

Spotlight on Children's Health: Alameda County

August 2012



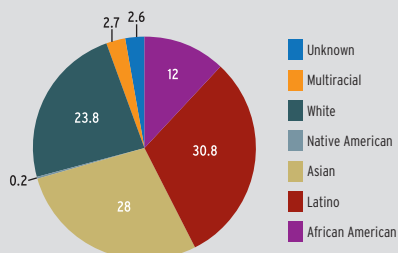
Introduction

Social and environmental factors—such as poverty, violence, lack of physical activity spaces, and access to healthy foods—have a direct impact on the health of our children. Data in this fact sheet highlight what we know intuitively: communities with higher rates of poverty and unsafe school conditions are more likely to experience health disparities and lower student achievement. Efforts to address these factors will improve the quality of life for all children.

Demographics

Alameda County is experiencing a demographic shift, with communities of color now representing a majority of the county's population. Census data from 2010 shows that 65% of County residents are people of color. These population changes are likely to continue, with 3 out of every 4 infants born in the County from communities of color (*Figure 1*).

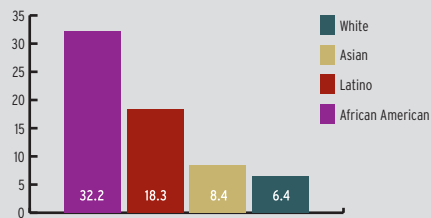
Figure 1
Births in
Alameda
County



Source: As cited on www.kidsdata.org, California Department of Public Health, Center for Health Statistics, Vital Statistics Section, CD-Rom Public Use Birth Files.

At the same time, communities of color experience tremendous income disparities in Alameda County—a leading indicator of their life expectancy and overall health (*Figure 2*).¹ Approximately 1 in 3 African American children in Alameda County lives in poverty, compared to 1 in 15 White children. In addition, 1 in 5 Latino children lives in poverty.

Figure 2
Percentage
of Children
in Poverty



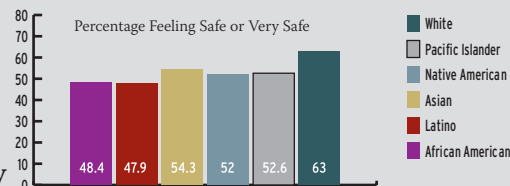
Source: As cited on www.kidsdata.org, U.S. Census Bureau, American Community Survey, 2010.

School Safety

Research shows that strong feelings of personal safety are linked with higher grade point averages. Students who feel safe at school (87%) are also much more likely to consider attending college compared to those who do not feel safe (69%).²

In Alameda County, students in communities of color are less likely to feel their school is either “safe” or “very safe” according to the California Department of Education’s “California Healthy Kids Survey.” Less than half of African American and Latino students feel safe at school, compared to almost two-thirds of White students (*Figure 3*). Research has shown a correlation between school safety and drop-out rates.³ African American and Latino students are less likely to view schools as being safe and have higher drop out rates (46.3% and 31.1%, respectively) than White students (21.9%).⁴ In addition, having a high school diploma increases chances of holding a steady job by 30%.⁵

Figure 3
Perceptions
of School
Safety by
Race/Ethnicity

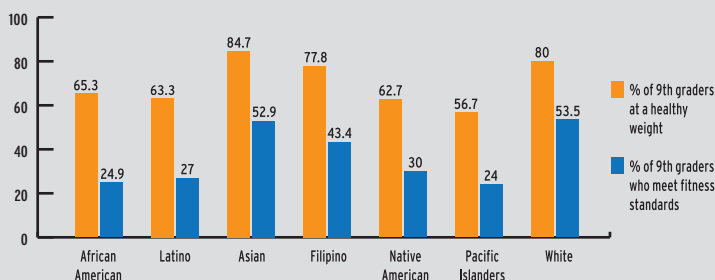


Source: As cited on www.kidsdata.org, California Department of Education, California Healthy Kids Survey (WestEd).

Health Conditions

Obesity has been linked to chronic diseases such as heart disease, diabetes, and high blood pressure.⁶ In Alameda County, students of color in most all racial/ethnic groups are far less likely to be at a healthy weight than White students (*Figure 4*). In addition, only 1 in 4 African American ninth graders meet all physical fitness standards (also in *Figure 4*).

Figure 4
Student Weight and Fitness by Race/Ethnicity



In order to meet fitness standards for body fat, children must score in the “Healthy Fitness Zone” based on skinfold measurements, body mass index, or bioelectric impedance analysis. Lean scores for body composition are included in the Healthy Fitness Zone. Source: As cited on www.kidsdata.org, California Department of Education, Physical Fitness Testing Statewide Research Files.



California Pan-Ethnic Health Network



Adolescent health problems, including undiagnosed or untreated asthma, diabetes, or other chronic conditions, can also lead to poor student achievement.⁷

Students of color in Alameda County are also more likely to have depression-related feelings than White students. More than one in three Pacific Islander (35.9%), Native American (35.5%), and Latino (35.4%) students experience depression-related feelings, compared to just 28% of Whites.⁸

Policy Recommendations

- 1. Enhance school safety by reducing crime and violence.** We need to implement policies and practices to reduce school violence and crime, including programs that educate students on bullying and teen dating violence. We should also promote youth development programs and strategies that teach children how to handle difficult social and peer situations without violence.
- 2. Ensure current school food and beverage standards are effectively implemented.** A number of food and beverage standards have been enacted to curtail the consumption of unhealthy foods and beverages on school grounds. For example, the sale and distribution of high-fat, high-sugar, and high-calorie foods and beverages are prohibited in pre-schools, schools, and after-school programs. We need to ensure that all schools in Alameda County comply with these standards and provide assistance to those that are not complying.
- 3. Ensure that all schools are providing required physical education to their students.** In California, elementary schools are required to provide at least an average of 20 minutes per day of physical education, while middle and high schools must provide at least 40 minutes per day. A recent audit found over half of the state's school districts not

in compliance, including Oakland and Berkeley Unified School Districts in Alameda County.⁹ We must ensure that all schools in Alameda County meet these physical education requirements, provide properly credentialed teachers, and offer quality facilities for physical activity.

- 4. Encourage schools to serve as joint-use facilities for the community.** Schools are often at the center of a community and can serve as an important place for community cohesion and physical activity. School recreational facilities should be available for after-hours use by children and families, especially in neighborhoods that lack adequate, safe, and accessible park and recreational facilities.
- 5. Improve access to mental health services in schools.** Schools should develop a comprehensive system of mental health services, including anti-bullying efforts, stigma reduction programs, screening for students with mental health concerns, training for staff and teachers, and linkages to services. Alameda County has taken significant steps through its Our Kids program. Operating in half the County's schools, 30 Our Kids sites are staffed with mental health professionals and coaches who provide screening, diagnosis, and treatment.¹⁰ We need to ensure that Alameda County continues the program and remains a standard for comprehensive mental health services in schools.
- 6. Expand school-based health centers.** School-based health centers serve a key role in bringing health care directly to our youth. As of January 2011, Alameda County's School Health Services Program had health centers at 11 of its high schools and received a grant to expand to middle schools.¹¹ Stakeholders and advocates should work with the County to ensure that the program is developed with consideration for the needs of all students.

Published By

This fact sheet was produced by the California Pan-Ethnic Health Network (CPEHN) and funded by the Lucile Packard Foundation for Children's Health in Palo Alto, California. Additional data is available at www.cpehn.org and www.kidsdata.org.

1. "Reaching for a Healthier Life." The John D. and Catherine T. MacArthur Foundation. April 23, 2009. Accessed at www.maces.ucsf.edu/News/Reaching%20for%20a%20Healthier%20Life.pdf.

2. California Safe Schools Coalition. "School Safety and Academic Achievement." California Safe Schools Coalition Research Brief No. 7. 2009. Accessed at <http://www.casafeschools.org/FactSheet7final.pdf>.

3. "California School District Secondary School Survey Results Fall 2009/Spring 2010." WestEd. Accessed at http://chks.wested.org/resources/a-text_0910.pdf. "School Connectedness: Strategies for Increasing Protective Factors Among Youth." Centers for Disease Control and Prevention. 2009. Accessed at <http://www.cdc.gov/HealthyYouth/adolescenthealth/pdf/connectedness.pdf>.

4. As cited on www.kidsdata.org, California Department of Education. California Basic Educational Data System (CBEDS). 2009.

5. Swanson, C. "Cities in Crisis 2009: Closing the Graduation Gap." Editorial Projects in Education. 2009. April 24, 2009. Accessed at www.americaspromise.org/Our-Work/Dropout-Prevention/~media/Files/Our%20Work/Dropout%20Prevention/Cities%20in%20Crisis/Cities_In_Crisis_Report_2009.ashx.

6. U.S. Department of Health and Human Services. "Physical Activity Fundamental to Preventing Disease (2002)." Accessed at <http://aspe.hhs.gov/health/reports/physicalactivity>.

7. California Dropout Research Project at UC Santa Barbara. Health in Childhood and Adolescence and High School Dropout (2010).

8. California Department of Education, California Healthy Kids Survey, 2008.

9. The City Project. Physical Education Is A Right: The Los Angeles Unified School District Case Study (2010).

10. LA Health Action, Alameda County School Health Center System Development Lessons Learned: A County Collaboration Case Study. January 2011. Accessed at http://lahealthaction.org/library/Alameda_Lessons_Learned_Jan_2011_Final.pdf.

11. LA Health Action, Alameda County School Health Center System Development Lessons Learned: A County Collaboration Case Study. January 2011. Accessed at http://lahealthaction.org/library/Alameda_Lessons_Learned_Jan_2011_Final.pdf.