

# A Portrait of Sutter County:

## 2015 Children's Health Report



**County of Sutter**  
**Public Health**

Sutter County Human Services Department  
Health Division

## ABOUT THIS REPORT

The 2015 Sutter County Children's Health Report was developed by the Public Health Division of the Sutter County Human Services Department to provide an overview of the status of all children in our county. It summarizes how well Sutter County's children and families are doing on key indicators that are predictors of health and well-being. The report shows areas of strength where we are making progress and also identifies areas in need of improvement. This report is designed to serve as a foundation to:

- Guide policy development;
- Identify goals for improvement;
- Track changing conditions and how we are doing;
- Support informed decisions about allocation of resources; and
- Promote community responsibility to take action for positive change.

This report does not present recommendations. Instead, it is intended to encourage students, partners, health care providers, businesses, and policy makers – everyone living or working in Sutter County – to use this information to think strategically about how both organizations and individuals can better serve the children and families living in Sutter County.

## CALL TO ACTION

As you read the Sutter County Children's Health Report you will see that our community has made important progress in some areas of children's wellbeing. There are positive trends in reducing rates of child abuse and neglect, decreasing high school dropout rates and juvenile arrest rate but there remain many areas for improvement. For example, youth in Sutter County are reporting more high risk behaviors such as binge drinking and early sexual initiation than their peers statewide.

Parents, schools, healthcare providers and community groups might join forces and explore best practices from other communities that have demonstrated improvements in children's health outcomes. Our challenge as a community is to consider creative solutions to help our children grow and develop in healthy ways.

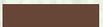
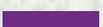
Let this report be a call to every person in Sutter County to look for opportunities to make a difference in the life of a child near them. Let's make Sutter County one of the best places in California for children to grow by...

*Creating a Healthier Sutter!*

**Lou Anne Cummings, MD, MPH**  
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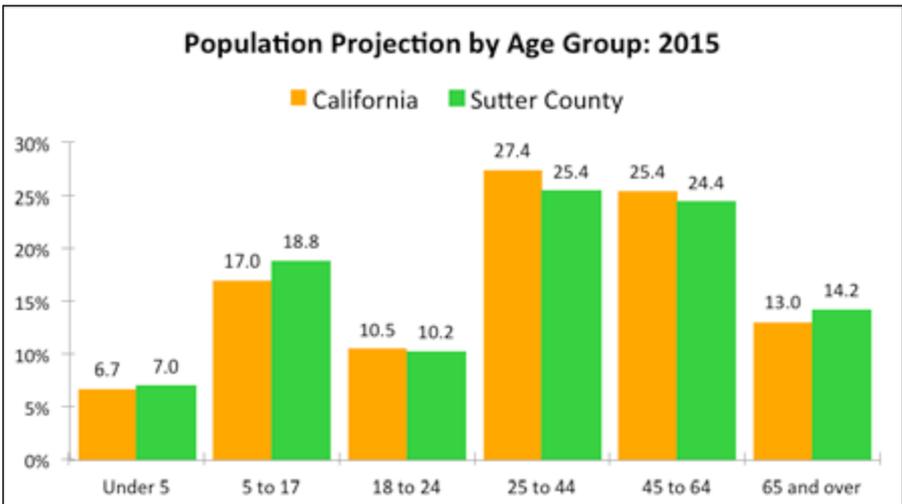
# DEMOGRAPHICS

## Why is this important?

Demographics provide general information about a population at a certain point in time. Understanding the changing demographic trends of the population helps to identify problems, plan for community needs, and predict what services will be needed in the future. For example, the number of children living in the county determines the need for schools, health care, and other children's services.

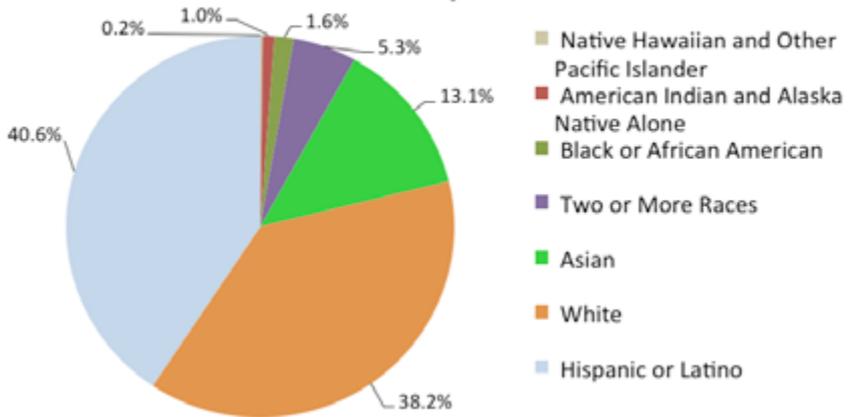
## How are we doing?

The Sutter County age distribution closely mirrors that of the California average, with almost half of the population falling into the 25-64 age group. According to 2015 population estimates, children under 18 make up just over a quarter (25.8%) of the total Sutter County population. This is slightly more than the California average. The percentage of children living in Sutter County has decreased over time, and is projected to decrease slightly to 23.8% over the next decade.



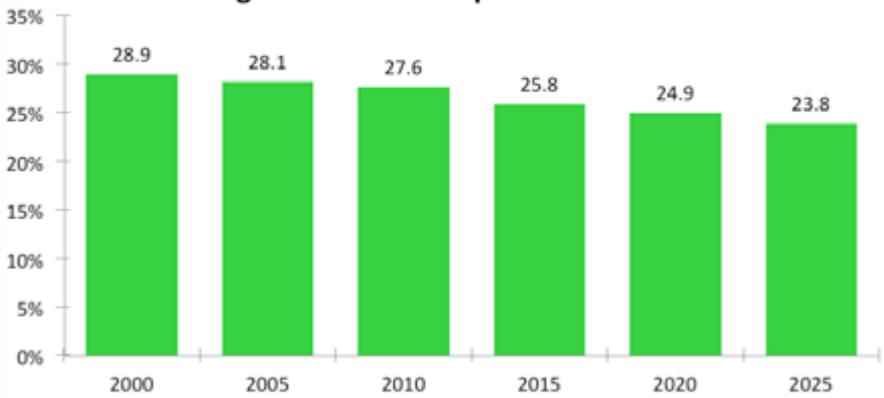
Data Source: California Department of Finance, Demographic Research Unit

### Population Projection of Children Under 18 by Race and Ethnicity: 2015



Data Source: California Department of Finance, Demographic Research Unit

### Population Projections of Children Under 18 as a Percentage of the Total Population: 2015 - 2025



Data Source: California Department of Finance, Demographic Research Unit

# EDUCATION

## Why is this important?

Educational attainment is linked to improved socioeconomic status which in turn improves health outcomes such as refraining from smoking, improved health knowledge, improved psychological and social factors, and increased likelihood in obtaining health check-ups. When adults attain education, children's health and social outcomes are also improved. According to the Commission on Health, educational attainment can result in longer life expectancy for adults, decreased infant mortality rates, decreased smoking behaviors, and better health outcomes. Furthermore, earned income and employment opportunities rise proportionately with education levels. Low education is associated with higher health risk behaviors and income level is a strong predictor of mortality. These factors can influence health choices, access to health information and services, and health status.

## How are we doing?

The following Sutter County data reflects that improvement is required in math scores for students greater than 5th grade and English scores for students in high school.

√ In 1998, the California Department of Education created Standardized Testing and Reporting (STAR) administered to students in public schools to determine student performance. For the 2012-2013 school year, Sutter County students in 5th, 8th, and 11th grade scored similarly to the rest of California students. There is a strong trend of students state and county wide who score advanced or proficient in English during 5th and 8th grades while in 11th grade, the reverse is true, the majority of students score in basic or below. In math, state and county wide, the majority of students score advanced or proficient only in 5th grade. In 8th and 11th grades, the majority of students in Sutter County and all of California score in basic or below.

√ The high school dropout rate in Sutter County has consistently decreased and it remains below the California average since 2008.

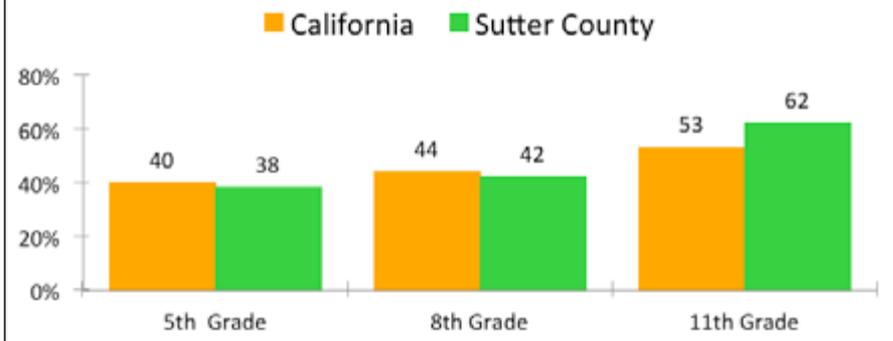
√ Sutter County is an ethnically and linguistically diverse area. English learner data is important to understand because children who have difficulty speaking English may face greater challenges in school and the workplace later. The majority of English learners (73%) are enrolled in kindergarten through grade 6. The rest (27%) are enrolled in grades 7 through 12, and in the ungraded category.

#### Facts About Sutter County Students: 2013-2014 Academic Year

- 26 plus languages
- 16.6% (22.7% for California) of all enrollees in public schools are English learners
- Of the English learners, 96.7% speak 1 of 5 languages with most speaking Spanish (70.9%)
- 3.3% speak over 21 other languages
- 52.2% speak only English at home
- 47.8% speak languages other than English only at home



### Percentage of Students Scoring at Basic and Below in CST\* STAR\*\* English Language: 2012-2013

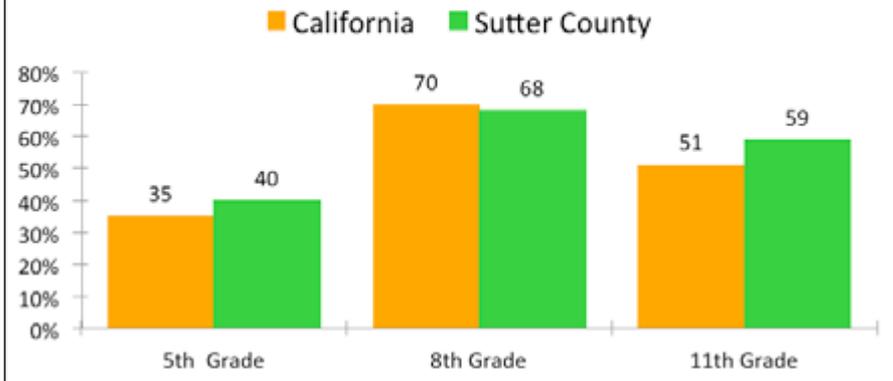


**Data Source:** California Department of Education

\* California Standardized Testing

\*\* Standardized Testing and Reporting

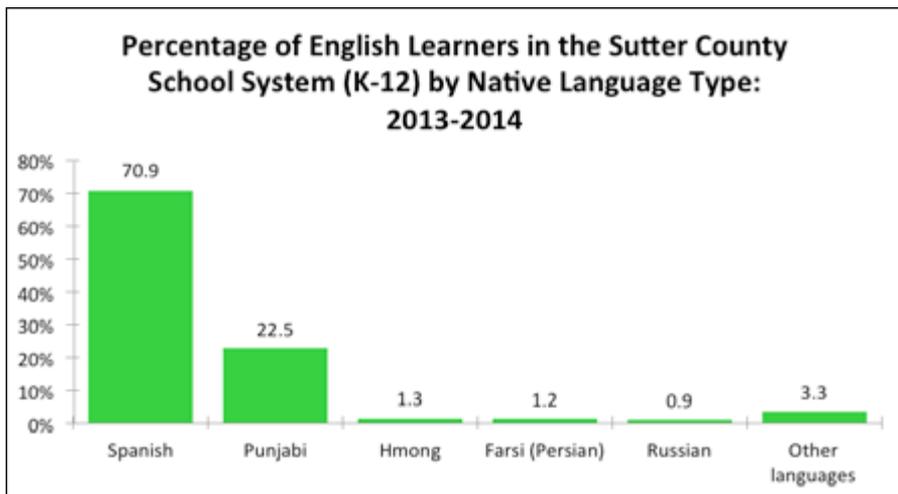
### Percentage of Students Scoring at Basic and Below in CST\* STAR\*\* Mathematics: 2012-2013



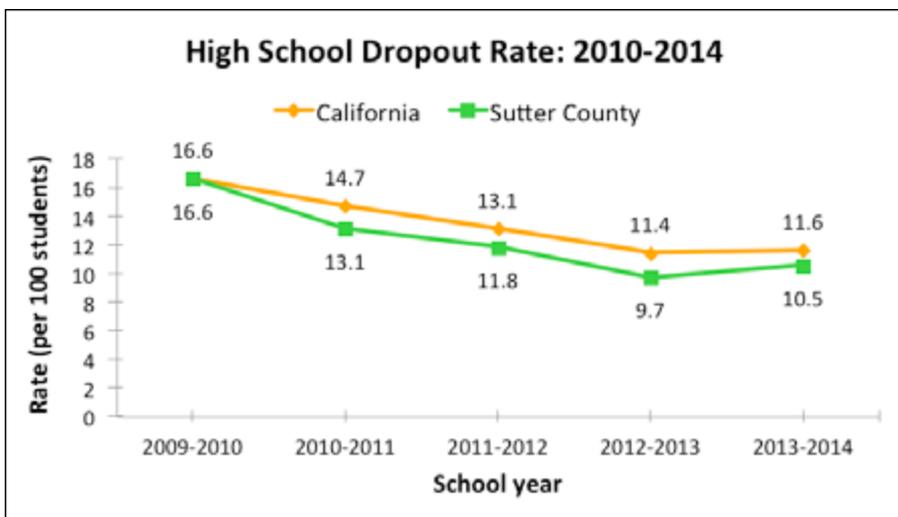
**Data Source:** California Department of Education

\* California Standardized Testing

\*\* Standardized Testing and Reporting



Data Source: California Department of Education



Data Source: California Department of Education

Definition: These are Adjusted Cohort Dropout Rates. The 4-year adjusted cohort dropout rate is the rate of students that leave the 9-12 instructional system without a high school diploma, GED, or special education certificate of completion and do not remain enrolled after the end of the 4th year.

## Why is this important?

The US Census Bureau sets an income and family size guideline to determine who is living in poverty. According to the 2015 poverty guideline, a family of 4 earning less than \$24,250 per year meets the poverty guideline. Socioeconomic status impacts all aspects of health. Education and income are inversely associated with morbidity and mortality.

According to the American Psychological Association, children living in poverty are more likely to experience adverse physical and mental health challenges. For example, poverty is linked to low birth weight, inadequate nutrition, food insecurity, limited access to healthy foods, asthma, anemia, pneumonia, and other chronic conditions. Low-income families often have less access to health care, and are at risk for increased rates of child abuse and neglect. Poverty and economic hardship is difficult for parents, and they may experience chronic stress, depression, marital discord, and use harsher parenting techniques. Children living in poverty are at greater risk of mental health and behavioral health issues, such as impulsiveness, aggressiveness, attention-deficit/hyperactivity disorder (ADHD), and conduct disorder. Common emotional problems include feelings of anxiety, depression, and low self-esteem, which may lead to risky behaviors, such as smoking, using alcohol and drugs, and engaging in early sexual activity. The chronic stress of living in poverty has been shown to affect concentration and memory, which may affect the ability to learn and succeed in school. Thus, children living in poverty are more likely to have difficulty in school and drop out.

In the home and neighborhood setting, poverty is associated with substandard housing, homelessness, inadequate child care, and unsafe neighborhoods. For example, poverty is linked to increased exposure to environmental contaminants, such as lead paint and toxic waste dumps. Additionally, exposure to violence in lower income communities can lead to trauma, injury, disability, and mortality.

## How are we doing?

The following economic indicators show that families living in Sutter County are more likely to be living in poverty compared to the California average. Families living in poverty have difficulty affording housing, transportation, healthcare, childcare, and college. Efforts to address poverty must emphasize the importance of high school, making responsible choices, and seeking and maintaining full-time work. Reducing familial poverty in the county increases the likelihood for individuals to succeed and contribute to economic productivity.

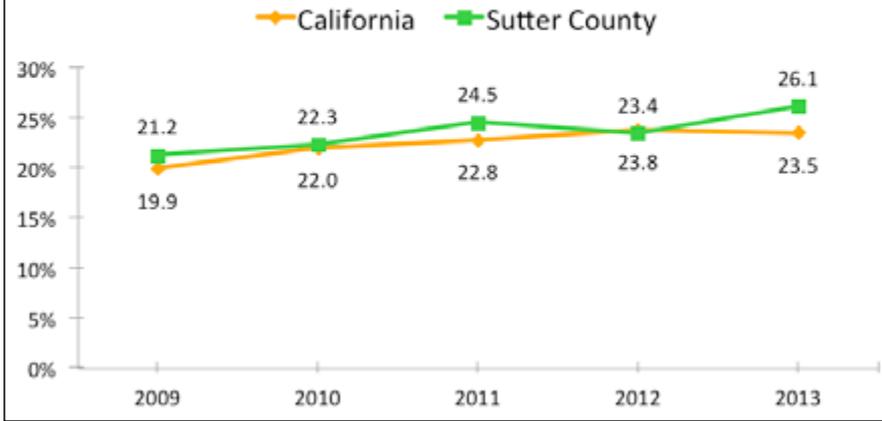
√ Almost 40% of 6 to 11 year olds in Sutter County are living in poverty. Overall, there has been a trend of children living in poverty in Sutter County and California.

√ The percentage of children identified as homeless in Sutter County has increased over time, but has remained lower than the state average.

√ More children in Sutter County are enrolled in CalFresh (formerly known as Food Stamps) and the free and reduced price school meal program than the California average.

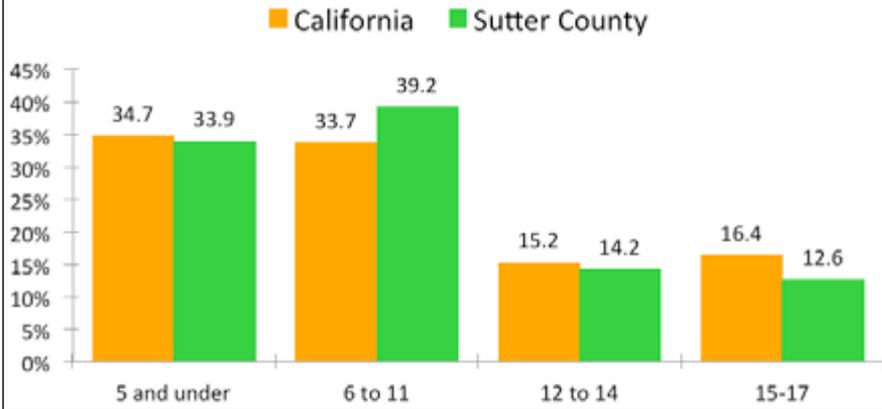


### Percentage of Children Under 18 Living Below Poverty Level: 2009-2013

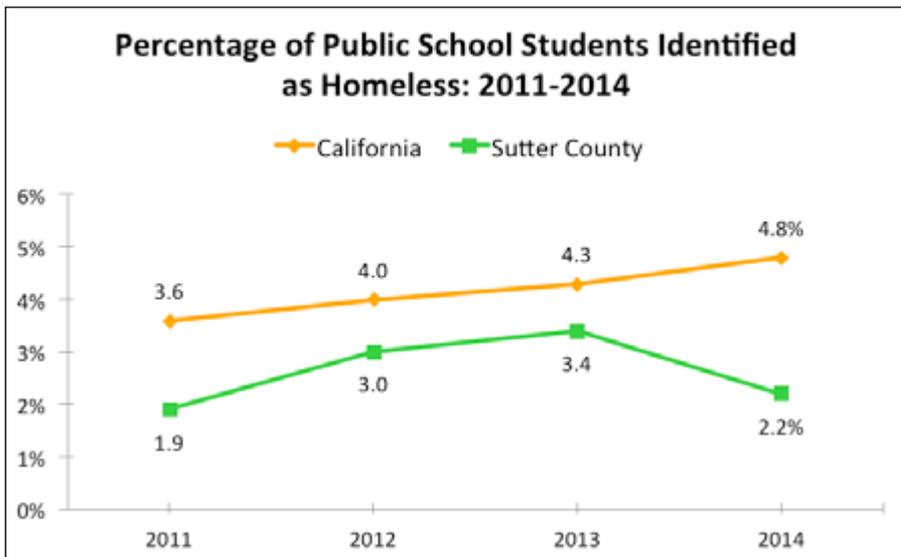


Data Source: U.S. Census Bureau, 2009-2013 American Community Survey

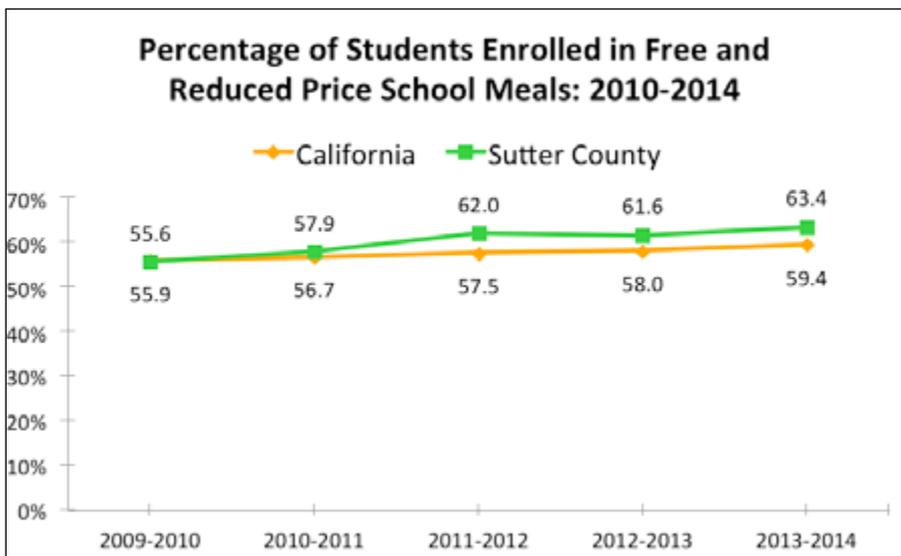
### Age Group Distribution of Children Living Below Poverty Level: 2013



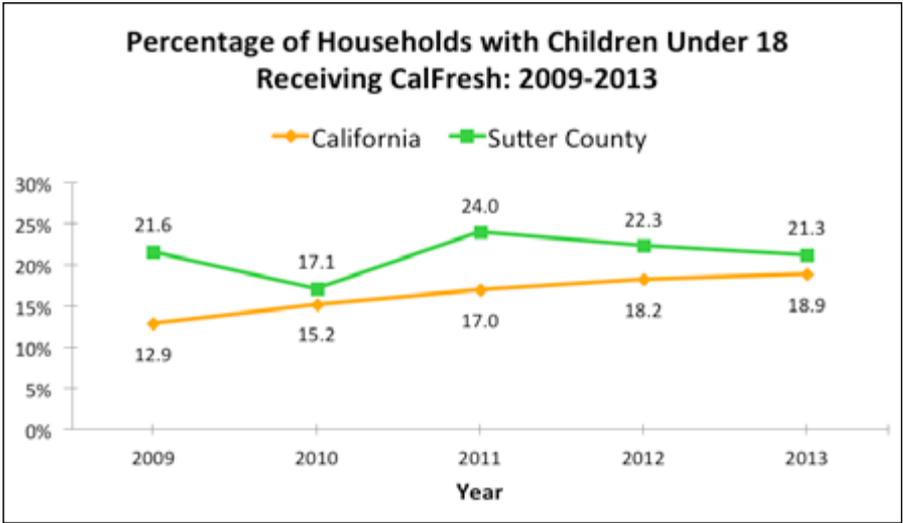
Data Source: U.S. Census Bureau, 2013 American Community Survey



**Data Source:** Homeless Education Program, California Department of Education, as cited on [www.kidsdata.org](http://www.kidsdata.org)



**Data Source:** California Department of Education



Data Source: U.S. Census Bureau, 2009-2013 American Community Survey



## FOOD ACCESS AND PHYSICAL ACTIVITY

### Why is this important?

Healthy nutrition habits and physical activity promote appropriate growth and development as well as increase overall wellbeing for our children. Without access to healthy food or opportunities for physical activity, children may be at risk for poor health outcomes like chronic disease and being overweight. Obesity is associated with higher medical costs and shorter life expectancy than a normal weight person. Fostering a healthy lifestyle in children has long-term benefits to the community.

### How are we doing?

Sutter County requires improvement in food access and physical activity to improve healthy habits and better health outcomes. Children and their families should continue to consume 5 or more fruits and vegetables daily, and decrease consumption of sugar-sweetened beverages. SNAP-Ed County Profiles 2014 revealed over 50% of restaurants in the county are fast-food with over 60% of children 2-17 consuming fast food 1 or more times a week while 42% of children ages 2-17 are consuming 1 or more sugar-sweetened beverages per day.

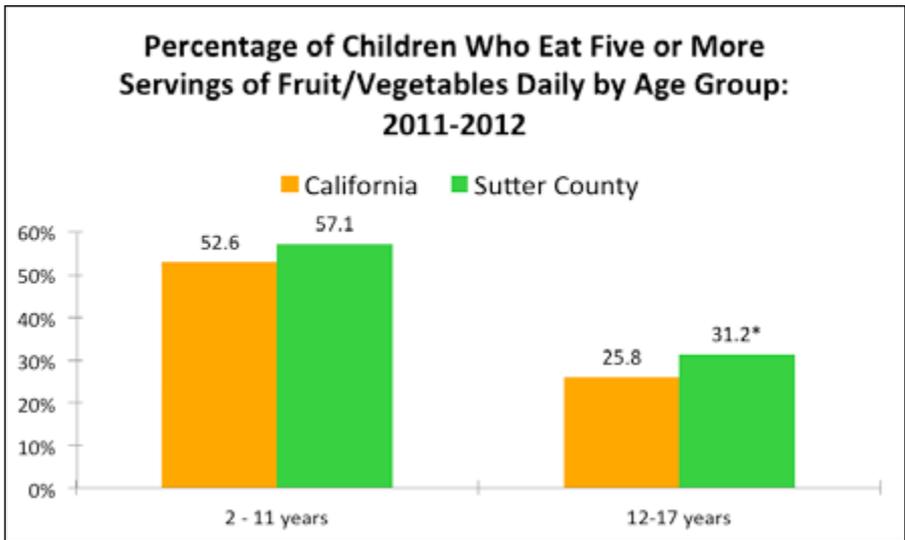
√ The U.S. Department of Agriculture defines “food desert” as an urban neighborhood or rural town without ready access to fresh, healthy, and affordable food. Instead of supermarkets and grocery stores, these communities may have no food access or are served only by fast food restaurants and convenience stores that offer few healthy and affordable food options. This contributes to a poor diet and can lead to higher levels of obesity and other diet-related diseases, such as diabetes and heart disease. The map “Sutter County Food Deserts”, depicts food desert areas in Sutter County. Only 75% of the zip codes in Sutter County have grocery stores, produce stands, or farmer’s markets; thus, 25% of our population has limited access to food stores forcing some residents to use liquor or non-traditional stores as primary choices for groceries resulting in unhealthy food choices.

√ Almost 60% of children 2-11 in Sutter County consume 5 or more fruits and vegetables daily while almost 60% of children 5-11 are physically active for at least an hour every day. Sutter County is doing better than the state average in both of these areas.



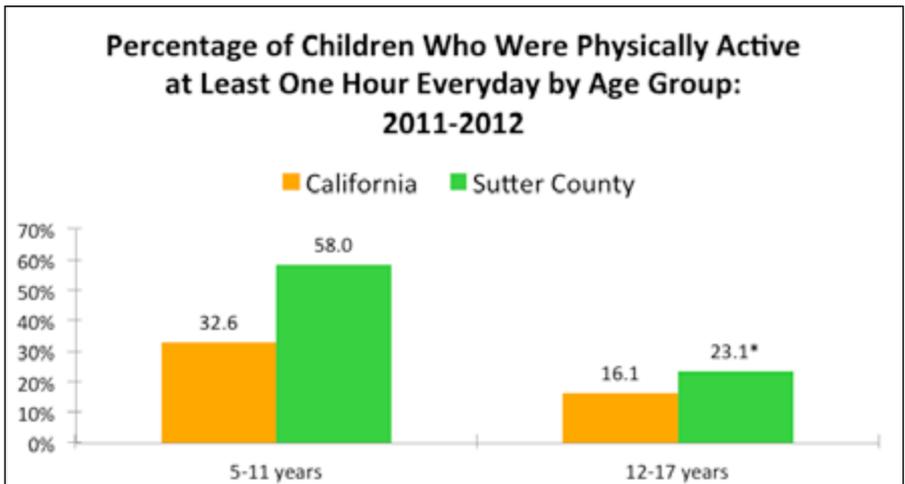
**Data Source:** USDA Economic Research Service, Food Access Research Atlas (formerly Food Desert Locator); Retrieved 1/29/2015

**Note:** The original food desert measure, LILA at 1 and 10, means low-income census tracts where a significant number or share of residents are more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket or large grocery store.



**Data Source:** California Health Interview Survey

**Note:** \*Statistically unstable



**Data Source:** California Health Interview Survey

**Note:** \*Statistically unstable

# PREGNANCY AND INFANCY

## Why is this important?

The health of mothers and infants determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. According to the CDC, good health begins before conception with adequate nutrition and a healthy lifestyle. It continues with access to early prenatal care so that problems can be identified and prevented right away. Teen pregnancy is linked to increased maternal and child mortality, and contributes to the cycle of ill-health and poverty. The ideal result is a full-term pregnancy without unnecessary interventions, the delivery of a healthy baby, and a healthy postpartum period in a positive environment that supports the physical and emotional needs of the mother, baby, and family.

## How are we doing?

The following health indicators show areas in need of improvement are in early access to prenatal care, teen pregnancy rates, and exclusive breastfeeding.

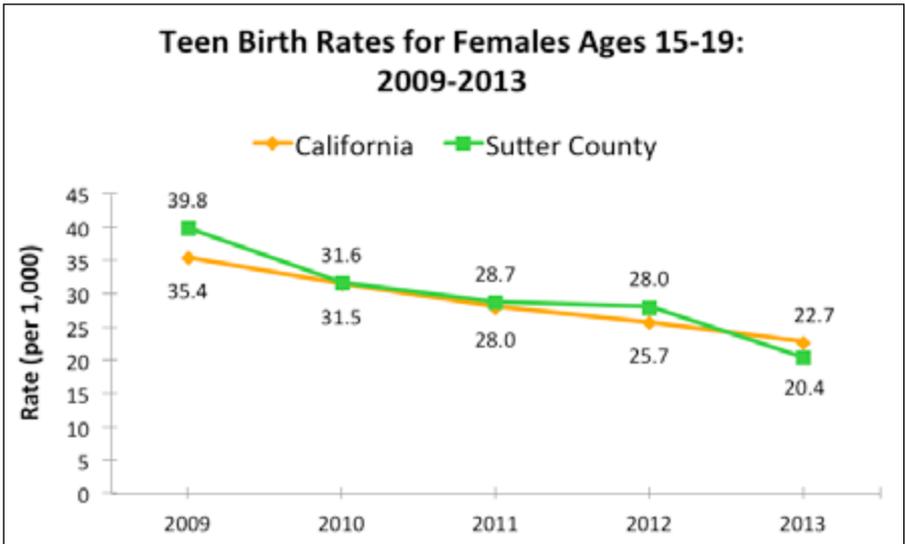
√ The Sutter County birth rate among teens 15-19 years of age is higher than the California average. In 2014 the teen birth rate for Sutter County was 22.5. Hispanics make up 37.4% of the Sutter County adolescent population and 62% of teen births are to Hispanic mothers. Additionally, repeat births to females under age 20 are significantly higher in Sutter County compared to the state.

√ The percentage of women in Sutter County who begin prenatal care in the first trimester (first three months of pregnancy) has increased over time, but still lags behind the state average. Women who receive early prenatal care are more likely to have healthier pregnancies and healthier babies, and are less likely to have infants born prematurely or with low birth weight.

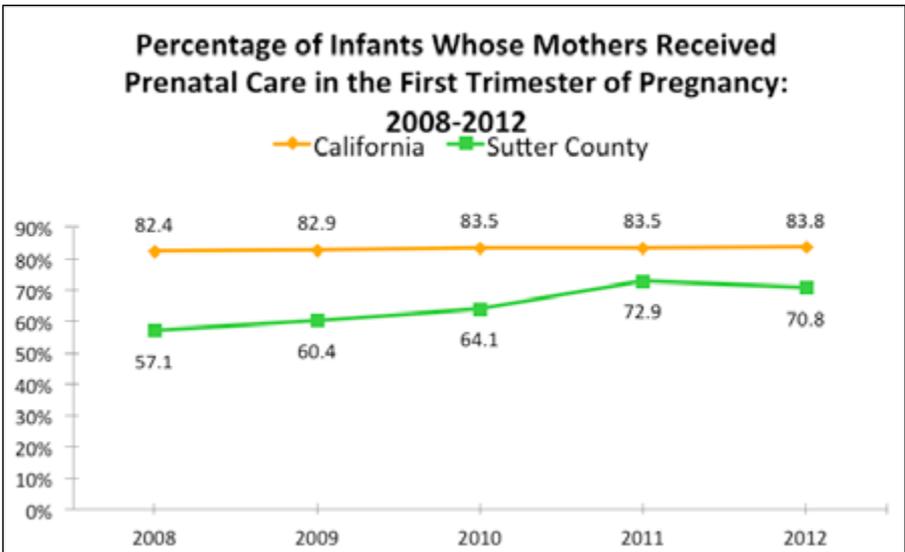
✓ Infants of Sutter County mothers are less likely to be born with low birth weight compared to the state average. Low birth weight babies weigh less than 5.5 pounds (2500 grams) at birth, and very low birth weight infants weigh less than 3.3 pounds (1500 grams) at birth. Low birth weight babies are more likely to die in the first year of life than babies born at normal weight. Preterm birth (before 37 weeks of gestation) is a major contributing factor, and these two conditions are the leading cause of infant mortality. If low birth weight babies survive, many will be challenged with conditions like cerebral palsy, learning disabilities, and behavioral disorders. They are also at increased risk for developing chronic disease in later in life.

✓ Infant mortality is defined as deaths occurring before age 1. Sutter County has typically fared well in this area with lower rates than the state average. However, rates of infant mortality have increased overall in the last decade for Sutter County.

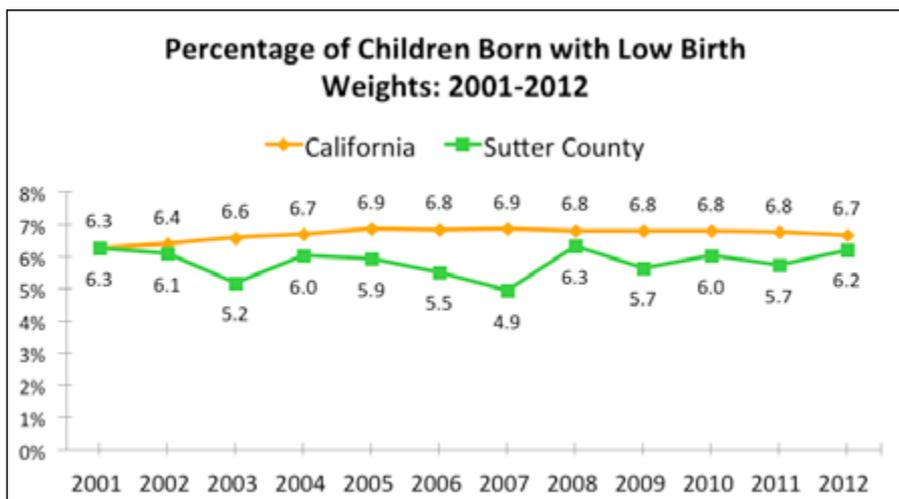
✓ The percentage of Sutter County mothers who breastfeed lags below the state average. This is true for “any breastfeeding” (mothers who breastfeed and supplement with formula) and “exclusive breastfeeding” (mothers who do not supplement with formula) at hospital discharge after delivery. According to the World Health Organization (WHO), exclusive breastfeeding for the first 6 months is the optimal way to feed infants. After the first 6 months, solids can be introduced with continued breastfeeding up to 2 years of age or beyond. Breast milk promotes sensory and cognitive development, protects infants from infectious disease early in life, and chronic disease later on. Breastfeeding also contributes to improved health of mothers. It has been demonstrated to help space pregnancies and reduces the risk of ovarian and breast cancers. It is also safer for the environment.



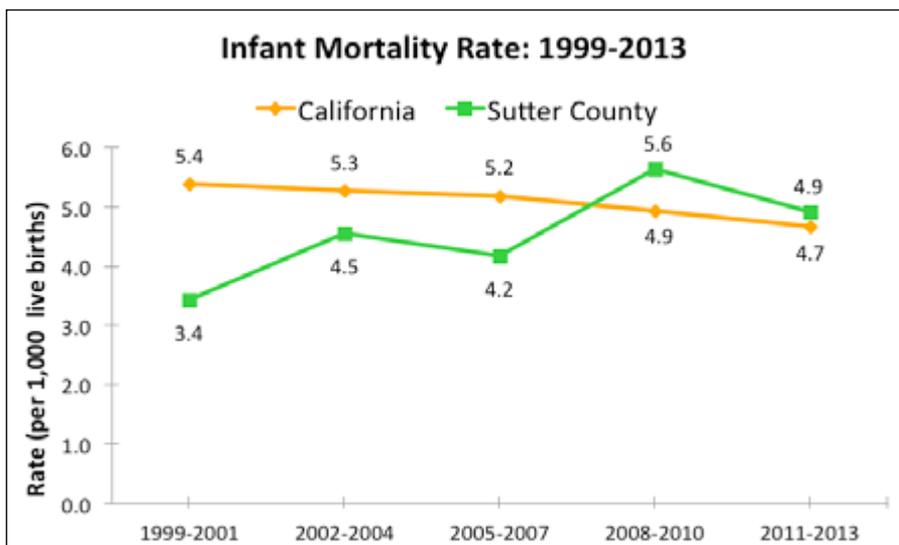
**Data Source:** California Department of Public Health, Birth Records; California Department of Finance, Demographic Research Unit  
 \*Number of live births per 1,000 females ages 15-19 years old.



**Data Source:** California Department of Public Health, Center for Health Statistics, Vital Statistics Section, Birth Statistical Master Files; Retrieved from the Family Health Outcomes Project, California County Data Spreadsheets, Sutter County.

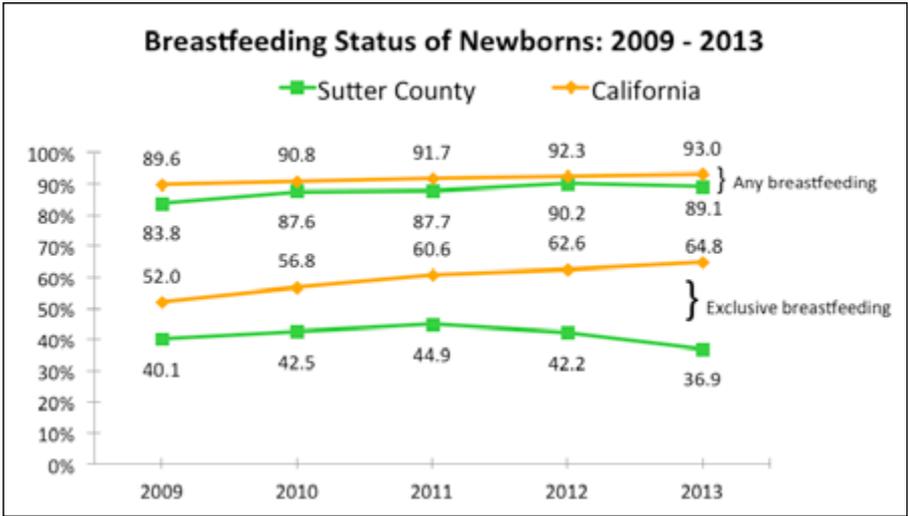


**Data Source:** California Department of Public Health, Center for Health Statistics, Vital Statistics Section, Birth Statistical Master Files; Retrieved from the Family Health Outcomes Project, California County Data Spreadsheets, Sutter County



**Data Source:** California Department of Public Health, Birth and Death Records.

**Definition:** The number of deaths occurring before age of 1 year per 1,000 live births



**Data Source:** California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Program, In-hospital Breastfeeding Initiation Data



## CHILD AND ADOLESCENT HEALTH

### Why is this important?

Health and nutrition in early childhood are important influences on physical and cognitive development. Making sure that children have access to high-quality, ongoing physical, mental, and oral health care is one of the best ways that parents and caregivers can keep children healthy and ready to learn.

### How are we doing?

In Sutter County, children fare slightly better than the state average in several areas, including being up-to-date on immunizations at kindergarten entrance and visiting the dentist. Areas for improvement are decreasing asthma rates, decreasing diabetes related hospitalization of children, and increasing immunization rates at 7th grade entrance.

√ Children in Sutter County closely reflect the obesity rate of California overall. The percentage of overweight and obese children in Sutter County decreased slightly in 2010 but more recent data is needed to demonstrate any improvement. It is important to note the data chart "Overweight/Obese Students: 2006-2010" in this section only includes public school students in grades 5, 7, and 9 and was a component of the required California Physical Fitness Test. Overweight is defined as having a Body Mass Index (BMI) between the 85th and 95th percentile, while obesity is defined as having a BMI above the 95th percentile.

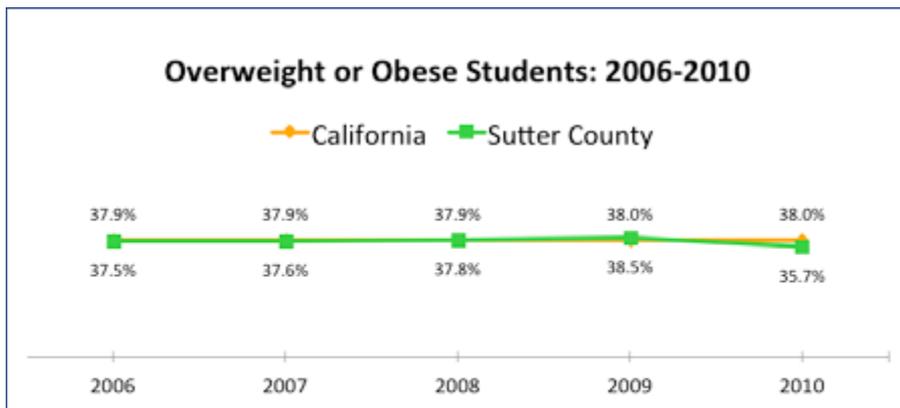
√ Children in Sutter County are slightly more likely to be up-to-date on immunizations in child care and at kindergarten entry than in California overall. In 2010 state law required students in 7th through 12th grades to provide documentation of Tdap (vaccine booster that helps protect against Tetanus, diphtheria, and pertussis) or an exemption to immunization. The percentage of children in Sutter County up-to-date on immunizations falls below the California average at 7th grade entry. In 2012 state law regarding the personal

belief exemption became more restrictive in that there is an additional requirement of a signature from a health care practitioner to obtain the exemption. As more vaccine-preventable diseases have reemerged, there has been renewed effort to increase immunization rates of children.

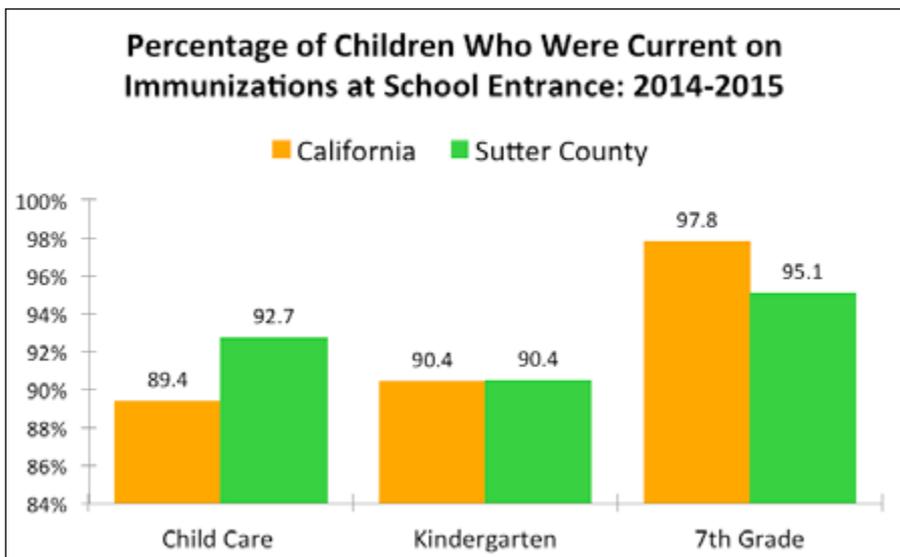
√ In Sutter County, for children enrolled in Medi-Cal and Children's Health Insurance Program (CHIP), a higher percentage visited the dentist in the previous 6 months, and fewer visited more than 6 months ago, compared to the state average. In 2011, 47.7% of Medi-Cal/CHIP enrolled children in Sutter County received any dental service, compared to 52.2% statewide. Dental caries is the single most common chronic disease in childhood, and affects minority and children living in poverty at disproportionately higher rates. Children with untreated dental decay often experience chronic pain, which affects concentration, school achievement, mood, sleep, and nutrition. Current recommendations for the first visit to a dentist is to occur by 12 months of age.

√ Of the 26.7% of children in Sutter County diagnosed with asthma, 78.9% currently have asthma which is higher than the state average while only 17.8% take daily medication for their asthma. Asthma is one of the most common chronic diseases among children, and low-income children have disproportionately higher rates of the disease.

√ The chlamydia and gonorrhea infection rates in Sutter County youth ages 10-17 are lower than the California average. However from 2012 to 2013, when the 18-19 age group is added the gonorrhea infection rate doubled.

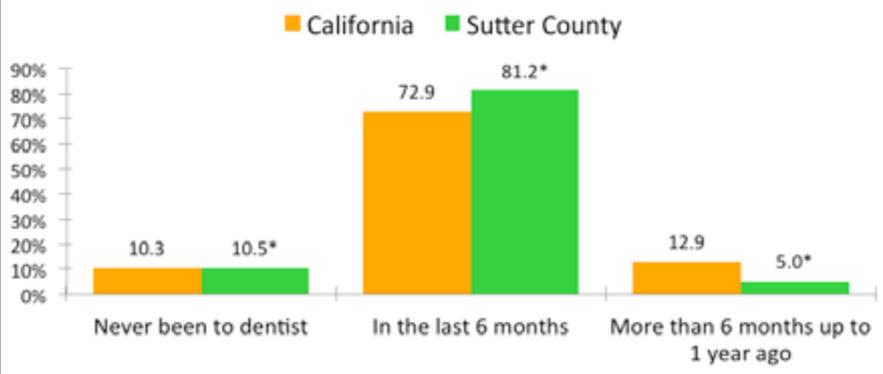


**Data Source:** Babey, S. H., et al. (2011). A patchwork of progress: Changes in overweight and obesity among California 5th-, 7th-, and 9th-graders, 2005-2010. UCLA Center for Health Policy Research and California Center for Public Health Advocacy. Funded by RWJF; California Department of Education, Physical Fitness Testing Research Files, as cited on kidsdata.org



**Data Source:** California Department of Public Health, Immunization Branch

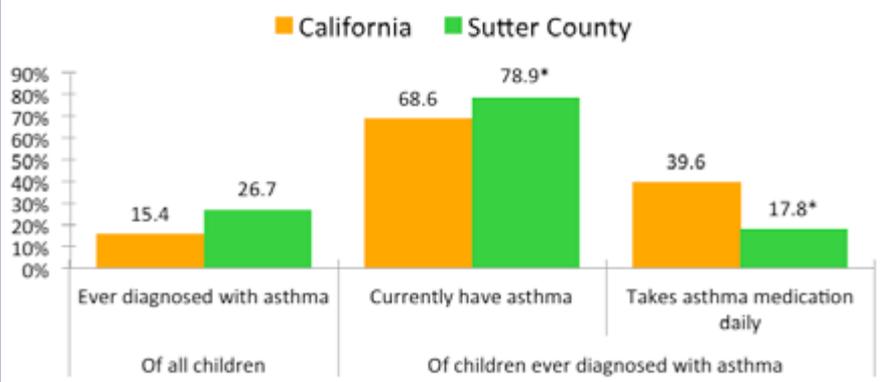
### Dental Visits of Medi-Cal/CHIP Enrollees Under 18: 2011-2012



Data Source: California Health Interview Survey

Note: \*Statistically unstable

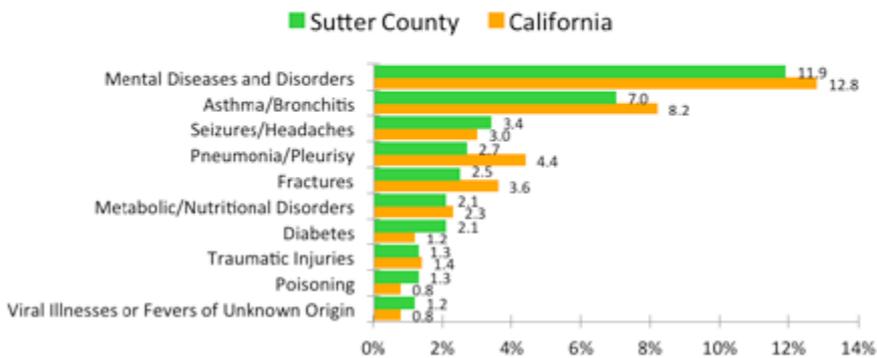
### Percentage of Children Ever Diagnosed with Asthma: 2011-2012



Data Source: California Health Interview Survey

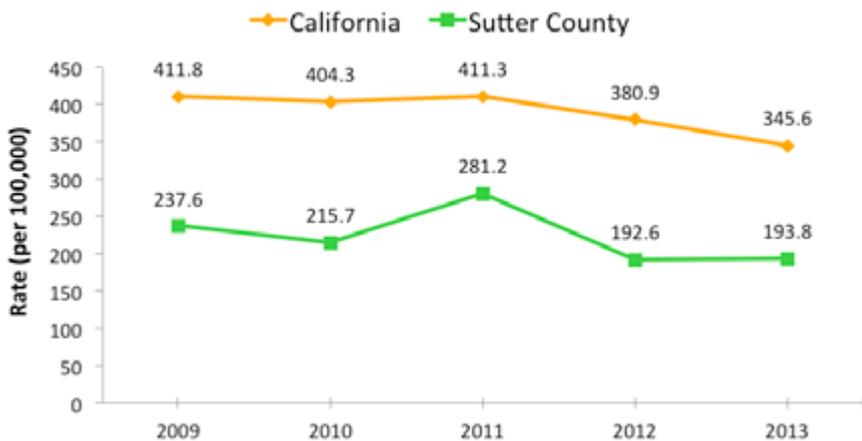
Note: \*Statistically unstable

### Ten Most Common Primary Diagnoses for Hospital Stay of Children Under 18 as a Percentage of Total Hospital Discharges: 2013

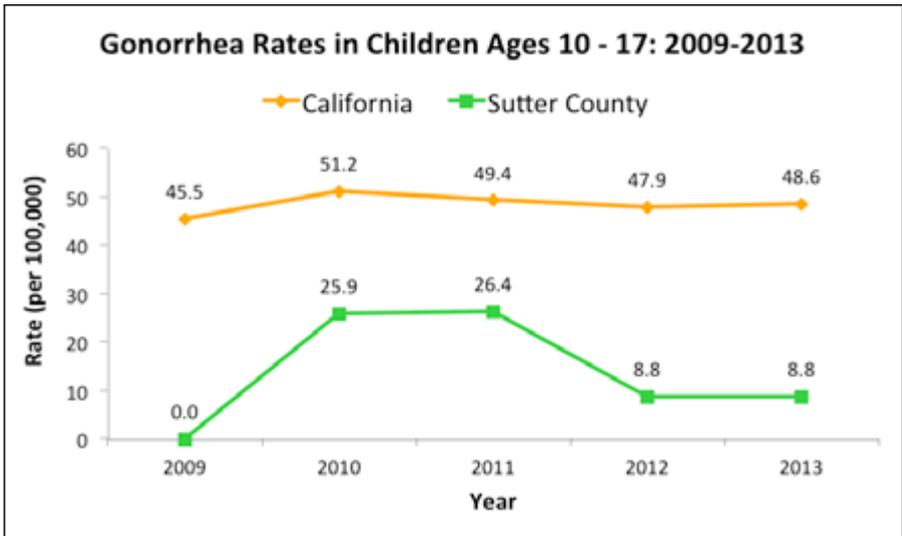


**Data Source:** California Office of Statewide Health Planning and Development, as cited on [www.kidsdata.org](http://www.kidsdata.org)

### Chlamydia Rates in Children Ages 10 - 17: 2009-2013



**Data Source:** California Department of Public Health, STD Branch; California Department of Finance, Demographic Research Unit



**Data Source:** California Department of Public Health, STD Branch; California Department of Finance, Demographic Research Unit



## SAFETY

### Why is this important?

Children raised in nurturing families and safe neighborhoods, free from maltreatment and other social adversities, are more likely to have better outcomes as adults.

### How are we doing?

Sutter County needs improvement in reducing youth dating violence, child abuse and neglect, and injuries. Although the county has similar rates to that of the state average, more can be done to improve child welfare.

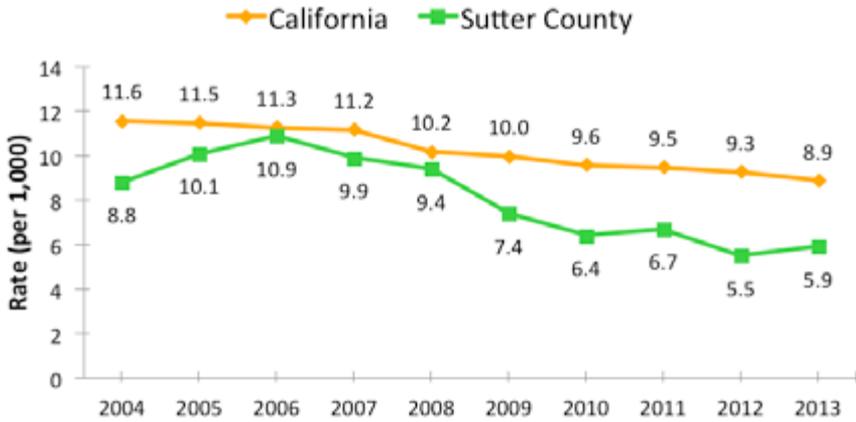
√ Sutter County children fare better in the area of child abuse and neglect. Substantiated child abuse and or neglect is defined as a parent, caretaker, or guardian who allowed, inflicted, or created an environment that caused abuse or neglect other than by accidental means. The number of child abuse and neglect cases in Sutter County have decreased over time and remain under the California average.

√ Falls are the most common cause of non-fatal injury hospitalizations for youth in both Sutter County and California. In Sutter County, falls are followed by poisoning and being struck by an object. In California overall, falls are followed by suicide/self-inflicted injury and being struck by an object.

√ The percentage of youth reporting dating violence in Sutter County is higher than in California in every grade level except 9th grade. Youth dating violence is defined as anyone who has been hit, slapped, or intentionally physically hurt by a boyfriend or girlfriend. Non-Traditional students are those enrolled in community day schools or continuation education schools.

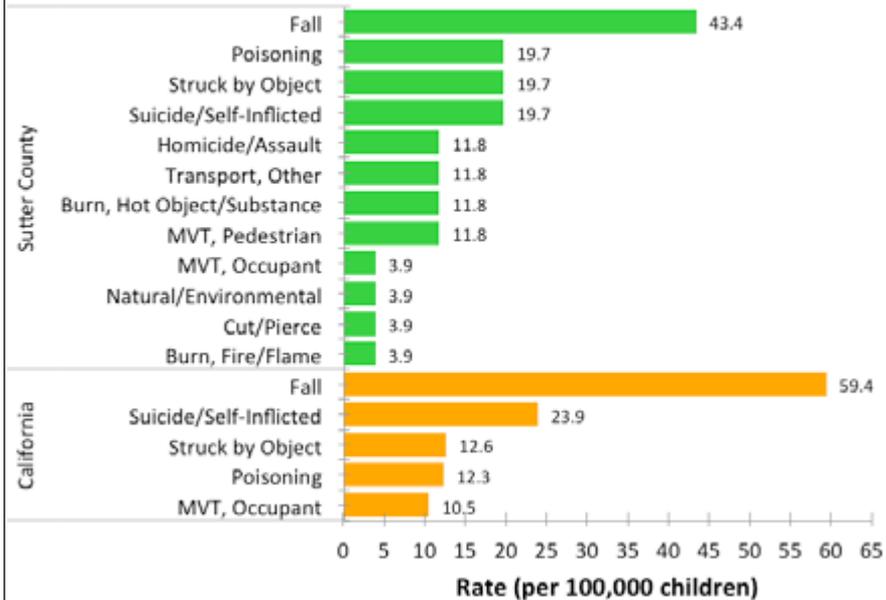
√ Children in Sutter County are more likely to have experienced bullying or harassment than children residing in other parts of California.

### Child Abuse and Neglect in Children Under 18: 2004-2013



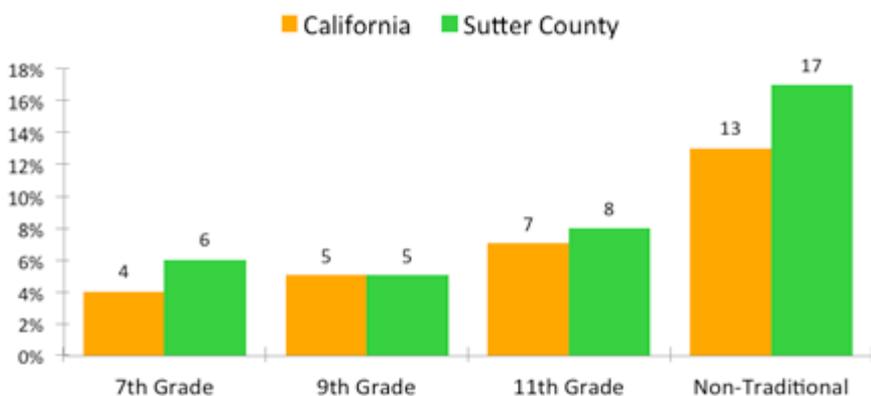
**Data Source:** Child Welfare Services Reports for California, UC Berkeley Center for Social Services Research, as cited on [www.kidsdata.org](http://www.kidsdata.org)

### Leading Causes of Non-Fatal Injury Hospitalization in Children Under 18: 2013



**Data Source:** California Office of Statewide Health Planning and Development, Inpatient Discharge Data; California Department of Public Health, EpiCenter, California Injury Data Online

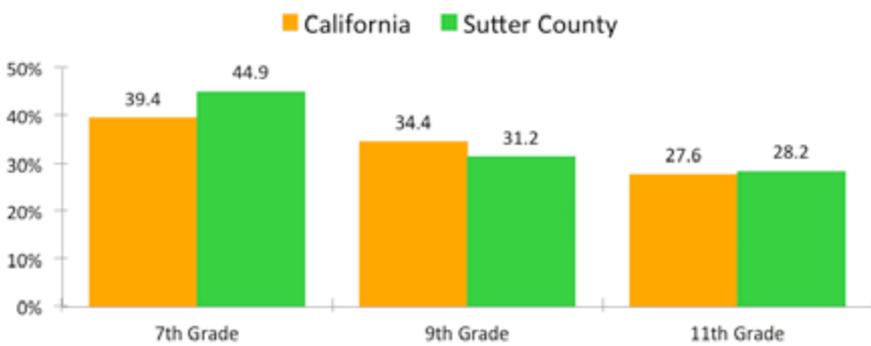
### Percentage of Students Reporting Dating Violence: 2009-2011



**Data Source:** California Department of Education, California Healthy Kids Survey

**Definition:** Dating violence is defined as a boyfriend or girlfriend ever hitting, slapping, or physically hurting their partner on purpose.

### Percentage of Students Who Reported Being Harassed or Bullied at School: 2011-2013



**Data Source:** California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd), as cited on [www.kidsdata.org](http://www.kidsdata.org)

# SOCIAL AND EMOTIONAL WELL-BEING

## Why is this important?

According to Healthy People 2020, youth are in developmental transition, and they are especially sensitive to influence from family, peer group, school, neighborhood, policies, and societal cues. Supporting the positive development of young people helps them to adopt healthy behaviors, which promotes a healthy and productive future adult population.

## How are we doing?

The following indicators demonstrate the percentage of youth who engage in risky or illegal behaviors, including drinking alcohol and participating in early sexual activity. These behaviors can have severe and long-term impacts on youth, families, and the community. In Sutter County, the rates for youth engaging in alcohol use and binge drinking far exceed the California average. The county also has significantly higher rates of having had sex in the 14-17 age group, and even more so in the under 15 age group.

√ In Sutter County, juvenile felony and misdemeanor arrests are higher than the state average. The trend, both locally and in California overall, is declining. From 2004 to 2013, juvenile arrests were reduced by 54.6% in California, and by 37% in Sutter County. From 2012 to 2013, the rates on status offenses which include truancy, runaway, curfew, incorrigible, increased more than one and a half times.

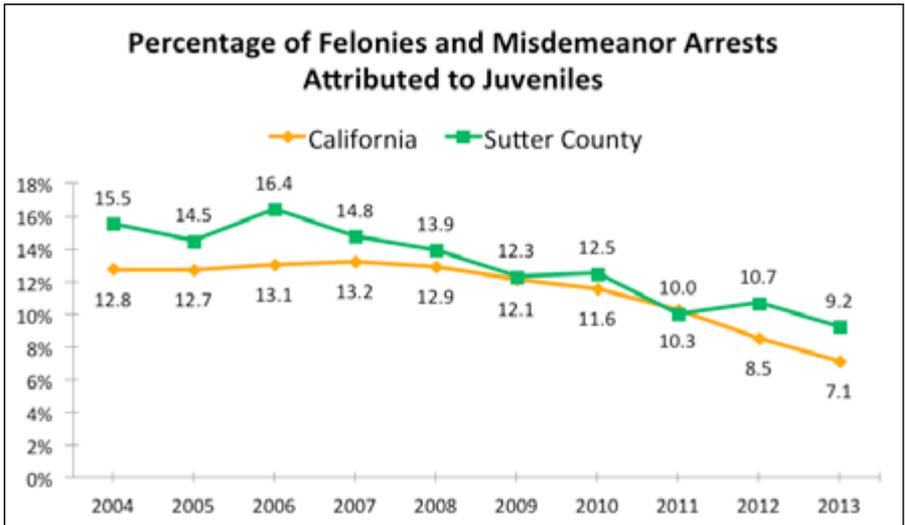
√ The percentage of Sutter County students who reported that they had ever smoked a cigarette was higher in 9th and 11th grades than the state average. The percentage locally was slightly lower than the overall state average for 7th graders and in non-traditional school settings. Again, non-traditional are students enrolled in community day schools or continuation education school.

√ The percentage of Sutter County students who report ever having had an alcoholic drink exceeded the state average for 7th and 9th grades, but was slightly lower than the overall state average for 11th grade and in non-traditional school settings. The percentage of

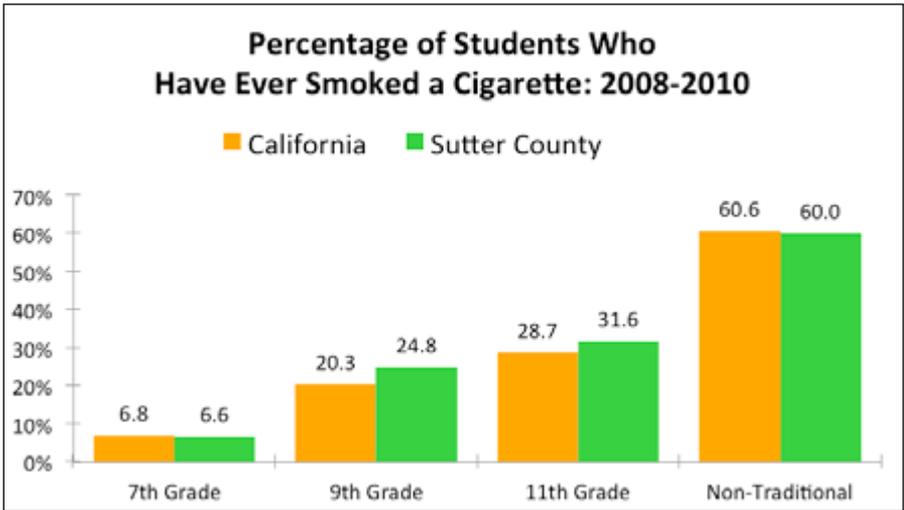
youth under 18 in Sutter County reporting binge drinking is more than 3 times higher in Sutter County than the California average. Binge drinking is defined as 5 or more drinks on 1 occasion in the past month for males, and 4 or more drinks on 1 occasion in the past month for females.

√ The percentage of Sutter County youth reporting marijuana or other drug use was lower than the California average in 9th and 11th grades, and in non-traditional school settings. However, it was slightly higher in 9th and 11th grades for recreational prescription drug use.

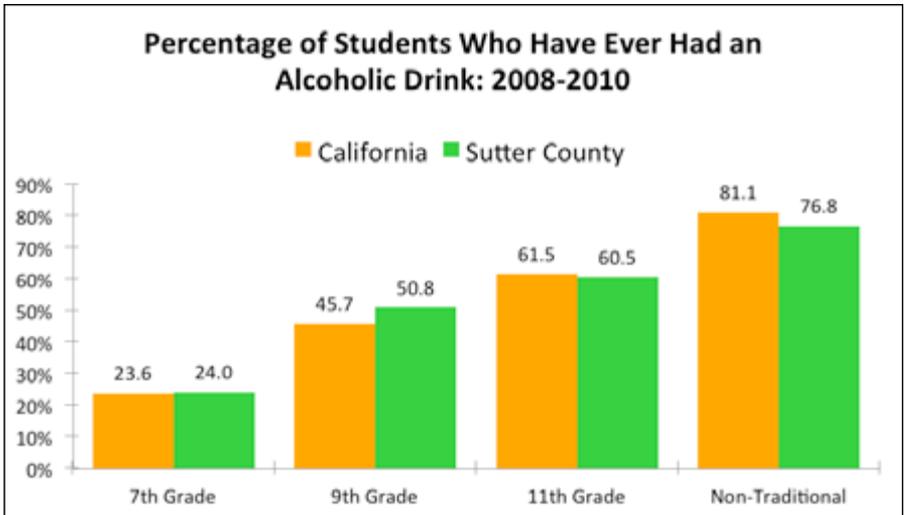
√ The percentage of youth ages 14-17 reporting they have had sex was significantly higher than the California average. It was also much higher for having initiated sex under 15 years of age. The data recorded in this section is self-reported by children whose parents gave permission to answer questions related to sexual activity in the California Health Interview Survey and the actual rates may be different.



Data Source: State of California Department of Justice

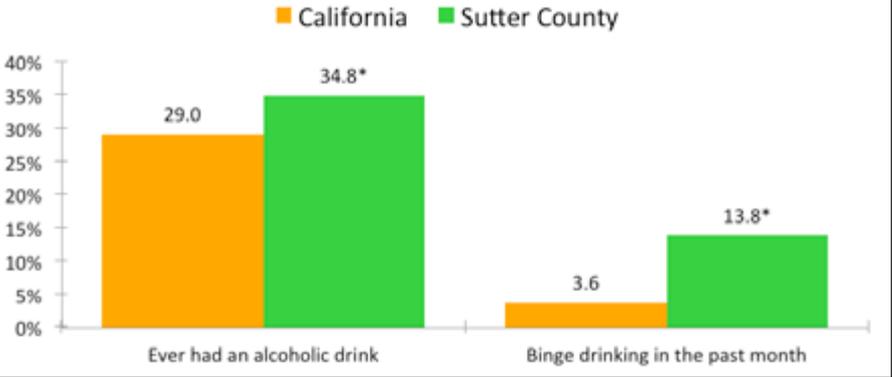


**Data Source:** California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd), as cited on [www.kidsdata.org](http://www.kidsdata.org)



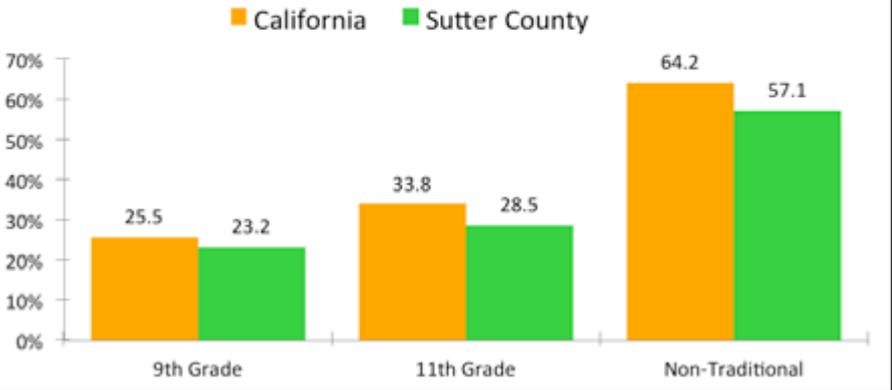
**Data Source:** California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd), as cited on [www.kidsdata.org](http://www.kidsdata.org)

### Percentage of Children Under 18 Reporting Alcohol Use and Binge Drinking: 2011-2012



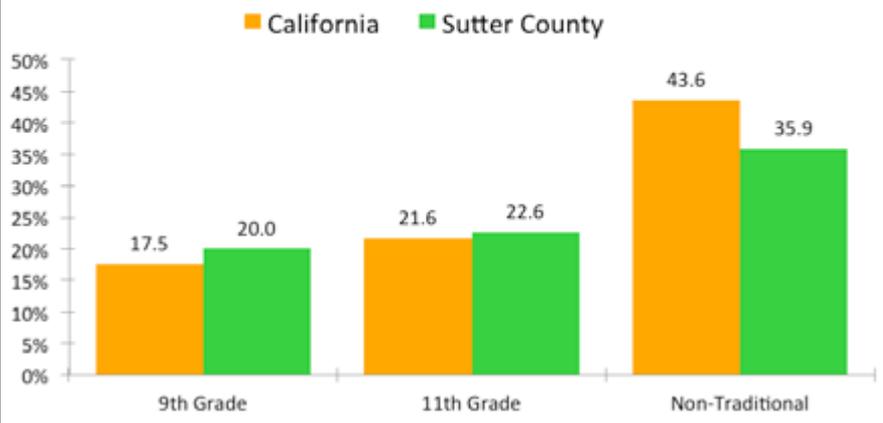
**Data Source:** California Health Interview Survey  
**Note:** \*Statistically unstable

### Percentage of Students Who use Marijuana or Other Drugs: 2008-2010



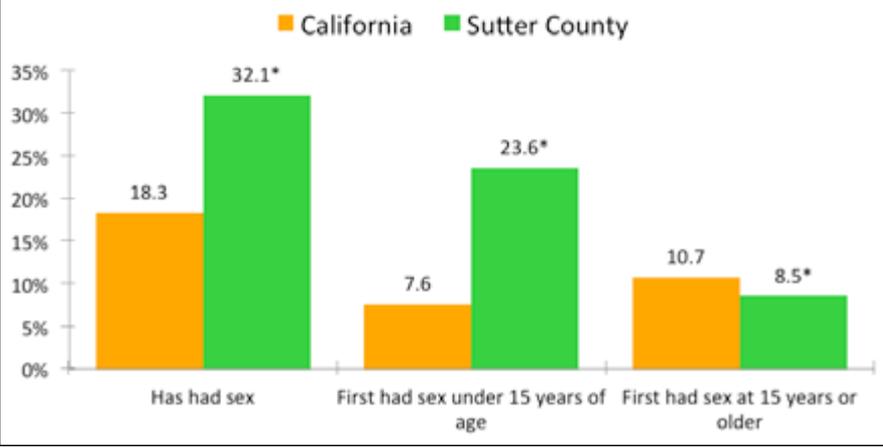
**Data Source:** California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd), as cited on [www.kidsdata.org](http://www.kidsdata.org)

### Percentage of Students Who Have Ever Used Prescription Drugs Recreationally: 2008-2010



**Data Source:** California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd), as cited on [www.kidsdata.org](http://www.kidsdata.org)

### Percentage of Youth Ages 14-17 Who Have Had Sex: 2011-2012



**Data Source:** California Health Interview Survey

**Note:** \*Statistically unstable

## DATA SOURCES

The Portrait of Sutter County: 2015 Children's Health Report utilizes the best available measurements to document data and trends of current progress in the identified categories. Some data utilize statistical surveys or models which are subject to sampling error and to other sources of error, such as design flaws, respondent reporting errors, and processing mistakes.

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[www.suttercounty.org/publichealth](http://www.suttercounty.org/publichealth)