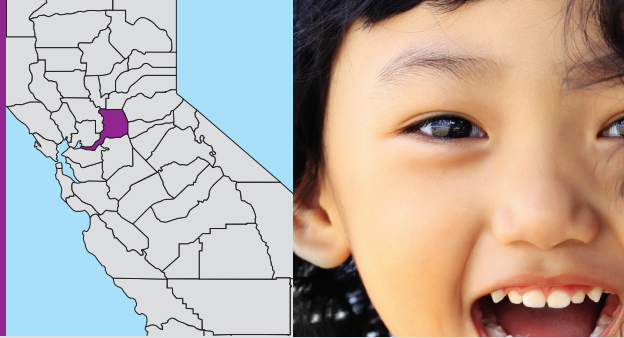


Spotlight on Children's Health: Sacramento County

August 2012



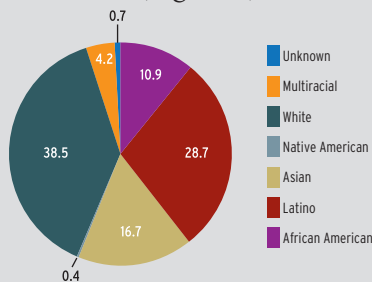
Introduction

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. The 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

Sacramento 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 51.6% of County residents are people of color. These population changes are likely to continue, with three out of every five infants born in the County from communities of color (Figure 1).

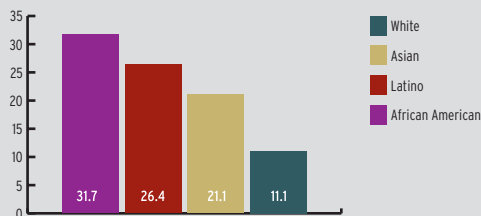
Figure 1
Births in Sacramento County



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 Sacramento County—a leading indicator of their life expectancy and overall health (Figure 2).¹ Approximately 1 in 3 African American children in Sacramento County lives in poverty, compared to 1 in 9 White children. In addition, 1 in 4 Latino children also lives in poverty.

Figure 2
Percentage of Children in Poverty



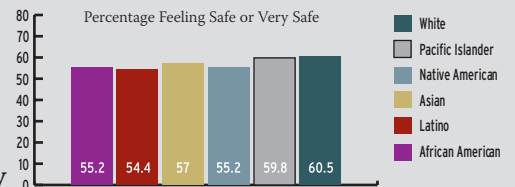
Source: As cited on www.kidsdata.org, U.S. Census Bureau, American Community Survey, 2010.

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 Sacramento 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.” Just over half of Latino, African American, and Native American students feel safe at school, compared to three-fifths of White students (Figure 3). Research has shown a correlation between school safety and drop-out rates.³ African American, Native American, and Latino students are less likely to view schools as being safe and have higher drop-out rates (36.9%, 35.5%, and 31.1% respectively) than White students (17.1%).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

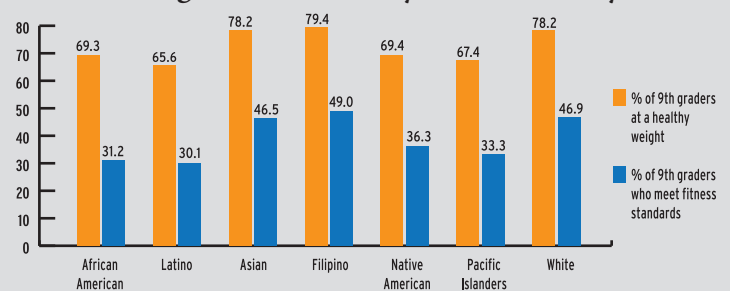


Source: As cited on www.kidsdata.org, California Department of Education, California Healthy Kids Survey (WestEd).

Health Conditions

Obesity has been linked to chronic diseases such as heart disease, diabetes, and high blood pressure.⁶ In Sacramento 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).

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.



In addition, just one-third of all African American, Native American, Latino, and Pacific Islander ninth graders meets all physical fitness standards (also in *Figure 4*). 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 Sacramento County are also more likely to have depression-related feelings than White students. Nearly two in five Native American (38.3%) and Pacific Islander (38.0%) students experience depression-related feelings, compared to 31.8% 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 Sacramento 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 three districts in Sacramento County.⁹ We must ensure that all schools in Sacramento 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. Sacramento County has developed a comprehensive Student Mental Health and Wellness Plan, which emphasizes an approach that provides for enhanced data collection and student tracking methods that enable earlier intervention. The plan recognizes that student emotional wellbeing is integral to educational success.¹⁰ We need to ensure that Sacramento County utilizes this system to its full potential and expands comprehensive mental health services in its 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 2011, Sacramento County had health centers in four of its schools.¹¹ We must continue to advocate for additional school-based health centers that can reach our children where they are.

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.

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