulted in under-reported counts. * Due to the small population size, the data may be unstable. ² National Center for Homeless Education, 2016 Education for Homeless Children and Youths Program.
Number and Percent of Students with Insecure Housing, Orange County and California, 2005/06 to 2014/15

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

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

Source: Orange County Department of Education

### Plate Table

<table>
<thead>
<tr>
<th>Year</th>
<th>Doubled/Tripled-Up</th>
<th>Shelters</th>
<th>Hotels/Motels</th>
<th>Unsheltered</th>
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<tbody>
<tr>
<td>2005/06</td>
<td>11,642</td>
<td>13,140</td>
<td>17,051</td>
<td>22,025</td>
</tr>
<tr>
<td>2014/15*</td>
<td>11,642</td>
<td>13,140</td>
<td>17,051</td>
<td>22,025</td>
</tr>
</tbody>
</table>

### Map

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

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

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

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

- 2005/06
- 2014/15

Source: California Department of Education
CHILD SUPPORT

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

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

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

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

Note: 2014 data was not available at time of publishing.
Total Child Support Cases and Per Case Collections 2006/07 to 2015/16

- Total Number of Cases
- Per Case Collection

Note: Total cases each year is a 12-month average from July to June.
Source: Orange County Department of Child Support Services

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

- Orange County
- California

Source: Orange County Department of Child Support Services

Number of Cases and Total Support Distributed, by Community, 2015/16
## EDUCATIONAL ACHIEVEMENT INDICATORS

<table>
<thead>
<tr>
<th>Kindergarten Readiness</th>
<th>High School Dropout Rates</th>
<th>Third Grade English Language Arts</th>
<th>College Readiness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percent of Children Ready for Kindergarten</strong></td>
<td><strong>Percent High School Dropouts for Grades 9-12 Cohort</strong></td>
<td><strong>Percent of Third Grade Students Met or Exceeded State Standards for English Language Arts</strong></td>
<td><strong>Percent of Graduates with UC/CSU Eligible Requirements</strong></td>
</tr>
<tr>
<td>51.9% 2015 Baseline</td>
<td>12.3% 2009/10 5.7% 2014/15</td>
<td>46.0% 2014/15 Baseline</td>
<td>38.7% 2005/06 50.4% 2014/15</td>
</tr>
</tbody>
</table>

| Third Grade Mathematics | |
|-------------------------| |
| **Percent of Third Grade Students Met or Exceeded Standards for Mathematics** | **Upward Trend Improvement** 51.0% 2014/15 Baseline **Downward Trend Improvement** | **Difficult to assess due to the nature of the data or baseline data** |

- **Kindergarten Readiness**
- **High School Dropout Rates**
- **Third Grade English Language Arts**
- **College Readiness**

- **Upward Trend Improvement**
- **Downward Trend Improvement**
- **Needs Improvement**
- **Difficult to assess due to the nature of the data or baseline data**
KINDERGARTEN READINESS

ONE IN TWO CHILDREN ARE DEVELOPMENTALLY READY FOR KINDERGARTEN.

DESCRIPTION OF INDICATOR

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

Why this is Important?

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

Findings

• In 2015, 51.9% of children in Orange County were developmentally ready for kindergarten. Children are considered developmentally ready for school if they are on track on all five areas assessed (or on all four areas if only four areas were assessed).

• Among Orange County kindergartners, the areas of greatest vulnerability are language and cognitive development (28% vulnerable or at-risk), followed by communication skills and general knowledge (27%), social competence (22%), physical health and well-being (19%) and emotional maturity (19%).

• The five developmental areas are made up of 16 sub areas and within these sub areas, children are least ready in their communication skills and general knowledge (62% not ready), prosocial and helping behavior (62% not ready), overall social competence (54% not ready) and gross and fine motor skills (49% not ready).

• Cities with the highest percents of students developmentally ready for school include Irvine at 65.5%, followed by San Clemente at 63.2% and Dana Point at 62.8%.

• The lowest percents of students ready for school are in the cities of La Habra at 42.2%, followed by Santa Ana at 43.0% and Laguna Beach at 43.7%.

EDUCATION

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

- Not Ready
- Ready

<table>
<thead>
<tr>
<th>Language &amp; Cognitive Development</th>
<th>19%</th>
<th>81%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic numeracy skills</td>
<td>19%</td>
<td>81%</td>
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<tr>
<td>Advanced literary skills</td>
<td>23%</td>
<td>77%</td>
</tr>
<tr>
<td>Interest in literacy/numeracy &amp; memory</td>
<td>23%</td>
<td>77%</td>
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<tr>
<td>Basic literacy skills</td>
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</table>

<table>
<thead>
<tr>
<th>Communication Skills &amp; General Knowledge</th>
<th>62%</th>
<th>38%</th>
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<tbody>
<tr>
<td>Readiness to explore new things</td>
<td>21%</td>
<td>79%</td>
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<tr>
<td>Responsibility and respect</td>
<td>24%</td>
<td>76%</td>
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<tr>
<td>Approaches to learning</td>
<td>39%</td>
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<tr>
<td>Overall social competence</td>
<td>54%</td>
<td>46%</td>
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<table>
<thead>
<tr>
<th>Physical Health &amp; Well-being</th>
<th>2%</th>
<th>98%</th>
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<tbody>
<tr>
<td>Physical readiness for school day</td>
<td>10%</td>
<td>90%</td>
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<tr>
<td>Physical independence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross and fine motor skills</td>
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<thead>
<tr>
<th>Emotional Maturity</th>
<th>11%</th>
<th>89%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxious and fearful behavior</td>
<td>12%</td>
<td>88%</td>
</tr>
<tr>
<td>Aggressive behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperactive and inattentive behavior</td>
<td>27%</td>
<td>73%</td>
</tr>
<tr>
<td>Prosocial and helping behavior</td>
<td>62%</td>
<td>38%</td>
</tr>
</tbody>
</table>

Source: Early Development Index, 2015

Percent of Children Ready for Kindergarten, by Community, 2015

- 61.0% or Greater
- 54.0% - 60.9%
- 46.0% - 53.9%
- 39.0% - 45.9%
- 38.9% or Less
- Few Data (less than 30 EDI records)

Note: *Data not available due to fewer than 30 EDI records.
Source: Early Development Index, 2015
THIRD GRADE ENGLISH LANGUAGE ARTS

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

DESCRIPTION OF INDICATOR

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

Why this is Important?

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

Findings

- In 2014/15, less than half (46%) of Orange County third grade students met or exceeded the statewide achievement standard for ELA, substantially higher than among those students who are economically disadvantaged at 25%.
- Nearly one in four (23%) third grade students were above the standards in reading, writing and research/inquiry. Nearly one in five (18%) students were above the standard in listening.
- Within each race/ethnic group, Asian students had the highest percent of students who exceeded standards for ELA at 46%, followed by Multiracial (42%), Filipino (42%), White (36%), American Indian (19%), Black (13%), Pacific Islander (12%) and Hispanic (9%) students.
- The school districts with the highest percents of third grade students exceeding or meeting standards for overall achievement in ELA were Laguna Beach Unified (77%), followed by Los Alamitos Unified (74%), Irvine Unified (72%) and Huntington Beach City Elementary (65%).
- The school districts with the lowest percents of third grade students exceeding or meeting standards for overall achievement in ELA were Santa Ana Unified (18%) and Anaheim City (18%), followed by La Habra City Elementary (25%) and Buena Park Elementary (30%).

EDUCATION

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

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

Source: CAASPP, 2015

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

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

Source: CAASPP, 2015

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

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

Source: CAASPP, 2015
ABOUT HALF OF THIRD GRADE STUDENTS MEET OR EXCEED MATH STANDARDS; SOCIOECONOMIC DISPARITIES ARE STRIKING.

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

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

Findings
- In 2014/15, just over half (51%) of Orange County third grade students met or exceeded the statewide achievement standard in mathematics, higher than California at 40%.
- Among third grade students who are not economically disadvantaged, 72% met or exceeded the state achievement standards in math, higher than among those students who are economically disadvantaged at 31%.
- Just over one in three (34%) third grade students were above the standard in concepts and procedures. Fewer students (just over one in four) met the standards in problem solving and modeling/data analysis (27%) and communicating reasoning (28%).
- Within each race/ethnic group, Asian students had the highest percent of students who exceeded standards in math at 47%, followed by Multiracial (34%), Filipino (34%), White (29%), Pacific Islander (15%), American Indian (14%), Black (8%) and Hispanic (8%) students.
- The school districts with the highest percents of third grade students exceeding or meeting standards for overall achievement in math were Los Alamitos Unified (82%), followed by Irvine Unified (77%) and Laguna Beach Unified (76%).
- The school districts with the lowest percents of third grade students exceeding or meeting standards for overall achievement in math were Anaheim City (23%), followed by La Habra City Elementary (26%) and Santa Ana Unified (27%).
Overall Achievement Among Third Grade Students in Mathematics, by Socioeconomic Status, 2014/15

- **Standard Not Met**
- **Standard Nearly Met**
- **Standard Met**
- **Standard Exceeded**

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

**Source:** CAASPP, 2015

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

- **Above Standard**
- **At or Near Standard**
- **Below Standard**

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

**Source:** CAASPP, 2015

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

- **ANAHEIM CITY** 23%
- **BREA-OILINDA UNIFIED** 62%
- **BUENA PARK ELEMENTARY** 40%
- **CAPISTRANO UNIFIED** 60%
- **CENTRALIA ELEMENTARY** 58%
- **CYPRUS ELEMENTARY** 64%
- **FOUNTAIN VALLEY ELEMENTARY** 71%
- **FULLERTON ELEMENTARY** 53%
- **GARDEN GROVE UNIFIED** 44%
- **HUNTINGTON BEACH CITY ELEMENTARY** 74%
- **IRVINE UNIFIED** 77%
- **LA HABRA CITY ELEMENTARY** 26%
- **LAGUNA BEACH UNIFIED** 76%
- **LOS ALAMITOS UNIFIED** 82%
- **MAGNOLIA ELEMENTARY** 46%
- **NEWPORT-MESA UNIFIED** 53%
- **OCEAN VIEW** 57%
- **ORANGE UNIFIED** 65%
- **PLACENTIA-YORBA LINDA UNIFIED** 65%
- **SADDLEBACK VALLEY UNIFIED** 54%
- **SANTA ANA UNIFIED** 77%
- **SAVANNA ELEMENTARY** 35%
- **TUSTIN UNIFIED** 56%
- **WESTMINSTER** 53%
- **ORANGE COUNTY**: 51%
- **CALIFORNIA**: 48%

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

**Source:** CAASPP, 2014/15

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

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

**Source:** CAASPP, 2015

- **Asian**
- **Multi-racial**
- **Filipino**
- **White**
- **Pacific Islander**
- **American Indian**
- **Black**
- **Hispanic**

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

**Source:** CAASPP, 2015
HIGH SCHOOL DROPOUT RATES

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

DESCRIPTION OF INDICATOR

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

Why is this Important?

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

Findings

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

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

1 California Department of Education, DataQuest, 2014/15 data. A cohort is defined as the group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12).
2 Belfield, C. and Levine, H. (2007). The Economic Losses from High School Dropouts in California. National Center of Education Statistics, 2013. "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 2014/15

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

Source: California Department of Education, DataQuest, 2015

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

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

Source: California Department of Education, DataQuest, 2015

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

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

Source: California Department of Education, DataQuest, 2015

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

1. ANAHEIM UNION HIGH 7.3%
2. BREA-OLINDA UNIFIED 1.9%
3. CAPISTRANO UNIFIED 1.4%
4. FULLERTON JOINT UNION HIGH 3%
5. GARDEN GROVE UNIFIED 6.2%
6. HUNTINGTON BEACH UNION HIGH 2.5%
7. IRWNE UNIFIED 2.8%
8. LAGUNA BEACH UNIFIED 3.5%
9. LOS ALAMITOS UNIFIED 0.7%
10. NEWPORT-MESA UNIFIED 4.3%
11. ORANGE UNIFIED 4.8%
12. PLACENTIA-YORBA LINDA UNIFIED 2.8%
13. SADDLEBACK VALLEY UNIFIED 2.5%
14. SANTA ANA UNIFIED 6.2%
15. TUSTIN UNIFIED 1.1%

ORANGE COUNTY: 5.7%
CALIFORNIA: 10.7%

% Dropouts

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

Source: California Department of Education, DataQuest, 2015
COLLEGE READINESS CONTINUES TO CLIMB, BUT AT SIGNIFICANTLY DIFFERENT RATES AMONG RACE/ETHNICITIES AND NOT FOR ALL PROGRAMS.

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

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

Findings
• In 2014/15, Orange County had 37,965 high school graduates, of which 50.4% were UC/CSU eligible, higher than California’s eligibility rate of 43.4%.2
• UC/CSU eligibility in Orange County increased 30.2% in 10 years, from 38.7% of graduates in 2005/06 to 50.4% in 2014/15.
• At 77.3%, Asian students had the greatest proportion of graduates who were UC/CSU eligible, followed by White (57.9%), American Indian (53.1%), Black (36.1%) and Hispanic (34.1%) graduates.
• Hispanic graduates comprise the largest group of total graduates (43.4%), while accounting for only 29.3% of those UC/CSU eligible, lower than Asian (16.2% of total graduates accounting for 24.8% of UC/CSU eligible) and White (32.8% of total graduates accounting for 37.7% of UC/CSU eligible) graduates.
• Since 2006/07, the UC/CSU eligibility rates for graduates have increased the most among students in the Migrant Education program (133% increase), followed by students in the Socioeconomically Disadvantaged program (76.9%). The eligibility rate for graduates of the English Learner program has declined 72.6% since 2006/07.3

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

1 University of California, Office of the President (UCOP). 2 California Department of Education, DataQuest, 2016. 3 See footnotes on page 54 for program descriptions.
Percent of Graduates in Orange County and California Meeting UC/CSU Entrance Requirements, 2005/06 to 2014/15

- Orange County
- California

Source: California Department of Education, DataQuest, 2015

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

- Migrant Education
- Socioeconomically Disadvantaged
- English Learners

Source: California Department of Education, DataQuest, 2015

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

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

Source: California Department of Education, DataQuest, 2015

Percent of Graduates Meeting UC/CSU Entrance Requirements, by School District, 20014/15

1. ANAHEIM UNION HIGH 37.5%
2. BREA-OLINDA UNIFIED 54.4%
3. CAPISTRANO UNIFIED 54.4%
4. FULLERTON JOINT UNION HIGH 51.4%
5. GARDEN GROVE UNIFIED 53.8%
6. HUNTINGTON BEACH UNION HIGH 61.9%
7. IRWINE UNIFIED 69.4%
8. LAGUNA BEACH UNIFIED 72.4%
9. LOS ALAMITOS UNIFIED 68.8%
10. NEWPORT-MESA UNIFIED 55.9%
11. ORANGE UNIFIED 33.4%
12. PLACENTIA-YORBA LINDA UNIFIED 52.4%
13. SADDLEBACK VALLEY UNIFIED 50.9%
14. SANTA ANA UNIFIED 47.1%
15. TUSTIN UNIFIED 58.0%

Source: California Department of Education, DataQuest, 2015
SAFE HOMES AND COMMUNITIES INDICATORS

PREVENTABLE CHILD AND YOUTH DEATHS

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

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>6.1</td>
<td>5.5</td>
</tr>
</tbody>
</table>

JUVENILE ARRESTS

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

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>3,521</td>
<td>1,994</td>
</tr>
</tbody>
</table>

SUBSTANTIATED CHILD ABUSE

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

<table>
<thead>
<tr>
<th>Year</th>
<th>2006</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>12.1</td>
<td>7.6</td>
</tr>
</tbody>
</table>

JUVENILE SUSTAINED PETITIONS

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

<table>
<thead>
<tr>
<th>Year</th>
<th>2003</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>1,048</td>
<td>680</td>
</tr>
</tbody>
</table>

CHILD WELFARE

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

<table>
<thead>
<tr>
<th>Year</th>
<th>2004/05</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>36.6%</td>
<td>30.0%</td>
</tr>
</tbody>
</table>

GANG MEMBERSHIP

JUVENILE GANG MEMBERS PER 100,000 YOUTH

<table>
<thead>
<tr>
<th>Year</th>
<th>2006</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>324</td>
<td>121</td>
</tr>
</tbody>
</table>
PREVENTABLE CHILD AND YOUTH DEATHS

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

DESCRIPTION OF INDICATOR

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

Why is this Important?

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

Findings

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

Injury, Unintentional Injury, Suicide and Homicide, Rate Per 100,000 Children, One to 19 Years Old
2005 to 2014

- All Injury Deaths
- Unintentional Injury
- Suicide
- Homicide

Injury Death Rate per 100,000, Youth One to 19 Years Old, Orange County and California
2005 to 2014

- California
- Orange County

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>First Leading Cause</th>
<th>Second Leading Cause</th>
<th>Third Leading Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 Years</td>
<td>Unintentional Injuries (22)</td>
<td>Congenital Anomalies (12)</td>
<td>Cancer (7)</td>
</tr>
<tr>
<td>5-9 Years</td>
<td>Unintentional Injuries (11)</td>
<td>Cancer</td>
<td>Congenital Anomalies (4)</td>
</tr>
<tr>
<td>10-14 Years</td>
<td>Unintentional Injuries (20)</td>
<td>Cancer</td>
<td>Congenital Anomalies (5)</td>
</tr>
<tr>
<td>15-19 Years</td>
<td>Unintentional Injuries (70)</td>
<td>Suicide</td>
<td>Homicide (23)</td>
</tr>
<tr>
<td>1-19 Years</td>
<td>Unintentional Injuries (123)</td>
<td>Cancer</td>
<td>Suicide (33)</td>
</tr>
</tbody>
</table>

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

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

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

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

Findings
• In 2015, substantiated allegations occurred at a rate of 7.6 per 1,000 children, a 37.2% decrease from 12.1 in 2006 and lower than California (8.2), with a 27.4% decrease from 11.3 in 2006. In 2014, there were approximately 702,000 maltreated children with substantiated allegations in the United States, a rate of 9.4 per thousand population, higher than Orange County and California².
• Children less than one year of age comprised 12.1% of substantiated child abuse allegations; children one to five, 31.1%; six to 10, 28.9%; 11 to 15, 20.7%; and 16 to 17, 7.2%.
• In 2015, general neglect made up the largest type of substantiated child abuse allegations at 70.9%, followed by at-risk/sibling abuse (11.3%) and sexual abuse (6.4%) substantiated allegations. Physical abuse (4.8%), severe neglect (4.5%), caretaker absence (1.9%), emotional abuse (0.2%) and exploitation (0.1%) made up the remaining types.

Substantiated Child Abuse Allegations, Rate per 1,000 Children Under 18 Years Old
2006 to 2015

- Orange County
- California

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

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

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

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

- ALISO VIEJO 3.7
- ANAHEIM 12.7
- BREA 5.7
- BUENA PARK 7.9
- COSTA MESA 7.5
- CYPRESS 2.7
- DANA POINT 7.6
- FOUNTAIN VALLEY 3.2
- FULLERTON 8.4
- GARDEN GROVE 8.6
- HUNTINGTON BEACH 6.6
- IRVINE 5.0
- LA HABRA 6.6
- LA PALMA 1.7
- LAGUNA BEACH 3.2
- LAGUNA HILLS 5.7
- LAGUNA NIGUEL 5.9
- LAGUNA WOODS* N/A
- LAKE FOREST 4.5
- LOS ALAMITOS 12.4
- MISSION VIEJO 3.0
- NEWPORT BEACH 3.9
- ORANGE 9.5
- PLACENTIA 7.5
- RANCHO SANTA MARGARITA 2.5
- SAN CLEMENTE 4.9
- SAN JUAN CAPISTRANO 11.3
- SANTA ANA 10.7
- SEAL BEACH 2.5
- STANTON 6.6
- TUSTIN 9.3
- VILLA PARK 0.9
- WESTMINSTER 6.8
- YORBA LINDA 3.5

UNINCORPORATED SUBTOTAL: 2.3
- COTO DE CAZA
- LADERA RANCH
- LAS FLORES
- MIDWAY CITY
- MODJESKA CANYON
- NORTH TUSTIN
- ROSSMOOR
- SILVERADO CANYON
- SUNSET BEACH
- TRABUCO CANYON

ORANGE COUNTY: 7.6
CALIFORNIA: 8.2

Rate Per 1,000 Children
- 10.0 and Greater
- 6.0 - 9.9
- 3.0 - 5.9
- 0.0 - 2.9
- Unincorporated

* The rate is not reported due to the small number of children living in Laguna Woods.
Source: County of Orange, Social Services Agency, 2015
Why is this Important?
The placement of children in out-of-home care is an indicator of when a child cannot remain safely with his or her family.2 Child abuse and neglect is a problem that crosses socioeconomic and race-ethnic boundaries with profound effect on the well-being of the children. The number of children growing to maturity in out-of-home care has gained considerable national, state and local attention. Too often these children experience many placements, which can lead to the inability to reunify with their families or attach to a new permanent family. Permanent placement of children helps prevent placement instability, which can be related to attachment disorders, poor educational outcomes, mental health and behavioral problems and negative adult outcomes.

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

DESCRIPTION OF INDICATOR
This indicator reports on three measures of permanency following the placement of a child into foster care. “Permanency within 12 months” reports the percent of children placed in homes through reunification with the family, adoption or guardianship within 12 months of removal. “Reentry Following Reunification” tracks those children who reentered foster care within 12 months of reunification with the family or guardianship. “Exits to Permanency” is a measure of children who were in foster care for 24 months or longer, who were then transitioned to a permanent home, including reunified with the family, placed with a legal guardian or adopted.1
Percent of Children Entering Foster Care and Placed in a Permanent Home within 12 months, Orange County and California, 2004/05 to 2013/14

- California
- Orange County

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

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

- California
- Orange County

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

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

- Reunification
- Adoption
- Guardianship

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

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

- Orange County
- California

Note: Permanency is defined as achieved when the child is reunified with the family, placed with a legal guardian, or adopted. Source: CWS/CMS 2015 Quarter 4 Extract, UC Berkeley, Center for Social Services Research
Why is this Important?
An arrest is usually the first formal encounter a youth has with the juvenile justice system. It is particularly important that at this onset of criminal activity, a pattern of juvenile delinquency does not continue into adulthood. More importantly, the flow of youthful offenders into the justice system should be prevented. By getting involved in children’s lives early, later crime can be effectively reduced. Prevention programs positively impact the general public because they stop crime from happening in the first place. Various cost-benefit analyses show that early prevention programs are a worthwhile investment of government resources compared with prison and other criminal justice responses.

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

• California
• Orange County

Note: 2005 to 2012 figures were based on population projections as of 2007 while 2013 and 2014 figures were based on revised projections as of December 2014.

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

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

DUI Convictions in Orange County, by Age
2006 to 2015

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

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

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

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

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

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

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

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

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

Findings
- In the last 10 years, there was a 65.9% decrease in the total number of known gang members ages 10 to 17 years old in Orange County, from 1,204 in 2006 to 411 individuals in 2015.
- Since 2006, there was a 78.3% decrease in the total known gang members ages 10 to 14 years old (152 in 2006 to 33 in 2015) and a 64.1% decrease in gang members ages 15 to 17 years old (1,052 in 2006 to 378 in 2015).
- The rate of known gang members was 121 per 100,000 for 10 to 17 year olds in 2015; this reflects a 76.6% decrease from a high mark of 517 per 100,000 in 2009.
- Broken down by age, 10 to 14 year old juvenile gang members decreased from 27 to 10 per 100,000 from 2006 to 2015. For 15 to 17 years old, the rate decreased from 227 to 111 per 100,000 from 2006 to 2015.
- In 2015, across ethnicities, Hispanic youth represented the highest percent of juvenile gang members (96%), followed by White (1.5%), Black (1%), Other (1%) and Asian (1%) youth.
- Nationally, in 2015, respondents to the National Alliance of Gang Investigators Associations Survey indicated that street gang members increased in approximately 49% of jurisdictions since 2013, stayed the same in 43% and decreased in approximately 8% of surveyed jurisdictions.
More than nine in 10 gang members are Hispanic youth.
INDEX OF SUPPLEMENTAL TABLES
GOOD HEALTH INDICATORS .................................................. 4

Indicator: ACCESS TO HEALTHCARE ........................................ 5
Number and Percent of Children Uninsured, by Race/Ethnicity, 2010 to 2014 .... 5
Enrollment by Program, January 2007 to January 2016 .................................. 5

Indicators: EARLY PRENATAL CARE ...................................... 6
Total Number and Percent of Women who Received Early Prenatal Care in Orange County, California and the United States, by Year, 2005 to 2014 .... 6
Total Number and Percent of Women who Received Early Prenatal Care, by Race/Ethnicity, 2005 to 2014 .................................................. 6

Indicator: BIRTHS AND LOW BIRTH WEIGHT ............................. 8
Total Number and Percent of Births, by City and Community, 2005 to 2014 ........ 8
Number and Percent of Infants, by Birth Weight and Race and Ethnicity, 2005 to 2014 .... 10

Secondary Indicator: INFANTS BORN WITH ABNORMAL CONDITIONS ........................................ 11
Number and Rate Per 1,000 Live Births of Infants Born with Selected Abnormal Conditions, by Race/Ethnicity, 2005 to 2014 .......... 11
Number of Infants Born, by Selected Abnormal Conditions, 2005-2014 ................ 11

Indicators: PRETERM BIRTHS .................................................. 12
Percent of Preterm Births, by Mother’s Age, 2005 to 2014 ............................... 12
Percent Preterm (17–36 Completed Weeks of Gestation), 2005 to 2014 ............... 12
Percent Preterm, by Maternal Race/Ethnicity, 2005 to 2014 .............................. 12
Percent Preterm for Orange County, California and United States, 2005 to 2014 .... 13
Percent Late and Very Late Preterm for All and Singleton Births, Orange County, 2005 to 2014 ..................................................... 13

Indicator: TERM BIRTHS ......................................................... 15
Total Number and Percent of Term Infant Births by Race and Ethnicity, 2014 .................. 15
Total Number and Percent of Total Term Infant Births by Mother’s Age, 2014 ............. 15
Total Number and Percent of Term Infant Births by Birth Type, 2014 ...................... 16
Total Number and Percent of Term Infant Births by Delivery Type, 2014 ...................... 16

Secondary Indicator: SUBSTANCE-EXPOSED INFANTS .......................... 17
Number of Orange County Infants Taken into Protective Custody (or petition for dependency filed) as a Result of Testing Positive for Substance Exposure at Birth, 2005/06 to 2014/15 ............................................................. 17

Indicator: INFANT MORTALITY RATE ........................................ 18
Percent of Infant Deaths, by Cause, 2005 to 2014 ........................................... 18
Rate per 1,000 Live Births Suffering Infant Mortality, by Race and Ethnicity, 2005 to 2014 .... 19
Three Year Average Rate per 1,000 Live Births Suffering Infant Mortality, by Race and Ethnicity, 2006-2014 .................................................. 19

Indicator: BREASTFEEDING .................................................... 20
Hospital Breastfeeding Percentages in Orange County and California, 2012-2015 .... 20
Breastfeeding Percentages in Orange County Hospitals and California, 2012-2015 .................. 21

Indicators: IMMUNIZATIONS ...................................................... 22
Percent of Adequately Immunized Children Enrolling in School Between 2006 through 2015 in Orange County and California .......................... 22

Secondary Indicator: DEVELOPMENTAL DISABILITIES ..................... 23
Children Receiving Services for Development Disabilities, 2006 to 2015 .... 23
Total Number of Children Under 18 Years of Age Receiving Services for Developmental Disabilities, by Race/Ethnicity, 2006 to 2015 ............... 24
Total Number of Children by Age Groups and Number and percent of Children with a Diagnosis of Autism Served, by the Regional Center of Orange County (RCOC), July 2013 to July 2016 ........................................ 24

Indicator: PHYSICAL ACTIVITY AND NUTRITION ......................... 25
Percent of 5th, 7th and 9th Grade Students in Healthy Fitness Zone (HFZ) for Aerobic Capacity, 2011/12 to 2014/15 .......................... 25
Percent of Students in Healthy Fitness Zone for Aerobic Capacity*, by Grade and Race/Ethnicity, 2011/12 to 2014/15 ..................................................... 25
Percent of 5th Grade Students Classified as Needs Improvement Based on Health Risk for Aerobic Capacity, by Race/Ethnicity, 2011/12 to 2014/15 ............... 26

Indicator: OBESITY ............................................................... 26
Percent of 5th, 7th and 9th Grade Students in Healthy Fitness Zone (HFZ) for Body Composition 2011/12 to 2014/15 ........................................ 26
Percent of Students Meeting Healthy Fitness Zone (HFZ) Standards for Body Composition, by Grade and Race/Ethnicity, 2011/12 to 2014/15 .... 27
Percent of 5th Grade Students Classified as Needs Improvement Based on health Risk for Body Composition, by Race/ and Ethnicity, 2011/12 to 2014/15 ........................ 27

Indicator: TEEN BIRTHS ........................................................... 28
Birth Rate per 1,000 Females Aged 15-19 Years in Orange County, California and United States, 2005 to 2014 ........................................ 28
Percent of Teen Births (19 and Under) of Total Births in Orange County, 2005 to 2014 .................................................. 28
Number and Birth Rates, by Age of Mother (19 Years and Under) per 1,000 Females, 2005 to 2014 .................................................. 28
Birth Rate per 1,000 Female Teen Population 15-19 Years of Age, by Race and Ethnicity, 2005 to 2014 .................................................. 29
Percent of Population, Total Births and Births to Teens (19 and Under), by Race and Ethnicity, 2005 to 2014 .................................................. 29
Number of Teen Births and Teen Birth Rate per 1,000 females 15-19 years of age, by Age and Race/Ethnicity, 2005 to 2014 ..................... 30
Number of Live Births, by Mothers Age 15 to 19 and Birth Rate per 1,000 Females, by City, 2010 to 2014 .................................................. 31

* See online supplemental tables for asterisk references.
Indicator: Academic Performance, Third Grade English Language Arts and Mathematics ........................ 68
Number and Percent of 10th Grade Students who Passed English Language Arts and Math, by School District, March 2015 ........................................ 68

Indicator: Kindergarten Readiness .......................... 69
Percent of Children Developmentally Vulnerable on One or More Areas, by Community, 2015 .......... 69
Percent of Children Developmentally Vulnerable or At Risk on One or More Areas and On Track on all Areas, by Community, 2015 ................. 70
Percent of Children Developmentally Vulnerable or At Risk on One or More Areas and On Track on all Areas, by Student Characteristic, 2015 .... 72

Secondary Indicator: SAT REASONING TEST ............ 73
Average Combined SAT Reasoning Test Scores* for Orange County, California and the United States, 2005/06 to 2014/15 ........................................ 73
Comparison of Lowest and Highest FRL with SAT Scores by District 2014/15 ........................................ 73
Average Combined SAT Reasoning Test Scores and Number Tested, by District, for Orange County and California, 2014/15 ........................................ 73

Indicator: COLLEGE READINESS ............................ 74
Number of High School Graduates with UC/CSU Required Courses, by School District, 2005/06 to 2014/15 ........................................ 74
Number and Percent of High School Graduates with UC/CSU Required Courses, by Race/Ethnicity, 2005/06 to 2014/15 ........................................ 74

Secondary Indicator: SPECIAL EDUCATION ............. 75
Number of K-12 Students Receiving Special Education Services, by Type of Disability, for Orange County and California, 2006 to 2015 .................. 75
Number of Students Receiving Special Education Services, by Age and Type of Disability, 2006 to 2015 ........................ 76

SAFE HOMES AND COMMUNITIES INDICATORS ...... 78

Secondary Indicator: CHILD MORTALITY ............... 79
Overall Death Rate Per 100,000 Children and Youth 1 to 19 Years of Age, 2005-2014 ........................................ 79
Number of Deaths and Rate Per 100,000 Population for Persons 0 to 19 Years of Age From Unintentional Injury Homicide and Suicide, 2005 to 2014 ........................................ 79
Death Rate per 100,000 Population for Persons Age 0-19 Years from Unintentional Injury, Homicide and Suicide, by Age Group and Gender, 2005-2014 ........................................ 80
Death Rate Per 100,000 Persons 0-19 Years of Age, by Race/Ethnicity and Cause, 2005-2014 ........................................ 81
Number and Rate per 100,000 Persons of Unintentional Injury Deaths, by Age Group, 2005-2014 ........................................ 82
Number and Rate per 100,000 Persons 0 to 19 Years of Age for Unintentional Injury Deaths, by Gender, 2005 to 2014 ........................................ 82
Number and Rate per 100,000 Persons 0 to 19 Years of Age for Unintentional Injury Deaths, by Cause, 2005 to 2014 ........................................ 83
Number and Rate per 100,000 Persons 0 to 19 Years of Age for Unintentional Injury Deaths, by Race/Ethnicity, 2005 to 2014 ........................................ 83

Secondary Indicator: HOMICIDE DEATHS/LEGAL INTERVENTIONS ........................................ 84
Number and Rate per 100,000 Persons of Homicide Deaths, by Age Group, 2005 to 2014 ........................................ 84
Number and Rate per 100,000 Persons 0 to 19 Years of Age for Homicide Deaths, by Gender, 2005 to 2014 ........................................ 84
Number and Rate per 100,000 Persons 0 to 19 Years of Age for Homicide Deaths, by Race/Ethnicity, 2005 to 2014 ........................................ 85
Percent of Homicides of Total Deaths from Unintentional Injury, Homicide and Suicide for Persons 0 to 19 Years of Age, 2005 to 2014 ........................................ 85
Homicide Death Rate Per 100,000 Persons 0 to 19 Years of Age in Orange County and California, 2005 to 2014 ........................................ 85

Secondary Indicator: SUICIDE DEATHS ................. 86
Number and Rate per 100,000 Persons of Suicide Deaths, by Age Group, 2005 to 2014 ........................................ 86
Number and Rate per 100,000 Persons 0 to 19 Years of Age for Suicide Deaths, by Gender, 2005 to 2014 ........................................ 86
Number and Rate per 100,000 Persons 0 to 19 Years of Age for Suicide Deaths, by Race/Ethnicity, 2005 to 2014 ........................................ 87
Total Number and Rate per 100,000 Population of Leading Causes of Death, by Age Group, 2005-2014 ........................................ 87

Secondary Indicator: CHILD AND YOUTH DEATHS ...... 93
Manner of Death Children Less than 18 Years of Age Orange County Child Death Review Team, 2015 ........................................ 93

Secondary Indicator: MOTOR VEHICLE ACCIDENTS ..... 94
Number of Victims 0 to 19 Years of Age Killed or Injured as a Result of Motor Vehicle Accidents,* by Age Group, 2005 to 2014 ........................................ 94

Secondary Indicator: CHILDREN AND GUNS ........... 95
Number of Gun-Related Incidents with Children 0 to 19 Years of Age, by Type of Incident, 2005 to 2014 ........................ 95

Indicator: SUBSTANTIATED CHILD ABUSE ALLEGATIONS ........................................ 96
Counts of Children with One or More Reports, by Age and Disposition, 2015 ........................................ 96
Child Abuse Allegations, by Percent for Children Under 18 Years, by Type of Abuse, 2006 to 2015 ........................................ 96
Total Number of Children with One or More Child Abuse Allegations and Substantiated Allegations, 2006 to 2013 ........................................ 97

Secondary Indicator: CHILD ABUSE – DEPENDENCY PETITIONS ........................................ 99
Number and Percent of Dependency Petitions Filed, 2005/06 to 2014/15 ........................................ 99
Percent of “Recurrence of Maltreatment” in 12- month Time Period for children with a Substantiated Child Abuse Allegation Orange County and California, 2005/06 to 2014/15 ........................................ 99
Secondary Indicator: DEPENDENTS
OF THE COURT .................................. 100
Monthly Number of Dependents of the Court by End of Month Cases, 2005/06 to 2014/15 ............ 100
Percent of Children by Race/Ethnicity in Out-of-Home Care, April 2007 to April 2016 ............ 101
Wraparound Referrals by Agency and Year, 2005/06 to 2014/15 .................................. 101
Average Monthly Number of Children in Out-of-Home Care, 2005/06 to 2014/15 .................. 101

Secondary Indicator: FOSTER CARE .............. 102
Number and Percent of Placement Type, April 2007-April 2016 .................................. 102
Children and Family Services – Out-Of-Home Placements by Age and City of Placement, April 2016 ........................................ 103
Number of Placement Moves: Number of Placement Moves Per Day for Children in Foster Care in a 12 Month Period, 2005/06 to 2014/15 .......... 105

Indicator: CHILD WELFARE .................... 106
Percent of Foster Care Children Reunified within 12 Months and Reentry Following Reunification and Guardianship, Orange County and California, 2004/05 to 2013/14 ......................... 106

Secondary Indicator: ADOPTIONS ................. 106
Percent with Finalized Adoptions within 12 and 24 Months, Orange County and California, 2005/06 to 2014/15 .................................. 106

Secondary Indicator: EMANCIPATION SERVICES ... 107
Youth Who Received Independent Living Program Services, 2000/01 to 2007/08 ......................... 107
Youth Who Received Independent Living Services, 2009/10 to 2014/15 .................................. 108

Indicator: JUVENILE ARRESTS ................. 109
Orange County Juvenile Arreets 10 to 17 Years Old, 2005-2014 .................................. 109
Juvenile Arreets by City Youth 10 to 17 Years Old, 2005 to 2014 .................................. 110
Number of Juvenile Arrrests and Rates Per 100,000 Youth Ages 10 to 17, Orange County and California, 2005 to 2014 ......................... 111

Secondary Indicator: REFERRALS TO PROBATION ... 112
Total Probation Referrals with Final Case Disposition, 2005 to 2014 .................................. 112
Probation Referrals, by City of Residence, 2005 to 2014 .................................. 114
Total Felony Referrals Broken Down By Offense at Time of Arrest, 2005 to 2014 ................ 115
Total Number and Percent of Probation Referrals, by Final Case Disposition, 2005 to 2014 ........ 117
Total Number and Percent of Probation Referrals, by Race and Ethnicty, 2005 to 2014 ........ 118
Total Number and Rate per 100,000 of Probation Referrals Incarcerated in County Institutions and the Division of Juvenile Justice California Department of Corrections & Rehabilitation, 2005 to 2014 .................................. 118

Indicator: JUVENILE SUSTAINED PETITIONS .... 119
Juvenile Sustained Petitions by City Referred Youth 10-17 Years Old, 2014 ......................... 119
Juvenile Sustained Petitions Youth 10 to 17 Years Old, by Gender, 2014 ............................... 120
Juvenile Sustained Petitions Youth 10 to 17 Years Old, by Age, 2014 .................................. 120
Juvenile Sustained Petitions Youth 10 to 17 Years Old, by Race and Ethnicty, 2014 ................ 120

Indicator: GANG MEMBERSHIP .................. 121
Total Population and Number of Juvenile Gang Members and Rate per 100,000 10 to 17 Years in Orange County, 2005 to 2015 ......................... 121
Total Number of Known Gang Members, by Age Group, December 2006 to 2015 ............. 121
Number and Percent of Known Gang Members Youth 10 to 17 Years Old, by Race and Ethnicity, 2006 to 2015 .................................. 122
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