



Youth Health

and Wellness

IN ALAMEDA COUNTY

2006

Prepared by Alameda County School-based Health Center Coalition
and Alameda County Public Health Department.

Youth Health and Wellness in Alameda County

For copies or comments, please contact:

Community Assessment, Planning, Education & Evaluation Unit

Alameda County Public Health Department
1000 Broadway, Suite 500
Oakland, CA 94607
(510) 267-8020

<http://www.acphd.org/>

Sandra Witt, DrPH
Director, Community Assessment, Planning, Education & Evaluation Unit

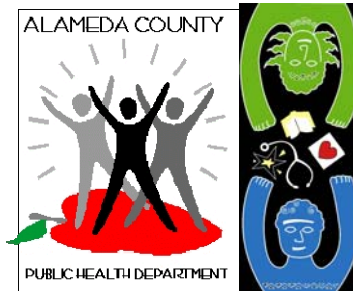
Yvette Leung, MPH, RD
Director, Alameda County School-based Health Center Coalition

Arnold Perkins
Director, Alameda County Public Health Department

Tony Iton, MD, JD, MPH
Health Officer, Alameda County Public Health Department

David Kears
Director, Alameda County Health Care Services Agency

Youth Health and Wellness in Alameda County 2006



Authors

Janet Brown
Julie Garcia
Sonia Jain
Wendi Wright

Contributors

Matt Beyers
Janet Biblin
Ralph Cantor
Sangsook Cho
Neena Murgai

Reviewers

Claire Brindis
Alex Briscoe
Cynthia Burnett
Sangsook Cho
Rohini Dhand
Yvette Leung
Mona Mena
Eva Mourad
Kelly Nanney
Barbara Staggers
Joanne Vu
Katie Vu-Ng
Sherri Willis

Photos

Katrina Lashea
Yvette Leung
Eva Mourad
Karin Seid
Jenny Wang
Sherri Willis

Cover Design

Poonam Whabi
Design Action Collective

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- Emergency Medical Services, ACPHD
- Kaiser Permanente Educational Theatre Program
- Sexually Transmitted Diseases Program, ACPHD
- University of California San Francisco, Division of Adolescent Medicine and National Adolescent Health Information Center

This report is dedicated to the well-being of all youth and young adults in Alameda County.

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Letter from the Director

Dear Colleagues,

With great enthusiasm, we present to you this comprehensive report on the health and wellness status of youth in Alameda County. We are pleased to provide you with the first report on “Youth Health and Wellness in Alameda County.” The report was developed under the guidance of the Alameda County Youth Health Collaborative, the Community Assessment, Planning and Education Unit of the Public Health Department, and the Alameda County School-Based Health Center Coalition. This report highlights the current health status and wellbeing of youth in the county.

We hope the information provided is useful in recognizing and promoting assets among youth and in their surrounding environments. We must, as professionals, parents and community leaders, focus on the strengths of each child. Too often we ignore the potential and the positive behaviors of youth.

Children are the precious future of our county. It is time to collectively intervene before they become incidents. We hope to build power in communities to advocate for the equitable distribution of resources. Many of the risk behaviors and habits in life are developed during the adolescent years that have long-term health and social consequences. It is our hope that the data and recommendations provided are useful in developing effective prevention solutions across agencies and communities to help empower youth early on. We trust this report will result in increased awareness of youth issues, and greater coordination and integration of children and youth programs throughout the county.

It is our duty and responsibility to provide an environment in the families, schools and communities that supports development of healthy young people in Alameda County. We look forward to improving the health and well-being of Alameda County’s children and youth together.

Sincerely,



Arnold Perkins
Director
Alameda County Public Health Department



Tony Iton, MD, JD, MPH
Health Officer

Executive Summary

How well are Alameda County's youth doing? What kind of issues are they dealing with? How can we support their development? These are some of the questions that provided the impetus for preparing this report. "*Youth Health and Wellness in Alameda County*" presents an overview of the health status of youth and young adults, ages 10-24, in Alameda County. This is the first report of its kind that collectively presents key indicators of adolescent health, and related risks and protective factors in the county. The report highlights disparities by race/ethnicity, gender and geographical area as much as possible. Some comparisons to the state and national data are also included.



Vision

It is our vision that all children, youth and their families in Alameda County are healthy, safe, well educated and empowered. We see all community residents, schools, and agencies strengthened and united to provide safe and healthy environments in which youth can grow and thrive.

Major Findings

A summary of major findings are highlighted below. For a comprehensive list of findings for specific indicators, please consult the full report, also available on the Alameda County Public Health Department website (<http://www.acphd.org>).

Racial/Ethnic Disparities

There were significant disparities by race/ethnicity, gender and neighborhood. African Americans had the greatest burden of health disparities. Among all the race/ethnic groups in Alameda County, African American youth had the highest rates of poverty, homicides, foster care placement, and high school dropout. They had the second highest rate of being overweight. They were also the least likely to have a role model, or a safe park near their home compared to all other racial/ethnic groups. Latino youth had the highest rates of teen births and of being overweight. Latino youth were the least likely to have health insurance, and to visit a dentist. Overall, Asian/Pacific Islander and White youth tended to have better health outcomes than African American or Latino youth.

Gender Disparities

Males were more likely than females to be arrested, fight in school, belong to a gang, be murdered or die in a motor vehicle crash. Females had higher rates of sexually transmitted diseases and were more likely to have been forced to have sex. While females were less likely to be overweight than males, they were less physically active than males. In terms of protective factors, females were more likely to do volunteer work, while males were more likely to report having a role model.

Geographical Disparities

Health outcomes varied across school districts. East and West Oakland had much higher rates of poverty and asthma than other areas in Alameda County. Oakland Unified School District had the highest high school dropout rate, whereas in other districts like Pleasanton and Dublin being a dropout was rare. Rates of being overweight were highest in the Hayward, Oakland and New Haven Unified School Districts.

State Comparisons

Youth in Alameda County had higher rates of arrests, homicides and sexually transmitted diseases (STDs) than youth in California. However, in some areas Alameda County youth fared better than youth in California. Alameda County youth experienced less dating violence, fighting at school, language barriers, overweight, poverty, and substance use.

Economics and Education

- In 2000, more than one-in-ten adolescents in Alameda County aged 12-17 years (14%) lived in poverty.
- Lack of health insurance increased as youth age out of safety-net insurance programs. In Alameda County, 28% of 18-24 year olds did not have health insurance compared to 7% of 10-17 year olds.
- In the 2003-2004 school year, 87% of Alameda County high school students graduated from 12th grade, and 13% dropped out. Four-year drop out rates were significantly higher in districts like Oakland Unified (36%), and among certain race/ethnic groups, such as African Americans (26%) and Latinos (18%).

Protective Factors

- Approximately 60% of 11th graders in Alameda County experienced high level of caring relationships, 68% experienced high level of high expectations from adults, and 31% experienced high level of meaningful participation in activities.
- In the 2003-2004 school year, least percent of 11th graders reported high level of protective factors in the school, compared to at home, among peers, or in the community.
- Lower percent of 11th graders experienced a high level of protective factors in the environment than 7th graders.
- A majority of county youth reported having an adult around after school (84%) and having parents who knew a lot about their free-time activities (72%).
- Almost 88% of county youth reported having a park nearby, and overall 81% felt strongly that the park or playground is safe during the day.

Violence

- Homicide was the leading cause of death among youth in Alameda County. From 2001-2003, the homicide rate among 15-24 year olds was 21 per 100,000, 7 times higher than the national Healthy People 2010 objective of 3.0 per 100,000.
- About 16% of 11th graders have been in a physical fight on school campus in the past year and 6% have reported feeling unsafe or very unsafe at school.

Unintentional Injuries

- Motor vehicle crashes are the leading cause of unintentional injury death among youth. Motor vehicle crashes accounted for approximately 25 deaths per year among Alameda County youth age 15-24 years.
- In Alameda County, one fourth of 11th graders (26%) reported that they have driven after drinking or driven with a friend who had been drinking.

Mental Health

- Each year approximately 11 Alameda County youth ages 15-24 die from suicide and over 100 are hospitalized for attempting suicide.
- One-in-three Alameda County 11th graders (34%) have experienced substantial depression in the past year. Almost everyday for at least two weeks, they felt so sad and hopeless that they stopped doing some usual activities.

Substance Use

- Smoking rates were nearly three times higher for 18-24 year olds (17%) compared to 12-17 year olds (6%).
- In the past month, one-in-three Alameda County 11th graders (33%) drank alcohol, 18% binge drank (more than 5 drinks in one sitting) and 16% smoked marijuana.

Sexual Health

- In the San Francisco Bay Area and California, 25% of 15-17 year olds reported that they have been sexually active. Results from California suggest that nearly half of sexually active adolescents (45%) did not use a condom the last time they had sex.
- Chlamydia and gonorrhea were the most common sexually transmitted diseases among Alameda County youth. Alameda County had the highest incidence of chlamydia and gonorrhea for females between ages 15 to 24 in all of California.

Oral Health

- The likelihood of visiting a dentist decreased as Alameda County youth got older. In the past year, 93% of 10-14 year olds visited a dentist compared to 81% of 15-19 year olds, and 60% of 20-24 year olds.

Physical Health

- In Alameda County, one-in-four (24%) of adolescents aged 12-17 years have been diagnosed with asthma. Over one-third (37%) of those diagnosed had symptoms at least once a month.
- Nearly one-third of Alameda County 9th graders (29%) were overweight.

Implications

Youth are impacted by a myriad of concerns including poverty, lack of role models, violence, mental health issues, and pressure to drink and use drugs. All these factors can lead to unintended consequences, such as, high school dropout, motor vehicle crashes, early/unintended pregnancy and STDs. Throughout this report we observed significant disparities between racial/ethnic groups, with African American and Latino youth experiencing the greatest burden of disease and risks. Disparities by gender also exist. Male and female youth experienced different risk and protective factors.

It is vital for parents, teachers, youth advocates, community members and health professionals to invest in the future of children and youth. Given the data, we must implement prevention strategies that operate at multiple levels - the individual, the community institutional and policy - to have a greater impact on desired outcomes. We hope this report informs and motivates its readers to become skilled agents of change in their own families, peer groups, schools and communities. We hope that it will provide useful information to advocates, educators and mentors for youth.

Recommendations

This section includes a number of broad recommendations for improving youth health and wellness in Alameda County. This list is by no means exhaustive and is meant to be a starting point towards the development of more detailed and specific action plans for improving youth health and wellness throughout the county. These recommendations were developed based on the findings of the report and discussions with program staff working with youth in Alameda County.

1. Strengthen the county's capacity to support comprehensive health and wellness programs for youth

- Provide universal access to health and wellness services for youth.
- Increase and identify innovative funding sources for programs and initiatives that focus on youth development, while maintaining those that focus on disease prevention and treatment.
- Develop a countywide strategic plan for youth.
- Provide trainings to providers and programs on youth issues, ensuring cultural competency and youth-friendly services.
- Develop and sustain partnerships across systems to create seamlessness and respond to emerging youth issues.
- Increase collaboration and coordination of youth programs and services.
- Continue to educate public and policy makers on youth issues.



2. Ensure development of youth assets and protective factors in families, communities, and schools.

- Develop programs that recognize and enhance youth leadership, skills and capacity.
- Actively involve youth in assessment, program planning and policy development.
- Build the capacity of communities to advocate for a safe and healthy environment for positive youth development, including safe parks, supervised activities, mentors, and links to faith-based organizations.
- Develop partnerships with schools to have positive relationships and structured opportunities for youth, including after-school activities, sports, career development and jobs/internships.
- Support parents and families to communicate and intervene effectively with youth around issues like education, drugs, alcohol, violence and sexual activity.
- Identify and link resources and programs in the community that specifically meet the needs of transition-age youth 18 to 24 years old, such as jobs, mental health specialists and other opportunities.

3. Eliminate health inequities

- Advocate to policy and decision makers for equitable distribution of resources to schools and neighborhoods in greatest need.
- Develop strategies in partnership with the communities that address environmental risk factors associated with violence on the street, at school, and at home. Prevention strategies should specifically focus on building assets in low-income communities of color.
- Build and sustain partnerships across institutions and communities to increase community economic resources in order to reduce the impact of poverty on youth.

- Increase access to recreational facilities, parks and healthy foods (e.g., grocery stores) to reduce obesity and increase physical activity among youth, particularly among African American and Latino youth.
- Work with students and communities to identify key factors that contribute to dropping-out of high school, and focus intensively on creative strategies to support students particularly in Oakland to graduate.
- Ensure that schools have the capacity to provide quality education and support to all racial/ethnic groups, including using culturally and linguistically appropriate methods to inform all parents and youth.
- Develop prevention strategies that focus on changing the environment and larger social determinants of health (e.g. racism, poverty, quality food, social support).
- Ensure an integrated system of health and social services that is youth-focused and works *collectively* to serve the youth that experience multiple problems.

4. Improve access and utilization of health care among youth.

- Partner with schools and other dwellings where youth congregate to provide comprehensive and accessible youth health and wellness services.
- Ensure access and usability of youth-friendly mental health services in schools and the community with a focus on supporting the positive development of all youth who need services.
- Delay initiation and reduce use of drugs, underage drinking and smoking. Decrease youth access to drugs, alcohol and cigarettes.
- Promote healthy intimate relationships among youth, including delaying sexual intercourse and practicing safe sex to prevent pregnancy and sexually transmitted infections.
- Increase use of preventive services such as supervised after-school programs, counseling, exercise classes and dental visits among youth.

5. Continue assessment and evaluation of youth health.

- Increase participatory action research involving youth.
- Continue and expand this group's assessment of youth health status at the county, community and school levels.
- Collaborate with new partners to collect information on non-traditional health indicators such as immigration, homelessness, incarceration and racism.
- Expand data collection and analysis on mental health, disability and special needs, oral health, nutrition, dating violence, youth employment, life expectations, and involvement in after-school activities.
- Develop matrices relating to youth resilience and track longitudinally and by geographic sub-areas.
- Improve standardization of data across agencies working with youth.
- Conduct youth-led evaluation to look into the reasons that some youth don't access existing services and use results for program planning.

Introduction

“*Youth Health and Wellness in Alameda County*” is prepared by a collaborative partnership between the School-Based Health Center Coalition, Community Assessment, Planning and Education Unit and the Maternal, Paternal and Child and Adolescent Health Unit of the Alameda County Public Health Department. This report highlights the health status of youth and young adults, ages 10-24 in Alameda County. The indicators were selected based on availability of data, the importance of specific indicators for youth development, and the relevance of each to emotional, physical, social and academic health. Special effort was made to include as much data as possible on protective factors at the family, school and neighborhood levels.

Although numerous reports have been produced in the county that have indicators on youth, this is the first report in Alameda County that provides a comprehensive picture of youth health and wellness. We hope this report will expand and enhance support and services to youth. We hope to update this report and add new data as they become available.

Purpose

The purpose of this report is to:

- Assess the current status of health and wellbeing among youth age 10-24 in Alameda County.
- Understand the health issues and risk factors youth face today.
- Inform program planning and policy development.
- Develop opportunities and support systems for all youth in Alameda County.

Using this Report

The report is organized into nine sections: 1. Population Demographics, 2. Economics and Education, 3. Protective Factors, 4. Death and Hospitalization, 5. Violence, 6. Unintentional Injuries, 7. Mental Health, 8. Substance Abuse, 9. Sexual Health 10. Oral Health, and 11. Physical Health. Released in September 2006, this report provides the most current and comprehensive information about youth health and wellness at the local level. Disparities by race/ethnicity, gender and geographical area are highlighted when data were available. For comparison, some statewide estimates and examples of national goals (Healthy People 2010 Objectives) are also provided. For most youth indicators, the Healthy People 2010 Objectives did not match the available data making comparison to local data difficult; however, the 21 critical national objectives for youth are provided at the end of the report.

The next and most important step in using this report is talking to youth and other key stakeholders like teachers, parents and staff from health and social service programs in the communities we serve. Every community is different and it is important to tailor health intervention to the specific strengths, culture and needs of the youth.

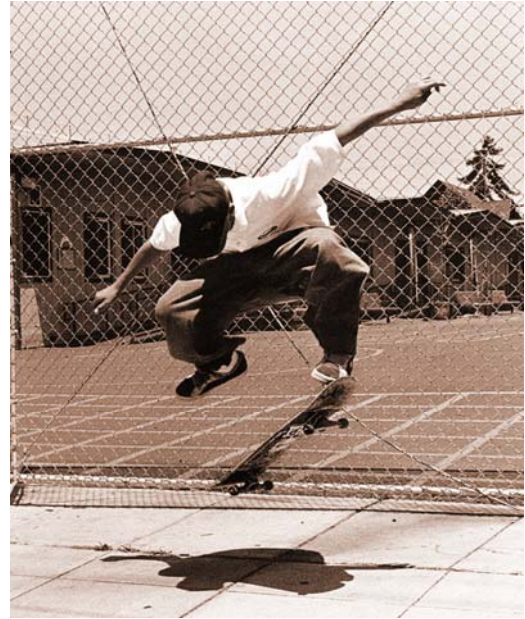
Our overall goals are to ensure:

1. No disparities in health by race/ethnicity, gender, economic or geographic areas.
2. Youth and their families have a safe and healthy environment.
3. Equal access to and utilization of high-quality, comprehensive and youth-friendly services within a seamless system of care.

Youth as Assets

Youth in Alameda County are our biggest assets; our cornerstone for the future. Although much of the data in this report underlines the risk-taking behaviors among youth, we have made special effort to present information about youth assets. Much of the media tends to disproportionately focus on the risk behaviors of teens and does not recognize their strengths and successes. Because our communities are becoming increasingly complex, violent and unequal, there is a need to prevent the underlying risk factors that youth experience in their environments. There is an equally urgent need to strengthen our communities, schools, and families to ensure that all children in Alameda County are given a chance to live healthy lives into adulthood.

Youth assets go beyond prevention of high-risk behaviors and towards building resilience and positive outcomes among youth. The Search Institute¹ has identified key external and internal assets that youth need to thrive. The external assets include support, empowerment, boundaries, expectations, and constructive opportunities for growth; the internal assets include commitment to learning, positive values, social competencies, and positive identity. Research consistently shows that youth are less likely to engage in risky behaviors if they are in possession of these core external and internal assets.



Context of Youth Development

Youth develop within the social context of their communities, schools, families and peers.² Youth behaviors are directly influenced by close contacts such as peers and parents, and by the larger environment such as community norms and national policies. Thus, we should try to influence youth at each of these levels. For example, if a young person's peers are engaging in heavy drinking or drug use, it may influence the behavior a youth will adopt. Similarly, whether or not a youth has access to after-school opportunities would influence if s/he will participate in positive structured activities.



Adolescence is an opportune time to shape healthy behaviors and ensure that all youth have support, connections, and opportunities in their communities, families and schools. The National Institute of Child Health and Human Development³ has identified four broad domains of functioning for adolescents that are critical for healthy development: health and safety, self-sufficiency, social and emotional development, and education achievement and cognitive attainment.

Youth experience different risk and protective factors at various ages. For instance, during the early adolescent years, ages 12-14, family influences are stronger and during mid-late adolescent years, ages 15-

¹ Search Institute is a nationally recognized organization that focuses on youth development and internal and external assets for youth. For more information see www.search-institute.org.

² Leventhal T, Brooks-Gunn J. The neighborhoods they live in: the effects of neighborhood residence on child and adolescent outcomes. *Psychological Bulletin*. 2000; 126: 309-337. Also see Collins WA, Laursen B. Changing relationships, changing youth: interpersonal contexts of adolescent development. *Journal of Early Adolescence*. 2004; 24:55-62.

³ See <http://www.nichd.nih.gov/>; Hair et al 2001 <http://www.childtrends.org/>; and Masten AS et al 2004. for information on indicators of adolescent and young adult development.

17, peers and neighborhood conditions have a greater influence on youth behaviors. During adolescent years, school performance, emotional and behavioral indicators are deemed the most relevant indicators to capture, whereas during young adulthood ages 18 and above⁴, romantic relationships and work become important indicators to measure. Moreover, as a child grows into adolescence and then young adulthood, s/he must negotiate success in many aspects of his/her life simultaneously.

Health Inequities by Gender, Race and Place

Health inequity refers to “differences in health that are unnecessary, avoidable, unfair, and unjust”.⁵ Gender norms play a major role in determining expectations, risk behaviors and outcomes for youth. Institutionalized racism and other forms of discrimination continue to affect social determinants of health and wellness. Generally, poor people and people of color are more likely than others to be burdened by substandard housing, poor schools, lack of opportunities, pollution, and unjust public policies.

It is important to note that health inequities are shaped by a wide range of factors in the social, economic, natural, built and political environments.⁶ Broader forces in the environment that are beyond the control of youth or their families significantly contribute to youth health and wellbeing. Alameda County Public Health Department has been moving towards recognizing and eliminating health inequities among people and communities in Alameda County.

Thus, in this report we attempt to capture the multi-dimensional development of youth and young adults within their environmental context. We highlight and hope to collectively address health inequities that exist by race, gender and community for youth in the county.

⁴ Arnett JJ. Emerging adulthood - A theory of development from the late teens through the twenties . American Psychologist.2000;55:469-480.

⁵ Whitehead M. The concepts and principles of equity in health. Int J Health Serv 1992; 22; 429-445.

⁶ Institute of Medicine, National Association of Sciences. The Future Of The Public's Health In The 21st Century. Washington D.C., National Academy Press. November 2002.

Methods

Data Sources

This report compiles local youth-specific data from a variety of different sources including the following:

- Alameda County Vital Statistics
- Confidential reports from laboratories and health care providers
- Dental Program, Alameda County Public Health Department
- California Healthy Kids Survey (CHKS)
- California Health Interview Survey (CHIS)
- California Department of Education
- California Department of Finance
- California Department of Criminal Justice Statistics Center
- Office of Statewide Health Planning and Development
- RAND California
- UC Berkeley Child Welfare Research Center
- US Census Bureau

For detailed information about each of the data sources listed above, please see shaded data source box at the end of each section.

Indicator Selection

This report is constrained by the available data:

- **Statistics are provided for different age groups depending on the source.** Using a variety of data sources allowed us to present data on many different health topics, but may make the report as a whole, more complicated to understand. The age group at which the data is collected varies by source and generally determines the age groups that are presented in this report. We tried to specify the age group for each set of statistics that we present. Common age groupings include youth ages 12-17 years and 18-24 years for data from the California Health Interview Survey, 7th, 9th and 11th graders for data from the California Healthy Kids Survey and youth age 15-24 years for data from Alameda County Vital Statistics.
- **There are limitations to data collected at the local level.** Much of the data in this report was collected from subsets of the county's youth population. When the subset, or sample, is large and representative of the county's youth population, then the data presented provides an accurate description of what's going on with county youth. When the subset is small or response rate is low or biased towards collecting information from a particular school, neighborhood, or class (i.e. honors classes or ESL), it may be less representative of all youth countywide. For example, though the California Healthy Kids Survey collects information from schools throughout the county, it is biased towards reporting information from students whose parents turn in permission slips for them to participate in the survey. Many believe that the actual prevalence of behavioral and environmental risks is larger than that reported by the CHKS.
- **In some cases, no local statistics are available.** In many cases, statistically reliable estimates are only available for larger race/ethnic groups like Whites, Latinos, Asians and African Americans. Statistical trends for smaller population groups like American Indians and Pacific Islanders (not including Asians) are unstable and vary by year. In addition, there are many important youth health topics for which no local data has been collected. For instance, we rely on Bay Area and Statewide estimates around risky sexual behavior among youth, as countywide estimates were not available. As another example, Alameda County has recognized sexual exploitation of minors as an emerging issue for its health programs to address; stakeholders are beginning to quantify data about this issue. However, our information to date is largely anecdotal. Other topics like social support and stress are poorly addressed or not addressed at all due to a lack of data. Efforts will be made in the future to collect information on these additional critical indicators of youth development.

Population Demographics



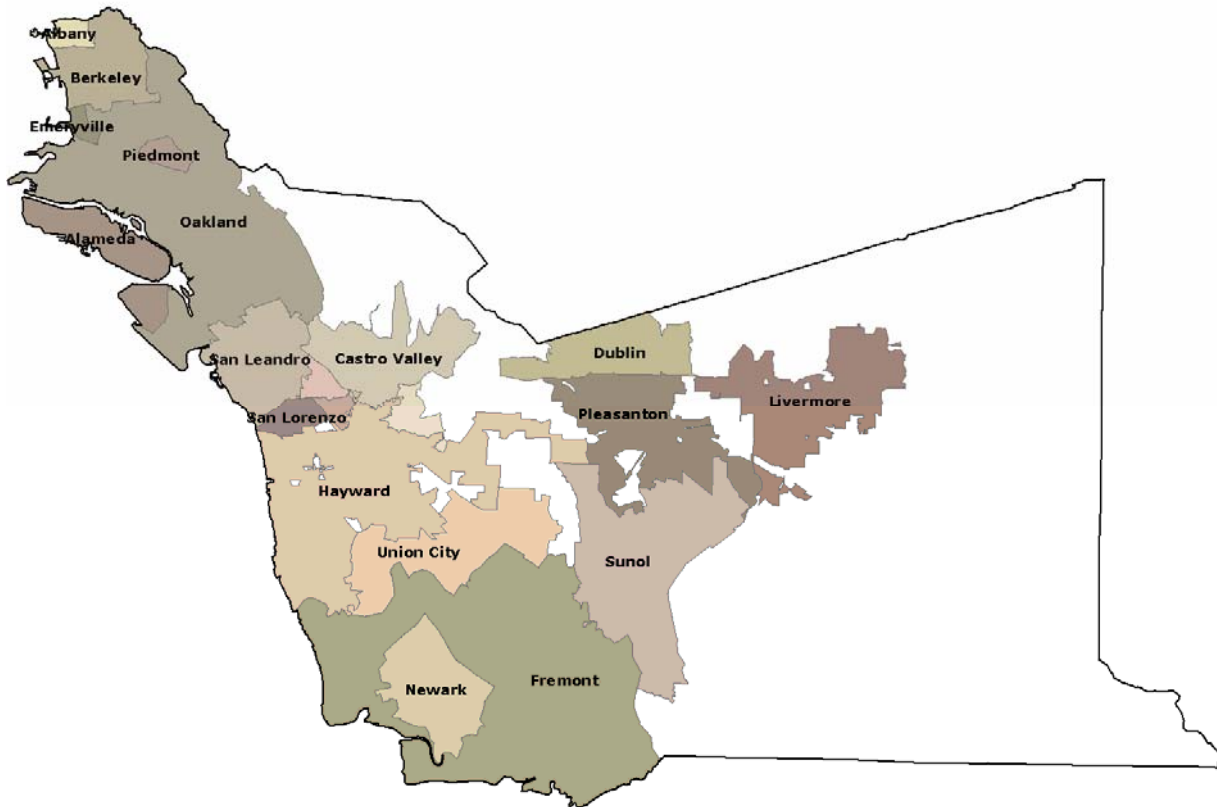
This section describes demographic characteristics of youth ages 10-24 years in Alameda County. The information uses the most recent data available, mostly from the Census 2000.

County Geography

Alameda County is located on the eastern side of San Francisco Bay. The county's geography varies from industrial areas, urban areas and wooded hills in the north to suburban areas and rolling hills in the south and east.

Youth generally fare better in communities with "healthy" characteristics like strong economic development, good schools, low crime rates and lots of open space. In Alameda County, some communities have many healthy characteristics and others do not. For example, pockets of poverty, low performing schools and high crime exist throughout the county, particularly in Oakland.

Map of selected cities and communities in Alameda County



Age and Gender

- According to the Census 2000, the total population of Alameda County was estimated to be 1.4 million. Of these, approximately 20% were between the ages of 10-24.
- According to the Department of Finance projections, the number of youth age 10-24 years is estimated to have increased by 5% from approximately 290,000 in 2000 to approximately 305,000 in 2005.
- In 2000, the number of youth in the county was fairly evenly spread out between gender and age groups. There were slightly more male than female (51% versus 49%). Ten to fourteen- year olds made up 7% of the population; 15-19 year olds, 6%; and 20-24 year olds, 7%.
- Berkeley had the highest percentage of 20-24 years olds (16%), mostly comprising of University students; and Piedmont had the lowest (2%).

Number of youth by city and age group, Alameda County, 2000

City	10-14 yrs	15-19 yrs	20-24 yrs	10-24 yrs	All Ages
Alameda County	96,769	92,448	100,745	289,962	1,443,741
Alameda	4,459	3,965	3,648	12,072	72,259
Albany	1,120	924	864	2,908	16,444
Ashland	1,440	1,247	1,576	4,263	20,793
Berkeley	3,974	7,978	16,579	28,531	102,743
Castro Valley	4,011	3,870	2,616	10,497	57,292
Cherryland	924	843	1,098	2,865	13,837
Dublin	1,780	1,673	2,024	5,477	29,973
Emeryville	192	210	810	1,212	6,882
Fairview	692	637	444	1,773	9,470
Fremont	14,005	12,547	11,189	37,741	203,413
Hayward	9,737	9,542	11,209	30,488	140,030
Livermore	5,728	4,667	3,593	13,988	73,345
Newark	3,319	3,105	2,795	9,219	42,471
Oakland	26,502	24,664	28,958	80,124	399,484
Piedmont	1,144	911	206	2,261	10,952
Pleasanton	5,438	4,014	2,274	11,726	63,654
San Leandro	4,661	4,397	4,504	13,562	79,452
San Lorenzo	1,658	1,476	1,176	4,310	21,898
Sunol	98	79	80	257	1,332
Union City	5,161	5,084	4,611	14,856	66,869
Remainder of County	726	615	491	1,832	11,148

Data source: Census, 2000

This is important because:

- Age and gender influences a youth's exposures to risks and assets.

Data Sources - Age and Gender

2000 population estimates from the US Census Bureau, Census 2000, Summary File 1, Table P12 Available online at <http://www.census.gov/>.

Population projections by race/ethnicity from the State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000-2050*. Sacramento, CA, May 2004. Available online at <http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.asp>. Compiled by ACHCSA's Community Assessment, Planning and Education Unit. Census 2000 was used for city estimates by age because Department of Finance projections were only available at the county level and not city.

Race/Ethnicity

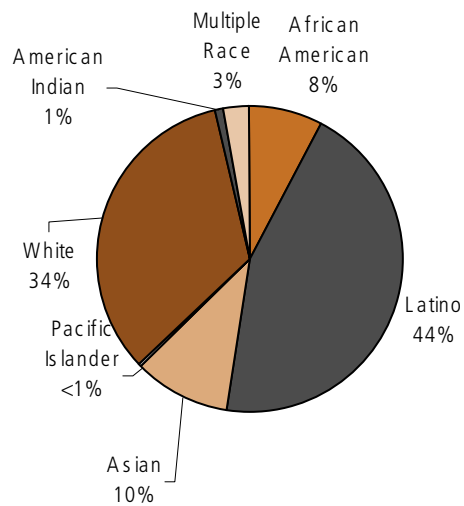
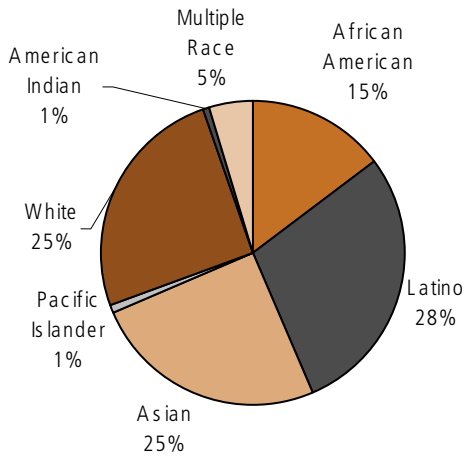
- Alameda County's youth population age 10-24 years is very diverse. Latinos (28%), Whites (25%) and Asians (25%) made up the largest racial/ethnic groups among youth in the county. Although in 2005, the proportion of White and Latino youth was much lower in Alameda County than Statewide.
- In 2005, Alameda County had twice the proportion of African American young people and over two times the proportion of Asian youth as California.



Race/ethnicity of youth ages 10-24 years

Alameda County 2005

California 2005



Data source: DOF

- Over the past five years from 2000 to 2005 in the county, the number of White youth decreased (from 92,936 to 76,557), the number of African American youth remained the same (from 45,825 to 45,090), and the number of youth from all other racial/ethnic groups including Latinos and Asians increased (from 153,691 to 183,955).

**Racial/ethnic diversity among youth age 10-24 years in
Alameda County, 2000 & 2005**

	2000		2005	
	Number	%	Number	%
African American	45,825	16	45,090	15
Latino	74,255	25	88,136	29
Asian	63,793	22	76,370	25
Pacific Islander	2,503	<1	3,040	1
White	92,936	32	76,557	25
American Indian	1,315	<1	2,321	<1
Multiple Race	11,825	4	14,088	5
Total	292,452	100	305,602	100

Data source: DOF

This is important because:

- Youth experiences and risks differ significantly by race/ethnicity and these differences may have important implications on how interventions are tailored.
- There are significant health and social disparities by race/ethnicity. This implies that prevention strategies should be focused on specific racial/ethnic groups that bear the greatest burden of risks and health outcomes. Race and culture should be taken into account when designing effective strategies.

Data Sources - Race/Ethnicity

Population projections by race/ethnicity from the State of California, Department of Finance (DOF), *Race/Ethnic Population with Age and Sex Detail, 2000-2050*. Sacramento, CA, May 2004. Available online at <http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.asp>. Compiled by ACPHD Community Assessment, Planning and Education Unit.

Note: Race/ethnic estimates of youth by city are not available.

Economics and Education

This section describes the social and economic characteristics of youth in Alameda County. It includes indicators of poverty, high school dropout and language barriers among youth. The socioeconomic position of a youth and his/her family plays a major role in determining his/her health status. Besides genes and lifestyle, where one can afford to live, how much education one has, and what language one speaks at home are key factors that influence health status and access to any needed services.

Poverty Rate

- In 1999, more than one-in-ten adolescents in Alameda County aged 12-17 years (14%) lived in poverty, i.e. 100% below federal poverty line.⁷
- The rate of poverty was lower in Alameda County (14%) compared to the state (18%). Locally, the percent of adolescents that lived in poverty was similar among males (14%) and females (15%).
- African American youth were almost twice as likely to live in poverty than any other racial/ ethnic group in Alameda County. The poverty rate was 27% among African Americans, 16% among Asians, 15% among Latinos and 6% among Whites.
- Using below 200% of the federal poverty level as a measure, 30% of Alameda County residents were low income as compared to 40% statewide.
- In some neighborhoods, a very high proportion of youth were impacted by poverty. The neighborhoods in which youth are most impacted by poverty include West Oakland, San Antonio, Fruitvale, East Oakland, and portions of South Berkeley.

This is important because:

- Research indicates that poor children are more likely to experience health problems and die before reaching adulthood. Poor children are also more likely to experience academic problems, drop out of school, be affected by violent crime and become poor adults. These effects are strongest among the youth whose families have experienced extreme and long lasting, often multi-generational, poverty.

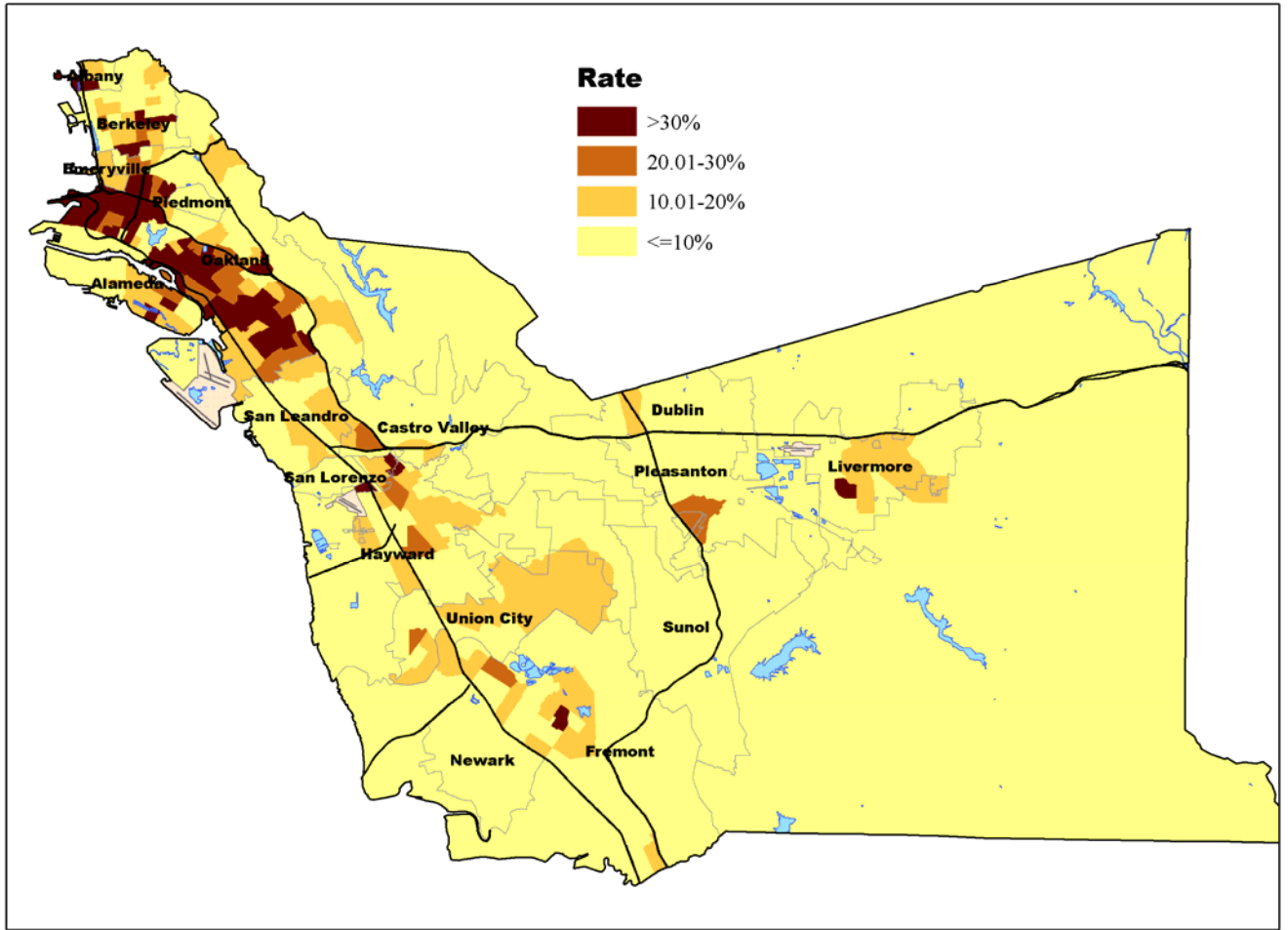
Data Sources – Poverty

2000 population estimates from the US Census Bureau, Census 2000, Summary File 4, Table PCT144, PCT142, P159B, P159D, P159H and P159I. Available online at <http://www.census.gov/>.

Information about the effects of childhood poverty is from EM Lewit, DL Termen and RE Behrman's Children and Poverty: Analysis and Recommendations, from Children and Poverty (Volume 7, Number 2), available online at http://www.futureofchildren.org/information2826/information_show.htm?doc_id=72143.

⁷The measure of poverty is based on residents with a gross income below the federal poverty level (FPL). In 2000, the FPL was set at approximately \$8,500/yr for an individual living alone and \$17,000/yr for a family of four. This measure does not take into account the high cost of living in Alameda County. Sometimes, two times or 200% of the FPL is considered a more accurate measure of poverty.

Percent of children 12-17 living in poverty Alameda County, 1999

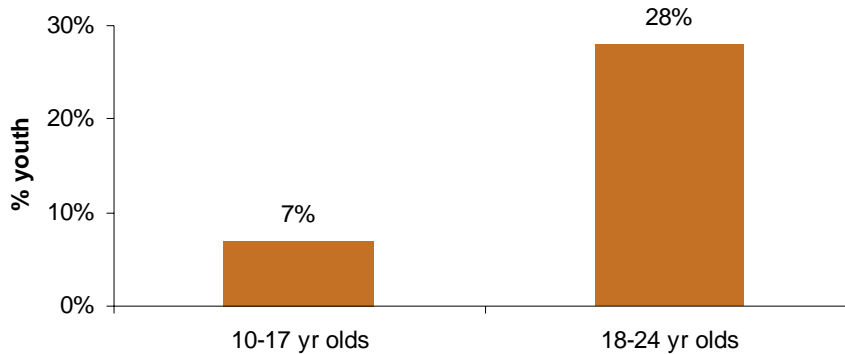


Notes: Poverty for those 12-17 years. Data shown as calculated by census tract.
Source: CAPE, with data from Census 2000.

Lack of Health Insurance

- In 2003, about 16% of County youth aged 10-24 years did not have health insurance. The rate was similar at the state-level (17%). Even among those with basic health insurance, many programs do not cover specialized services like mental health, dental or vision care.
- Lack of health insurance increased as youth age out of safety-net programs for children. In Alameda County, 28% of 18-24 year olds did not have health insurance compared to 7% of youth age 10-17 years.
- Latino youth aged 10-24 years were significantly more likely to be uninsured (35%) in the county, compared to the county average (16%). Young males (20%) were more likely to be uninsured than young females (13%).

**Percent of youth without health insurance
Alameda County, 2003**



Data source: CHIS

This is important because:

- Individuals without health coverage are less likely to access healthcare and preventive services.
- Preventive services can encourage youth to adopt healthier eating habits, seek treatment for mental health issues and reduce their use of alcohol and other drugs.

Data Sources – Lack of Health Insurance

California Health Interview Survey (CHIS), 2003 copyright © 2003 the Regents of the University of California, all rights reserved. Online statistics available through the AskCHIS data query system at <http://www.chis.ucla.edu/>. Note: Estimates are not available by city.

Note: Many experts believe that the California Health Interview Survey underestimates the proportion of adolescents without health insurance. The actual proportion of adolescents without health insurance may be greater than what is shown in this report.

High School Dropout Rate

- In 2004, 87% of Alameda County high school students graduated from 12th grade, and 13% dropped out⁸.
- The four-year dropout rate has decreased slightly over time from 15% in 1993-94 to 13% in the 2003-04 school year.
- The dropout rate was 13% in the county and statewide
- African Americans (26%) and Latinos (18%) have the highest school dropout rates compared to all racial/ethnic groups.
- Within Alameda County there were huge disparities between school districts⁹, as well as, between racial/ethnic groups. Dropout rates were significantly higher in the Oakland Unified School District (36%) compared to any other district in the county. Nearly one-quarter of the students in Alameda County attend school in the Oakland Unified School District, the largest school district in the County.

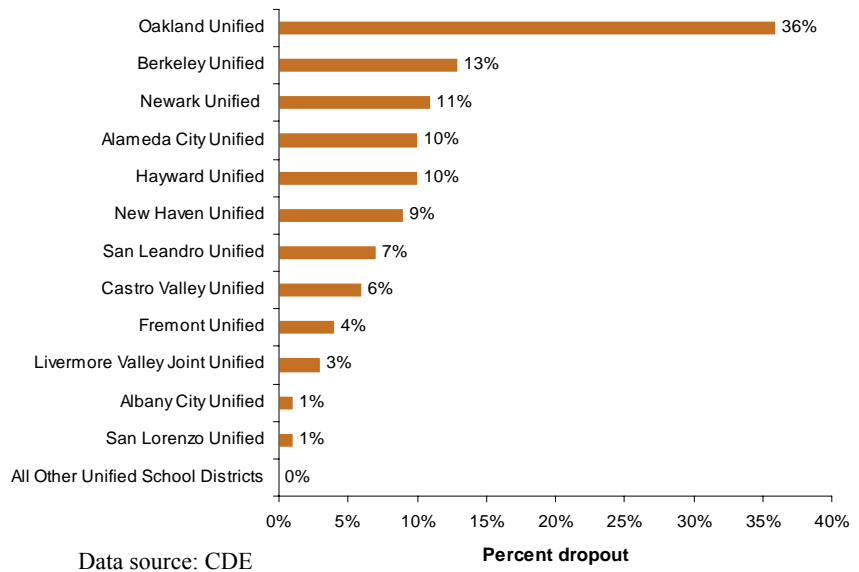


- Other districts like Pleasanton and Dublin had a 0% dropout rate.

This is important because:

- Research shows that high school dropouts are more likely to experience physical and mental health problems.
- Many health and social welfare programs are provided through the schools; dropouts are less likely to be reached by school-based programs.

Four-Year Drop-Out Rate in Unified School Districts, Alameda County, 2003-2004



Data Sources – High School Dropout Rate

Data is from the California Department of Education (CDE), Educational Demographics Unit, available online at <http://data1.cde.ca.gov/dataquest/>. Data is from the 2003-2004 school year. Accessed February 22, 2006. For 2004-2005 enrollment figures please refer to data sources at the end of report. Note: Estimates are not available by gender.

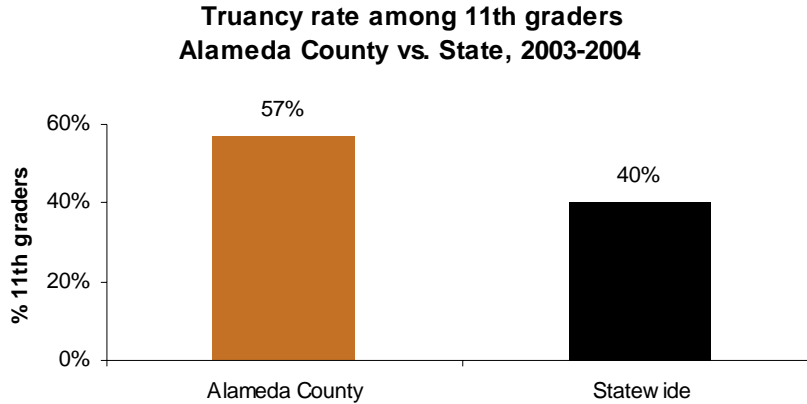
Information about the effects of dropping out from F Vitaro’s “Linkages between Early Childhood, School Success and High School Completion,” R Tremblay, R Barr and R Peters eds, published on the Montreal/Quebec Center of Excellence for Early Childhood Development’s website in April 2003 at www.excellence-earlychildhood.ca/documents/VitaroANGxp.pdf and from the fact sheet “Knowledge is Power: Educating All Americans” from the National Association for College Admissions Counseling 2005 Legislative Conference, available online at www.nacac.com/downloads/leg_knowledgeispower.pdf.

⁸ These numbers are based on a four-year drop-out rate, i.e. anyone who dropped-out in grades 9-12 instead of the one-year drop-out rate which only looks at those who dropped out in grade 12.

⁹ Please note that Emery Unified School District data is not shown due to small number of enrolled students which yields an unreliable rate.

Truancy Rate

- In 2003-2004, more than half of Alameda County 11th graders (57%) reported having cut class or skipped school at least once during the past month.
- The truancy rate¹⁰ in Alameda County was much higher than the statewide truancy rate of 40%.



Data source: CHKS

- Students from non-traditional schools had a substantially higher truancy rate of 69%.
- The truancy rate was lower among 7th graders (22%) and 9th graders (33%) compared to 11th graders (57%).

This is important because:

- Truancy has been identified as one of the most powerful predictors not only of poor achievement but delinquency.
- Truancy can impact a student's ability to succeed in school or graduate from high school. In addition, truancy may be linked to other risk behaviors like smoking cigarettes and using alcohol and other drugs.

Data Source – Truancy Rate

Local data about truancy is from the California Healthy Kids Survey (CHKS) Technical Report for Alameda County: Fall 2003- Spring 2004.

No truancy data was available by race, gender or school district.

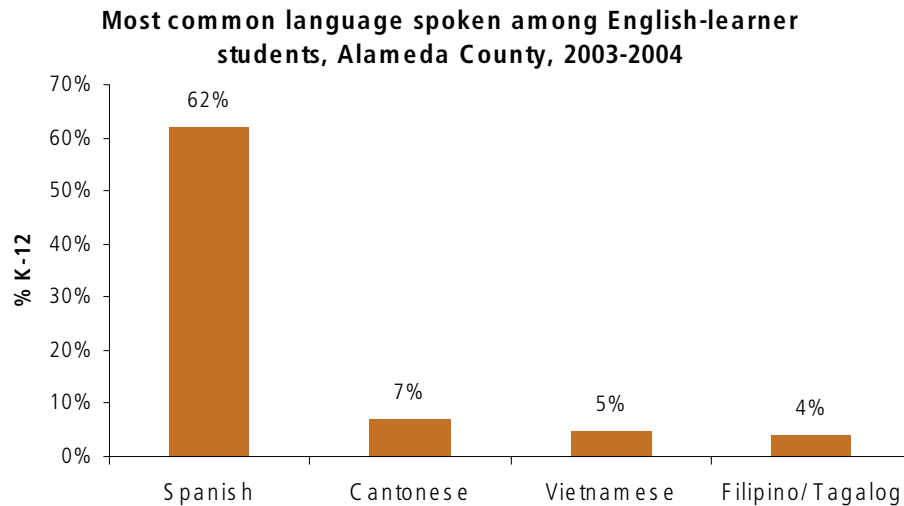
Definition of Truancy Rate is available at <http://www.edcoe.k12.ca.us/manilagems/sarb/Truancy.doc>

Impact of truancy is from Cairns RB, Cairns BD, and Neckerman HJ. Links Early school dropout: configurations and determinants Child Dev. 1989 Dec;60:1437-52.

¹⁰ Truancy is defined as students self-reporting the number of times they have skipped school or cut class in the past 12 months.

Language Barriers

- In Alameda County, one fifth of students in K-12 were English-learners not yet proficient in English. An English learner is a person whose primary language is not English.
- The proportion of students that were English-learners is lower in Alameda County (21%) than in California (25%).
- The most common language among English-learners was Spanish (62%), followed by Cantonese (7%), Vietnamese (5%), and Filipino/ Tagalog (4%).



Data source: CDE

This is important because:

- Research shows that in the absence of adequate bilingual or translation services, patient comprehension of their diagnosis and treatment instructions are significantly lower among patients that are not proficient in English.
- Language barriers can lead to a lack of patient satisfaction with the care they receive and a lower quality of care. This increases the likelihood that a patient will not return for future care.

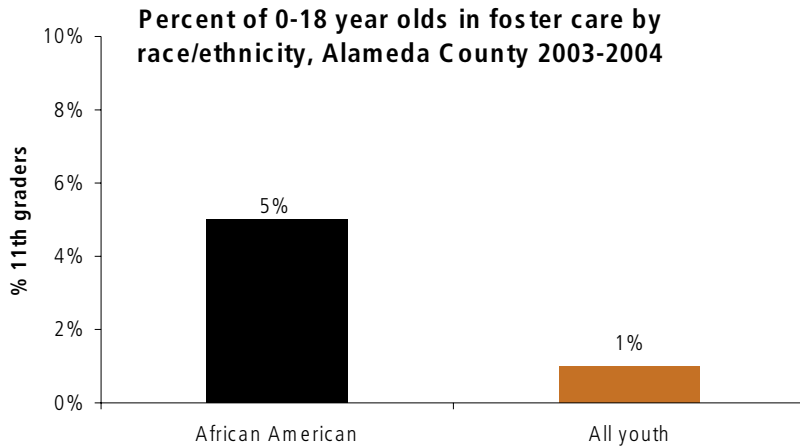
Data Sources - Language Barriers

California Department of Education (CDE), Ed-Data, for 2003-2004 school year. Available online at <http://www.ed-data.k12.ca.us/welcome.asp>. Note: Estimates are not available by gender, race/ethnicity or city.

Information about the impact of language barriers on patient health care is from “Language Barriers in Health Care Settings: An Annotated Bibliography of the Research Literature,” prepared for the California Endowment by E Jacobs, N Agger-Gupta, A Hm Chen, A Piotrowski and E Hardt, August 2002, available online at www.ncihc.org/NCIHC_PDF/LANGUAGEBARRIERSAB9-03.pdf.

Foster Care Placement

- In 2005, approximately 1% of youth in Alameda County and California aged 0-18 years were in the Foster Care system. This represents about 3,131 young people in Alameda County.
- One third of the youth in foster care (33%) lived with relative caregivers. The rest lived in other settings such as foster family agencies, group homes, and non-relative foster families.
- African American youth were more likely to live in foster care homes than youth from any other racial/ethnic group. Among African American youth, the rate of out-of-home foster care (5%) was five times higher than that of all young people in the county.



Data Source: UCB Child Welfare Research

- The rate of foster care placement was similar among males (1%) and females (1%).

This is important because:

- Though foster care impacts a small proportion of youth, its effects are severe.
- Many youth in foster care have already experienced multiple threats to their healthy development and wellbeing. In addition, the lack of resources and instability in most foster care systems makes it difficult for youth to develop strong relationships with peers or caring adults. Youth in foster care are more likely to experience mental health problems, homelessness, arrests and teen pregnancies.

Data Sources - Foster Care Placement

UC Berkeley Child Welfare Research Center's Child Welfare Supervised Foster Care Point in Time Reports by Placement Type and Ethnicity: 04/01/05, available online at <http://cssr.berkeley.edu/CWSCMSreports/Pointintime/fostercare/methodology.asp?page=childwel>. Note: Estimates are not available by city.

Population data is from the California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050, with DRU Benchmark, available online at <http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.htm>.

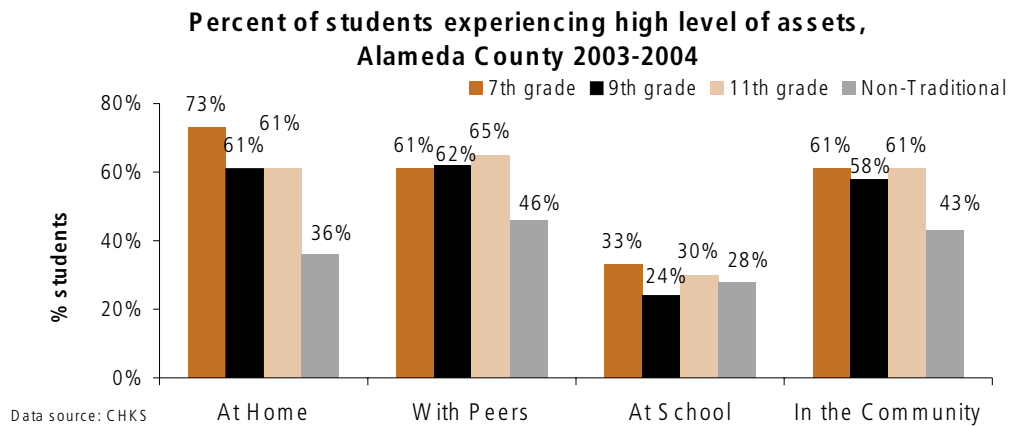
Information about the effects of foster care are from the David and Lucille Packard Foundation's Children, Families and Foster Care: A Synopsis, Winter 2004, available online at http://www.futureofchildren.org/usr_doc/14-1_syn_whole.pdf.

Protective Factors

An alternative to identifying and preventing risk factors among youth is to identify and promote protective factors in a young person’s life. Protective factors, also known as *assets*¹¹ or *resilience factors*, are defined as any circumstances that promote healthy youth behaviors and decrease the chance that youth will engage in risky behaviors. Research shows that protective factors increase a young person’s internal ability to “bounce back” from adverse life experiences and to continue ahead with a sense of hope and plans for the future. Examples of protective factors include having a caring relationship with a parent or an adult, having high expectations from adults, opportunities for meaningful participation, and having a safe park nearby. Protective factors are available in the home, amongst peers, at school and in the neighborhood.



- According to the California Healthy Kids Survey, students in Alameda County were more likely to experience caring relationships, high expectations from others and opportunities for meaningful participation at home, among their peers and in their communities -- and less likely to experience these assets at school.



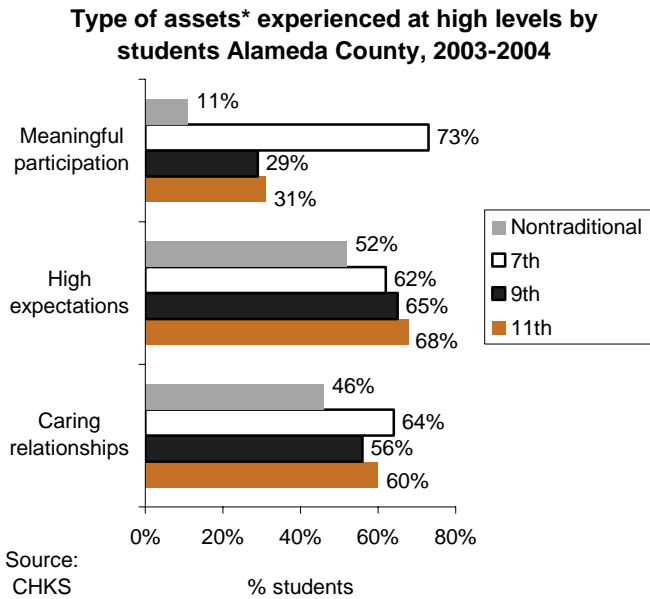
- In 2003-2004, about 60% of Alameda County youth experienced a high level of assets¹² and protective support, whether it was at home, school, community or amongst peers.
- Students in non-traditional schools¹³ were significantly less likely than students in traditional schools to experience a high level of assets - at home, with their peers and in the community. The likelihood of experiencing high assets at school was similar among students from non-traditional and traditional schools.
- Whereas 7th graders were most likely to receive high levels of protective support from home (73%), 11th graders were as likely to receive support from peers (65%), community (61%) or at home (61%).

¹¹ Please see the introduction for more information on assets and protective factors.

¹² High level of assets is measured as percent of students who said “pretty much true” or “very much true” to each question on a protective factor in the CHKS.

¹³ A non-traditional school offers a learning environment that is different than the traditional school. It may include magnet school (usually centered around a theme), virtual school, or a charter school that is approved to operate outside the general rules of public school and is not restricted to structural constraints that public schools have. Source: <http://www.mediarelations.k-state.edu/WEB/News/NewsReleases/nontraditional62705.html>.

- As youth get older, from 7th to 11th grade, the percent that reported high levels of meaningful participation in activities decreased significantly from 73% to 31%, high expectations of teachers, parents and others increased slightly from 62% to 68%, and caring relationships stayed around 60%.
- California Healthy Kids Survey defines:
 - Caring relationships as supportive connections to others, having a person who is “there” and who listens non-judgementally.
 - High expectations as the consistent communication of messages that the student can and will succeed, a belief in a youth’s innate resilience, and the provision of guidance that is youth-centered and strengths-focused.
 - Meaningful participation as the involvement of the student in relevant, engaging and interesting activities and having the opportunities for responsibility and contribution.
- Students in non-traditional schools were significantly less likely to have high levels of caring relationships (46%), high expectations (52%) and meaningful participation in activities (11%) than students from traditional schools.



*these are in all environments combined (schools, home, community or with peers).

This is important because:

- The Search Institute has identified caring relationships, high expectations and meaningful participation as fundamental for youth to thrive. All 3 assets provide essential support that protect youth from engaging in unhealthy activities with peers, help build self-esteem, improve their mental health and ensure academic success.

Data sources – Protective Factors

Data about youth assets is from the California Healthy Kids Survey (CHKS) Technical Report for Alameda County: Fall 2003- Spring 2004.

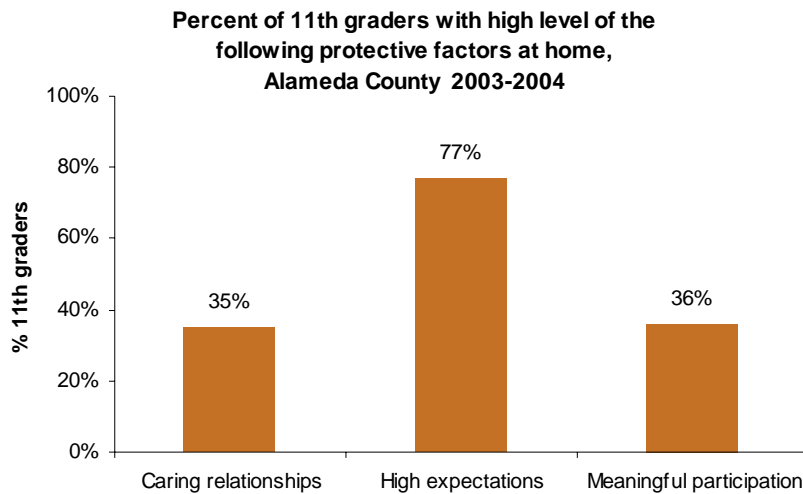
Information about the assets that youth need to thrive is from the Search Institute, available online at <http://www.search-institute.org>

Family-Level Protective Factors

Family provides a crucial protective role for a growing child. Researchers have consistently found that factors in the family, such as parental presence, family communication, and adult supervision are highly protective for youth. Exposures to protective factors in the family, however, tend to decrease after childhood as a youth navigates through adolescence and into young adulthood. Thus it is important to support parents in providing a supportive home environment and stable family life through adolescence and into young adulthood. In this section, common indicators of family-level protective factors are included such as caring relationships, high expectations, meaningful participation; as well as parental presence and supervision.



- Among 11th graders in Alameda County, 77% experienced high expectations from parents or guardians at home.



Data source: CHKS

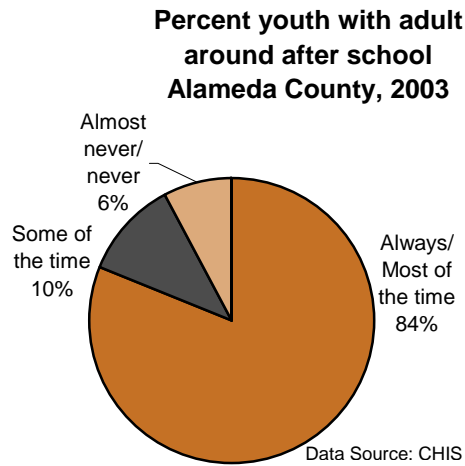
- However, just over one-in-three had a high level of caring relationships (35%) or meaningful participation in activities at home (36%).
- The proportion of students that experienced a high level of protective factors at home also appeared to decrease as youth got older and transition from middle to high school.
- As shown in the previous section, students in non-traditional schools were significantly less likely to experience a high level of protective factors at home compared to other students.

Data Sources – Family-Level Protective Factors

Data about youth assets is from the California Healthy Kids Survey (CHKS) Technical Report for Alameda County: Fall 2003- Spring 2004.

Parental Presence

- In 2003, 84% of Alameda County youth ages 12-17 reported having an adult around after school most of the time or always.



- Similarly in the state, 82.5% of 12-17 year olds reported having an adult around after school.
- However, a substantial percent of youth reported that an adult was around only some of the time (10%), or almost never or never (6%).
- White youth were the least likely to have an adult around after school (80%), compared to African American (86%), Asian/ Pacific Islander (87%) and Latino youth (85%).

This is important because:

- Having a parent or guardian around after school ensures that the youth are supervised and not engaging in unhealthy activities with peers.
- Constructive use of after-school hours has shown to significantly decrease adverse health outcomes, as well as increase positive health outcomes like self-esteem and academic achievement.
- Other alternatives such as after-school programs, mentoring or other opportunities should be in place to support youth, particularly if parents are not around after school.

Data Sources – Parental Presence

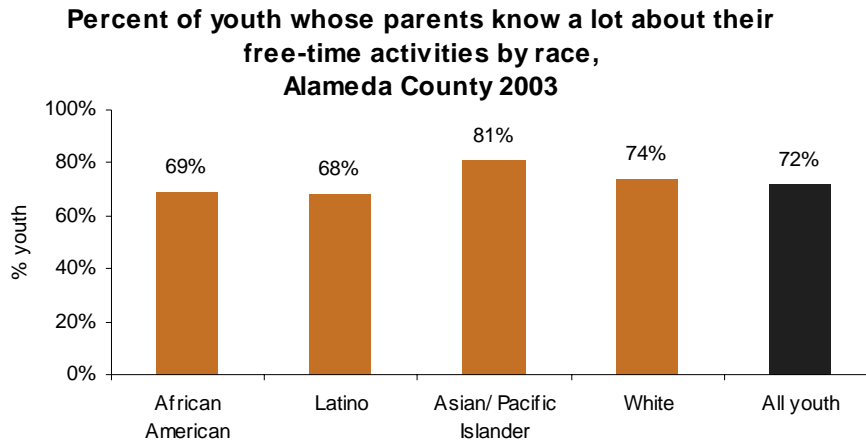
2003 California Health Interview Survey (CHIS), copyright © 2003 the Regents of the University of California, all rights reserved. Online statistics available through the AskCHIS data query system at <http://www.chis.ucla.edu/>.

Statewide data was accessed from California Health Interview Survey. CHIS 2003 Adolescent Public Use File, Release 2 (computer file). Los Angeles, CA: UCLA Center for Health Policy Research, October 2005.

Impact of after-school activities is from Jordan WJ and Nettles SM. How students invest their time outside of school: effects on school-related outcomes. *Social Psychology of Education*, 2000; 3: 217-243. Also see Mahoney JL and Cairns RB. Do extracurricular activities protect against early school dropout? *Developmental Psychology* 1997; 33: 241-253.

Parental Monitoring

- In 2003, over two-thirds of county youth ages 12-17 (72%) reported that their parents knew a lot about their free-time activities. Adequate parental monitoring and supervision means an adult is always present or present most of the time after school.
- Similarly in the state, 74% of the adolescents reported that their parents know a lot about their free-time activities.
- Almost 12% of county youth reported that their parents knew a little or nothing about their whereabouts at night.



Data source: CHIS

- Latino (68%) and African American (69%) youth were less likely to report that their parents know a lot about their free-time activities compared to White (74%) or Asian/Pacific Islander youth (81%).
- Females were less likely than males to report that their parents know a lot about their whereabouts during free-time (70% vs. 75%).

This is important because:

- Research indicates that adolescents who lack adequate parental supervision are far more likely to use alcohol, tobacco and other drugs; engage in criminal activity, display behavioral problems and drop out of school.
- A healthy positive connection with at least one parent has shown to significantly reduce mental health and related issues among youth.

Data Sources— Parental Monitoring

2003 California Health Interview Survey (CHIS), copyright © 2003 the Regents of the University of California, all rights reserved. Online statistics available through the AskCHIS data query system at <http://www.chis.ucla.edu/>.

Statewide data was accessed from California Health Interview Survey. CHIS 2003 Adolescent Public Use File, Release 2 (computer file). Los Angeles, CA: UCLA Center for Health Policy Research, October 2005.

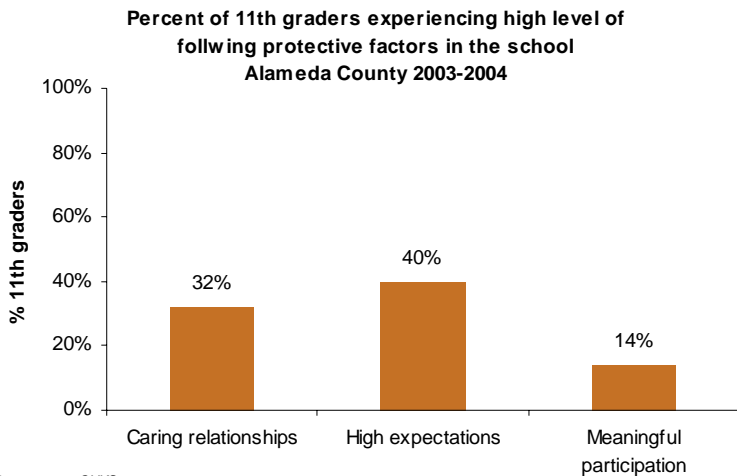
Importance of parental supervision is discussed in Brindis, C, Ozer E et al. (2004). Health Profile of California's Adolescents. Findings from the 2001 CHIS. UCLA Center for Health Policy research. www.healthpolicy.ucla.edu. And In Resnick MD, Bearman PS< Blum RW et al (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. Journal of the American Medical Association, 278, 823-832. Also see US Department of Education and the US Department of Justice (2000).

School-Level Protective Factors

Children and youth spend a great deal of time from ages 5 to 18 at school. The type of relationships they have with teachers and other students, the quality of education they receive, and the opportunities they have to engage in constructive activities all have substantial implications for the youth’s cognitive, social and academic development.



- According to California Healthy Kids Survey, Alameda County youth were least likely to experience a high level of assets at school compared to other environments such as at home or in their community.
- One-in-three 11th graders in the county (30%) experienced a high level of assets at school, compared to 23% of 11th graders in the state.



- In 2003-2004, only 32% of 11th graders in the county experienced a high level of caring relationships with an adult in school, 40% experienced a high level of high expectations from adults in school, and 14% experienced a high level of opportunities for meaningful participation at school.
- These are slightly higher than the state percentages. According to the California Student Survey, in 1999 30% of 11th graders statewide experienced a high level of caring

relationships, 35% experienced a high level of high expectations from adults in the school, and only 8% experienced a high level of opportunities for meaningful participation at school.

- In contrast, almost half of the 11th graders (49%) said there was moderate (vs. high) level of meaningful opportunities for participation and 37% said there was very low level of opportunities available.
- Students from non-traditional schools reported similarly to 11th graders from traditional schools in terms of having high level of overall assets (28%), caring relationships with adults in school (33%), high expectations from adults at school (39%), and meaningful participation at school (14%).

Data Sources – School-Level Protective Factors

Local data about youth assets is from the California Healthy Kids Survey (CHKS) Technical Report for Alameda County: Fall 2003- Spring 2004.

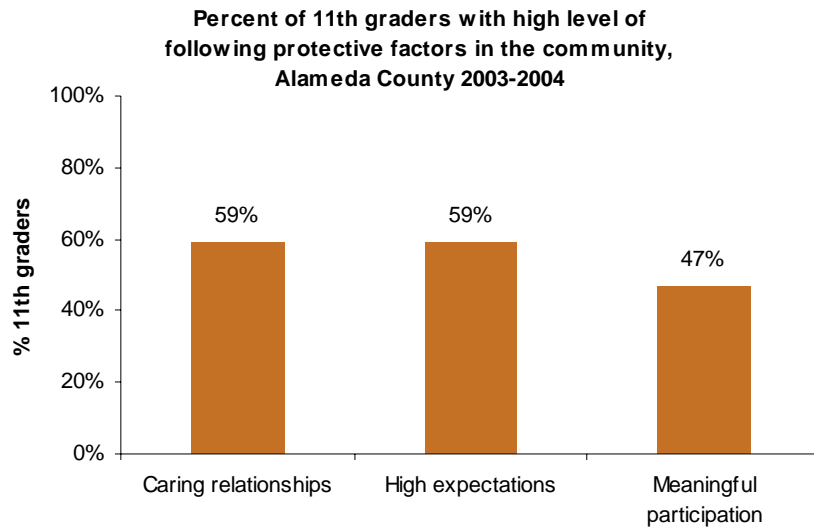
Statewide data youth assets is from the Results of the 10th Biennial California Student Survey for Grades 7, 9 and 11: 2003-2004, available online at <http://www.safestate.org/index.cfm?navID=254>.

Info on importance on school is from Jordan WJ and Nettles SM. How students invest their time outside of school: effects on school-related outcomes *Social Psychology of Education*; 2000; 3: 217-243. Also see Carnegie Council on Youth Development 1992.

Neighborhood-Level Protective Factors

“It takes a village to raise a child”- *African proverb*. Indeed, we are finding more and more the importance of a safe and healthy neighborhood in a child’s life. The greater the number of safe parks, community gardens, opportunities for after-school activities, and community leaders there are in a neighborhood, the greater the likelihood a youth would grow into a healthy adult. Since exposures to neighborhoods increase from ages 15-24, it becomes critical to focus on improving community conditions that foster healthy youth development. In this section, we cover commonly used protective factors in the community such as presence of a role model in the community, availability of a safe park, neighborhood cohesion, and volunteer work. Data on general protective factors perceived by youth in their neighborhood such as caring relationships, high expectations and meaningful participation in the community are also presented. A healthy community builds healthy individuals.

- From 2003-2004, nearly two-thirds of 11th graders in the county experienced high level of caring relationships (59%) and high expectations (59%) from adults in their neighborhood.



Data source: CHKS

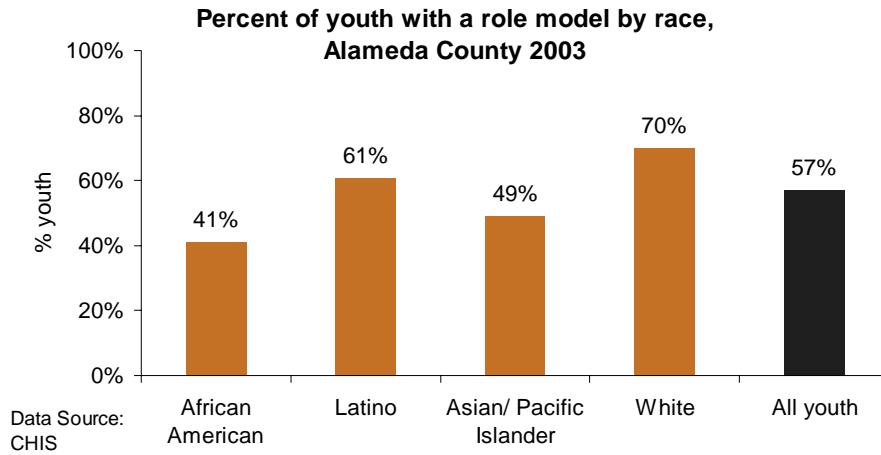
- Almost half of the 11th graders experienced high level of opportunities for meaningful participation (47%) in their community.
- However, students in non-traditional schools were less likely to experience protective factors in their community: 51% experienced a high level of caring relationships with adults; 49% experienced high level of high expectations; and only 17% experienced high level of meaningful opportunities for participation.

Data Sources – Neighborhood-Level Protective Factors

Data about youth assets is from the California Healthy Kids Survey (CHKS) Technical Report for Alameda County: Fall 2003- Spring 2004.

Role Model in the Community

- In 2003, 57% of county youth ages 12-17 reported having a role model in general that they admired and wanted to be like.
- The proportion of youth that reported having a role model in Alameda County was slightly lower than statewide (61%).
- Females were less likely to have a role model compared to males (53% vs. 61%).
- African American youth (41%) were the least likely to report that they had a role model in the community, followed by Asian/ Pacific Islander (49%), compared with Latino (61%) and White (70%) youth.



This is important because:

- Having a role model in the community, such as an older peer or community leader, has been shown to protect youth from engaging in risky behavior.
- Having successful role model is crucial to providing hope and positive life expectations for the future among young adults, particularly in low-income neighborhoods.

Data Sources – Role Model in the Community

2003 California Health Interview Survey (CHIS), copyright © 2003 the Regents of the University of California, all rights reserved. Online statistics available through the AskCHIS data query system at <http://www.chis.ucla.edu/>.

Statewide data was accessed from California Health Interview Survey. CHIS 2003 Adolescent Public Use File, Release 2 (computer file). Los Angeles, CA: UCLA Center for Health Policy Research, October 2005.

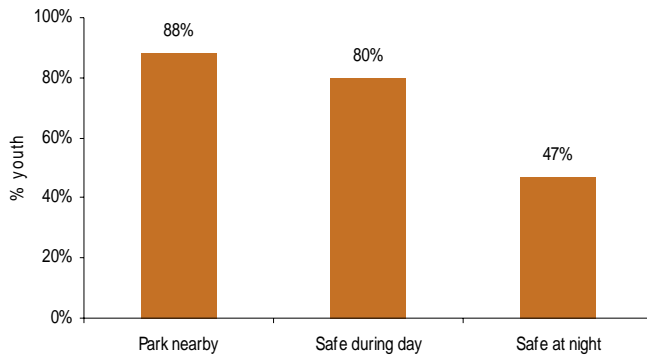
Protective effects of role models is from Posner, JK, Vandell DL. Low-income children's after-school care – are there beneficial-effects of after-school programs. Child Development. 1994;65:440-456.

Availability of Safe Park

- In 2003, 88% of County youth ages 12-17 and 81% of 18-24 year olds, said they had a park, playground or some open space available within walking distance of their home.
- Male and female youth ages 12-17 felt similarly that there is a park, playground or open space available near their home (87% and 89%).
- African American youth ages 12-17 were the least likely to have a park near their home (79%), compared to Asian/ Pacific Islander (93%), White (92%) and Latino youth (91%).



Percent of youth 12-17 who have a park near their home and who think it is safe, Alameda County 2003



Data source: CHIS

- Almost 81% of adolescents felt strongly that the park or playground near their home is safe *during the day*. Males tended to perceive that the park is less safe during the day than females (79% vs. 83%). African American youth (70%) were least likely to report that the park near their home is safe during the day compared to any other racial/ethnic group, and Whites felt most strongly that the nearby park is safe (89%).

- Only 47% of all youth in Alameda County felt that the park near their home is safe *at night*. Asian/ Pacific Islander (61%) and White youth (56%) were more likely to report living near park that is safe at night compared to African American (41%) or Latino youth (32%).

This is important because:

- Having a safe park or playground within walking distance from home may significantly increase youth’s likelihood of physical and recreational activity. This may result in improved mental and physical health, better social skills, association with pro-social peers and constructive use of after-school time.
- Nearly 1 million teenagers nationally get less than the recommended levels of physical activity. Low-income teens get less physical activity than those from affluent families. Access to safe recreational spaces likely plays a role in this difference.

Data Sources – Availability of Safe Park

2003 California Health Interview Survey (CHIS), copyright © 2003 the Regents of the University of California, all rights reserved. Online statistics available through the AskCHIS data query system at <http://www.chis.ucla.edu/>.

Statewide data was accessed from California Health Interview Survey. CHIS 2003 Adolescent Public Use File, Release 2 (computer file). Los Angeles, CA: UCLA Center for Health Policy Research, October 2005.

Benefits of safe park and physical activity are discussed in Babey SH, Brown ER and Hastert TA. *Access to Safe Parks Helps Increase Physical Activity Among Teenagers*. Los Angeles: UCLA Center for Health Policy Research, 2005.

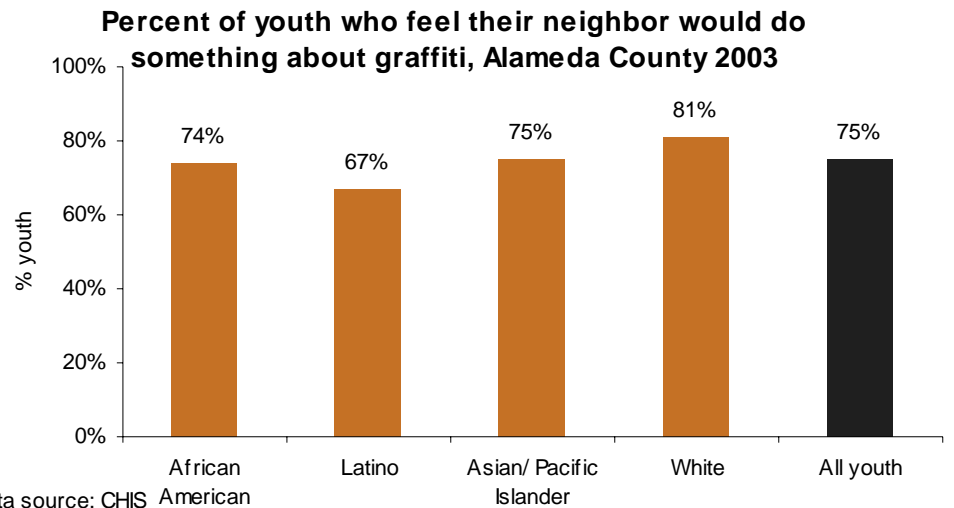
Neighborhood Cohesion

Neighborhood cohesion is broadly defined here as the willingness of residents to help each other and come together to make a positive change in their community. In a cohesive neighborhood, residents know and look out for each other. Neighborhood cohesion is generally measured as a composite of several indicators, 2 of which are included: having neighbors that are 1) willing to help each other and 2) willing to do something if a kid is spraying graffiti on a building in their neighborhood.



In 2003, more than 80% of 18 to 24 year olds in the county reported having neighbors that are willing to help each other.

- In 2003, almost 75% of county youth ages 12-17 felt that it is likely or very likely that neighbors will do something about a kid's spraying graffiti on a building in their neighborhood. The county rate was similar to the state rate of 73%.
- Latino youth (67%) felt least likely that a neighbor would do something about graffiti.
- Females felt less likely than males that a neighbor will do something about graffiti (72% vs. 77%).



This is important because:

- Neighborhoods with higher social cohesion to regulate disorder tend to have lower rates of violence and crime and better health outcomes among its residents.
- This has been prescribed as a major protective factor by which any community, particularly the low-income ones, can come together to make a difference in youth's lives.

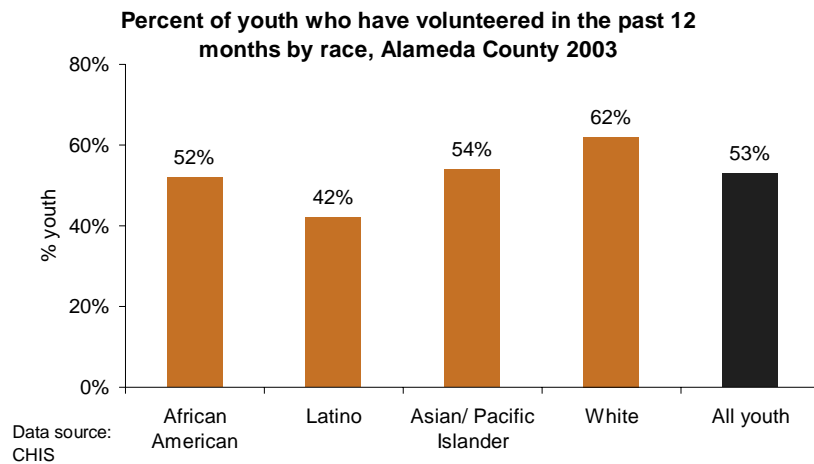
Data source – Neighborhood Cohesion

2003 California Health Interview Survey (CHIS), copyright © 2003 the Regents of the University of California, all rights reserved. Online statistics available for 18-24 year olds through the AskCHIS data query system at <http://www.chis.ucla.edu/>. Statewide data was accessed from California Health Interview Survey. CHIS 2003 Adolescent Public Use File, Release 2 (computer file). Los Angeles, CA: UCLA Center for Health Policy Research, October 2005.

Info about neighborhood cohesion was supplemented from Sampson RJ, Raudenbush SW, Earls F. Neighborhoods and Violent Crime: A Multilevel Study of Collective Efficacy. *Science*. 1997; 277:918-924.

Volunteer Work

- In 2003, more than half (53%) of county youth ages 12-17 reported having done volunteer work or community service in the past 12 months. The rate was similar statewide (53%).
- White youth (62%) were the most likely to have volunteered in the last year, followed by Asian/Pacific Islander youth (54%), African American youth (52%), and Latino youth (42%).



- Adolescent females were significantly more likely to volunteer than males (62% vs. 44%), similar to national and statewide estimates.

This is important because:

- Youth who volunteer are more likely to engage in other prosocial behaviors. They are also more likely to associate with positive peers.
- Volunteering is a meaningful opportunity to make a positive difference in the community and enhance the young person's life.

Data Source – Volunteer Work

2003 California Health Interview Survey (CHIS), copyright © 2003 the Regents of the University of California, all rights reserved. Online statistics available through the AskCHIS data query system at <http://www.chis.ucla.edu/>. Statewide CHIS data was accessed from California Health Interview Survey. CHIS 2003 Adolescent Public Use File, Release 2 (computer file). Los Angeles, CA: UCLA Center for Health Policy Research, October 2005.

Positive effects of volunteer work and other after-school activities have been demonstrated in: McNeal RB. High school extracurricular activities: closed structures and stratifying patterns of participation. *Journal of Educational Research*. 1998;91:183-191.

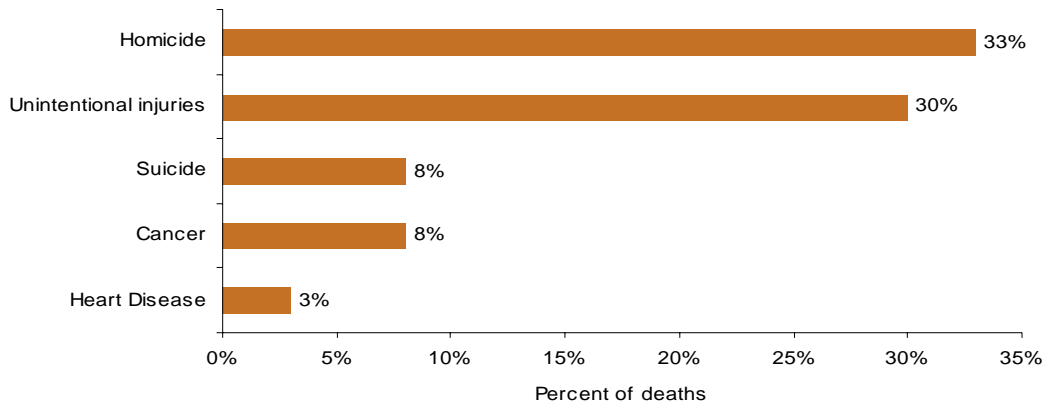
Death and Hospitalization

In this section, we describe the most severe health outcomes: death and serious illness or injury requiring hospitalization. We present the most common causes of death and hospitalization among youth with a brief description of differences between race/ethnic groups. A large proportion of the deaths and hospitalizations among youth are associated with adolescent behaviors. Economic and educational factors (described in other sections of the report) can also come into play. For example, using of a gun in a fight increases the chances that someone will be seriously injured or killed. Driving after using alcohol or drugs increases the risk of being seriously injured or killed in a car crash.

Leading Causes of Death

- Between 2001 and 2003, there were 383 deaths among Alameda County youth age 15-24 years. This means that approximately 128 youth die in this County each year.
- From 2001-2003, the leading causes of death among youth 15 to 24 years in Alameda County were homicides, unintentional injuries, suicide, cancer and heart disease.
- During this time period, African American youth had the highest rate of death (170 per 100,000 African Americans ages 15-24) which is 2.6 times higher than the county average (65 per 100,000 youth ages 15-24 years)
- On average, there were 48 deaths among African Americans, 31 among Whites, 25 among Latinos, and 18 among Asians per year among youth in the county.

Leading causes of death among 15 to 24 year olds, Alameda County, 2001-2003 (n=383)



Data source: Vital Stats, ACPHD

This is important because:

- The top three causes of deaths among youth accounting for approximately 70% of deaths are due to preventable causes.

Data Sources - Leading Causes of Death

Mortality statistics are from CAPE with data from the Alameda County Vital Statistics 2001-2003 records.

Population data is from the California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050, with DRU Benchmark, available online at <http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.htm>.

Leading Causes of Hospitalizations

- In Alameda County from 2001 to 2003, the majority of hospitalizations among females aged 15-24 were due to pregnancy and childbirth (52%). Since pregnancy is not a disease or injury, this cause of hospitalization was excluded from the following analysis.
- The most common cause of hospitalization excluding pregnancy and childbirth, were mental disorders (32%), injuries (18%) and digestive conditions (12%). Injuries include both suicides and assaults. Digestive conditions include ulcers, appendicitis, hernia, colitis, chronic liver disease and diseases of the gall bladder.
- The Alameda County hospitalization rate excluding pregnancy and childbirth was 2,744 per 100,000 youths ages 15-24. The rate was similar among males and females.
- African Americans have the highest hospitalization rates (5,306 per 100,000 youth ages 15-24) followed by Whites (3,533), Latinos (1,878) and Asians/Pacific Islander (1,128).



This is important because:

- If treated earlier, many mental disorder hospitalizations could be prevented.

Data Sources – Leading Causes of Hospitalization

Hospitalization statistics are from CAPE, with data from Alameda County OSHPD hospitalization 2001-03 files.

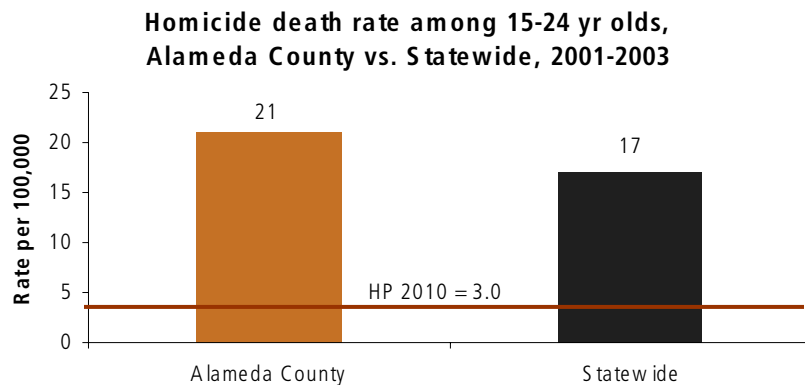
Population data is from the California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050, with DRU Benchmark, available online at <http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.htm>.

Violence

Safety of children and youth is one of the highest priorities for many communities. Injuries and violence are particularly common among young people. In this section, we discuss various types of violent behavior, including violent incidents and crimes. Indicators include homicide, child abuse and neglect, dating violence and rape, threat of violence at school, and gang involvement.

Homicide

- Homicide is any intentionally inflicted fatal assault on another person, excluding deaths involving law enforcement, military personnel and terrorists.
- Homicide is the leading cause of death among youth ages 15 to 24 in Alameda County and the second leading cause of death, after unintentional injury, among youth ages 15 to 24 in California.



Data source: Vital Stats, ACPHD; EPIC

- From 2001 to 2003, an average of 43 youth per year age 15-24 years died from homicide. Youth ages 15-24 had the highest risk of being a homicide victim. The county homicide rate for all ages was 8.2 per 100,000.
- During this period, homicide rate among 15-24 year olds was higher in the county than statewide (21 vs. 17 per 100,000). Both rates were 6-7 times higher than the national Healthy People 2010 objective of 3.0 per 100,000.
- Over this same period, homicide accounted for one third of all deaths among youth (33%) in the county, and two-thirds of the deaths among young African American men (67%).
- Young African American men were significantly more likely to die from homicide. Between 2001 and 2003, young African American men ages 15-24 were the victims in over 60% of the homicides among youth in Alameda County. Young Latino men were the victims in 17% of homicides, young African women were the victims in 6% of homicides and young people from all other groups combined were the victims in roughly 16% of homicides.
- The rate of homicide among young African American men (186 per 100,000) was 20 times higher than the rate for all other youth in the county (9 per 100,000).
- A large proportion of the homicides among youth in Alameda County occurred in the city of Oakland, primarily to Oakland residents. Between 2001 and 2003, over three-fourths of the young African

American men who died of homicide in Alameda County were from Oakland (78%). Over half of the young Latino men in the county who died of homicide were from Oakland (52%).

- Nearly all of the homicides among youth (more than 89%) involved guns.

This is important because:

- Homicide, assault and aggression are preventable.
- There are many strategies that can reduce violence among youth. Examples include programs that empower youth by increasing their access to recreational and training programs, teach youth to resolve conflicts through non-violent means, limit youth access to firearms and deter gang involvement.

Data Sources - Homicide

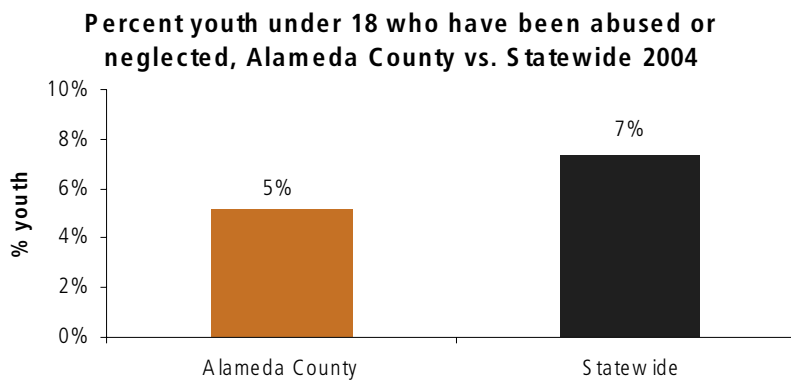
2001-2003 mortality statistics are from Alameda County Vital Statistics (ACPHD) and the California Department of Health Services Epidemiology and Prevention for Injury Control (EPIC) website at <http://www.dhs.ca.gov/epic/>.

Population estimates are from the California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050, with DRU Benchmark, available online at <http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.htm>.

For additional information on homicides in Oakland, and data on firearms, refer to “Violence in Oakland: A Public Health Crisis 2002-2004 - Linking data to save lives” Alameda County Violent Death Reporting System. Prepared by Alameda County Public Health Department, CAPE Unit 2006.

Child Abuse and Neglect

- Child abuse and neglect includes emotional, physical or sexual abuse inflicted purposely or due to serious inattentiveness on a child or youth under 18 years by a parent or other adult that is responsible for their welfare.
- In Alameda County in 2004, there were 531 confirmed cases of abuse among children under 18 years: 58% were due to physical abuse, 31% to sexual abuse, 8% to mental abuse and 3% to neglect.
- The actual number of children abused is underreported. In addition, these data reflect only the number of cases investigated and confirmed by the Alameda County Social Services Agency.
- Alameda County had a consistently lower child abuse rate than California. In 2004, the County had a rate of 5.2 per 100,000 children under 18 as compared to California's rate of 7.3 per 100,000.



Data source: RAND

- The rate of child abuse and neglect in Alameda County among children under 18 years old has remained relatively stable in the last decade at about 5.9 in 1998-99 to 5.2 in year 2004.

This is important because:

- Some of the long-term effects for abused children include: emotional problems, behavioral problems, poor performance in school, and further abuse.
- Long-term studies show low achievers, runaways, drug abusers, prostitutes and incarcerated individuals often have been abused. Low self-esteem and poor self-concept are more often linked to abuse.

Data Sources - Child Abuse and Neglect

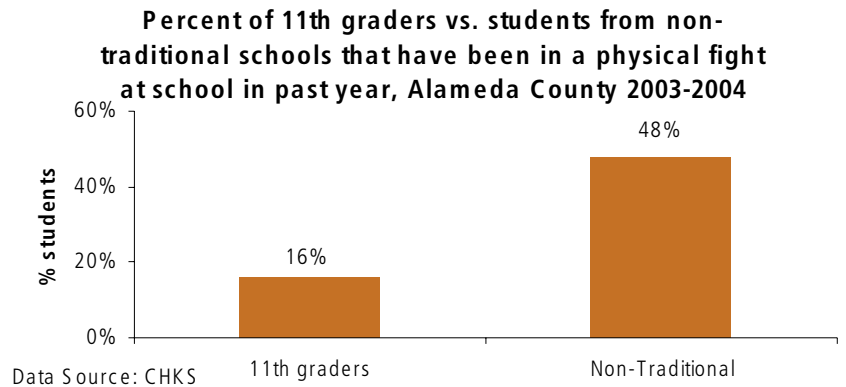
Data about child abuse from RAND California (<http://ca.rand.org/stats/statlist.html>) which is based on reported cases from the California Department of Justice. Note: Estimates are not available by gender, race/ethnicity or city.

Long-term effects of child abuse was from Safe Child web site at <http://www.safechild.org/childabuse5.htm>

Underreporting of child abuse cases is mentioned in the Quality of Life Benchmarks Report 2000. Alameda County Social Services Agency. http://www.alamedasocialservices.org/public/pdfs/benchmark_reports/bench2001.pdf

Threat of Violence at School

- One-in-seven Alameda County 11th graders (16%) have been in a physical fight on school campus in the past year and one-in-twenty (6%) have reported feeling unsafe or very unsafe at school.
- Almost half (48%) the students in non-traditional schools have been in a physical fight in the last 12 months.
- Among 11th graders, males were twice as likely as females to have been in a fight at school in the past year (22% vs. 11%).
- Seventh graders were more likely to have been in a fight (26%) than 9th (22%) or 11th graders (16%).
- Eleventh graders in the county were less likely than 11th graders statewide to have been in a fight at school in the past year (16% vs. 21%) or to have reported feeling unsafe or very unsafe at school (6% vs. 8%).
- About 40% of 9th and 11th graders have experienced some form of verbal harassment (i.e. been made fun of because of looks, the way they talk; sexual jokes or gestures; mean rumors or lies) on school property in the last 12 months.



- In the 2003-2004 school year, about one-in-three students in 7th, 9th and 11th grades in the county had personal property stolen or damaged on school property in the last 12 months.

This is important because:

- Many students who are the victims or witnesses of harassment and bullying suffer from mental health issues like depression and anxiety.
- A safe school environment is essential for learning and success among youth.

Data Sources – Threat of Violence at School

Local data about fighting, perceived safety, and stolen property at school is from the California Healthy Kids Survey Technical Report for Alameda County: Fall 2003- Spring 2004. Note: Estimates are not available by race/ethnicity.

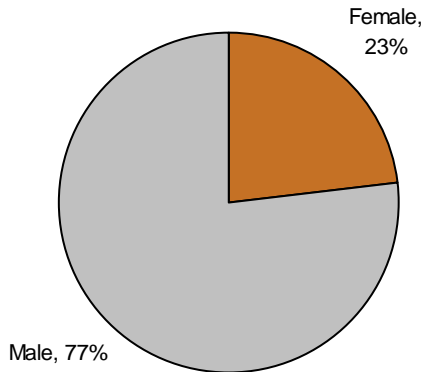
Statewide data about fighting and perceived safety at school is from the Results of the 10th Biennial California Student Survey for Grades 7, 9 and 11: 2003-2004, available online at <http://www.safestate.org/index.cfm?navID=254>.

Data about the affects of harassment and bullying are from the US Department of Health and Human Services Substance Abuse and Mental Health Services Administration, available online at <http://www.family.samhsa.gov/teach/bullies.aspx>.

Juvenile Arrests

- Each year, approximately 4% of County youth aged 10-17 years are arrested for a misdemeanor or a felony. This represents nearly 7,000 arrests each year.
- In 2003, young men aged 10-17 were more likely than young women to be arrested. Over three-fourths (77%) of the arrests were in the 10-17 age group were among young men.

**Juvenile arrest rate by gender,
Alameda County 2003**



Data source: CDJ

(n=6,812)

- In 2003, slightly over half of the juvenile arrests in the County (58%) were for misdemeanors and the rest (42%) were for more serious felony offenses such as homicide, motor vehicle theft and arson that receive more severe sentences than those given for misdemeanors.
- One-in-four of the felony arrests among youth (27%) were for violent offenses like homicide, forcible rape, robbery, assault and kidnapping.
- Youth in Alameda County were significantly more likely than youth statewide to be arrested for a violent felony, with a rate of 425 vs. 350 per 100,000, respectively.

- Though the arrest rate for violent felonies remains quite high among Alameda County youth, it appears that the rate has been decreasing over the past ten years.

This is important because:

- In court cases involving a serious felony or violence, the court may decide to send the juvenile to adult court and try him as an adult. If incarcerated, a juvenile offender can be placed in either a local or a state facility; with either other youth or with adult offenders.
- Research indicates that it is important to provide prevention, early intervention and re-entry programs for youth that have been involved with the criminal justice system. Programs should be community-based, culturally aware and designed for and by the community

Data Source – Arrest Rate

California Department of Justice (CDJ) Criminal Justice Statistics Center, available online at <http://caag.state.ca.us/cjsc/datatabs.htm>. Note: Estimates are not available by race/ethnicity or city.

Population data is from the California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050, with DRU Benchmark, available online at <http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.htm>.

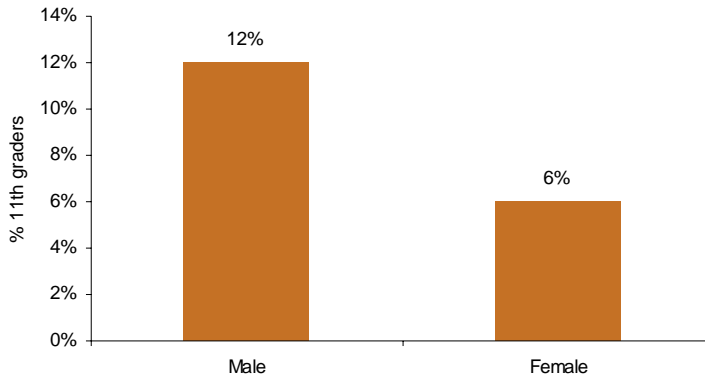
Information about what can happen to youth in the criminal justice system is from the website of Stephen G. Rodriguez and Associates at <http://www.lacriminaldefenseattorney.com/JuvenileCases.html> and from the website of the California Legislative Analysts Office at http://www.lao.ca.gov/1995/050195_juv_crime/kkpart1.html.

Information about programs to address youth involvement in the criminal justice system is from Juvenile Justice in California: Facts & Issues, Prepared by the League of Women Voters of California Education Fund, Juvenile Justice Study Committee. September 1996. Available online at <http://ca.lwv.org/jj/preventi.htm>.

Gang Involvement

- In 2003-2004, 9% of Alameda County 11th graders reported belonging to a gang at some point during their life. The proportion of 11th graders that have ever belonged to a gang was identical in Alameda County (9%) and in California as a whole (9%).
- Among 11th graders, males (12%) were twice as likely as females (6%) to report that they had ever belonged to a gang.
- The rates among 7th and 9th graders were similarly high -- suggesting that gang involvement starts early. Among 7th graders, 10% of males and 7% of females belonged to a gang.
- Students in non-traditional schools were 2-3 times more likely to belong to a gang than students from traditional public schools. About one-in-three males (33%) and one-in-seven females (15%) in a non-traditional school belonged to a gang.

**Percent 11th graders that have ever been in a gang,
Alameda County, 2003-2004**



Data source: CHKS

This is important because:

- Gang involvement is generally associated with criminal activity. Youth in gangs are significantly more likely to be arrested, commit or be a victim of homicides and be involved in other crimes or drug-related activities.

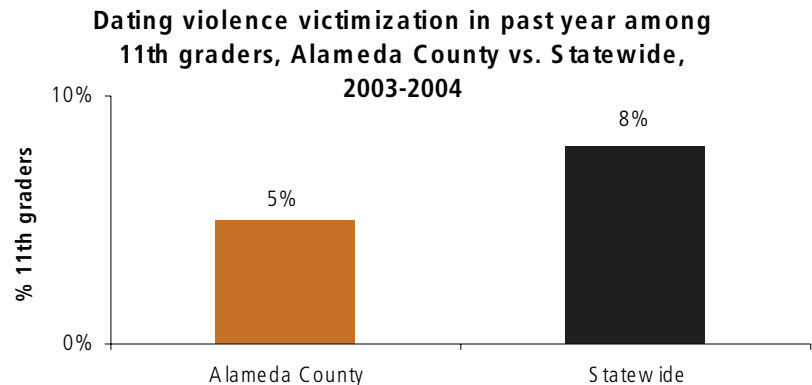
Data Sources - Gang Involvement

Data about gang involvement from the California Healthy Kids Survey (CHKS) Technical Report for Alameda County: Fall 2003- Spring 2004. Note: Estimates are not available by race/ethnicity or city.

Statewide data about gang involvement is from the Results of the 10th Biennial California Student Survey for Grades 7, 9 and 11: 2003-2004, available online at <http://www.safestate.org/index.cfm?navID=254>.

Dating Violence and Rape

- One-in-twenty Alameda County 11th graders (5%) were victims of dating violence from a boyfriend or girlfriend during the past year. Eleventh graders in Alameda County were less likely to experience dating violence than statewide (5% vs. 8%).
- Nationally, approximately 20% of teens reported physical abuse by a boyfriend in the last year, 10-18% reported sexual abuse, and up to 50-65% reported psychological and verbal abuse in an intimate relationship.



Data source: CHKS & CSS

- National statistics indicated that the proportion of high school students that have been forced to have sex when they did not want to was twice as high among females (12%) than among males (6%).
- Nationally, teens and young adults (16-24) had the highest risk of partner violence. Most rape victims were young women and most knew the perpetrator prior to the rape.

This is important because:

- Intimate partner violence is a serious crime with debilitating consequences. The patterns of adult intimate partner violence generally emerge during adolescence, and escalate over time.
- Research indicates that victims of dating violence and rape are more likely to consider and attempt suicide, and to experience other negative mental health consequences like low self esteem, low levels of emotional well being and eating disorders.
- In addition to dating violence and rape, the sexual exploitation of minors for financial gain is another important wellness issue faced by youth in Alameda County. Though there is currently no quantitative data about the number of young people impacted, we know that its effects can be severe.

Data Sources - Dating Violence and Rape

Local data about dating violence is from the California Healthy Kids Survey (CHKS) Technical Report for Alameda County: Fall 2003- Spring 2004. Note: Estimates are not available by gender, race/ethnicity or city.

Statewide data about dating violence is from the Results of the 10th Biennial California Student Survey (CSS) for Grades 7, 9 and 11: 2003-2004, available online at <http://www.safestate.org/index.cfm?navID=254>.

National estimates about the proportion of high school students that have been raped from the 2003 US Youth Risk Behavior Survey, available online at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5302a1.htm>.

Information about the consequences of dating violence and rape from D Ackard and D Neumark-Staender's August 26th 2001 Presentation "Date Violence and Date Rape Among Adolescents: Associations With Disordered Eating Behaviors and Psychological Health" at the American Psychological Association's 109th Annual Conference in San Francisco; an online summary is available at <http://www.apa.org/releases/dateviolence.html>.

Information about the common circumstances of rape from RJ Rickert and CM Weinmann's article "Date Rape Among Adolescents and Young Adults," Journal of Pediatric and Adolescent Gynecology, 1998 (11) 167-175; an online summary is available at <http://www.etr.org/recapp/research/journal200009.htm>.

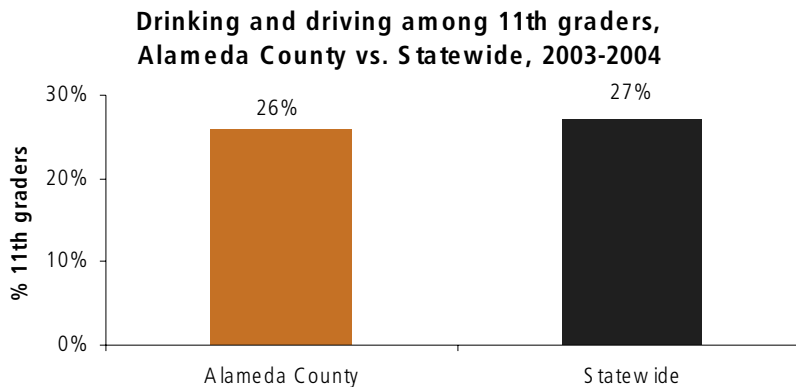
Unintentional Injuries

Unintentional injuries include motor vehicle crashes, falls, poisonings and other types of accidents where there was no intent to hurt or kill. After homicide, unintentional injuries are the leading cause of death among youth age 15-24 years. Between 2001 and 2003, there were approximately 38 deaths and numerous hospitalizations for unintentional injury each year among Alameda County youth.



Motor Vehicle Crashes

- Motor vehicle crashes are the leading cause of unintentional injury death and hospitalization among youth. Between 2001 and 2003, 65% of the unintentional injury deaths among Alameda County youth age 15-24 years occurred as a result of car crashes.
- Between 2001 and 2003, motor vehicle crashes accounted for an average of 25 deaths and 259 hospitalizations per year among 15-24 year olds in the county.
- A young person’s risk of dying in a motor vehicle crash was significantly lower in Alameda County (13 per 100,000) than in California (20 per 100,000).
- Among youth, males were more likely than females to die in a motor vehicle crash. Between 2001 and 2003, 84% of deaths by motor vehicle crash among Alameda County youth age 15-24 years occurred among males.
- According to student surveys, roughly one fourth (25%) of Alameda County 11th graders (26%) report that they have driven after drinking or driven with a friend who had been drinking. In the 2003-2004 school-year, this rate of drinking and driving was similar among 11th graders in Alameda County (26%) and statewide (27%).



Data source: CHKS and CSS

- National data indicated that one fifth of 11th graders (19%) rarely or never wear seat belts. A recent survey done among 349 Oakland youth similarly found that 22% of the youth sometimes wear seatbelts, and 10% never wear seatbelts or only when parents are present. Youth who never wore seatbelts were the most likely to have had a drink in the last 30 days (38% vs. 26%).

- Speeding is another major contributor to motor vehicle crashes. 2003 National data indicate that 39% of motor vehicle crashes deaths involved speeding among males ages 15-20 and 25% among females ages 15-20.

This is important because:

- In many cases, injuries can be prevented.
- Alcohol and drug use increase an adolescent’s risk of being injured or killed in motor vehicle crashes, overdoses, drowning and falls.
- Injury is a serious public health problem because of its impact on the quality of life of people, including premature death, disability, and the burden on the health care system. For every injury death, it is estimated that there are 19 hospitalizations, 223 emergency room visits, and 450 office-based physician visits.

Data Sources – Motor Vehicle Crashes

2001-2003 mortality data is from Alameda County Vital Statistics and the California Department of Health Services Epidemiology and Prevention for Injury Control (EPIC) website at <http://www.dhs.ca.gov/epic/>.

Population data is from the California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050, with DRU Benchmark, available online at <http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.htm>.

Local data about drinking and driving among 11th graders from the California Healthy Kids Survey (CHKS) Technical Report for Alameda County: Fall 2003- Spring 2004. Note: Estimates are not available by gender, race/ethnicity or city.

Statewide data about drinking and driving is from the Results of the 10th Biennial California Student Survey (CSS) for Grades 7, 9 and 11: 2003-2004, available online at <http://www.safestate.org/index.cfm?navID=254>.

National data about seat belt use among 11th graders is from the 2003 US Youth Risk Behavior Survey, available online at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5302a1.htm>.

National data about speeding among teens is from the National Highway Traffic Safety Administration (NHTSA), Dept. of Transportation (US). Traffic safety facts 2003: overview. Washington (DC): NHTSA. Available from: <http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/TSF2003/809767.pdf>.

National Estimates about seat belt use and driving after drinking among high school students are from the United States 2003 Youth Risk Behavior Surveillance Survey, available online at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5302a1.htm>

Oakland Survey results are from the *Oakland On the Rocks*. Surveying Teens About Alcohol in Oakland. By Alameda County Public Health Department CAPE Unit and Environmental Prevention in Communities 2006.

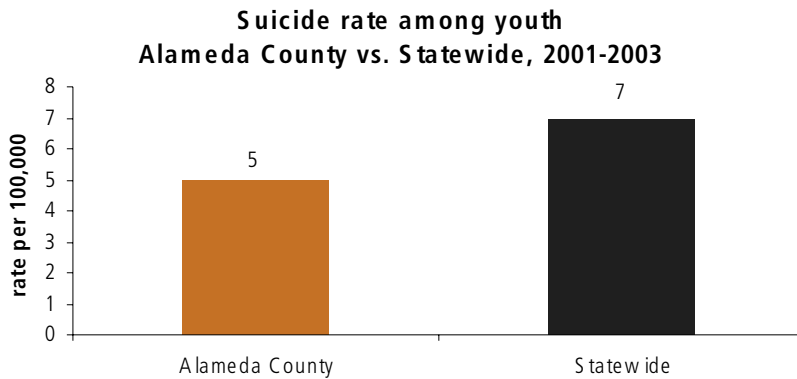
Mental Health

Emotional wellbeing of children and youth is critical for positive development and prevention of risk behaviors. Adolescents are extremely likely to be undergoing major developmental and environmental changes that increase their likelihood of experiencing mental health problems. Yet youth are least likely to disclose problems to their parents, to have coping mechanisms in place, or to seek counseling. Moreover, mental health services in Alameda County, although extremely necessary for prevention of subsequent more overt behaviors, are limited. The data below reflects the limited information available, given that mental health data is hard to measure and mental health problems are underreported.



Suicide

- Self-inflicted harm such as suicide or the attempt to commit suicide is an important mental health issue among adolescents in Alameda County and statewide.



Data source: Vital Stats, ACPHD; EPIC

- Each year approximately 11 Alameda County youth age 15-24 years die from suicide and over 100 are hospitalized for attempting suicide. The suicide rate among youth is similar in Alameda County (5 per 100,000) and California as a whole (7 per 100,000).

- National data indicates that 17% of high school students have seriously considered suicide and that nearly 9% have attempted suicide.

This is important because:

- National research suggests that 90% of suicides are associated with mental health issues and substance abuse. Counseling resources are available for both of these issues.

Data Sources – Suicide

20001-2003 mortality statistics are from Alameda County Vital Statistics and the California Department of Health Services Epidemiology and Prevention for Injury Control (EPIC) website at <http://www.dhs.ca.gov/epic/>.

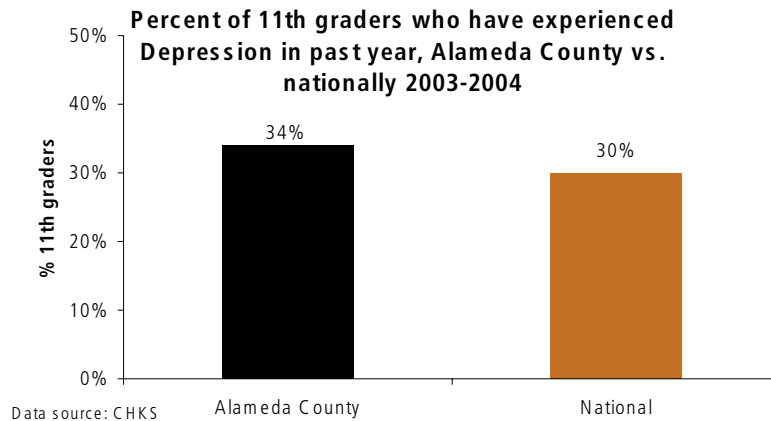
Population data is from the California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050, with DRU Benchmark, available online at <http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.htm>.

National estimates about the proportion of high school students that have considered or attempted suicide are from the United States 2003 Youth Risk Behavior Surveillance Survey, available online at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5302a1.htm>.

Data about the risk factors for suicide is from the Institute of Medicine National Academy Press, Reducing Suicide: A National Imperative, 2002, available online at <http://www.nap.edu/books/0309083214/html/>.

Mental Health Disorders

- Nationwide, approximately 20% of youth ages 9-13 have been diagnosed with a mental health disorder and many more could benefit from mental health counseling to help them navigate the intense developmental issues faced through adolescence and early adulthood.
- Statistics about depression suggest that mental health issues may be slightly more common among young people in Alameda County vs. nationwide. Thirty-four percent of county 11th graders compared to 30% of 11th graders nationwide experienced substantial depression in the past year. They felt so sad and hopeless almost everyday for at least two weeks that they stopped doing some usual activities.



- There is currently little data about the proportion of youth that experience different types of mental health disorders, how a young person's risk for mental health issues changes through the developmental stages of childhood, adolescence and early adulthood or how a young person's experience with mental health issues differs depending on their cultural background or the community in which they live.

This is important because:

- Nearly all youth could benefit from mental health and youth development services as they begin to transition into adulthood.
- A young person is at greater risk of being exposed to environmental stressors that can lead to issues like depression or anxiety if he/she is living in poverty, is of minority race/ethnic group, is a child of immigrant parents, or is part of the foster care or juvenile justice systems.
- Mental health issues are prevalent among youth and tend to be under-diagnosed and under-treated. Help is available and most youth that need mental health services do not get them.

Data Sources - Mental Health Disorders

National estimates about mental health diagnoses among youth from Mental Health: A Report of the Surgeon General, Executive Summary. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, NIH, NIMH, 1999.

Local data about depression among 11th graders is from the California Healthy Kids Survey Technical Report for Alameda County: Fall 2003-Spring 2004. Note: Estimates are not available by gender, race/ethnicity or city.

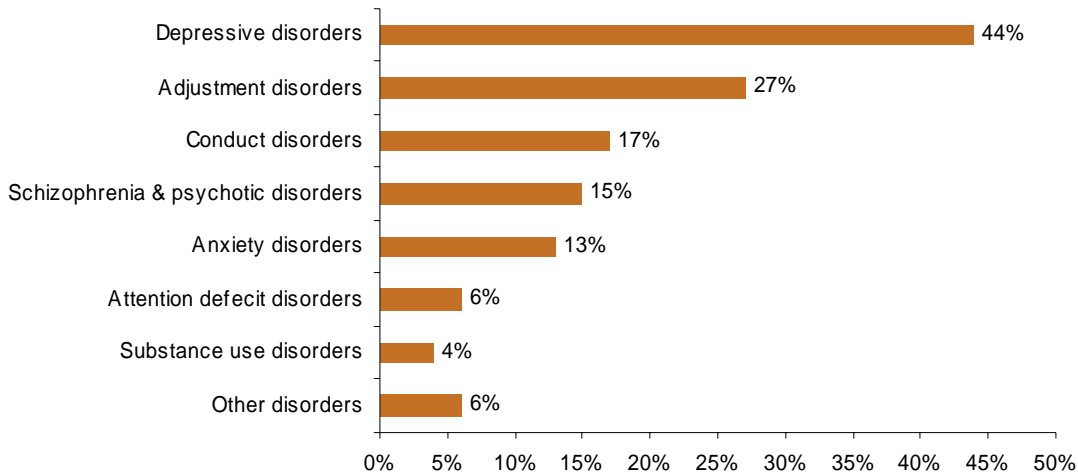
National data about depression among 11th graders is from the United States 2003 Youth Risk Behavior Surveillance Survey, available online at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5302a1.htm>.

Information about risk factors for mental health issues from the George Washington University's Center for Health and Health Care in Schools Caring For Kids website <http://www.healthinschools.org/cfk/cfkprogram.asp>.

Treatment of Mental Health Issues

- Mental health is the most common cause of hospitalization for youth ages 10 to 24 (with the exception of childbirth), and is the second leading cause of disability for young adults.
- In Alameda County, Behavioral Health Care Services (BHCS) funds the bulk of mental health visits and serves youth from all over the county and racial/ethnic groups. During the 2004-2005 fiscal year, BHCS funded mental health visits for 7,420 county youth aged 12-24 years. This means that approximately 3% of county youth received care through BHCS-funded programs.
- The percentage of youth receiving mental health care through BHCS decreased as youth age out of traditional child health and welfare programs. The proportion of youth receiving services through BHCS decreased sharply from approximately 4% among adolescents age 12-17 years to 2% among young adults age 18-24 years. Private insurance also decreased in young adulthood as coverage through their parents' employment phases out and many youth have yet to establish themselves in jobs providing this type of coverage.
- Many young people served by BHCS have received more than one mental health diagnosis. An average of 13 diagnoses was made for every 10 clients. The most common mental health diagnoses among BHCS clients were depressive disorders, adjustment disorders, conduct disorders, schizophrenia and psychotic disorders, and anxiety disorders.

**Percent of BHCS clients with diagnosed disorders,
Alameda County youth ages 12-24 years
July 2004-June 2005**



Source: Alameda County BHCS

- African American and White youth were more likely than Asian/Pacific Islander and Latino youth to receive mental health services from BHCS-funded programs.

This is important because:

- In half of the lifetime cases of mental disorders, symptoms are present in adolescence (by age 14); in three-quarters of cases, symptoms are present in early adulthood (by age 24).
- There are often long delays between onset of mental health symptoms and treatment.

- Untreated mental disorders can become more severe, more difficult to treat and co-occurring mental illnesses can develop.

Data Sources - Treatment of Mental Health Issues

Data about hospitalizations is from the Alameda County Community Assessment, Planning and Education Unit: 2003.

Data about the youth that received BHS-funded mental health services is from the Alameda County Behavioral Health Care Services Agency: July 2004-June 2005. Please note that these statistics include nearly all mental health services that were funded by Medi-Cal, EPSDT or Measure A. They do not include services provided through Our Kids, Safe Passages, private insurance programs like Kaiser or visits that are paid for out-of-pocket.

Population estimates are from the California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050, with DRU Benchmark, available online at <http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.htm>.

Information about the onset and treatment of mental health services from the Center for Health and Health Care in Schools' *Children's Mental Health Needs, Disparities and School-Based Services: A Fact Sheet*, available online at <http://www.healthinschools.org/cfk/mentfact.asp>

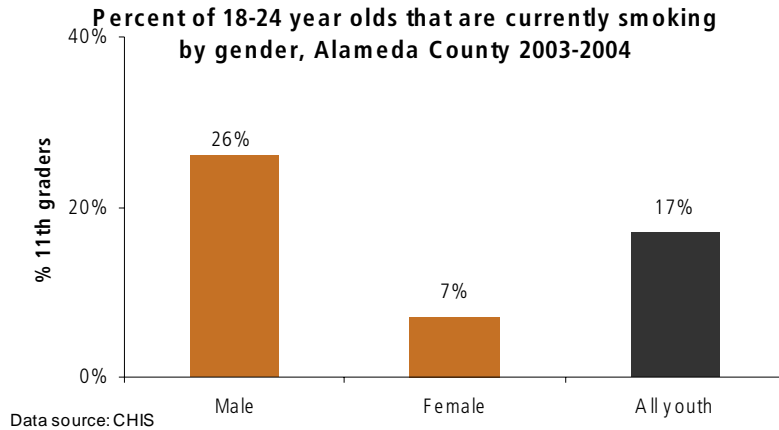
Substance Abuse

Adolescents are extremely likely to be undergoing major developmental and environmental changes that increase their likelihood of using tobacco, alcohol and other drugs. Substance abuse among youth is common and includes tobacco, alcohol, and any illicit or non-illicit drug use. Alcohol is the most common substance used by youth. Marijuana is the most commonly used illicit drug among youth.



Tobacco Use

- According to student surveys, about 3% of 7th graders, 8% of 9th graders and 12% of 11th graders in the county smoked cigarettes in the past month. Rates of smoking were higher among students from non-traditional schools (32%). The county rate for 11th graders smoking in the past month was slightly lower than the state rate of 15%.
- The percent of 11th graders that smoked cigarettes in the past month and daily were similar among males (12% and 2%) and females (11% and 2%).
- According to CHIS, rate of smoking some days or every day was 3 times higher for 18-24 year olds (17%) compared to 12-17 year olds (6%).
- Among the 18-24 year olds, males had higher current smoking rate than females (26% vs. 7%). Numbers were too small to calculate by gender for the younger age group.



This is important because

- Since 90% of adults being treated for tobacco-related illnesses start smoking as teens, adolescence provides a key time to intervene and prevent smoking and other unhealthy behaviors early on.
- Cigarette smoking and exposure to second-hand-smoke among peers are important contributors to asthma attacks among teens. They are also important contributors to other chronic diseases such as heart disease, cancer and stroke that will affect teens later in life. These chronic diseases are common causes of disability and premature death among middle-aged adults and seniors.

Data Sources- Tobacco Use

Local data is from the California Healthy Kids Survey (CHKS) Technical Report for Alameda County: Fall 2003- Spring 2004. Note: Estimates are not available by race/ethnicity or city.

Statewide data is from the 10th Biennial California Student Survey: 2003-2004, available online at <http://www.safestate.org/index.cfm?navID=254>.

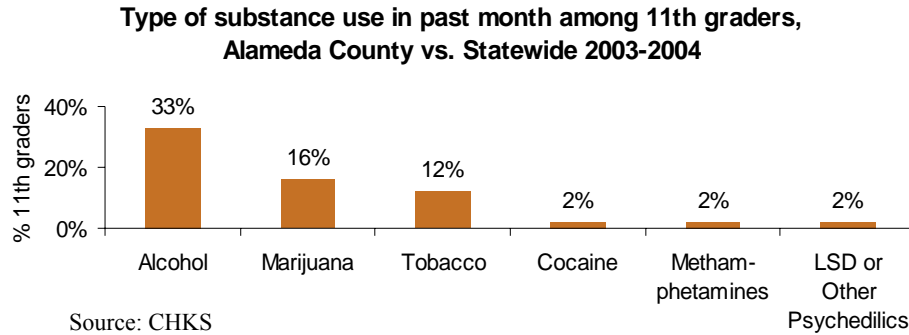
Data about current smoking rates is from the 2003 California Health Interview Survey (CHIS), copyright © 2003 the Regents of the University of California, all rights reserved. Online statistics available through the AskCHIS data query system at <http://www.chis.ucla.edu/>.

Substance use a major problem for youth is from Fournier ME, Levy S. Recent trends in adolescent substance use, primary care screening, and updates in treatment options. *Current Opinion in Pediatrics*. 2006;18:352-8. Effects of media is from Snyder LB, Milici FF et al. Effects of alcohol advertising exposure on drinking among youth> *Archives of Pediatrics and Adolescent Medicine* 2006; 160: 100-102.

Alcohol and Drug Use

- One-in-three Alameda County 11th graders (33%) drank alcohol in the past month. Eighteen percent binge drank¹⁴ (18%) and 16% smoked marijuana in the past month.
- About one-in-twenty Alameda County 11th graders reported using other drugs like ecstasy (7%), cocaine (5%) and methamphetamines (5%) at some point during their lives. In the past month, use of these drugs was much lower, with 2% of youth using any of these drugs.

- The percent of 11th graders that drank alcohol, smoked marijuana and binge drank in the past month was similar among males (31%, 17% and 19%) and females (34%, 15% and 17%).



- Compared to the state, 11th graders in the County were less likely to drink alcohol (33% v 65%), binge drink (18% v 26%) or smoke marijuana (16% vs. 44%) in the past month.
- Alcohol and drug use were greater in higher school grades. For example, binge drinking in the past 30 days went up from 2% among 7th graders to 9% among 9th graders to 18% among 11th graders. Marijuana use in past 30 days went up from 6% to 11% to 16% from 7th to 9th to 11th grades.
- High school females were slightly more likely to have had a drink in the last 30 days than males in 9th grade (25% vs. 20%) and 11th grade (34% vs. 31%).

This is important because:

- Excessive alcohol use, such as binge drinking, can have many short and long-term effects. In the short term, excessive drinking increases the risk for motor vehicle crashes, unprotected sex, fighting and rape. In the long-term, alcohol use can lead to liver damage (cirrhosis), certain types of cancer, high blood pressure and can hinder success in the workplace and at home.
- Marijuana use can lead to loss of coordination, learning and memory problems. Other drugs such as ecstasy and cocaine can cause more serious problems such as cardiovascular collapse, seizures, kidney failure, and long-term brain damage.

Data Sources - Alcohol and Drug Use

Local estimates about substance use among high school students are from the California Healthy Kids Survey (CHKS) Technical Report for Alameda County: Fall 2003- Spring 2004. Note: Estimates are not available by race/ethnicity or city.

Statewide data about substance use are from the Results of the 10th Biennial California Student Survey for Grades 7, 9 and 11: 2003-2004, available online at <http://www.safestate.org/index.cfm?navID=254>.

National data about the affects of substance use is from the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion, available online at <http://www.cdc.gov/alcohol/faqs.htm#14>.

Data about the affects of marijuana use is from the National Institute on Drug Abuse, available online at http://teens.drugabuse.gov/facts/facts_mj1.asp.

¹⁴ Binge drinking is having 5 or more drinks per sitting

Sexual Health

Sexual development is a natural part of adolescence and human life. Many youth have begun dating, are experimenting and are sexually active. Unprotected sexual activity can have lasting consequences on the teen's life, resulting in pregnancy or birth, sexually transmitted diseases, infertility or even death. In this section, we provide regional estimates about the proportion of adolescents that are sexually active and not using condoms, and county statistics about the rate of sexually transmitted infections and births among youth.

Condom Use

- At the regional and state levels, many teens are sexually active and not using condoms.
- One quarter of adolescents ages 15-17 years reported that they have been sexually active in the San Francisco Bay Area (25%) and California as a whole (25%).
- Results from California suggest that nearly half of the sexually active adolescents (45%) did not use a condom the last time they had sex.

This is important because:

- Condom use would significantly reduce the risk of sexually transmitted infections. Each year, over 2,000 cases of Chlamydia and Gonorrhea are diagnosed among Alameda County adolescents age 13-19 years.
- Teens that have sex without condoms are also at risk for other types of sexually transmitted infections such as Herpes, Genital Warts, Hepatitis C and HIV/AIDS.
- Research suggests that one third of young women (34%) will become pregnant at least once before they reach their 20th birthday.



Data Sources - Condom Use

Data about sexual activity is from the 2003 California Health Interview Survey, copyright © 2003 the Regents of the University of California, all rights reserved. Online statistics available through the AskCHIS data query system at <http://www.chis.ucla.edu/>. The questions around sexual activity were only asked of youth 15-17 years which makes the number of responses small and the county level estimates statistically unstable; hence our use of Bay Area estimates for the proportion of teens that are sexually active. In looking at condom use at last intercourse, we were looking at an even smaller pool of respondents and had to look to the statewide numbers for statistically stable estimates. Note: Estimates are not available for Alameda County or by gender, race/ethnicity or city.

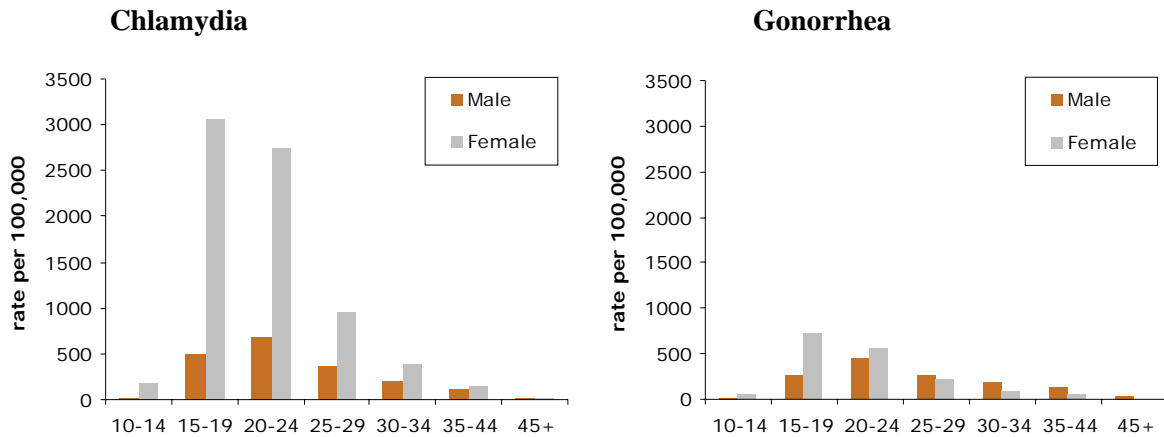
Data about Chlamydia and Gonorrhea diagnoses is from the Alameda County Sexually Transmitted Disease Surveillance System.

Data about the percent of young women who become pregnant is from the Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease and Health Promotion Healthy Youth website, available online at <http://www.cdc.gov/HealthyYouth/healthtopics/index.htm>.

Sexually Transmitted Diseases

- Nearly two-thirds of all sexually transmitted diseases (STDs) are diagnosed among youth ages 15-24 years. Between 2002 and 2004, chlamydia was the most common STD and gonorrhea was the second most common STD among youth in Alameda County and in California.
- Chlamydia was widespread among youth who were sexually active, and accounts for over three-fourths of reported STD infections annually among all ages. Chlamydia is sometimes referred to as the “silent epidemic” because approximately 75% of infections in females, and at least 50% of males are asymptomatic (i.e. have no symptoms). In many cases, gonorrhea is also asymptomatic.
- Both gonorrhea and chlamydia had the highest incidence among females ages 15-19 years followed by females age 20-24 years. Females had higher chlamydia and gonorrhea rates than males. Some of the difference may be due to females being more likely to be tested for STDs.
- Of all the counties in the state, Alameda has the highest incidence of chlamydia and gonorrhea for females ages 15-24 years.

STD rates for males and females by age group – Alameda County 2002-2004



Data source: ACPHD

This is important because:

- Untreated, these diseases can result in serious health consequences, such as pelvic inflammatory disease, infertility, and tubal pregnancy. Chlamydia and gonorrhea infections also increase the chance of becoming infected or transmitting HIV in both males and females.
- Chlamydia and gonorrhea can be cured easily and their long-term consequences can be avoided by early detection and treatment with antibiotics. Use of condoms significantly prevents risk of infection.
- Most chlamydia and many gonorrhea infections in females are asymptomatic and can be transmitted without the person’s knowledge of even having the disease.

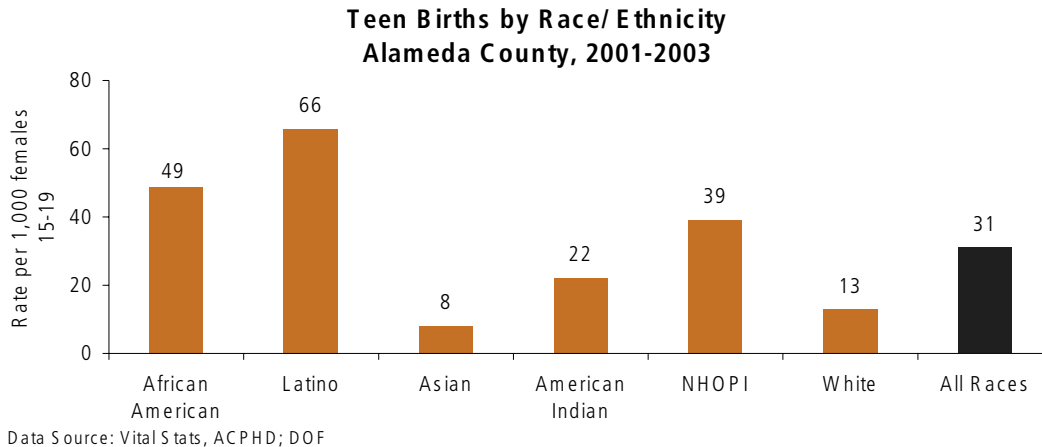
Data Source - Sexually Transmitted Diseases

Sexually Transmitted Diseases. Gonorrhea and chlamydia are reported to the ACPHD directly from laboratories and by Confidential Morbidity Report form from health care providers. Cases are classified from date of diagnosis. Data were collected jointly from the ACPHD and the California Department of Health Services. Note: Estimates are not available by race/ethnicity.

Sexually Transmitted Disease in California, 2000. California Department of Health Services STD Control Branch, June 2002.

Teen Births

- In 2001-2003, about 7% of births in the county were to mothers ages 19 and under, an average of 1,440 per year. The number of teen births however is far less than the number of actual teen pregnancies. It is estimated that 51% of the teen pregnancies end in birth, 35% in abortion and 14% in miscarriage.
- Teen mothers in Alameda County had the highest risk of having a low birth weight baby (i.e. less than 2,500 grams) compared to older mothers, lack of on-time prenatal care and related birth complications.
- Similar to state and national trends, the teen birth rate in Alameda County has declined steadily since 1990. The decline among African Americans has been dramatic - dropping below the Latina rate since 1998.



- All racial/ethnic groups in Alameda County have seen marked improvements in teen births – except Latinas. Latinas have the highest rate of teen births with 66 live births for every 1,000 teens aged 15-19 years old, followed by African Americans with 49 births per 1,000 teens.

This is important because:

- Teen mothers typically have more difficulty completing their education, have fewer employment opportunities, and are more likely to require public assistance and to live in poverty than their peers. They also are at high risk for poor birth outcomes and for having another pregnancy while still in their teens.
- Children born to teen mothers have a higher risk for experiencing child abuse, neglect, behavioral and educational problems.
- Many factors increase the risk for teen pregnancy. Among the most important are poor access to birth control and other types of health services, low income, lack of financial and emotional support, lack of education, lack of positive role models, unsatisfactory adult relationships, lack of after-school activities, substance abuse, and low self-esteem.

Data Sources- Teen Births

The number of teen births was obtained from the Alameda County Public Health Department (ACPHD) Vital Statistics Files, 2001-2003.

Population estimates are from the California Department of Finance (DOF), Race/Ethnic Population with Age and Sex Detail, 2000-2050, with DRU Benchmark, available online at <http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.htm>.

Teen pregnancy information was obtained from the Alan Guttmacher Institute, June 2002. Contraception Counts: California Fact Sheet, available online at <http://www.guttmacher.org/statecenter/contraception.html>

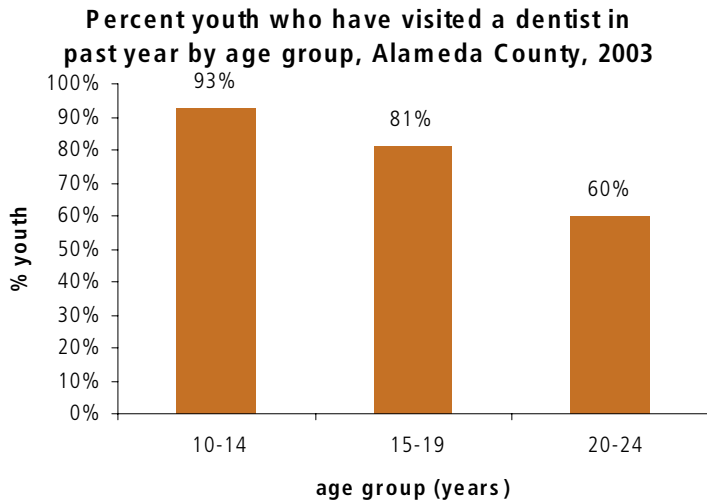
Oral Health

The mouth is the gateway to the body. In the same way that exercise, nutrition, and stress can influence overall health, so can oral health. Untreated infections in the mouth, such as gum disease and tooth decay, have been associated with poor health. The number of dental visits to a dentist was the only oral health indicator that was readily available and is presented below.



Dental Visits

- In Alameda County in 2003, young adults ages 20-24 were less likely to visit a dentist in the past year than adolescents. Ninety-three percent of 10-14 year olds visited a dentist in the past year compared to 81% of 15-19 year olds and only 60% of those age 20-24 years.



- The proportion of youth age 10-24 years that saw a dentist in the past year was similar in Alameda County (78%) and Statewide (77%).
- Females were more likely to visit a dentist than male (82% vs. 74%).
- Latinos were less likely to visit a dentist in the past year (67%), though this was not significantly lower than the estimate for all groups combined (78%).

Data source: CHIS

- By third grade, 69% of Alameda County youth have experienced tooth decay (i.e. cavities). This figure is much higher than the National Healthy People 2010 Objective of 42% or lower.

This is important because:

- Tooth decay can cause unnecessary pain, absence from school and work, difficulty speaking and chewing and low self-esteem.
- Tooth decay is almost entirely preventable and treatable through strategies like fluoridated drinking water, regularly seeing a dentist starting at one year of age, and dental sealants among older children, teens and young adults.

Data Sources - Oral Health

Data about dental visits in the past year is from the 2003 California Health Interview Survey (CHIS), copyright © 2003 the Regents of the University of California, all rights reserved. Online statistics available through the AskCHIS data query system at <http://www.chis.ucla.edu/>. Note: Estimates are not available by city.

Data about tooth decay is from Dental Program, Alameda County Public Health Department. This oral health needs assessment of Alameda County children was completed in the Spring of 2004. The survey involved a combined total of 3,269 kindergarten and third grade children from 22 public schools.

Physical Health

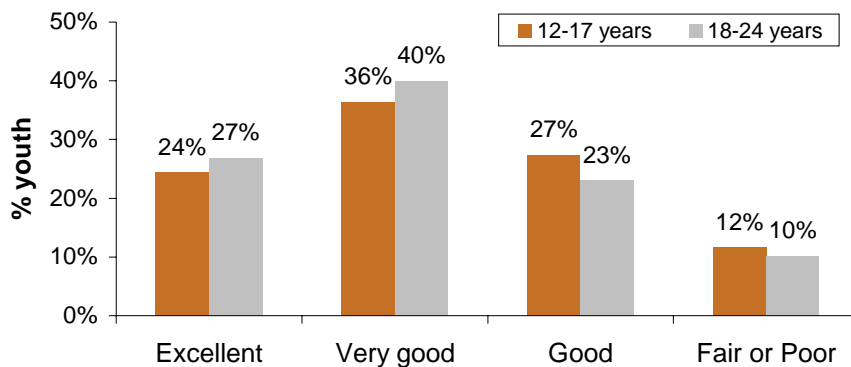
Physical health of youth includes indicators on self-reported health, asthma, physical activity, nutrition, and obesity. Being physically active and having a healthy diet, although sometimes seen as secondary to more immediate problems like violence, drunk driving and living in poverty, have lasting chronic effects on an individual's later life (e.g. cancer, stroke and diabetes). Thus, it is vital to eat well, get plenty of physical activity, maintain a healthy weight, and manage one's illnesses during the early years of life.



Self-Reported Health

- In Alameda County in 2003, 60% of youth ages 12-17 and 67% of 18-25 year olds reported their health as being very good or excellent.
- Alameda County's rate for self-reported health for youth ages 12-17 was to the same as California's (both 60%). However the percentage of Alameda County's youth ages 18-24 who reported their health as being very good or excellent (67%) was higher than in California (58%).

Self-reported health for youth ages 12-17 and 18-24, Alameda County, 2003



Data source: CHIS

- The proportion of youth that reported their health as very good or excellent was similar among males and females in both age groups.

This is important because:

- People's perceptions of their health can be different from what would be assessed by a health practitioner. Therefore, survey results based on self-reporting health can complement other data on health status and the use of health services.

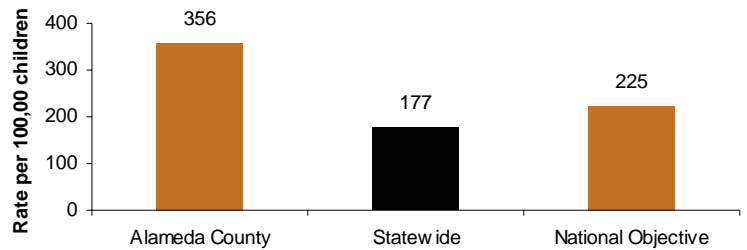
Data Sources - Self-reported Health

Data about self-reported health is from the 2003 California Health Interview Survey (CHIS), copyright © 2003 the Regents of the University of California, all rights reserved. Online statistics available through the AskCHIS data query system at <http://www.chis.ucla.edu/>. Note: Estimates are not available by city. Numbers are too small by race/ethnicity to report rates.

Asthma

- In Alameda County, 24% of adolescents aged 12-17 years have been diagnosed with asthma. This represents nearly 30,000 adolescents.
- Among the diagnosed, more than one third (37%) have had symptoms at least once a month. Over half of the adolescents with frequent asthma symptoms (60%) have not received a management plan for their asthma.
- Asthma diagnosis was similar among adolescent males (24%) and females (25%) in the county.
- Asthma rate among youth was similar in the county (24%) and statewide (19%).
- State data indicated that American Indian (32%) and African American (27%) adolescents have had a higher rate of asthma compared to adolescents from all other racial/ethnic groups (19%).
- From 2001-2003, the rate of asthma hospitalizations for children age 0-14 years was 356 per 100,000 in Alameda County, significantly higher than the state rate of 177 per 100,000 or the national year 2000 objective of 225 per 100,000.

**Hospitalization rate for asthma, children under 15
Alameda County vs. State and National Objective,
2001-2003**



Data source: CHIS

- Rates of hospitalization for asthma among children and adolescents 0-14 years were the highest in East and West Oakland.

This is important because:

- In many cases, asthma attacks can be prevented through control of common triggers such as smoking, second hand smoke, and other environmental pollutants or managed at the first sign of symptoms to decrease the severity of an attack.
- Many low-income communities are closer to industrial areas with poor air quality that can trigger asthma attacks.
- Asthma is one of the leading causes of school absence.

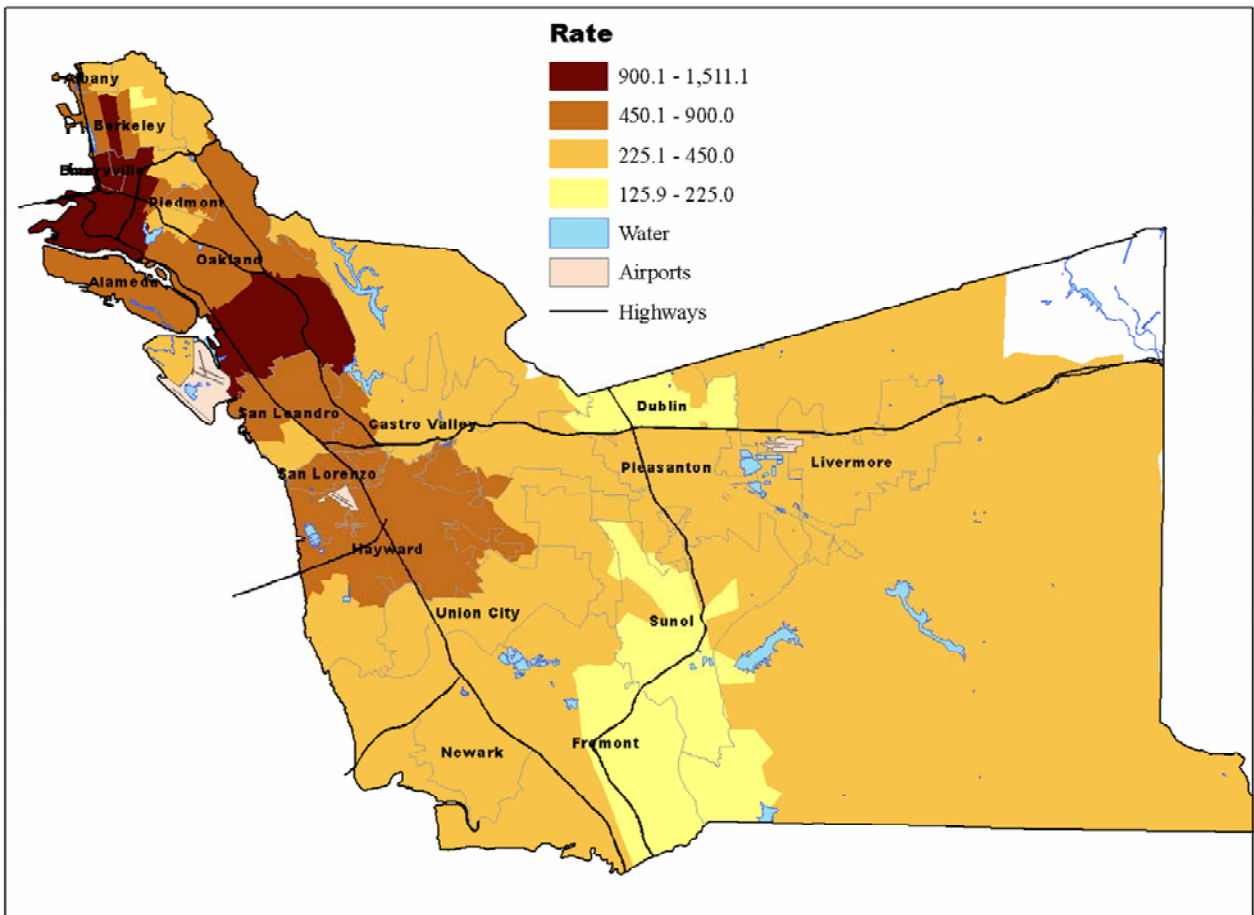
Data Source - Asthma

2003 California Health Interview Survey (CHIS), copyright © 2003 the Regents of the University of California, all rights reserved. Online statistics available through the AskCHIS data query system at <http://www.chis.ucla.edu/>.

Hospitalization statistics are from CAPE, with data from Alameda County OSHPD hospitalization 2001-03 files and Department of Finance population estimates.

Data about school absences is from the National Center for Chronic Disease Prevention and Health Promotion, available online at <http://www.cdc.gov/HealthyYouth/asthma/>.

Asthma hospitalization rate, children under 15 years Alameda County, 2001-2003



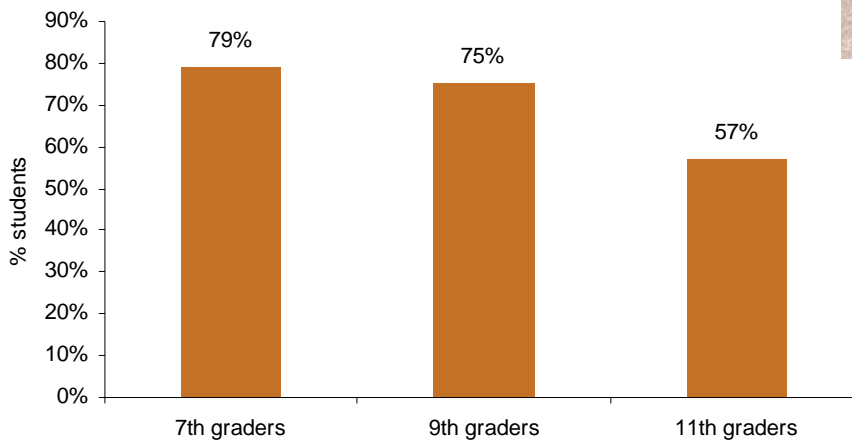
Notes: White areas are where no data are available. Data shown as calculated by zip code.
Source: CAPE, with data from OSHPD.

Physical Activity

- According to student surveys, 57% of 11th graders reported that they get the recommended level of vigorous exercise. Many health experts recommend that youth engage in vigorous exercise that makes them sweat or breathe hard at least 20 minutes three or more times a week.
- The rate of vigorous exercise declined significantly from 7th grade (79%) to 9th (75%) to 11th grade (57%).



Percent students that exercise vigorously by grade, Alameda County, 2003-2004



Data source: CHKS

- According to CHIS in 2003, there were disparities in regular physical activity by race/ethnicity and gender among 12-17 year olds. Males were more likely to engage in regular physical activity at least 3 times a week compared to females (78% vs. 69%). African American youth were least likely (63%) to be physically active compared to Latinos (75%), Whites (79%), and Asian/Pacific Islanders (80%).

This is important because:

- Lack of physical activity leads to low self-esteem, mental health issues, being overweight, aggression and other adverse outcomes.
- Research has shown that sports are protective against short and long-term risk behaviors.

Data Sources – Physical Activity

Data about vigorous physical activity by grader level from the California Healthy Kids Survey (CHKS) Technical Report for Alameda County: Fall 2003-Spring 2004. Note: Estimates are not available by gender, race/ethnicity or city or for California as a whole.

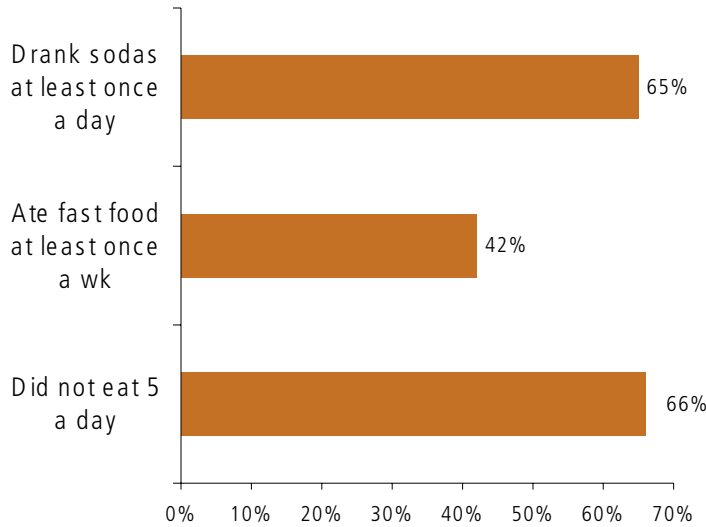
Data about physical activity by race is from the 2003 California Health Interview Survey's AskCHIS data query system, copyright © 2003 by the Regents of the University of California, all rights reserved, available online at <http://www.chis.ucla.edu/>. Note: Estimates are not available by city.

Nutrition

- In 2003, two-thirds of the county youth ages 12-17 (66%) and 18-24 years (67%) did not eat the five or more servings of fruits and vegetables each day as recommended by health experts.
- The proportion of adolescents that did not eat the recommended servings of fruits and vegetables is similar at the county and state level.



Soda, fast food and 5-a-day consumption among youth 12-17, Alameda County, 2003



Data source: CHIS

- Forty-two percent of youth ages 12-17 ate fast food at least once a week: 12% ate fast food twice or more a week, and 30% ate fast food once a week.
- The majority of youth 12-17 in the county consumed at least one soda a day (65%): 27% had one soda a day, 21.5% had two a day and 17% had three or more a day.
- Adolescent females are more likely to have three or more sodas a day compared to males (19.6% vs. 14.0%).

This is important because:

- High soda and fast food consumption combined with low fruit intake are contributing factors to a range of health problems.
- Eating healthy protects one against numerous chronic diseases such as heart disease, diabetes, obesity, and cancers.

Data Sources – Nutrition

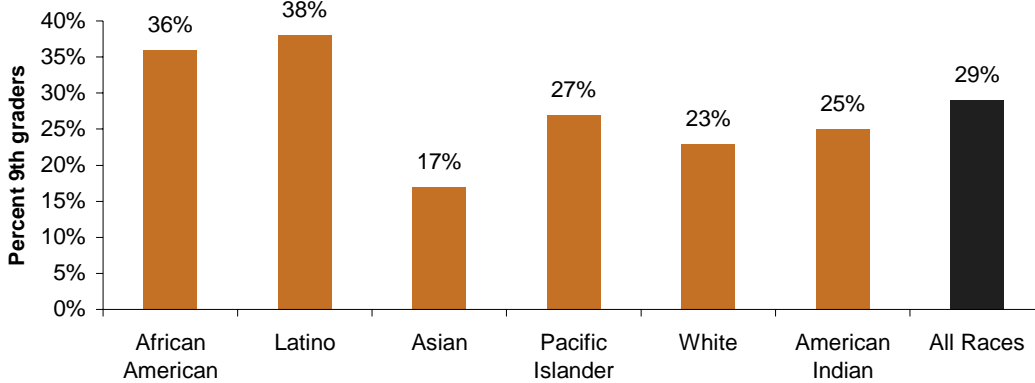
Data about physical activity by race is from the 2003 California Health Interview Survey (CHIS) AskCHIS data query system, copyright © 2003 by the Regents of the University of California, all rights reserved, available online at <http://www.chis.ucla.edu/>. Note: Estimates are not available by city. The numbers were too small to compare findings by race/ethnic group.

Overweight

- Nearly one third of Alameda County 9th graders (29%) in 2004-2005 were overweight. This was slightly lower than the state rate of 33%.
- Rates of overweight were significantly higher among Latino (39%) and African American (38%) youth. Geographically, the rates were the highest in Emeryville (71%), followed by Hayward (38%), Oakland (36%) and New Haven (34%) unified school districts compared to the county as a whole.
- Among 9th graders, males were significantly more likely than females to be overweight.



Percent of 9th graders that are Overweight by Race/Ethnicity, Alameda County 2004-2005



Data Source: CDE

This is important because:

- The major causes of being overweight, having an unhealthy diet and lack of physical activity, can be modified for better health. Adolescence is a good time to instill healthy habits.
- The proportion of adolescents that are overweight has been steadily increasing over the past twenty years. This trend is expected to continue.
- Overweight adolescents have a high risk of becoming overweight adults.
- People who are overweight or obese are more likely to be depressed and to have chronic diseases like arthritis, breathing problems, diabetes, certain types of cancer, heart disease and stroke.

Data Sources - Overweight

Data about overweight among Alameda County 9th graders in the 2004-2005 school year was compiled by the California Department of Education (CDE) Standards and Assessments Division, and is available online at <http://data1.cde.ca.gov/dataquest/>. For more information about the definition of overweight, please visit the website listed above. The definitions used in this study are identical to the ones used by the California Center for Health Policy Research and different from the ones used by the Centers for Disease Control and Prevention (CDC).

Data about adolescent physical activity and diet is from the 2003 California Health Interview Survey's AskCHIS data query system, copyright © 2003 by the Regents of the University of California, all rights reserved, available online at <http://www.chis.ucla.edu/>.

National data about trends and the consequences of overweight and obesity is from the Center for Health Statistics' Prevalence of Overweight Among Children and Adolescents: United States, 1999-2001, available online at <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overwght99.htm>.

Conclusion

With a growing and diverse adolescent population, Alameda County has the opportunity to best promote and tap into the resources and qualities youth have to facilitate a smooth transition into adulthood and a prosperous future. The challenge is to promote positive outcomes among youth as much as to reduce risk-taking behaviors among youth. Adolescent health is not merely about illness or death, but is about taking steps to ensure that tomorrow's future leaders will be healthy, strong, and empowered.

In sum, youth in Alameda County are impacted by a myriad of concerns, including poverty, lack of role models, violence, mental health issues, and pressure to drink and use drugs. All these factors can lead to unintended consequences, such as, dropping out from high school, motor vehicle crashes, unintended pregnancy and sexually transmitted infections. Throughout this report we showed significant disparities between racial/ethnic groups, with African American and Latino youth in general experiencing the greatest burden of disease and risks. Disparities by gender also exist. Male and female youth experienced different risk and protective factors.

The multidimensional nature of youth concerns and assets requires a more coordinated and integrated approach in Alameda County than the current provision of adolescent services. It is vital for parents, teachers, youth advocates, community members and health professionals, to invest in the future of children and youth in Alameda County.



Given the data, we must implement prevention strategies that operate at multiple levels; the individual, the community, institutional, and policy to have a greater impact on desired outcomes. We hope this report informs and motivates its readers to become skilled agents of change in their own families, peer groups, schools and communities. We hope that it has provided useful information to advocates, educators and mentors for youth.

Current Resources for Adolescent Health in Alameda County

Youth benefit from services that are targeted to meet their needs, and each time a youth accesses health care or services of any kind it is our opportunity to link him or her to other resources and support systems. Youth have the lowest rates of health service utilization of any age group. Our goal is to make health care easily accessible and youth friendly. Following is a list of some of the services provided within Alameda County's Health Care Services Agency, briefly summarizing the type of services covered by each of the programs. Please contact the phone numbers listed to obtain additional information. To obtain a list of services provided by community-based organizations (CBOs), please consult the Alameda County Adolescent Providers Guide 2006 developed by Health Initiatives For Youth (HIFY) available from their website <http://www.hify.org>. Selected youth reports that provide overviews of youth health status are listed toward the end of this section. Websites listed at the end of this section provide a vast array of free tools and resources for both youth and providers. Our Health Care Services Agency and Public Health Department are providing the following services to improve youth wellness in Alameda County.

Comprehensive Health

There are a total of 12 school based/linked health centers located in high (10), middle (1), and elementary (1) schools in Alameda County that provide comprehensive medical and mental health services, health education, youth empowerment programs, information and referrals to youth free of charge. For more information, call (510) 667-7990.

Mental Health

Behavioral Health Care Services (BHCS) **Our Kids-** Provides triage, referrals and facilitates linkages to resources that can prevent children from entering intensive and /or restrictive service delivery systems. It supports children and their families in attaining successful life and educational outcomes with multidisciplinary case management and school-based service coordination. For more information, call (510) 618-3452.

Nutrition and Physical Activity

The Alameda County **Nutrition Services** works with schools (elementary, middle and high), parent groups, senior centers, community-based organizations, farmers' markets, and community groups interested in healthy eating and active communities and promotes the adoption of healthy lifestyle behaviors through nutrition education and physical activity promotion. For more information, call (510) 595-6454.

Oral Health

Healthy Smiles Children's Dental Program is a dental treatment and insurance enrollment program for Alameda County children under age 19 that provides dental referral and treatment with a Healthy Smiles dentist. It provides free emergency and dental treatment for qualifying children. It also provides outreach and assistance to families of uninsured children to enroll in Medi-Cal, Healthy Families, or other medical and dental insurance. The **School Dental Sealant Program** provides school-based dental screenings, exams, cleaning, fluoride treatments, and dental sealants for second and fifth grade children. For more information, call (510) 208-5910.

Reproductive/ Sexual Health

Maternal Paternal Child and Adolescent Health (MPCA) Improving Pregnancy Outcomes Program (IPOP) provides home-based case management and care coordination by Public Health Nurses (PHNs) and Community Outreach Workers (CHOWS) to pregnant and parenting (about 25% are adolescents) women. Community health workshops are implemented at three Cal-SAFE sites. It provides leadership development through intensive summer peer educator training to youth. For more information, call (510) 618-2080.

Project HOPE (Helping Oakland and surrounding areas Prevent Teen Pregnancy via Education) in partnership with six community-based organizations (CBOs) targeting youth in West/East Oakland and Ashland/San Lorenzo with comprehensive sex education, peer leadership/education, teen parent peer education, mentoring, parents of adolescent education, girl's twilight basketball, and youth development serving over 3,000 community members annually.

The **Male Involvement Program (MIP)** in partnership with La Clinica de la Raza, provides comprehensive sex education, youth leadership/development and community service targeting young men in East/West Oakland. It is one of the first state-wide efforts in the country to develop and implement teen pregnancy prevention strategies for males. The goal for both programs is to reduce teen pregnancy and promote healthy youth development. For more information, call (510) 618-1925.

Communicable Disease Control and Prevention STD Community Interventions Program (SCIP) of Alameda County provides no cost trainings, technical assistance, referrals, and resources to community based programs and organizations in order to improve, expand, or enhance their capacity to provide comprehensive sexual and reproductive health services to youth. For more information, call (510) 268-2384.

Juvenile Hall, Group Home STD education and follow up provides health education to prevent STD directly with youth who are in Juvenile Hall and Group Homes. It also provides Direct Observation of Treatment (DOT) to youth who test positive for STDs and provides comprehensive sex education to youth in Oakland High Schools, with CASA, and other groups. For more information, call (510) 268-2361.

Special Populations

The **Developmental Disabilities Council (DDC)** provides a monthly forum for discussion, advocacy and planning for services for persons with developmental disabilities. Its efforts are coordinated with agencies working on behalf of persons with developmental disabilities, including the Alameda County Interagency Transition Planning Team which focuses on particular issues of concern for youth as they transition into adult services. For more information, call (510) 267-3261.

The Alameda County **Court Appointed Special Advocates (CASA)** serves abused, neglected, or abandoned children (in the dependency court system), by recruiting, training, and supervising adult volunteers who are appointed by a juvenile court judge to speak for the best interests of the child. For more information, call (510) 618-1950.

Urban Male Health Initiative addresses health disparities to reduce premature mortality for men and males. It promotes preventative health behaviors to increase healthcare access and advance a continuum of care for underserved men and males. It provides resources for providers of men's health services. For more information, call (510) 268-2282.

Substance Use

Emergency Medical Services Youth Alcohol Prevention through Environmental Change is a joint program of the Alameda County Public Health Department and Community Recovery Services/Environmental Prevention In Communities (EPIC) that integrates youth development and community prevention strategies to reduce underage drinking and driving under the influence (DUI). It is a youth driven environmental and prevention advocacy project that trains youth ages 13 – 20 from Alameda County to mobilize their communities through campaigns, research-based projects and policy development around alcohol related issues. For more information, call (510) 618-2035.

Youth Collaboratives

The **Alameda County Youth Health Collaborative** in partnership with the Public Health Department, the Health Care Service Agency, and community based organizations focuses on promoting youth wellness

(targeting youth 10 – 24 years old), improving service coordination/integration. It facilitates a monthly educational workshop. For more information, call (510) 618-2082

Interagency Children’s Policy Council (ICPC) is an interagency network established to promote joint planning, collaboration and innovation in policy and program development resulting in effective children and family services. ICPC achieves its mission by developing and maintaining a network of county and community partners. Its’ charge is to foster communication, facilitate collaboration through joint planning, and research efforts for Alameda County children, youth and families. For more information, call (510) 618-3457.

Regional Teen Pregnancy Prevention Collaborative is comprised of youth providers, youth and community members from East Bay counties who work jointly to reduce teen pregnancy and promote healthy youth development. They collaborate to increase youth access to health care, leadership opportunities, and other youth services. For more information, call (510) 618-1925.

The **Alameda County School-Based Health Center (SBHC) Coalition** convenes a cross-sector stakeholder group whose goal is to shape adolescent health care planning and delivery in schools and within school communities. In addition to member SBHCs, the Coalition comprises a diverse pool of health care providers, public health policy administrators, representatives from the County Board of Supervisors, and the state legislature. The Coalition serves as the primary resource for technical assistance, advocacy, and shared financial assistance to SBHCs while providing planning and coordination resources to support the growth and sustainability of school health services countywide. For more information, call (510) 667-7990.

West Oakland Youth Collaborative Project (WOYCP) is a part of the City/County Neighborhood Initiative for West Oakland and Sobrante Park. The **WOYCP** is comprised of youth, community, faith and governmental entities and neighborhood residents to improve safety, and promote healthy lifestyles through youth leadership, and community organizing. For more information, call (510) 268-7078.

Youth Empowerment

Youth Uprising (YU) is a youth leadership development/community transformation organization which provides culturally relevant programs and services in Art/Culture, Health/Wellness, and Career/Education. Within its 25,000 square foot facility, YU features a full health clinic, state-of-the-art media arts center, a youth run internet café, a performing arts space, a physical arts studio, as well as a career/education center, including on-site GED and Cal-Safe program, for youth ages 13-24 years old. For more information, call (510) 777-9909. www.youthuprising.org

Violence

Project New Start is a comprehensive program for at risk or gang-related youth between the ages of 13-25 who want to make positive changes in their lives and have their tattoos removed. The program coordinates tattoo removal and mentoring with other social support services. Youth develop and commit themselves to a vocational and/or educational plan with their sponsors at a local youth agency. For more information, call in North County (510) 208-5926; Hayward Residents (510) 785-6690; and in South County (510) 792-4964 ext. 185.

YOUTH REPORTS

Alameda County Health Status Report 2006. Alameda County Public Health Department.
Website: <http://www.acphd.org/>

The Health of America’s Middle Childhood Population. Biehl, M. C., Park, M.J., Brindis, C.D., Pantell, R. H., and Irwin, C.E. (2002), San Francisco, CA: University of California, San Francisco, Public Policy

Analysis and Education Center for Middle Childhood, Adolescent and Young Adult Health. Website: <http://policy.ucsf.edu>

Health of California's Adults, Adolescents and Children: Findings from CHIS 2003 and CHIS 2001. Holtby, S., Zahnd, N., Lordi, N., McCain, C., Chia, Y.J., Kurata, J.H. Los Angeles, CA: UCLA Center for Health Policy Research, 2006. Website: <http://www.healthpolicy.ucla.edu>

The Health Status of Young Adults in the U.S. Park, M.J., Mulye, T., Adams, S., Brindis, C.D., and Erwin, C.E. Jr. (2006) San Francisco, CA: University of California, San Francisco, Public Policy Analysis and Education Center for Middle Childhood, Adolescent and Young Adult Health. Website: <http://policy.ucsf.edu>

Improving the Health of Adolescents & Young Adults: A Guide for States and Communities. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, National Adolescent Health Information Center, University of California, San Francisco, Atlanta GA: 2004. Website: Publication: <http://nahic.ucsf.edu/2010guide> National Initiative: <http://nahic.ucsf.edu/nationalinitiative>.

Investing in Adolescent Health: A Social Imperative for California's Future. Clayton SL, Brindis, CD, Hamor JA, Raiden-Wright H, Fong, C (2000). San Francisco, CA. University of California, San Francisco (UCSF). National Adolescent Health Information Center (NAHIC). Website: <http://nahic.ucsf.edu/>

Priorities, Progress and Promise: A Chartbook on Latino Adolescent Reproductive Health. Driscoll, A.K., Brindis, C.D., Biggs, M.A., and Valderrama, L.T. (2004), San Francisco, CA, University of California, San Francisco, Center for Reproductive Health Research and Policy, Department of Obstetrics, Gynecology and Reproductive Sciences, and the Institute for Health Policy Studies. Website: <http://reprohealth.ucsf.edu/>

Youth Risk Behavior Surveillance -- United States, 2005. Centers for Disease Control and Prevention. Morbidity & Mortality weekly Report 2006;55 (SS-5): 1-108. Website: <http://www.cdc.gov/HealthyYouth/YRBS>

WEBSITES

The **Adolescent Health Working Group (AHWG)** is a coalition of committed youth, adults, and representatives of public and private agencies whose mission is to significantly advance the health and well being of San Francisco's youth. The AHWG produces **Adolescent Provider Toolkit**, a collection of resources for health care providers who work with adolescents. The Toolkit incorporates adolescent health care best practices and includes resources for providers, parents, and teens. These are useful tools for youth, or anyone working with youth in California. Website: <http://www.ahwg.net/>

Alameda County Office of Education (ACOE) plays a critical role in linking administrators, teachers, and students in our 18 districts to state policy priorities and new initiatives. The office provides a strategic infrastructure of leadership, hands-on support, centralized services and programs and accountability. The site has many resources for youth, and parents. Website: <http://www.alameda-coe.k12.ca.us/homex.asp>

Alameda County Public Health Department (ACPHD) contains demographic information about the county, with useful reports that are easily downloaded, and websites on many of the public health programs with descriptions and contact information. Website: <http://www.acphd.org/>

California Adolescent Health Collaborative (AHC). The California Adolescent Health Collaborative (AHC) is a public-private statewide coalition with the goal of increasing understanding and support for adolescent health and wellness in California.

Website: [http:// www.californiateenhealth.org](http://www.californiateenhealth.org)

The **Division of Adolescent and School Health (DASH)** operates within the National Center for Chronic Disease Prevention and Health Promotion at the CDC. DASH activities take a comprehensive approach to addressing adolescent health needs, from the collection of data through the development and implementation of programs. The web site contains information geared towards health professionals and school personnel that can be viewed online or downloaded at no charge; it also houses the interactive Youth Risk Behavior Surveillance System database. Website: <http://www.cdc.gov/HealthyYouth>

Health Initiatives For Youth (HIFY)-HIFY's mission is to improve the health and wellbeing of young people by empowering them through education, advocacy and leadership opportunities. HIFY provides **free** publications, resource materials, workshops, and trainings.

Website: <http://www.hify.org>

Maternal Child and Health Bureau (MCHB) provides its leadership, partnership, and resources to advance the health of all our nation's mothers, infants, children and adolescents - including families with low income levels, those with diverse racial and ethnic heritages, and those living in rural or isolated areas without access to care. This web site includes a searchable information center for new and archived health-related resources. Website: <http://www.mchb.hrsa.gov/>

National Adolescent Health Information Center (NAHIC), overall goal is to improve the health of adolescents by serving as a national resource for adolescent health information and research, and to assure the integration, synthesis, coordination and dissemination of adolescent health-related information. It is based within the University of California, San Francisco's Division of Adolescent Medicine, Department of Pediatrics and Institute for Health Policy Studies. Website: <http://nahic.ucsf.edu/>

Search Institute is an independent nonprofit national organization whose mission is to provide leadership, knowledge, and resources to promote healthy children, youth, and communities. To accomplish this mission, the institute generates and communicates new knowledge, and brings together community, state, and national leaders. At the heart of the institute's work is the framework of 40 Developmental Assets, which are positive experiences and personal qualities that young people need to grow up healthy, caring, and responsible. <http://www.search-institute.org/>

If you would like to be included in the updated versions of our Youth Health and Wellness report then please send a brief description including the name of your program, type of services provided, your contact information with phone number and email address to Julie.garcia@acgov.org

Technical Notes

Data Sources

Please refer to technical notes of referenced websites and documents for any additional information.

Population and Sociodemographic Data: The U.S. Census Bureau, Census 2000 data were downloaded using the American Fact Finder Summary Files 1 and 3. For population projections, data were used from the State of California, Department of Finance, “Race/Ethnic Population with Age and Sex Detail, 2000-2050” file.

Birth and Death Data: Source of the birth and death data is the Alameda County Public Health Department Vital Statistics Files from the Automated Vital Statistics System (AVSS). Cause of death is based on the International Classification of Diseases, 10th revision codes (ICD-10) used for primary cause of death. Deaths from specified causes are defined by ICD-10 codes as defined in the County Health Status Report 2006, produced by CAPE Unit.

Hospital Discharge Data: Source is the Hospital Inpatient Discharge data collected by the California Office of Statewide Health Planning and Development (OSHPD). It reflects hospital discharges, not individual visits; thus same person may be counted more than once. It does tell us the number of admissions for illness or injury that are serious enough to require people admitted to the hospital. Hospitalization data may also underestimate the true prevalence of a disease in the population, as only people with the most serious illnesses and diseases are likely to be hospitalized. Disease definitions are based on ICD-10 codes.

California Healthy Kids Survey (CHKS): The California Healthy Kids Survey was developed by the California Department of Education, WestEd and Duerr Evaluation Resources as a tool to collect information about student health risks and resiliency throughout the state. It is conducted in all school districts in every County each year in specific grade levels, 7th, 9th and 11th grades. Not all modules are implemented each year. Approximately one third of County 7th, 9th and 11th graders (range: 34-36%) completed the California Healthy Kids Survey during the 2003-2004 school year and are included in the Alameda County Technical Report. The sample size was 5,569 for 7th graders, 5,697 for 9th graders, 4,930 for 11th graders, and 698 for students in non-traditional schools. In order to participate, students had to turn-in a signed consent form from their parent or guardian giving them permission to take the survey. Please see the CHKS website at http://www.wested.org/pub/docs/chks_overview.html for more information.

California Healthy Interview Survey (CHIS): CHIS is a telephone survey conducted by UCLA Center for Healthy Policy Research, among a non-institutionalized sample of persons living in households. A random sample of adults from a randomly selected set of households, within each county are interviewed, and an adolescent ages 12-17 is interviewed if present. The survey was implemented among 397 12-17 year olds across the county, and 381 18-24 year olds. Among the 12-17 youth group, 123 were White, 126 Latino, 42 Asian, 2 American Indian, 71 African American, and 33 of more than one race. For children under age 12, an adult who is most knowledgeable about the child is interviewed. Instruments are based on existing national and state surveys as well as new questions are designed based on priorities. Topics include general health status, health conditions, behaviors, health insurance coverage, access to and use of health care services, and the health and development of children and adolescents. Please refer to the CHIS website at <http://www.chis.ucla.edu/default.asp> for more information.

21 Critical Health Objectives for Adolescents and Young Adults

The 21 Critical Health Objectives represent the most serious health and safety issues facing adolescents and young adults (aged 10 to 24 years): mortality, unintentional injury, violence, substance abuse and mental health, reproductive health, and the prevention of chronic diseases during adulthood.



Objective #	Objective	Baseline (year)	2010 Target
16-03 (a,b,c)	Reduce deaths of adolescents and young adults. 10-14 year olds 15-19 year olds; 20-24 year olds	21.5 per 100,000 (1998) 69.5 per 100,000 (1998) 92.7 per 100,000 (1998)	16.8 per 100,000 39.8 per 100,000 49.0 per 100,000
Unintentional Injury			
15-15 (a)	Reduce deaths caused by motor vehicle crashes 15-24 year olds	25.6 per 100,000 (1999)	(1)
26-01 (a)	Reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes. 15- to 24-yearolds	13.5 per 100,000 (1998)	(1)
15-19.	Increase use of safety belts. 9th –12th grade students	84.0% (1999)	92.0%
26-06.	Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol. 9th –12th grade students	33.0% (1999)	30.0%
Violence			
18-01.	Reduce the suicide rate. 10–to 14–year-olds 15–to 19–year-olds	1.2 per 100,000 (1999) 8.0 per 100,000 (1999)	(1) (1)
18-02.	Reduce the rate of suicide attempts by adolescents that required medical attention. 9th –12th grade students	2.6% (1999)	1.0%
15-32.	Reduce homicides. 10–to 14–year-olds 15–to 19–year-olds	1.2 per 100,000 (1999) 10.4 per 100,000 (1999)	(1) (1)
15-38.	Reduce physical fighting among adolescents. 9th –12th grade students	36.0% (1999)	32.0%
15-39.	Reduce weapon carrying by adolescents on school property. 9th –12th grade students	6.9% (1999)	4.9%
Substance Abuse and Mental Health			
26-11. (d)	Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. 12- to 17-year-olds	7.7% (1998)	2.0%
26-10. (b)	Reduce past-month use of illicit substances (marijuana). 12- to 17-year-olds	8.3% (1998)	0.7%
06-02.	Reduce the proportion of children and adolescents with disabilities who are reported to be sad, unhappy, or depressed. 4- to 17-year-olds	[2]	(2)
18-07.	Increase the proportion of children with mental health problems who receive treatment.	59.0% (2001)	66.0%

Reproductive Health			
09-07.	Reduce pregnancies among adolescent females. 15- to 17-year-olds	68.0 per 1,000 females (1996)	43.0 per 1,000
13-05.	(Developmental) Reduce the number of new cases of HIV/AIDS diagnosed among adolescents and adults. 13- to 24-year-olds	16,479 (1998) [4]	(3)
25-01. (a,b,c)	Reduce the proportion of adolescents and young adults with <i>Chlamydia trachomatis</i> infections. 15- to 24-year-olds Females attending family planning clinics Females attending sexually transmitted disease clinics Males attending sexually transmitted disease clinics	5.0% (1997) 12.2% (1997) 15.7% (1997)	3.0% 3.0% 3.0%
25-11. (a,b,c)	Increase the proportion of adolescents (9th–12th grade students) who: Have never had sexual intercourse If sexually experienced, are not currently sexually active If currently sexually active, used a condom the last time they had sexual intercourse	50.0% (1999) 27.0% (1999) 58.0% (1999)	56.0% 30.0% 65.0%
Chronic Diseases			
27-02. (a)	Reduce tobacco use by adolescents. 9th–12th grade students	40.0% (1999)	21.0%
19-03. (b)	Reduce the proportion of children and adolescents who are overweight or obese. 12- to 19-year-olds	11.0% (1988-94)	5.0%
22-07.	Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardio-respiratory fitness 3 or more days per week for 20 or more minutes per occasion. 9th –12th grade students	65.0% (1999)	85.0%

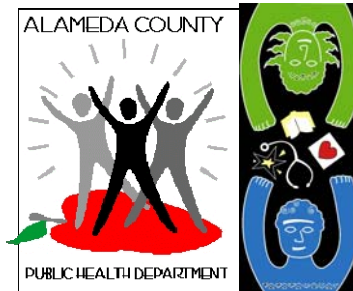
Note: Critical health outcomes are underlined, and behaviors that substantially contribute to important health outcomes are in normal font.

- (1) 2010 target not provided for adolescent/young adult age group.
- (2) Baseline and target inclusive of age groups outside of adolescent/young adult age parameters.
- (3) Developmental objective – baseline and 2010 target to be provided by 2005.
- (4) Proposed baseline is shown but has not yet been approved by the *Healthy People 2010* Steering Committee.

Source: U.S. Department of Health and Human Services. *Healthy People 2010*. Volumes 1 and 2. Washington, DC: U.S. Government Printing Office, November 2000. This information can also be accessed at <http://wonder.cdc.gov/data2010/>. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention



This report is dedicated to the well-being of all youth and young adults in Alameda County.





For additional copies (or more information), please contact the
ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT
1000 Broadway Suite 500 • Oakland, CA 94602
(510) 267-8020 • www.acphd.org