THE 29TH ANNUAL REPORT ON THE

# CONDITIONS OF CHILDREN

## IN ORANGE COUNTY

# CONTRIBUTORS TO THE REPORT

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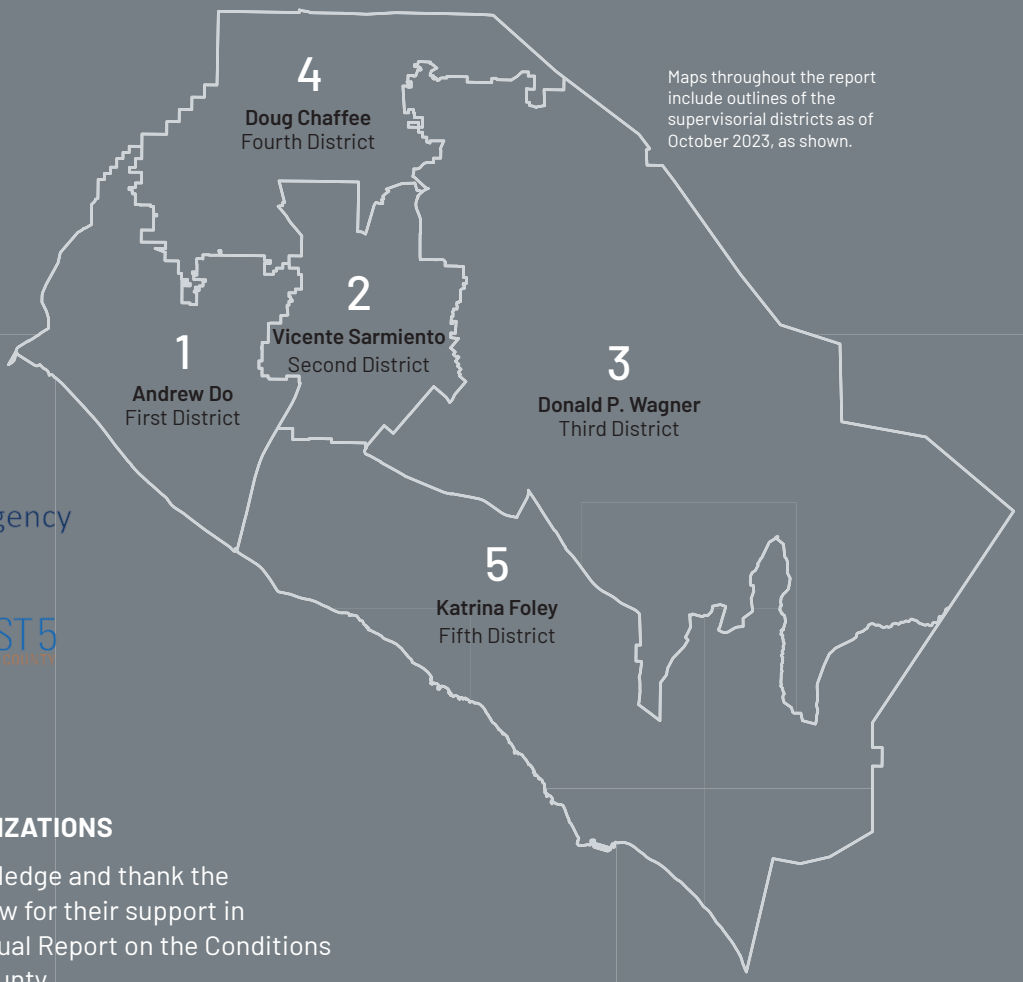


Maps throughout the report include outlines of the supervisorial districts as of October 2023, as shown.

**CONTRIBUTING ORGANIZATIONS**

We would like to acknowledge and thank the organizations listed below for their support in developing The 29TH Annual Report on the Conditions of Children in Orange County.

California State University Fullerton
Children and Families Coalition of Orange County
Children's Home Society of California
County of Orange Social Services Agency
First 5 Orange County
Orange County Child Support Services
Orange County Department of Education
Orange County District Attorney
Orange County Health Care Agency
Orange County Probation Department
Orange County Special Education Local Plan Area Directors
Regional Center of Orange County
The Raise Foundation

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# EXECUTIVE SUMMARY

**The 29th Annual Report on the Conditions of Children in Orange County studies four interdependent focus areas: Good Health, Economic Well-Being, Educational Achievement and Safe Homes and Communities. Each focus area highlights recent data that indicate improving or worsening trends over a 10-year period.**

The Conditions of Children Report has closely documented the impacts of the novel coronavirus-2019 (COVID-19) over the last three editions. While disruptions in data collection impacted several indicators, the report captured the challenges faced by children and families. The next crucial step is to assess the longer-term impacts and the underlying inequities that were exposed.

This year's report reflects positive improvements in health insurance access, early prenatal care and a reduction in child poverty and high school dropout rates. The percentage of Orange County high school graduates considered ready for college increased as well.

At the same time, several indicators showed negative movement suggesting areas for continued focus to improve children's outcomes. These include:

- A 4.3% decrease in the percentage of third grade students meeting English Language, Arts and Math standards, since 2019.
- A 12.1% increase in the chronic school absenteeism rate from 2021 to 2022.
- An 8.5% increase in the percentage of eleventh grade students experiencing depression-related feelings, with students who identified as lesbian, gay or bisexual (LGB) being over 1.5 times more likely to experience these feelings.
- Lastly, suicide is now the leading cause of death among 10-to-14-year-old children.

The Orange County community has and will continue to create community-led solutions to address the issues facing children and families. Several such solutions are explored further in the next section called, "Local Solutions To Advance Equity In Orange County."

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

IMPROVING NEEDS IMPROVEMENT NO CHANGE

# LOCAL SOLUTIONS TO ADVANCE EQUITY IN ORANGE COUNTY

**Each year, the Conditions of Children report features a topic that provides an opportunity to view data from a different perspective by overlaying multiple data sets. Recent reports focused on the impacts of the COVID-19 pandemic on children and families in Orange County. The COVID-19 pandemic highlighted the many disparities Orange County residents experience across racial, ethnic and socio-economic status in the quality of and access to healthcare services.**

**This year's Conditions of Children report focuses on several programs addressing those health disparities and gaps in service. The following innovative pilot programs provide not only lessons learned but also opportunities for long-term solutions.**

## EQUITY IN OC: AN INNOVATIVE WAY TO ADDRESS THE ROOT CAUSES OF INEQUITY

The Centers for Disease Control and Prevention (CDC) released a $2.25 billion grant program to address COVID-19-related health disparities and to advance health equity among populations that are at high risk and underserved, including racial and ethnic minority groups and people living in rural areas[1]. The funding was distributed directly to over 100 local health departments at both the state and county level with grants ranging from $2 million to $35 million.

Orange County Health Care Agency's (HCA) Office of Population Health and Equity was awarded $22.8 million and used the funding to launch an initiative called Equity in OC to address the underlying health disparities that caused the disproportionate impacts of COVID-19[2]. Equity in OC identified the following strategies to guide their work:

- Mobilize partners and collaborators to advance health equity and address social determinants of health
- Expand existing and/or develop new mitigation and prevention resources
- Increase or improve data collection, reporting and infrastructure
- Build, leverage and expand the capacity and infrastructure of the local health department

An Equity in OC Task Force composed of community members, community-based organizations, health systems, health plans and other traditional and non-traditional service providers was formed in February 2022 to support grant planning and implementation.

They used a community- and data-driven approach to prioritize three areas to address disparities: Housing is Health, Health and Healing and Food as Medicine. Equity in OC is addressing these priority areas in different ways, including directly funding projects that foster collaboration and address health equity. Select projects listed in the next few pages illustrate the work currently in progress.

The priorities identified and projects funded by Equity in OC — including those described on the following pages — align closely with the Conditions of Children report's focus areas of Good Health, Economic Well-Being, Educational Achievement and Safe Homes and Communities. To learn more about Equity in OC and other projects in this initiative, visit equityinoc.com.

**$22.8 M**

awarded to Orange County Health Care Agency's Office of Population Health and Equity

**3 focus areas**

Housing is Health, Health and Healing and Food as Medicine

**170+**

local partners funded

[1] Centers for Disease Control, Cooperative Agreements, Grants, and Partnerships CDC - COVID Disparities OT21 2103 - Partnerships - STLT Gateway. [2] National Initiative to Address COVID-19 Health Disparities - NOFO: OT21 - 2103 Fiscal Year: 2021 (cdc.gov).

# ACCESS TO PRENATAL CARE AND BIRTH OUTCOMES

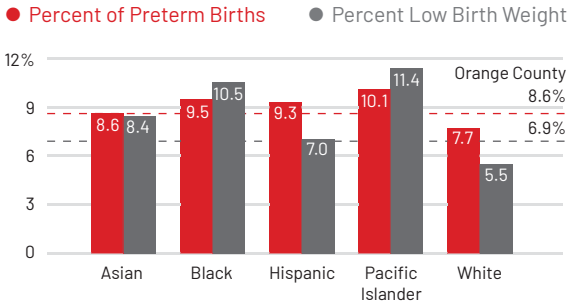
## The Data Story

The Conditions of Children report has long documented significant disparities in outcomes for birthing persons and their infants. This begins with access to early prenatal care. Early prenatal care — which is defined as care beginning during the first trimester of pregnancy — provides the care, screenings, education and counseling to identify risk factors early in pregnancy and reduce pregnancy complications or poor health or developmental outcomes of the infant.[3] County-wide, an average of 89.3% of pregnant persons received early prenatal care in 2021. The percentages were lower for Black (86.5%), Hispanic (85.3%) and Pacific Islander (79.2%) populations compared with White (93.4%) and Asian (90.5%) pregnant persons. This is problematic as late prenatal care has been associated with maternal mortality, increased rates of preterm births and low birth weight babies.[4] Racial disparities also exist in birth outcomes.

### PRENATAL CARE AND BIRTH OUTCOMES INDICATOR 1: Percentage of Preterm Births and Low Birth Weights

- Pacific Islander, Black and Hispanic birthing persons are more likely to give birth preterm, at 10.1%, 9.5% and 9.3% of births, respectively, compared to the county average of 8.6%. Compared to infants born at term, preterm infants are more likely to suffer lifelong neurologic, cognitive and behavioral problems.[5,6]
- Pacific Islander and Black pregnant persons also have the highest percentage of low birth weight infants at 11.4% and 10.5% births, compared to the county average of 6.9% births. Low birth weight infants have an increased risk of experiencing developmental problems and delays, serious illness, disability and lifelong health difficulties and are more likely to die before their first birthday.[7]

PERCENTAGE OF PRETERM BIRTHS AND LOW BIRTH WEIGHTS BY RACE AND ETHNICITY IN ORANGE COUNTY, 2021




### PRENATAL CARE AND BIRTH OUTCOMES INDICATOR 2: Infant Mortality Rate

Infant mortality rates — the number of deaths of infants under the age of one year old per 1,000 live births — also reflect significant disparities. The three-year (2019 - 2021) average infant mortality rate is 4.5* for Black infants and 4.3 for Hispanic infants, which are much higher than in Whites (2.4 per) and Asians (1.8 per). (Note: The infant mortality rate for Pacific Islanders is suppressed due to very small numbers of deaths (<5, therefore rates are unstable).

## A Collaborative Community Solution: BIRRTH Womxn of Color

The Birth Initiative for Reproductive Rights, Transforming and Health (BIRRTH) Womxn of Color project is a collaboration between MOMS OC and HERStory, two organizations committed to maternal health and well-being. The organizations came together to create a community-based doula program for the Black, Indigenous and People of Color (BIPOC) birthing community in Orange County that addresses the disparities that exist in prenatal care and birthing outcomes.

Over the project period, the program will pair 20 BIPOC pregnant persons with a local doula who is also a BIPOC to support their birthing journey. Doulas are trained in nonmedical support for birthing persons and have reduced health disparities in birth outcomes. They provide physical, emotional and informational support for their clients. People of color assisted by doulas are:

- Less likely to have preterm births, low birth weight babies and fewer birth complications.
- More likely to initiate breastfeeding, which has a myriad of short- and long-term benefits on children's development and health.

Pregnant persons participating in the program receive many supports, including:

- Doula support during labor.
- Three prenatal and three post-partum care visits with the doula.
- Mandatory classes on childbirth education and lactation.
- Organized monthly support groups for both the birthing persons and the doulas themselves, offering opportunities for peer support, shared lessons and community-building.

The first of the three cohorts, consisting of seven pregnant persons, all had safe and successful doula-assisted births between May and July 2023. The next

* Due to relatively low numbers of Black infants and deaths, statistics for this group are unreliable and should be interpreted with caution. [3] Hagan, J. F., Shaw, J. S., and Duncan, P. M., Eds. (2008). [4] Smith, A. and Bassett-Novoa, E., Late Presentation to Prenatal Care, American Family Physician, Volume 92, Number 5, September 1, 2015. [5] Martin, J.A., et al, 2012. [6] Mathews, T.J., MacDorman, M.F., 2012. [7] MacDorman, M. F., Mathews, T. J., & Declercq, E. R. (2012).

cohort, consisting of eight individuals, has due dates between August and October 2023, with the final cohort due between December 2023 and February 2024. MOMS OC and HERStory partnered with an evaluator from the University of California Irvine, Sue & Bill Gross School of Nursing to track the effects and impact of the program.

In addition to this community-based solution, Orange County continues to work on reducing birth disparities through expanding the reach of home visiting programs and collaborating on services to improve the health of BIPOC infants.

# ACCESS TO HEALTH CARE AND SOCIOECONOMIC STATUS

## The Data Story

Having access to health care is more than simply having a certain number of services available or the number of doctors or clinicians in a community. Sometimes, children and youth do not get recommended health care services (e.g., immunizations or developmental screenings) because they do not have a primary care provider, they may have transportation barriers inhibiting them from traveling to those services, or they may have distrust of the medical system. It is necessary for these services to be affordable, high quality and in relatively close proximity so that children and families are able to receive the required care.

Having low socioeconomic status (SES) greatly impacts access to health care. To learn more about the link between SES and health and well-being outcomes, read the 28th Annual Conditions of Children's special section. SES disparities reported in the Conditions of Children report include the percentage of students eligible for Free and Reduced Price Lunch (FRPL) programs. Health uninsured or underinsured status is one of the largest barriers to health care access.[8] People with lower incomes are more often uninsured.[9] An examination of these SES indicators shows disparities in Orange County.

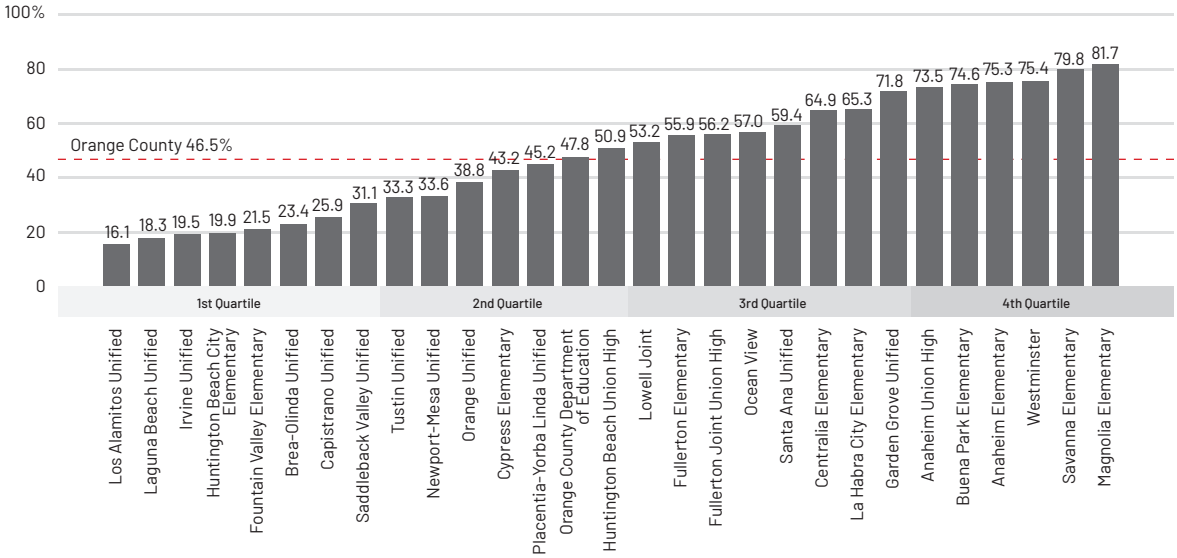
### ACCESS TO CARE INDICATOR 1: Percentage of Students Eligible to Receive FRPL

The percentage of students eligible to receive FRPL is an indicator of children living in poverty or in working poor families. School districts with the highest percent of students eligible for FRPL were Anaheim Elementary, Westminster (K-8), Savanna Elementary and Magnolia Elementary.

### ACCESS TO CARE INDICATOR 2: Percent of Children 18 Years and Younger Who Were Uninsured

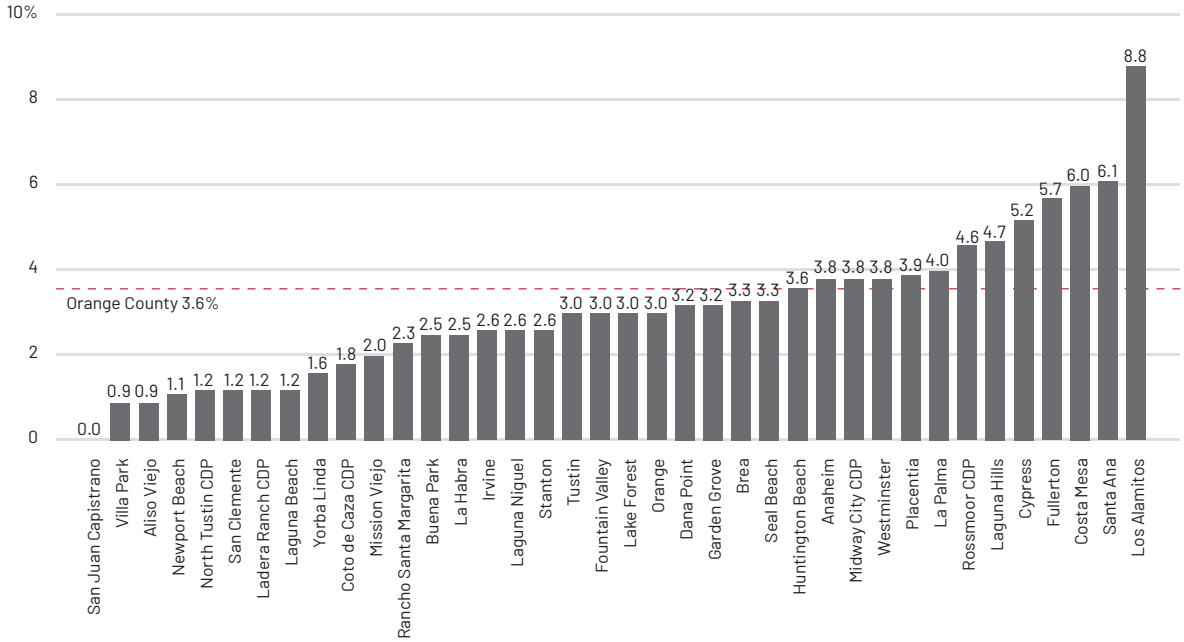
The five-year estimates demonstrate geographic disparities in the percent of children 18 years and younger who were uninsured. The overall Orange County uninsured rate was 3.6%, compared with the communities of Los Alamitos (8.8%), Santa Ana (6.1%) and Costa Mesa (6.0%) which were nearly two times or greater than the average.

PERCENTAGE OF STUDENTS ELIGIBLE TO RECEIVE FRPL, 2021/22




[8] As cited in Healthy People 2020, Call K, McAlpine D, Garcia C, Shippee N, Beeba T, Adeniyi T, et al. Barriers to care in an ethnically diverse publicly insured population: is health care reform enough? Med Care. 2014;52:720–27. Accessed on 8/09/22 from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-health#3. [9] As cited in Healthy People 2020, DeNavas-Walt C, Proctor BD, Smith J. Income, poverty, and health insurance coverage in the United States: 2009. Washington (DC): U.S. Census Bureau; 2010. Available from: www.census.gov/ prod/2010pubs/p60-238.pdf.1

PERCENT OF CHILDREN 18 YEARS AND YOUNGER WHO WERE UNINSURED, BY COMMUNITY OF RESIDENCE, 2017 - 2021




## A Collaborative Community Solution: Wellness on Wheels

Wellness on Wheels was formed through a collaboration of six organizations that shared a common mission of serving and meeting the diverse needs of children and youth in Orange County. It uses two vans that make weekly trips to Anaheim, Costa Mesa, Fullerton, Garden Grove, Laguna Hills, Orange and Santa Ana, as well as regular health and wellness fairs in the community. Program components include:

- Assessment of individual or family needs
- Real time services provided by partner organizations including developmental screening, legal services and enrollment at the Santa Ana Boys and Girls Club for child care, support and enrichment activities.
- Linkage to community resources, including health and mental health services.

The mobile clinic's goal is to serve as a welcoming "front door" to services. All are welcome, regardless of income, insurance or legal status. All services and forms are provided in both English and Spanish, with the intention of expanding to additional languages. In recognition of the need for culturally informed and responsive services, all team members were trained in health equity and trauma-informed care.

Wellness on Wheels' leadership model prioritizes sharing power between the partner organizations and the communities served. With support from First 5 Orange County, a group of parents was convened by the Santa Ana Boys and Girls Club to co-design programming and provide ongoing community input. The parent group has been a part of the effort at every step, attending Equity in OC Action Labs and driving quality improvement.

The goal of the project is to serve 200 or more families over the project period. To date, Wellness on Wheels has served about 50 individuals while engaging and providing information to hundreds more. They continue to identify ways to best connect with community members and overcome the negative past experiences, stress, trauma and other contributing factors that keep people from engaging in care.

**Wellness on Wheels Partners**

- Children's Health Orange County (CHOC)
- American Academy of Pediatrics Orange County Chapter
- Boys and Girls Club of Central Orange Coast
- Community Legal Aid SoCal
- First 5 Orange County
- Help Me Grow Orange County

# ACCESS TO THE PROTECTIVE FACTORS FOR MENTAL HEALTH WELLNESS

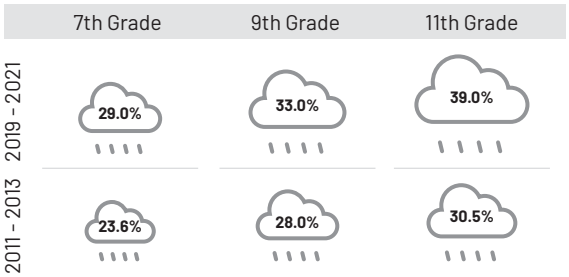
## The Data Story

According to the U.S. Department of Health and Human Services, 1 in 5 children ages 3 – 17 has a mental, emotional, behavioral or developmental disorder[10]. Behavioral health (i.e., mental health and substance use) is as important as physical health.[11] Mental health and substance use disorders are chronic health conditions and, without early diagnosis and treatment, affect children at home, in school and in forming friendships.

### BEHAVIORAL HEALTH NEED INDICATOR 1: Percent of Students who Reported Experiencing Depression-Related Feelings

While the percentage of youth with feelings of persistent sadness grew by 40% in the 10 years leading up to the pandemic[12], COVID-19 brought this crisis to the forefront. Five-year estimates reflect an increase in the percentage of students experiencing depression or chronic sadness between 2011 – 2013 and 2019 – 2021 in Orange County.

PERCENT OF STUDENTS WHO REPORTED EXPERIENCING DEPRESSION-RELATED FEELINGS

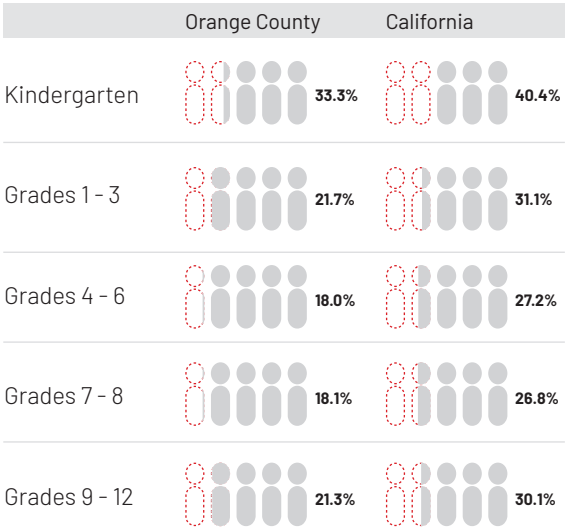



### BEHAVIORAL HEALTH NEED INDICATOR 2: Chronic Absenteeism

Children with common chronic illnesses, such as asthma and Type I diabetes, missed more school when they had more symptoms. Mental health conditions, like anxiety and depression, are also common reasons for absences. While such absences can affect students of any background, its most devastating impacts are felt by students who face health disparities, poverty and other challenges in attaining school success.[13]

Chronic absenteeism, defined as students who were absent for 10% or more of instructional days regardless of the reason, is associated with lower academic achievement and increased risk of dropping out.[13] It is also linked with teen substance use, as well as poor health as adults. Kindergarten students have the highest rates of chronic absenteeism (33.3%), followed by students in grades 1 - 3 (21.7%), students in grades 9 – 12 (21.3%), students in grades 7 – 8 (18.1%) and students in grades 4 – 6 (18.0%).

CHRONIC ABSENTEEISM, BY GRADE, 2022




## A Collaborative Community Solution: WellSpaces

The Orange County Department of Education (OCDE), in partnership with Children's Health of Orange County (CHOC), launched the WellSpaces Initiative in 2020 to create spaces on middle and high school campuses that allow students to decompress, learn mindfulness strategies, and develop self-regulation and coping skills. The spaces are designed using feedback from students, biophilic design, and trauma-informed approaches. There are 28 established WellSpaces in 14 districts, with 17 planned for 2023/24.

Once a WellSpace is established, schools can engage community partners and incorporate various services based on their needs and resources. The Equity in OC grant allowed OCDE to pilot a partnership at three sites to improve access to mental health services, enhance alternatives to discipline/suspension, and increase equitable use of WellSpaces. OCDE is piloting this more expansive service model in partnership with Buena Park School District (BPSD) and Fullerton Joint Union High School District (FJUHSD) with two service providers:

- **Project Kinship** — a nonprofit that provides restorative practices, conflict resolution and individual/group support services often focused on gang prevention

[10] Protecting Youth Mental Health: The U.S. Surgeon General's Advisory, 2021 at surgeon-general-youth-mental-health-advisory.pdf (hhs.gov). [11] Centers for Disease Control and Prevention. Mental Health. Available at https://www.cdc.gov/mentalhealth. [12] YRBSS Overview | DASH | CDC. [13] Robert Balfanz and Vaughan Byrnes, "The Importance of Being in School: A Report on Absenteeism in the Nation's Public Schools," (Baltimore: Johns Hopkins University Center for Social Organization of Schools, May 2012).

- **Straight Talk Counseling** — a nonprofit that provides individual and group mental health and substance use counseling services.

The expanded WellSpaces model components are:

- The integration of Project Kinship and Straight Talk Counseling within the schools to provide a more seamless/integrated service experience.
- Student referrals based on the needs identified by the school counselor, other school staff or through a family/self-referral.
- Services made available to students as an alternative to disciplinary action.

To support and guide this new program model, BPSD and FJUSD will form student advisory councils. The councils are designed to empower often underrepresented students who are the target audience. The councils have and will support the planning, design, implementation, promotion and improvement of services.

FJUSD launched its program in May 2023, while the BPSD program is being designed and will launch during the 2023/24 school year.

While this Equity in OC pilot project is in its early implementation phase, it has already shown success in connecting students to services.

# ACCESS TO HOUSING AND HOUSING SUPPORT SERVICES

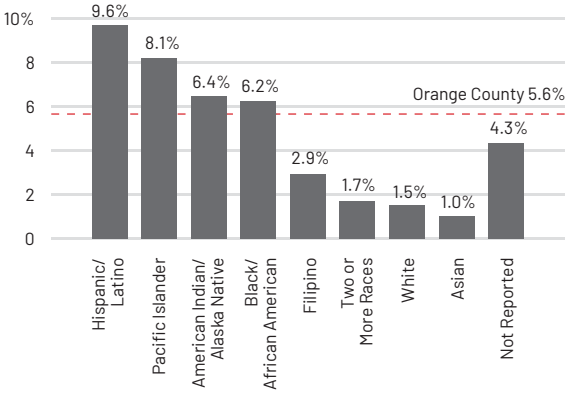
## The Data Story

Homelessness and housing insecurity can have an enormous impact on the development and academic success of children. Homeless students — defined by the McKinney-Vento Homeless Education Assistance Act as those living unsheltered or in motels, shelters, parks and doubling- or tripling-up in a home — are more likely to be chronically absent, less likely to meet or exceed state achievement standards, less likely to complete high school and less likely to enroll in college.[14]

### HOUSING INDICATOR 1: Insecurely Housed Students

In Orange County, a total of 25,808 (5.6%) students experienced this type of housing insecurity in 2021/22. A review of housing indicators below reflects the scale of the problem, as well as its disproportionate impact on communities of color. Hispanic/Latino students had the highest rate of insecure housing (9.6%), followed by Pacific Islander (8.1%), American Indian or Alaska Native (6.4%) and Black or African American (6.2%) students.

PERCENT OF INSECURELY HOUSED STUDENTS, 2021/22



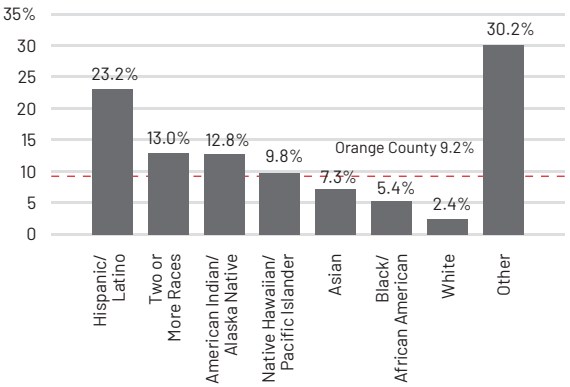

### HOUSING INDICATOR 2: Cost of Housing

High housing cost is a well-documented challenge in Orange County, and California as a whole. In Orange County, the hourly wage needed to afford a two-bedroom home at fair market rent is $42.25, compared to the actual average renter wage of $24.95 [15]. Additionally, the minimum income needed to purchase a median-priced home in 2023 is $296,400[16].

### HOUSING INDICATOR 3: Overcrowded Housing

These high housing costs lead many families to double- or triple-up in a home. The U.S. Department of Housing and Urban Development considers a household overcrowded if there is more than one occupant per room. Among all households in Orange County, 9.2% were overcrowded, compared to 8.2% of households in California[17]. Nearly one in four overcrowded households were among "Some Other Race" (30.2%) households, followed by Hispanic/Latino (23.2%), Multi-racial (13.0%) and American Indian and Alaska Native (12.8%) households.

PERCENT OF OVERCROWDED HOUSEHOLDS, 2017 - 2021




[14] Burns, D., Espinoza, D., Ondrasek, N., & Yang, M. (2021). Students experiencing homelessness: The conditions and outcomes of homelessness among California students. Learning Policy Institute.
[15] National Low Income Housing Coalition, Out of Reach: California, http://nlihc.org/oor/california. [16] California Association of Realtors, Traditional Housing Affordability Index (HAI) measure. [17] American Community Survey, 2021, 5-Year Estimates, Table B25014.

### A Collaborative Community Solution: Asian American, Native Hawaiian and Pacific Islander (AANHPI) Community Capacity for Housing Project

A coalition of 19 organizations serving different AANHPI communities formed the Asian Pacific Islander Task Force in 2020 to support the response to the COVID-19 pandemic in their communities. Through this work, coalition members identified the need to enhance housing and housing support services. Although none of the members are strictly housing organizations, they all serve as trusted community advocates and recognized the chance to enhance access to the existing services.

**Asian Pacific Islander Task Force Members**

- Access California Services
- Afghan American Muslim Outreach
- Ahri Center
- Access to Prevention Advocacy Intervention & Treatment
- Center for Asian Americans in Action
- Korean American Center
- Korean Community Services
- Orange County Asian and Pacific Islander Community Alliance
- OMID Multicultural Institute for Development
- Pacific Islander Health Partnership
- South Asian Network
- South Coast Chinese Cultural Association
- Southland Integrated Services, Inc.
- The Cambodian Family
- Viet Rainbow of Orange County
- Vital Access Care Foundation
- BPSOS Center for Community Advancement
- OC Herald Center
- Tiyya Foundation

The coalition, led by the Vital Access to Care Foundation, developed a three-pronged strategy.

1. Expanded the capacity of their workforce to support housing-related needs. Twelve coalition staff members became housing counselors, equipped to guide individuals through the complexities of housing access, from understanding Section 8 vouchers to knowing tenant rights.
2. Trained 69 additional direct service staff on housing authority programs, housing rights, HUD housing certification programs, housing development planning and "Housing Advocacy 101." These staff have supported individuals and families in accessing needed housing services.
3. Expanded its reach through community outreach, network building and advocacy to form partnerships with housing rights organizations and affordable housing developers to increase legal protections for residents and enable more people to gain access to safe and affordable housing options.

The coalition is exploring other opportunities to support children and families in their communities with targeted, culturally responsive services to address other areas of unmet need.

## A VISION FOR THE FUTURE

Orange County has made a commitment to act against these long-standing health disparities. It is a commitment not just made by one person or organization but rather a commitment made by many community members and a multitude of cross-sector and non-traditional partnerships.

These commitments will be sustained through a shared motivation to:

1. Prioritize family, child and community health.
2. Move from secondary prevention to primary prevention with culturally and ethnically appropriate programming.
3. Use data to inform strategic decisions and ensure those most in need are being served.
4. Maximize multi-collaborative strategies to focus on the investments in the protective factors children and families need to thrive.

Lessons learned from the Equity in OC projects that can be leveraged throughout the county include:

- The **benefit of working in partnership with the community being served** to create solutions for the identified need, as demonstrated through the Wellness on Wheels project.
- The importance of **accessing sustainable sources of funding** such as doula services that are now available to Medi-Cal recipients.
- The positive impact of **pilot projects for scalability**. The Equity in OC WellSpaces pilot is designed to test this integrated service model, before replicating it at other districts and school sites. While the funding may fluctuate, the relationships and referral pathways forged between the partner organizations remain strong and continue to grow.

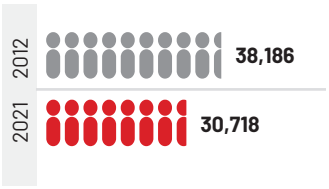
At the heart of these efforts is the focus on community capacity building, collaboration and action planning. The lessons learned help build the foundation and strengthen communal resiliency to solve the challenges of tomorrow.

# ORANGE COUNTY SNAPSHOT

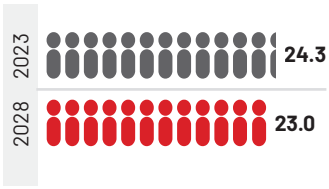
## Population

Over 3.14 million people are living in Orange County, down 0.5% since 2021[1]

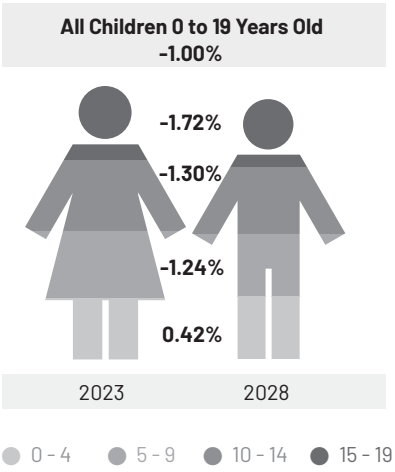
NUMBER OF BIRTHS IN ORANGE COUNTY[2]



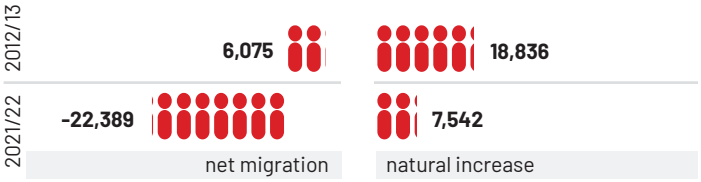

PROJECTED PERCENT CHILDREN IN ORANGE COUNTY[3]




PROJECTED ANNUAL GROWTH RATE IN ORANGE COUNTY, BY AGE

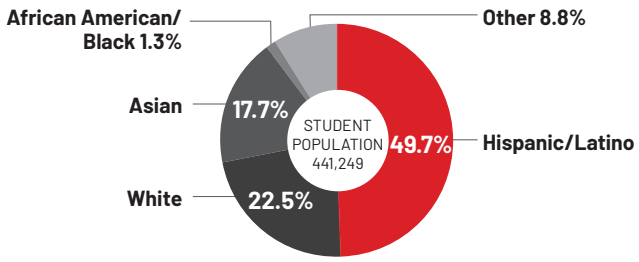



POPULATION INCREASE DUE TO NET MIGRATION VS NATURAL INCREASE[4]

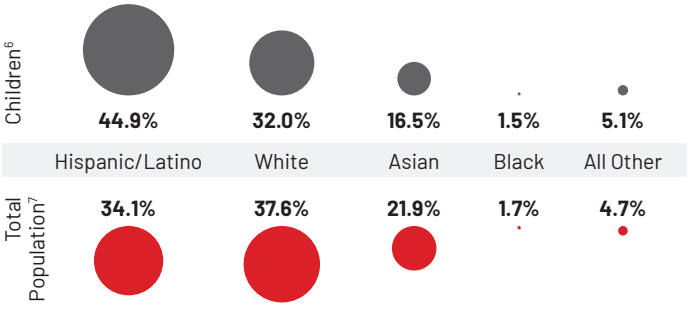



## Demographics

GRADE K-12 STUDENT POPULATION (441,249) BY RACE/ETHNICITY GROUP, SCHOOL YEAR 2022/23[5]

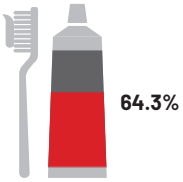



DEMOGRAPHICS OF CHILDREN[6] AND TOTAL POPULATION,[7] 2021




## Good Health

LAST VISIT TO THE DENTIST WAS 6 MONTHS AGO OR LESS AMONG CHILDREN (3 TO 11 YEARS OLD), 2021[8]

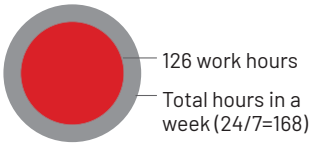



HEALTH STATUS OF CHILDREN (0 TO 17 YEARS OLD) WAS EXCELLENT OR VERY GOOD, 2021[8]

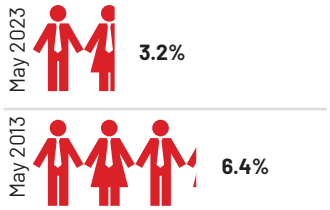

[1] California Department of Finance, State and County Population Estimates. Estimate as of January 1, 2023. [2] Orange County Health Care Agency. [3] ESRI, 2022. [4] California Department of Finance, E-2. California County Population Estimates and Components of Change by Year. [5] CDE DataQuest. [6] California Dept. of Finance, Population Estimates and Projections; U.S. Census Bureau, Population and Housing Unit Estimates (Aug. 2021, as reported in KidsData.org). [7] American Community Survey 2021 1-Year Estimates, Table DP05. [8] California Health Interview Survey, 2021.

## Economic Well-Being

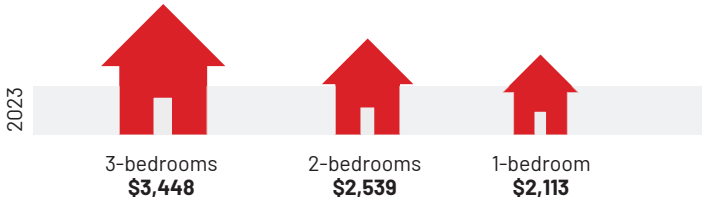
A MINIMUM WAGE EARNER MUST WORK 75% OF THE TOTAL HOURS IN A WEEK TO AFFORD A TWO-BEDROOM APARTMENT[9]




UNEMPLOYMENT[10]




FAIR MEDIAN MARKET RENT[14]




CHILD (0 TO 17 YEARS OLD) FOOD INSECURITY, 2021[11]


HOURLY WAGE

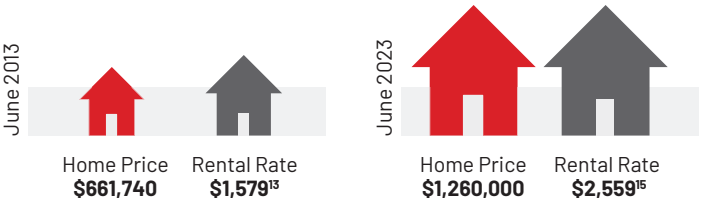

Needed hourly wage to afford 2-bedroom fair market rent[15]

Estimated hourly average renter wage[16]

MINIMUM INCOME NEEDED TO PURCHASE A MEDIAN-INCOME HOME[17]

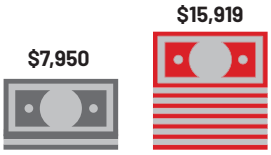

2023

MEDIAN HOME PRICE[12] AND RENTAL RATE

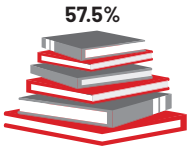



## Educational Achievement

ANNUAL EXPENDITURE PER PUPIL[18]



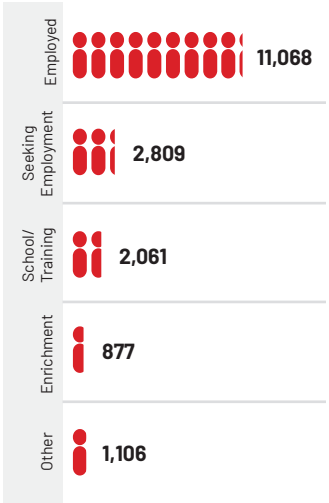

CHILDREN ARE READ TO DAILY (0 TO 5 YEARS OLD)[19]



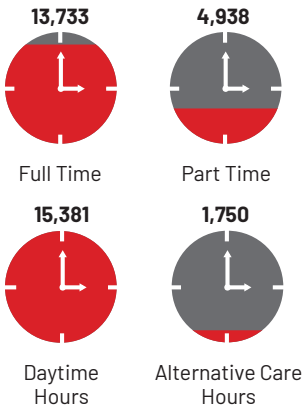

STUDENT ENROLLMENT


## Child Care[21]

NUMBER OF FAMILIES NEEDING CHILD CARE, BY REASON




NUMBER OF CHILDREN NEEDING CHILD CARE, BY TYPE




[9] National Low Income Housing Coalition, Out of Reach: California, http://nlihc.org/oor/california. [10] BLS Local Area Unemployment Statistics Map by Counties. [11] Feeding America, Map the Meal Gap. [12] California Association of Realtors, Historical Housing Data, Median Prices of Existing Detached Home. [13] American Community Survey, 2021 1-Year Estimates, Table B25064. [14] Housing and Urban Development, Office of Policy Development and Research (PD&R), Fair Market Rent Documentation System. [15] National Low Income Housing Coalition, Out of Reach: California, http://nlihc.org/oor/california. [16] National Low Income Housing Coalition, Out of Reach: California, http://nlihc.org/oor/california. [17] California Association of Realtors, Traditional Housing Affordability Index (HAI) measure. [18] California Department of Education, Current Expense of Education. [19] California Health Interview Survey, 2021. [20] CDE Dataquest. [21] Children's Home Society of California's Child Care Resource and Referral Program, 2021/22.

# GOOD HEALTH INDICATORS

## ACCESS TO HEALTH CARE

PERCENT OF UNINSURED CHILDREN

| 6.9% | 3.6% |
|---|---|
| 2012 | 2021 |

## LOW BIRTH WEIGHT

PERCENT OF INFANTS WITH LOW BIRTH WEIGHT

| 6.3% | 6.9% |
|---|---|
| 2012 | 2021 |

## OBESITY

PERCENT OF FIFTH GRADE STUDENTS WITH HEALTH RISK DUE TO BODY COMPOSITION

| 18.3% | 18.3% |
|---|---|
| 2013/14 | 2018/19 |

## EARLY PRENATAL CARE

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

| 88.9% | 89.3% |
|---|---|
| 2012 | 2021 |

## INFANT MORTALITY

RATE OF INFANT MORTALITY PER 1,000 LIVE BIRTHS

| 3.4 | 3.6 |
|---|---|
| 2012 | 2021 |

## PHYSICAL FITNESS AND NUTRITION

PERCENT OF FIFTH GRADE STUDENTS WITH HEALTH RISK DUE TO AEROBIC CAPACITY

| 5.8% | 6.4% |
|---|---|
| 2013/14 | 2018/19 |

## PRETERM BIRTHS

PERCENT OF PRETERM BIRTHS

| 8.4% | 8.6% |
|---|---|
| 2012 | 2021 |

## BREASTFEEDING

PERCENT EXCLUSIVE BREASTFEEDING IN-HOSPITAL

| 63.1% | 68.3% |
|---|---|
| 2012 | 2021 |

## BEHAVIORAL HEALTH

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

| 22.5 | 33.2 |
|---|---|
| 2012 | 2021 |

## TEEN BIRTHS

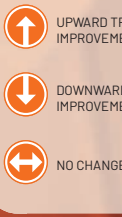
BIRTH RATE PER 1,000 FEMALES 15 TO 19 YEARS OF AGE

| 18.2 | 5.5 |
|---|---|
| 2012 | 2021 |

## IMMUNIZATIONS

PERCENT OF CHILDREN ADEQUATELY IMMUNIZED BY KINDERGARTEN

| 88.7% | 96.4% |
|---|---|
| 2013 | 2022 |




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

# ACCESS TO HEALTH CARE

## THE PERCENTAGE OF CHILDREN WHO WERE UNINSURED DECREASED FROM 2019 TO 2021.

### DESCRIPTION OF INDICATOR

This indicator reports the number and percentage of children 18 years old and under[1] who are uninsured; the number and percentage who do not have a usual source of care; and those who experienced delayed care or did not receive medical care or prescription medications.

### Why is this indicator important?

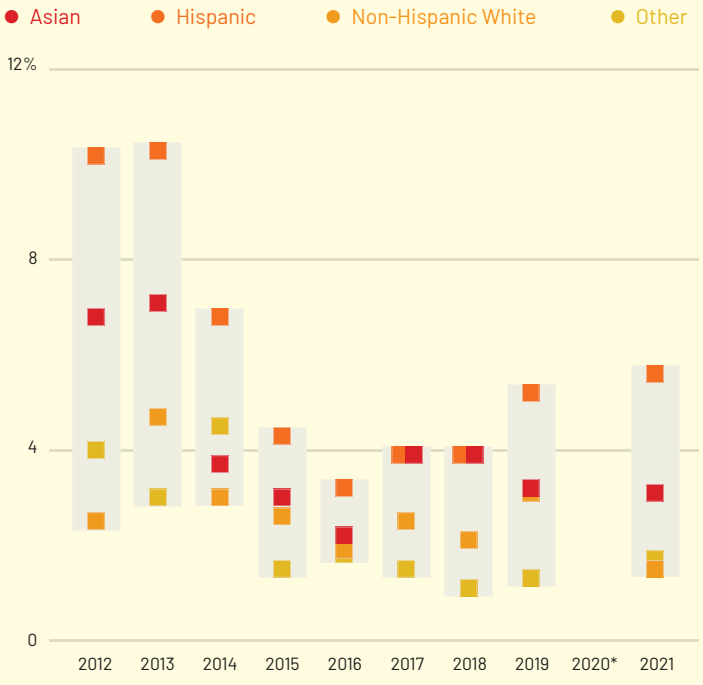
The National Academies of Sciences, Engineering, and Medicine (formerly known as the Institute of Medicine) define access to health care as the "timely use of personal health services to achieve the best possible health outcomes."[2] Improving health care access for all children helps to improve prevention, early diagnosis and treatment of health problems. Children with health insurance are more likely to get timely prescription medications and medical or mental health care when needed; are more likely to get preventive care (including immunizations, dental care and vision screenings); and, overall, have better health outcomes.

### Findings

- In 2021, 3.6% of children in Orange County were uninsured, representing a drop in the uninsured rate since 2012 (6.9%). This represents a 42.8% drop in the number of children who were uninsured from 50,884 in 2012 to 29,096 in 2021.
- Orange County had a nearly equivalent rate of uninsured children (3.6%) compared to California (3.5%) and a lower rate than the United States (5.4%). Orange County's rate of uninsured children has been lower than that of the United States since 2014.
- Hispanic children continue to have higher uninsured rates than other racial/ethnic groups, with 5.6% uninsured in 2021, compared with Asian children (3.1%), White children (1.5%), and Other races (1.7%).
- The percentage of very young children (0 - 5 years old) who are uninsured has dropped from 4.5% in 2012 to 2.7% in 2021 (10,644 to 5,603). Similarly, rates of uninsured 6 to 18-year-olds have dropped from 8.1% in 2012 to 4.0% in 2021 (40,240 to 20,493).[3]
- In addition, the California Health Interview Survey (Five-year pooled estimates for 2017 through 2021) reveals:
  - An estimated 9.6% of Orange County children under the age of 18 annually did not have a usual source of care to go to when they were sick or needed health advice.
  - About 5.6% of Orange County children experienced a delay or lack of medical care.
  - Most Orange County children who had access to a usual source of care went to a doctor's office (74.4%), while 13.9% usually went to a clinic or community hospital. The proportion of children who regularly visited an Emergency Department, urgent care center or some other location and those without a usual source of care was 11.6% (compared to 11.3% reported last year).

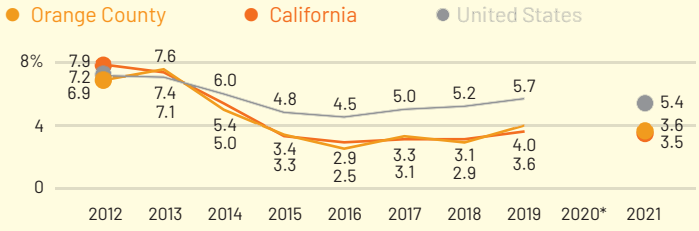
[1] The age categories changed from 6 - 17 years in 2016 and prior, to 6 - 18 years in 2017. The U.S. Census released the following statement regarding the changes: "[In 2017] Multiple health insurance tables were updated to have categories that better align with the current health insurance landscape [..] [2] Institute of Medicine (U.S.) Committee on Monitoring Access to Personal Health Care Services. (1993). Access to health care in America (M. Millman, Ed.). National Academies Press. [3] Estimate includes 18-year-olds in year 2017 through 2021. Increases in the percent of uninsured children in 2017 from 2016 may be attributable to this change in reported age groups. See footnote 1.

## Percent of Children Uninsured, by Race/Ethnicity
2012 to 2021



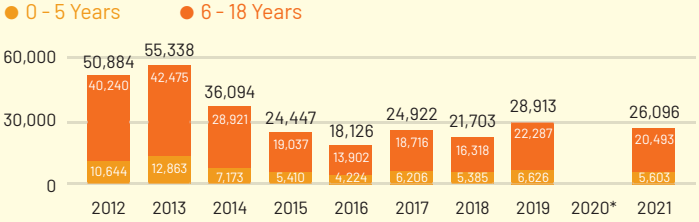

*Due to disruptions in data collection caused by COVID-19, 1-year population estimates for this topic are not available from the American Community Survey (ACS) in 2020. For more on the limitations of 1-year 2020 estimates, see https://www.census.gov/newsroom/press-releases/2021/changes-2020-acs-1-year.html
**Note:** The age categories changed from 6 - 17 years in 2016 and prior, to 6 - 18 years in 2017. See footnote 1 on the previous page for additional information.
**Note:** Other includes Black/African American, American Indian and Alaskan Native, Multiracial, and Other races.
**Source:** American Community Survey, 1-year estimates, Tables B27001 A-I and C27001 A-E

## Percent of Children Uninsured, 2012 to 2021




*Due to disruptions in data collection caused by COVID-19, 1-year population estimates for this topic are not available from the American Community Survey (ACS) in 2020. For more on the limitations of 1-year 2020 estimates, see https://www.census.gov/newsroom/press-releases/2021/changes-2020-acs-1-year.html
**Note:** The age categories changed from 6 - 17 years in 2016 and prior, to 6 - 18 years in 2017. See footnote 1 on the previous page for additional information.
**Source:** American Community Survey, 1-year estimates, Table S2701

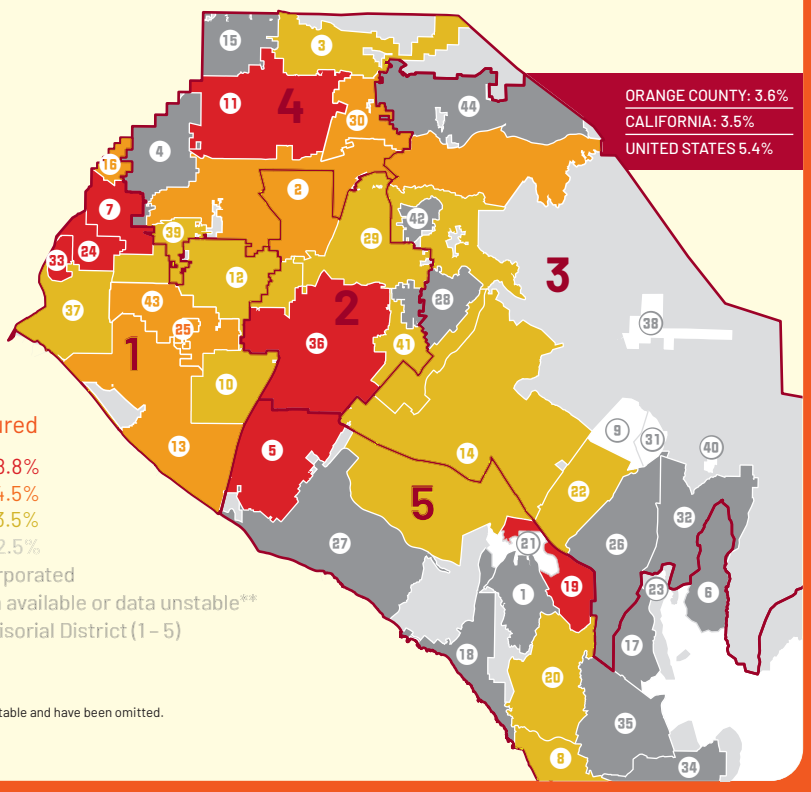
## Number of Children Who Were Uninsured, by Age Group, 2012 to 2021




*Due to disruptions in data collection caused by COVID-19, 1-year population estimates for this topic are not available from the American Community Survey (ACS) in 2020. For more on the limitations of 1-year 2020 estimates, see https://www.census.gov/newsroom/press-releases/2021/changes-2020-acs-1-year.html
**Note:** The age categories changed from 6 - 17 years in 2016 and prior, to 6 - 18 years in 2017. See footnote 1 on the previous page for additional information.
**Source:** American Community Survey, 1-year estimates, Table 2701 and Table B27001

## Percent of Children 18 Years and Younger Who Were Uninsured, by Community of Residence, 2017 to 2021

1. ALISO VIEJO 0.9%
2. ANAHEIM 3.8%
3. BREA 3.3%
4. BUENA PARK 2.5%
5. COSTA MESA 6.0%
6. COTO DE CAZA 1.8%
7. CYPRESS 5.2%
8. DANA POINT 3.2%
9. FOOTHILL RANCH NO DATA*
10. FOUNTAIN VALLEY 3.0%
11. FULLERTON 5.7%
12. GARDEN GROVE 3.2%
13. HUNTINGTON BEACH 3.6%
14. IRVINE 2.6%
15. LA HABRA 2.5%
16. LA PALMA 4.0%
17. LADERA RANCH 1.2%
18. LAGUNA BEACH 1.2%
19. LAGUNA HILLS 4.7%
20. LAGUNA NIGUEL 2.6%
21. LAGUNA WOODS N/A**
22. LAKE FOREST 3.0%
23. LAS FLORES NO DATA*
24. LOS ALAMITOS 8.8%
25. MIDWAY CITY 3.8%
26. MISSION VIEJO 2.0%
27. NEWPORT BEACH 1.1%
28. NORTH TUSTIN 1.2%
29. ORANGE 3.0%
30. PLACENTIA 3.9%
31. PORTOLA HILLS NO DATA*
32. RANCHO SANTA MARGARITA 2.3%
33. ROSSMOOR 4.6%
34. SAN CLEMENTE 1.2%
35. SAN JUAN CAPISTRANO 0.0%
36. SANTA ANA 6.1%
37. SEAL BEACH 3.3%
38. SILVERADO NO DATA*
39. STANTON 2.6%
40. TRABUCO CANYON NO DATA*
41. TUSTIN 3.0%
42. VILLA PARK 0.9%
43. WESTMINSTER 3.8%
44. YORBA LINDA 1.6%




*No data available. **Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.
**Source:** American Community Survey, 5-year estimates, 2017 - 2021

# EARLY PRENATAL CARE

## EARLY PRENATAL CARE RATE HITS 10-YEAR HIGH.

### DESCRIPTION OF INDICATOR

This indicator tracks the number and percent of infants born to people whose prenatal care began during the first trimester (the first three months) of pregnancy.

### Why is this indicator important?

Getting regular prenatal care as soon as someone knows they are pregnant improves the potential for a healthy pregnancy resulting in a full-term baby. Ideally, this care should begin with a preconception care visit to a health care provider. Prenatal care provides screening and management of a pregnant person's risk factors and health conditions to reduce pregnancy complications, as well as education and counseling on healthy behaviors during and after pregnancy.[1] While the value of initiating prenatal care during early pregnancy is not disputed, evidence equating late prenatal care with adverse pregnancy outcomes is limited. Additionally, certain genetic, behavioral, social, environmental and other factors can also adversely affect the ability to have a healthy, full-term baby. Still, late prenatal care has been associated with risk of death in all pregnant people (especially in minorities), increased rates of preterm delivery, low birth weight and congenital malformations.[2]

### Findings

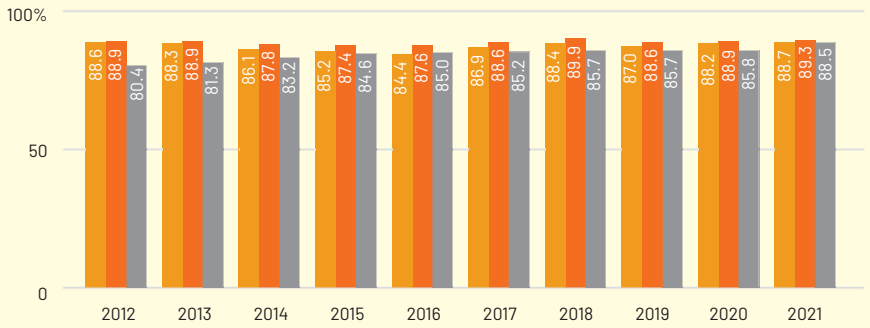
- In 2021, Orange County's rate of pregnant people receiving early prenatal care was 88.7%. This rate represented a 10-year high and remained higher than both California (88.5%) and the United States (76.4%) in 2021.[3]
- The percentage of pregnant people receiving early prenatal care rebounded from a low of 84.4% in 2016.[4] The rates have seen less fluctuation recently due to a decrease in self-pay deliveries.[5]
  - Self-pay deliveries are those paid through cash payment rather than health insurance and are often associated with foreign visitors who travel to the U.S. to give birth. These births are less likely to have recorded prenatal care than those paid through health insurance. In 2021, there were 818 self-pay deliveries in Orange County, which represented a 10-year low.
  - When self-pay deliveries are excluded, the percent of pregnant people who received early prenatal care in Orange County in 2021 increased from 88.9% to 89.3%.
- With self-pay deliveries excluded, 93.4% of White pregnant people received early prenatal care followed by Other (91.5%), Asian/Pacific Islander (90.4%), Black (86.5%) and Hispanic (85.3%) pregnant people. The percentage increased for all races/ethnicities except Whites.

[1] Hagan, J. F., Shaw, J. S., and Duncan, P. M., Eds. (2008). [2] Smith, A. and Bassett-Novoa, E., Late Presentation to Prenatal Care, American Family Physician, Volume 92, Number 5, September 1, 2015. [3] National Center for Health Statistics, final natality data. Retrieved from www.marchofdimes.org/peristats. [4] Further analyses of the California Birth Statistical Master Files indicate that early prenatal care in Orange County remains relatively stable when birth circumstances related to self-pay deliveries are considered. However, disparities between ethnicities and races persist. [5] Self-pay deliveries in Orange County increased substantially in 2014, 2015, and 2016. Analysis of trends indicates correlation of individuals with self-pay deliveries with lower rates of documentation of early prenatal care.

## Percent of Pregnant People who Received Early Prenatal Care in the First Trimester, Orange County and California, 2012 to 2021

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

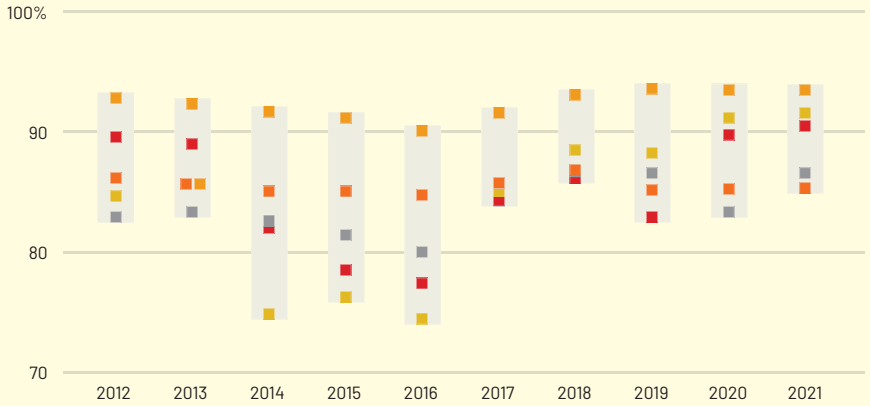
**California Source:** National Center for Health Statistics, final natality data. Retrieved from www.marchofdimes.org/peristats
**Orange County Source:** Orange County Health Care Agency




## Percent of Pregnant People who Received Early Prenatal Care in the First Trimester, Excluding Self-Pay Deliveries, by Race/Ethnicity, 2012 to 2021

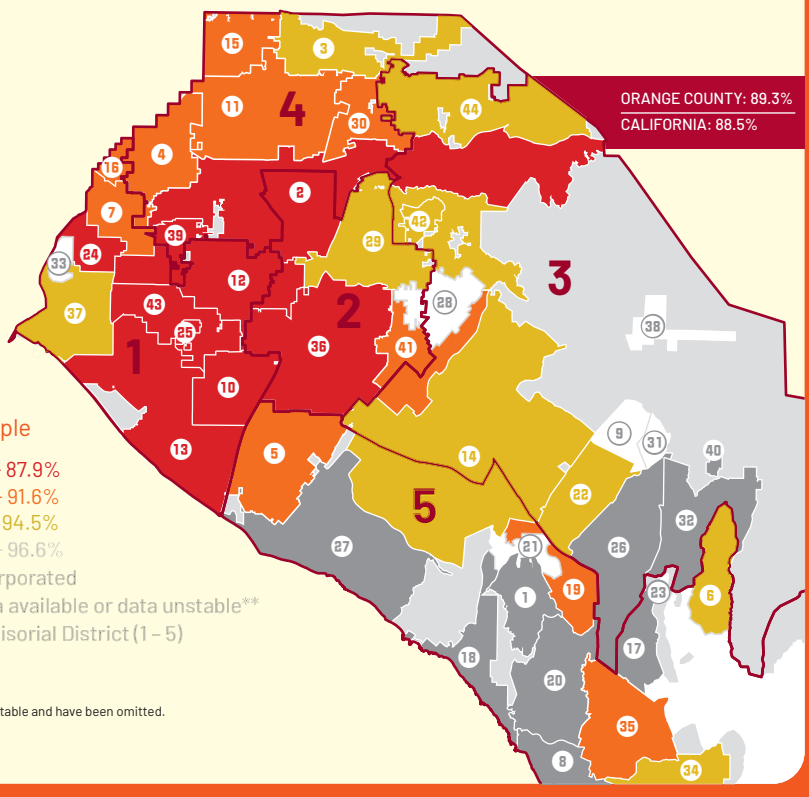
- Asian/Pacific Islander
- Black
- Hispanic
- White
- Other*

*For 2012 to 2016, "Other" includes AIAN, Pacific Islander, Multiracial, Other and Unknown. Rates for Pacific Islander were included with Asian/Pacific Islander starting in 2017.
**Source:** Orange County Health Care Agency




## Percent of People who Received Early Prenatal Care, Excluding Self-Pay Deliveries in Orange County, by Community of Residence, 2021

1. ALISO VIEJO 94.6%
2. ANAHEIM 87.7%
3. BREA 94.5%
4. BUENA PARK 88.4%
5. COSTA MESA 91.6%
6. COTO DE CAZA 92.7%
7. CYPRESS 89.1%
8. DANA POINT 95.8%
9. FOOTHILL RANCH NO DATA*
10. FOUNTAIN VALLEY 83.1%
11. FULLERTON 88.1%
12. GARDEN GROVE 83.4%
13. HUNTINGTON BEACH 85.6%
14. IRVINE 94.0%
15. LA HABRA 89.1%
16. LA PALMA 91.5%
17. LADERA RANCH 96.2%
18. LAGUNA BEACH 96.5%
19. LAGUNA HILLS 91.2%
20. LAGUNA NIGUEL 94.7%
21. LAGUNA WOODS N/A**
22. LAKE FOREST 94.0%
23. LAS FLORES N/A**
24. LOS ALAMITOS 87.0%
25. MIDWAY CITY 73.8%
26. MISSION VIEJO 94.8%
27. NEWPORT BEACH 96.6%
28. NORTH TUSTIN NO DATA*
29. ORANGE 92.5%
30. PLACENTIA 91.4%
31. PORTOLA HILLS NO DATA*
32. RANCHO SANTA MARGARITA 96.6%
33. ROSSMOOR NO DATA*
34. SAN CLEMENTE 93.9%
35. SAN JUAN CAPISTRANO 91.0%
36. SANTA ANA 82.6%
37. SEAL BEACH 92.5%
38. SILVERADO N/A**
39. STANTON 82.1%
40. TRABUCO CANYON 95.7%
41. TUSTIN 90.0%
42. VILLA PARK 93.3%
43. WESTMINSTER 77.4%
44. YORBA LINDA 94.0%




*No data available. **Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.
**Source:** County of Orange, Health Care Agency

# PRETERM BIRTHS

## PRETERM BIRTHS CONTINUE TO INCREASE IN ORANGE COUNTY, CALIFORNIA AND U.S.

### DESCRIPTION OF INDICATOR

This indicator reports the percentage of total annual births that are preterm. Preterm birth is defined as the delivery of an infant at less than 37 weeks of gestation, the period of time between conception and birth. Late preterm births (occurring between 34 to 36 weeks of gestation), moderate preterm births (occurring between 32 to 33 weeks of gestation) and very preterm births (occurring less than 32 weeks of gestation) are subsets of preterm births.[1]

### Why is this indicator important?

Preterm birth is an important public health issue requiring sustained focus on its causes, consequences and prevention strategies.[2] Several factors — economic, personal, medical and behavioral — may increase the likelihood that a woman has preterm labor and delivers early.[3] Compared to infants born at term, preterm infants are more likely to suffer lifelong neurologic, cognitive and behavioral problems.[4,5] Preterm births and low birth weight are often, but not always, associated. The U.S. preterm birth rate increased to 10.5% in 2021, up from 10.1%, as did the low birth weight rate, increasing to 8.5% (from 8.2% in 2020).[6] Preterm births cost the U.S. health care system more than $25.2 billion each year.[7]

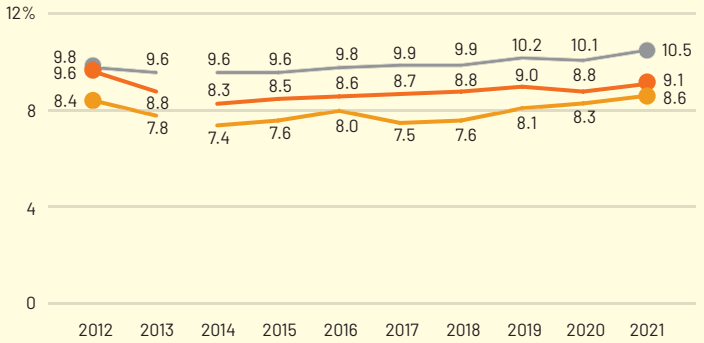
### Findings

- Preterm births accounted for 8.6% of the 30,718 births to Orange County residents in 2021. By comparison, the rate for the United States was higher at 10.5% as was the rate for California (9.1%).[8]
- The percentage of preterm births in Orange County was highest among Black infants (9.5%), followed by Hispanic (9.3%), Asian/Pacific Islander (8.6%) and White infants (7.7%). The percentages increased for infants across all races compared to 2020 except Black infants, which decreased.
- Mothers over the age of 40 had the highest percentage of preterm births at 13.8%. Mothers ages 25 - 29 had the lowest percentage at 7.6%.

[1] Since 2014, preterm births have been calculated by establishing the gestational age based on the obstetric estimate. For years 2013 and earlier, the gestational age was calculated in the month prenatal care began by recording the date of the last normal menses. This change may lead to a slight discontinuity in prenatal care results between years 2013 and 2014. [2] Surgeon General's Conference on the Prevention of Preterm Birth, 2008. [3] Centers for Disease Control, Preterm Birth Infographic. [4] Martin, J.A., et al, 2012. [5] Mathews, T.J., MacDorman, M.F., 2012. [6] National Vital Statistics Reports, Vol. 72, No. 1, January 31, 2023. [7] 2022 March of Dimes Report Card. [8] County of Orange Health Care Agency.

## Percent of Preterm Births, Orange County, California and United States, 2012 to 2021

United States · California · Orange County

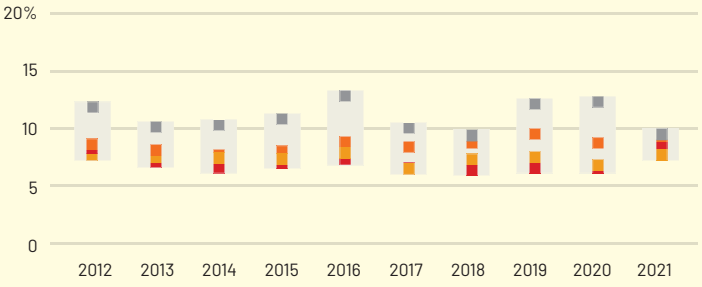



**Note:** Percent calculated from number of births with known obstetric estimate gestational age less than 37 weeks for 2014. Rates prior to 2014 were calculated from last menstrual cycle dates.
**Source:** Orange County Health Care Agency; March of Dimes Report Card

## Percent of Preterm Births, by Race/Ethnicity

2012 to 2021

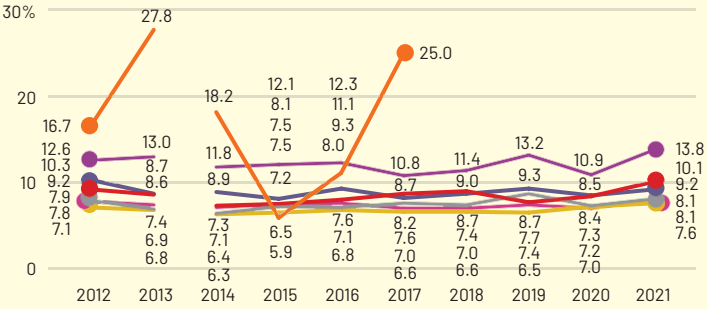
Asian/Pacific Islander · Black · Hispanic · White




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

## Percent of Preterm Births by Mother's Age, Orange County, 2012 to 2021

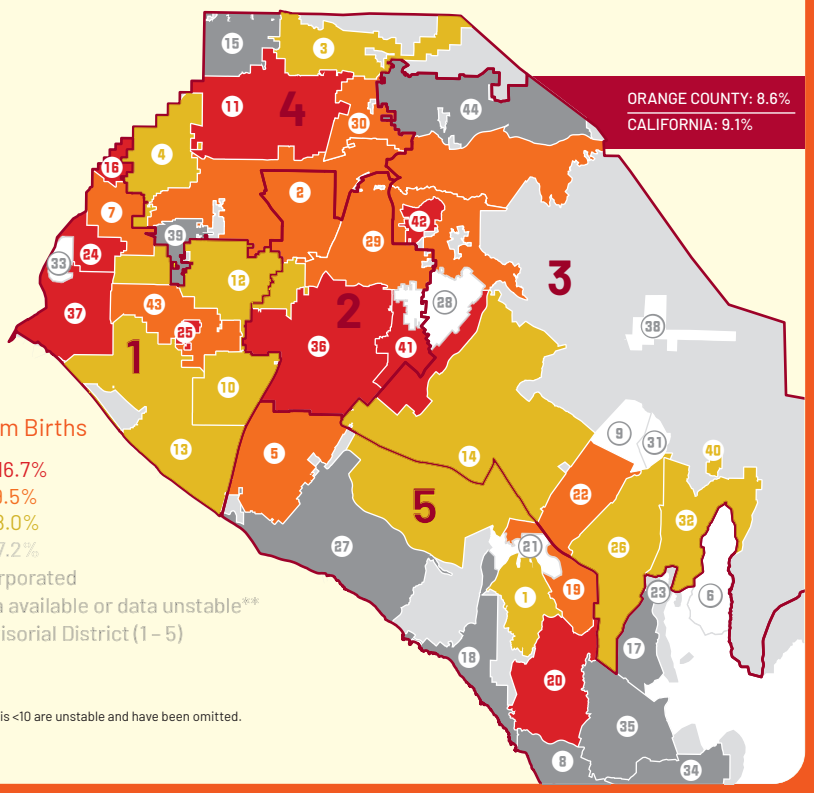
<15 Years · 15 - 19 years · 20 - 24 years · 25 - 29 years · 30 - 34 Years · 35 - 39 Years · 40+ Years




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

## Percent of Preterm Births, by Community of Residence, 2021

1 ALISO VIEJO 7.40%
2 ANAHEIM 9.50%
3 BREA 7.70%
4 BUENA PARK 8.00%
5 COSTA MESA 8.50%
6 COTO DE CAZA N/A**
7 CYPRESS 8.30%
8 DANA POINT 6.70%
9 FOOTHILL RANCH NO DATA*
10 FOUNTAIN VALLEY 7.50%
11 FULLERTON 10.40%
12 GARDEN GROVE 8.00%
13 HUNTINGTON BEACH 7.70%
14 IRVINE 7.80%
15 LA HABRA 7.00%
16 LA PALMA 10.30%
17 LADERA RANCH 7.10%
18 LAGUNA BEACH 6.70%
19 LAGUNA HILLS 8.60%
20 LAGUNA NIGUEL 9.60%
21 LAGUNA WOODS N/A**
22 LAKE FOREST 8.30%
23 LAS FLORES N/A**
24 LOS ALAMITOS 12.70%
25 MIDWAY CITY 10.00%
26 MISSION VIEJO 7.70%
27 NEWPORT BEACH 6.10%
28 NORTH TUSTIN NO DATA*
29 ORANGE 9.00%
30 PLACENTIA 9.30%
31 PORTOLA HILLS NO DATA*
32 RANCHO SANTA MARGARITA 7.50%
33 ROSSMOOR N/A**
34 SAN CLEMENTE 5.5%
35 SAN JUAN CAPISTRANO 7.1%
36 SANTA ANA 10.70%
37 SEAL BEACH 10.90%
38 SILVERADO N/A**
39 STANTON 7.10%
40 TRABUCO CANYON 7.60%
41 TUSTIN 10.20%
42 VILLA PARK 16.70%
43 WESTMINSTER 8.50%
44 YORBA LINDA 7.10%




**Note:** *No data available. **Percentages based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.
**Source:** Orange County Health Care Agency

# TEEN BIRTHS

## BIRTH RATES AMONG HISPANIC TEENS DECREASED BY 72% IN THE LAST DECADE.

### DESCRIPTION OF INDICATOR

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

### Why is this indicator important?

Giving birth as a teen can have profoundly negative consequences for both the teen and the infant. Teen births also have negative consequences for society. Teens who give birth are less likely to complete high school or college.[1] They are more likely to require public assistance and live in poverty than their non-parenting peers.[2] Infants born to teens are at greater risk for low birth weight, preterm birth and death in infancy. These infants have a lower probability of obtaining the emotional and financial resources they need throughout childhood to develop into independent, productive, well-adjusted adults.[3] Teen birth rates have declined significantly since 1991, representing an estimated annual U.S. taxpayer savings of $4.4 billion in 2015 alone.[4] However, teen births still cost taxpayers an estimated $1.9 billion in 2015. For California, the estimated taxpayer costs were $159 million in 2015 and for Orange County, $8.96 million in 2015 (societal costs are estimated to be even higher).

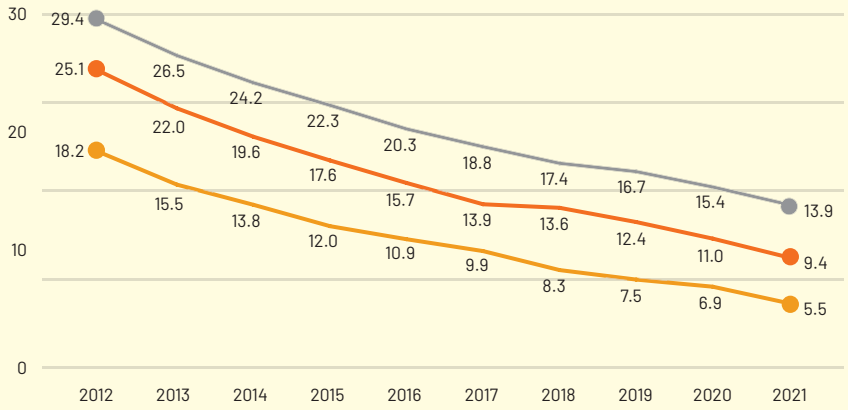
### Findings

- In 2021, 1.9% (599) of all Orange County births were to teen females ages 19 years and younger, a 71.7% decrease in the number of births (2,103) in 2012. Overall, total births decreased 19.5% from 38,186 in 2012 to 30,718 births in 2021.
- The teen birth rate in Orange County in 2021 was 5.5 births per 1,000 females ages 15 to 19, a decrease of 69.8% from 18.2 births per 1,000 in 2012.
- At 5.5 births per 1,000 teen females, Orange County has a lower teen birth rate than California (9.4)[5] and the United States (13.9).[6]
- When assessed by race/ethnicity, Hispanic teens had the highest birth rate (10.3 births per 1,000 teen females), followed by Black (5.7), White (1.4) and Asian/Pacific Islander (0.5) teens in Orange County.
- Teen birth rates in Orange County have decreased for all races and ethnicities compared to 2020.

[1] Perper K, Peterson K, Manlove J. Diploma Attainment Among Teen Mothers. Child Trends, Fact Sheet Publication #2010-01: Washington, DC: Child Trends; 2010. [2] Hoffman SD. Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy. Washington, DC: The Urban Institute Press; 2008. [3] CDC, Vital Signs: Teen Pregnancy, 1991 - 2009. [4] Power to Decide: Progress Pays Off. National Public Savings Data. 2015. This estimate of public savings factors in Medicaid spending associated with prenatal care, labor, delivery, postpartum care, and a year of infant care, in addition to spending associated with public assistance during pregnancy and/or the year following a birth for those who received benefits. [5] State of California, Department of Public Health. Maternal, Child and Adolescent Health Division. [6] Centers for Disease Control, National Center for Health Statistics, National Vital Statistics Reports.

## Birth Rate per 1,000 Females 15 to 19 Years of Age, Orange County, California and United States, 2012 to 2021

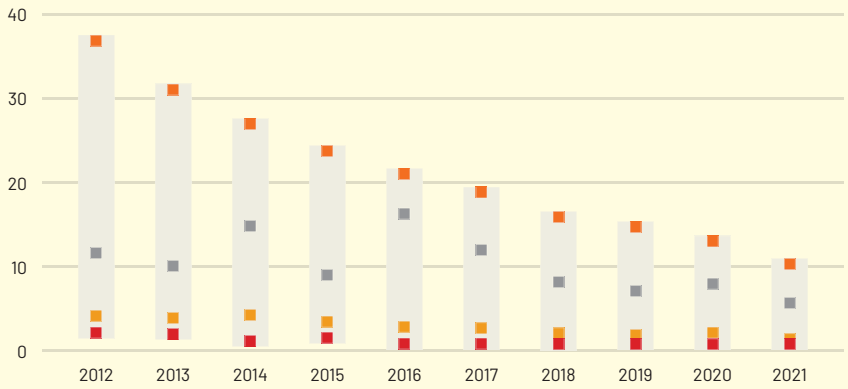
- United States
- California
- Orange County




**Note:** Rates calculated using data from State of California, Department of Finance.
**Source Orange County:** Orange County Health Care Agency
**Source California:** State of California, Department of Public Health. Maternal, Child and Adolescent Health Division
**Source United States:** Centers for Disease Control, National Center for Health Statistics, National Vital Statistics Reports

## Birth Rate per 1,000 Females 15 to 19 Years of Age, by Race/Ethnicity, 2012 to 2021

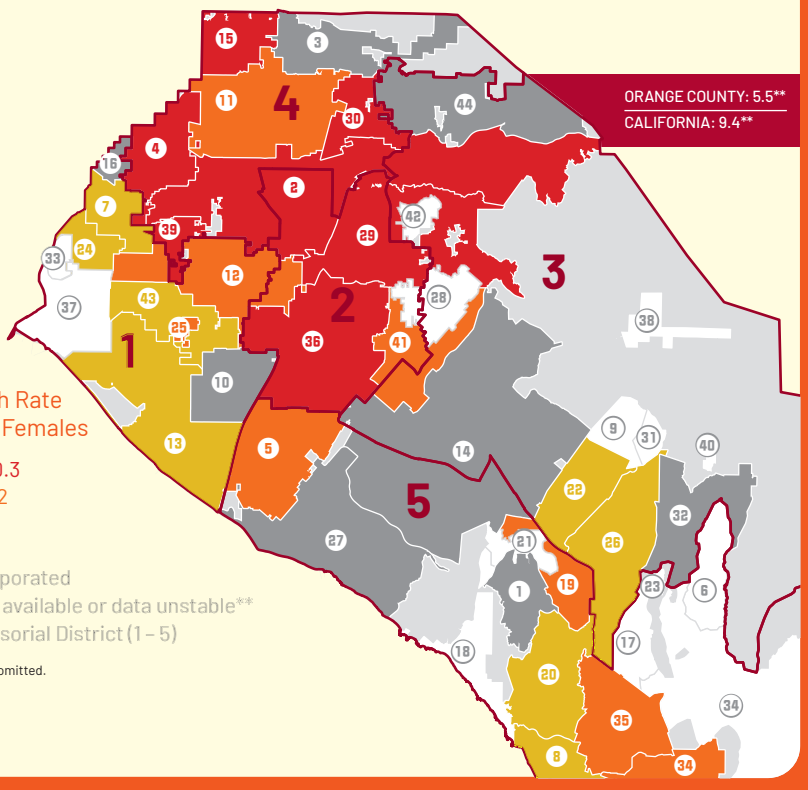
- Asian/Pacific Islander
- Black
- Hispanic
- White




**Source**: Orange County Health Care Agency

## Birth Rates per 1,000 Females 15 to 19 Years of Age, by Community of Residence, 2017 - 2021

1. ALISO VIEJO 2.2
2. ANAHEIM 14.0
3. BREA 2.6
4. BUENA PARK 14.7
5. COSTA MESA 9.7
6. COTO DE CAZA N/A*
7. CYPRESS 2.9
8. DANA POINT 5.5
9. FOOTHILL RANCH N/A*
10. FOUNTAIN VALLEY 2.0
11. FULLERTON 9.8
12. GARDEN GROVE 7.7
13. HUNTINGTON BEACH 4.1
14. IRVINE 0.7
15. LA HABRA 12.6
16. LA PALMA 2.2
17. LADERA RANCH N/A*
18. LAGUNA BEACH N/A*
19. LAGUNA HILLS 10.2
20. LAGUNA NIGUEL 3.0
21. LAGUNA WOODS N/A*
22. LAKE FOREST 5.5
23. LAS FLORES N/A*
24. LOS ALAMITOS 3.2
25. MIDWAY CITY 7.6
26. MISSION VIEJO 3.9
27. NEWPORT BEACH 1.4
28. NORTH TUSTIN N/A*
29. ORANGE 10.8
30. PLACENTIA 10.8
31. PORTOLA HILLS N/A*
32. RANCHO SANTA MARGARITA 2.1
33. ROSSMOOR N/A*
34. SAN CLEMENTE 8.9
35. SAN JUAN CAPISTRANO 9.3
36. SANTA ANA 20.3
37. SEAL BEACH N/A*
38. SILVERADO N/A*
39. STANTON 12.2
40. TRABUCO CANYON N/A*
41. TUSTIN 10.1
42. VILLA PARK N/A*
43. WESTMINSTER 6.2
44. YORBA LINDA 1.7




*Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted. Occurrences <5 have been omitted to protect confidentiality. **2021 Teen Birth Rate per 1,000 Females.
**Source:** Orange County Health Care Agency
**Population source:** U.S. Census Bureau, American Community Survey, 5-Year Estimates

# LOW BIRTH WEIGHT

## SIMILAR TO STATE AND NATIONAL TRENDS, THE PERCENTAGE OF ORANGE COUNTY INFANTS WITH LOW BIRTH WEIGHT HIT A 10-YEAR HIGH.

### DESCRIPTION OF INDICATOR

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

### Why is this indicator important?

Low birth weight infants have an increased risk of experiencing developmental problems and delays. In addition, these infants are at higher risk for serious illness, disability, lifelong health difficulties and are more likely to die before their first birthday.[1] Amongst very low birth weight infants, the risks are higher and the negative outcomes more severe, especially the risk of death in the first year — 22% compared to 1% for low birth weight infants.[2] The primary causes of low birth weight are premature birth and fetal growth restriction. Risk factors for low birth weight include smoking, alcohol/drug use during pregnancy, multiple births, poor nutrition, maternal age, socioeconomic factors, domestic violence and maternal or fetal infections.

### Findings

- In 2021, there were 30,716 births to residents in Orange County with known birthweight, of which 6.9% (2,129) were low birth weight infants, the highest percentage in the last 10 years.
- Overall, the Orange County low birth weight rate remains lower than the 2021 rates for California (7.3%) and the United States (8.2%) which also increased. Preterm births were at a 10-year high nationally and in California as well.[3]
- Very low birth weight infants comprised 0.9% (287) of the total births in Orange County.
- When assessed by race/ethnicity, the percent of low birth weight infants within each group were: Black (10.5%), Hispanic (7.0%), Asian/Pacific Islander (8.4%) and White (5.5%) infants. Percent of low birth weight infants increased across all race/ethnicity groups between 2020 and 2021.

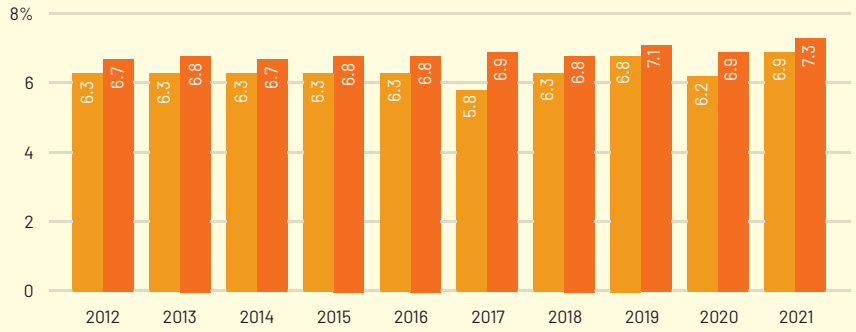


[1] MacDorman, M. F., Mathews, T. J., & Declercq, E. R. (2012). [2] Mathews, T. J., MacDorman, M. F. (2013). [3] Centers for Disease Control, National Center for Health Statistics.

## Percent of Infants with Low Birth Weight Orange County and California, 2012 to 2021

- Orange County
- California

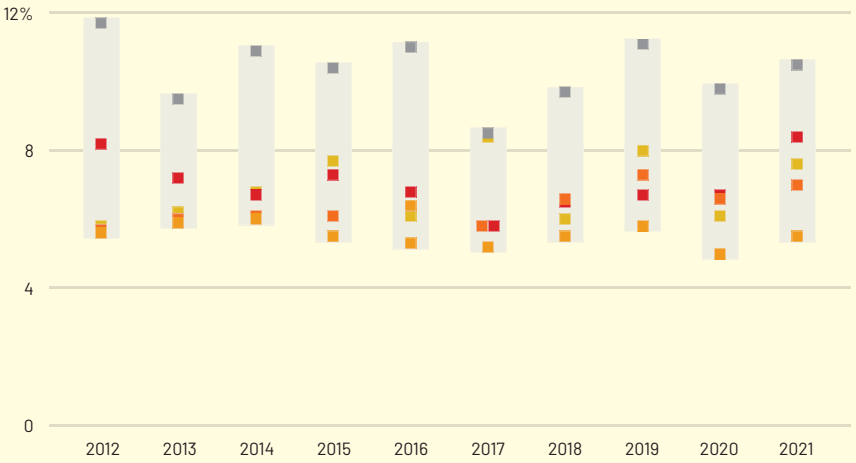
**Source:** Orange County Health Care Agency; Centers for Disease Control, National Center for Health Statistics




## Percent of Infants with Low Birth Weight, by Race/Ethnicity, 2012 to 2021

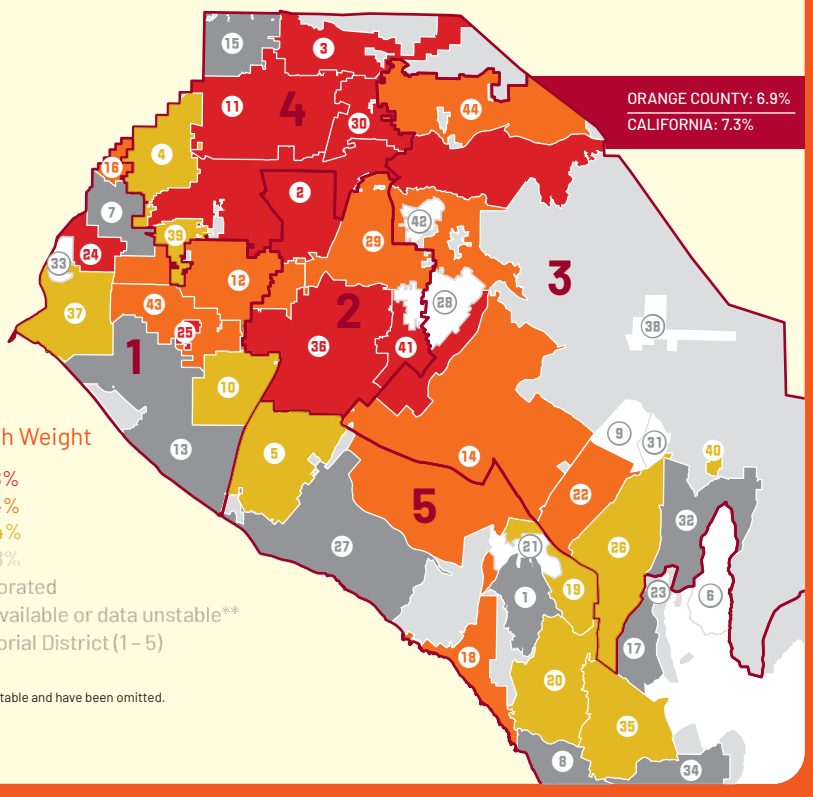
- Asian/Pacific Islander
- Hispanic
- Other*
- White
- Black

**Note:** Due to relatively low numbers of Black infants, statistics for this group are unreliable. For example, in 2021, there were 440 black infant births.
**Source:** Orange County Health Care Agency




## Percent of Infants with Low Birth Weight, by Community of Residence, 2021

1. ALISO VIEJO 5.3%
2. ANAHEIM 7.7%
3. BREA 7.9%
4. BUENA PARK 6.3%
5. COSTA MESA 6.0%
6. COTO DE CAZA N/A**
7. CYPRESS 5.4%
8. DANA POINT 4.7%
9. FOOTHILL RANCH NO DATA*
10. FOUNTAIN VALLEY 5.9%
11. FULLERTON 8.6%
12. GARDEN GROVE 6.7%
13. HUNTINGTON BEACH 5.8%
14. IRVINE 6.9%
15. LA HABRA 5.8%
16. LA PALMA 7.2%
17. LADERA RANCH 5.7%
18. LAGUNA BEACH 6.7%
19. LAGUNA HILLS 6.4%
20. LAGUNA NIGUEL 6.1%
21. LAGUNA WOODS NO DATA*
22. LAKE FOREST 7.4%
23. LAS FLORES NO DATA*
24. LOS ALAMITOS 8.2%
25. MIDWAY CITY 8.8%
26. MISSION VIEJO 6.3%
27. NEWPORT BEACH 4.7%
28. NORTH TUSTIN NO DATA*
29. ORANGE 7.4%
30. PLACENTIA 8.3%
31. PORTOLA HILLS NO DATA*
32. RANCHO SANTA MARGARITA 5.7%
33. ROSSMOOR NO DATA*
34. SAN CLEMENTE 5.1%
35. SAN JUAN CAPISTRANO 6.2%
36. SANTA ANA 8.2%
37. SEAL BEACH 6.4%
38. SILVERADO NO DATA*
39. STANTON 5.9%
40. TRABUCO CANYON 6.2%
41. TUSTIN 7.5%
42. VILLA PARK N/A**
43. WESTMINSTER 6.6%
44. YORBA LINDA 6.9%




*No data available. **Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.
**Note:** Rancho Mission Viejo low birth weight percentage was 5.2%.
**Source:** Orange County, Heath Care Agency

# INFANT MORTALITY

## ORANGE COUNTY INFANT MORTALITY RATE HITS A 10-YEAR HIGH.

### DESCRIPTION OF INDICATOR

The infant mortality indicator refers to deaths of infants under one year of age. The number and rate of infant mortality is calculated per 1,000 live births per year.

### Why is this indicator important?

The infant mortality rate is a widely-used indicator of societal health because it is associated with maternal health, quality of and access to medical care, socioeconomic conditions and public health practices. Improvements in the infant mortality rate may reflect progress in medical technology, hygiene and sanitation systems, economic well-being and the availability and use of both preventive and clinical health services.[1] Despite the overall declines in infant mortality since 2002, there remain significant disparities in the rates among Black and Hispanic infants in Orange County, which remain higher than the overall county rate. In the past, these disparities had been only partially explained by factors such as adequacy and quality of prenatal care.

### Findings

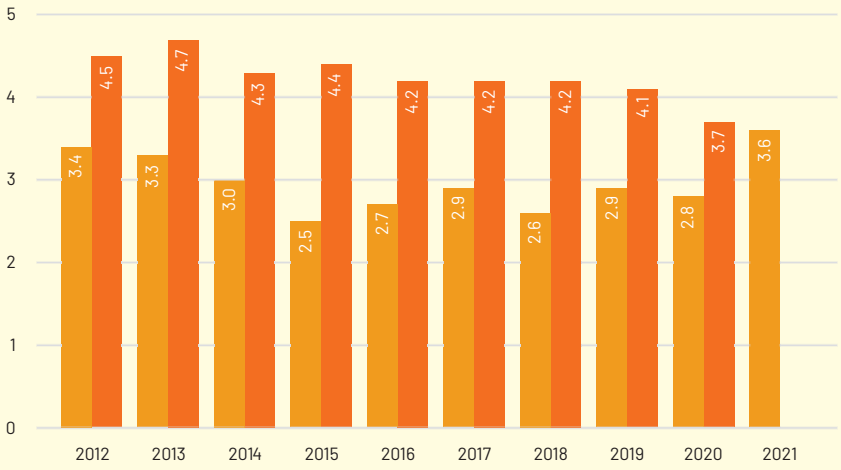
- In 2021, there were 111 infant deaths in Orange County.
- The infant mortality rate was 3.6 deaths per 1,000 births in 2021, an increase since 2012 from 3.4. This rate is lower than California's 2020 rate of 3.7[2] and the United States' rate of 5.4.[3]
- Leading causes of infant mortality were birth defects (30.6%), maternal complications (18.9%) and sudden unexpected infant death (9.0%).
- The infant morality rates (per 1,000 live births) for 2019 - 2021 were highest among Black infants (4.5*), followed by Hispanic (4.3), White (2.4) and Asian/ Pacific Islander (1.9) infants.



* Due to relatively low numbers of Black infants and deaths, statistics for this group are unreliable and should be interpreted with caution. [1] MacDorman, M F, Mathew, MS, 2013.
[2] Centers for Disease Control, National Center for Health Statistics. [3] Centers for Disease Control, CDC Wonder, 2020.

## Infant Mortality Rate per 1,000 Live Births, Orange County and California, 2012 to 2021

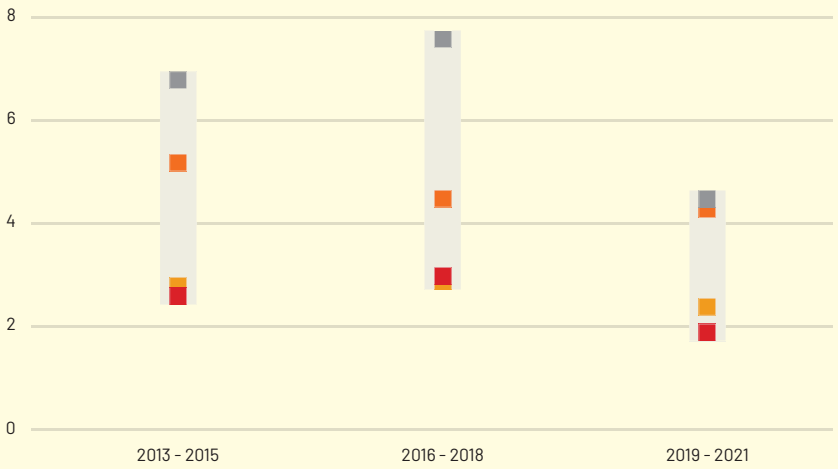
- Orange County
- California




**Note:** California data for 2021 was not available at the time of print.
**Source:** Orange County Health Care Agency

## Infant Mortality Rate per 1,000 Live Births, by Race and Ethnicity 2013 to 2021

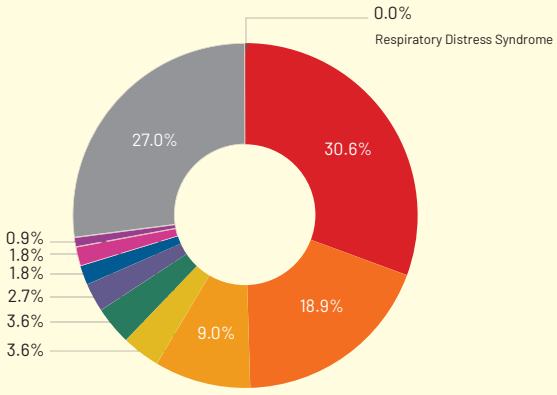
- Asian/Pacific Islander
- Black*
- Hispanic
- White




*Due to relatively low numbers of Black infants and deaths, statistics for this group are unreliable and should be interpreted with caution.
**Note:** Table does not include race/ethnicity "Other/Unknown".
**Source:** County of Orange Health Care Agency

## Top 10 Causes Of Infant Deaths, by Percent, 2021

- Birth Defects
- Maternal Complications*
- Sudden Unexpected Infant Death**
- Complications of Placenta, Cord and Membranes
- Preterm-Low Birth Weight
- Necrotizing Enterocolitis (NEC)
- Bacterial Sepsis
- Diseases of the Circulatory System
- Accidents (Unintentional Injuries)
- Respiratory Distress Syndrome (RDS)
- All Other Causes




*Maternal Causes includes causes such as hypertension, premature rupture of membranes, malpresentation, placenta previa, alcohol/drug abuse, or other complications of labor and delivery.
**SUID=R95 sudden infant death syndrome [SIDS], R99 undetermined, W75 accidental suffocation and strangulation in bed [ASSB].
**Note:** *Causes of infant death categories were selected based on the *National Vital Statistics Report Volume 70, Number 9 July 26, 2021 Deaths: Leading Causes for 2019* – Table E. Deaths and Percentage of Total Deaths for the 10 Leading Causes of Infant Death: United States, 2018 and 2019, National Center for Health Statistics, National Vital Statistics System, Mortality.
**Note:** Due to rounding percentages may not add up to 100.
**Source:** Orange County Health Care Agency, Orange County Coroner Division

# BREASTFEEDING

## EXCLUSIVE BREASTFEEDING RATE IN-HOSPITAL HITS A 10-YEAR HIGH AT 68.3%.

### DESCRIPTION OF INDICATOR

This indicator reports the prevalence of breastfeeding using two California Department of Public Health data sources. The In-Hospital Newborn Screening Program documents feeding practices in the hospital, generally in the first 24 - 48 hours after birth. The Maternal Infant Health Assessment (MIHA) is an annual statewide-representative survey of people with a recent live birth in California. In-Hospital Newborn Screening data are presented as the percent of mothers breastfeeding in the hospital after birth; MIHA data are presented as the percent of mothers who reported breastfeeding at one month after delivery and at three months after delivery.

### Why is this indicator important?

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

Breastfeeding can provide protective health benefits for the mother who, including less postpartum bleeding (which conserves iron in the body), less risk for post-menopausal osteoporosis and hip fracture and decreased risks of breast and ovarian cancers.

Breastfeeding improves household food security because families need not use income to buy formula, food and bottles. Health care related expenses decrease because breastfeeding protects the infant and mother.

Although breastfeeding initiation rates are high in the U.S. and Orange County, most people with a recent live birth do not continue to breastfeed through the first year. Strategies such as education, family, peer and community support, parental leave and lactation spaces in the workplace may help more people breastfeed longer.

### Findings

- In 2021, 94.7% of Orange County newborns had received any breastfeeding in the hospital, higher than California at 93.3%. While in the hospital after birth, 68.3% of newborns in Orange County were exclusively breastfed, slightly lower than for California overall at 68.9%.
- Any breastfeeding in the hospital after birth was highest among American Indian infants (100%), followed by White (95.9%), Multiracial (94.9%), Asian (94.6%), Hispanic (93.8%), Black (92.3%) and Pacific Islander (81.1%) infants.
- In 2020/21, 96.4% of people in Orange County reported any breastfeeding one week after delivery, higher than what has been reported in previous years, and higher than California at 92.6%.
- Three months after delivery, 76.6% of people in Orange County reported any breastfeeding, which was lower than the high in 2014/15 (78.0%), but higher than California at 70.7%.
- In 2020/21, 47.6% of people 1 week postpartum in Orange County were exclusively breastfeeding, which dropped to 35.3% at 1 month postpartum and 27.3% at 3 months postpartum.

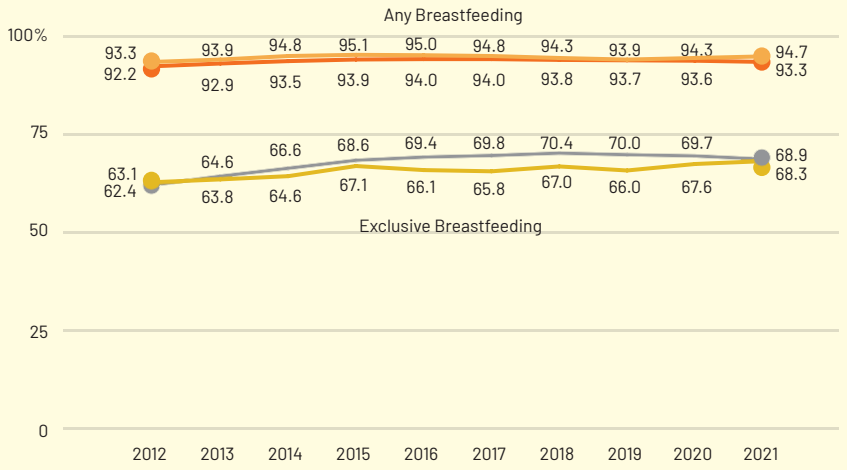


[1] Bartick M, Reinhold A., 2010. [2] Gartner LM, et al., 2005.

## In-Hospital Breastfeeding Percentages in Orange County and California, 2012 to 2021

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

**Source:** California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Breastfeeding Initiation Dashboard, July 2023

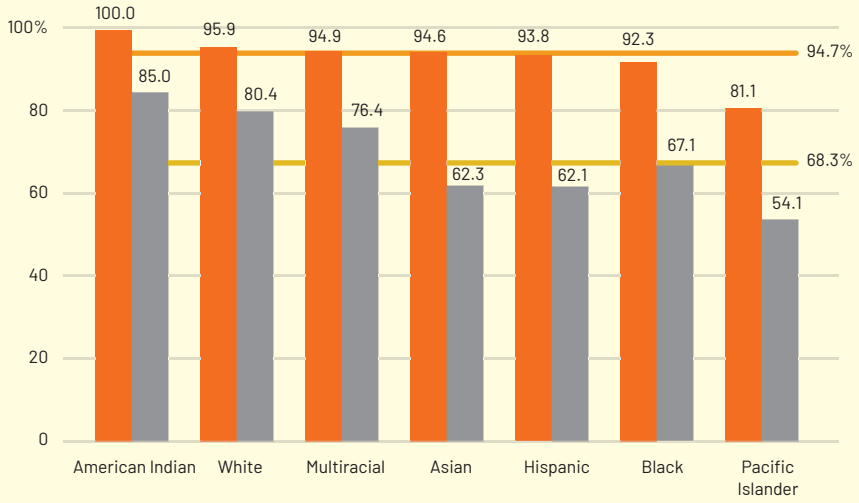



## In-Hospital Breastfeeding Percentages in Orange County, by Race/Ethnicity, 2021

- Any Breastfeeding
- Exclusive Breastfeeding

- Orange County Any Breastfeeding
- Orange County Exclusive Breastfeeding

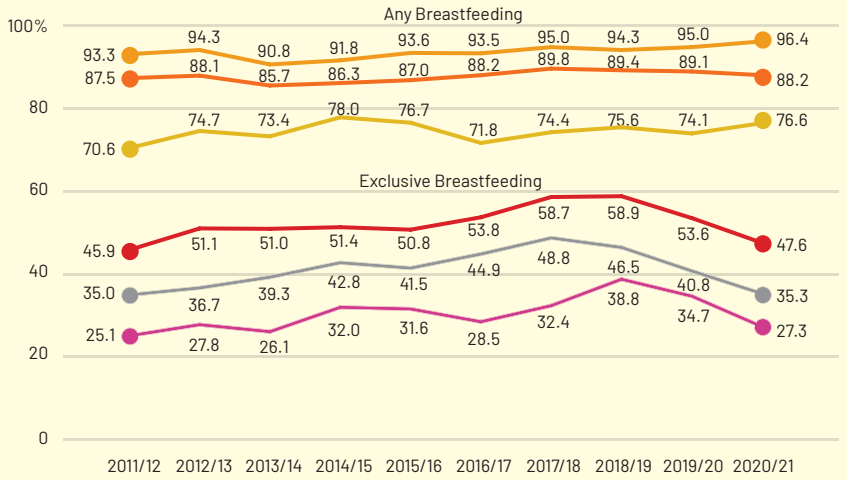
**Source:** California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Breastfeeding Initiation Dashboard, July 2023




## Breastfeeding Percentages at One Week, One Month and Three Months After Delivery in Orange County, 2011/12 to 2020/21

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

**Note:** Indicators for breastfeeding at three months postpartum are limited to women whose infant was at least three months old at the time of survey completion.
**Note:** MIHA is an annual population-based survey of California residents with a live birth. Data from MIHA 2020 – 2021 were combined, resulting in a statewide sample size of 12,456. The sample size of Orange County was 506. MIHA participants were sampled from the California Automated Vital Statistics System. Prevalence (%), 95% confidence interval (95% CI), and population estimates (rounded to the nearest hundred) are weighted to represent all individuals with a live birth. Population estimate (N) is a two-year average. Indicators for breastfeeding at 3 months postpartum are limited to birthing individuals whose infant was at least 3 months old at the time of survey completion. See the Technical Notes for information on weighting, comparability to prior years and technical definitions. Visit the MIHA website at www.cdph.ca.gov/MIHA.
**Source:** California Department of Public Health; Center for Family Health; Maternal, Child and Adolescent Health Program; Epidemiology, Surveillance and Federal Reporting Branch



# IMMUNIZATIONS

## THE PERCENTAGE OF CHILDREN ENTERING KINDERGARTEN WITH UP-TO-DATE VACCINATION STATUS REACHES A 10-YEAR HIGH, AND GEOGRAPHIC DISPARITIES LESSEN.

### DESCRIPTION OF INDICATOR

This indicator reports the percent of children who received all of the doses of specific vaccines required for attending child care facilities and required at kindergarten entry. Child care facilities include any private or public child care center, day nursery, nursery school, family day care home or development center.[1]

### Why is this indicator important?

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

Over the past decade, increasing numbers of children with delayed or refused vaccinations have led to reduced levels of vaccine coverage. Studies have found that children whose parents delay or refuse vaccines are more likely to be White and reside in well-educated, higher income areas.[2] On the population level, success depends on a community achieving a threshold level of immunity, and many communities are below the protective level needed to prevent the spread of disease.[3]

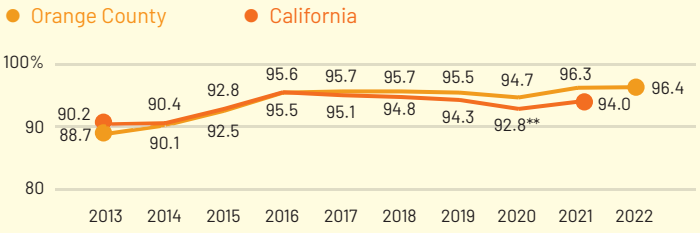
### Findings

- In 2022, 95.9% of Orange County children ages 2 - 5 years in child care centers were up-to-date with required immunizations at enrollment, higher than the low of 87.6% in 2013.
- In 2022, 96.4% of Orange County kindergartners had up-to-date immunizations, an 8.7% increase from the 10-year low of 88.7% in 2013.
- These percentages and trends were similar to those among kindergartners throughout California, of whom 94.0% were up-to-date for immunizations in 2021.[4]
- Capistrano Unified had the lowest percentage of kindergartners with up-to-date immunization levels at 92.5% in 2022, followed by Savanna School District and Huntington Beach City School District at 94.1%. Buena Park School District had the highest percentage at 98.9%.

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

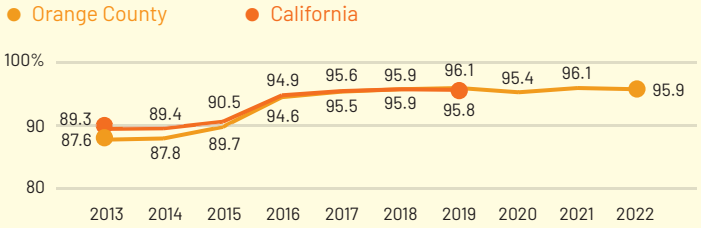
[1] California Immunization Requirements for Pre-Kindergarten, available at http://eziz.org/assets/docs/IMM-230.pdf. [2] Wei, F., Mullooly, J.P., Goodman, M. et al., 2009. [3] Hussain, H. et al., 2011.
[4] California Department of Public Health, Immunization Branch

## Percent of Up-to-Date* Vaccination Status for Children Enrolling in School in Orange County and California, 2013 to 2022




*Up-to-date (UTD) for Kindergarten: Proof of immunizations is required to enter kindergarten. Children who are partially immunized are not considered UTD but may attend school as long as they are not overdue for doses needed to complete the vaccine series. Children with a written exemption based on personal beliefs or documented medical conditions are also not UTD but may attend school. Kindergarten Assessment Results, California Department of Public Health, Immunization Branch.
**Interim rate for kindergarten students in 2020 - 2021, when immunization or reporting may have been affected by delayed immunization and widespread school closures as a result of the COVID-19 pandemic.
**Sources:** Kindergarten Assessment Results, California Department of Public Health, Immunization Branch

## Percent of Up-to-Date* Vaccination Status for Children Ages 2 - 5 Years Enrolling in Licensed Child Care Centers in Orange County and California, 2013 to 2022




*Up-to-date (UTD) for Child Care: Proportion of children attending child care facilities reported to have received all required vaccines. Children with a written exemption based on personal beliefs or documented medical conditions are also not UTD but may attend school. 2012 - 2021 Child Care Immunization Assessment Results, California Department of Public Health, Immunization Branch.
**Sources:** Child Care Immunization Assessment Results, California Department of Public Health, Immunization Branch

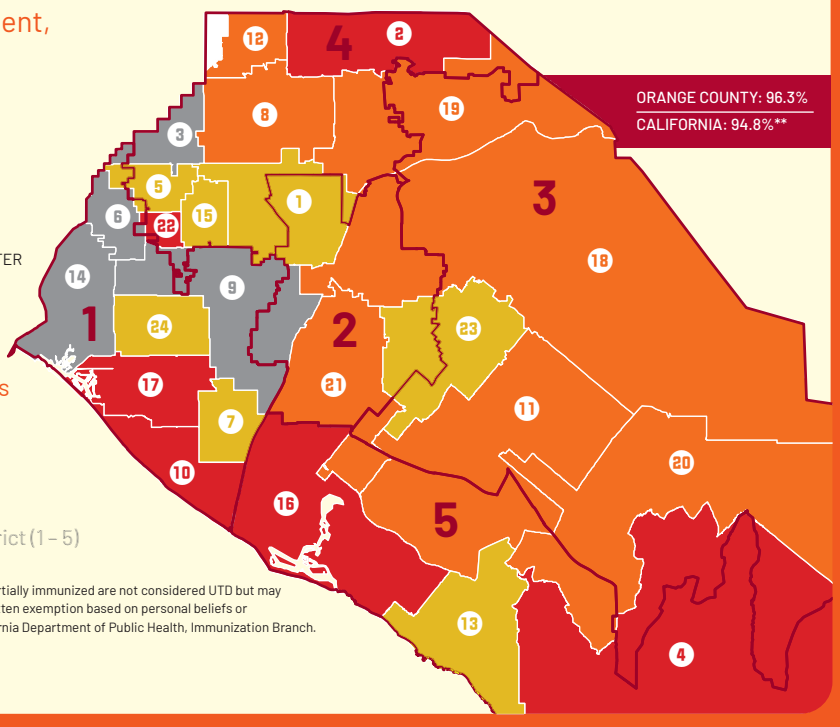
## Percent of Children Ages 2 - 5 Years Enrolling in Licensed Child Care Centers who were Up-to-Date on Immunizations, by Vaccine Type, 2013 to 2022

| Year | Total Children | DTaP[1] (4+) | Polio[2] (3+) | MMR[3] (1+) | Hepatitis B[4] (3+) | Varicella[5] (1+) |
|---|---|---|---|---|---|---|
| 2013 | 44,070 | 93.4% | 95.1% | 94.8% | 92.4% | 94.4% |
| 2014 | 45,161 | 93.8% | 95.4% | 95.6% | 93.4% | 95.3% |
| 2015 | 44,645 | 94.2% | 95.7% | 96.6% | 94.0% | 95.6% |
| 2016 | 48,127 | 97.2% | 97.5% | 97.8% | 96.7% | 97.5% |
| 2017 | 48,017 | 97.5% | 97.9% | 98.2% | 97.3% | 98.0% |
| 2018 | 49,071 | 97.7% | 98.0% | 98.0% | 97.5% | 98.0% |
| 2019 | 47,656 | 97.5% | 97.8% | 98.1% | 97.7% | 98.1% |
| 2020 | 29,585 | 97.0% | 97.6% | 97.8% | 97.3% | 97.8% |
| 2021 | 40,552 | 97.6% | 98.1% | 98.7% | 98.2% | 98.7% |
| 2022 | 41,707 | 97.6% | 98.2% | 98.5% | 98.5% | 98.5% |

[1] Four or more doses of any diphtheria and tetanus toxoids and pertussis vaccines including diphtheria and tetanus toxoids, and any acellular pertussis vaccine (DTP/DTaP/DT). [2] Three or more doses of any poliovirus vaccine.
[3] One or more doses of measles-mumps-rubella vaccine. [4] Three or more doses of hepatitis B vaccine. [5] One or more of varicella vaccine or a history documented by a physician of having had chickenpox.
**Source:** Child Care Immunization Assessment Results, California Department of Public Health, Immunization Branch

## Up-to-Date* Immunizations at Kindergarten Enrollment, Public Schools within Each School District, 2022

1. ANAHEIM 97.3%
2. BREA-OLINDA 96.0%
3. BUENA PARK 98.9%
4. CAPISTRANO 92.5%
5. CENTRALIA 97.8%
6. CYPRESS 97.9%
7. FOUNTAIN VALLEY 97.4%
8. FULLERTON 97.0%
9. GARDEN GROVE 98.0%
10. HUNTINGTON BEACH 94.1%
11. IRVINE 97.2%
12. LA HABRA 96.5%
13. LAGUNA BEACH 97.7%
14. LOS ALAMITOS 98.1%
15. MAGNOLIA 97.8%
16. NEWPORT-MESA 95.8%
17. OCEAN VIEW 95.9%
18. ORANGE 97.1%
19. PLACENTIA-YORBA LINDA 96.3%
20. SADDLEBACK VALLEY 96.8%
21. SANTA ANA 96.3%
22. SAVANNA 94.1%
23. TUSTIN 97.7%
24. WESTMINSTER 97.6%




*Up-to-date (UTD) for Kindergarten: Proof of immunizations is required to enter kindergarten. Children who are partially immunized are not considered UTD but may attend school as long as they are not overdue for doses needed to complete the vaccine series. Children with a written exemption based on personal beliefs or documented medical conditions are also not UTD but may attend school. Kindergarten Assessment Results, California Department of Public Health, Immunization Branch.
**Up-to-date immunizations for 2019 Kindergarten enrollment.
**Sources:** Kindergarten Assessment Results, California Department of Public Health, Immunization Branch

# OBESITY

## ONE IN FOUR ECONOMICALLY DISADVANTAGED STUDENTS AT RISK OF OBESITY COMPARED TO ONE IN 10 ECONOMICALLY ADVANTAGED STUDENTS.

### DESCRIPTION OF INDICATOR

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

### Why is this indicator important?

Excess weight acquired during childhood and adolescence may persist into adulthood and increase the risk for chronic diseases, such as sleep apnea, diabetes, cardiovascular disease and hypertension. Obese adolescents have a 70% chance of becoming obese adults.[1] Excess weight can be prevented and treated through proper nutrition and physical activity (reported on page 32 - 33 of this report), especially during the critical periods of infancy, two to four years of age and adolescence.

### Findings

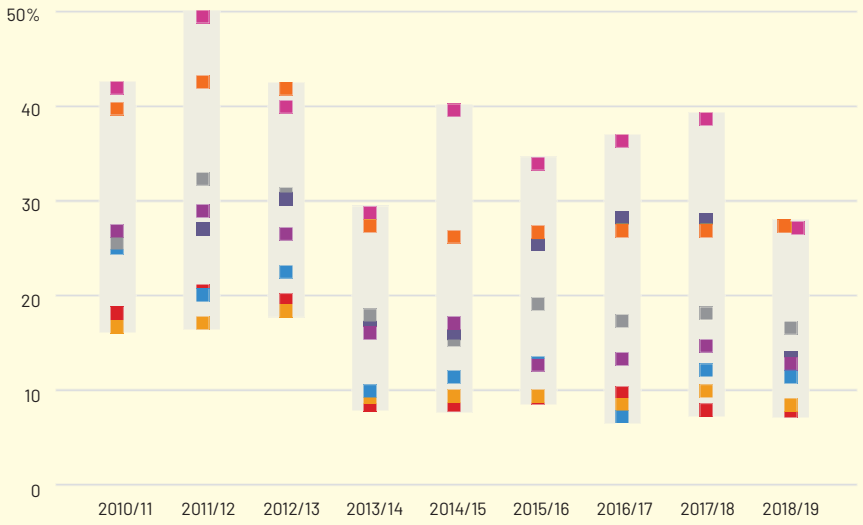
- During the 2018/19 school year, 18.3% (6,444) of Orange County fifth graders tested were classified as obese. This rate had remained steady since 2013/14 at about 18% and is lower than California at 21.9% of fifth graders.
- Among race and ethnic groups, Hispanic (27.2%) and Native Hawaiian or Pacific Islander (27.0%) fifth graders had the highest percentages of students classified at health risk due to their body composition, followed by Black or African American (16.6%), American Indian or Alaska Native (13.4%), Filipino (12.8%), Multiracial (11.4%), White (8.5%) and Asian (7.9%) students.
- Among fifth grade students who are not economically disadvantaged, one in 10 (10.2%) were classified at health risk due to their body composition, compared with one in four (25.7%) students who were economically disadvantaged.[2]
- As of 2013/14, "at health risk due to body composition" is equivalent to or greater than the 95th percentile of BMI, which is obesity.

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

[1] The Surgeon General, 2000. [2] CDE defines Socioeconomically Disadvantaged (SED) students are defined as students: (1) who are eligible for the free or reduced-price meal (FRPM) program (also known as the National School Lunch Program, or NSLP), or have a direct certification for FRPMs, or (2) who are migrant, homeless, or foster youth, or (3) where neither of the parents were a high school graduate.

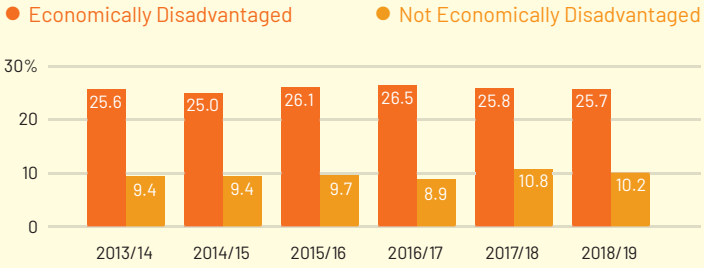
## Percent of Fifth Grade Students Classified at Health Risk Due to Body Composition, by Race/Ethnicity, 2010/11 to 2018/19

- American Indian
- Asian
- Black
- Filipino
- Hispanic
- Pacific Islander
- Two or More Races
- White



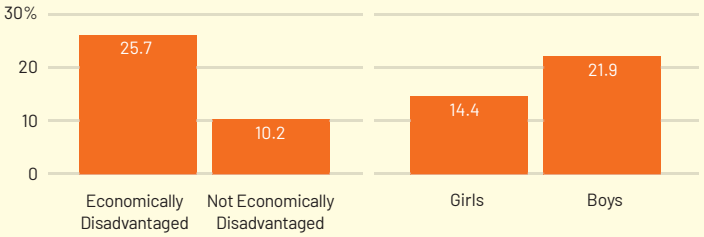

**Note:** Black, Filipino, American Indian, and Pacific Islander 5th grade student enrollment was less than 4.5% of all Fifth grade student enrollment. Percent at risk for these groups may be unstable and should be interpreted with caution.
**Source:** California Department of Education, DataQuest, 2018/19

## Percent of Fifth Grade Students who were Obese, by Socioeconomic Status, 2013/14 to 2018/19




**Source:** California Department of Education, DataQuest, 2018/19

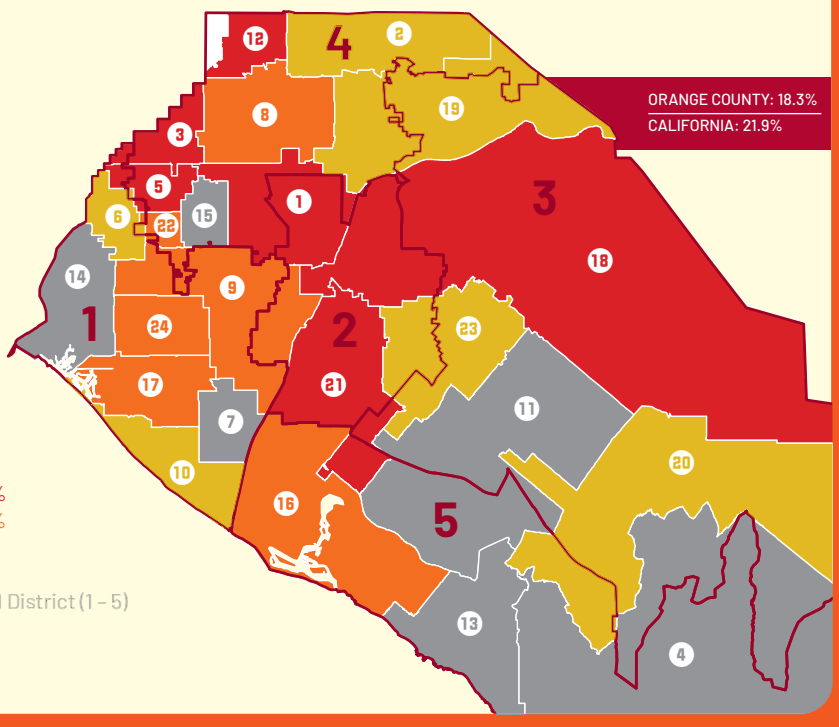
## Percent of Fifth Grade Students Classified at Health Risk Due to Body Composition, by Socioeconomic Status and Gender, 2018/19




**Source:** California Department of Education, DataQuest, 2018/19

## Percent of Fifth Grade Students who were Obese, by School District, 2018/19

1. ANAHEIM 29.1
2. BREA-OLINDA UNIFIED 15.6
3. BUENA PARK 33.4
4. CAPISTRANO UNIFIED 8.8
5. CENTRALIA 26.0
6. CYPRESS 14.1
7. FOUNTAIN VALLEY 11.2
8. FULLERTON 21.1
9. GARDEN GROVE UNIFIED 22.1
10. HUNTINGTON BEACH CITY 11.3
11. IRVINE UNIFIED 6.8
12. LA HABRA CITY 34.6
13. LAGUNA BEACH UNIFIED 3.5
14. LOS ALAMITOS UNIFIED 6.9
15. MAGNOLIA 1.9
16. NEWPORT-MESA UNIFIED 17.3
17. OCEAN VIEW 15.9
18. ORANGE UNIFIED 23.6
19. PLACENTIA-YORBA LINDA UNIFIED 15.8
20. SADDLEBACK VALLEY UNIFIED 14.7
21. SANTA ANA UNIFIED 31.8
22. SAVANNA 22.9
23. TUSTIN UNIFIED 15.2
24. WESTMINSTER 17.9




**Source:** California Department of Education, DataQuest, 2018/19

# PHYSICAL FITNESS AND NUTRITION

## ONLY ONE IN FIVE CHILDREN EAT THE RECOMMENDED DAILY SERVING OF FRUITS AND VEGETABLES.

### DESCRIPTION OF INDICATOR

To assess physical fitness, this indicator reports data from the California Physical Fitness Test on the percent of Fifth grade students who are classified as having health risk due to their aerobic capacity. For nutrition, this indicator reports the proportion of youth (ages two to 17) who consumed one soda the previous day and ate more than five servings of fruits/vegetables daily.

### Why is this indicator important?

Both physical fitness and nutrition are essential to achieving and keeping a healthy weight.[1] The habitual intake of too many calories, including the consumption of sugary beverages, without enough physical fitness, can result in obesity. Those who eat a nutritious diet rich in fruits and vegetables and/or incorporate aerobic physical activity and cardiorespiratory fitness into a daily routine are less likely to develop many types of disease, including heart disease, high blood pressure, Type 2 diabetes and oral disease.[2,3] Additionally, these behaviors, when developed at a younger age, are associated with similar behaviors in adulthood.[4]

### Findings

- During the 2018/19 school year, 6.4% (2,254) of Fifth graders tested were classified "at health risk due to aerobic capacity," up 10.3% since 2013/2014 (5.8% or 2,113), but lower than California at 7.2% of Fifth graders.
- The percentage of Fifth graders at health risk due to aerobic capacity was highest among Native Hawaiian or Pacific Islander Fifth graders (10.3%), followed by Hispanic or Latino (9.7%), Black or African American (7.6%), Multiracial (6.0%), American Indian or Alaska Native (4.2%), Filipino (3.0%), White (2.9%) and Asian (1.8%).
- According to the 2020 California Health Interview Survey:
  - 21.3% of children (two to 17 years old) reported drinking one glass of soda during the previous day, a decrease of 23.9% from 28.0% in 2013.
  - 36.5% of teenagers (12 to 17 years old) reported eating five or more servings of fruits and vegetables daily, an increase of 84.3% from 19.8% in 2011.

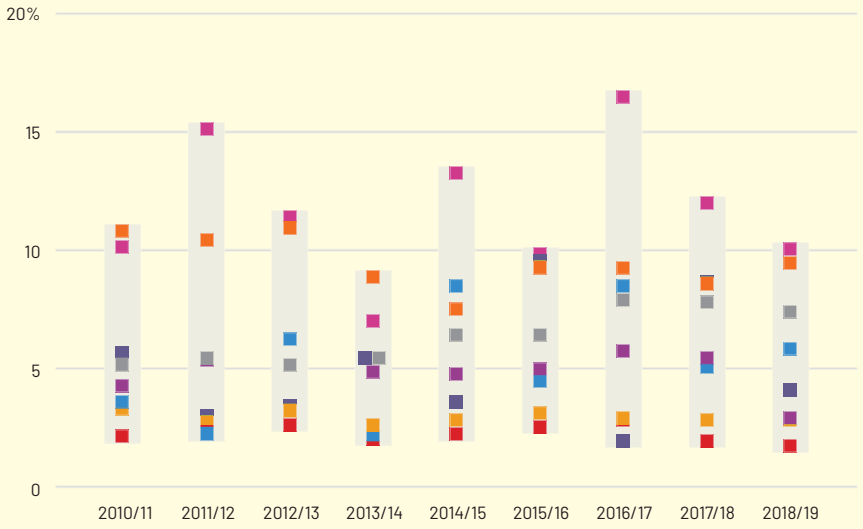
**Note:** California Physical Fitness Test uses the Cooper Institute's FITNESSGRAM approach to classify Fifth graders aerobic capacity at health risk when their V02 max, a measure of maximum oxygen consumption, fell within certain limits after participation in structured aerobic exercises, such as the Progressive Aerobic Cardiovascular Endurance Run (PACER), one-mile run, or walk test, which deemed them at likely risk for future health problems. The definition of aerobic capacity categories was recently modified to improve classification agreement between the PACER and one-mile run approaches. Because of these adjustments, California Physical Fitness Test data collected prior to the 2013/14 school year are not comparable to those collected under the current standards.



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

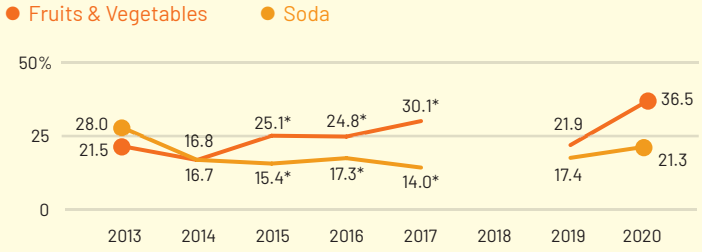
## Percent of Fifth Grade Students Classified at Health Risk Due to Aerobic Capacity, by Race/Ethnicity, 2010/11 to 2018/19

- American Indian
- Asian
- Black
- Filipino
- Hispanic
- Pacific Islander
- Two or More Races
- White



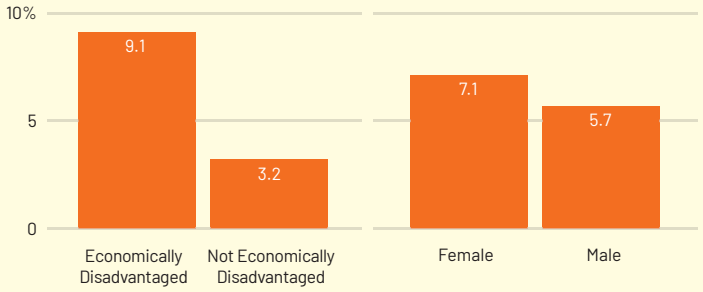

**Note:** Black, Filipino, American Indian, and Pacific Islander Fifth grade student enrollment is less than 4.5% of all Fifth grade student enrollment. Percent at risk for these groups may be unstable and should be interpreted with caution.
**Source:** California Department of Education, DataQuest, 2018/19

## Percent of Children Age Two to 17 Years Old who Consumed One Soda the Pervious Day and Percent of Children Ages 12 to 17 who Eat 5+ Servings of Fruits/Vegetables Daily, 2013 to 2020




*Statistically unstable. **Note:** 2018 CHIS data not available. **Note:** Previous reports presented children consumption of two or more sodas in the previous day. 2017 CHIS suppressed the results for 2 or more glasses a day of soda due to small sample size.
**Source:** California Health Interview Survey, 2020

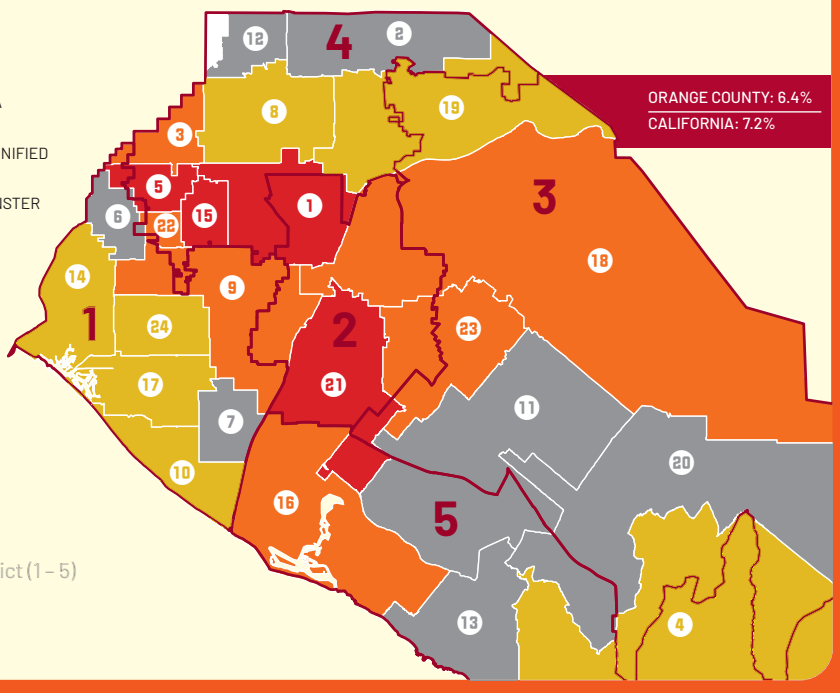
## Percent of Children Ages 12 to 17 Years Old who Eat 5+ Servings of Fruits/Vegetables Daily, 2018/19




**Source:** California Department of Education, DataQuest, 2018/19

## Percent of Fifth Grade Students at Health Risk Due to Aerobic Capacity, by School District, 2018/19

1. ANAHEIM 16.5
2. BREA-OLINDA UNIFIED 2.6
3. BUENA PARK 8.3
4. CAPISTRANO UNIFIED 3.2
5. CENTRALIA 15.5
6. CYPRESS 2.6
7. FOUNTAIN VALLEY 2.4
8. FULLERTON 4.5
9. GARDEN GROVE UNIFIED 5.8
10. HUNTINGTON BEACH CITY 3.3
11. IRVINE UNIFIED 1.6
12. LA HABRA CITY 1.9
13. LAGUNA BEACH UNIFIED 1.0
14. LOS ALAMITOS UNIFIED 3.0
15. MAGNOLIA 9.8
16. NEWPORT-MESA UNIFIED 5.8
17. OCEAN VIEW 3.4
18. ORANGE UNIFIED 6.7
19. PLACENTIA-YORBA LINDA UNIFIED 5.0
20. SADDLEBACK VALLEY UNIFIED 1.7
21. SANTA ANA UNIFIED 11.6
22. SAVANNA 6.5
23. TUSTIN UNIFIED 6.3
24. WESTMINSTER 4.6




**Source:** California Department of Education, DataQuest, 2018/19

# BEHAVIORAL HEALTH

## STUDENTS ARE MORE LIKELY TO EXPERIENCE CHRONIC SADNESS THAN IN 2013 - 2015.

### DESCRIPTION OF INDICATOR

This indicator reports on five areas representing the continuum of behavioral health needs from early childhood to adolescence. It tracks the percentage of kindergartners developmentally vulnerable in social competence and emotional maturity, percentage of youth experiencing chronic sadness or hopeless feelings, percentage of youth receiving psychological and emotional counseling, percentage of youth who seriously considered attempting suicide and the number and rate of inpatient hospitalizations in Orange County related to behavioral health conditions.

### Why is this indicator important?

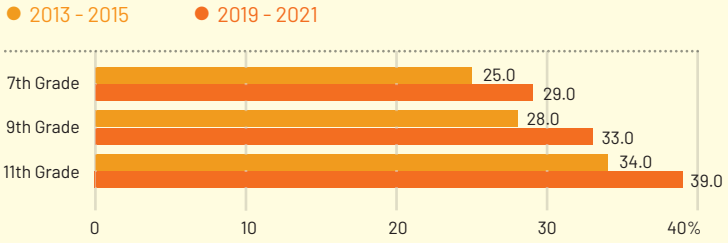
Behavioral health, including mental health and substance use, is as important as physical health.[1] Mental health and substance use disorders are chronic health conditions that last a long time. Without early diagnosis and treatment, children with poor behavioral health can have problems at home and in school. It can also interfere with a child's healthy development, causing problems that can continue into adulthood.[2]

### Findings

- In 2022, 9.6% of kindergartners were vulnerable on the EDI's social-emotional composite. Among race and ethnic groups, Black/African American (19.1%), Native Hawaiian or Pacific Islander (12.7%) and Hispanic or Latino/a (10.8%) young children had the highest percentages of children socially and emotionally vulnerable in 2022.[3]
- In 2019 - 2021, 39.0% of eleventh graders experienced depression related feelings in the previous year, compared to ninth graders (33.0%) and seventh graders (29.0%). Overall, Orange County rates are similar to California for eleventh and seventh grade students at 37% and 30%, respectively, and the same for ninth graders (33.0%).[4]
  - Students are more likely to experience chronic sadness or hopeless feelings compared to 2013 - 2015, increasing from 34.0% for eleventh graders, 28.0% for ninth graders and 25.0% for 7th graders.
  - Students who identified as lesbian, gay or bisexual (LGB) were significantly more likely to report depression related feelings in 2019 - 2021 than their non-LGB classmates across all age groups at 67.0% for eleventh graders, 66.0% for ninth graders and 70.0% for seventh graders.
- In 2017 - 2021, 14.8% of youth ages 12 to 17 years old reported receiving emotional counseling in the past year, up from 13.5% in 2012 - 2016.[5]
- In 2019 - 2021, an estimated 14.0% of 11th graders, 13.0% of ninth graders and 12.0% of seventh graders seriously considered attempting suicide in the previous year, lower than California's estimated 16.0%, 16.0% and 15.0%, respectively, by grade level.
- The combined hospitalization rate for serious mental illness and substance use conditions for children increased by 47%, from a low of 22.5 in 2012 to 33.2 per 10,000 children in 2021. The increase in hospitalizations may be due to multiple factors including, but not limited to, increased capacity and access to these services as well as decreased stigma around help-seeking.

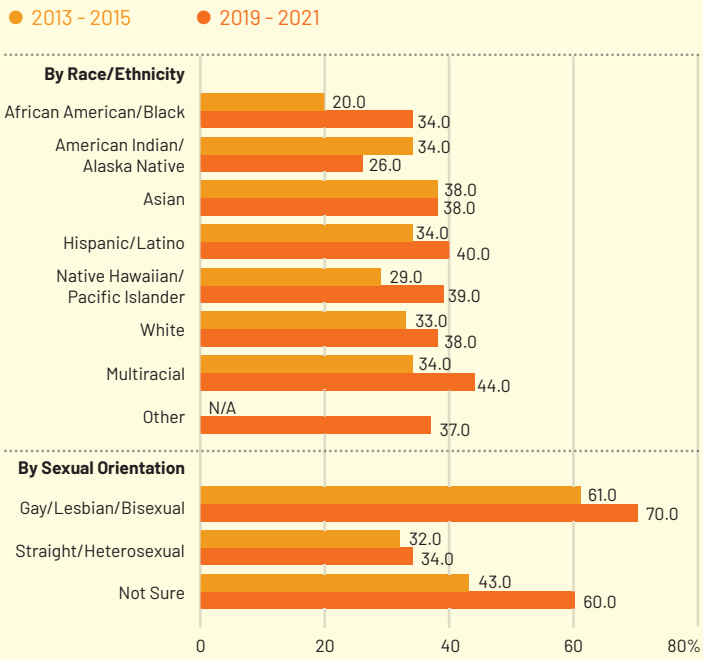
[1] https://www.cdc.gov/mentalhealth/learn/index.htm. [2] Murphey, D., et al. (2014). Are the children well? A model and recommendations for promoting the mental wellness of the nation's young people. Child Trends & Robert Wood Johnson Foundation. [3] For more info on EDI and kindergarten readiness, see page 50. [4] California Healthy Kids Survey (CHKS) is an anonymous, confidential survey of school climate and safety, student wellness, and youth resiliency. It is administered to students at grades five, seven, nine, and eleven. The survey is administered bi-annual and takes two years to collect all the data since districts administer the survey at different times over a two-year period. [5] California Health Interview Survey, 5-Year estimates.

## Students who Reported Experiencing Depression-Related Feelings, by Grade Level, Orange County, 2013 - 2015 and 2019 - 2021



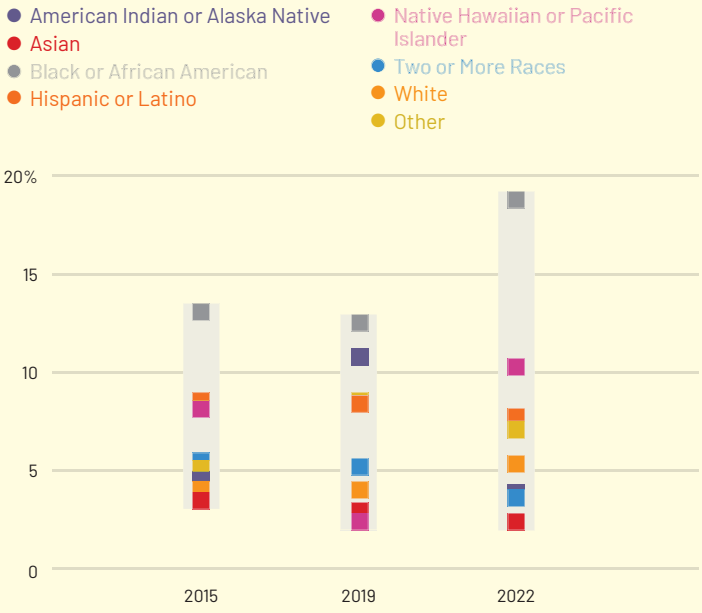

**Note:** Years presented comprise two school years (e.g., 2017 - 18 and 2018 - 19 school years are shown as 2017 - 2019). County and state level data are weighted estimates; school district-level data are unweighted.
**Source:** California Department of Education, August 2020

## Eleventh Graders who Reported Experiencing Depression-Related Feelings, by Race/Ethnicity and Sexual Orientation, Orange County, 2013 - 2015 and 2019 - 2021



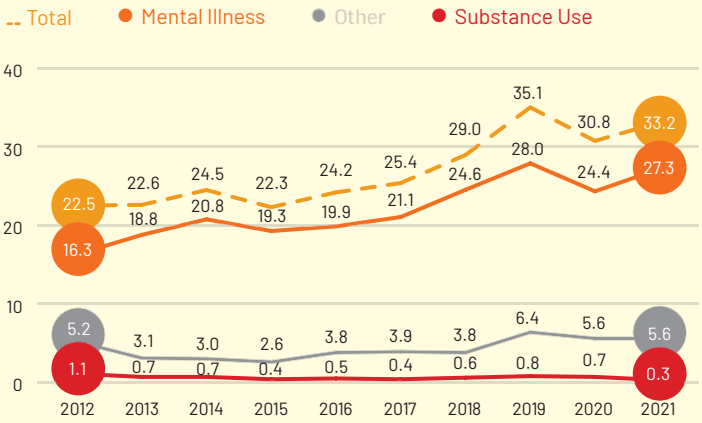

**Note:** Years presented comprise two school years (e.g., 2019 - 20 and 2020 - 21 school years are shown as 2019 - 2021). Data are weighted estimates.
**Source:** California Department of Education, California School Climate, Health, and Learning Survey, August 2021

## Percent Socially and Emotionally Vulnerable Kindergartners, by Race/Ethnicity, 2015, 2019 and 2022




**Note:** 2015 includes data collected in 2013, 2014, and 2015; 2019 includes data collected in 2018 and 2019; and 2022 includes data collected in 2022. The 2015, 2019 and 2022 data waves reflect 100% school participation.
**Source:** Early Development Index, 2015 - 2022

## Mental Health and Substance Use-Related Hospitalizations, Rate per 10,000 Children, 2012 - 2021




**Note:** 'Other' includes mental disorders such as other unspecified mood disorders, conduct disorders and disorders related to sleep, eating, elimination and pain.
**Source:** Orange County Health Care Agency, Health Policy - Research

# ECONOMIC WELL-BEING INDICATORS

## CHILD POVERTY

PERCENT OF STUDENTS ELIGIBLE FOR FREE AND REDUCED PRICE LUNCH

| 2013/14 | 2022/23 |
|---|---|
| 50.0% | 52.9% |

## HOUSING

PERCENT OF CHILDREN INSECURELY HOUSED

| 2012/13 | 2021/22 |
|---|---|
| 5.7% | 5.6% |

## CALWORKS

PERCENT OF CHILDREN RECEIVING CALWORKS

| 2012/13 | 2021/22 |
|---|---|
| 6.1% | 3.2% |

## CHILD SUPPORT

PERCENT OF CURRENT SUPPORT DISTRIBUTED

| 2013/14 | 2022/23 |
|---|---|
| 65.7% | 65.7% |

## SUPPLEMENTAL NUTRITION

PERCENT OF CHILDREN RECEIVING CALFRESH

| 2012/13 | 2021/22 |
|---|---|
| 18.9% | 12.8% |

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

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

# CHILD POVERTY

## THE NUMBER OF STUDENTS ELIGIBLE FOR THE FREE AND REDUCED PRICED LUNCH PROGRAM INCREASED FROM 2022 TO 2023.

### DESCRIPTION OF INDICATOR

This indicator reports the number and percent of students eligible for the National School Free and Reduced Price Lunch (FRPL) program, considered to be an indicator of children living in poverty or of working poor families. Eligibility is based on income of the child's parent(s) or guardian(s), which must be below 185% of the Federal Poverty Level. This indicator also tracks the percent of children living in poverty according to the U.S. Census Bureau.

### Why is this indicator important?

Research has demonstrated that living in poverty has a wide range of negative effects on the physical and mental health and well-being of children. Poverty is linked with negative conditions such as substandard housing, insecure housing, inadequate nutrition, food insecurity, inadequate child care, lack of access to health care, unsafe neighborhoods and under-resourced schools.[1] These conditions mean school districts face many challenges serving low-income families, particularly those school districts with more than 75% of students enrolled in the FRPL program.[2] The implications for children living in poverty include greater risk for poor academic achievement, school dropout, abuse and neglect, behavioral and social/emotional problems, physical health problems and developmental delays.

### Findings

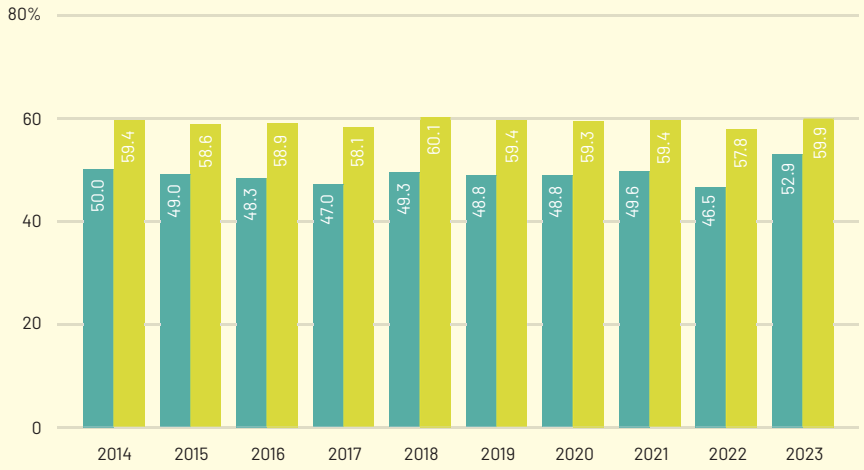
- In school year 2022/23 (2023), 52.9% (233,230) of students were eligible for FRPL program in Orange County, lower than California at 59.9% (3,504,168) but up from the 2021/2022 county rate of 46.5% (208,756).
- From 2013/14 to 2022/23, there was a 6.9% decrease in the number of Orange County students eligible for the FRPL program (250,408 to 233,230 students). This is greater than the 5.5% decrease in the number of FRPL-meal-eligible students statewide.
- According to the U.S. Census Bureau, 10.8% or 72,525 of Orange County's children were living in poverty in 2021; a 48.0% decrease from the 10-year high of 139,547 children or 18.8% in 2013. The rate also remained lower than California (15.8%) and the United States (16.9%).
- When cost of living and a range of family needs and resources, including social safety net benefits, are factored in, poverty among Orange County's children increases to 12.4%, surpassing California at 9.0%, with a threshold income needed to maintain a basic standard of living for a family of four (two adults, two children) that rents at $40,349 in 2021.[3]

[1] American Psychological Association, 2014. [2] The Institute for Education Sciences define high-poverty schools public schools where more than 75.0% of the students are eligible for the Free and Reduced Price Lunch program. [3] California Poverty by County, 2021, calculated according to the California Poverty Measure (CPM). The CPM incorporates the changes in costs and standards of living since the official poverty measure was devised in the early 1960s – and accounts for geographic differences in the cost of living across the state. It also factors in tax credits and in-kind assistance that can augment family resources and subtracts medical, commuting, and child care expenses.

## Percent of Students Eligible to Receive Free and Reduced Price Lunch, Orange County and California, 2014 to 2023

- Orange County
- California

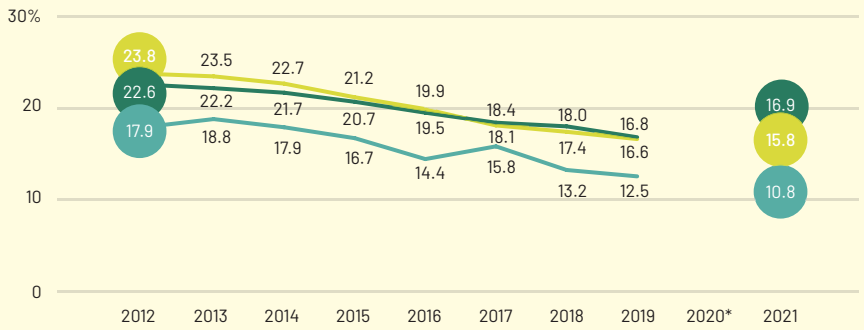
**Source:** California Department of Education




## Percent of Children Under 18 Years Old, Living in Poverty, Orange County, California and United States, 2012 to 2021

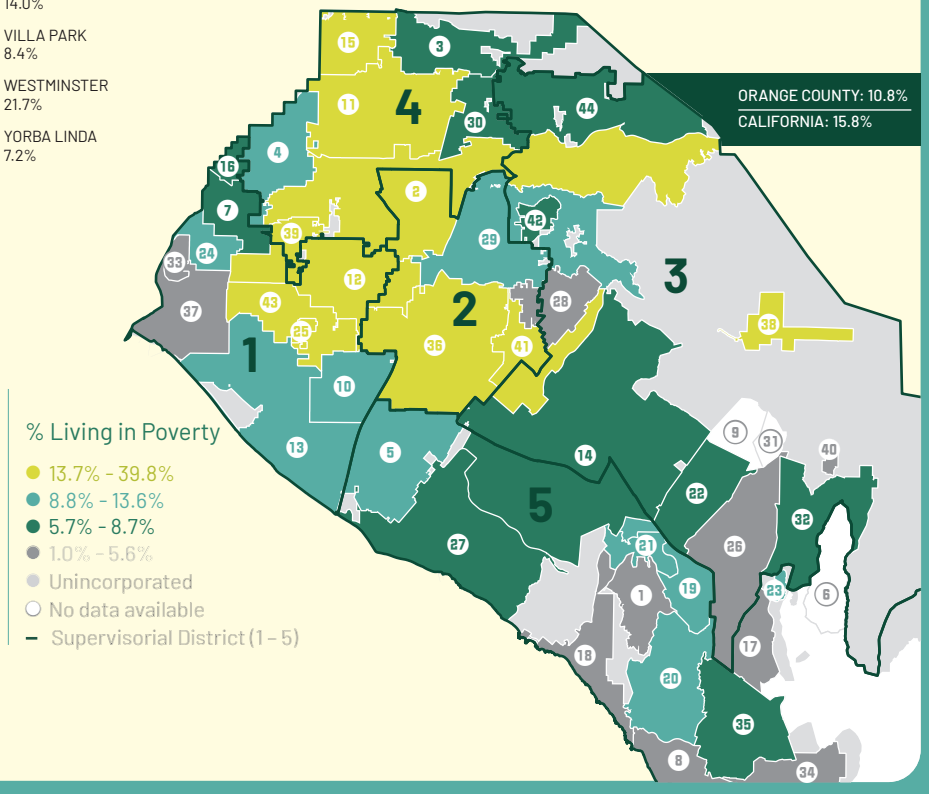
- United States
- California
- Orange County

*American Community Survey 1-year estimates are not available for 2020 due to disruptions in data collection caused by COVID-19. For more, see https://www.census.gov/newsroom/press-releases/2021/changes-2020-acs-1-year.htm.
**Source:** American Community Survey, 1-year estimate, Table S1701




## Percent of Children Under 18 Years Old Living in Poverty, by Community of Residence, 2021

1. ALISO VIEJO 5.2%
2. ANAHEIM 17.9%
3. BREA 7.2%
4. BUENA PARK 12.9%
5. COSTA MESA 12.6%
6. COTO DE CAZA NO DATA*
7. CYPRESS 8.1%
8. DANA POINT 5.3%
9. FOOTHILL RANCH NO DATA*
10. FOUNTAIN VALLEY 8.9%
11. FULLERTON 16.1%
12. GARDEN GROVE 17.0%
13. HUNTINGTON BEACH 9.2%
14. IRVINE 8.3%
15. LA HABRA 14.3%
16. LA PALMA 6.2%
17. LADERA RANCH 1.0%
18. LAGUNA BEACH 2.8%
19. LAGUNA HILLS 11.8%
20. LAGUNA NIGUEL 9.3%
21. LAGUNA WOODS 11.9%
22. LAKE FOREST 7.2%
23. LAS FLORES 9.2%
24. LOS ALAMITOS 13.1%
25. MIDWAY CITY 39.8%
26. MISSION VIEJO 3.7%
27. NEWPORT BEACH 7.7%
28. NORTH TUSTIN 4.3%
29. ORANGE 12.8%
30. PLACENTIA 8.7%
31. PORTOLA HILLS NO DATA*
32. RANCHO SANTA MARGARITA 5.9%
33. ROSSMOOR 5.0%
34. SAN CLEMENTE 2.7%
35. SAN JUAN CAPISTRANO 6.8%
36. SANTA ANA 17.9%
37. SEAL BEACH 2.2%
38. SILVERADO 26.4%
39. STANTON 20.4%
40. TRABUCO CANYON 2.8%
41. TUSTIN 14.0%
42. VILLA PARK 8.4%
43. WESTMINSTER 21.7%
44. YORBA LINDA 7.2%




*No data available.
**Source:** American Community Survey, 1-year estimates, Table S1701

# CALWORKS

## CHILDREN AGES 12 – 17 ACCOUNTED FOR THE LARGEST PROPORTION OF CHILDREN RECEIVING CALWORKS ASSISTANCE.

### DESCRIPTION OF INDICATOR

This indicator reports the average number and percent of children per month under the age of 18 years receiving financial assistance through California Work Opportunity and Responsibility to Kids (CalWORKs). The decline in the percentage of children receiving CalWORKs benefits is likely attributed to a variety of factors, such as a long-term downward trend in the number of children under 18 residing in Orange County, improvement in the economy prior to the pandemic and the new federal and state COVID-19 economic relief resources available to Orange County.

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### Why is this indicator important?

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

### Findings

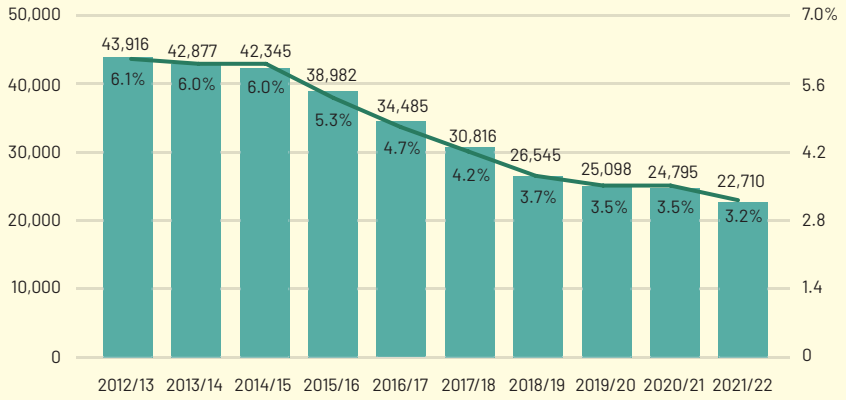
- In 2021/2022, 3.2% (22,710) of Orange County's children received CalWORKs assistance, a 48.3% decrease from 6.1% (43,916) of children in 2012/13. This was compared to a 3.2% decrease in the number of Orange County youth under 18 years old from 723,109 to 699,937 youths.
- Since 2012/13, the proportion of children receiving CalWORKs has been steadily declining, mirroring a nationwide trend.
- Children ages 0 - 5 accounted for 26.3% of the youth population receiving CalWORKs assistance, while children ages 6 – 11 years old accounted for 34.2% and 12 – 17 accounted for 39.5%.
- The cities with the highest percentages of children receiving CalWORKs were Trabuco Canyon at 11.9% (159), Santa Ana at 6.7% (5,236), Anaheim at 6.2% (5,043), Midway City at 5.8% (2,011), Buena Park at 5.0% (952) and Stanton at 4.9% (447).
- The cities with the lowest percentage of children receiving CalWORKs included Ladera Ranch at 0.4% (33), Laguna Beach at 0.6% (23), Newport Beach at 0.6% (91), Yorba Linda at 0.6% (93), Rancho Santa Margarita at 0.7% (77) and Aliso Viejo at 0.8% (109).

## Number and Percent of Children Under 18 Years Old Receiving CalWORKs

2012/13 to 2021/22

- Number of Children
- Percent of Children

**Source:** County of Orange Social Services Agency

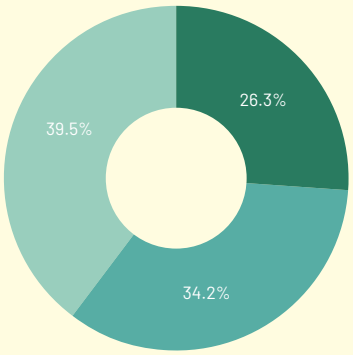



## Percent of Children Under 18 Years Old Receiving CalWORKs, by Age Group,

January 2023

- Less than 5 Years
- 6 - 11 Years
- 12 - 17 Years

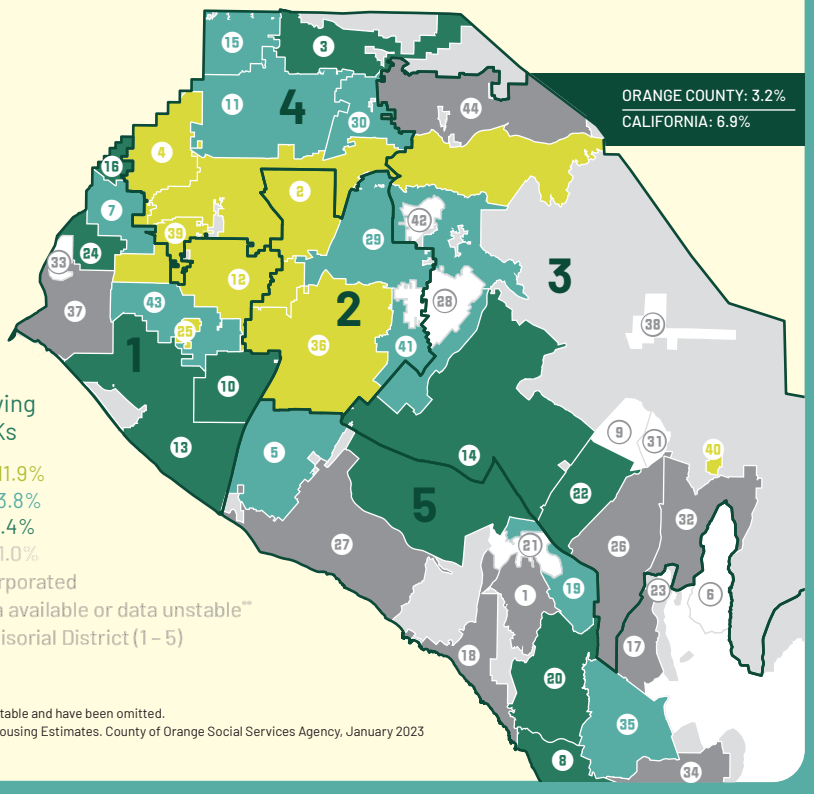
**Source:** County of Orange Social Services Agency




## Percent Receiving CalWORKs, by Community of Residence,

January 2023

1. ALISO VIEJO 0.8%
2. ANAHEIM 6.2%
3. BREA 1.3%
4. BUENA PARK 5.0%
5. COSTA MESA 2.5%
6. COTO DE CAZA N/A**
7. CYPRESS 3.8%
8. DANA POINT 1.2%
9. FOOTHILL RANCH NO DATA*
10. FOUNTAIN VALLEY 1.9%
11. FULLERTON 3.2%
12. GARDEN GROVE 4.7%
13. HUNTINGTON BEACH 2.2%
14. IRVINE 1.3%
15. LA HABRA 3.2%
16. LA PALMA 2.1%
17. LADERA RANCH 0.4%
18. LAGUNA BEACH 0.6%
19. LAGUNA HILLS 3.1%
20. LAGUNA NIGUEL 1.3%
21. LAGUNA WOODS* N/A**
22. LAKE FOREST 1.8%
23. LAS FLORES NO DATA*
24. LOS ALAMITOS 2.4%
25. MIDWAY CITY 5.8%
26. MISSION VIEJO 1.0%
27. NEWPORT BEACH 0.6%
28. NORTH TUSTIN N/A**
29. ORANGE 2.8%
30. PLACENTIA 2.8%
31. PORTOLA HILLS NO DATA*
32. RANCHO SANTA MARGARITA 0.7%
33. ROSSMOOR N/A**
34. SAN CLEMENTE 0.8%
35. SAN JUAN CAPISTRANO 2.5%
36. SANTA ANA 6.7%
37. SEAL BEACH 0.9%
38. SILVERADO N/A**
39. STANTON 4.9%
40. TRABUCO CANYON 11.9%
41. TUSTIN 3.3%
42. VILLA PARK N/A**
43. WESTMINSTER 3.8%
44. YORBA LINDA 0.6%




*No data available. **Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.

**Source:** City Populations Under 18 from American Community Survey 5-Year Estimates 2017 - 2021, Demographic and Housing Estimates. County of Orange Social Services Agency, January 2023

# SUPPLEMENTAL NUTRITION

## THE NUMBER OF CHILDREN UNDER 18 YEARS OLD RECEIVING CALFRESH HITS A 10-YEAR LOW.

### DESCRIPTION OF INDICATOR

This indicator reports the number and percent of recipients of the CalFresh Program, federally known as the Supplemental Nutrition Assistance Program (SNAP) who are under the age of 18 and the number and percent of recipients in the Supplemental Nutrition Program for Women, Infants and Children (WIC).[1] As an indicator of poverty, an increase in the percentage of children receiving these benefits can be viewed as a negative trend. However, an increase may also be interpreted as a positive trend because more eligible children are receiving these benefits. The interpretation of this indicator continues to be reviewed.

### Why is this indicator important?

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

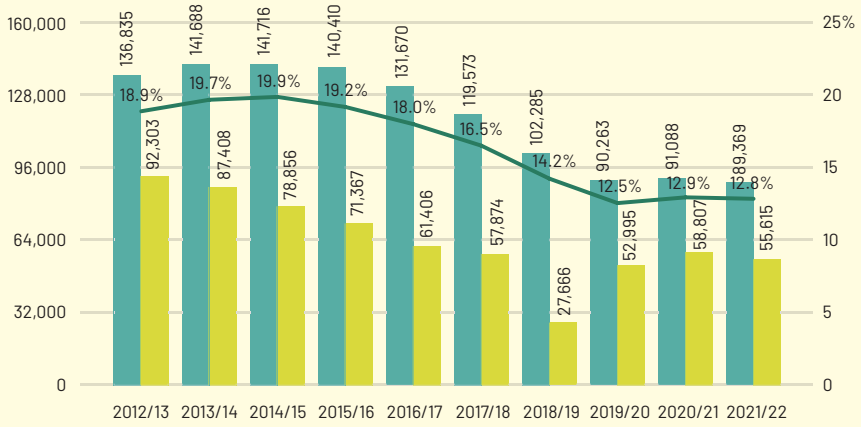
### Findings

- In 2021/22, 12.8% (89,369) of children under 18 years old received CalFresh, a 36.9% decrease in the number of children from the 10-year high of 19.9% (141,716) in 2014/15. Orange County had a lower rate than California at 20.3% (1,815,938) of children receiving CalFresh.[2]
- In January 2023, the greatest proportion of CalFresh beneficiaries under 18 in Orange County were children aged six to 12 years old (40.3%), followed by 13 to 17 years old (30.5%) and zero to five years old (29.2%).
- It is estimated that 64.0% of people in Orange County who are eligible for CalFresh are receiving that benefit, less than California at 80.4%.[3]
- WIC participation in Orange County decreased from 58,807 participants in 2021 to 55,615 in September 2022 — a decrease of 5.4%. However, it remained higher than the low of 27,666 in 2018/19. Of these participants in September 2022, 18.5% (10,293) were infants.
- In 2020, on average, 50.2% of people and children eligible for WIC were receiving that benefit nationally per month, lower than California at 65.0%. Both average monthly rates have dropped from a high in 2011, when the national rate was 63.5% and California rate was 82.5%.[4]

[1] WIC provides nutrition services to pregnant and postpartum women, infants and children (ages 0 to 5 years). Participants must meet eligibility and income guidelines (at or below 185% of the federal poverty level). WIC participants are reported as the number of prenatal, breastfeeding and postpartum women, infants and children up to five years old who receive food vouchers in the month of September each year. The CalFresh Program, federally known as the Supplemental Nutrition Assistance Program (SNAP), helps income-eligible families put healthy and nutritious food on the table. The program issues monthly electronic benefits that can be used at grocery stores and participating farmers markets. The amount of the benefit is based on household size, income and housing expenses. Children under 18 years are reported annually through CalWIN. December figures are used to define the service population for a given federal fiscal year (Oct. 1, 2016 to Sept. 30, 2017). [2] California Department of Social Services, CalFresh County Data Dashboard, 2023. [3] California Department of Social Services, CalFresh County Data Dashboard, 2021. [4] USDA National and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2020.

## Number and Percent of Children Under 18 Years Old Served by CalFresh and Number of Participants Served by WIC
2012/13 to 2021/22

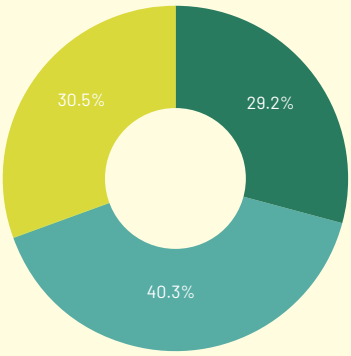
- CalFresh
- WIC
- Percent Served by CalFresh




**Note:** WIC data represents the number of participants served in September of each year.
**Note:** Cal Fresh data represents fiscal Year (July – June) monthly averages.
**Source for CalFresh:** County of Orange Social Services Agency
**Source for WIC:** Orange County Health Care Agency/Nutrition Services-WIC

## Percent of Children Receiving CalFresh, by Age Group, January 2023

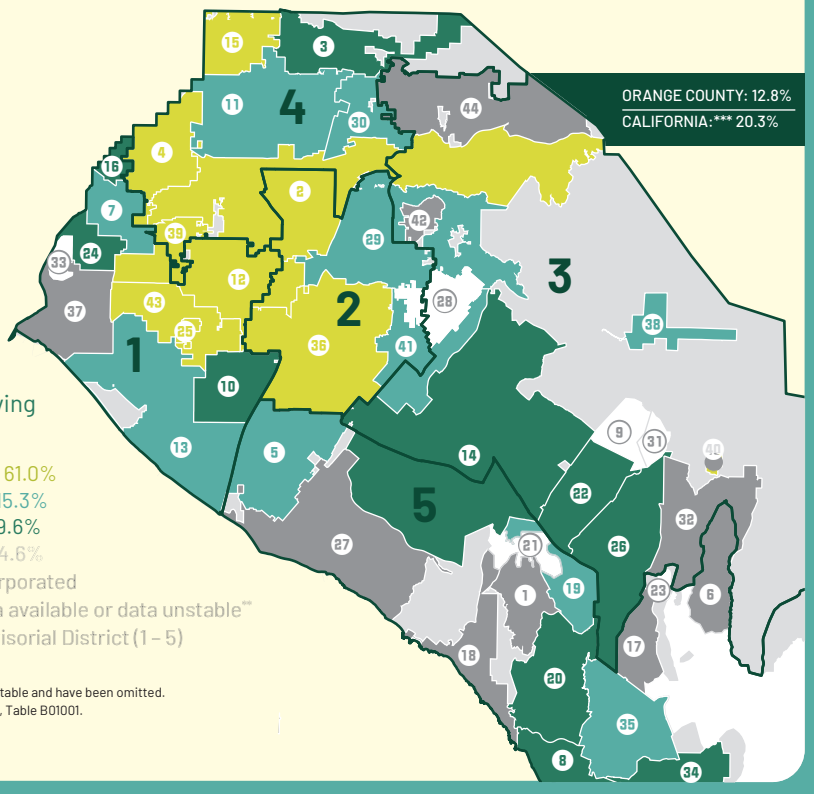
- Less than 5 Years
- 6 - 12 Years
- 13 - 17 Years




**Source:** County of Orange Social Services Agency

## Percent of Children Under 18 Years Old Receiving CalFresh, by Community of Residence, 2021/22

1. ALISO VIEJO 4.6%
2. ANAHEIM 23.6%
3. BREA 6.7%
4. BUENA PARK 17.2%
5. COSTA MESA 11.8%
6. COTO DE CAZA 0.4%
7. CYPRESS 10.1%
8. DANA POINT 6.0%
9. FOOTHILL RANCH NO DATA*
10. FOUNTAIN VALLEY 9.3%
11. FULLERTON 13.1%
12. GARDEN GROVE 22.0%
13. HUNTINGTON BEACH 9.8%
14. IRVINE 5.6%
15. LA HABRA 16.3%
16. LA PALMA 7.1%
17. LADERA RANCH 2.1%
18. LAGUNA BEACH 2.8%
19. LAGUNA HILLS 11.1%
20. LAGUNA NIGUEL 7.0%
21. LAGUNA WOODS N/A**
22. LAKE FOREST 7.5%
23. LAS FLORES NO DATA*
24. LOS ALAMITOS 9.6%
25. MIDWAY CITY 28.2%
26. MISSION VIEJO 5.2%
27. NEWPORT BEACH 2.7%
28. NORTH TUSTIN N/A**
29. ORANGE 14.4%
30. PLACENTIA 12.3%
31. PORTOLA HILLS NO DATA*
32. RANCHO SANTA MARGARITA 3.9%
33. ROSSMOOR N/A**
34. SAN CLEMENTE 5.0%
35. SAN JUAN CAPISTRANO 11.6%
36. SANTA ANA 27.2%
37. SEAL BEACH 3.1%
38. SILVERADO 15.3%
39. STANTON 18.4%
40. TRABUCO CANYON 61.0%
41. TUSTIN 14.0%
42. VILLA PARK 1.6%
43. WESTMINSTER 20.0%
44. YORBA LINDA 3.6%




*No data available. **Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.
***California Department of Social Services, CalFresh County Data Dashboard, 2023; American Community Survey 2021, Table B01001.
**Source:** Orange County Health Care Agency Health Promotion and Community Planning.

# HOUSING

## AFTER DECREASING FOR TWO YEARS, THE PERCENTAGE OF INSECURELY HOUSED STUDENTS INCREASED IN 2022.

### DESCRIPTION OF INDICATOR

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

### Why is this indicator important?

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

### Findings

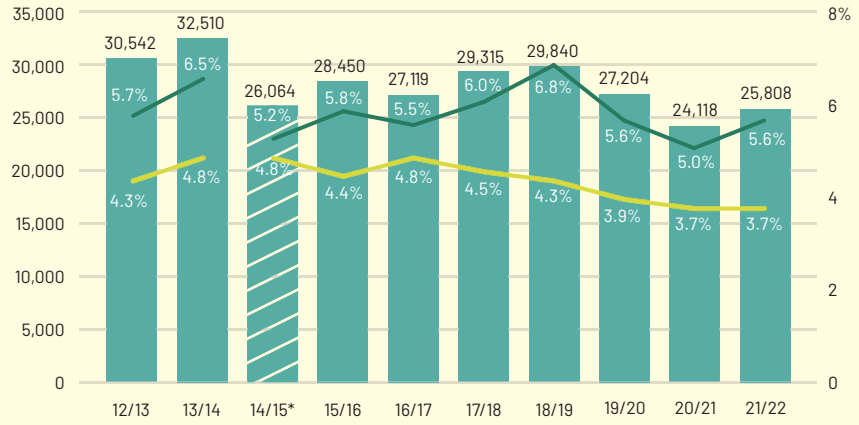
- In 2021/22, 5.6% (25,808) of students in Orange County experienced insecure housing, which is lower than in 2012/13, at 5.7% (30,542).
- Hispanic/Latino students had the highest rate of insecure housing (9.6%), followed by Pacific Islander (8.1%), American Indian or Alaska Native (6.4%) and Black or African American (6.2%) students. Asian (1.0%), White (1.5%), Multiracial (1.7%) and Filipino (2.9%) students had the lowest rates of insecure housing.
- Of those students with insecure housing in 2021/22, elementary age students (K-6$^{th}$) represent the highest percentage at 5.7%, followed by high school age students (grades 9 - 12) at 5.5% and middle school students (grades 7 - 8) at 5.4%.
- School districts with the highest percentage of insecurely housed students were Magnolia School District (27.3%), Placentia-Yorba Linda Unified (13.0%) and Santa Ana Unified (13.0%). School districts with the lowest percentage were Laguna Beach Unified (0.3%), Irvine Unified (0.3%) and Fountain Valley School District (0.3%).

[1] The data are collected from the Local Education Agency (school district) and reported to the California Department of Education (CDE) at the end of each academic year, by June 30. Beginning 2010 - 2011, CDE began collecting the data directly via California Longitudinal Pupil Achievement Data System. Data from 2014 - 2015 is lower due to a statewide data system error at the CDE that likely resulted in under-reported counts.

## Number and Percent of Students with Insecure Housing, Orange County and California, 2012/13 to 2021/22

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

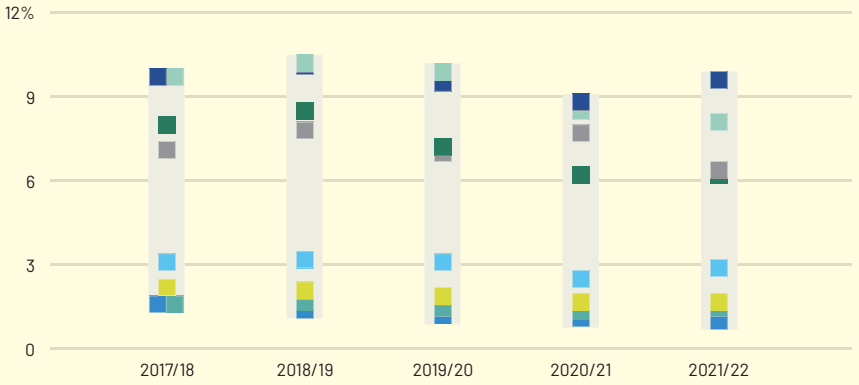
*Data from 2014 - 2015 is lower due to a statewide data system error at the California Department of Education that likely resulted in under-reported counts.
**Source:** California Department of Education




## Percent of Enrolled Students with Insecure Housing, By Race and Ethnicity, 2018 to 2022

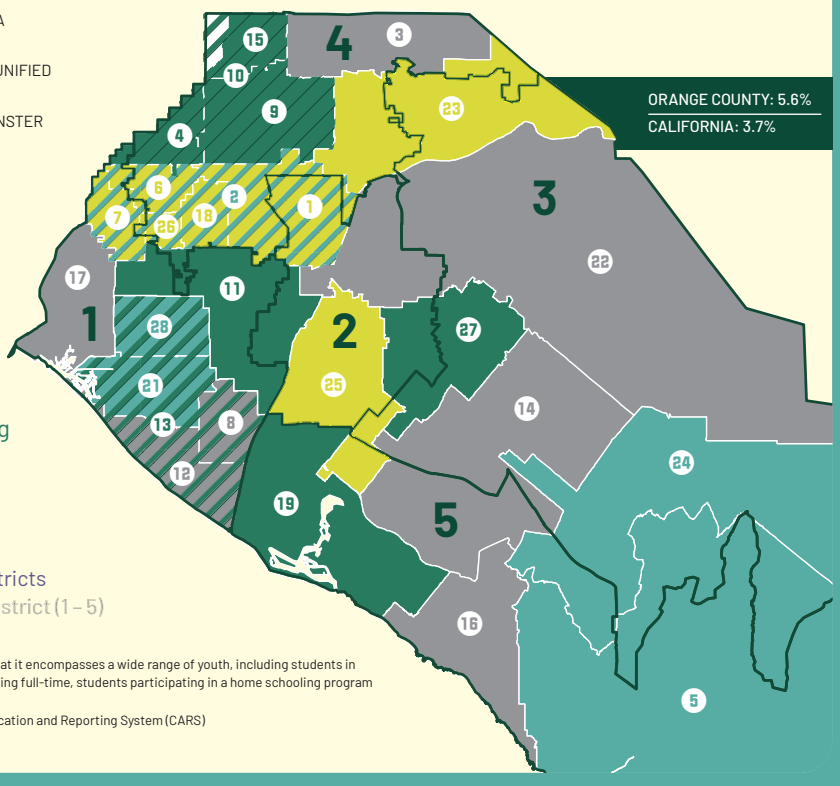
- American Indian or Alaska Native
- Asian
- Black or African American
- Filipino
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Two or More Races
- White

**Source**: California Department of Education




## Percent of Enrolled Students with Insecure Housing, by School District, 2021/22

1. ANAHEIM 9.3%
2. ANAHEIM UNION HIGH 7.3%
3. BREA-OLINDA UNIFIED 0.7%
4. BUENA PARK 5.1%
5. CAPISTRANO UNIFIED 6.4%
6. CENTRALIA 9.3%
7. CYPRESS 7.9%
8. FOUNTAIN VALLEY 0.3%
9. FULLERTON 1.2%
10. FULLERTON JOINT UNION HIGH 2.3%
11. GARDEN GROVE UNIFIED 1.7%
12. HUNTINGTON BEACH CITY 0.7%
13. HUNTINGTON BEACH UNION HIGH 5.0%
14. IRVINE UNIFIED 0.3%
15. LA HABRA CITY 1.7%
16. LAGUNA BEACH UNIFIED 0.3%
17. LOS ALAMITOS UNIFIED 0.5%
18. MAGNOLIA 27.3%
19. NEWPORT-MESA UNIFIED 4.8%
20. OCDE – ACCESS* 5.9%
21. OCEAN VIEW 6.9%
22. ORANGE UNIFIED 1.0%
23. PLACENTIA-YORBA LINDA UNIFIED 13.0%
24. SADDLEBACK VALLEY UNIFIED 5.7%
25. SANTA ANA UNIFIED 13.0%
26. SAVANNA 12.2%
27. TUSTIN UNIFIED 2.6%
28. WESTMINSTER 6.2%




*OCDE - ACCESS (Alternative, Community and Correctional Schools and Service) student population is unique in that it encompasses a wide range of youth, including students in group homes or incarcerated in institutions, students on probation or homeless, students who are parents or working full-time, students participating in a home schooling program and students who are referred by local school districts.
**Source:** California Department of Education. Data provided by districts on their LEA Reporting Consolidated Application and Reporting System (CARS)

# CHILD SUPPORT

## PER CASE COLLECTIONS REMAIN STEADY FOR THE FOURTH STRAIGHT YEAR.

### DESCRIPTION OF INDICATOR

This indicator reports the Distributed Net Collections divided by the average monthly caseload for the Federal Fiscal Year. Improvements in collections per case reflects an increase in income to parents to provide for the basic needs of their children.

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### Why is this indicator important?

Child support is important for meeting the basic needs of children and families. From securing food and shelter to covering childcare and medical expenses, these payments provide the opportunity for children and families to have their fundamental needs met.

Child Support Services (CSS) aims to achieve two goals: increased collections and improved overall performance, ultimately resulting in greater financial support for children and families. CSS has also adopted a family-centered strategy, which involves connecting customers to local resources for needs outside of those covered through the child support program. By building relationships with parents, fostering community partnerships, and strengthening collaborative efforts with other county agencies, the entire family is provided with needed services. This approach ensures that families are linked to resources to support them as they co-parent and provide an environment where children can thrive.

Despite a decline in the number of Orange County CSS cases over the past decade, the types of services provided have expanded to include more holistic services that support the whole family. Additionally, the amount of child support collections per case has also risen.

### Findings

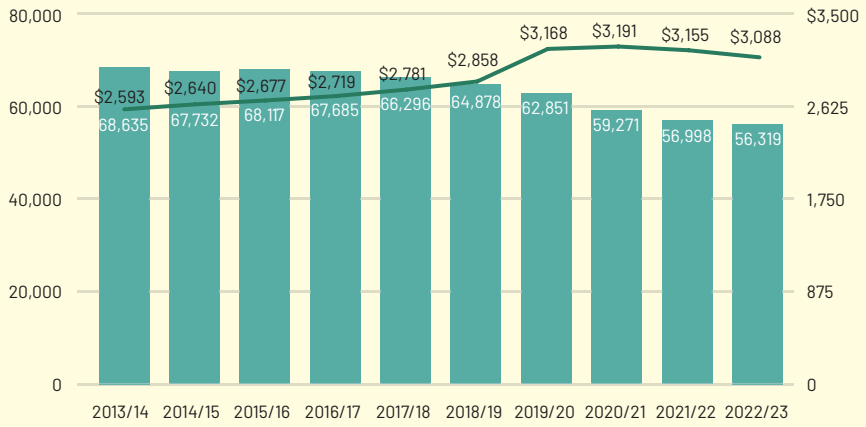
- Total Orange County child support cases decreased by 17.9% from 68,635 in 2013/14 to 56,319 in 2022/23.
- Over the same period, net collections decreased by 2.3% from $177.9 million in 2013/14 to $173.9 million in 2022/23, with an average of $183.4 million annually. Collections decreased 9.6% from 2019/20 ($199.1 million to $189.1), reflecting a return to pre-pandemic levels. The 2019/20 rate was higher than normal due to unemployment payment intercepts or the increased withholdings due to COVID-19 unemployment stimulus.
- Most (94.3%) Orange County cases have a court order established, in comparison to California's rate of 92.8%. Since 2010/11, the Orange County CSS rate has increased 11.7% (from 84.4%).[1]
- The percent of current support distributed among Orange County cases during 2022/23 was 65.7%, which is higher than the California rate of 63.1%, and represents consistent performance from 2013/14 when the rate was also 65.7%.[2]

[1] California Department of Child Support Services: Comparative Data for Managing Program Performance, FFY 2023. Published July 2023. Percentage data source, Table 1 Cases with Support Orders Established using Point-in-Time Data. [2] Department of Child Support Services, 2023. Collection Rate Percentage and Dollars Owed collected from California pulled from State of California – Health and Human Services Agency Child Support Program Statistics FFY 2023, table 1.3.

## Total Child Support Cases and Per Case Collections, 2013/14 to 2022/23

- Total Number of Cases
- Per Case Collection

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

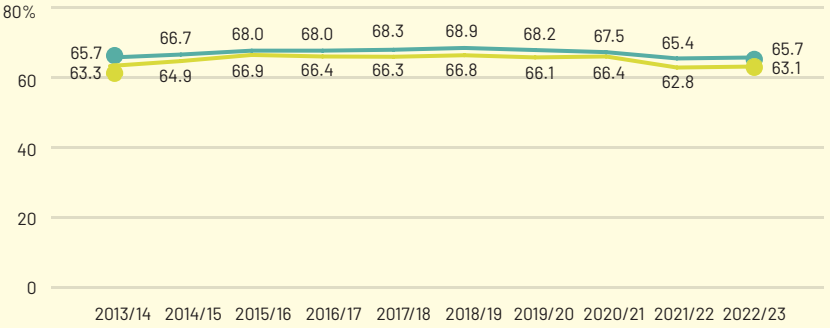



## Percent of Child Support Distributed, Orange County and California

2013/14 to 2022/23

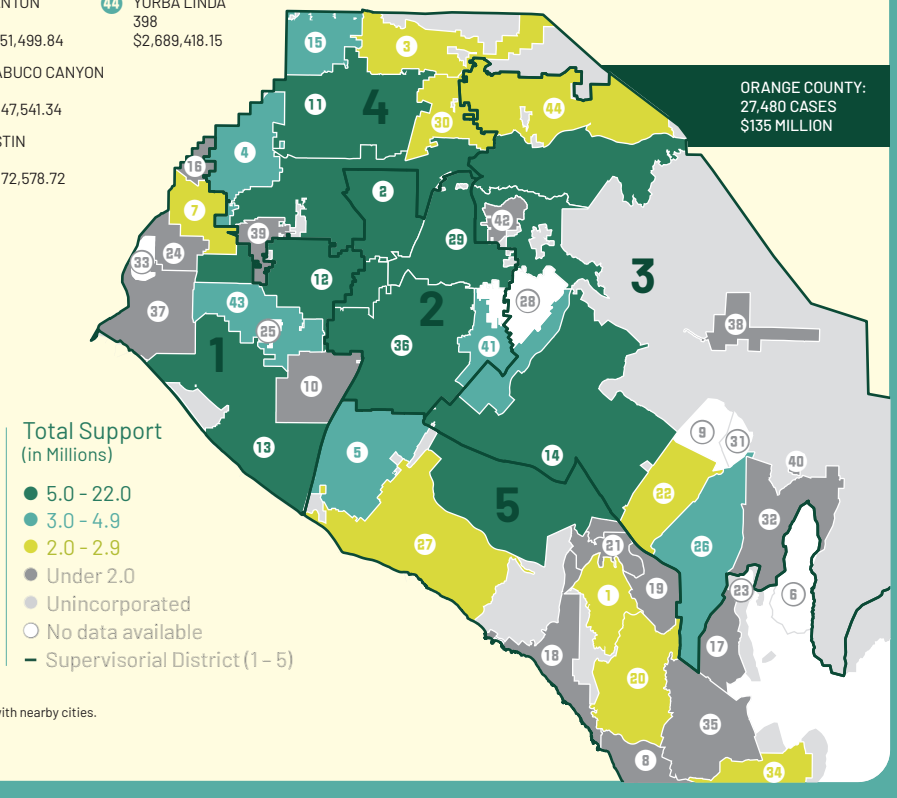
- Orange County
- California

**Source:** Orange County Department of Child Support Services




## Number of Cases and Total Support Distributed, by Community of Residence, 2022/23

1. ALISO VIEJO
342
$2,396,788.80
2. ANAHEIM
4,825
$19,678,123.61
3. BREA
395
$2,042,799.36
4. BUENA PARK
981
$4,084,318.25
5. COSTA MESA
821
$4,304,215.94
6. COTO DE CAZA
N/A
7. CYPRESS
444
$2,261,097.86
8. DANA POINT
196
$1,270,775.25
9. FOOTHILL RANCH
N/A
10. FOUNTAIN VALLEY
374
$1,895,617.76
11. FULLERTON
1,389
$6,277,808.96
12. GARDEN GROVE
1,813
$7,919,029.77
13. HUNTINGTON BEACH
1,482
$7,473,898.85
14. IRVINE
1,192
$8,137,742.26
15. LA HABRA
721
$3,161,246.31
16. LA PALMA
90
$404,429.20
17. LADERA RANCH
183
$1,741,390.54
18. LAGUNA BEACH
72
$838,159.13
19. LAGUNA HILLS
190
$1,100,327.96
20. LAGUNA NIGUEL
347
$2,719,034.31
21. LAGUNA WOODS
11
$26,801.54
22. LAKE FOREST
560
$2,958,285.46
23. LAS FLORES
N/A
24. LOS ALAMITOS
140
$1,013,019.41
25. MIDWAY CITY
N/A
26. MISSION VIEJO
563
$3,467,956.99
27. NEWPORT BEACH
292
$2,604,464.23
28. NORTH TUSTIN
N/A*
29. ORANGE
1,355
$6,305,200.73
30. PLACENTIA
539
$2,805,933.50
31. PORTOLA HILLS
N/A
32. RANCHO SANTA MARGARITA
307
$1,853,936.15
33. ROSSMOOR
N/A
34. SAN CLEMENTE
333
$2,091,489.10
35. SAN JUAN CAPISTRANO
288
$1,654,182.58
36. SANTA ANA
4,371
$18,069,085.36
37. SEAL BEACH
78
$453,249.78
38. SILVERADO
8
$47,566.21
39. STANTON
411
$1,751,499.84
40. TRABUCO CANYON
129
$1,047,541.34
41. TUSTIN
886
$4,172,578.72
42. VILLA PARK
17
$154,872.02
43. WESTMINSTER
937
$4,177,101.50
44. YORBA LINDA
398
$2,689,418.15




*Child Support case numbers and distribution amounts for unincorporated communities are combined with nearby cities.
**Source:** Orange County Department of Child Support Services

# EDUCATIONAL ACHIEVEMENT INDICATORS

## KINDERGARTEN READINESS

PERCENT OF CHILDREN READY FOR KINDERGARTEN

| 51.9% | 52.5% |
|---|---|
| 2015 | 2022 |

## HIGH SCHOOL DROPOUT RATES

PERCENT OF HIGH SCHOOL DROPOUTS FOR GRADES 9 - 12 COHORT

| 7.3% | 4.0% |
|---|---|
| 2012/13 | 2021/22 |

## THIRD GRADE ENGLISH LANGUAGE ARTS

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

| 46.0% | 51.8% |
|---|---|
| 2014/15 | 2021/22 |

## COLLEGE READINESS

PERCENT OF GRADUATES WITH UC/CSU ELIGIBLE REQUIREMENTS

| 46.6% | 57.2% |
|---|---|
| 2012/13 | 2021/22 |

## THIRD GRADE MATHEMATICS

PERCENT OF THIRD GRADE STUDENTS WHO MET OR EXCEEDED STATE STANDARDS FOR MATHEMATICS

| 51.0% | 54.3% |
|---|---|
| 2014/15 | 2021/22 |

## CHRONIC ABSENTEEISM

PERCENT OF STUDENTS CHRONICALLY ABSENT FROM SCHOOL

| 8.3% | 21.1% |
|---|---|
| 2017/18 | 2021/22 |


UPWARD TREND IMPROVEMENT


UPWARD TREND NEEDS IMPROVEMENT


DOWNWARD TREND IMPROVEMENT


DOWNWARD TREND NEEDS IMPROVEMENT

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

# KINDERGARTEN READINESS

## KINDERGARTEN READINESS RATES DECREASED SLIGHTLY FROM 2019.

### DESCRIPTION OF INDICATOR

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

### Why is this indicator important?

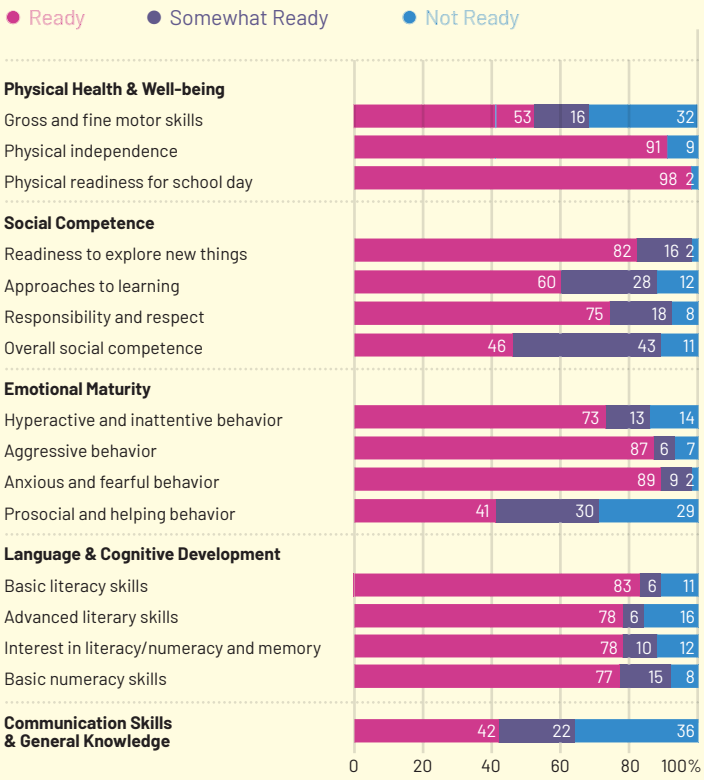
Long-term, a child's academic success is heavily dependent upon their readiness for kindergarten. Children who enter school with early skills, such as basic knowledge of math and reading concepts as well as communication, language, social competence and emotional maturity, are more likely than their peers without such skills to experience later academic success, attain higher levels of education and secure employment.[1] Factors that influence kindergarten readiness include family and community supports and environments, as well as children's early development opportunities and experiences. The EDI is one way to assess how well communities are preparing its children for school.

### Findings

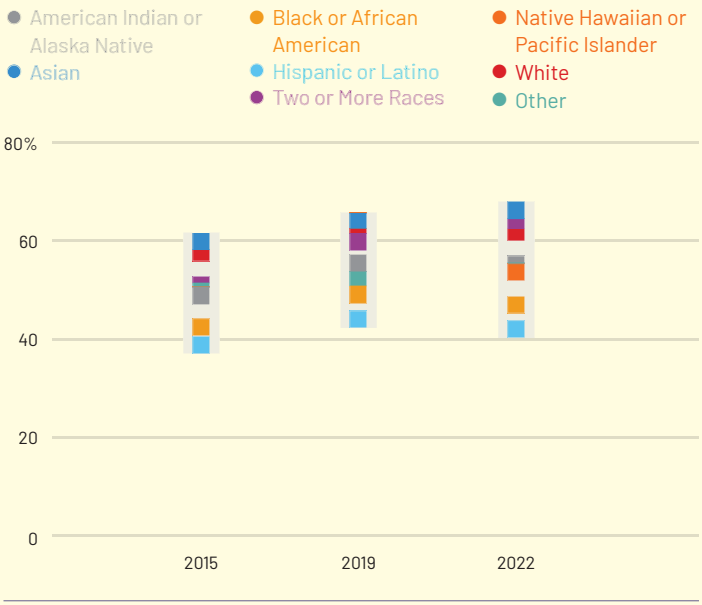
- In 2022, 52.5% of children in Orange County were developmentally ready for kindergarten, a 0.2% decrease from 2019 at 52.9%. Children are considered developmentally ready for school if they are on track in all five areas assessed (or in all four areas if only four areas were assessed).
- Asian children were the most likely to be ready for kindergarten (66.4%), followed by Multiracial (64.3%), White (61.8%), American Indian/Alaska Native (55.3%), Other (54.0%), Pacific Islander (53.7%), African American (47.1%) and Hispanic or Latino (42.1%) kindergartners.
- Among kindergartners, the areas of greatest vulnerabilities were language and cognitive development (29% vulnerable or at-risk) and communication skills and general knowledge (24% vulnerable or at-risk). Smaller percentages of children were vulnerable or at risk in social competence (22%), physical health and well-being (19%) and emotional maturity (19%).
- The five developmental areas are made up of 16 sub areas, which are measured by a child's readiness (ready, somewhat ready or not ready). Within these sub areas, children were least ready in their prosocial and helping behavior (59% not ready or somewhat ready), communication skills and general knowledge (58%), overall social competence (54%) and gross and fine motor skills (48%).
- Communities with the highest percentage of students developmentally ready for school include Laguna Beach at 78.3% (115 children), followed by Ladera Ranch at 78.1% (302), Irvine at 66.1% (2,245) and La Palma at 64.9% (97).[2]
- The lowest percentage of students ready for school were in the communities of Santa Ana at 40.6% (2,834 children) followed by La Habra at 42.7% (553) and Stanton at 42.7% (248).

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

## Percent of Children Developmentally Ready for Kindergarten, by Sub Area, 2022




## Percentage of Children Ready for Kindergarten, by Race/Ethnicity, 2015, 2019 and 2022

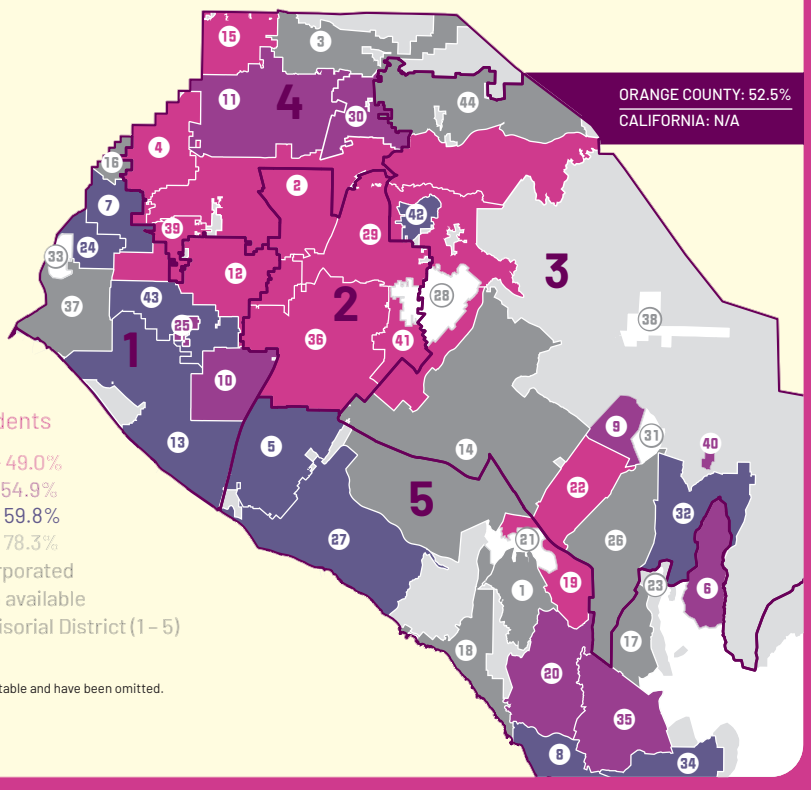



**Source:** Early Development Index, 2015 - 2022
**Note:** 2015 includes data collected in 2013, 2014, and 2015; 2019 includes data collected in 2018 and 2019; and 2022 includes data collected in 2022. The 2015, 2019, and 2022 data waves reflect 100% school participation.

**Source:** Early Development Index, 2022

## Percent of Children Ready for Kindergarten, by Community of Residence, 2022

1. ALISO VIEJO 61.4%
2. ANAHEIM 44.9%
3. BREA 62.2%
4. BUENA PARK 45.8%
5. COSTA MESA 55.7%
6. COTO DE CAZA 54.5%
7. CYPRESS 58.8%
8. DANA POINT 58.1%
9. FOOTHILL RANCH 54.9%
10. FOUNTAIN VALLEY 53.6%
11. FULLERTON 53.8%
12. GARDEN GROVE 49.0%
13. HUNTINGTON BEACH 57.6%
14. IRVINE 66.1%
15. LA HABRA 42.7%
16. LA PALMA 64.9%
17. LADERA RANCH 78.1%
18. LAGUNA BEACH 78.3%
19. LAGUNA HILLS 45.3%
20. LAGUNA NIGUEL 54.7%
21. LAGUNA WOODS NO DATA*
22. LAKE FOREST 47.5%
23. LAS FLORES NO DATA*
24. LOS ALAMITOS 56.7%
25. MIDWAY CITY 50.0%
26. MISSION VIEJO 63.3%
27. NEWPORT BEACH 57.5%
28. NORTH TUSTIN NO DATA*
29. ORANGE 46.0%
30. PLACENTIA 53.7%
31. PORTOLA HILLS NO DATA*
32. RANCHO SANTA MARGARITA 55.5%
33. ROSSMOOR NO DATA*
34. SAN CLEMENTE 59.8%
35. SAN JUAN CAPISTRANO 49.6%
36. SANTA ANA 40.6%
37. SEAL BEACH 63.0%
38. SILVERADO NO DATA*
39. STANTON 42.7%
40. TRABUCO CANYON 51.3%
41. TUSTIN 48.3%
42. VILLA PARK 58.1%
43. WESTMINSTER 55.8%
44. YORBA LINDA 62.0%




*No data available. **Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.
**Note:** Data for communities with fewer than 30 records were removed.
**Source:** Early Development Index, 2022

# THIRD GRADE ENGLISH LANGUAGE ARTS

## IN THE FIRST RESULTS SINCE 2019, FEWER THIRD GRADE STUDENTS MET OR EXCEEDED STANDARDS.

### DESCRIPTION OF INDICATOR

This indicator presents the California Assessment of Student Performance and Progress (CAASPP) data for student academic performance in English Language Arts and Literacy (ELA). Starting in 2014/15 (2015), CAASPP reflects the Common Core State Standards and online testing system to measure the academic performance of students. This indicator reports on third grade students. This report reflects the first data update since school year 2018/19. No data were available for school years 2019/20 and 2020/21 due to disruptions in data collection due to the pandemic.

### Why is this indicator important?

CAASPP is designed to demonstrate progress toward learning problem-solving and critical thinking skills needed for college and career readiness. It gives schools and communities data on the performance of students and significant student groups within a school. This information helps schools analyze academic progress and if resource re-allocation is needed to ensure all students succeed. ELA assesses a student's performance in reading, writing, listening and research. Understanding performance at the completion of third grade is important because third grade is the year that the focus of reading instruction shifts from learning to read to reading to learn. Third-graders who lack proficiency in reading are four times more likely to become high school dropouts.[1]

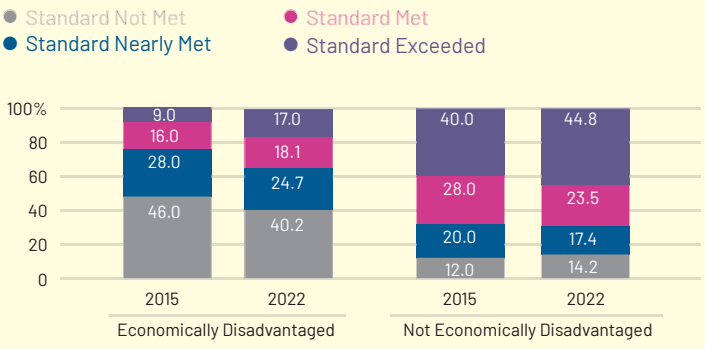
### Findings

- In school year 2021/2022 (2022), over half (51.8%) of Orange County third grade students met or exceeded the statewide achievement standard for ELA, a more than 4.0 percentage point decrease from 2019 (56.1%) but higher than California at 42.2%.
- Among third grade students who are not economically disadvantaged, 68.4% met or exceeded the achievement standards in ELA, substantially higher than those students who are economically disadvantaged at 35.1%.
- Between 2015 and 2022, the percentage of economically disadvantaged students who met or exceeded standards increased from 25.0% to 35.1% compared to an increase from 68.0% to 68.4% among students who were not economically disadvantaged.
- The ELA assessments are subdivided into four academic focus areas. In 2022, 23.8% of third graders were above standards in the area of Reading, followed by Writing (22.5%), Research/Inquiry (21.3%) and Listening (14.7%).
- Across three of the four focus areas, fewer third grade students were above standards in 2022 than 2015. The greatest decrease was in Listening (3.3% decrease), followed by Research/Inquiry (1.7% decrease) and Writing (0.5% decrease). Reading increased by 0.8% from 2015 to 2022.
- Asian students met or exceeded standards for ELA at 76.7%, followed by Filipino (71.8%), Multiracial (68.1%), White (66.5%), Black or African American (40.8%), Native Hawaiian or Pacific Islander (40.5%), American Indian or Alaska Native (37.9%) and Hispanic or Latino (33.1%) students. Since 2015, Hispanic or Latino students have shown the greatest improvement with a 8.1% increase in students who met or exceeded standards.
- The school districts with the highest percentage of third grade students meeting or exceeding standards for overall achievement in English Language Arts are Los Alamitos Unified (79.7%), Laguna Beach Unified (77.8%), Irvine Unified (70.9%) and Huntington Beach City (70.4%). The school districts with the lowest percentages are Santa Ana Unified (24.4%), Anaheim City (25.7%) and La Habra City (32.2%).



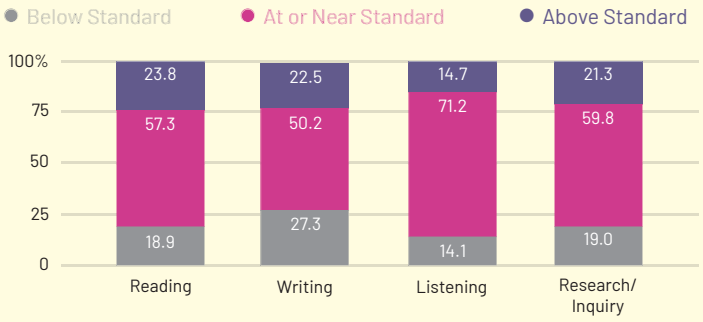
[1] Hernandez, D.J. (2012). Double Jeopardy: How Third-Grade Reading Skills and Poverty Influence High School Graduation. The Annie E. Casey Foundation.

## Overall Achievement in ELA Among Third Grade Students, by Socioeconomic Status, 2015 and 2022




**Note:** A student is defined as "economically disadvantaged" if the most educated parent of the student, as indicated in CALPADS, has not received a high school diploma or the student is eligible to participate in free or reduced-price lunch program also known as the National School Lunch Program.
**Source:** CAASPP, 2021/22 (2022)

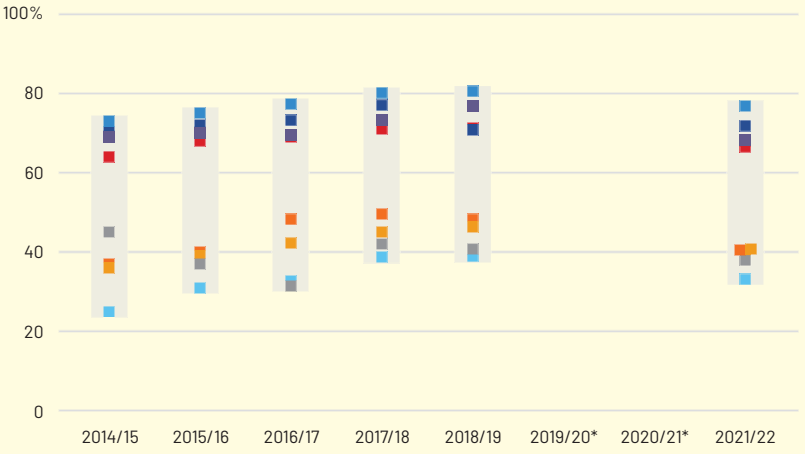
## Achievement in ELA Focus Areas Among Third Grade Students, 2022




**Note:** ELA results include information about the students' performance in the areas of reading, writing, listening and research. The student's performance in these key areas for each subject are reported using the following three indicators: below standard, at or near standard and above standard.
**Source:** CAASPP, 2021/22 (2022)

## Overall Achievement in ELA Among Third Grade Students, Standard Exceeded/Standard Met, by Race/Ethnicity, 2014/15 to 2021/22

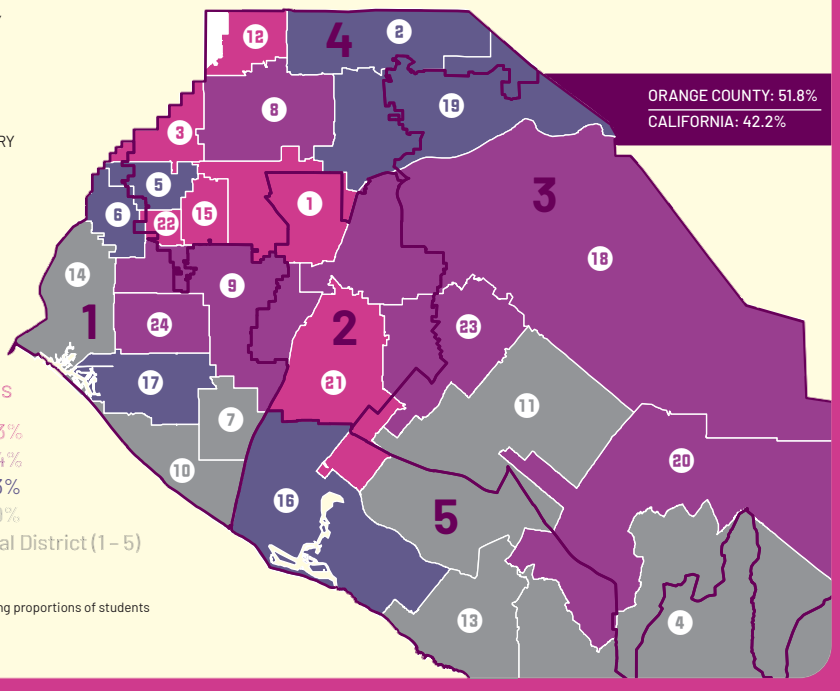
- American Indian or Alaska Native
- Asian
- Black or African American
- Filipino
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Two or More Races
- White




*No data is available for school years 2019/20 and 2020/21 due to disruptions in data collection caused by COVID-19.
**Note:** Third grade student enrollment by race/ethnicity is 49.3% Hispanic or Latino, 21.5% White, 18.2% Asian, 5.8% Multiracial, 1.9% Filipino, 1.2% African American, 0.3% Pacific Islander, 0.1% American Indian or Alaska Native and 1.8% Not Reported.
**Source:** CAASPP, 2021/22 (2022)

## Percent of Third Grade Students Who Exceeded or Met Standards for ELA Overall Achievement, by School District, 2022

1. ANAHEIM CITY 25.7%
2. BREA-OLINDA UNIFIED 61.0%
3. BUENA PARK ELEMENTARY 39.9%
4. CAPISTRANO UNIFIED 63.4%
5. CENTRALIA ELEMENTARY 53.5%
6. CYPRESS ELEMENTARY 62.8%
7. FOUNTAIN VALLEY ELEMENTARY 69.3%
8. FULLERTON ELEMENTARY 50.3%
9. GARDEN GROVE UNIFIED 52.0%
10. HUNTINGTON BEACH CITY ELEMENTARY 70.4%
11. IRVINE UNIFIED 70.9%
12. LA HABRA CITY ELEMENTARY 32.2%
13. LAGUNA BEACH UNIFIED 77.8%
14. LOS ALAMITOS UNIFIED 79.7%
15. MAGNOLIA ELEMENTARY 42.9%
16. NEWPORT-MESA UNIFIED 56.1%
17. OCEAN VIEW 54.9%
18. ORANGE UNIFIED 49.1%
19. PLACENTIA-YORBA LINDA UNIFIED 63.1%
20. SADDLEBACK VALLEY UNIFIED 50.3%
21. SANTA ANA UNIFIED 24.4%
22. SAVANNA ELEMENTARY 43.6%
23. TUSTIN UNIFIED 53.3%
24. WESTMINSTER 48.9%




**Note:** District comparisons should be interpreted with caution as districts vary greatly in composition, with differing proportions of students who are English learners, special needs, low income, or homeless – all factors which can influence achievement.
**Source:** CAASPP, 2021/22 (2022)

# THIRD GRADE MATHEMATICS

## IN THE FIRST RESULTS SINCE 2019, FEWER THIRD GRADE STUDENTS MET OR EXCEEDED STANDARDS IN MATHEMATICS.

### DESCRIPTION OF INDICATOR

This indicator presents the new California Assessment of Student Performance and Progress (CAASPP) data for student academic performance in mathematics. Starting in 2014/15 (2015), CAASPP reflects the Common Core State Standards and online testing system to measure the academic performance of students. This report reflects the first data update since school year 2018/19. No data were available for school years 2019/20 and 2020/21 due to disruptions in data collection due to the pandemic.

### Why is this indicator important?

CAASPP is designed to demonstrate progress toward learning problem-solving and critical thinking skills needed for college and a career. It gives schools and communities data on the performance of all students and significant subgroups within a school. This information helps schools analyze their academic progress and if resource reallocation is needed to ensure all students succeed. The mathematics component assesses a student's performance in applying mathematical concepts and procedures, using appropriate tools and strategies to solve problems and demonstrating ability to support mathematical conclusions. It is known that math difficulties are cumulative and worsen with time.[1] Understanding third grade performance is important because it is the year that students start utilizing the decimal system to do multi-digit number calculations, an important foundation for future success in mathematics.

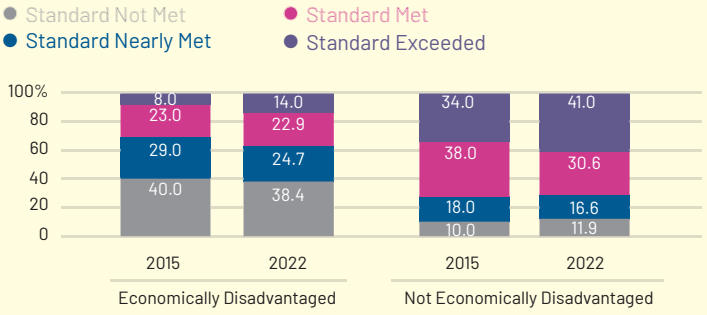
### Findings

- In school year 2021/22 (2022), over half (54.3%) of Orange County third grade students met or exceeded the statewide achievement standard in math, a more than 4.3 percentage point decrease from 2019 (58.6%) but higher than California at 43.5%.
- Among third grade students who were not economically disadvantaged, 71.6% met or exceeded the achievement standards in math, substantially higher than those students who were economically disadvantaged at 36.9%
- Between 2015 and 2022, the percentage of economically disadvantaged students who met or exceeded standards increased from 31.0% to 36.9% compared to a decrease from 72.0% to 71.6% among students who were not economically disadvantaged.
- The mathematics assessments are subdivided into three academic focus areas. One third (33.7%) of third grade students were above the standard in Concepts and Procedures compared to Problem Solving and Modeling/Data Analysis (28.8%) and Communicating Reasoning (27.8%).
- Across two of the three focus areas, fewer third grade students were above standards in 2022 than 2015. Concepts and Procedures decreased by 0.3%, while Communicating Reasoning decreased by 0.2%. Problem Solving and Modeling/Data Analysis increased by 1.8%.
- Asian students exceeded or met standards in math at 82.0%, followed by Filipino (72.5%), White (70.8%), Multiracial (69.8%), American Indian or Alaska Native (43.3%), Native Hawaiian or Pacific Islander (40.5%), Black or African American (39.8%) and Hispanic or Latino (34.1%) students. Since 2015, Hispanic or Latino students showed the greatest improvement with a 3.1 percentage point increase from 31.0%.
- The school districts with the highest percentage of third grade students exceeding or meeting standards for overall achievement in math were Los Alamitos Unified (84.8%), Laguna Beach Unified (83.9%), and Fountain Valley (76.9%). The school districts with the lowest percentage were Santa Ana Unified (25.3%), Anaheim (25.9%) and La Habra City (35.0%).



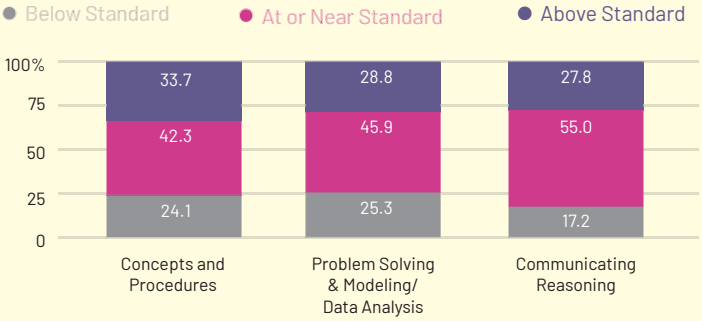
[1] National Mathematics Advisory Panel. Foundations for success: The final report of the National Mathematics Advisory Panel, Washington, DC: U.S. Department of Education, 2008.

## Overall Achievement in Mathematics Among Third Grade Students, by Socioeconomic Status, 2015 and 2022




**Note:** A student is defined as "economically disadvantaged" if the most educated parent of the student, as indicated in CALPADS, has not received a high school diploma or the student is eligible to participate in free or reduced-price lunch program also known as the National School Lunch Program.
**Source:** CAASPP, 2021/22 (2022)

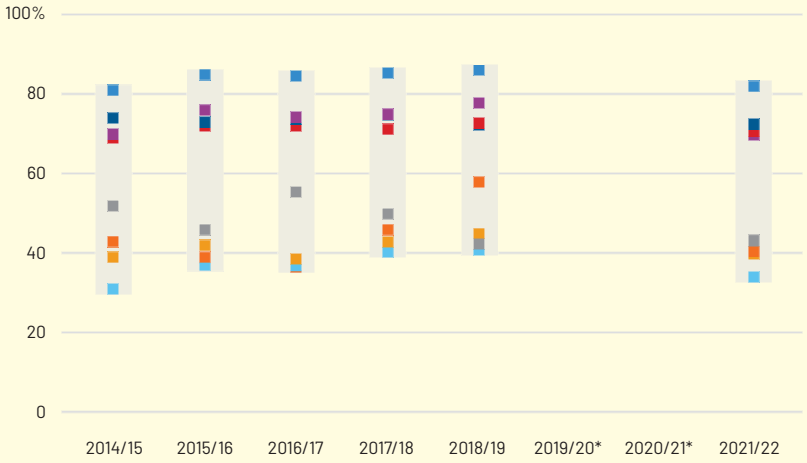
## Achievement in Mathematics Focus Areas Among Third Grade Students, 2022




**Note:** Math results include information about the students' performance in the areas of concepts and procedures, problem solving & modeling/data analysis, and communicating reasoning. The student's performance in these key areas for each subject are reported using the following three indicators: below standard, at or near standard, and above standard.
**Source:** CAASPP, 2021/22 (2022)

## Overall Achievement in Mathematics Among Third Grade Students, Standard Exceeded/ Standard Met, by Race/Ethnicity, 2014/15 to 2021/22

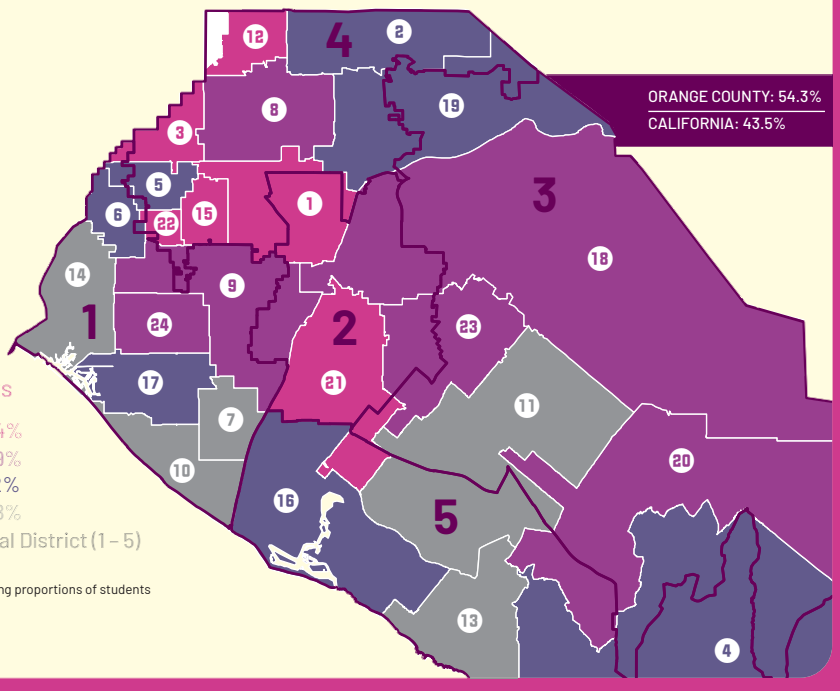
- American Indian or Alaska Native
- Asian
- Black or African American
- Filipino
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Two or More Races
- White




*No data is available for school years 2019/20 and 2020/21 due to disruptions in data collection caused by COVID-19.
**Note:** Third grade student enrollment by race/ethnicity is 49.3% Hispanic or Latino, 21.5% White, 18.2% Asian, 5.8% Multiracial, 1.9% Filipino, 1.2% African American, 0.3% Pacific Islander, 0.1% American Indian or Alaska Native and 1.8% Not Reported.
**Source:** CAASPP, 2021/22 (2022)

## Percent of Third Grade Students Who Exceeded or Met Standards for Mathematics Overall Achievement, by School District, 2022

1. ANAHEIM CITY 25.9%
2. BREA-OLINDA UNIFIED 66.2%
3. BUENA PARK ELEMENTARY 45.5%
4. CAPISTRANO UNIFIED 65.9%
5. CENTRALIA ELEMENTARY 58.0%
6. CYPRESS ELEMENTARY 66.1%
7. FOUNTAIN VALLEY ELEMENTARY 76.9%
8. FULLERTON ELEMENTARY 53.1%
9. GARDEN GROVE UNIFIED 54.8%
10. HUNTINGTON BEACH CITY ELEMENTARY 76.5%
11. IRVINE UNIFIED 72.8%
12. LA HABRA CITY ELEMENTARY 35.0%
13. LAGUNA BEACH UNIFIED 83.9%
14. LOS ALAMITOS UNIFIED 84.8%
15. MAGNOLIA ELEMENTARY 48.1%
16. NEWPORT-MESA UNIFIED 61.1%
17. OCEAN VIEW 58.3%
18. ORANGE UNIFIED 48.7%
19. PLACENTIA-YORBA LINDA UNIFIED 64.2%
20. SADDLEBACK VALLEY UNIFIED 55.9%
21. SANTA ANA UNIFIED 25.3%
22. SAVANNA ELEMENTARY 47.3%
23. TUSTIN UNIFIED 54.6%
24. WESTMINSTER 52.1%




**Note:** District comparisons should be interpreted with caution as districts vary greatly in composition, with differing proportions of students who are English learners, special needs, low income, or homeless – all factors which can influence achievement.
**Source:** CAASPP, 2021/22 (2022)

# HIGH SCHOOL DROPOUT RATES

## DROPOUT RATES REMAINS STEADY, LOWER THAN STATE AND NATIONAL RATES.

### DESCRIPTION OF INDICATOR

This indicator measures high school dropout rates for Orange County school districts, including detail by race/ethnicity and by program. Beginning in 2007/08 (2008), a student is considered a dropout if they were enrolled in grades 9 to 12 during the previous year and left before completing the current school year or did not attend the expected school or any other school by October of the following year. Students are not counted as dropouts if they received a diploma, General Education Diploma (GED) or California High School Proficiency Exam (CHSPE) certificate; are Special Education completers; transferred to a degree-granting college; passed away; had a school-recognized absence; or were known to have left the state.[1]

### Why is this indicator important?

Education provides benefits to both individuals and society. Compared to high school graduates, dropouts earn lower wages, resulting in lower tax contributions and more utilization of welfare programs. They are also at higher risk for criminal involvement and health problems.[2]

### Findings

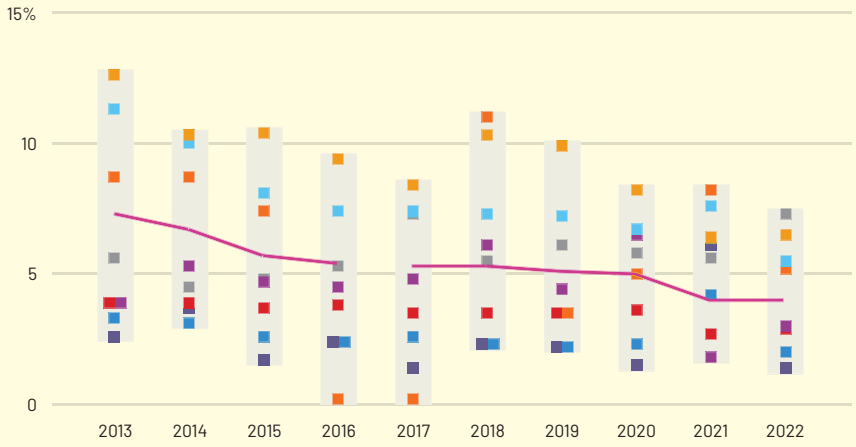
- The Orange County cohort dropout rate for school year 2021/2022 (2022) was 4.0% and lower than the California 2022 dropout rate of 7.8% and the United States 2021 dropout rate for public schools of 5.2%.[3]
- In 2022, there were 40,147 cohort students of which 37,109 graduated and 1,614 students dropped out. The remaining 1,424 students did not graduate because they were either considered still enrolled at the time of the cohort's graduation (707 students), Special Education completers (484), CHSPE completers (101) or completed the GED (36) or adult education diploma (2). Another 94 students were "other transfers."
- Dropout rates reflect persistent disparities with the highest rate for the 2022 school year among American Indian or Alaska Native students (7.3%, six students), followed by Black or African American (6.5%, 35), Hispanic or Latino (5.5%, 1,039), Pacific Islander (5.2%, 6), Multiracial (3.0%, 43), White (2.9%, 306), Asian (2.0%, 144) and Filipino (1.4%, 13) students.
- By program, dropout rates were highest among students enrolled as Foster Youth (15.3%), followed by English Learners (10.6%), Homeless Youth (8.8%), Students with Disabilities (6.7%), Migrant Education (5.4%) and Socioeconomically Disadvantaged (5.3%) students.[4]

[1] California Department of Education, DataQuest, 2021/22 (2022) data. A cohort is a defined group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016–17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016–17 ACGR data is not comparable with the cohort outcome data from prior years. [2] Belfield, C. and Levin, H. (2007). The Economic Losses from High School Dropouts in California. [3] National Center of Education Statistics, Status Dropout Rates (Updated May 2023). [4] Socioeconomically Disadvantaged is a student whose parents have not received a high school diploma or is eligible for the free or reduced-price lunch program. English Learner is a student identified as English learner based on the results of the California English Language Development Test or is a reclassified fluent-English-proficient student (RFEP) who has not scored at the proficient level on the California English-Language Arts and Mathematics Standards Tests. Student with Disabilities is a student who receives special education services and has a valid disability code or was previously identified as special education but who is no longer receiving special education services for two years after exiting special education. Migrant is a student who changes schools during the year, often crossing school district and state lines, to follow work in agriculture, fishing, dairies, or the logging industry. Homeless Youth is a student who lacks a fixed, regular and adequate nighttime residence.

## Percent of Grade 9 - 12 Cohort Dropouts, by Race/Ethnicity, 2013 to 2022

- American Indian or Alaska Native
- Asian
- Black or African American
- Filipino
- Hispanic or Latino
- Multiracial
- Pacific Islander
- White

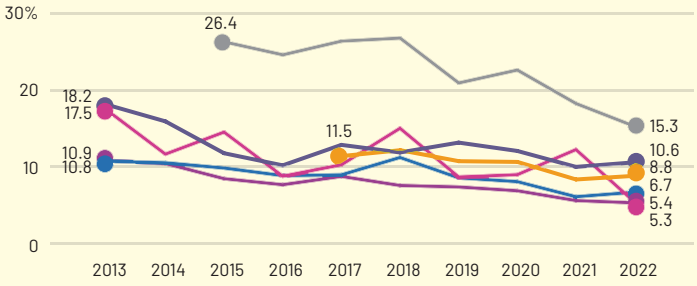
— Overall Orange County




**Note:** A cohort is a defined group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016–17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016–17 ACGR data is not comparable with the cohort outcome data from prior years.
**Note:** Data may be unstable to do small cohort population sizes for Black or African American, Pacific Islander and American Indian or Alaska Native.
**Source:** California Department of Education, DataQuest, 2021/22 (2022)

## Percent of Grade 9 - 12 Cohort Dropouts by Program, 2013 to 2022

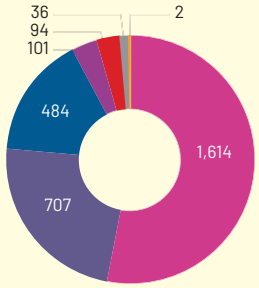
- English Learners
- Migrant Education
- Socioeconomically Disadvantaged
- Special Education/ Students with Disabilities
- Foster Youth
- Homeless Youth




**Source:** California Department of Education, DataQuest, 2021/22 (2022)

## Number of Students Who Did Not Graduate by Cohort, by Reason, 2022

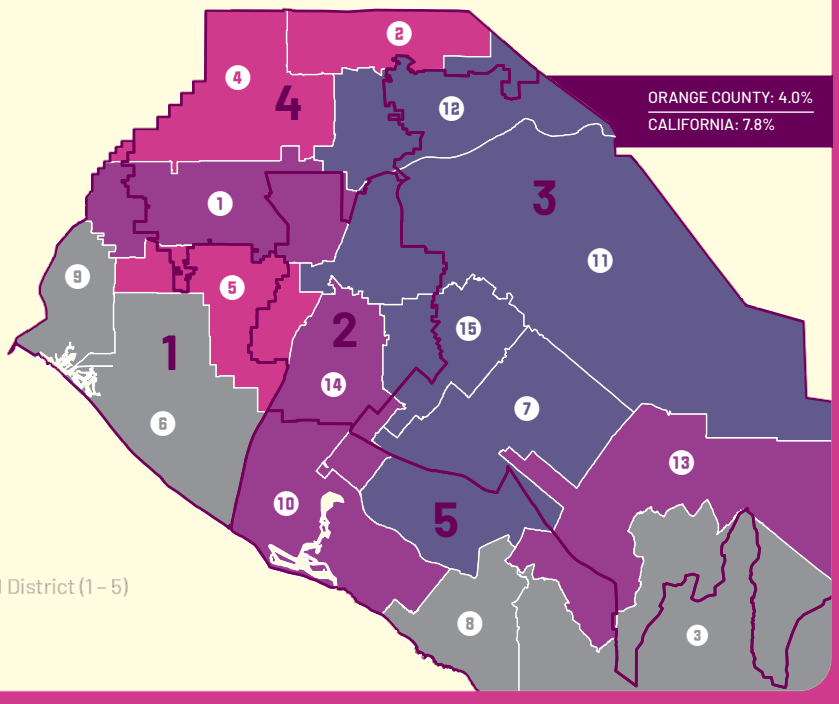
- Cohort Student Dropouts
- Still Enrolled at Time of Cohort Graduation
- Special Ed Completers
- CHSPE Completers
- Other Transfers
- Completed the GED
- Adult Education Diploma Completers




**Source:** California Department of Education, DataQuest, 2021/22 (2022)

## Percent of Grade 9 - 12 Cohort Dropouts, by School District, 2022

1. ANAHEIM UNION HIGH 3.6%
2. BREA-OLINDA UNIFIED 6.3%
3. CAPISTRANO UNIFIED 1.1%
4. FULLERTON JOINT UNION HIGH 5.3%
5. GARDEN GROVE UNIFIED 6.8%
6. HUNTINGTON BEACH UNION HIGH 2.2%
7. IRVINE UNIFIED 2.7%
8. LAGUNA BEACH UNIFIED 0.8%
9. LOS ALAMITOS UNIFIED 1.3%
10. NEWPORT-MESA UNIFIED 4.3%
11. ORANGE UNIFIED 2.6%
12. PLACENTIA-YORBA LINDA UNIFIED 2.7%
13. SADDLEBACK VALLEY UNIFIED 3.9%
14. SANTA ANA UNIFIED 3.6%
15. TUSTIN UNIFIED 2.3%




**Source**: California Department of Education, DataQuest, 2021/22 (2022)

# COLLEGE READINESS

## THE PERCENTAGE OF COLLEGE-READY ORANGE COUNTY STUDENTS INCREASED FOR THE 10TH STRAIGHT YEAR.

### DESCRIPTION OF INDICATOR

This indicator tracks the number and percent of students who graduate from high school having completed the course requirements to be eligible to apply to a University of California (UC) or California State University (CSU). The UC/CSU eligibility requirements are presented below.[1]

### Why is this indicator important?

The UC/CSU minimum course requirements are centered on a well-rounded curriculum that fosters content mastery and ensures that students are ready to take college courses without remediation. Courses include an applied learning component to help students improve comprehension and practice critical thinking skills. The more students master the content in conjunction with these skills, the more likely they are to pursue and succeed in college, as well as in the workforce.

### Findings

- In school year 2021/22 (2022), Orange County had 37,109 high school graduates, of which 57.2% were UC/CSU eligible, higher than California's eligibility rate of 51.4%.
- At 81.2% (5,575 students), Asian students had the greatest proportion of graduates who were UC/CSU eligible, followed by Filipino (71.3%, 642), Multiracial (66.3%, 888), White (64.2%, 6,419), American Indian or Alaska Native (49.3%, 36), African American (48.2%, 228), Pacific Islander (44.2%, 46), and Hispanic or Latino (42.4%, 7,277) graduates.
- Hispanic or Latino graduates comprise the largest group of total graduates (46.2%), while only 42.4% were UC/CSU eligible. This percentage is lower than White (26.9% of graduates, of which 64.2% were UC/CSU eligible) and Asian (18.5% of total graduates, of which 81.2% were UC/CSU eligible) graduates.
- By program, the UC/CSU eligibility rates were highest among students in the Socioeconomically Disadvantaged program (45.7%), followed by students in the Migrant Education program (30.0%) and English Learner program (26.0%).[2]

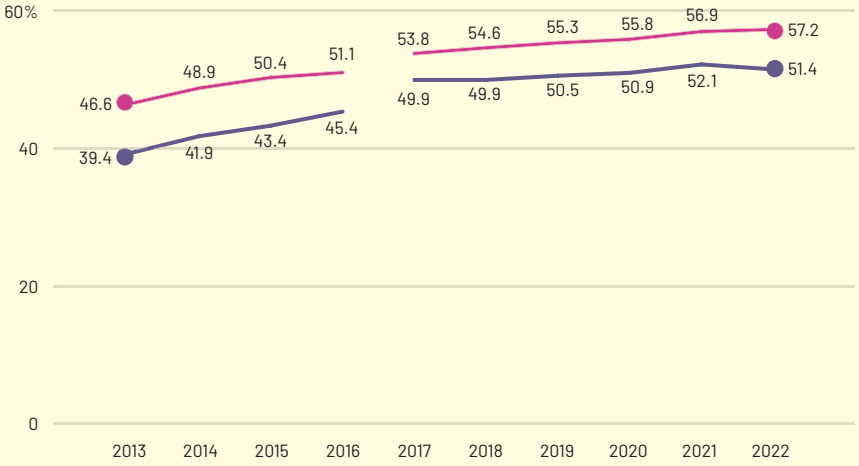
UC/CSU Requirements

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



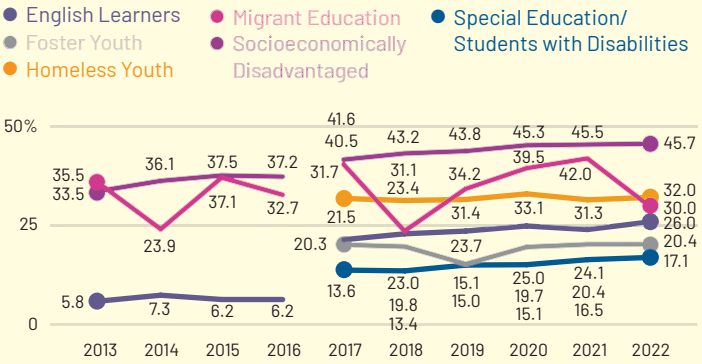
[1] https://admission.universityofcalifornia.edu/admission-requirements/freshman-requirements/. [2] See footnotes on page 56 for program descriptions.

## Percent of Graduates in Orange County and California Meeting UC/CSU Entrance Requirements, 2013 to 2022



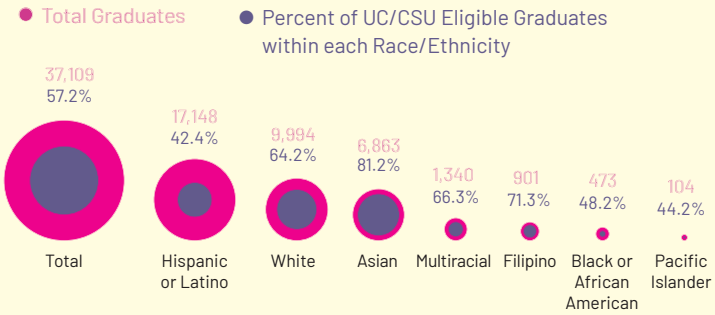

**Note:** A cohort is a defined group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016–17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016–17 ACGR data is not comparable with the cohort outcome data from prior years.
**Source:** California Department of Education, DataQuest, 2021/22 (2022)

## Percent of Graduates, by Program Meeting UC/CSU Entrance Requirements, 2013 to 2022




**Note:** In 2022, there were 23,739 students in the socioeconomically disadvantage program, followed by 6,337 English Learners, 4,565 Students with Disabilities, 3,419 Homeless Youth, 268 Foster Youth and 56 students in Migrant Education.
**Source:** California Department of Education, DataQuest, 2021/22 (2022)

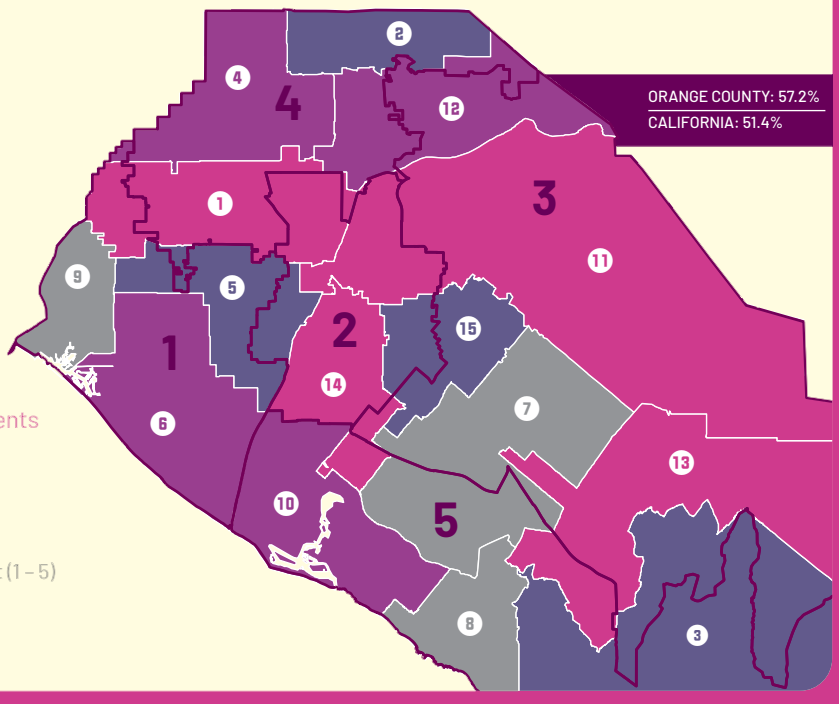
## Number and Percent of Graduates Meeting UC/CSU Entrance Requirements, 2022




**Note:** American Indian or Alaska Native total graduates (73), percent of UC/CSU eligible graduates (49.3%).
**Source:** California Department of Education, DataQuest, 2021/22 (2022)

## Percent of Graduates Meeting UC/CSU Entrance Requirements, by School District, 2022

1. ANAHEIM UNION HIGH 55.9%
2. BREA-OLINDA UNIFIED 62.3%
3. CAPISTRANO UNIFIED 64.1%
4. FULLERTON JOINT UNION HIGH 58.5%
5. GARDEN GROVE UNIFIED 59.4%
6. HUNTINGTON BEACH UNION HIGH 56.1%
7. IRVINE UNIFIED 72.9%
8. LAGUNA BEACH UNIFIED 82.0%
9. LOS ALAMITOS UNIFIED 76.3%
10. NEWPORT-MESA UNIFIED 58.8%
11. ORANGE UNIFIED 49.9%
12. PLACENTIA-YORBA LINDA UNIFIED 56.3%
13. SADDLEBACK VALLEY UNIFIED 55.5%
14. SANTA ANA UNIFIED 38.3%
15. TUSTIN UNIFIED 64.4%




**Source:** California Department of Education, DataQuest, 2021/22 (2022)

# CHRONIC ABSENTEEISM

## CHRONIC ABSENTEEISM INCREASES SHARPLY FOR ALL GRADES, PROGRAMS AND RACIAL/ETHNIC GROUPS.

### DESCRIPTION OF INDICATOR

This indicator tracks the number and percent of students who were absent for 10% or more of the enrolled instructional days, regardless of the reason (excused and unexcused absences). Chronic absenteeism is based on each school districts' days of enrollment, the expected days of attendance and the actual days attended. For most districts, this threshold is around 18 days in a school year or two days a month. Chronic absenteeism is associated with a number of negative consequences for students, including lower test scores, increased risk of dropping out and less access to health screenings and other support services. This indicator has been tracked by the California Department of Education since 2016/17 school year.

### Why is this indicator important?

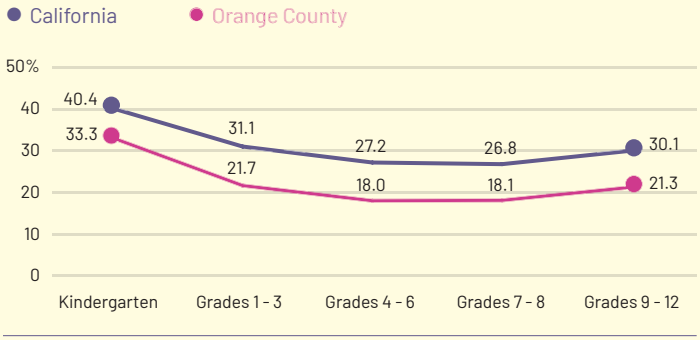
School attendance is an influential factor in academic achievement. Chronic absenteeism is associated with a number of negative consequences for students, including lower academic achievement and increased risk of dropping out due to the number of days missed.[1] Achievement gaps in elementary, middle and high school levels are increased by chronic absenteeism. In particular, research has shown that chronic absenteeism in kindergarten is associated with lower achievement in reading and math in later grades, even when controlling for a child's socioeconomic status, kindergarten readiness and age entering kindergarten.[2]

### Findings

- In school year 2021/22 (2022), Orange County students including kindergarten through high school had a chronic absenteeism rate of 21.1%. While this represents a sharp increase from 2020/21 (9.0%), it remains lower than California at 30.0%.
- In 2022, Pacific Islander and Hispanic or Latino students had the highest rates of being chronically absent (34.6% and 28.2% respectively). At 7.0% and 11.6%, Asian and Filipino students, respectively, had the lowest rate of being chronically absent.
- By program, chronic absenteeism rates were highest among students enrolled in Foster Youth (42.1%), followed by Insecurely Housed Youth (36.3%), Students with Disabilities (32.6%), Migrant Education (27.8%), Socioeconomically Disadvantaged (27.5%) and English Learner (26.9%) programs.
- Students in the Migrant Education program had the highest chronic absenteeism rates for kindergartners (50.0%), with Foster Youth having the highest rates for all other grade levels 1 -3, 4–6, 7–8 and 9–12.
- Kindergarten students have the highest rates of chronic absenteeism (33.3%), followed by students in grades 1 - 3 (21.7%), students in grades 9 – 12 (21.3%), students in grades 7 – 8 (18.1%) and students in grades 4 – 6 (18.0%) students. This trend is similar to California.

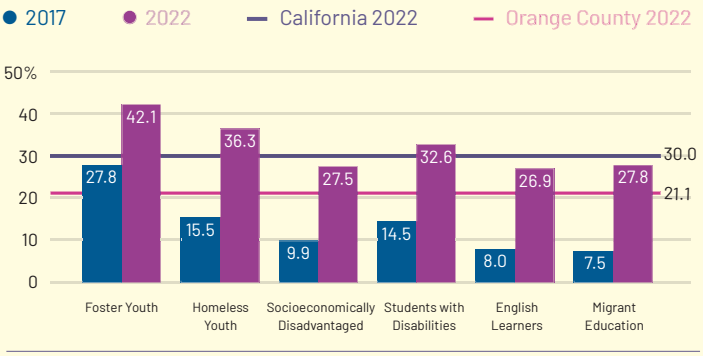
[1] Robert Balfanz and Vaughan Byrnes, "The Importance of Being in School: A Report on Absenteeism in the Nation's Public Schools," (Baltimore: Johns Hopkins University Center for Social Organization of Schools, May 2012). [2] Romero, M. & Lee, Y. 2007. A National Portrait of Chronic Absenteeism in the Early Grades. New York, NY: National Center for Children in Poverty: The Mailman School of Public Health at Columbia.

## Chronic Absenteeism, by Grade, 2022




**Source:** California Department of Education, DataQuest, 2021/22 (2022)

## Chronic Absenteeism Among All Students, by Program, 2017 and 2022

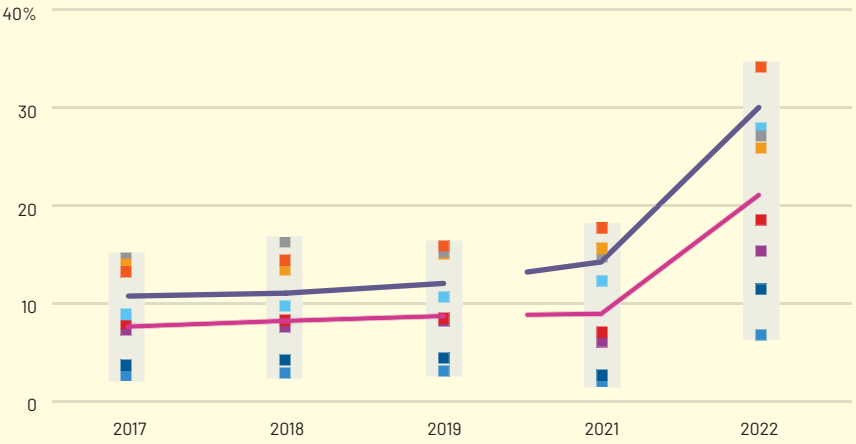



**Source:** California Department of Education, DataQuest, 2021/22 (2022)

## Chronic Absenteeism Among All Students, by Race/Ethnicity, 2017 to 2022

- American Indian or Alaska Native
- Asian
- Black or African American
- Filipino
- Hispanic or Latino
- Multiracial
- Pacific Islander
- White

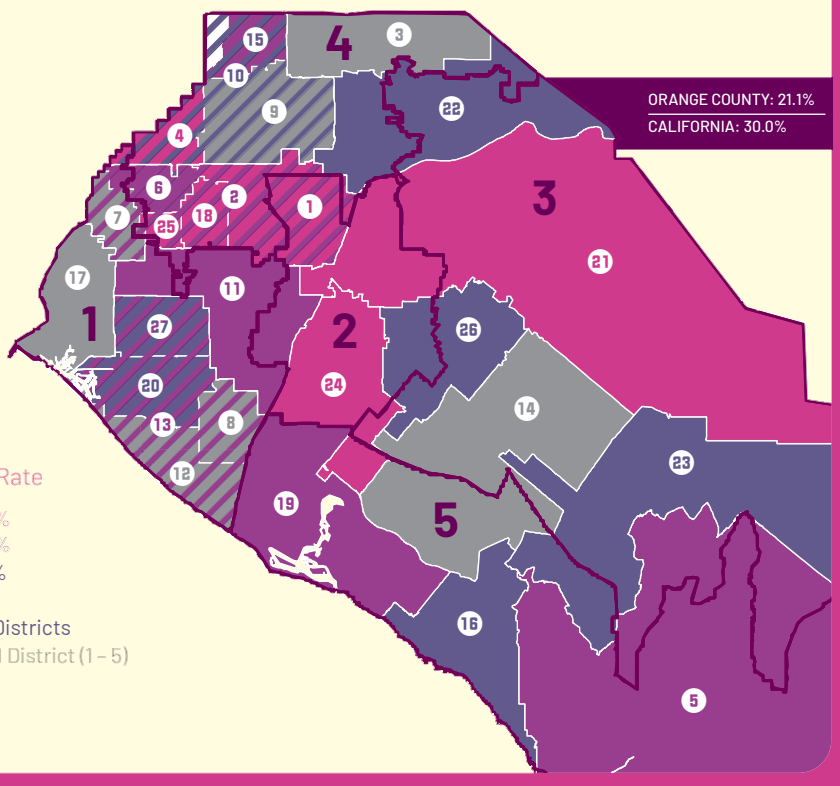
- California
- Orange County




**Note:** Data are not available for 2020.
**Source:** California Department of Education, DataQuest, 2021/22

## Percent of Students Chronically Absent, by School District, 2022

1. ANAHEIM 24.5%
2. ANAHEIM UNION HIGH 24.3%
3. BREA-OLINDA UNIFIED 14.1%
4. BUENA PARK 26.0%
5. CAPISTRANO UNIFIED 21.4%
6. CENTRALIA 21.8%
7. CYPRESS 14.7%
8. FOUNTAIN VALLEY 15.6%
9. FULLERTON 12.3%
10. FULLERTON JOINT UNION HIGH 17.1%
11. GARDEN GROVE UNIFIED 21.9%
12. HUNTINGTON BEACH CITY 15.8%
13. HUNTINGTON BEACH UNION HIGH 21.1%
14. IRVINE UNIFIED 11.7%
15. LA HABRA CITY 21.3%
16. LAGUNA BEACH UNIFIED 19.6%
17. LOS ALAMITOS UNIFIED 11.9%
18. MAGNOLIA 29.9%
19. NEWPORT-MESA UNIFIED 23.9%
20. OCEAN VIEW 20.6%
21. ORANGE UNIFIED 24.9%
22. PLACENTIA-YORBA LINDA UNIFIED 18.7%
23. SADDLEBACK VALLEY UNIFIED 18.7%
24. SANTA ANA UNIFIED 32.0%
25. SAVANNA 30.9%
26. TUSTIN UNIFIED 16.7%
27. WESTMINSTER 16.7%




**Source:** California Department of Education, DataQuest, 2021/22 (2022)

# SAFE HOMES AND COMMUNITIES INDICATORS

## PREVENTABLE CHILD AND YOUTH DEATHS

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

| 4.4 | 7.2 |
|---|---|
| 2012 | 2021 |

## JUVENILE ARRESTS

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

| 2,523 | 415 |
|---|---|
| 2012 | 2021 |

## SUBSTANTIATED CHILD ABUSE

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

| 7.3 | 6.5 |
|---|---|
| 2013 | 2022 |

## JUVENILE SUSTAINED PETITIONS

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

| 898 | 159 |
|---|---|
| 2012 | 2021 |

## CHILD WELFARE

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

| 35.3% | 37.4% |
|---|---|
| 2011/12 | 2020/21 |

## GANG ACTIVITY AMONG YOUTH

PERCENT OF GANG-RELATED JUVENILE PROSECUTIONS

| 9.0% | 3.0% |
|---|---|
| 2013 | 2022 |


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

# PREVENTABLE CHILD AND YOUTH DEATHS

## SUICIDE IS THE LEADING CAUSE OF DEATH FOR 10 – 14 YEAR OLDS.

### DESCRIPTION OF INDICATOR

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

### Why is this indicator important?

The death of every child is a tragedy for family and friends and a loss to the community. Along with the direct impact of a child's death, the child death rate in a community can be an important indicator for public health advocates and policymakers. A high rate can point to underlying problems such as violent neighborhoods or inadequate child supervision.[1] Unintentional childhood mortality due to injury is strongly inversely related to median income and thus, a solid indicator of poverty. It can also point to health and social inequalities such as access to health care or safe places to play.[2] Since children are much more likely to die during the first year of life (infancy) than they are at older ages, trends in infant mortality are discussed separately (page 18).

### Findings

- There were 142 deaths for children ages one to 19 years in Orange County in 2021. The child mortality rate was 18.6 child deaths per 100,000 children.
- Non-Hispanic White, Hispanic, and Asian/Pacific Islander youth had higher mortality rates in 2021 when compared to 2020 (19.7 vs 16.4, 18.4 vs 17.7, and 15.6 vs 15.0, respectively).
- Over half (59.2%) of all child and youth deaths were among the older teen age group (ages 15 to 19).
- Orange County's injury death rate for children increased 42.5% from a rate of 7.3 per 100,000 children ages one to 19 years in 2012 to 10.4 per 100,000 children in 2021, which is lower than California's rate of 14.3 in 2021.
- In 2021, the percentage of overall deaths related to injury for Non-Hispanic White youth was 56.3%. For Hispanic youth, the rate was 55.6% and for Asian/Pacific Islander youth it was (45.0%). The rate for African American/Black youth is unstable due to the small number of deaths.
- The unintentional injury death rate (e.g., accidental poisoning, motor vehicle accident, or drowning) increased 63.6% from a rate of 4.4 per 100,000 children in 2012 to 7.2 per 100,000 children in 2021.
- Unintentional injuries accounted for the highest average number (38 per year) and rate (5.0 per 100,000) of all injury deaths of children between 2019 and 2021, followed by cancer (19 per year), and suicide (14 per year).
- Over half (55.6%) of all child and youth deaths were injury-related in 2021 which was a decrease from 2020 (58.9%).
- Although suicide is typically in the top three leading causes of death among 10 - 14 year olds, this is the first time that suicide was the top leading cause of death in a three-year period assessment (2019 - 2021).



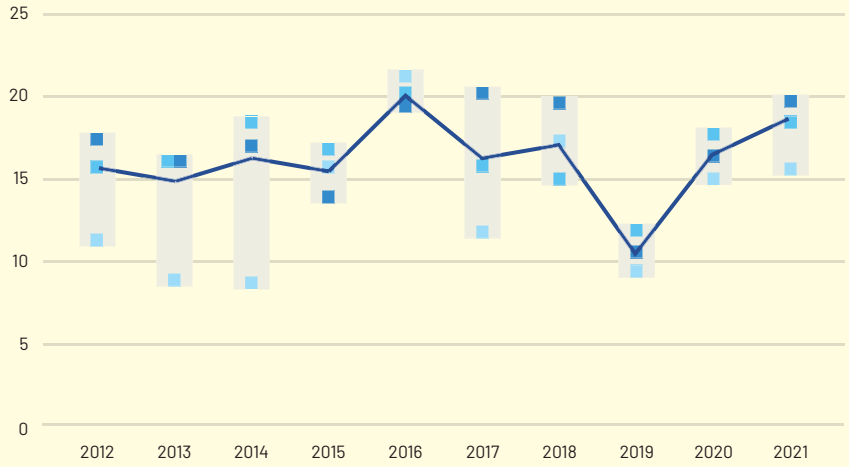
[1] Infant, Child and Teen Mortality, Indicators on Children and Youth, Child Trends Data Bank, updated June 2013 (www.childtrendsdatabank.org). [2] Consumer Federation of America. 2013. Child Poverty, Unintentional Injuries and Foodborne Illness: Are Low-Income Children at Greater Risk?

## Child Mortality Rates by Race/Ethnicity, 2012 to 2021

- Asian/Pacific Islander
- Hispanic
- White

- Overall Orange County

**Note:** The rate for Black/African American youth was not included as it is unstable due to the small number of deaths. In 2021, the rate was 36.5 per 100,000 (4 deaths among a population of 10,971).
**Source:** Orange County Health Care Agency




## Leading Causes of Death for Children One to 19 Years Old, by Age Group and Number of Deaths, 2019 to 2021

| | 1 - 4 Years | 5 - 9 Years | 10 - 14 Years | 15 - 19 Years | 1 - 19 Years |
|---|---|---|---|---|---|
| FIRST LEADING CAUSE | Unintentional Injuries (10) | Cancer (14) | Suicide (15) | Unintentional Injuries (90) | Unintentional Injuries (115) |
| SECOND LEADING CAUSE | Congenital Anomalies (7) | Unintentional Injuries (4) | Cancer (13) | Suicide (28) | Cancer (56) |
| THIRD LEADING CAUSE | Cancer (7) | Homicide (4) | Unintentional Injuries (11) | Cancer (22) | Suicide (43) |

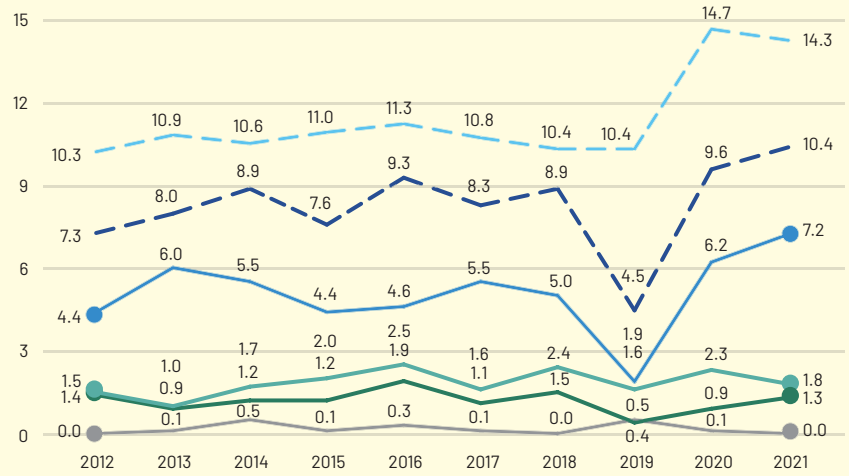
**Notes:** Three-year total number of deaths.
**Source:** Orange County Health Care Agency

## Injury, Unintentional Injury, Suicide and Homicide Rate Per 100,000 Children, One to 19 Years Old, 2012 to 2021

- Unintentional Injury
- Homicide
- Suicide
- Other

- All Injury Deaths California
- All Injury Deaths Orange County

**Source:** Orange County Health Care Agency



# SUBSTANTIATED CHILD ABUSE

## THE NUMBER OF SUBSTANTIATED CHILD ABUSE ALLEGATIONS DECREASED FROM 2021 TO 2022.

### DESCRIPTION OF INDICATOR

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

### Why is this indicator important?

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

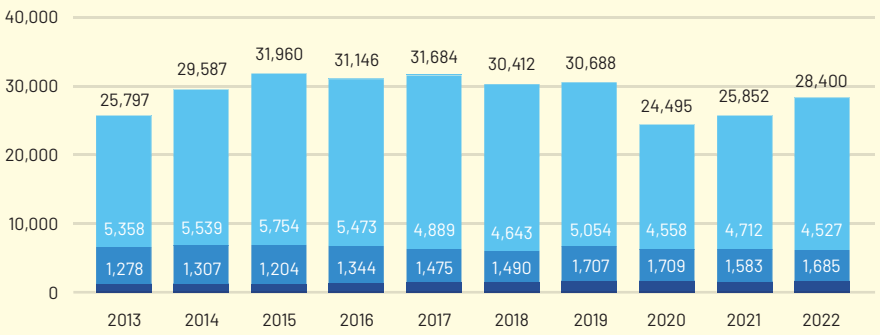
### Findings

- In 2022, 28,400 children were the subject of one or more child abuse allegations in Orange County. Of these, 15.9% (4,527) of children had substantiated allegations of child abuse.
- In 2022, substantiated allegations occurred at a rate of 6.5 per 1,000 children under 18 years old in Orange County, an 11.1% decrease from 7.3 in 2013, but higher than California (5.8). The California rate has decreased 35.6% from 9.0 in 2013.[1] In 2021, there were about 600,000 maltreated children with substantiated allegations in the United States, a rate of 8.1 per thousand children, higher than Orange County and California.[2]
- Children under six made up the greatest proportion of substantiated allegations: children less than one year of age comprised 13.8% of substantiated child abuse allegations and children one to five years old made up 29.9% of substantiated allegations, totaling 43.8%. Children six to 10 years old made up 25.8%; 11 to 15 years old, 23.1%; and 16 to 17 years old, 7.4%.
- In 2022, most (70.7%) substantiated child abuse allegations were due to general neglect[3], followed by at-risk/sibling abuse (8.6%), severe neglect (8.5%), sexual abuse (4.3%), physical abuse (3.7%), caretaker absence/incapacity (3.1%), exploitation (0.6%) and emotional abuse (0.5%).[4]

[1] University of California, Berkeley, California Child Welfare Indicators Project, CWS/CMS 2022 Quarter 4 Extract. [2] U.S. Department of Health and Human Services, Children's Bureau. Child Maltreatment, 2021. [3] General neglect is the negligent failure of a parent/guardian or caretaker to provide adequate food, clothing, shelter, or supervision where no physical injury to the child has occurred. [4] A child is counted only once, in category of highest severity.

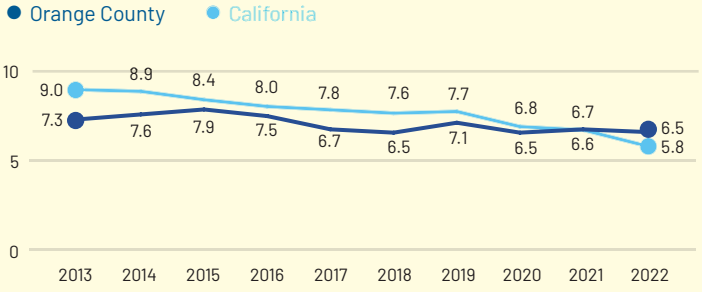
## Total Number of Children with Child Abuse Allegations and Substantiated Allegations, 2013 to 2022

- Child Abuse Allegations
- Substantiated Allegations
- Child Abuse Petitions Filed in Court




**Notes:** Numbers are based on unduplicated count of children.
**Source:** CA Department of Finance; CWS/CMS 2022 Quarter 4 Extract, County of Orange Social Services Agency

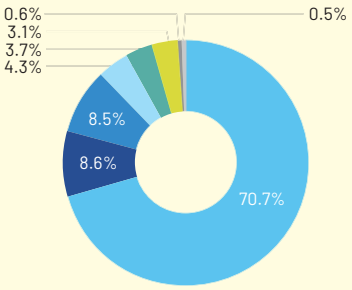
## Substantiated Child Abuse Allegations, Rate per 1,000 Children Under 18 Years Old, 2013 to 2022




**Note:** Rates are based on unduplicated count of children.
**Source:** CA Department of Finance; CWS/CMS 2022 Quarter 4 Extract, County of Orange Social Services Agency

## Substantiated Child Abuse Allegations, by Reason, 2022

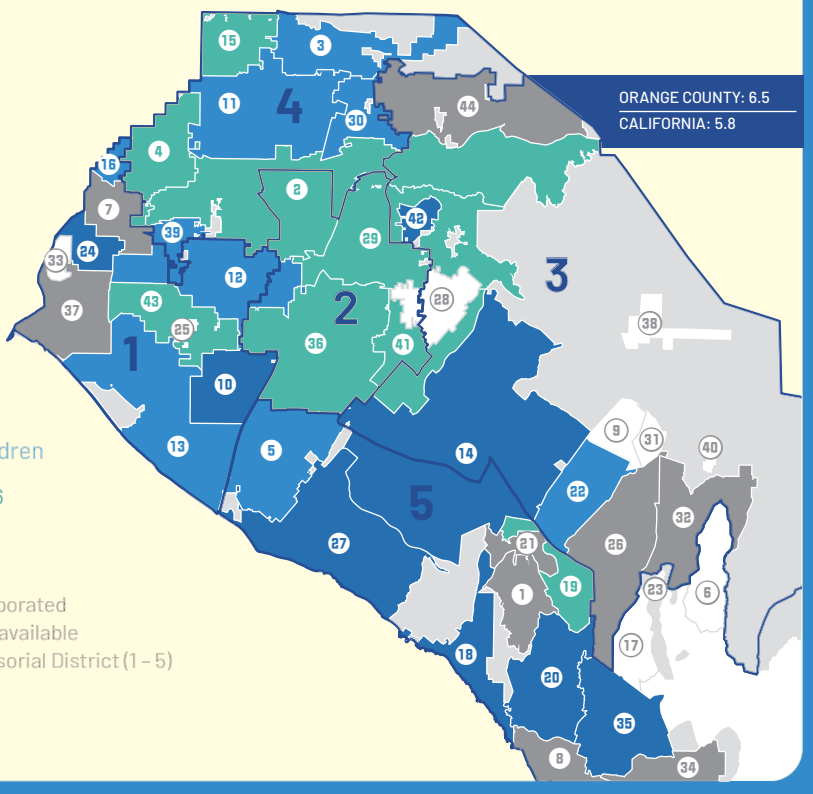
- General Neglect
- At-Risk/Sibling Abuse
- Severe Neglect
- Sexual Abuse
- Physical Abuse
- Caretaker Absence/ Incapacity
- Exploitation
- Emotional Abuse




**Source:** CWS/CMS 2022 Quarter 4 Extract, County of Orange Social Services Agency

## Substantiated Child Abuse Allegations, Rate per 1,000 Children Under 18 Years Old, by Community of Residence, 2022

1. ALISO VIEJO 3.2
2. ANAHEIM 9.7
3. BREA 6.5
4. BUENA PARK 9.1
5. COSTA MESA 6.4
6. COTO DE CAZA NO DATA*
7. CYPRESS 2.0
8. DANA POINT 3.4
9. FOOTHILL RANCH NO DATA*
10. FOUNTAIN VALLEY 4.6
11. FULLERTON 7.3
12. GARDEN GROVE 6.5
13. HUNTINGTON BEACH 5.3
14. IRVINE 4.1
15. LA HABRA 8.7
16. LA PALMA 5.2
17. LADERA RANCH NO DATA*
18. LAGUNA BEACH 4.1
19. LAGUNA HILLS 7.6
20. LAGUNA NIGUEL 3.8
21. LAGUNA WOODS 0.0
22. LAKE FOREST 6.1
23. LAS FLORES NO DATA*
24. LOS ALAMITOS 3.6
25. MIDWAY CITY NO DATA*
26. MISSION VIEJO 3.1
27. NEWPORT BEACH 3.5
28. NORTH TUSTIN NO DATA*
29. ORANGE 8.0
30. PLACENTIA 6.5
31. PORTOLA HILLS NO DATA*
32. RANCHO SANTA MARGARITA 2.3
33. ROSSMOOR NO DATA*
34. SAN CLEMENTE 2.8
35. SAN JUAN CAPISTRANO 4.1
36. SANTA ANA 10.6
37. SEAL BEACH 2.7
38. SILVERADO NO DATA*
39. STANTON 5.6
40. TRABUCO CANYON NO DATA*
41. TUSTIN 9.3
42. VILLA PARK 3.9
43. WESTMINSTER 8.7
44. YORBA LINDA 2.1




*No data available.
**Source:** County of Orange Social Services Agency, 2022

# CHILD WELFARE

## THE PERCENTAGE OF ORANGE COUNTY FOSTER CHILDREN PLACED IN A PERMANENT HOME HAS INCREASED SINCE 2018.

### DESCRIPTION OF INDICATOR

This indicator reports on three measures of permanency following the placement of a child into foster care. "Permanency within 12 months" reports the percent of children placed in homes through reunification with the family, adoption or guardianship within 12 months of removal. "Reentry Following Reunification" tracks those children who reentered foster care within 12 months of reunification with the family or guardianship. "Exits to Permanency" is a measure of children who were in foster care for 24 months or longer, who were then transitioned to a permanent home, including reunified with the family, placed with a legal guardian or adopted.[1]

### Why is this indicator important?

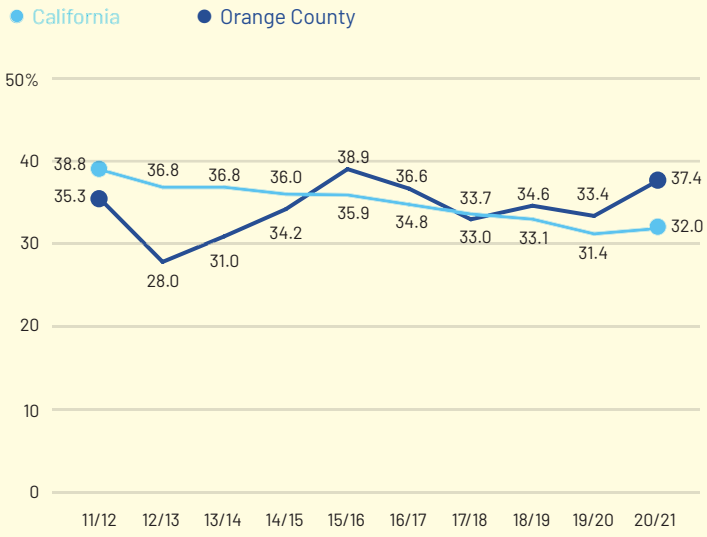
The placement of children in foster care occurs when a child cannot remain safely with his or her family.[2] Child abuse and neglect is a problem that crosses socioeconomic and racial/ethnic boundaries with a profound effect on the well-being of the children. The number of children growing to maturity in foster care has gained considerable national, state and local attention. Too often these children experience many placements, which can lead to the inability to reunify with their families or attach to a new permanent family. Permanent placement of children helps prevent placement instability, which can be related to attachment disorders, poor educational outcomes, mental health and behavioral problems and negative adult outcomes.

### Findings

- In 2020/21, 37.4% of Orange County foster children (0 to 18) were placed in permanent homes within 12 months of entering foster care, which is higher than California at 32.0% and an increase of 2.1 percentage points from 2011/12. The national standard is greater than or equal to 40.5%.
- Of the 37.4% of children who were placed in permanent homes within 12 months of entering foster care in 2020/21, reunification was the most common type of permanency (36.6%), followed by guardianship (0.6%) and adoption (0.2%).
- In 2020/21, the rate of reentry was 8.5%, a 2.0 percentage point increase since 2011/12 at 6.5%. California was higher in 2020/21 at 8.8%, a 2.5 percentage point decrease since 2011/12 at 11.3%. The national standard is less than or equal to 5.6%.
- In 2021/22, 38.1% of children who were in foster care for two years or more were placed in a permanent home, 16.5 percentage points higher than in 2012/13 (21.6%). California is lower at 32.7%. The national standard is greater than or equal to 30.3%.

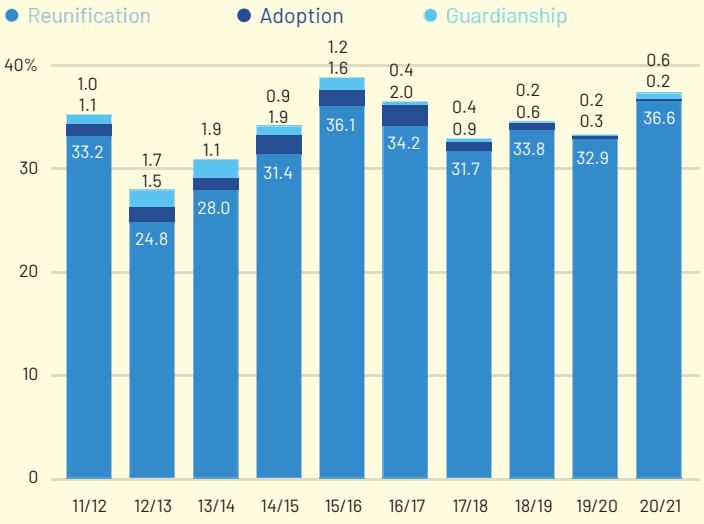
[1] Exists to permanency measures children who were in foster care for 24 months or longer on the first day of the year, who were then transitioned to a permanency within 12 months. [2] University of California, Berkley, Center for Social Services Research, 2013.

## Percent of Children Entering Foster Care and Placed in a Permanent Home within 12 months, Orange County and California, 2011/12 to 2020/21



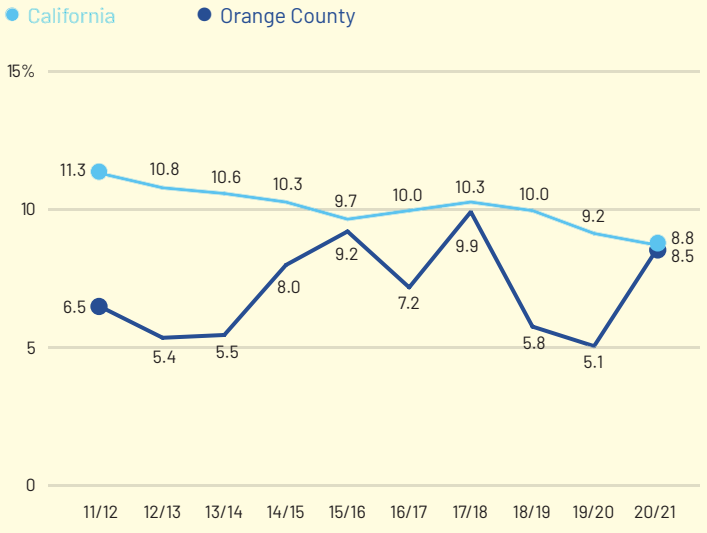

**Source:** University of California, Berkeley, California Child Welfare Indicators Project, CWS/CMS 2022 Quarter 4 Extract

## Percent of Children Entering Foster Care and Placed in a Permanent Home within 12 months, by Type of Permanency, 2011/12 to 2020/21



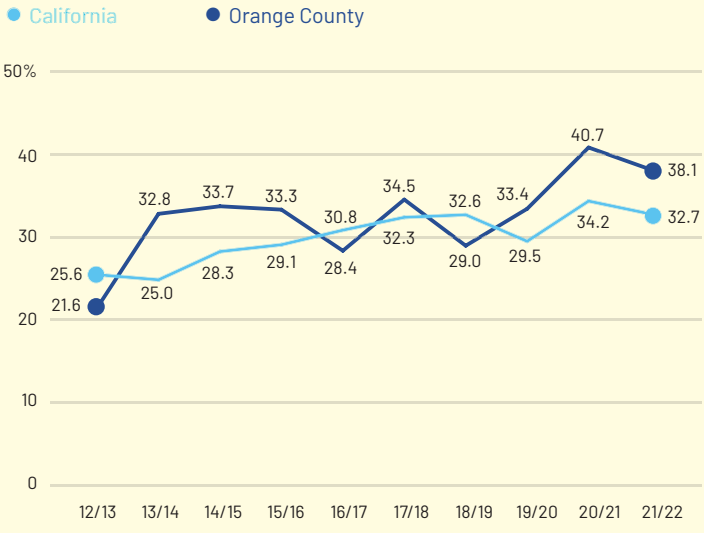

**Source:** University of California, Berkeley, California Child Welfare Indicators Project, CWS/CMS 2022 Quarter 4 Extract

## Percent of Children Reentering Foster Care within 12 months of Reunification or Guardianship, Orange County and California, 2011/12 to 2020/21




**Note:** The federal measure for foster care reentry was updated in 2023. Previous year's data has been updated to comply with the new measure.
**Source:** University of California, Berkeley, California Child Welfare Indicators Project, CWS/CMS 2022 Quarter 4 Extract

## Percent of Children in Foster Care, 24+ Months, Placed in a Permanent Home, Orange County and California, 2012/13 to 2021/22




**Note:** Permanency is defined as achieved when the child is reunified with the family, placed with a legal guardian, or adopted.
**Source:** University of California, Berkeley, California Child Welfare Indicators Project, CWS/CMS 2022 Quarter 4 Extract

# JUVENILE ARRESTS

## TRUANCY PETITIONS DECREASE BY 69% FROM 2018/19 TO 2021/22.

### DESCRIPTION OF INDICATOR

This indicator tracks youth 10 - 17 years old who have been taken into custody in a manner authorized by law. An arrest may be made by a peace officer or by a private person. It may be for a felony, misdemeanor, status or infraction. Felonies generally include violent crimes (such as murder, assault and rape), some property and drug-related offenses, plus other serious offenses. Misdemeanor offenses include crimes such as assault and battery, petty theft, other drug and alcohol-related offenses and many less serious offenses. Status offenses are acts that are considered offenses only when committed by a juvenile, such as truancy or curfew violations.[1]

### Why is this indicator important?

An arrest is usually a youth's first formal encounter with the juvenile justice system. It is important that at this first encounter, a pattern of juvenile delinquency does not continue into adulthood. Research shows that early intervention in children's lives can effectively reduce later crime.[2] Prevention programs positively impact the public because they stop crime from happening in the first place.[3] Various cost-benefit analyses show that early prevention programs are a worthwhile investment of government resources compared with prison and other criminal justice responses.[4]

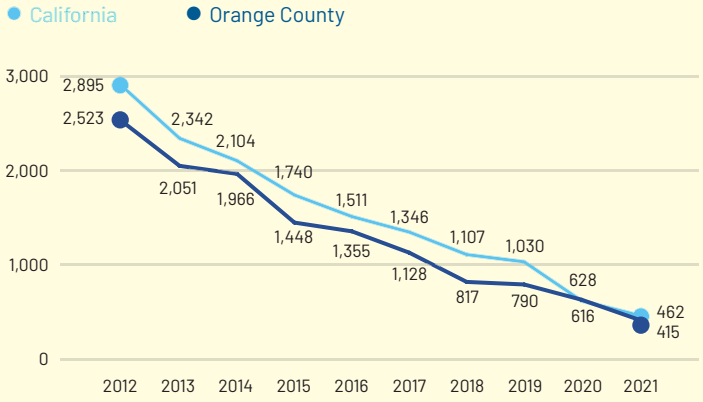
The Orange County District Attorney's Office seeks to reduce truancy with the 2021 - 22 launch of a three-tier Truancy Response Program.[5] This program focuses on early intervention by providing resources and services for both the student and their families to increase school participation and divert students away from the juvenile justice system.

### Findings

- In 2021, there were 1,368 juvenile arrests in Orange County, an 84.0% drop from 8,578 juvenile arrests in 2012.
- Orange County's juvenile arrest rate in 2021 was 415 per 100,000 youth under 18 years old, a decrease of 83.6% from 2,523 per 100,000 in 2012, compared to California at 462 per 100,000 youth.
- In Orange County, misdemeanors accounted for 47.3% (647) of juvenile arrests in 2021. As a proportion of arrests, misdemeanors decreased from 2012 when misdemeanors accounted for 58.7% (5,033) of juvenile arrests.
- In contrast, felonies among youth accounted for 37.4% (512) of arrests in 2021, up from 2012 when felonies accounted for 26.7% (2,291) of juvenile arrests.
- Status offenses, other than truancy, accounted for 15.3% (209) of arrests among youth 18 years and younger in 2021, accounting for a similar proportion of juvenile arrests at 14.6% (1,254) of juvenile arrests in 2012.
- There was a 69% reduction in the number of truancy petitions filed in the 2021/22 school year (32 total petitions) compared to the number of cases filed in 2018/19 (104 petitions).[6]
- Among 18 to 20 year olds, the number of DUI convictions in 2021 (253) have decreased by 73.4% from the 10-year high of 1,170 in 2012. Among youth under 18 years, there was a 96.6% decrease from the 10-year high in 2013 (87 convictions decreasing to 3 in 2021).

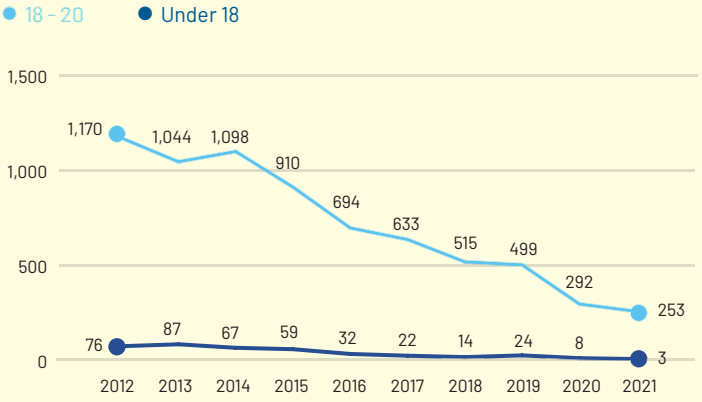
[1] This indicator does not include statistics for youths contacted, but not arrested, by law enforcement for new law violations. As a result of reductions of penalties pursuant to Prop. 47, these youths may be processed through rehabilitative endeavors such as community programming, law enforcement diversion programs, and efforts by the District Attorneys' Office utilizing collaborative programming including STAT "School Threat Assessment Team," and the Truancy Response Program in lieu of formal handling. [2] Zagar, R.J., Busch, K.G., and Hughes, J.R., 2009. [3] Saminsky, A., 2010. [4] Welsh, B.C. and Farrington, D.P., 2009. [5] The Orange County Department of Education, The County of Orange Social Services Agency, The Boys & Girls Club of Garden Grove, and the Orange County school districts are implementation partners with the DA's office. [6] Truancy statistics as of August 4, 2022, provided by the Orange County District Attorney's Office.

## Juvenile Arrest Rate Per 100,000 Youth Under 18 Years Old, Orange County and California, 2012 to 2021




**Note:** Figures are based on population projections revised as of March 2021.
**Sources:** Criminal Justice Statistics Center, California Department of Justice; Demographic Research Unit, California State Department of Finance

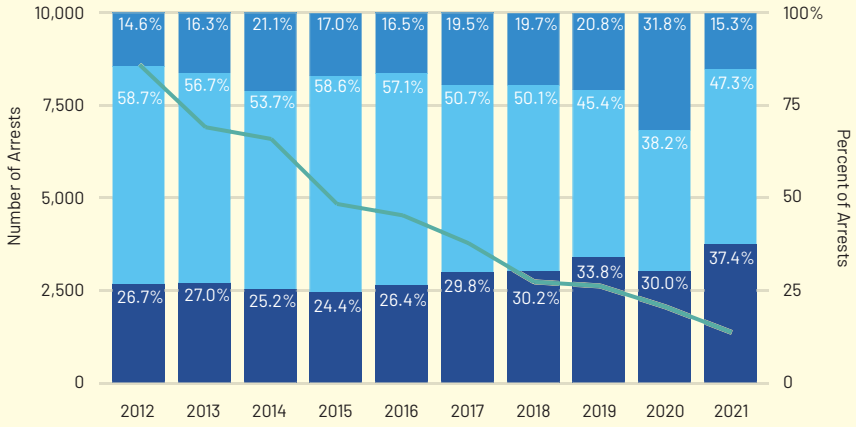
## DUI Convictions in Orange County, by Age 2012 to 2021



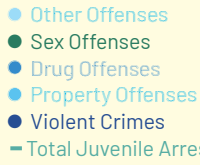

**Note:** The number of DUI convictions per year are based on DUI arrests from three years prior. For example, the 253 convictions among youth 18 - 20 years in 2021 are based on DUI arrests that occurred in 2018.
**Source:** Annual Reports of the California DUI Management Information System 2021

## Number and Percent of Total Juvenile Arrests by Crime Type, 2012 to 2021

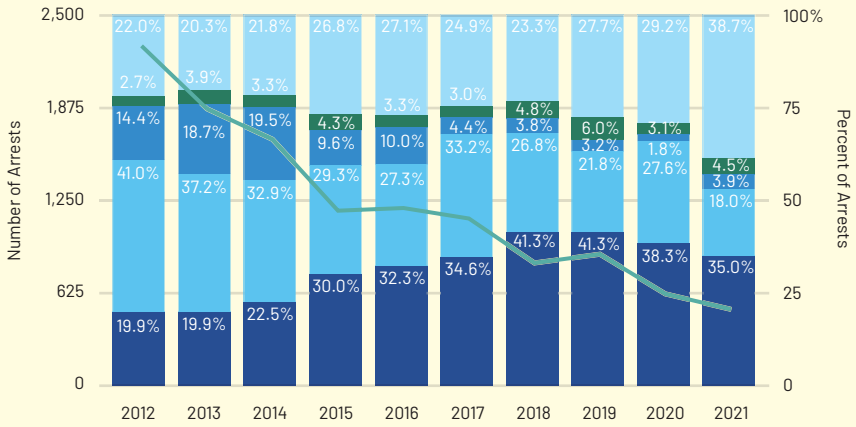

**Note:** Due to rounding, percentages may not add to 100.
**Sources:** Criminal Justice Statistics Center, California Department of Justice Demographic Research Unit, California State Department of Finance




## Number and Percent of Juvenile Felony Arrests by Crime Type, 2012 to 2021




**Source:** Criminal Justice Statistics Center, California Department of Justice Demographic Research Unit




**Note:** In consideration of regulations and laws regarding privacy and disclosure of personally identifiable information, the California Department of Justice no longer provides city-level juvenile arrest data that has been presented in previous iterations of the Conditions of Children Report.

# JUVENILE SUSTAINED PETITIONS

## JUVENILE SUSTAINED PETITION RATE DROPPED 82.3% IN THE LAST DECADE.

### DESCRIPTION OF INDICATOR

This indicator reports the number and percent of juvenile petitions that are sustained. After a juvenile arrest, a referral is typically made by the arresting agency to community-based diversion or the Probation Department for further processing. Petitions can be adjudicated through informal or formal diversion and can also result in a declaration of wardship. In those cases, a ward is either allowed to go home under the supervision of a probation officer or ordered for detention in a juvenile institution.

### Why is this indicator important?

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

The Orange County District Attorney's Office works in collaboration with the Orange County Juvenile Court, law enforcement agencies, the Probation Department and community-based partners to reduce juvenile crime and the number of system-involved youth by providing effective prevention, intervention and rehabilitative services. This includes participation in multiple collaborative court programs where juveniles receive rehabilitative services without requiring a sustained petition.

### Findings

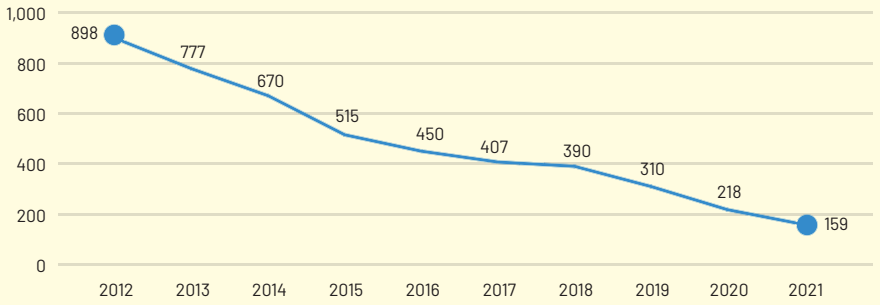
- In 2021, there were 856 total juvenile petitions filed for youth 10 to 17 years old at referral.[1] Of these, 523 were sustained (61.1%) and not suitable for diversion.
- The rate of sustained petitions was 159 per 100,000 youth ages 10 to 17 years old in 2021, an 82.3% decrease from 2012 (898 per 100,000 youth).
- Sustained petitions were highest among youth 15 to 17 years old at referral who received 91.0% of sustained petition decisions, followed by youth 13 to 14 years old at referral (9.0%). Youth 12 and under received 0% of the sustained petition decisions in 2021.
- When assessed by race and ethnicity, Hispanic youth (82%) had the most sustained petitions, followed by White (9.4%), Black (3.6%), Asian/Pacific Islander (2.9%) and Other/Unknown (2.1%) youth in 2021.
- Across genders, the vast majority of sustained petitions were on juvenile males (83.2%), with juvenile females accounting for 16.8% of sustained petitions in 2021.



[1] California Department of Justice, Juvenile Court and Probation.

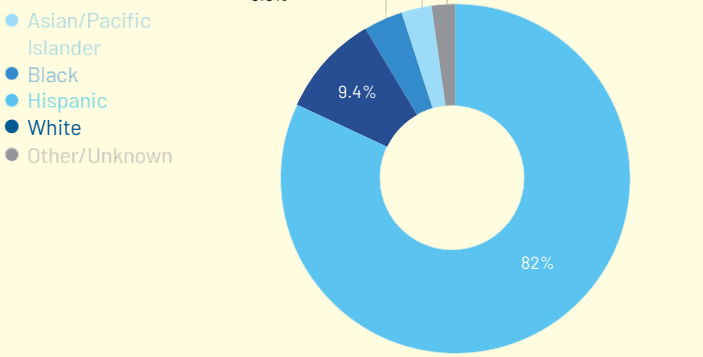
## Juvenile Sustained Petitions, Rate per 100,000 Youth 10 to 17 Years Old, Orange County, 2012 to 2021

**Source:** California Department of Justice, Juvenile Court and Probation Statistical System

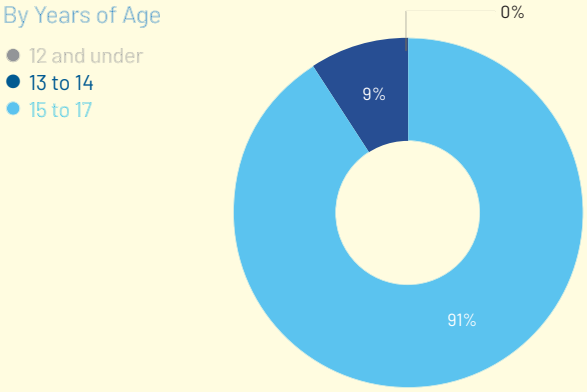



## Percent of Total Juvenile Sustained Petitions, Youth 10 to 17 Years Old at Referral, 2021

### By Race/Ethnicity



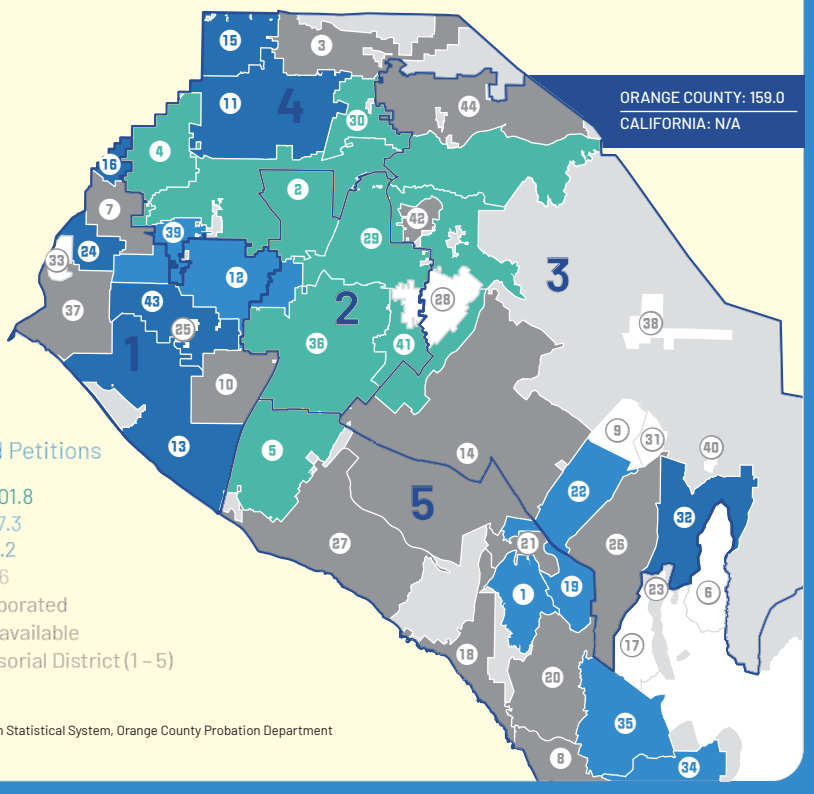

### By Years of Age




**Source:** California Department of Justice, Juvenile Court and Probation Statistical System

## Juvenile Sustained Petitions, Rate per 100,000 Youth 10 to 17 years old, by Community of Residence, 2021

1. ALISO VIEJO 104.3
2. ANAHEIM 285.4
3. BREA 40.5
4. BUENA PARK 253.9
5. COSTA MESA 220.4
6. COTO DE CAZA NO DATA*
7. CYPRESS 34.1
8. DANA POINT 30.4
9. FOOTHILL RANCH NO DATA*
10. FOUNTAIN VALLEY 0.0
11. FULLERTON 87.0
12. GARDEN GROVE 156.4
13. HUNTINGTON BEACH 72.9
14. IRVINE 54.3
15. LA HABRA 69.4
16. LA PALMA 68.0
17. LADERA RANCH NO DATA*
18. LAGUNA BEACH 0.0
19. LAGUNA HILLS 96.3
20. LAGUNA NIGUEL 36.5
21. LAGUNA WOODS 0.0
22. LAKE FOREST 113.4
23. LAS FLORES NO DATA*
24. LOS ALAMITOS 76.5
25. MIDWAY CITY NO DATA*
26. MISSION VIEJO 22.5
27. NEWPORT BEACH 38.4
28. NORTH TUSTIN NO DATA*
29. ORANGE 401.8
30. PLACENTIA 312.2
31. PORTOLA HILLS NO DATA*
32. RANCHO SANTA MARGARITA 54.9
33. ROOSMOOR NO DATA*
34. SAN CLEMENTE 99.2
35. SAN JUAN CAPISTRANO 214.4
36. SANTA ANA 308.7
37. SEAL BEACH 0.0
38. SILVERADO NO DATA*
39. STANTON 87.5
40. TRABUCO CANYON NO DATA*
41. TUSTIN 276.8
42. VILLA PARK 0.0
43. WESTMINSTER 61.1
44. YORBA LINDA 0.0




**Note:** As of last known address. *No data available.
**Source:** American Community Survey 5-Year Estimates; California Department of Justice, Juvenile Court and Probation Statistical System, Orange County Probation Department

# GANG ACTIVITY AMONG YOUTH

## JUVENILE GANG-RELATED PROSECUTIONS CONTINUE TO DECREASE WITH OLDER TEENS CONTINUING TO ACCOUNT FOR THE MAJORITY OF JUVENILE GANG-RELATED ACTIVITY.

### DESCRIPTION OF INDICATOR

This indicator reports the number and rate of gang-related prosecutions of juveniles under the age of 18.[1] Gang-related prosecutions involve charges related to active gang membership or committing a crime at the direction of a criminal street gang with other gang members and/or for the benefit of a gang.[2]

### Why is this indicator important?

Data consistently shows that gang members are responsible for a disproportionately high number of crimes committed by youthful offenders. Compared to other delinquent youth, gang members are more extensively involved in serious and violent criminal behavior. Juvenile gang members commit serious and violent offenses at a rate several times higher than non-gang adolescents. Gang crime often involves offenses such as weapons possession, drug trafficking, carjacking, assault and murder.[3] According to the 2015 National Gang Report, neighborhood street gangs continue to be a significant threat to local jurisdictions across the country.[4] From a societal standpoint, the issue of juvenile gangs is one that requires swift action for both the well-being and safety of communities and the youth who get caught up in gang life. The Orange County District Attorney's office seeks to reduce juvenile gang crime both by prosecuting those crimes and collaborating with other agencies to prevent juveniles from joining gangs via the Orange County Gang Reduction and Intervention Partnership (OC GRIP). OC GRIP focuses its work on reducing truancy and providing gang prevention and resiliency building curricula.

### Findings[5]

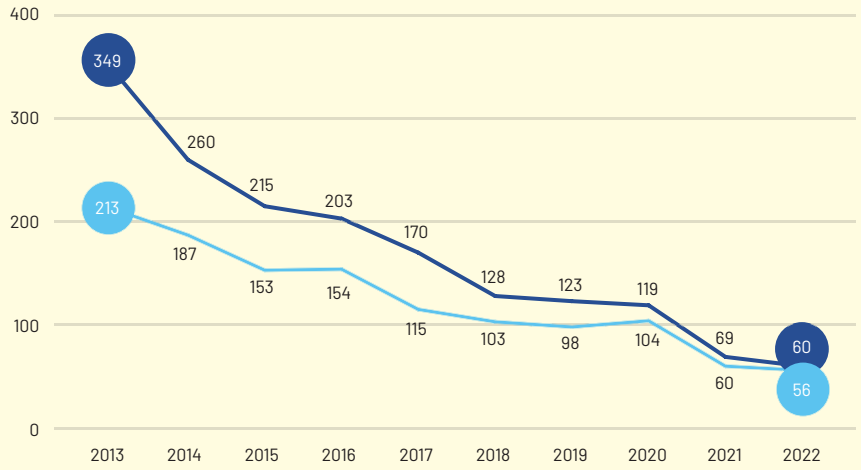
- In 2022, 3.0% of juvenile prosecutions were gang-related, down from 9% in 2013 and 6% in 2021.
- Between 2013 and 2022, the total number of juvenile gang-related prosecutions in Orange County decreased 82.8%, from 349 in 2013 to 60 in 2022.
- The rate of juvenile gang-related prosecutions declined 72.0% from 30.0 per 100,000 youth under 18 years old in 2013 to 8.4 per 100,000 in 2022.
- The number of unique juveniles prosecuted for gang-related offenses in Orange County dropped 73.7% from 213 in 2013 to 56 in 2022.
- Older teens accounted for the majority of gang-related activity in 2022, with teens ages 15 - 17 comprising 83.9% of the total number of juveniles who were prosecuted for gang-related offenses.
- In 2022, Hispanic youth represented the highest percentage of juvenile gang-related prosecutions (87.5%), followed by Other/Unspecified (8.9%) and Black (3.6%) youth.

[1] Prior Conditions of Children reports tracked the number of gang members countywide, using data from local law enforcement agencies. This data became unavailable in 2017. Therefore, youth gang activity is reported using data from the Orange County District Attorney's office (OCDA). [2] "Gang-related" prosecutions are defined as those prosecutions that involve charges of Penal Code § 186.22(a) which prohibits active gang membership and/or Penal Code § 186.22(b) which prohibits committing a crime at the direction of a criminal street gang. [3] National Gang Intelligence Center, "National Gang Report." 2015, page 12. [4] National Gang Intelligence Center, "National Gang Report." 2015, page 9. [5] Prosecutorial data was sourced from OCDA records.

## Number of Juvenile Gang-Related Prosecutions and Number of Unique Juveniles Prosecuted for Gang-Related Offenses 10 to 17 Years Old, 2013 to 2022

- Number of Gang-Related Prosecutions
- Number of Unduplicated Juveniles Prosecuted

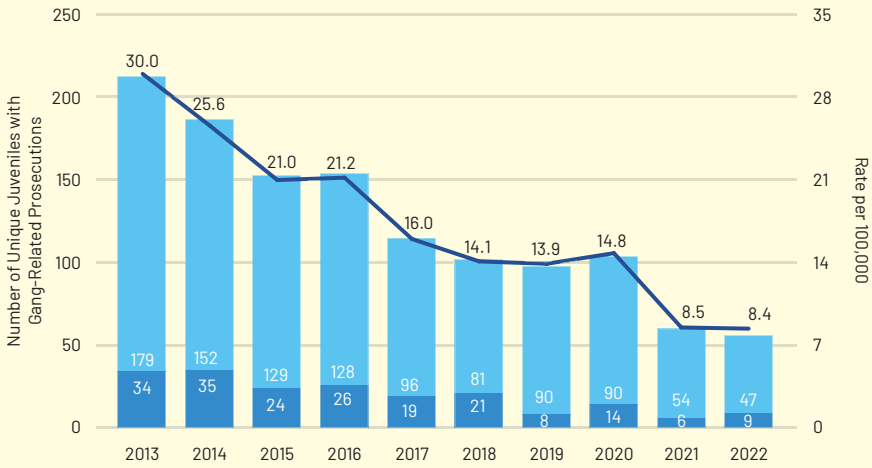
**Source:** Orange County District Attorney's Office




## Number of Unique Juveniles with Gang-Related Prosecutions and Rate Per 100,000 Youth 10 to 17 Years Old with Gang-Related Prosecutions, by Age, 2013 to 2022

- 10 - 14 Years
- 15 - 17 Years
- Rate per 100,000 10 - 17 Years

**Source:** Orange County District Attorney's Office
**Source:** California Department of Finance (DOF) County population estimates were used to find OC population under age 18

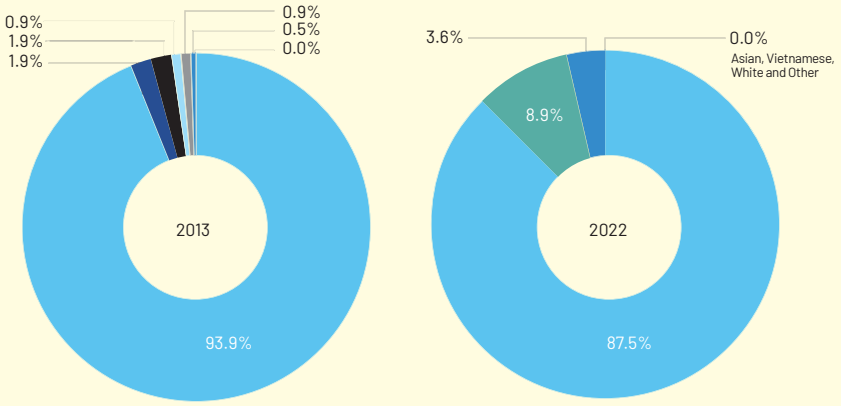



## Percent of Unique Juveniles with Gang-Related Prosecutions, by Race/Ethnicity, 10 to 17 Years Old

2013 and 2022

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

**Note:** 0% of juveniles with gang-related prosecutions identified as Asian, Vietnamese, White or Other in 2022.
**Source:** Orange County District Attorney's Office



# INDEX OF SUPPLEMENTAL TABLES

Supplemental tables are available online at
https://www.ssa.ocgov.com/about-us/news-publications/occp/annual-report



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