

THE 30<sup>TH</sup> ANNUAL REPORT ON THE  
**CONDITIONS OF CHILDREN**  
IN ORANGE COUNTY



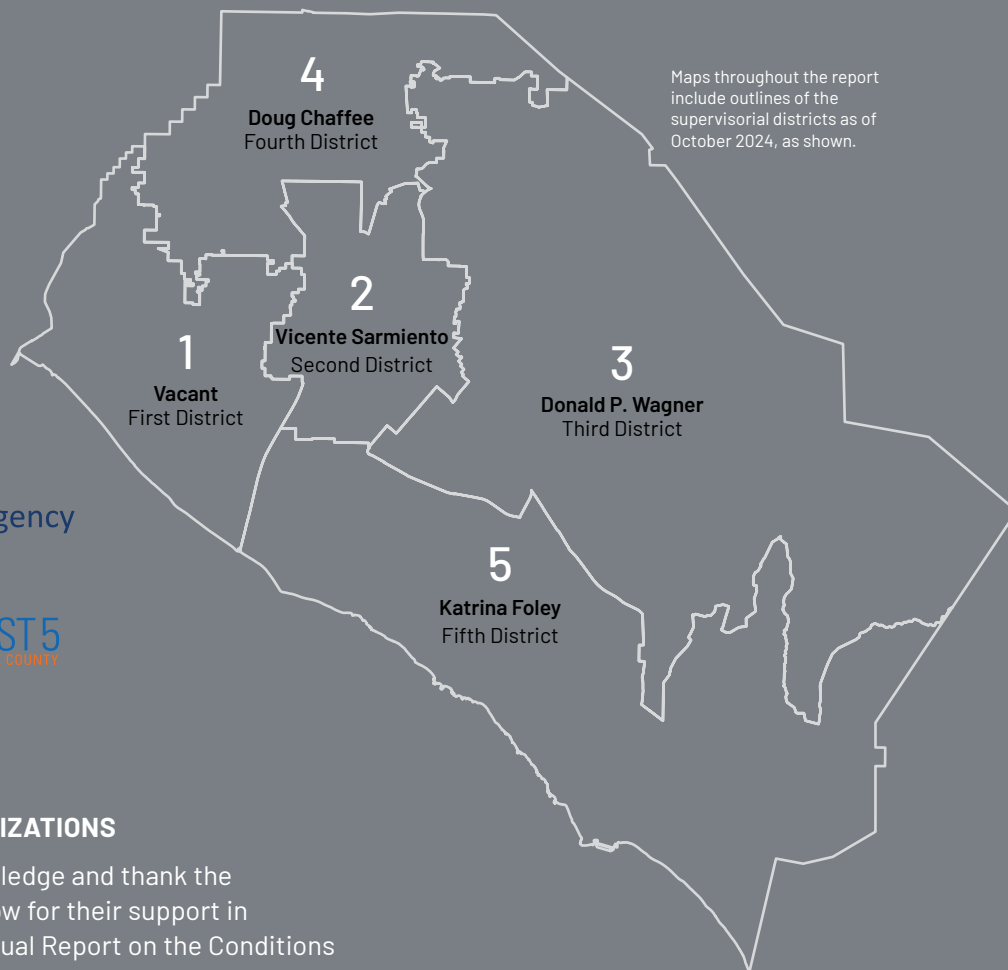
# CONTRIBUTORS TO THE REPORT

## SPONSORED BY:

Orange County  
Board of Supervisors



 **Social Services Agency**



## CONTRIBUTING ORGANIZATIONS

We would like to acknowledge and thank the organizations listed below for their support in developing The 30<sup>TH</sup> Annual Report on the Conditions of Children in Orange County.

California State University Fullerton  
Children and Families Coalition of Orange County  
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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 30th 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. Data for each focus area demonstrates improving or worsening trends for key indicators over a 10-year period.

## New Indicators

To ensure a comprehensive understanding of children's health, it is crucial to regularly update indicators to reflect evolving community needs and leverage advancements in data collection methods. This enables more effective monitoring, identification of emerging issues and targeted interventions. Two new indicators have been added in the 30<sup>TH</sup> edition of the report.

The Child Care indicator was added to the Conditions of Children report because access to affordable and reliable child care is crucial for both child development and family financial health. High-quality child care can help children develop essential skills and has been shown to have a greater positive impact on low-income and dual-language learners than their peers. The lack of child care can have negative consequences for families, including job loss and reduced productivity.

The Perinatal Behavioral Health indicator was added to provide users a better understanding of the prevalence of mental health and substance use among pregnant persons and the impact on them and their newborn babies. Mental health or substance use issues during pregnancy or postpartum can negatively affect the health of the infant, parental well-being, safety of the infant and bonding. Better understanding of these data can contribute to a reduction in stigma, encourage more parents to seek help, and support expanded prevention and treatment resources.

## Advancing our Equity Lens

This edition of the report disaggregates the health outcomes of Native Hawaiian and Other Pacific Islanders (NHOPI) from the Asian population category. By separating the data for NHOPI populations, we can gain a more accurate and comprehensive understanding of their unique needs and experiences, leading to more effective and equitable policies and interventions. Further disaggregation among Asian populations is not yet possible based on current data collection practices.

## GOOD HEALTH

Orange County made strides in improving child and maternal health during the past decade. Access to healthcare has improved as evidenced by lower rates of uninsured children, increased immunization rates and higher rates of receiving early prenatal care services. Challenges remain, including racial and ethnic disparities, rising mental health concerns and increased substance use during pregnancy.

### Improving

The health of children in Orange County has improved in many ways since 2013. The percentage of uninsured children decreased, and access to regular care improved.

The percentage of Orange County children up-to-date with required immunizations continues to increase, rebounding from a decline in 2020.

Orange County has demonstrated improvements in both maternal and infant health outcomes. Prenatal care rates increased, exceeding state and national averages. Teen birth rates continued to decrease.

### Needs Improvement

Racial and ethnic disparities in prenatal care access remain, with White and Asian pregnant people having higher rates of early prenatal care.

Hispanic and Black/African American infants have higher infant mortality rates than other groups, with birth defects and maternal complications being the major causes.

Heightened preterm birth rates and low birth weight infants require close monitoring.

Mental health issues continue to rise among Orange County children and adolescents, especially older students and those who identify as LGBTQ+. There is concern regarding increasing substance use during pregnancy, with both alcohol consumption and cannabis use increasing.



## EDUCATIONAL ACHIEVEMENT

Orange County has demonstrated strengths in educational achievement. Key challenges for improving student outcomes include chronic absenteeism, achievement gaps and strengthening skills in specific academic areas.

### Improving

Orange County high school graduates have consistently higher rates of college readiness compared to the state average.

Students showed great strides in English Language Arts (ELA) and Math achievement standards since 2015, particularly among economically disadvantaged students. Improvements in Writing and Reading within ELA and Concepts and Procedures within Math were specifically noteworthy.

### Needs Improvement

While chronic absenteeism decreased since the pandemic, it remained a significant issue among foster youth and students experiencing housing insecurity.

Disparities in educational outcomes persist across racial and ethnic groups. Students from marginalized communities experienced higher rates of chronic absenteeism, lower graduation rates and lower academic achievement.

Kindergarteners continued to struggle with communication skills, general knowledge and gross and fine motor skills which are essential for school readiness.

## ECONOMIC WELL-BEING

Orange County has made progress in improving the economic well-being of families. The number of children receiving public assistance programs increased. However, the availability of affordable child care, the persistence of child poverty and the prevalence of insecure housing require ongoing attention.

### Improving

The number of children receiving CalWORKs in Orange County slightly increased, suggesting that more eligible children were receiving benefits. The percentage of children receiving CalFresh in Orange County improved but remained lower than the state average. The number of child support cases decreased while the amount of assistance provided increased.

### Needs Improvement

Orange County faces challenges related to child care access, economic disparities and insecure housing. The decrease in licensed child care slots and rising costs (especially for infant and preschool care) make it difficult for families to find affordable options.

Despite an overall decline in child poverty rates, many families continue to struggle due to the high cost of living. Insecure housing remains a problem. Elementary students are particularly vulnerable and disparities persist among racial and ethnic groups, as well as communities of residence.

## SAFE HOMES AND COMMUNITIES

Orange County has made progress in child welfare and safety with improvements in foster care placements and lower juvenile crime rates, child mortality and substantiated child abuse allegations. Challenges remain including long-term foster care placements, juvenile justice issues, racial and ethnic disparities in child mortality and ongoing concerns about child abuse rates exceeding the state's average rates.

### Improving

The rate of foster care placements in permanent homes within 12 months improved, exceeding the national standard.

Juvenile crime rates decreased, as evidenced by lower rates of arrests, sustained petitions and gang-related activity.

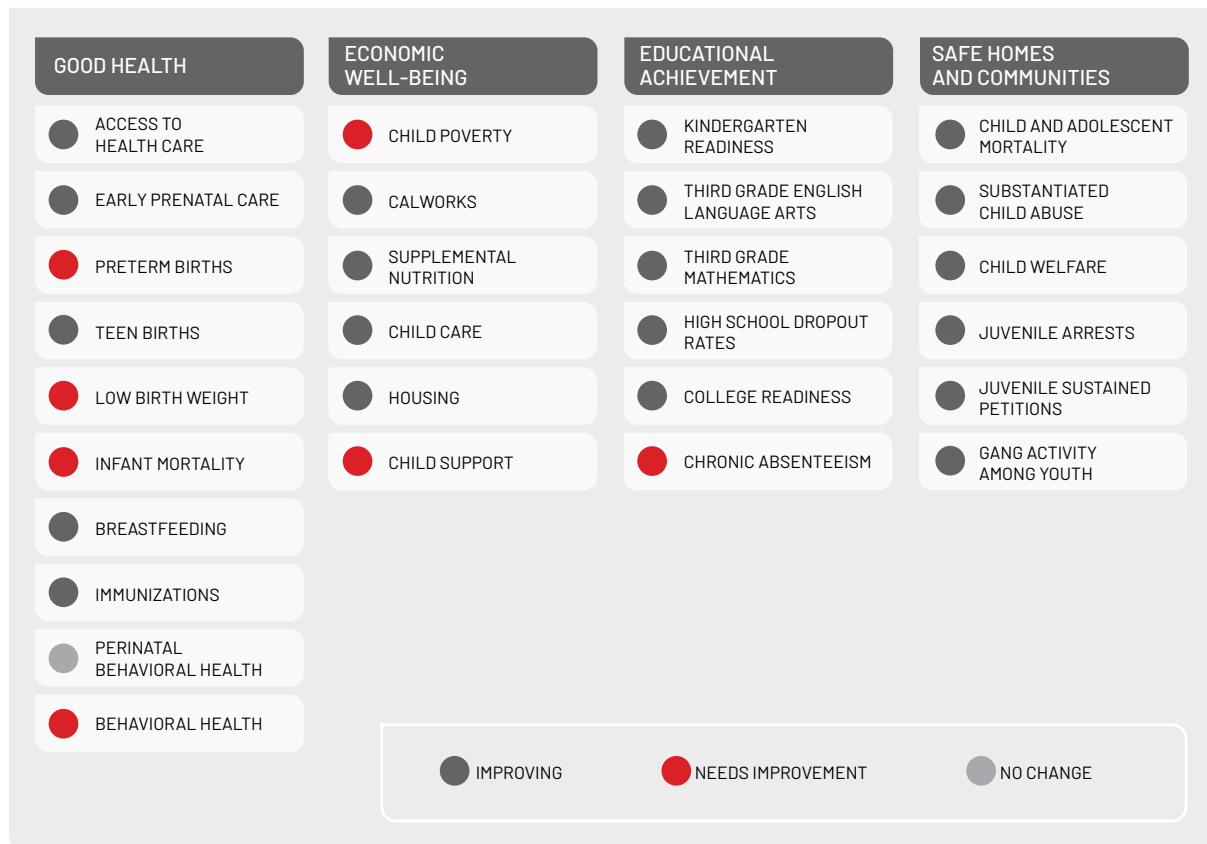
While child mortality rates remained relatively stable, there was a slight decline in injury-related deaths.

The rate of substantiated child abuse allegations decreased, although it remained higher than the state's average rate.

### Needs Improvement

While progress was made in placing children in permanent homes, the rate of children in foster care for two years or more remained below the national standard. While juvenile justice issues (e.g., gang-related juvenile arrests and sustained petitions) improved, challenges persist and continue to affect youth, particularly older teens and Hispanic youth.

Though child mortality rates decreased, this indicator highlights the disparities among racial and ethnic groups particularly for Hispanic and Black children. Child neglect allegations among young children remain a concern.



## HOW TO USE THIS REPORT

The Conditions of Children's report is intended to be used by community members and county leaders and supporters of children to:

- **Identify trends:** By examining data over the past 10 years, readers can identify improving or worsening trends in health, economic well-being, education and safety. This information can help inform decisions about resource allocation and program development.
- **Understand disparities:** The report provides data on disparities across various demographics such as race/ethnicity, age and school district/communities of residence. This information can help identify specific populations that may require additional support or resources to address their needs.

- **Develop data-informed solutions:** By understanding trends and disparities, report readers can develop data-informed solutions to address the needs of children and families in their community. This may involve advocating for new programs or policy changes while supporting existing initiatives.

The Conditions of Children's report is a valuable tool for our community to gain a deeper understanding of the challenges facing children and families in the county and to develop effective solutions to address these challenges.



A photograph of four diverse young people (two boys and two girls) smiling and posing closely together outdoors. The boy on the far left has curly hair and is wearing a white shirt. The girl next to him has a large afro and is wearing a yellow shirt. The girl next to her has long dark hair and is wearing a white sweater over a pink shirt. The girl on the far right has her hair in a ponytail and is wearing a white turtleneck under a plaid dress. The background is a bright, sunny outdoor setting with trees and a blue sky.

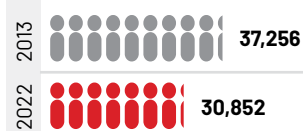
# ORANGE COUNTY SNAPSHOT

# ORANGE COUNTY SNAPSHOT

## Population

Over 3.15 million people live in Orange County, up 0.07% since 2015<sup>1</sup>

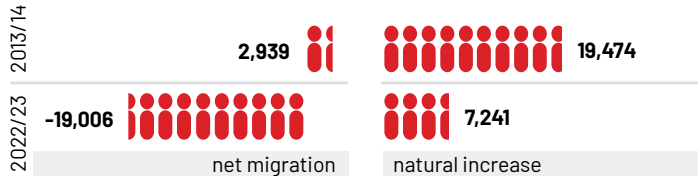
### NUMBER OF BIRTHS IN ORANGE COUNTY<sup>2</sup>



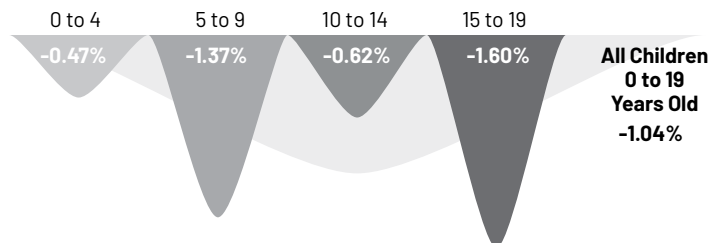
### PROJECTED PERCENT CHILDREN IN ORANGE COUNTY<sup>3</sup>



### POPULATION INCREASE DUE TO NET MIGRATION VS NET NATURAL INCREASE<sup>4</sup>

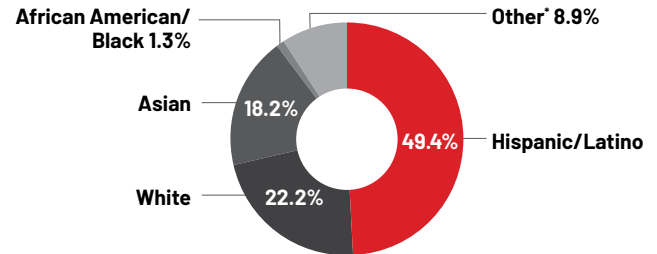


### PROJECTED ANNUAL GROWTH RATE, BY AGE, 2024 TO 2029

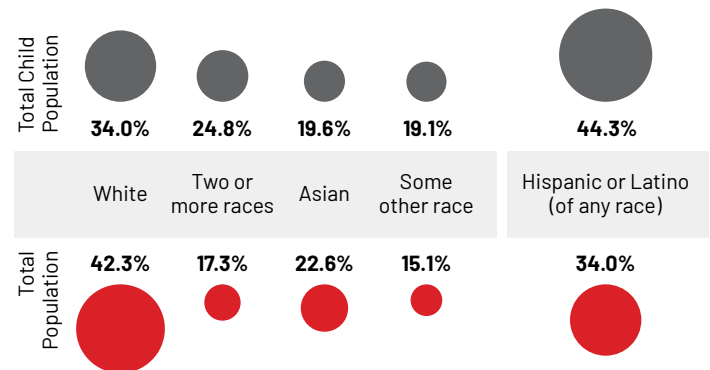


## Demographics

GRADE K-12 STUDENT POPULATION (437,276) BY RACE/ETHNICITY GROUP, SCHOOL YEAR 2023/24<sup>5</sup>

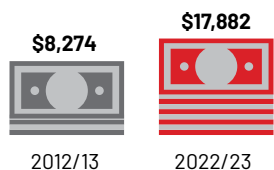


### DEMOGRAPHICS\*\* OF CHILDREN<sup>6</sup> AND TOTAL POPULATION,<sup>7</sup> 2022

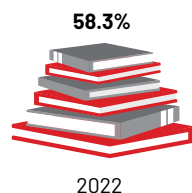


## Educational Achievement

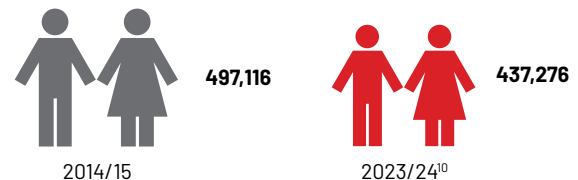
### ANNUAL EXPENDITURE PER PUPIL<sup>8</sup>



### CHILDREN ARE READ TO DAILY (0 TO 5 YEARS OLD)<sup>9</sup>



### STUDENT ENROLLMENT



\*All Other includes Two or More Races, Filipino, Pacific Islander, American Indian or Alaska Native, and Not Reported.

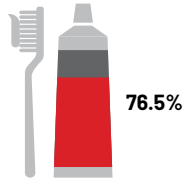
\*\*Black or African Americans represent 1.4% of children and 1.6% of the total population. American Indians and Alaska Natives represent 1.0% of children and .9% of the total population. Native Hawaiians and Other Pacific Islanders represent .3% of children and .3% of the total population.

<sup>1</sup> California Department of Finance, State and County Population Estimates. Estimate as of January 1, 2024. <sup>2</sup> Orange County Health Care Agency. <sup>3</sup> ESRI, 2024. <sup>4</sup> California Department of Finance, E-2. California County Population Estimates and Components of Change by Year. <sup>5</sup> CDE DataQuest. <sup>6</sup> American Community Survey 2022 1-Year Estimates, Table S0901. <sup>7</sup> American Community Survey 2022 1-Year Estimates, Table DP05. <sup>8</sup> California Department of Education, Current Expense of Education. <sup>9</sup> California Health Interview Survey. <sup>10</sup> California Department of Education.



## Good Health

LAST VISIT TO THE DENTIST WAS 6 MONTHS AGO OR LESS AMONG CHILDREN (3 TO 11 YEARS OLD), 2022<sup>11</sup>

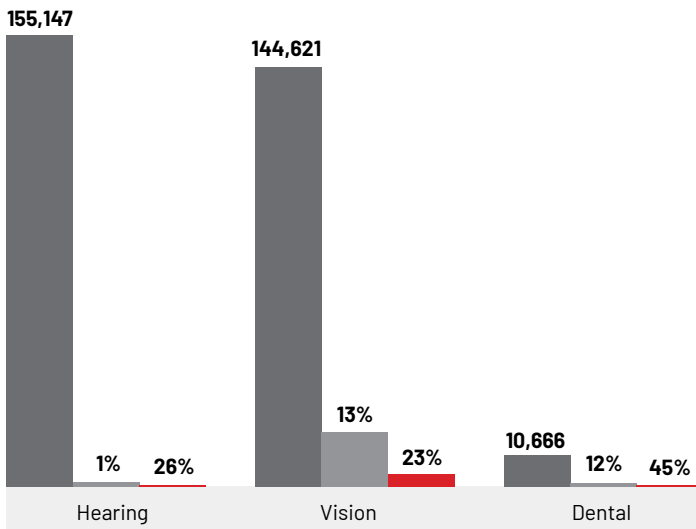


HEALTH STATUS OF CHILDREN (0 TO 17 YEARS OLD) WAS EXCELLENT OR VERY GOOD, 2022<sup>12</sup>



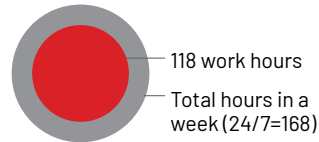
STUDENT HEALTH SCREENING AND REFERRALS, 2022/23<sup>13</sup>

● Screened ● Percent referred ● Percent referred who received care

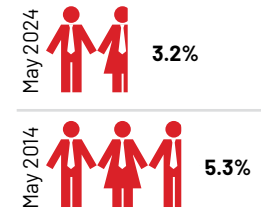


## Economic Well-Being

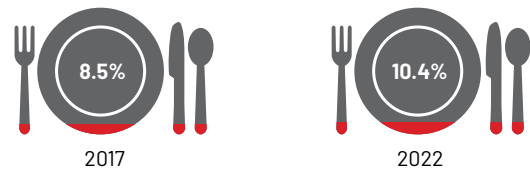
A MINIMUM WAGE EARNER MUST WORK 75% OF THE TOTAL HOURS IN A WEEK TO AFFORD A TWO-BEDROOM APARTMENT<sup>14</sup>



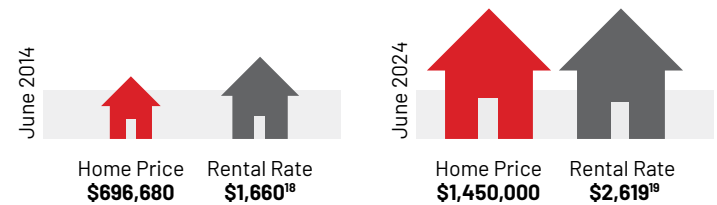
UNEMPLOYMENT<sup>15</sup>



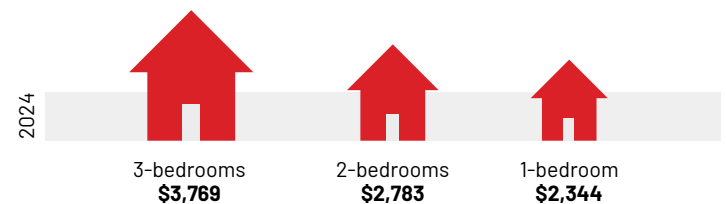
CHILD (0 TO 17 YEARS OLD) FOOD INSECURITY, 2017 AND 2022<sup>16</sup>



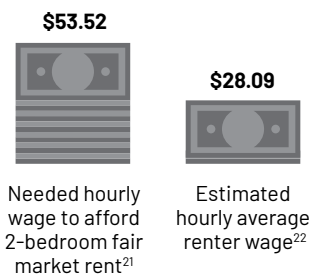
MEDIAN HOME PRICE<sup>17</sup> AND MEDIAN AVERAGE RENTAL RATE



FAIR MEDIAN MARKET RENT<sup>20</sup>



HOURLY WAGE, 2024



MINIMUM INCOME NEEDED TO PURCHASE A MEDIAN-INCOME HOME<sup>23</sup>



<sup>11</sup> California Health Interview Survey, 2022. <sup>12</sup> California Health Interview Survey, 2022. <sup>13</sup> Orange County Department of Education (OCDE), School Health Program. <sup>14</sup> National Low Income Housing Coalition, Out of Reach: California, <https://nlihc.org/oor/state/ca>. <sup>15</sup> BLS Local Area Unemployment Statistics Map by Counties. <sup>16</sup> Feeding America, Map the Meal Gap. <sup>17</sup> California Association of Realtors, Historical Housing Data, Median Prices of Existing Detached Home. <sup>18</sup> U.S. Residential Rent Statistics. Department of Numbers <https://www.deptofnumbers.com/rent/california/orange-county/>. <sup>19</sup> RentCafe, <https://www.rentcafe.com/average-rent-market-trends/us/ca/orange/>. <sup>20</sup> Housing and Urban Development, FY Fair Market Rent Documentation System. <sup>21</sup> National Low Income Housing Coalition, Out of Reach: California, <https://nlihc.org/oor/state/ca>. <sup>22</sup> National Low Income Housing Coalition, Out of Reach: California, <https://nlihc.org/oor/state/ca>. <sup>23</sup> California Association of Realtors, Traditional Housing Affordability Index (HAI) measure.

# GOOD HEALTH INDICATORS

## ACCESS TO HEALTH CARE

PERCENT OF UNINSURED CHILDREN



**7.6%**  
2013

**3.0%**  
2022

## LOW BIRTH WEIGHT

PERCENT OF INFANTS WITH LOW BIRTH WEIGHT



**6.3%**  
2013

**7.2%**  
2022

## PERINATAL BEHAVIORAL HEALTH

PERCENT OF BIRTHING PERSONS WHO EXPERIENCED SYMPTOMS OF DEPRESSION AFTER PREGNANCY



**11.1%**  
2016/18

**11.2%**  
2019/21

## EARLY PRENATAL CARE

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



**88.3%**  
2013

**89.3%**  
2022

## INFANT MORTALITY

RATE OF INFANT MORTALITY PER 1,000 LIVE BIRTHS



**3.3**  
2013

**3.8**  
2022

## BEHAVIORAL HEALTH

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



**22.6**  
2013

**32.0**  
2022

## PRETERM BIRTHS

PERCENT OF PRETERM BIRTHS



**7.8%**  
2013

**8.8%**  
2022

## BREASTFEEDING

PERCENT EXCLUSIVE BREASTFEEDING IN-HOSPITAL



**63.8%**  
2013

**67.0%**  
2022

## TEEN BIRTHS

BIRTH RATE PER 1,000 FEMALES 15 TO 19 YEARS OLD



**15.5**  
2013

**6.0**  
2022

## IMMUNIZATIONS

PERCENT OF CHILDREN ADEQUATELY IMMUNIZED BY KINDERGARTEN



**90.1%**  
2014

**95.6%**  
2023



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.





# ACCESS TO HEALTH CARE

## DISPARITIES IN THE RATE OF UNINSURED CHILDREN BY RACE/ ETHNICITY LESS PROMINENT IN 2022 COMPARED TO 2021.

### DESCRIPTION OF INDICATOR

This indicator reports the number and percentage of children 18 years old and younger<sup>1</sup> 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.”<sup>2</sup> 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.

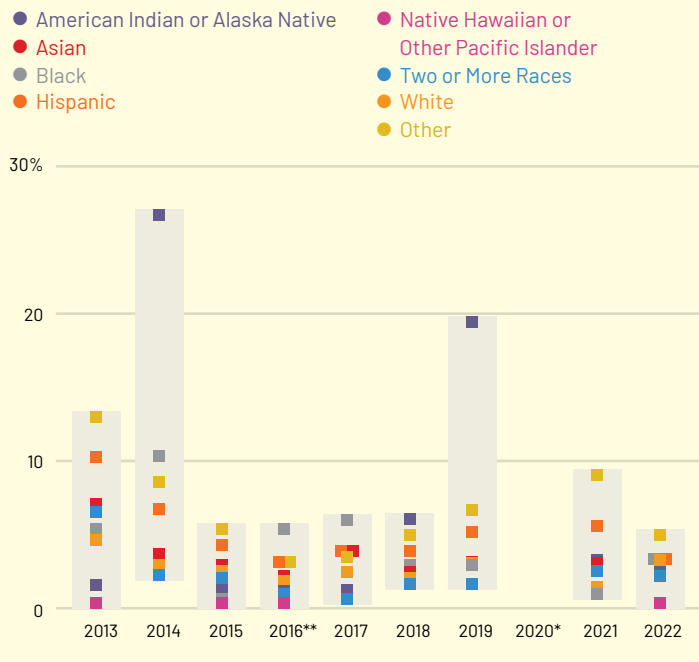
#### Findings

- In 2022, 3.0% of children in Orange County were uninsured, representing a drop in the uninsured rate since 2013 (7.6%), and a continued decline since the most recent increase in 2019 (4.0%). This represents a 61.9% drop in the number of children who were uninsured from 55,338 in 2013 to 21,066 in 2022.
- Orange County had a slightly lower rate of uninsured children (3.0%) compared to California (3.2%) and a lower rate than the United States (5.1%). Orange County's rate of uninsured children has been lower than that of the United States since 2014.
- Hispanic and Black children had higher uninsured rates, both at 3.4%, than other racial/ethnic groups (Asian, 3.3%, White, 2.6%, American Indian/Alaskan Native, 2.5% and Two or More Races, 2.5%), but lower than children of Some Other Race (5.0%).<sup>3</sup>
- The percentage of very young children (0 to 5 years old) who were uninsured dropped from 5.6% in 2013 to 1.7% in 2022, a drop of 73.5% in the number of children (12,863 to 3,412) despite some fluctuation between 2017 and 2020. Similarly, rates of uninsured six to 18-year-olds dropped from 8.6% in 2013 to 3.5% in 2022,<sup>4</sup> a drop of 58.4% in the number of children (42,475 to 17,654).
- In addition, the California Health Interview Survey (five-year pooled estimates for 2018 through 2022) reveals:
  - An estimated 13.8% 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.
  - Approximately 7.8% 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 (70.8%), while 13.2% usually went to a clinic or community hospital. The proportion of children without a usual source of care who regularly visited an Emergency Department, urgent care center or some other location was 16%, compared to 11.6% reported last year.

<sup>1</sup> The age categories changed from 6 to 17 years in 2016 and prior, to 6 to 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 [...]”<sup>2</sup> 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. <sup>3</sup> Due to the smaller population size of Black, American Indian/Alaska Native, and Native Hawaiian or Other Pacific Islander individuals in Orange County, rate estimates are unstable with wider margins of error compared to the Hispanic, Asian, White, and Other or population of two or more races. <sup>4</sup> 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.



## GOOD HEALTH

Percent of Children Uninsured, by Race/Ethnicity  
2013 to 2022

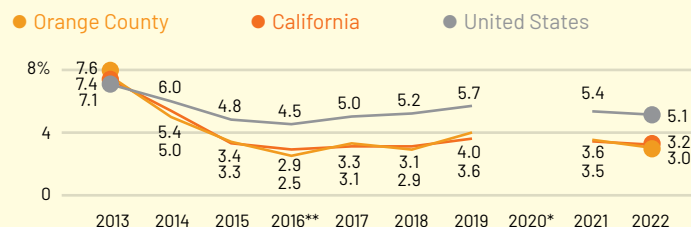
\*Due to disruptions in data collection caused by COVID-19, 1-year population estimates for this topic are not available from the American Community Survey in 2020. For more on the limitations of 1-year 2020 estimates, see <https://www.census.gov/newsroom/press-releases/2021/changes-2020-acs-1-year.html>

\*\*The age categories changed from 6 to 17 years in 2016 and prior, to 6 to 18 years in 2017. See footnote 1 on the previous page for additional information.

**Note:** Estimates among Black, American Indian/Alaska Native, and Native Hawaiians or Other Pacific Islander populations have wide margins of error and large variability year to year due to their small population size in Orange County. For that reason, the estimates of uninsured in these populations should be interpreted with caution.

**Source:** American Community Survey, 1-year estimates, Tables B27001 A-1 and C27001 A-E

## Percent of Children Uninsured, 2013 to 2022

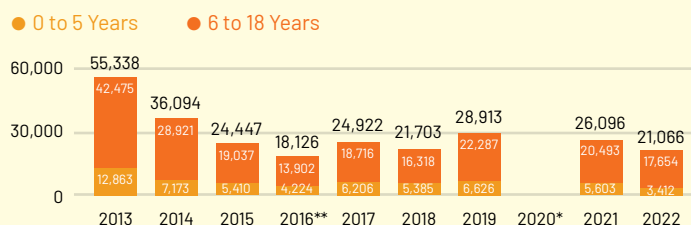


\*Due to disruptions in data collection caused by COVID-19, 1-year population estimates for this topic are not available from the American Community Survey in 2020. For more on the limitations of 1-year 2020 estimates, see <https://www.census.gov/newsroom/press-releases/2021/changes-2020-acs-1-year.html>

\*\*The age categories changed from 6 to 17 years in 2016 and prior, to 6 to 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, 2013 to 2022



\*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 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>

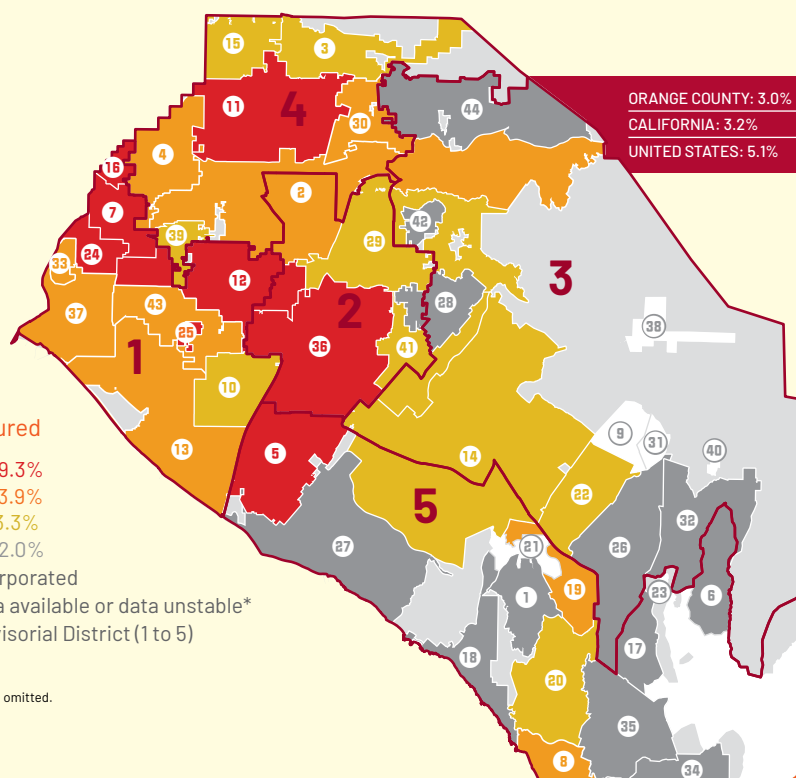
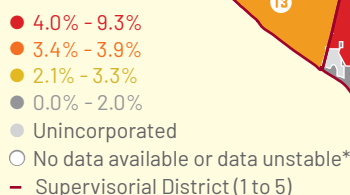
\*\*The age categories changed from 6 to 17 years in 2016 and prior, to 6 to 18 years in 2017. See footnote 1 on the previous page for additional information.

**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, 2018 to 2022

1 ALISO VIEJO 0.7%	14 IRVINE 2.2%	28 NORTH TUSTIN 1.0%	41 TUSTIN 2.8%
2 ANAHEIM 3.6%	15 LA HABRA 2.8%	29 ORANGE 3.3%	42 VILLA PARK 0.0%
3 BREA 3.1%	16 LA PALMA 5.1%	30 PLACENTIA 3.7%	43 WESTMINSTER 3.5%
4 BUENA PARK 3.8%	17 LADERA RANCH 1.3%	31 PORTOLA HILLS NO DATA	44 YORBA LINDA 2.0%
5 COSTA MESA 4.4%	18 LAGUNA BEACH 1.2%	32 RANCHO SANTA MARGARITA 1.4%	
6 COTO DE CAZA 1.7%	19 LAGUNA HILLS 3.6%	33 ROSSMOOR 3.4%	
7 CYPRESS 6.2%	20 LAGUNA NIGUEL 2.8%	34 SAN CLEMENTE 1.9%	
8 DANA POINT 3.5%	21 LAGUNA WOODS N/A*	35 SAN JUAN CAPISTRANO 0.5%	
9 FOOTHILL RANCH NO DATA	22 LAKE FOREST 2.8%	36 SANTA ANA 5.6%	
10 FOUNTAIN VALLEY 2.6%	23 LAS FLORES NO DATA	37 SEAL BEACH 3.8%	
11 FULLERTON 5.7%	24 LOS ALAMITOS 9.3%	38 SILVERADO NO DATA	
12 GARDEN GROVE 4.0%	25 MIDWAY CITY 4.3%	39 STANTON 3.0%	
13 HUNTINGTON BEACH 3.9%	26 MISSION VIEJO 1.5%	40 TRABUCO CANYON NO DATA	
	27 NEWPORT BEACH 0.8%		

## % Uninsured



\*Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.

**Note:** No data indicates that the dataset does not include information on the particular community.

**Source:** American Community Survey, 5-year estimates

# EARLY PRENATAL CARE

## EARLY PRENATAL CARE RATES REMAINED STEADY IN 2022 BUT DISPARITIES BY RACE AND ETHNICITY PERSIST.

### 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.<sup>1</sup> 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.<sup>2</sup>

#### Findings

- In 2022, Orange County's rate of pregnant people receiving early prenatal care was 89.3%. This rate represented a 10-year high and remained higher than both California (86.3%) and the United States (77.0%) in 2022.<sup>3</sup>

- The percentage of pregnant people receiving early prenatal care steadied after rebounding from a low of 84.4% in 2016.<sup>4</sup> The rates have seen less fluctuation recently due to a decrease in self-pay deliveries.<sup>5</sup> Nationally, the Healthy People 2030 goal is 80.5% or higher.<sup>6</sup>
  - 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 2022, there were 1,028 self-pay deliveries in Orange County, which was an increase from 2021's 10-year low of 818 deliveries, but still substantially lower than the yearly average between 2014 to 2019 (3,530).
  - When self-pay deliveries are excluded, the percent of pregnant people who received early prenatal care in Orange County in 2022 increased from 89.3% to 90.1%.
- With self-pay deliveries excluded, 93.8% of White pregnant people received early prenatal care followed by Asian (92.5%), Other (91.7%), Hispanic (86.5%), Black (81.2%) and Native Hawaiian or Other Pacific Islander (72.2%) pregnant people.

<sup>1</sup> Hagan, J. F., Shaw, J. S., and Duncan, P. M., Eds. (2008). <sup>2</sup> Smith, A. and Bassett-Novoa, E., Late Presentation to Prenatal Care, American Family Physician, Volume 92, Number 5, September 1, 2015.

<sup>3</sup> National Center for Health Statistics, final natality data. Retrieved from [www.marchofdimes.org/peristats](http://www.marchofdimes.org/peristats). <sup>4</sup> 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. <sup>5</sup> Self-pay deliveries in Orange County increased substantially between 2014 and 2019. Analysis of trends indicates a correlation between individuals with self-pay deliveries and lower rates of documentation of early prenatal care. Asian people represent the highest proportion of self-pay births (422), followed by Whites (327). Self-pay deliveries only comprise a minor percentage for all other races/ethnicities and exclusion does not affect the prenatal care percentages for these groups. <sup>6</sup> Office of Disease Prevention and Health Promotion, Healthy People 2030.

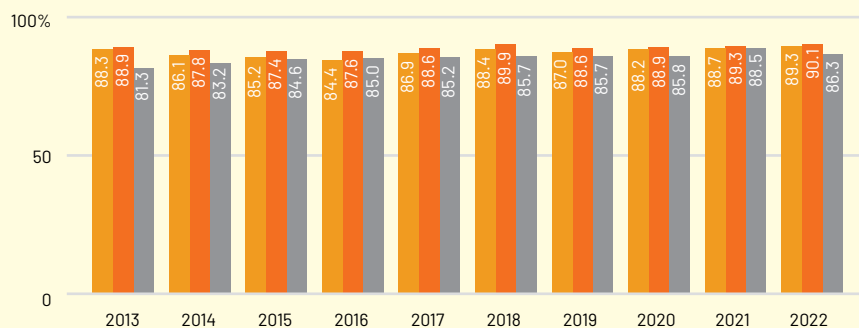
## GOOD HEALTH

### Percent of Pregnant People who Received Early Prenatal Care in the First Trimester, Orange County and California, 2013 to 2022

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

**California Source:** National Center for Health Statistics, final natality data. Retrieved from [www.marchofdimes.org/peristats](http://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, 2013 to 2022

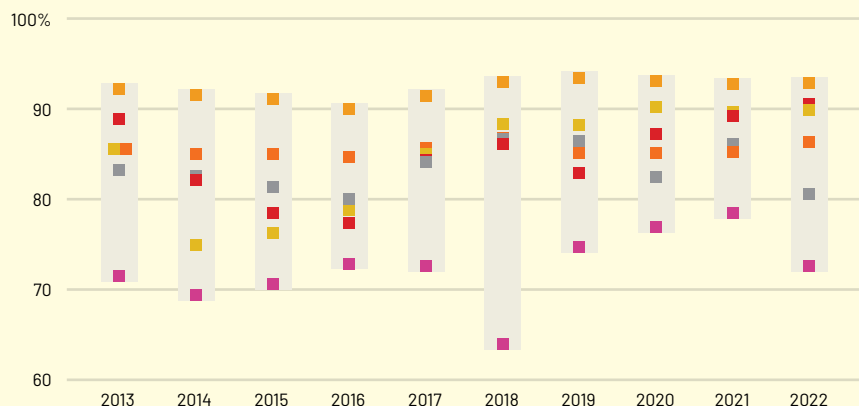
- Asian
- Black
- Hispanic
- Native Hawaiian or Other Pacific Islander
- White
- Other\*

\*Other includes American Indian/Native Alaskan, More than One Race, and Other. Race/ethnicity definitions vary during certain time periods due to CDPH updating race/ethnicity algorithms and variables.

\*\*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. Due to rounding, percentages may not add up to 100.

**Note:** Previous editions of this report combined Asian and Native Hawaiian or Other Pacific Islander into a single data point. They have now been disaggregated and appear separately.

**Source:** Orange County Health Care Agency

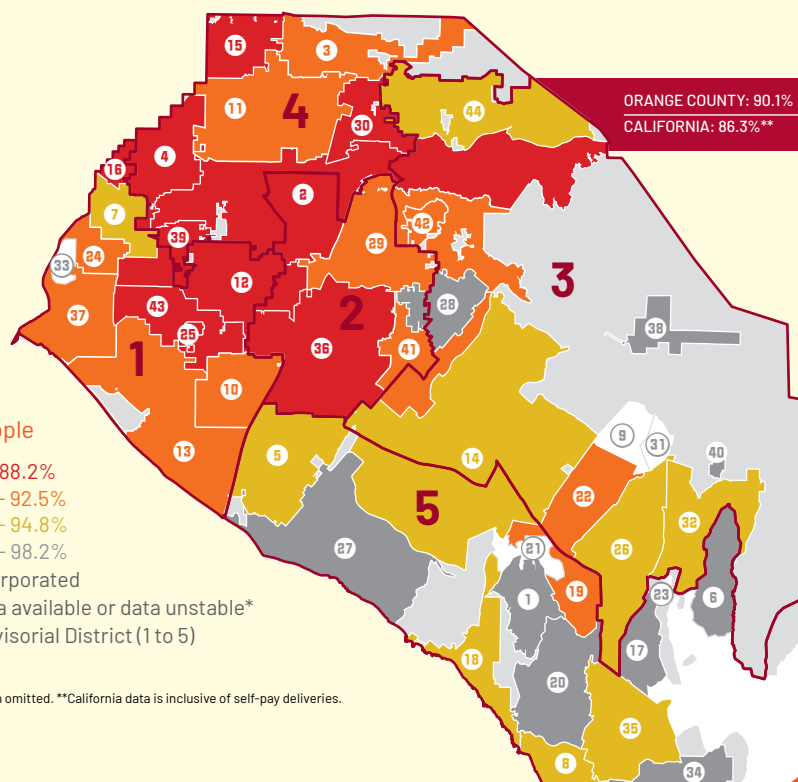


### Percent of People who Received Early Prenatal Care, Excluding Self-Pay Deliveries in Orange County, by Community of Residence, 2022

- |                              |                           |                                    |                         |
|------------------------------|---------------------------|------------------------------------|-------------------------|
| 1 ALISO VIEJO<br>95.6%       | 14 IRVINE<br>93.8%        | 28 NORTH TUSTIN<br>97.1%           | 41 TUSTIN<br>91.4%      |
| 2 ANAHEIM<br>88.2%           | 15 LA HABRA<br>88.1%      | 29 ORANGE<br>90.5%                 | 42 VILLA PARK<br>90.9%  |
| 3 BREA<br>92.4%              | 16 LA PALMA<br>87.5%      | 30 PLACENTIA<br>88.0%              | 43 WESTMINSTER<br>83.8% |
| 4 BUENA PARK<br>87.2%        | 17 LADERA RANCH<br>96.4%  | 31 PORTOLA HILLS<br>NO DATA        | 44 YORBA LINDA<br>94.3% |
| 5 COSTA MESA<br>93.1%        | 18 LAGUNA BEACH<br>92.7%  | 32 RANCHO SANTA MARGARITA<br>94.5% |                         |
| 6 COTO DE CAZA<br>98.2%      | 19 LAGUNA HILLS<br>91.9%  | 33 ROSSMOOR<br>NO DATA             |                         |
| 7 CYPRESS<br>93.4%           | 20 LAGUNA NIGUEL<br>96.7% | 34 SAN CLEMENTE<br>95.3%           |                         |
| 8 DANA POINT<br>94.7%        | 21 LAGUNA WOODS<br>N/A*   | 35 SAN JUAN CAPISTRANO<br>93.9%    |                         |
| 9 FOOTHILL RANCH<br>NO DATA  | 22 LAKE FOREST<br>92.2%   | 36 SANTA ANA<br>85.2%              |                         |
| 10 FOUNTAIN VALLEY<br>91.1%  | 23 LAS FLORES<br>NO DATA  | 37 SEAL BEACH<br>92.5%             |                         |
| 11 FULLERTON<br>88.9%        | 24 LOS ALAMITOS<br>92.5%  | 38 SILVERADO<br>95.2%              |                         |
| 12 GARDEN GROVE<br>86.4%     | 25 MIDWAY CITY<br>80.2%   | 39 STANTON<br>83.3%                |                         |
| 13 HUNTINGTON BEACH<br>89.8% | 26 MISSION VIEJO<br>94.8% | 40 TRABUCO CANYON<br>95.5%         |                         |
|                              | 27 NEWPORT BEACH<br>95.9% |                                    |                         |

#### % of People

- 9.9% - 88.2%
- 88.3% - 92.5%
- 92.6% - 94.8%
- 94.9% - 98.2%
- Unincorporated
- No data available or data unstable\*
- Supervisory District (1 to 5)



\*Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted. \*\*California data is inclusive of self-pay deliveries.

**Note:** No data indicates that the dataset does not include information on the particular community.

**Source:** Orange County Health Care Agency



# PRETERM BIRTHS

PERCENTAGE OF PRETERM BIRTHS REACHED A 10-YEAR HIGH IN 2022.

## 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.<sup>1</sup>

### Why is this indicator important?

Preterm birth is an important public health issue requiring sustained focus on its causes, consequences and prevention strategies.<sup>2</sup> Several factors — economic, personal, medical and behavioral — may increase the likelihood that a woman has preterm labor and delivers early.<sup>3</sup> Compared to infants born at term, preterm infants are more likely to suffer lifelong neurologic, cognitive and behavioral problems.<sup>4,5</sup> Preterm births and low birth weight are often, but not always, associated. The U.S. preterm birth rate decreased to 10.4% in 2022, down from 10.5% in 2021, while the low birth weight rate increased to 8.6% in 2022, up from 8.2% in 2021.<sup>6</sup> Preterm births cost the U.S. health care system more than \$25.2 billion each year.<sup>7</sup>

### Findings

- Preterm births accounted for 8.8% of the 30,852 births to Orange County residents in 2022. By comparison, the rate for the United States was higher at 10.4% as was the rate for California (9.1%).<sup>8</sup> Nationally, the Healthy People 2030 goal is to reduce preterm births to 9.4% or less.<sup>9</sup>

- The percentage of preterm births in Orange County was highest among Black infants (11.8%), followed by Hispanic (9.7%), Asian (8.2%), Native Hawaiian or Other Pacific Islander (8.2%) and White (7.6%) infants. The percentages decreased for infants across all races compared to 2021 except Black and Hispanic infants, which increased.
- Birthing persons older than the age of 40 had the highest rate of preterm births at 13.2%. Birthing persons ages 15 to 19 and ages 30 to 34 had the lowest rate, each at 8.1%.
- Using the March of Dimes grading criteria for preterm birth rate, California had a B- and Orange County would have had an A in 2022. Orange County cities with large numbers of live births were included in the most recent report, including Irvine (7.1% preterm; A), Santa Ana (10.0%; C) and Anaheim (10.5%; D+).<sup>10</sup>

<sup>1</sup> 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. <sup>2</sup> Surgeon General's Conference on the Prevention of Preterm Birth, 2008. <sup>3</sup> Centers for Disease Control, Preterm Birth Infographic. <sup>4</sup> Martin, J.A., et al. 2012. <sup>5</sup> Mathews, T.J., MacDorman, M.F., 2012. <sup>6</sup> National Vital Statistics Reports, Vol. 72, No. 1, January 31, 2024. <sup>7</sup> 2019 March of Dimes Report Card. <sup>8</sup> Orange County Health Care Agency. <sup>9</sup> U.S. Office of Disease Prevention and Health Promotion, Health People 2030. <sup>10</sup> 2023 March of Dimes Report Card.

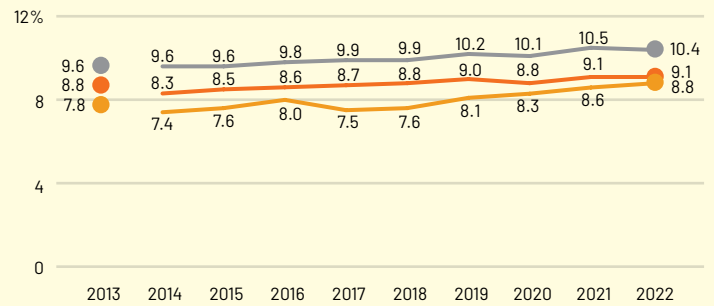
## GOOD HEALTH

## Percent of Preterm Births, Orange County, California and United States, 2013 to 2022

United States California Orange County

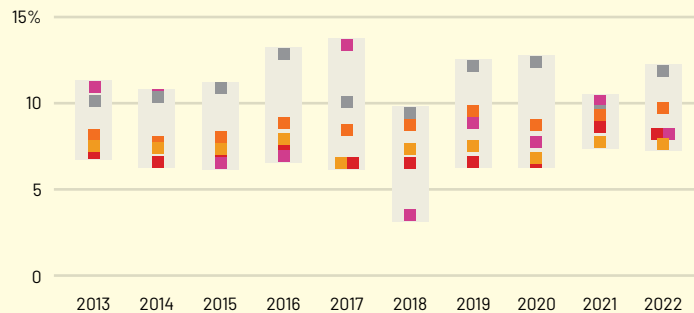
**Note:** Percent calculated from number of births with known obstetric estimate gestational age less than 37 weeks for 2014. Rates prior to 2014 were calculated from last menstrual cycle dates.

**Source:** Orange County Health Care Agency; March of Dimes Report Card; NCHS, National Vital Statistics System, Natality.



## Percent of Preterm Births, by Race/Ethnicity, 2013 to 2022

Asian Black Hispanic Native Hawaiian or Other Pacific Islander White



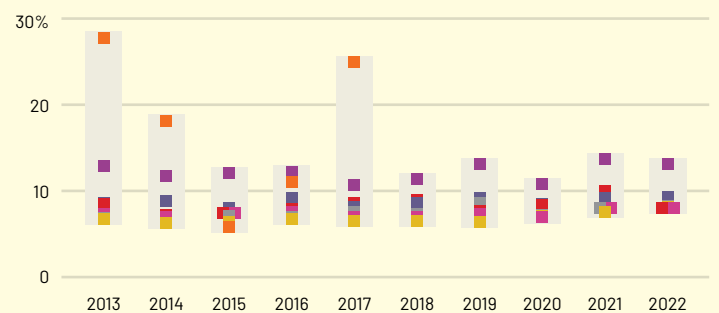
**Note:** Percent calculated from number of births with known obstetric estimate gestational age less than 37 weeks for 2014. Rates prior to 2014 were calculated from last menstrual cycle dates.

**Note:** Previous editions of this report combined Asian and Native Hawaiian or Other Pacific Islanders into a single data point. They have now been disaggregated and appear separately.

**Source:** Orange County Health Care Agency

## Percent of Preterm Births by Birthing Person's Age, Orange County, 2013 to 2022

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



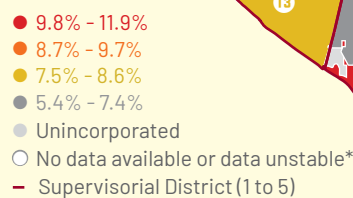
**Note:** Percent calculated from number of births with known obstetric estimate gestational age less than 37 weeks for 2014. Rates prior to 2014 were calculated from last menstrual cycle dates.

**Source:** Orange County Health Care Agency

## Percent of Preterm Births, by Community of Residence, 2022

1 ALISO VIEJO 8.6%	14 IRVINE 7.1%	27 NEWPORT BEACH 11.1%	39 STANTON 11.0%
2 ANAHEIM 10.3%	15 LA HABRA 9.3%	28 NORTH TUSTIN NO DATA	40 TRABUCO CANYON NO DATA
3 BREA 10.7%	16 LA PALMA 11.9%	29 ORANGE 8.5%	41 TUSTIN 9.6%
4 BUENA PARK 8.9%	17 LADERA RANCH 7.6%	30 PLACENTIA 7.9%	42 VILLA PARK N/A
5 COSTA MESA 7.0%	18 LAGUNA BEACH 6.0%	31 PORTOLA HILLS NO DATA	43 WESTMINSTER 9.7%
6 COTO DE CAZA N/A*	19 LAGUNA HILLS 7.9%	32 RANCHO SANTA MARGARITA 5.8%	44 YORBA LINDA 8.6%
7 CYPRESS 7.9%	20 LAGUNA NIGUEL 7.4%	33 ROSSMOOR N/A*	
8 DANA POINT 9.3%	21 LAGUNA WOODS N/A*	34 SAN CLEMENTE 6.2%	
9 FOOTHILL RANCH NO DATA	22 LAKE FOREST 6.8%	35 SAN JUAN CAPISTRANO 7.9%	
10 FOUNTAIN VALLEY 9.7%	23 LAS FLORES NO DATA	36 SANTA ANA 9.9%	
11 FULLERTON 8.9%	24 LOS ALAMITOS 7.3%	37 SEAL BEACH 5.4%	
12 GARDEN GROVE 9.8%	25 MIDWAY CITY 9.9%	38 SILVERADO NO DATA	
13 HUNTINGTON BEACH 8.1%	26 MISSION VIEJO 8.6%		

## % Preterm Births



ORANGE COUNTY: 8.8%  
CALIFORNIA: 9.1%

\*Percentages based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.

**Note:** No data indicates that the dataset does not include information on the particular community.

**Source:** Orange County Health Care Agency

# TEEN BIRTHS

ALTHOUGH TEEN BIRTH RATES WERE LOW OVERALL, THE HISPANIC TEEN BIRTH RATE WAS FIVE TIMES HIGHER THAN THAT OF WHITE AND ASIAN TEENS IN 2022.

## DESCRIPTION OF INDICATOR

This indicator reports the percent of total annual births occurring among teens ages 19 years and younger and the teen birth rate, which is a calculation of annual births per 1,000 teens ages 15 to 19 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.<sup>1</sup> They are more likely to require public assistance and live in poverty than their non-parenting peers.<sup>2</sup> 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.<sup>3</sup> Teen birth rates have declined significantly since 1991, representing an estimated annual U.S. taxpayer savings of \$4.4 billion in 2015 alone.<sup>4</sup> 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 2022, 2.1% (657) of all Orange County births were to teens ages 19 and younger, a 63.5% decrease in the number of births (1,801) in 2013. Overall, total births decreased 17.2% from 37,256 in 2013 to 30,852 births in 2022.
- The teen birth rate in Orange County in 2022 was 6.0 births per 1,000 teens ages 15 to 19, a decrease of 61.3% from 15.5 births per 1,000 in 2013 but a slight increase from the all-time low of 5.5 in 2021.
- At 6.0 births per 1,000 teens, Orange County has a lower teen birth rate than California (9.5)<sup>5</sup> and the United States (13.6).<sup>6</sup> Nationally, the Healthy People 2030 goal is 31.4 births per 1,000 teens or fewer.<sup>7</sup>
- When assessed by race/ethnicity, Hispanic teens had the highest birth rate (10.9 births per 1,000 teens), followed by Black (7.6), Native Hawaiian or Other Pacific Islander (7.1), White (1.8) and Asian (0.7) teens in Orange County.
- Teen birth rates in Orange County increased for all races and ethnicities compared to 2021, except Native Hawaiian or Other Pacific Islander, but were still down from 2020.

<sup>1</sup> Perper K, Peterson K, Manlove J. Diploma Attainment Among Teen Mothers. Child Trends, Fact Sheet Publication #2010-01; Washington, DC: Child Trends; 2010. <sup>2</sup> Hoffman SD. Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy. Washington, DC: The Urban Institute Press; 2008. <sup>3</sup> CDC, Vital Signs: Teen Pregnancy, 1991 to 2009. <sup>4</sup> 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. <sup>5</sup> State of California, Department of Public Health. Maternal, Child and Adolescent Health Division. <sup>6</sup> Centers for Disease Control, National Center for Health Statistics, National Vital Statistics Reports. <sup>7</sup> Office of Disease Prevention and Health Promotion, Healthy People 2023.

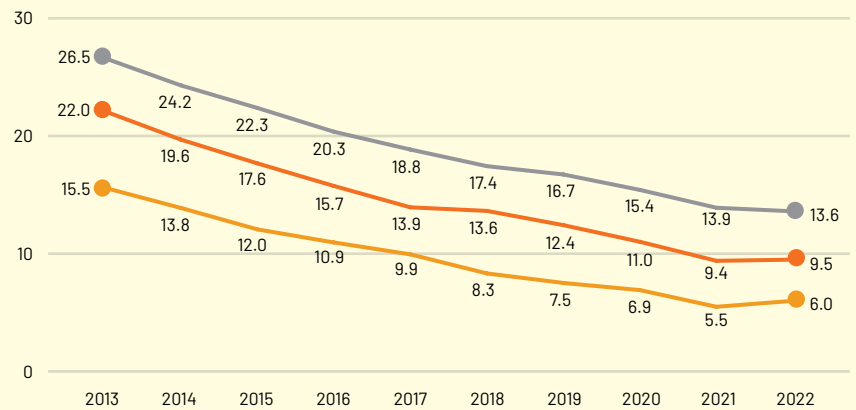


## GOOD HEALTH

### Birth Rate per 1,000 Teens 15 to 19 Years Old, Orange County, California and United States, 2013 to 2022

- United States
- California
- Orange County

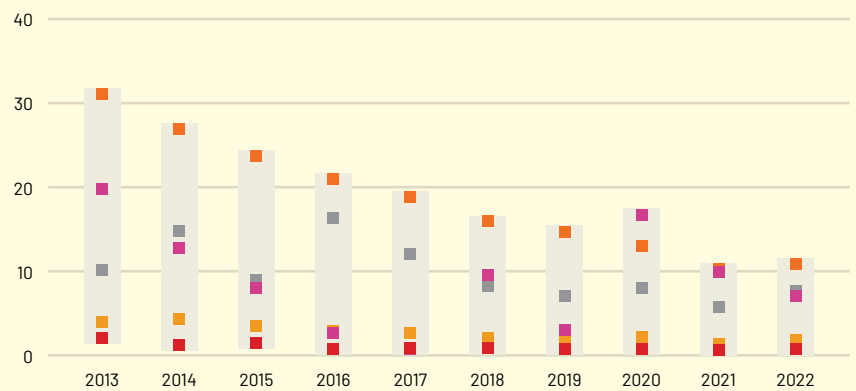
**Note:** Rates calculated using data from State of California, Department of Finance  
**Source Orange County:** Orange County Health Care Agency  
**Source California:** State of California, Department of Public Health, Maternal, Child and Adolescent Health Division.  
**Source United States:** Centers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



### Birth Rate per 1,000 Teens 15 to 19 Years Old, by Race/Ethnicity, 2013 to 2022

- Asian
- Black
- Hispanic
- Native Hawaiian or Other Pacific Islander
- White

**Source:** Orange County Health Care Agency  
**Note:** Previous editions of this report combined Asian and Native Hawaiian or Other Pacific Islanders into a single data point. They have now been disaggregated and appear separately.

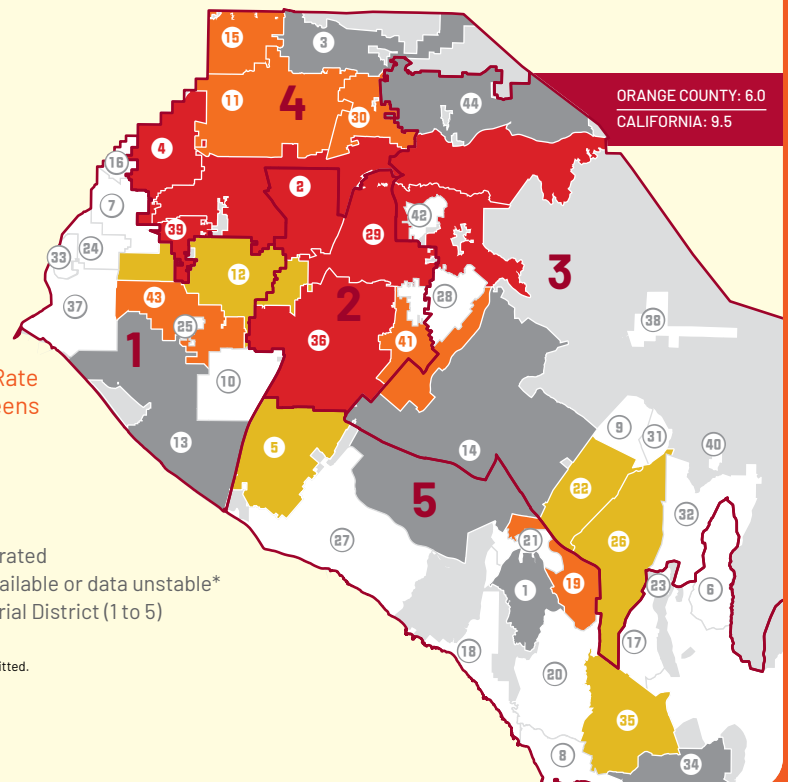


### Birth Rates per 1,000 Teens 15 to 19 Years Old, by Community of Residence, 2018 to 2022

1 ALISO VIEJO 2.8	14 IRVINE 0.4	27 NEWPORT BEACH N/A*	39 STANTON 12.1
2 ANAHEIM 9.5	15 LA HABRA 8.2	28 NORTH TUSTIN NO DATA	40 TRABUCO CANYON N/A*
3 BREA 2.6	16 LA PALMA N/A*	29 ORANGE 12.5	41 TUSTIN 7.3
4 BUENA PARK 17.5	17 LADERA RANCH N/A*	30 PLACENTIA 6.7	42 VILLA PARK N/A*
5 COSTA MESA 6.5	18 LAGUNA BEACH N/A*	31 PORTOLA HILLS NO DATA	43 WESTMINSTER 7.7
6 COTO DE CAZA N/A*	19 LAGUNA HILLS 6.7	32 RANCHO SANTA MARGARITA N/A*	44 YORBA LINDA 2.8
7 CYPRESS N/A*	20 LAGUNA NIGUEL N/A*	33 ROSSMOOR NO DATA	
8 DANA POINT N/A*	21 LAGUNA WOODS NO DATA	34 SAN CLEMENTE 4.3	
9 FOOTHILL RANCH NO DATA	22 LAKE FOREST 6.1	35 SAN JUAN CAPISTRANO 5.9	
10 FOUNTAIN VALLEY N/A*	23 LAS FLORES NO DATA	36 SANTA ANA 14.0	
11 FULLERTON 6.9	24 LOS ALAMITOS N/A*	37 SEAL BEACH N/A*	
12 GARDEN GROVE 5.4	25 MIDWAY CITY N/A*	38 SILVERADO NO DATA	
13 HUNTINGTON BEACH 2.8	26 MISSION VIEJO 4.4		

#### Teen Birth Rate per 1,000 Teens

- 8.3 - 17.5
- 6.7 - 8.2
- 4.4 - 6.6
- 0.4 - 4.3
- Unincorporated
- No data available or data unstable\*
- Supervisorial District (1 to 5)



\*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.

**Note:** No data indicates that the dataset does not include information on the particular community.

**Source:** Orange County Health Care Agency

**Population source:** U.S. Census Bureau, American Community Survey, 5-Year Estimates

# LOW BIRTH WEIGHT

WHILE STILL LESS THAN CALIFORNIA'S RATE, THE PERCENTAGE OF ORANGE COUNTY INFANTS WITH LOW BIRTH WEIGHT HITS 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.<sup>1</sup> Among 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.<sup>2</sup> 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

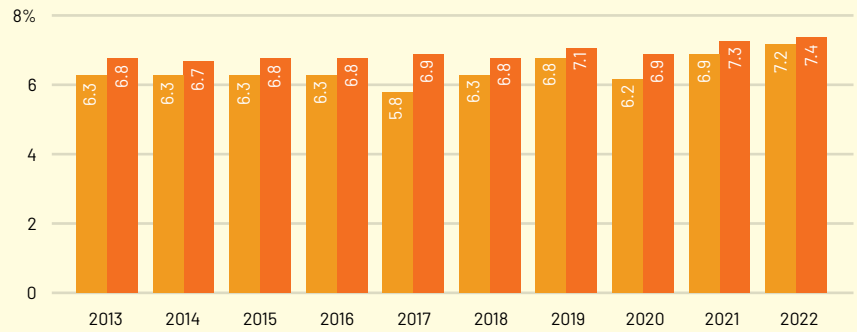
- In 2022, there were 30,852 births to residents in Orange County, of which 7.2% (2,214) were low birth weight infants, the highest percentage in the last 10 years.
- Overall, the Orange County low birth weight rate remained lower than the 2022 rates for California (7.4%) and the United States (8.6%), which also increased. Preterm births were at a 10-year high in both California and the U.S.<sup>3</sup>
- Very low birth weight infants comprised 1.0% (304) of the total births in Orange County.
- When assessed by race/ethnicity, the percent of low birth weight infants within each group were: Black (9.6%), Asian (8.2%), Hispanic (7.6%), White (5.7%) and Native Hawaiian or Other Pacific Islander (4.1%) infants. Percent of low birth weight infants increased for White and Hispanic infants between 2021 and 2022.

## GOOD HEALTH

Percent of Infants with Low Birth Weight  
Orange County and California, 2013 to 2022

- 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, 2013 to 2022

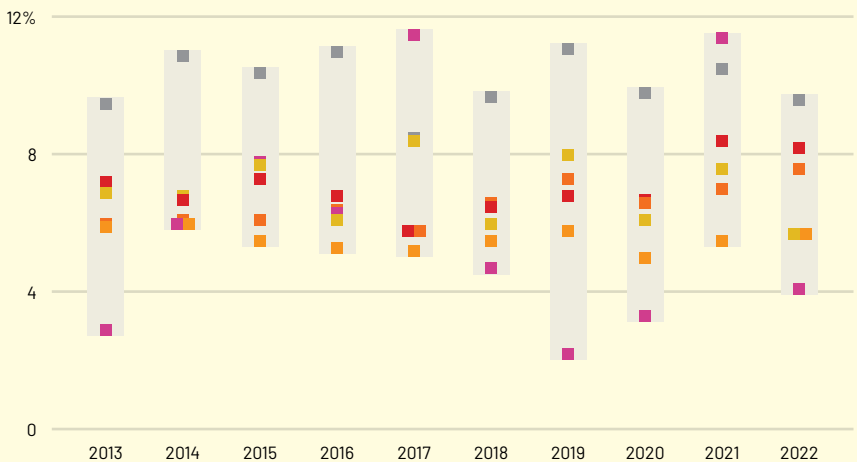
- Asian
- Hispanic
- White
- Black
- Native Hawaiian or Other Pacific Islander
- Other\*

\*Other includes American Indian/Alaska Native, More than One Race and Other.

Note: Due to relatively low numbers of Native Hawaiian or Other Pacific Islander and Black infants, statistics for these groups are unreliable and should be interpreted with caution.

Note: Previous editions of this report combined Asian and Native Hawaiian or Other Pacific Islander into a single data point. They have now been disaggregated and appear separately.

Source: Orange County Health Care Agency

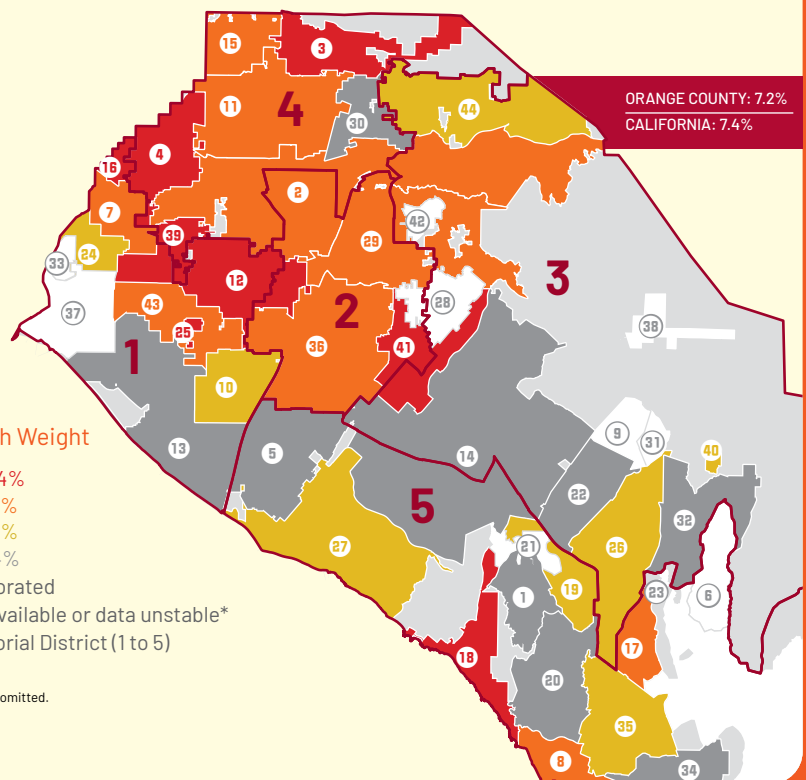


## Percent of Infants with Low Birth Weight, by Community of Residence, 2022

1 ALISO VIEJO 5.1%	15 LA HABRA 7.9%	29 ORANGE 7.8%	42 VILLA PARK N/A*
2 ANAHEIM 8.0%	16 LA PALMA 10.1%	30 PLACENTIA 6.4%	43 WESTMINSTER 8.0%
3 BREA 10.4%	17 LADERA RANCH 7.9%	31 PORTOLA HILLS NO DATA	44 YORBA LINDA 7.0%
4 BUENA PARK 8.6%	18 LAGUNA BEACH 8.3%	32 RANCHO SANTA MARGARITA 3.6%	
5 COSTA MESA 6.1%	19 LAGUNA HILLS 6.5%	33 ROSSMOOR NO DATA	
6 COTO DE CAZA N/A*	20 LAGUNA NIGUEL 5.4%	34 SAN CLEMENTE 3.6%	
7 CYPRESS 7.6%	21 LAGUNA WOODS NO DATA	35 SAN JUAN CAPISTRANO 6.5%	
8 DANA POINT 7.6%	22 LAKE FOREST 5.1%	36 SANTA ANA 7.9%	
9 FOOTHILL RANCH NO DATA	23 LAS FLORES NO DATA	37 SEAL BEACH N/A*	
10 FOUNTAIN VALLEY 7.3%	24 LOS ALAMITOS 6.6%	38 SILVERADO NO DATA	
11 FULLERTON 7.6%	25 MIDWAY CITY 9.9%	39 STANTON 8.6%	
12 GARDEN GROVE 8.5%	26 MISSION VIEJO 7.4%	40 TRABUCO CANYON 6.9%	
13 HUNTINGTON BEACH 6.1%	27 NEWPORT BEACH 6.8%	41 TUSTIN 8.3%	
14 IRVINE 6.2%	28 NORTH TUSTIN NO DATA		

## % Low Birth Weight

- 8.1% - 10.4%
- 7.5% - 8.0%
- 6.5% - 7.4%
- 3.6% - 6.4%
- Unincorporated
- No data available or data unstable\*
- Supervisorial District (1 to 5)



\*Rates based on less than five occurrences and/or the denominator minus numerator is <10 are unstable and have been omitted.

Note: No data indicates that the dataset does not include information on the particular community.

Source: Orange County, Health Care Agency



# INFANT MORTALITY

## INFANT MORTALITY RATE INCREASED FOR THE SECOND CONSECUTIVE YEAR.

### DESCRIPTION OF INDICATOR

The infant mortality indicator refers to deaths of infants younger than one. 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 an 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.<sup>1</sup>

Given the temporal relationship of the recent increases following the peak of the COVID-19 pandemic, some effects may be due to illness, economic stressors, isolation, access to care, shortages of resources and other related factors. Orange County did not see the increase in infant deaths due to maternal complications and bacterial sepsis that was seen in the U.S. overall in 2021 and 2022. Close monitoring is needed to identify other risk factors which may be affecting the health of our birthing persons and infants.

#### Findings

- In 2022, there were 116 infant deaths in Orange County.
- The infant mortality rate was 3.8 deaths per 1,000 live births in 2022, an increase since 2013 from 3.3. This rate was lower than California's 2022 rate of 4.1<sup>2</sup> and the United States' rate of 5.6.<sup>3</sup> Nationally, the Healthy People 2030 goal is fewer than 5.0 infant deaths per 1,000 live births.<sup>4</sup>

- Leading causes of infant mortality were birth defects (29.3%), maternal complications (16.4%) and complications of placenta, cord and membranes (7.8%). Causes of death that have increased in 2021 and 2022 compared to 2020 include birth defects, accidents (unintentional injuries), diseases of the circulatory system and cardiovascular disorders originating in the perinatal period.
- The infant mortality rates (per 1,000 live births) for 2020 to 2022 were highest among Native Hawaiian or Other Pacific Islander infants (4.2),<sup>5</sup> followed by Hispanic (4.1), Black (3.0),<sup>5</sup> White (2.9) and Asian (1.7) infants.
- There were also 122 fetal deaths at 20 or more weeks of gestation in Orange County in 2022. Leading causes of fetal mortality were complications of placenta, cord and membranes (31.1%), unspecified causes (27.0%) and maternal complications (15.6%).
- The fetal mortality rate was 3.9 fetal deaths at 20 or more weeks of gestation per 1,000 live births and fetal deaths in 2022, a decrease since 2013 from 5.0. This rate was lower than California's 2021 rate of 5.3 and the United States' rate of 5.7. Nationally, the Healthy People 2030 goal is fewer than 5.7 fetal deaths at 20 or more weeks of gestation per 1,000 live births and fetal deaths.<sup>4</sup>

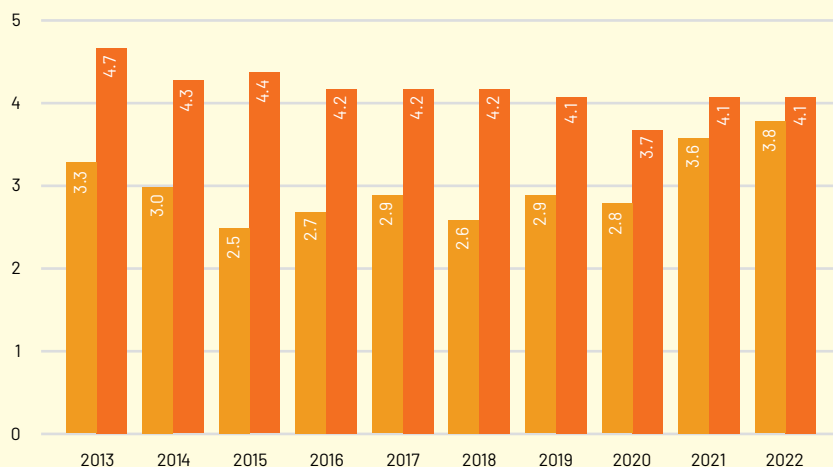
<sup>1</sup> MacDorman, M.F., Mathew, M.S., 2013. <sup>2</sup> Centers for Disease Control, National Center for Health Statistics. <sup>3</sup> Centers for Disease Control, CDC Wonder, 2022. <sup>4</sup> U.S. Office of Disease Prevention and Health Promotion, Healthy People 2030. <sup>5</sup> Due to relatively low numbers of Black and Native Hawaiian or Other Pacific Islander infants and deaths, statistics for this group are unreliable and should be interpreted with caution.

## GOOD HEALTH

### Infant Mortality Rate per 1,000 Live Births, Orange County and California, 2013 to 2022

- Orange County
- California

Source: Orange County Health Care Agency



### Infant Mortality Rate per 1,000 Live Births, by Race and Ethnicity 2014-2016 to 2020-2022

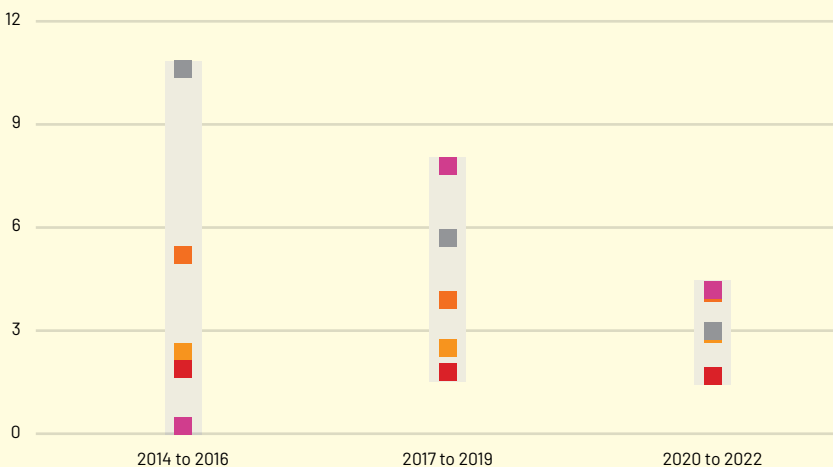
- Asian
- Black\*
- Hispanic
- Native Hawaiian or Other Pacific Islander\*
- White

\*Due to relatively low numbers of Black and Native Hawaiian or Other Pacific Islander infants and deaths, statistics for this group are unreliable and should be interpreted with caution.

Note: Previous editions of this report combined Asian and Native Hawaiian or Other Pacific Islander into a single data point. They have now been disaggregated and appear separately.

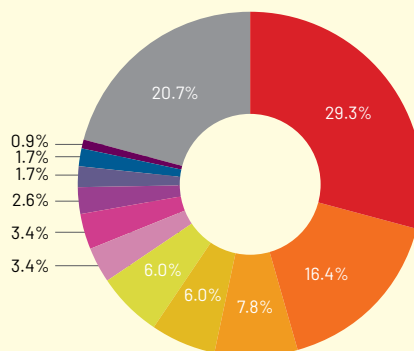
Note: Table does not include race/ethnicity "Other/Unknown"

Source: Orange County Health Care Agency



### Top 10 Causes of Infant Deaths, by Percent, 2022

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



\*Maternal Complications 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 73, No. 4 April 8, 2024 Deaths: Leading Causes for 2021 - Table E. Deaths and Percentage of Total Deaths for the 10 Leading Causes of Infant Death: United States, 2021 and 2020, National Center for Health Statistics, National Vital Statistics System, Mortality. One additional leading cause of death specific to Orange County was added (Cardiovascular Disorders).

Note: Due to rounding percentages may not add up to 100.

Source: Orange County Health Care Agency

# BREASTFEEDING

WHILE ANY BREASTFEEDING IN-HOSPITAL AFTER BIRTH WAS HIGH, ANY AND EXCLUSIVE BREASTFEEDING AFTER DISCHARGE ALL DECREASED SINCE LAST YEAR.

## 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 to 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 birthing people breastfeeding in the hospital after birth, while MIHA data are presented as the percent of birthing people who reported breastfeeding at one week, one month and 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.<sup>1</sup> Evidence also demonstrates that breastfeeding reduces the risk of childhood obesity and chronic disease later in life.<sup>2</sup> These benefits increase greatly when the birthing person exclusively breastfeeds for the first six months of life.

Breastfeeding can provide protective health benefits for the birthing person. These benefits can include a decrease in 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 use less of their income on formula, food and bottles. There are costs associated with breastfeeding, however, including the dedicated time required for pumping or feeding.<sup>3</sup> Health care related expenses can decrease because breastfeeding protects the infant and birthing person.

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 and lactation spaces in the workplace may help more people breastfeed longer.<sup>4</sup>

### Findings

- In 2022, 94.9% of Orange County newborns had received any breastfeeding in the hospital, higher than the state's average rate at 93.8%. While in the hospital after birth, 67.0% of newborns in Orange County were exclusively breastfed, lower than the statewide rate of 68.9%.
- Any breastfeeding in the hospital after birth was highest among White infants (96.1%), followed by Black (95.7%), Multiracial (95.3%), Hispanic (94.6%), Pacific Islander (94.6%), Asian (93.3%) and American Indian (91.7%) infants.
- In 2021/22, 93.0% of people in Orange County reported any breastfeeding one week after delivery, lower than what has been reported in previous years, but higher than California at 92.1%.
- Three months after delivery, 75.4% of people in Orange County reported any breastfeeding, which was lower than the 10-year high in 2014/15 (78.0%), but higher than California at 72.4%.
- In 2021/22, 43.0% of people one week postpartum in Orange County were exclusively breastfeeding, which dropped to 31.0% at one month postpartum and 26.0% at three months postpartum.

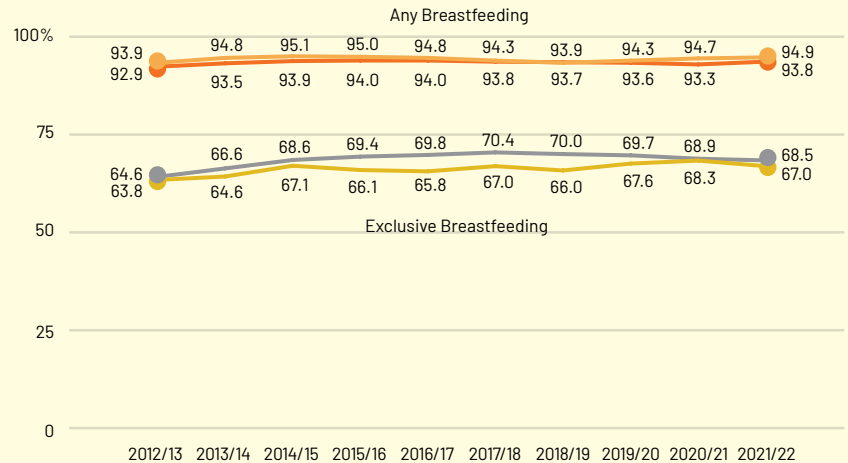


## GOOD HEALTH

### In-Hospital Breastfeeding Percentages in Orange County and California, 2012/13 to 2021/22

- 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, August 2024

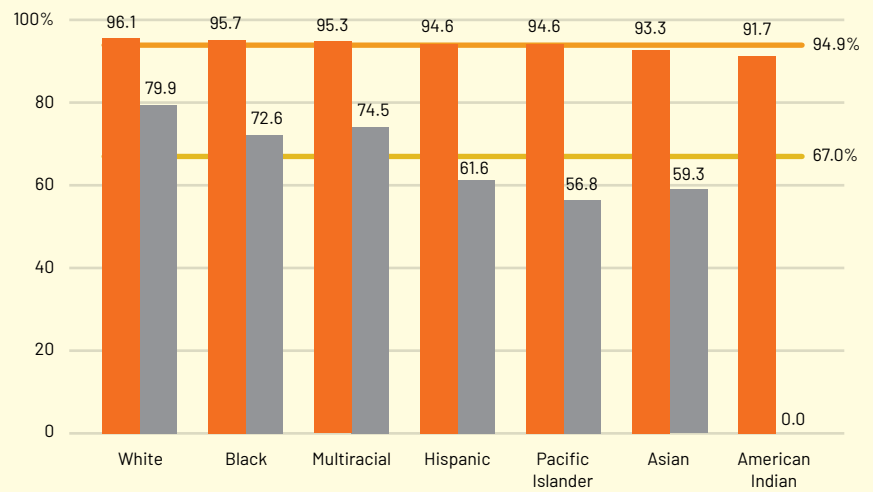


### In-Hospital Breastfeeding Percentages in Orange County, by Race/Ethnicity, 2022

- 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, August 2024



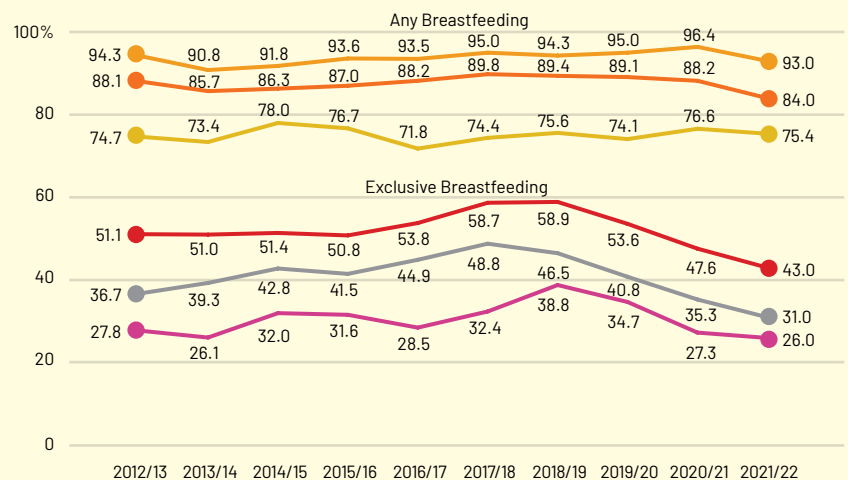
### Breastfeeding Percentages at One Week, One Month and Three Months After Delivery in Orange County, 2012/13 to 2021/22

- 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 people whose infant was at least three months old at the time of survey completion.

**Notes:** MIHA is an annual population-based survey of California residents with a live birth. Data from MIHA 2021-2022 were combined, resulting in a statewide sample size of 11,986. The sample size of Orange County was 479. 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](http://www.cdph.ca.gov/MIHA).

**Source:** California Department of Public Health; Center for Family Health; Maternal, Child and Adolescent Health Division; Epidemiology, Surveillance and Federal Reporting Branch



# IMMUNIZATIONS

THE PERCENTAGE OF CHILDREN ENTERING CHILD CARE CENTERS WITH UP-TO-DATE VACCINATION STATUS REACHED A 10-YEAR HIGH.

## DESCRIPTION OF INDICATOR

This indicator reports the percent of children who received all of the doses of specific vaccines recommended 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.<sup>1</sup>

### 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.<sup>2</sup> 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.<sup>3</sup> During the COVID-19 pandemic, well child visits and immunizations decreased nationally and efforts have been underway to get children back on schedule.

### Findings

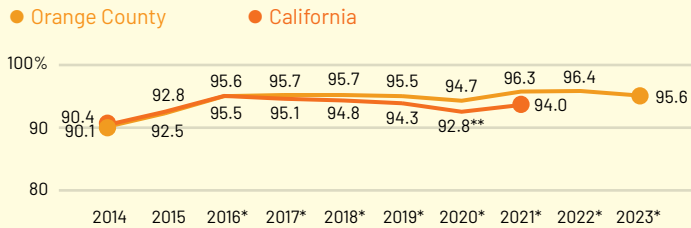
- In 2023, 97.6% of Orange County children ages two to five years in child care centers were up-to-date with required immunizations at enrollment, up from the low of 87.8% in 2014.
- In 2023, 95.6% of Orange County kindergartners were up-to-date with required immunizations, a 6.1 percentage point increase from the low of 90.1% in 2014 but a slight decrease from 2022.
- Capistrano Unified School District had the lowest percentage of kindergartners with up-to-date immunization levels at 92.5% in 2023, followed by La Habra City School District at 94.2%. Cypress School District had the highest percentage at 98.7%.

Effective July 1, 2016, California law removed the personal belief exemption from statute and now requires almost all children to be fully vaccinated against 10 diseases in order to attend public or private elementary, middle or high school or child care. Children with a written personal belief exemption on file prior to January 1, 2016, could continue in school or child care until the next grade span, i.e., kindergarten (including transitional kindergarten) to grade 6 or grades 7 to 12. The medical exemption will remain in statute.

The 10 diseases that children must be immunized against for school and child care entrance are: diphtheria, *haemophilus influenzae* type B, hepatitis B, measles, mumps, pertussis (whooping cough), polio, rubella, tetanus 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 (IEP) cannot be prevented from accessing any special education and related services required by their IEP.

## GOOD HEALTH

### Percent of Up-to-Date\* Vaccination Status for Children Enrolling in School in Orange County and California, 2014 to 2023

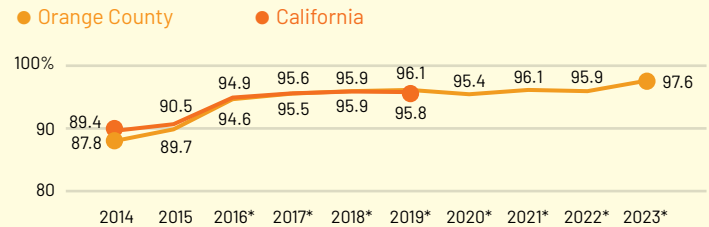


\*Up-to-date (UTD) for Kindergarten: Proof of immunizations is required to enter kindergarten. Children who are partially immunized are not considered UTD but may attend school as long as they are not overdue for doses needed to complete the vaccine series. Children with a California Immunization Registry Medical Exemption to one or more required immunizations are also not UTD but may attend school. Effective July 1, 2016, personal belief exemptions (PBEs) were removed from statute and are no longer an option for children entering kindergarten. Prior to the 2016 - 2017 school year, children with PBEs were not UTD but could attend school.

\*\*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. Child Care Immunization Assessment Results, California Department of Public Health, Immunization Branch

### Percent of Up-to-Date\* Vaccination Status for Children Ages 2 to 5 Years Enrolling in Licensed Child Care Centers in Orange County and California, 2014 to 2023



\*Up-to-date (UTD) for Child Care: Proof of immunizations is required before starting child care. Children who are partially immunized are not considered UTD but may attend child care as long as they are not overdue for doses needed to complete the vaccine series. Children with a California Immunization Registry Medical Exemption to one or more required immunizations are also not UTD but may attend child care. Effective July 1, 2016, personal belief exemptions (PBEs) were removed from statute and are no longer an option for children entering child care. Prior to 2016, children with PBEs were not UTD but could attend child care. Children with written PBEs on file prior to January 1, 2016, could continue in child care until kindergarten or transitional kindergarten entry.

Sources: Child Care Immunization Assessment Results, California Department of Public Health, Immunization Branch

### Percent of Children Ages 2 to 5 Years Enrolling in Licensed Child Care Centers who were Up-to-Date on Immunizations, by Vaccine Type, 2014 to 2023

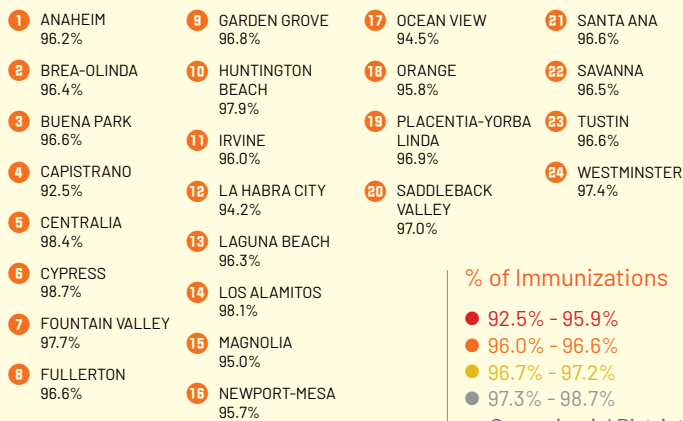
Year	Total Children	DTaP <sup>1</sup> (4+)	Polio <sup>2</sup> (3+)	MMR <sup>3</sup> (1+)	Hepatitis B <sup>4</sup> (3+)	Varicella <sup>5</sup> (1+)
2014	45,161	93.8%	95.4%	95.6%	93.4%	95.3%
2015	44,645	94.2%	95.7%	96.6%	94.0%	95.6%
2016	48,127	97.2%	97.5%	97.8%	96.7%	97.5%
2017	48,017	97.5%	97.9%	98.2%	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%
2023	39,752	98.5%	99.0%	99.3%	98.9%	99.3%

<sup>1</sup> 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). <sup>2</sup> Three or more doses of any poliovirus vaccine.

<sup>3</sup> One or more doses of measles-mumps-rubella vaccine. <sup>4</sup> Three or more doses of hepatitis B vaccine. <sup>5</sup> One or more of varicella vaccine or a history documented by a physician of having had chickenpox.

Sources: 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, 2023



#### % of Immunizations

● 92.5% - 95.9%

● 96.0% - 96.6%

● 96.7% - 97.2%

● 97.3% - 98.7%

— Supervisorial District (1 to 5)

\*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 California Immunization Registry Medical Exemption to one or more required immunizations are also not UTD but may attend school. Effective July 1, 2016, personal belief exemptions (PBEs) were removed from statute and are no longer an option for children entering kindergarten. Prior to the 2016 - 2017 school year, children with PBEs were not UTD but could attend school.

\*\*Up-to-date immunizations for 2021 Kindergarten enrollment.

Sources: Kindergarten Assessment Results, California Department of Health Services, Immunization Branch



# PERINATAL BEHAVIORAL HEALTH

PEOPLE OF COLOR IN ORANGE COUNTY ARE MORE LIKELY TO EXPERIENCE PRENATAL AND POSTPARTUM DEPRESSION.

## DESCRIPTION OF INDICATOR

This indicator reports the percentage of persons giving birth who experienced symptoms of depression during or after pregnancy. It reports on alcohol use, cigarette smoking and cannabis use during pregnancy and includes rates of substance exposed infants.

### Why is this indicator important?

Understanding perinatal behavioral health is crucial due to the significant impact on both the pregnant/birthing person and the developing fetus. Mental health issues such as depression, anxiety and postpartum psychosis can severely affect a pregnant person's well-being, their ability to care for themselves and their capacity to bond with their newborn.<sup>1</sup>

Substance use during pregnancy can negatively affect fetal and infant health development, potentially resulting in premature birth, low birth weight and a higher risk of congenital anomalies. Children exposed to substance use in utero may also face long-term developmental and behavioral challenges.<sup>2</sup>

Strained family relationships can create an unstable home environment. Reducing stigma may encourage more parents to seek the necessary treatment and support.

The lack of universal verbal screening for perinatal substance use may contribute to underdiagnosis, as evidenced by the discrepancy between the number of birthing persons identified with these issues and the number of infants diagnosed with substance exposure.

### Findings

#### Mental Health

- From 2019 to 2021, the percentage of Orange County pregnant persons who experienced symptoms of depression during or after pregnancy was 15.1% and 11.2%, respectively.
- From 2019 to 2021, the percentage of pregnant persons who experienced symptoms of depression during pregnancy was highest among Asian/Pacific

Islanders (22.5%) followed by Hispanic (15.5%), Black (12.5%)<sup>3</sup> and White (10.1%) pregnant persons.

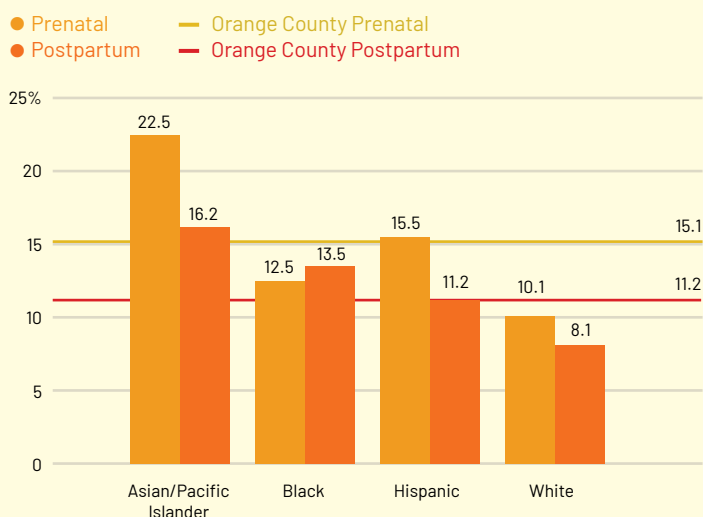
- From 2019 to 2021, postpartum depression symptoms were highest among Asian/Pacific Islanders (16.2%), followed by Black (13.5%), Hispanic (11.2%) and White (8.1%) pregnant persons.

#### Substance Use

- From 2019 to 2021, the percentage of pregnant persons drinking any alcohol in an average week during the last three months of their most recent pregnancy was 7.6%, higher than in California at 7.4%, and an increase from a low of 6.4% from 2013 to 2015.
- Any cannabis use during pregnancy also increased from 2.6% from 2016 to 2018 to 4.3% from 2019 to 2021. This rate remained lower than California, which was 4.7% from 2016 to 2018 and 5.1% from 2019 to 2021.
- In 2022, there were 274 infant admissions affected by maternal alcohol and drug use. Among newborns with substance exposed diagnosis, 40% were White, 38% Hispanic, 6% Other and 4% Asian. The race/ethnicity was unknown for 10%. A total of 30,852 children were born in Orange County in 2022.
- In 2023, there were 212 referrals for substance-exposed infants (SEI) 0 to 7 days old made to the County of Orange Social Services Agency. This represents a 55.9% increase from 2014 (136 referrals). From 2014 to 2023, 60.2% of SEI referrals were for Hispanic infants, followed by White (31.4%), Black (3.5%), Asian (2.2%) and other infants (0.6%), with the ethnicity unknown for 2.0% of referrals.

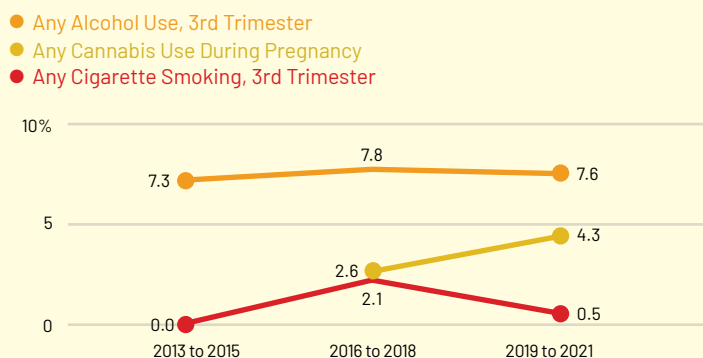
## GOOD HEALTH

## Percent of Pregnant or Birthing Persons Who Experienced Symptoms of Depression During Or After Pregnancy, by Race/Ethnicity, 2019/21



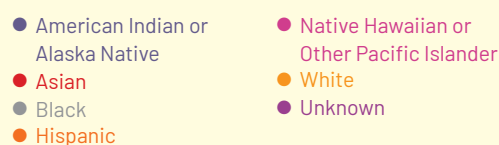
Source: Maternal and Infant Health Assessment (MIHA), 2016–2021. California Department of Public Health, Center for Family Health, Maternal, and Adolescent Health Division, Maternal Mental Health Dashboard.

## Percent of Substance Use Among Pregnant Persons During Most Recent Pregnancy, Orange County, 2013/15 to 2019/21



Source: Maternal and Infant Health Assessment (MIHA), 2013–2021. California Department of Public Health, Center for Family Health, Maternal, and Adolescent Health Division, Maternal Mental Health Dashboard.

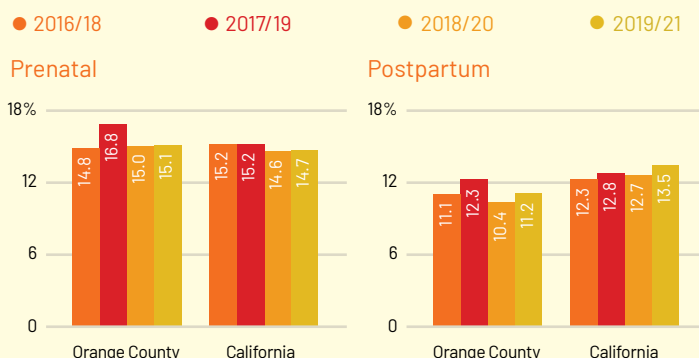
## Number of Substance-Exposed Infants 0 to 7 Days Referred to the County of Orange Social Services Agency, by Race/Ethnicity, 2014 to 2023



\*Data collected in referral, and case where applicable

Source: County of Orange Social Services Agency

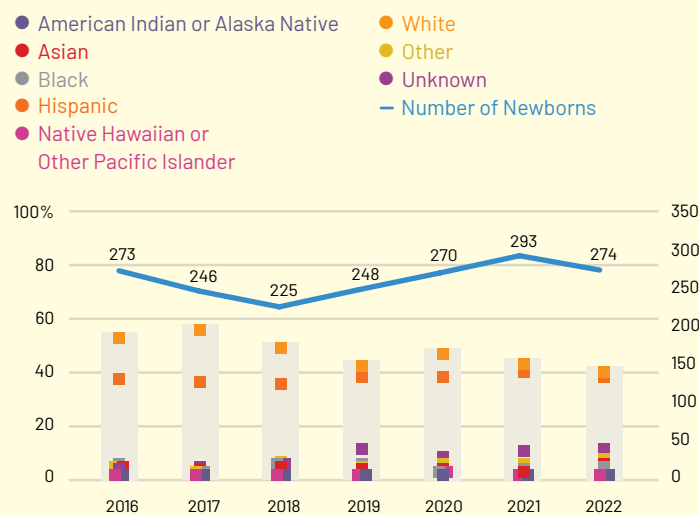
## Percent of Pregnant or Birthing Persons Who Experienced Symptoms of Depression During Or After Pregnancy, 2016/18 to 2019/21



Note: The graph reflects three-year aggregate data, with several overlapping years. This aligns with how the data is presented in the Maternal Mental Health Dashboard (see source below for additional information).

Source: Maternal and Infant Health Assessment (MIHA), 2016 to 2021. California Department of Public Health, Center for Family Health, Maternal, and Adolescent Health Division, Maternal Mental Health Dashboard

## Substance-Affected Diagnosis for Infants, by Race and Ethnicity, 2016 to 2022



\*Hospitalization data for 2018 and prior years does not separate Asian/Pacific Islander.

Source: HCAL Patient Discharge Data, 2016 to 2022. Orange County residents; less than or equal to 7 days old.

# BEHAVIORAL HEALTH

OVER HALF OF ALL LESBIAN, GAY OR BISEXUAL STUDENTS EXPERIENCED DEPRESSION-RELATED FEELINGS.

## DESCRIPTION OF INDICATOR

This indicator presents the behavioral health of Orange County children using data from the Early Development Index (EDI), California Healthy Kids Survey, California Health Interview Survey and inpatient hospitalizations. It highlights 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, the percentage of youth experiencing depression-related feelings such as chronic sadness or hopeless feelings, the percentage of youth receiving psychological and emotional counseling, the 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.<sup>1</sup> 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, school and in forming friendships. It can also interfere with a child's healthy development, causing problems that can continue into adulthood.<sup>2</sup>

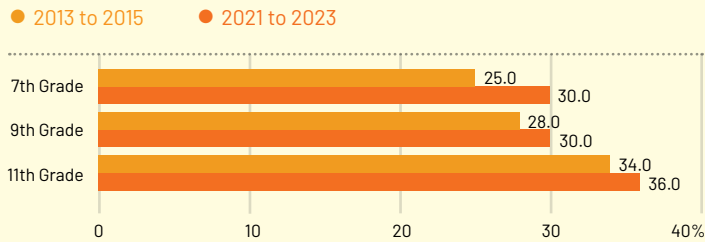
### Findings

- 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 Other Pacific Islander (12.7%) and Hispanic or Latino/a (10.8%) young children had the highest percentages of socially and emotionally vulnerable children in 2022.<sup>3</sup>
- From 2021 to 2023, 36.0% of 11th graders experienced depressed-related feelings in the previous year, compared to 9th graders (30.0%) and 7th graders (30.0%), all increases since 2013 to 2015. Overall, Orange County rates were lower than the state's average rate for 11th (42.0%), 9th (37.0%) and 7th grade (32.0%) students.<sup>4</sup>
- Students were more likely to experience chronic sadness or hopeless feelings compared to 2013 to 2015, increasing from 34.0% for 11th graders, 28.0% for 9th 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 from 2021 to 2023 than their non-LGB classmates across all age groups at 62.0% for 11th graders, 59.0% for 9th graders and 59.0% for seventh graders.
- From 2018 to 2022, 18.5% of youth ages 12 to 17 years old reported receiving psychological/emotional counseling in the past year, up from 12.0% from 2013 to 2017.<sup>5</sup>
- From 2021 to 2023, an estimated 14.0% of 11th graders, 13.0% of 9th graders and 14.0% of 7th graders seriously considered attempting suicide in the previous year, lower than California's estimated 16.0%, 15.0% and 14.0%, respectively, by grade level from 2021 to 2023.
- The combined hospitalization rate for serious mental illness and substance use conditions for children increased by 39%, from a low of 22.6 per 10,000 children in 2013 to 2015 to 32.0 per 10,000 children in 2020 to 2022.

<sup>1</sup> <https://www.cdc.gov/mentalhealth/learn/index.htm>. <sup>2</sup> 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. <sup>3</sup> For more info on EDI and kindergarten readiness, see page 50. <sup>4</sup> 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. <sup>5</sup> California Health Interview Survey, 5-Year estimates.

## GOOD HEALTH

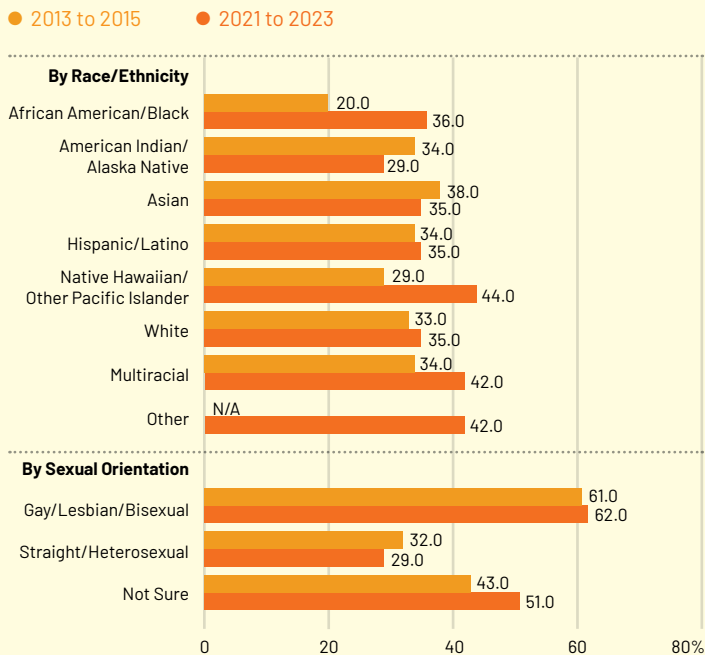
## Percent of Students who Reported Experiencing Depression-Related Feelings, by Grade Level, Orange County, 2013 to 2015 and 2021 to 2023



**Note:** Years presented comprise two school years (e.g., 2021/22 and 2022/23 school years are shown as 2021 to 2023). Data are weighted estimates.

**Source:** California Department of Education, California School Climate, Health and Learning Survey

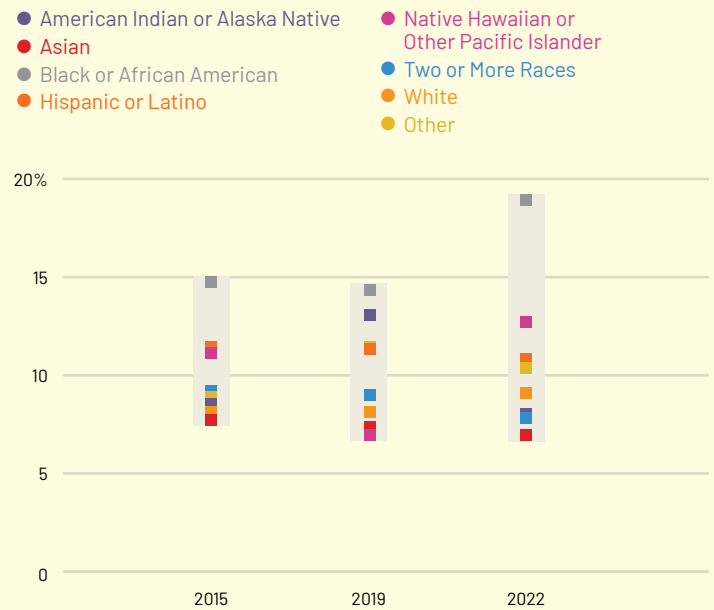
## Percent of Eleventh Graders who Reported Experiencing Depression-Related Feelings, by Race/Ethnicity and Sexual Orientation, Orange County, 2013 to 2015 and 2021 to 2023



**Note:** Years presented comprise two school years (e.g., 2021/22 and 2022/23 school years are shown as 2021 to 2023). Data are weighted estimates.

**Source:** California Department of Education, California School Climate, Health and Learning Survey

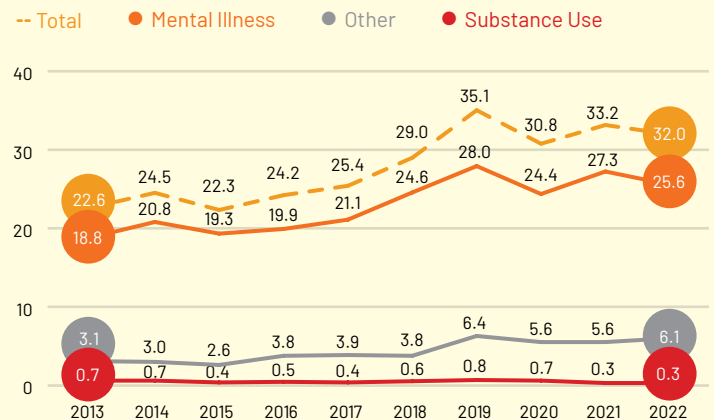
## Percent Socially and Emotionally Vulnerable Kindergartners, by Race/Ethnicity, 2015, 2019 and 2022



**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 to 2022

## Mental Health and Substance Use-Related Hospitalizations, Rate per 10,000 Children, 2013 to 2022



**Note:** 'Other' includes behavioral health conditions such as other unspecified mood disorders, conduct disorders, and disorders related to sleep, eating, elimination and pain.

**Source:** Orange County Health Care Agency, Research - Government Affairs and Communications



# ECONOMIC WELL-BEING INDICATORS

## CHILD POVERTY

PERCENT OF STUDENTS ELIGIBLE FOR  
FREE AND REDUCED PRICE LUNCH



**49.0%**  
2014/15

**54.1%**  
2023/24

## CHILD CARE

NUMBER OF LICENSED CHILD CARE SPACES  
PER 1,000 CHILDREN 0 TO 11 YEARS OLD



**180**  
2014/15

**195**  
2023/24

## CALWORKS

PERCENT OF CHILDREN  
RECEIVING CALWORKS



**6.0%**  
2013/14

**3.3%**  
2022/23

## HOUSING

PERCENT OF CHILDREN  
INSECURELY HOUSED



**6.5%**  
2013/14

**5.9%**  
2022/23

## SUPPLEMENTAL NUTRITION

PERCENT OF CHILDREN  
RECEIVING CALFRESH



**19.7%**  
2013/14

**14.0%**  
2022/23

## CHILD SUPPORT

PERCENT OF CURRENT  
SUPPORT DISTRIBUTED



**66.7%**  
2014/15

**65.7%**  
2023/24



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

PERCENTAGE OF STUDENTS ELIGIBLE FOR FREE AND REDUCED PRICE LUNCH PROGRAM INCREASED FOR THE SECOND YEAR IN A ROW.

## 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.<sup>1</sup> 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.<sup>2</sup> The implications for children living in poverty include greater risk for poor academic achievement, dropping out of school, abuse and neglect, behavioral and social/emotional problems, physical health problems and developmental delays.

### Findings

- In school year 2023/24, 54.1% (236,434) of students were eligible for the FRPL program in Orange County, lower than California at 61.7% (3,599,733) but up from the 2022/23 county rate of 52.9% (233,230).
- From 2014/15 to 2023/24, there was a 5.1% increase in the percentage of students eligible for the FRPL program (49.0% to 54.1%).
- According to the U.S. Census Bureau, 10.7%, or 69,049, of Orange County's children were living in poverty in 2022; a 50.5% decrease from the 10-year high of 139,547 children or 18.8% in 2013. The rate also remained lower than California (15.3%) and the United States (16.3%).
- 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 increased to 14.5%, surpassing California at 13.8%, with a threshold income needed to maintain a basic standard of living for a family of four (two adults, two children) that rents at \$44,074 in 2023.<sup>3</sup>

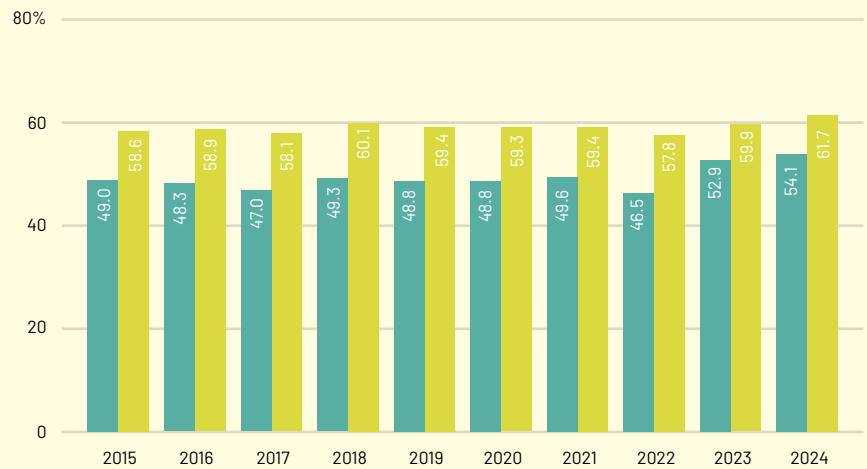
<sup>1</sup> American Psychological Association, 2014. <sup>2</sup> The Institute for Education Sciences define high-poverty schools public schools where more than 75.0% of the students are eligible for the Free and Reduced Price Lunch program. <sup>3</sup> California Poverty by County, 2023, calculated according to the California Poverty Measure (CPM). The California Poverty Measure (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.

## ECONOMIC WELL-BEING

## Percent of Students Eligible to Receive Free and Reduced Price Lunch, Orange County and California, 2015 to 2024

● Orange County  
● California

Source: California Department of Education

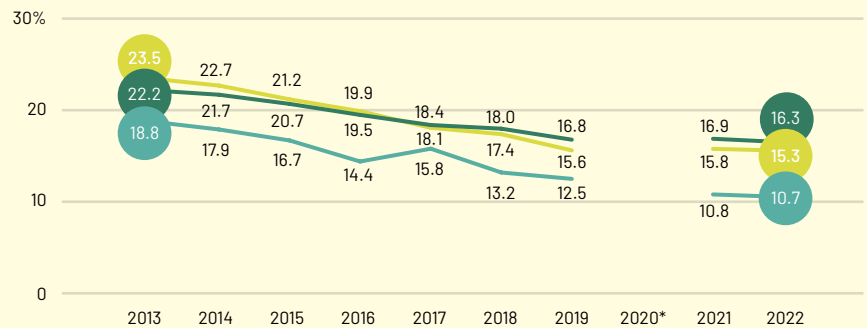


## Percent of Children Under 18 Years Old, Living in Poverty, Orange County, California and United States, 2013 to 2022

● United States  
● California  
● Orange County

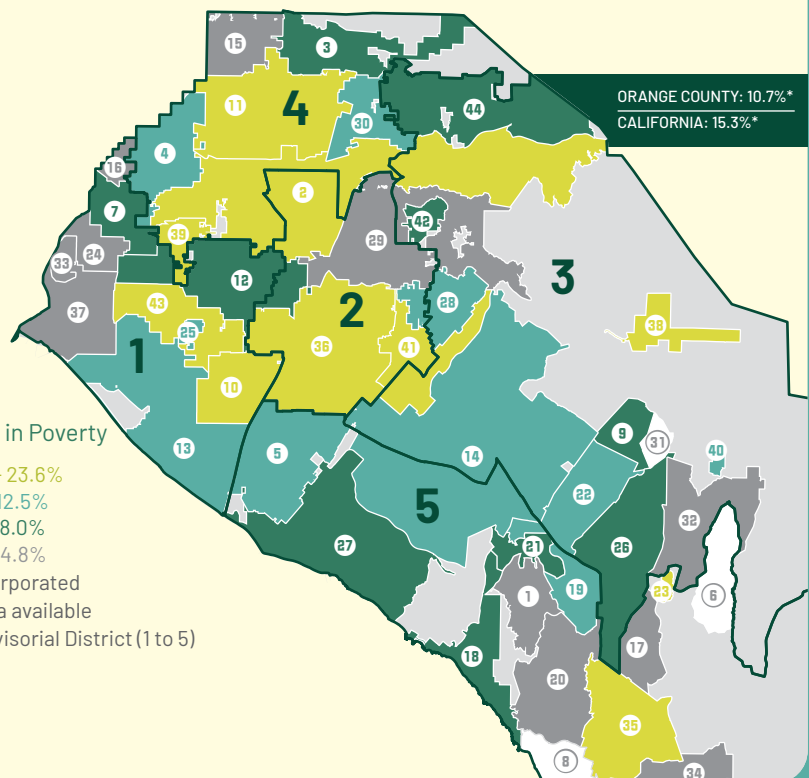
\*ACS 1-year estimates are not available for 2020 due to disruptions in data collection caused by COVID-19. For more, see <https://www.census.gov/newsroom/press-releases/2021/changes-2020-acs-1-year.htm>

Source: American Community Survey, 1-year estimate



## Percent of Children Under 18 Years Old Living in Poverty, by Community of Residence, 2022

1 ALISO VIEJO 4.7%	14 IRVINE 12.2%	27 NEWPORT BEACH 4.9%	40 TRABUCO CANYON 8.5%
2 ANAHEIM 17.2%	15 LA HABRA 4.7%	28 NORTH TUSTIN 10.4%	41 TUSTIN 12.8%
3 BREA 6.9%	16 LA PALMA 1.7%	29 ORANGE 4.7%	42 VILLA PARK 8.0%
4 BUENA PARK 10.6%	17 LADERA RANCH 3.0%	30 PLACENTIA 9.0%	43 WESTMINSTER 21.4%
5 COSTA MESA 10.5%	18 LAGUNA BEACH 6.9%	31 PORTOLA HILLS NO DATA	44 YORBA LINDA 7.9%
6 COTO DE CAZA NO DATA	19 LAGUNA HILLS 10.6%	32 RANCHO SANTA MARGARITA 4.8%	
7 CYPRESS 5.6%	20 LAGUNA NIGUEL 0.0%	33 ROSSMOOR 4.2%	
8 DANA POINT NO DATA	21 LAGUNA WOODS 7.4%	34 SAN CLEMENTE 2.4%	
9 FOOTHILL RANCH 5.6%	22 LAKE FOREST 11.9%	35 SAN JUAN CAPISTRANO 13.7%	
10 FOUNTAIN VALLEY 14.3%	23 LAS FLORES 21.1%	36 SANTA ANA 15.9%	
11 FULLERTON 15.5%	24 LOS ALAMITOS 3.8%	37 SEAL BEACH 2.3%	
12 GARDEN GROVE 8.0%	25 MIDWAY CITY 11.3%	38 SILVERADO 23.6%	
13 HUNTINGTON BEACH 8.8%	26 MISSION VIEJO 6.4%	39 STANTON 16.7%	



\*American Community Survey, 1-year estimates

Note: No data indicates that the dataset does not include information on the particular community.

Source: American Community Survey, 5-year estimate



# CALWORKS

THE NUMBER OF CHILDREN RECEIVING CALWORKS STABILIZED AFTER EIGHT YEARS OF DECLINE.

## 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).

### 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 2022/23, 3.3% (22,742) of Orange County's children received CalWORKs assistance, a 47% decrease from 6.0% (42,877) of children in 2013/14. This was compared to a 5.6% decrease in the overall number of Orange County youth under 18 years old from 720,532 to 680,041 youths.

- For the first time since 2012/13, the proportion of children receiving CalWORKs increased.
- Children ages 0 to 5 accounted for 27.4% of the youth population receiving CalWORKs assistance, while children ages 6 to 11 accounted for 34.4% and 12 to 17 year olds accounted for 38.2%.
- The cities with the highest percentages of children receiving CalWORKs were Santa Ana at 7.4% (5,588), Anaheim at 6.7% (5,361), Stanton at 5.1% (447), Buena Park at 4.8% (877) and Garden Grove at 4.8% (1,748).
- The cities with the lowest percentage of children receiving CalWORKs included Laguna Beach at 0.4% (16), Seal Beach at 0.5% (18), Rancho Santa Margarita at 0.8% (91), Yorba Linda at 0.8% (117) and San Clemente 0.9% (124).

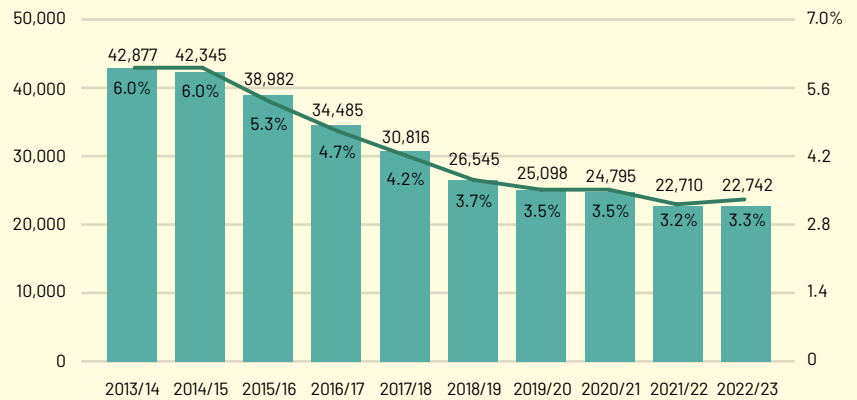
## ECONOMIC WELL-BEING

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

2013/14 to 2022/23

- Number of Children
- Percent of Children

Source: County of Orange Social Services Agency

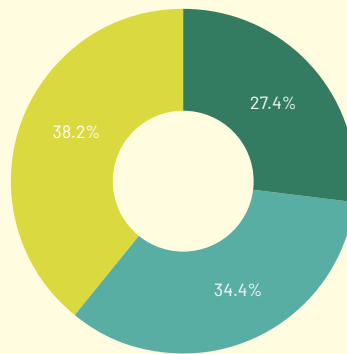


## Percent of Children Under 18 Years Old Receiving CalWORKs, by Age Group

January 2024

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

Source: County of Orange Social Services Agency



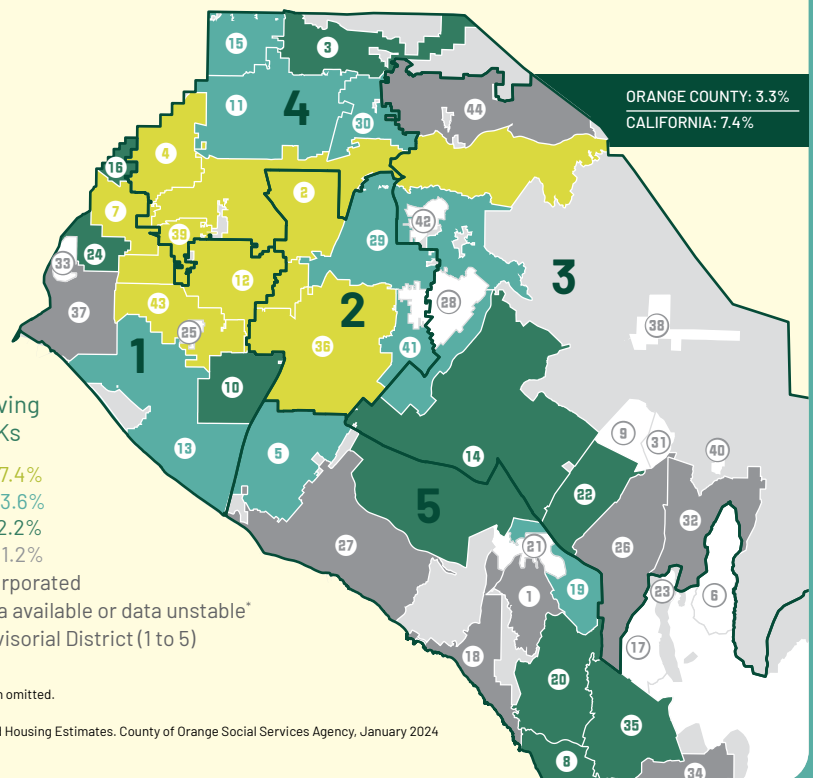
## Percent Receiving CalWORKs, by Community of Residence

January 2024

1 ALISO VIEJO 1.1%	14 IRVINE 1.6%	28 NORTH TUSTIN NO DATA	41 TUSTIN 3.5%
2 ANAHEIM 6.7%	15 LA HABRA 3.5%	29 ORANGE 3.2%	42 VILLA PARK N/A*
3 BREA 1.6%	16 LA PALMA 2.0%	30 PLACENTIA 3.0%	43 WESTMINSTER 4.2%
4 BUENA PARK 4.8%	17 LADERA RANCH NO DATA	31 PORTOLA HILLS NO DATA	44 YORBA LINDA 0.8%
5 COSTA MESA 2.9%	18 LAGUNA BEACH 0.4%	32 RANCHO SANTA MARGARITA 0.8%	
6 COTO DE CAZA NO DATA	19 LAGUNA HILLS 3.6%	33 ROSSMOOR NO DATA	
7 CYPRESS 3.7%	20 LAGUNA NIGUEL 1.6%	34 SAN CLEMENTE 0.9%	
8 DANA POINT 1.3%	21 LAGUNA WOODS N/A*	35 SAN JUAN CAPISTRANO 2.1%	
9 FOOTHILL RANCH NO DATA	22 LAKE FOREST 2.0%	36 SANTA ANA 7.4%	
10 FOUNTAIN VALLEY 2.0%	23 LAS FLORES NO DATA	37 SEAL BEACH 0.5%	
11 FULLERTON 3.5%	24 LOS ALAMITOS 1.9%	38 SILVERADO NO DATA	
12 GARDEN GROVE 4.8%	25 MIDWAY CITY NO DATA	39 STANTON 5.1%	
13 HUNTINGTON BEACH 2.6%	26 MISSION VIEJO 1.1%	40 TRABUCO CANYON NO DATA	
	27 NEWPORT BEACH 1.1%		

## % Receiving CalWORKs

- 3.7% - 7.4%
- 2.3% - 3.6%
- 1.3% - 2.2%
- 0.4% - 1.2%
- Unincorporated
- No data available or data unstable\*
- Supervisorial District (1 to 5)



\*Rates based on less than five occurrences and/or the denominator minus numerator is &lt;10 are unstable and have been omitted.

Note: No data indicates that the dataset does not include information on the particular community.

Source: City Populations Under 18 from 2018 to 2022 American Community Survey 5-Year Estimates, Demographic and Housing Estimates. County of Orange Social Services Agency, January 2024

# SUPPLEMENTAL NUTRITION

## THE NUMBER OF CHILDREN UNDER 18 YEARS OLD RECEIVING CALFRESH INCREASED SINCE 2021/22.

### 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), and the number and percent of recipients in the Supplemental Nutrition Program for Women, Infants and Children (WIC).<sup>1</sup> As an indicator of poverty, an increase in the number 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 buy more nutritious foods, such as fruits and vegetables. Income eligible children can receive both forms of nutrition assistance.

### Findings

- In 2022/23, 14.0% (94,941) of children under 18 years old received CalFresh, a 33.0% 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 22.4% (1,913,371) of children receiving CalFresh in 2022/23.<sup>2</sup>
- In January 2024, the greatest proportion of CalFresh beneficiaries under 18 in Orange County were children aged 6 to 12 years old (40.0%), followed by 13 to 17 years old (30.7%) and 0 to 5 years old (29.3%).
- In 2023, it was estimated that 67.9% of people in Orange County eligible for CalFresh were receiving that benefit, less than California at 83.6%.<sup>3</sup>
- WIC participation in Orange County decreased from 58,807 participants in 2021 to 56,056 in September 2023. It remained higher than the low of 27,666 in 2018/19. Of these participants in September 2023, 17.5% (9,818) were infants.
- In 2022, an average of 53.5% of people and children eligible for WIC were receiving that benefit nationally per month, lower than California at 69.7%. Both average monthly rates dropped from a high in 2011, when the national rate was 63.5% and the California rate was 82.5%.

<sup>1</sup> 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 5 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 CalSAWS. December figures are used to define the service population for a given federal fiscal year (Oct. 1, 2016 to Sept. 30, 2017). <sup>2</sup> California Department of Social Services, CalFresh County Data Dashboard, 2023. <sup>3</sup> California Department of Social Services, CalFresh County Data Dashboard, 2021. <sup>4</sup> USDA National and State-Level Estimates of WIC Eligibility and WIC Program Reach.

## ECONOMIC WELL-BEING

### Number and Percent of Children Under 18 Years Old Served by CalFresh and Number of Participants Served by WIC 2013/14 to 2022/23

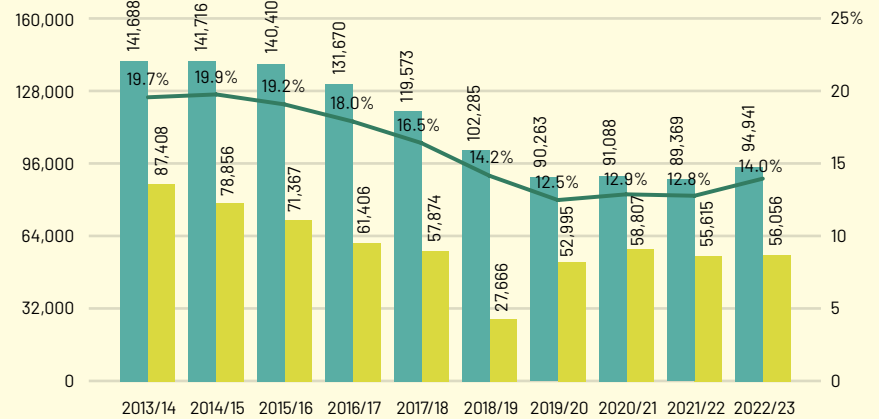
● CalFresh  
● WIC  
— Percent Served by CalFresh

**Note:** WIC data represents the number of participants served in September of each year.

**Note:** Cal Fresh data represents fiscal Year (July to June) monthly averages.

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

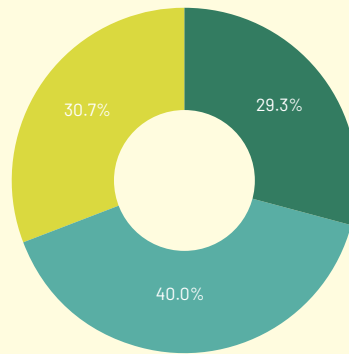
**Source for WIC:** Orange County Health Care Agency/Nutrition Services-WIC



### Percent of Children Receiving CalFresh, by Age Group, January 2024

● Less than 5 Years  
● 6 to 12 Years  
● 13 to 17 Years

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

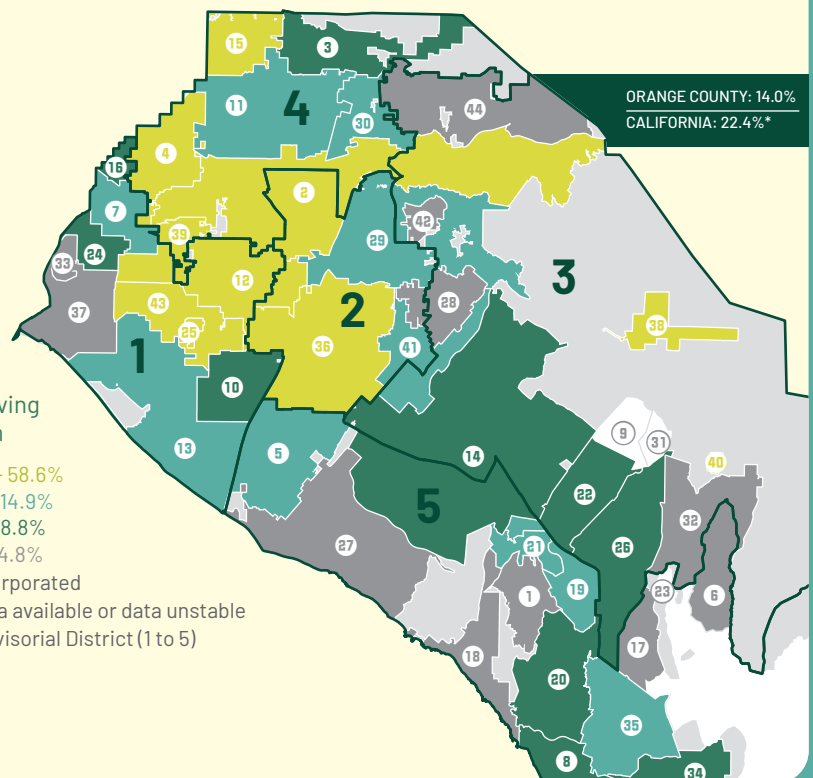


### Percent of Children Under 18 Years Old Receiving CalFresh, by Community of Residence, 2022/23

1 ALISO VIEJO 4.8%	14 IRVINE 5.3%	28 NORTH TUSTIN 0.1%	41 TUSTIN 14.2%
2 ANAHEIM 24.3%	15 LA HABRA 16.1%	29 ORANGE 14.5%	42 VILLA PARK 1.7%
3 BREA 6.6%	16 LA PALMA 7.0%	30 PLACENTIA 12.6%	43 WESTMINSTER 19.7%
4 BUENA PARK 16.8%	17 LADERA RANCH 2.1%	31 PORTOLA HILLS NO DATA	44 YORBA LINDA 3.5%
5 COSTA MESA 13.6%	18 LAGUNA BEACH 3.2%	32 RANCHO SANTA MARGARITA 4.7%	
6 COTO DE CAZA 0.3%	19 LAGUNA HILLS 11.9%	33 ROSSMOOR 0.2%	
7 CYPRESS 9.9%	20 LAGUNA NIGUEL 7.4%	34 SAN CLEMENTE 5.8%	
8 DANA POINT 7.9%	21 LAGUNA WOODS 9.8%	35 SAN JUAN CAPISTRANO 10.7%	
9 FOOTHILL RANCH NO DATA	22 LAKE FOREST 8.4%	36 SANTA ANA 30.0%	
10 FOUNTAIN VALLEY 8.8%	23 LAS FLORES NO DATA	37 SEAL BEACH 2.8%	
11 FULLERTON 13.3%	24 LOS ALAMITOS 8.2%	38 SILVERADO 15.2%	
12 GARDEN GROVE 21.8%	25 MIDWAY CITY 25.3%	39 STANTON 19.3%	
13 HUNTINGTON BEACH 9.8%	26 MISSION VIEJO 5.3%	40 TRABUCO CANYON 58.6%	
	27 NEWPORT BEACH 3.5%		

#### % Receiving CalFresh

● 15.0% - 58.6%  
● 8.9% - 14.9%  
● 4.9% - 8.8%  
● 0.1% - 4.8%  
○ Unincorporated  
○ No data available or data unstable  
— Supervisorial District (1 to 5)



\*California Department of Social Services, CalFresh County Data Dashboard, 2023; American Community Survey.

**Note:** No data indicates that the dataset does not include information on the particular community.

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



# CHILD CARE

## THE NUMBER OF LICENSED CHILD CARE SPACES REMAINED STEADY OVER THE LAST DECADE.

### DESCRIPTION OF INDICATOR

This indicator focuses on preschool and child care programs that serve young children (typically 0 to 12 years old). This indicator reports on the number of licensed child care spaces available in Orange County offered in Family Child Care Homes (FCCH) and Child Care Centers, and the cost of care by setting and the age of the child. These data do not include license-exempt family, friend, and neighbor care.<sup>1</sup> Funding for subsidized early education programs that serve low income families, such as CalWORKs, Alternative Payment Program,<sup>2</sup> California State Preschool Program, Transitional Kindergarten<sup>3</sup> and Head Start,<sup>4</sup> is also reported.

#### Why is this indicator important?

Enrollment in high-quality child care can help children learn the foundational skills for reading, math, self-control, and positive relationships.<sup>5</sup> While early care programs can benefit all children, they have been shown to have a greater impact on children from families with low incomes and dual language learners.<sup>6</sup> Studies have also shown a positive correlation between participation in high-quality child care programs and increased college graduation rates and adult wages.<sup>7</sup>

The lack of child care can also have negative consequences on families. A 2021 analysis commissioned by First 5 Orange County showed that 40% of Orange County parents and guardians reported that the cost and/or lack of childcare prevented them from working at some point, with women and women of color most likely to be negatively impacted.<sup>8</sup> The analysis estimated that approximately 67,000 jobs were lost annually due to disruptions or gaps in child care, equating to \$4.3 billion in lost productivity and wages.

#### Findings

- In 2023/24, there were a total of 83,947 licensed early child care spaces in Orange County. This was down slightly from 2014/15 (84,905).

- Licensed spaces were primarily located in preschool centers (63%), followed by school age centers (18%), family child care homes (13%) and infant centers (6%).
- The cost of child care increased from 2014/15 to 2023/24 across settings and age served. These costs outpaced inflation over this same period.<sup>9</sup>
  - Weekly infant center costs increased from \$270 to \$380 (40.7% increase) and family-based infant care increased from \$205 to \$285 (39.4%).
  - Weekly preschool center costs increased from \$191 to \$275 (44.2%) and family-based preschool care increased from \$189 to \$261 (38.3%).
  - Weekly school-age center costs increased from \$180 to \$281 (56.1%) and family-based school-age care increased from \$168 to \$261 (34.6%).
- In 2023/24, 44% of families requesting child care referrals from the Children's Home Society of California<sup>10</sup> requested Daytime Hour Care, 39% Full Time Care, 14% Part Time Care and 4% Alternative Care Hours.\*
- In 2022/23, Orange County received \$321 million in subsidized child care reimbursement, up from \$204 million in 2019/20. The increase was largely attributable to a nearly \$89 million increase in funding for voucher-based child care programs like CalWORKs and the Alternative Payment Program.

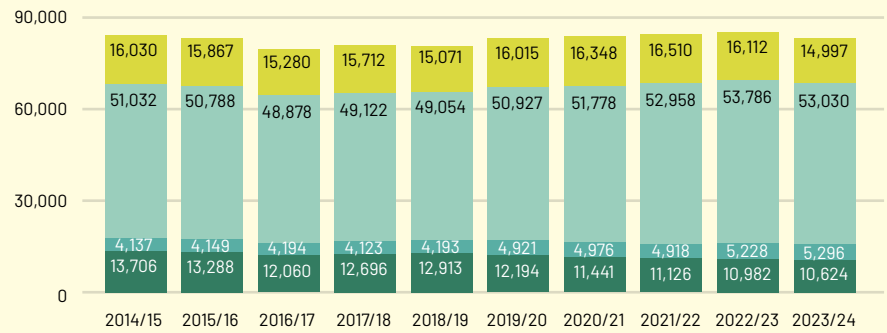
<sup>1</sup> Family, Friend or Neighbor Care, CA Department of Social Services. <sup>2</sup> Department of Social Services, Child Care and Development Programs Subsidized Programs (ca.gov). <sup>3</sup> TKCalifornia. <sup>4</sup> U.S. Department of Health and Human Services, Administration for Children & Families, available at <https://eclkc.ohs.acf.hhs.gov/programs/article/head-start-programs>. <sup>5</sup> Davis Schoch, A., Simons Gerson, C., Halle, T., & Bredeson, M. (2023). <sup>6</sup> Ansari, A., Pianta, R. C., Whittaker, J. E., Vitiello, V., & Ruzek, E. (2021). <sup>7</sup> Bustamante, A. S., Dearing, E., Zachrisson, H. D., & Vandell, D. L. (2022). <sup>8</sup> Child Care and its Impact on Orange County's Economy, First 5 Orange County (2021), available at <https://first5oc.org/childcare/>. <sup>9</sup> U.S. Bureau of Labor Statistics, Consumer Price Index Inflation Calculator. <sup>10</sup> The Children's Home Society of California is Orange County's designated Resource and Referral (R&R) program. R&Rs provide information to parents and the community about the availability of child care and assist providers with licensing, training, and referrals. \*Full-Time Care is care that equals 25+ weekly hours. Part-Time Care is care that equals fewer than 25 weekly hours; Daytime Hour Care includes care provided between the hours of 6:00am and 6:00am; Alternative Care Hours includes evening, weekend, drop-in or overnight care.

## ECONOMIC WELL-BEING

Number of Licensed Child Care Spaces,  
by Type, 2014/15 to 2023/24

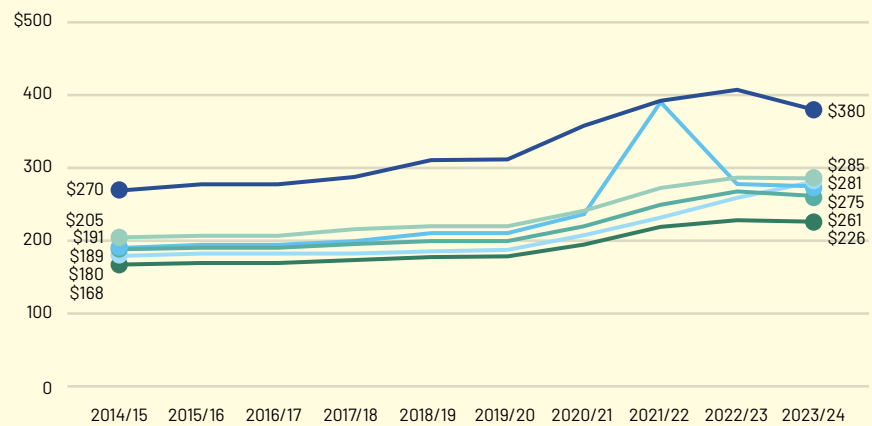
- School Age Center
- Preschool Center
- Infant Center
- Family Child Care Home

Source: Children's Home Society of California's Child Care Resource and Referral Program

Average Weekly Child Care Cost,  
by Type, 2014/15 to 2023/24

- Child Care Center – Infant
- Child Care Center – Preschool
- Child Care Center – School Age
- Family Child Care Home – Infant
- Family Child Care Home – Preschool
- Family Child Care Home – School Age

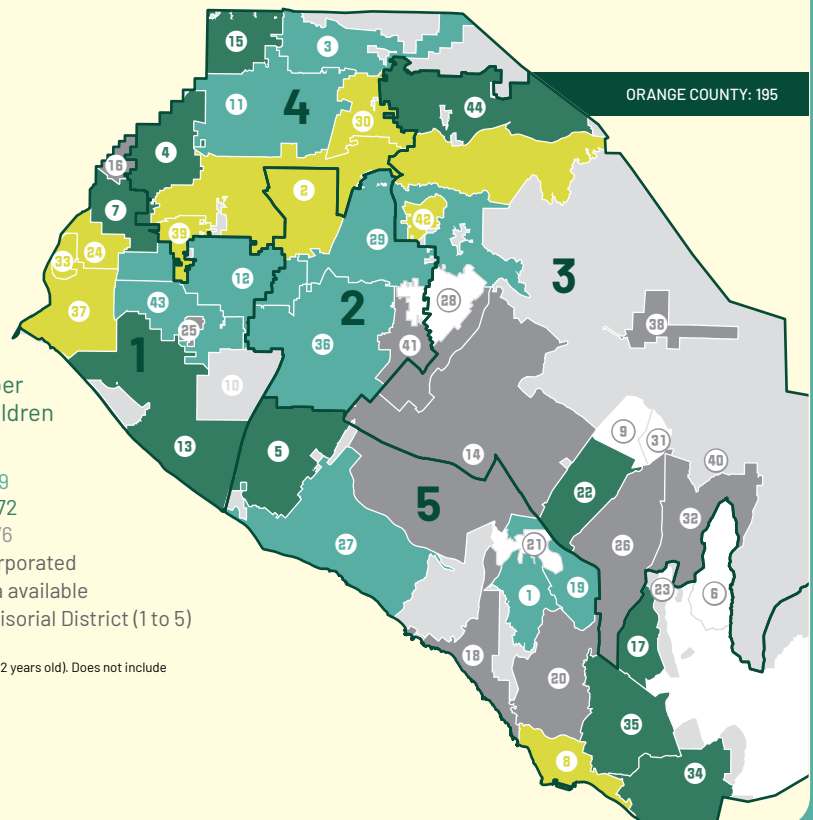
Source: Children's Home Society of California's Child Care Resource and Referral Program

Number of Licensed Child Care Spaces\* per 1,000 Children 0 to 11 Years Old,  
by Community of Residence, 2024

1 ALISO VIEJO 174	14 IRVINE 306	27 NEWPORT BEACH 196	39 STANTON 27
2 ANAHEIM 118	15 LA HABRA 205	28 NORTH TUSTIN NO DATA	40 TRABUCO CANYON N/A**
3 BREA 143	16 LA PALMA 293	29 ORANGE 150	41 TUSTIN 283
4 BUENA PARK 201	17 LADERA RANCH 218	30 PLACENTIA 106	42 VILLA PARK 32
5 COSTA MESA 219	18 LAGUNA BEACH 304	31 PORTOLA HILLS NO DATA	43 WESTMINSTER 127
6 COTO DE CAZA NO DATA	19 LAGUNA HILLS 157	32 RANCHO SANTA MARGARITA 291	44 YORBA LINDA 269
7 CYPRESS 223	20 LAGUNA NIGUEL 408	33 ROSSMOOR 15	
8 DANA POINT 104	21 LAGUNA WOODS N/A**	34 SAN CLEMENTE 201	
9 FOOTHILL RANCH NO DATA	22 LAKE FOREST 208	35 SAN JUAN CAPISTRANO 215	
10 FOUNTAIN VALLEY 274	23 LAS FLORES NO DATA	36 SANTA ANA 133	
11 FULLERTON 168	24 LOS ALAMITOS 69	37 SEAL BEACH 72	
12 GARDEN GROVE 165	25 MIDWAY CITY 296	38 SILVERADO 776	
13 HUNTINGTON BEACH 245	26 MISSION VIEJO 294		

Spaces per  
1,000 Children

- 0 - 123
- 124 - 199
- 200 - 272
- 273 - 776
- Unincorporated
- No data available
- Supervisorial District (1 to 5)



\*Includes center-based sites and family child care homes serving infants, preschoolers, and school-age children (0 to 12 years old). Does not include license-exempt family, friend, and neighbor care.

\*\*Communities with fewer than 55 youth ages 0 to 11 excluded as rates are unreliable.

Note: No data indicates that the dataset does not include information on the particular community.

Note: Families may seek care in communities other than the one in which they live.

Source: California Department of Social Services, Community Care Licensing Division, July 31, 2024

Source: U.S. Census Bureau, American Community Survey, 5-year estimates, Table B09001

# HOUSING

## THE PERCENTAGE OF INSECURELY HOUSED STUDENTS INCREASED FOR THE SECOND YEAR IN A ROW.

### 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.<sup>1</sup>

#### Why is this indicator important?

The high mobility, trauma and poverty associated with homelessness and insecure housing create educational barriers, low school attendance and 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 2022/23, 5.9% (26,943) of students in Orange County experienced insecure housing, which was lower than 2013/14, at 6.5% (32,510).
- Hispanic/Latino students had the highest rate of insecure housing (10.2%), followed by American Indian or Alaska Native (7.7%), Pacific Islander (7.1%) and Black or African American (6.6%) students. Asian (1.1%), White (1.5%), Two or More Races (1.7%) and Filipino (2.3%) students had the lowest rates of insecure housing.

- Of those students with insecure housing in 2022/23, elementary age students (grades kindergarten to 6) represented the highest percentage at 6.7%, followed by middle school students (grades 7 to 8) at 5.5% and high school age students (grades 9 to 12) at 5.4%.
- With regard to primary nighttime residence, in 2022/23:
  - 89.8% (24,183) of insecurely housed students were doubled-up in housing.
  - 4.6% (1,241) of insecurely housed students were in hotels or motels.
  - 4.0% (1,083) of insecurely housed students were housed in shelters.
  - 1.6% (436) of insecurely housed students were unsheltered.
- School districts with the highest percentage of insecurely housed students were Magnolia School District (28.6%), Santa Ana Unified (14.8%) and Placentia-Yorba Linda Unified (14.3%). School districts with the lowest percentage were Fountain Valley School District (0.1%), Los Alamitos Unified (0.4%) and Irvine Unified (0.4%).

<sup>1</sup> 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 2010/11, 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.

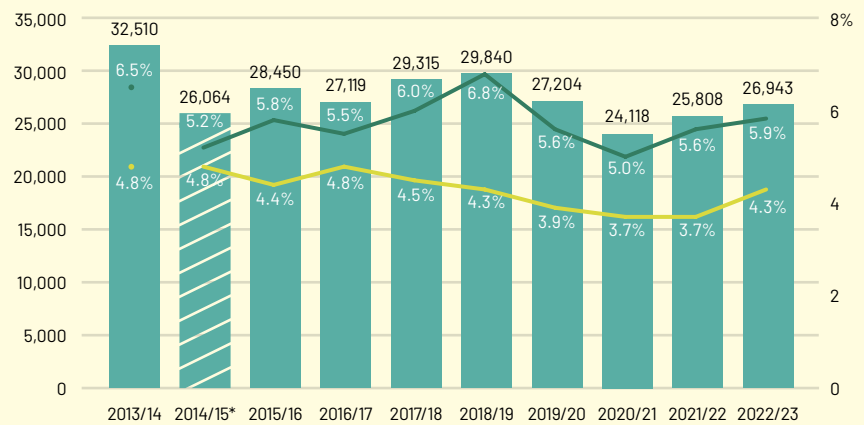
## ECONOMIC WELL-BEING

## Number and Percent of Students with Insecure Housing, Orange County and California, 2013/14 to 2022/23

- 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 2014/15 is lower due to a statewide data system error at the California Department of Education that likely resulted in under-reported counts.

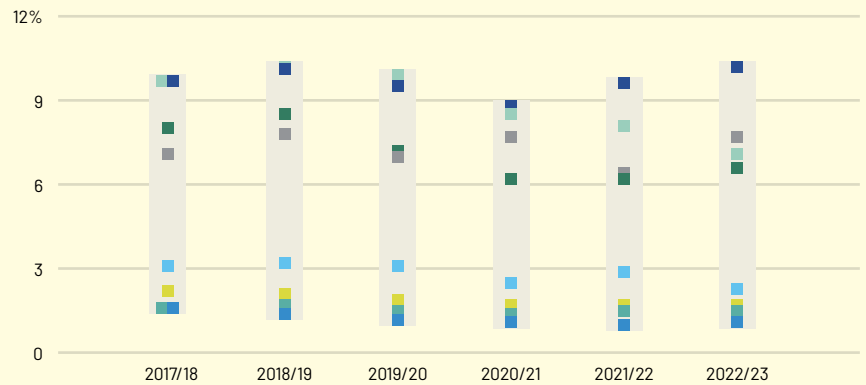
Source: California Department of Education



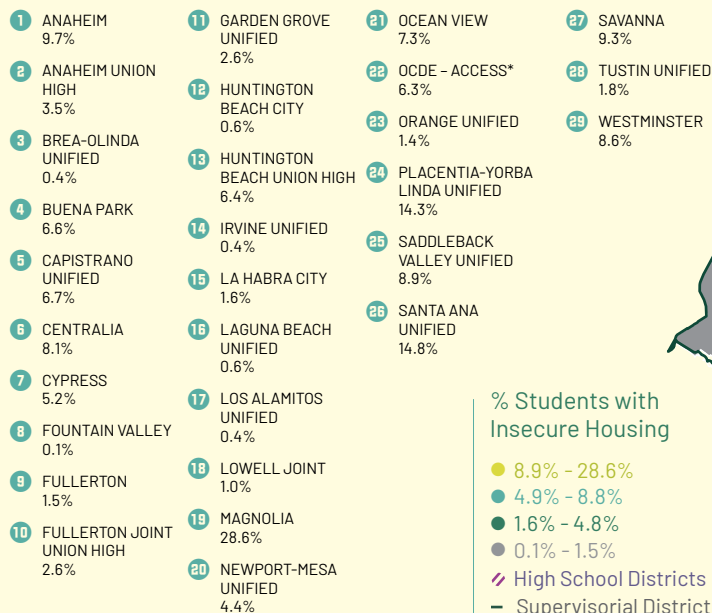
## Percent of Enrolled Students with Insecure Housing, By Race and Ethnicity, 2017/18 to 2022/23

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

Source: California Department of Education



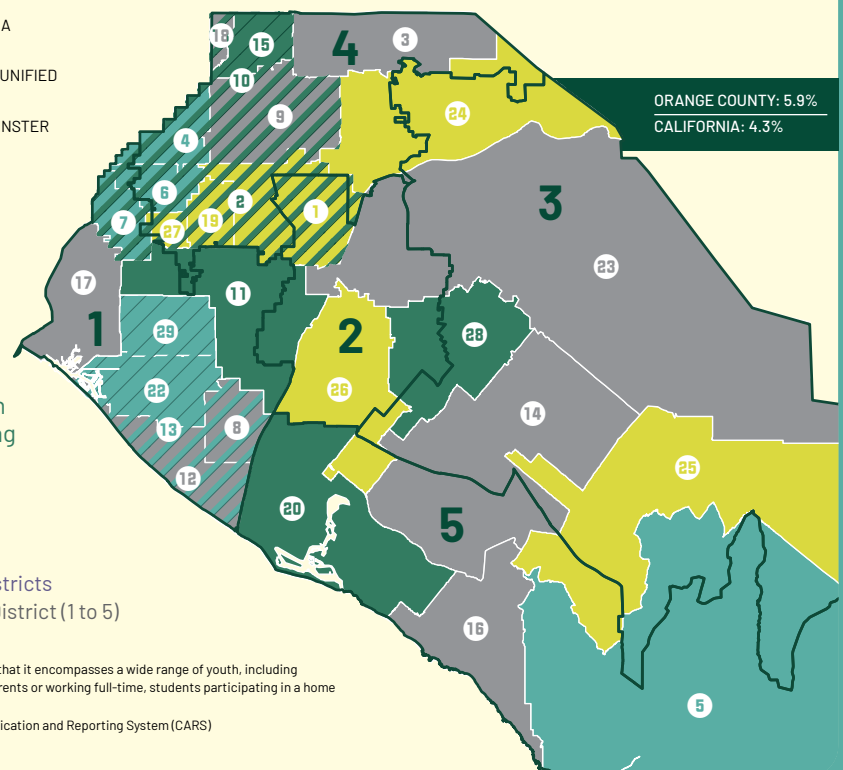
## Percent of Enrolled Students with Insecure Housing, by School District, 2022/23



## % Students with Insecure Housing

- 8.9% - 28.6%
- 4.9% - 8.8%
- 1.6% - 4.8%
- 0.1% - 1.5%

- ▨ High School Districts
- Supervisorial District (1 to 5)



\*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

## NET COLLECTIONS AND THE TOTAL NUMBER OF CASES HIT A 10-YEAR LOW.

### DESCRIPTION OF INDICATOR

This indicator reports the number of child support cases, net and per case collections of child support and the percentage and amount of child support distributed.

#### Why is this indicator important?

The child support program is one of the largest income support programs serving children, impacting over 12.7 million children nationally in 2023.<sup>1</sup> 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.

Research shows that some families are lifted out of poverty by receiving child support payments, however, child support is limited in its ability to reduce poverty due, in part, to noncustodial parents who have low and irregular incomes.<sup>2</sup> Beyond poverty reduction, child support has also been shown to improve cognitive development, high school graduation rates and college attendance.<sup>3</sup> It has also been shown to increase the involvement of noncustodial parents and reduce the risk of child maltreatment.<sup>4</sup>

#### Findings

- Total Orange County child support cases decreased by 19.9% from 67,732 in 2014/15 to 54,240 in 2023/24.
- Over the same period, net collections decreased by 4.3% from \$178.8 million in 2014/15 to \$171.1 million in 2023/24, with an average of \$182.8 million annually. Collections decreased 14.1% from 2019/20 (\$199.1 million to \$171.1 million), 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 the COVID-19 unemployment stimulus.
- Most (91.8%) Orange County cases have a court order established, in comparison to California's rate of 88.0%.<sup>5</sup> Since 2017, the Orange County CSS rate decreased by 0.6% (from 92.4%).
- The percent of current support distributed among Orange County cases during 2023/24 was 65.7%, which is higher than the California rate of 62.9%, and represents a slightly lower rate than 66.7% in 2014/15.<sup>6</sup>

<sup>1</sup> U.S. Department of Health and Human Services, Administration for Children and Families. <sup>2</sup> McDonald, Maretta, Sofi Martinez, Rebekah Selekman, and Eliza Abendroth, 2024. <sup>3</sup> Elaine Sorensen, The Child Support Program is a Good Investment, U.S. Department of Health and Human Services, Administration for Children and Families, 2016. <sup>4</sup> Ibid. <sup>5</sup> California Department of Child Support Services: Comparative Data for Managing Program Performance, FFY 2024, Published July 2023. Percentage data source, Table 1 Cases with Support Orders Established using Point-in-Time Data. <sup>6</sup> Department of Child Support Services, 2024. Collection Rate Percentage and Dollars Owed collected from California pulled from State of California – Health and Human Services Agency Child Support Program Statistics FFY 2024, table 1.3.

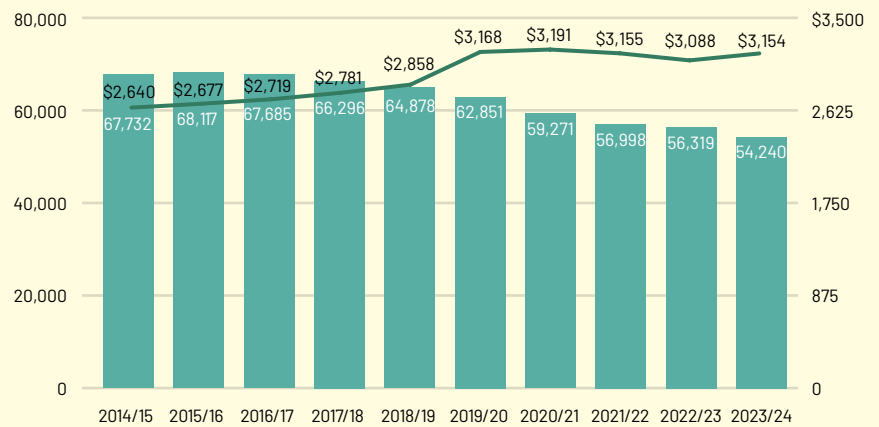


## ECONOMIC WELL-BEING

## Total Child Support Cases and Per Case Collections, 2014/15 to 2023/24

- Total Number of Cases
- Per Case Collection

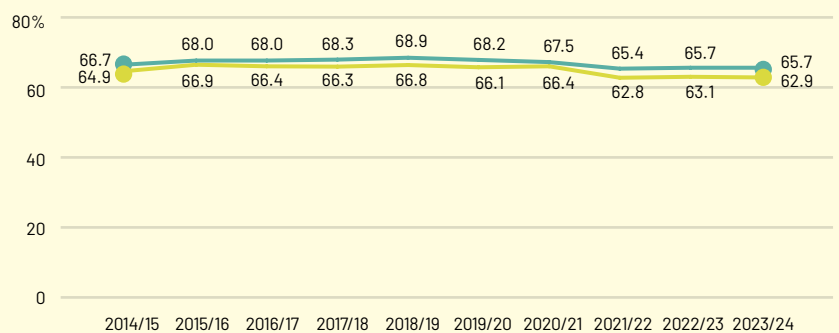
**Note:** Total cases each year is a 12-month average from July to June.  
**Source:** Orange County Department of Child Support Services



## Percent of Child Support Distributed, Orange County and California 2014/15 to 2023/24

- Orange County
- California

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

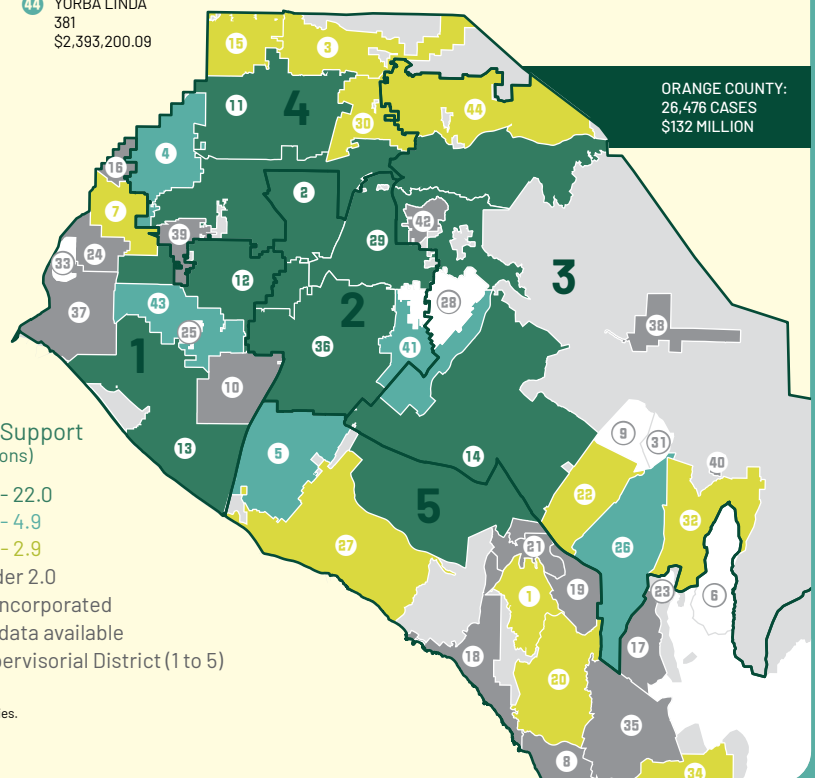


## Number of Cases and Total Support Distributed, by Community of Residence, 2023/24

1 ALISO VIEJO 323 \$2,172,066.09	13 HUNTINGTON BEACH 1,434 \$7,536,053.57	25 MIDWAY CITY NO DATA*	37 SEAL BEACH 67 \$331,744.09	42 VILLA PARK 19 \$208,183.55
2 ANAHEIM 4,708 \$19,838,466.42	14 IRVINE 1,131 \$7,756,445.88	26 MISSION VIEJO 518 \$3,122,299.26	38 SILVERADO 11 \$51,395.18	43 WESTMINSTER 892 \$4,165,172.62
3 BREA 382 \$2,022,711.66	15 LA HABRA 670 \$2,980,699.92	27 NEWPORT BEACH 277 \$2,415,005.00	39 STANTON 372 \$1,420,422.40	44 YORBA LINDA 381 \$2,393,200.09
4 BUENA PARK 906 \$3,964,849.01	16 LA PALMA 96 \$432,957.14	28 NORTH TUSTIN NO DATA*	40 TRABUCO CANYON 117 \$790,355.45	
5 COSTA MESA 780 \$4,144,545.69	17 LADERA RANCH 206 \$1,830,971.60	29 ORANGE 1,297 \$6,428,412.96	41 TUSTIN 847 \$4,032,463.24	
6 COTO DE CAZA NO DATA*	18 LAGUNA BEACH 73 \$928,284.71	30 PLACENTIA 509 \$2,739,566.88		
7 CYPRESS 407 \$2,270,061.88	19 LAGUNA HILLS 201 \$1,191,952.03	31 PORTOLA HILLS NO DATA*		
8 DANA POINT 179 \$943,933.15	20 LAGUNA NIGUEL 323 \$2,706,049.75	32 RANCHO SANTA MARGARITA 303 \$2,251,025.94		
9 FOOTHILL RANCH NO DATA*	21 LAGUNA WOODS 13 \$26,564.15	33 ROSSMOOR NO DATA*		
10 FOUNTAIN VALLEY 377 \$1,982,605.45	22 LAKE FOREST 560 \$2,845,704.51	34 SAN CLEMENTE 336 \$2,312,193.86		
11 FULLERTON 1,344 \$5,897,850.47	23 LAS FLORES NO DATA*	35 SAN JUAN CAPISTRANO 272 \$1,428,969.94		
12 GARDEN GROVE 1,745 \$7,782,071.38	24 LOS ALAMITOS 129 \$868,494.59	36 SANTA ANA 4,271 \$17,866,481.24		

## Total Support (in Millions)

- 5.0 - 22.0
- 3.0 - 4.9
- 2.0 - 2.9
- Under 2.0
- Unincorporated
- No data available
- Supervisorial District (1 to 5)



\*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%** 2015    **52.5%** 2022

## HIGH SCHOOL DROPOUT RATES

PERCENT OF HIGH SCHOOL DROPOUTS FOR GRADES 9 TO 12 COHORT



**5.7%** 2014/15    **4.8%** 2022/23

## THIRD GRADE ENGLISH LANGUAGE ARTS

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



**46.0%** 2014/15    **53.2%** 2022/23

## COLLEGE READINESS

PERCENT OF GRADUATES WITH UC/CSU ELIGIBLE REQUIREMENTS



**48.9%** 2013/14    **57.3%** 2022/23

## THIRD GRADE MATHEMATICS

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



**51.0%** 2014/15    **56.3%** 2022/23

## CHRONIC ABSENTEEISM

PERCENT OF STUDENTS CHRONICALLY ABSENT FROM SCHOOL



**7.7%** 2016/17    **19.2%** 2022/23



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 2018/19.

### 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?

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.<sup>1</sup> 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 2021/22, 52.5% of children in Orange County were developmentally ready for kindergarten, a 0.2% decrease from 2018/19 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 Two or More Races (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%). Children who are "not ready" or "somewhat ready" could benefit from developmentally appropriate activities and interventions to help them become ready for kindergarten.
- Communities with the highest percentage of students developmentally ready for school included 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).<sup>2</sup>
- 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).

<sup>1</sup> Duncan, G. J., Dowsett, C. J., and Claessens, A. (2007). School readiness and later achievement. *Developmental Psychology*, 43(6), 1428-1446.

<sup>2</sup> EDI records indicates how many assessments were completed in each community and is provided to show population size.

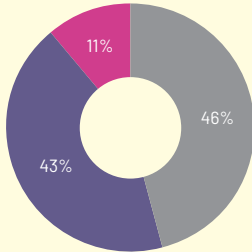


## EDUCATION

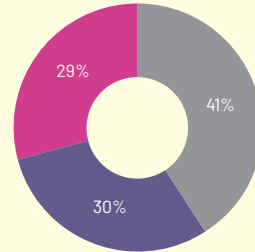
### Percentage of Children Ready for Kindergarten, by Select Sub Areas, 2021/22

● Not Ready ● Somewhat Ready ● Ready

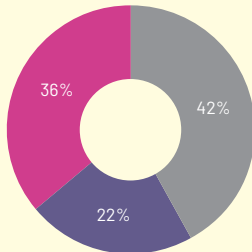
#### Overall Social Competence



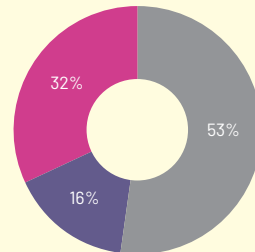
#### Prosocial and Helping Behavior



#### Communication Skills and General Knowledge



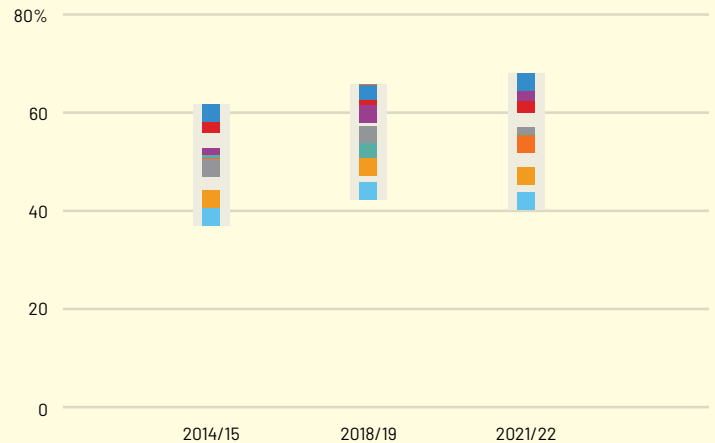
#### Gross and Fine Motor Skills



Source: Early Development Index, 2022

### Percentage of Children Ready for Kindergarten, by Race/Ethnicity, 2014/15, 2018/19 and 2021/22

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



Source: Early Development Index, 2015 to 2022

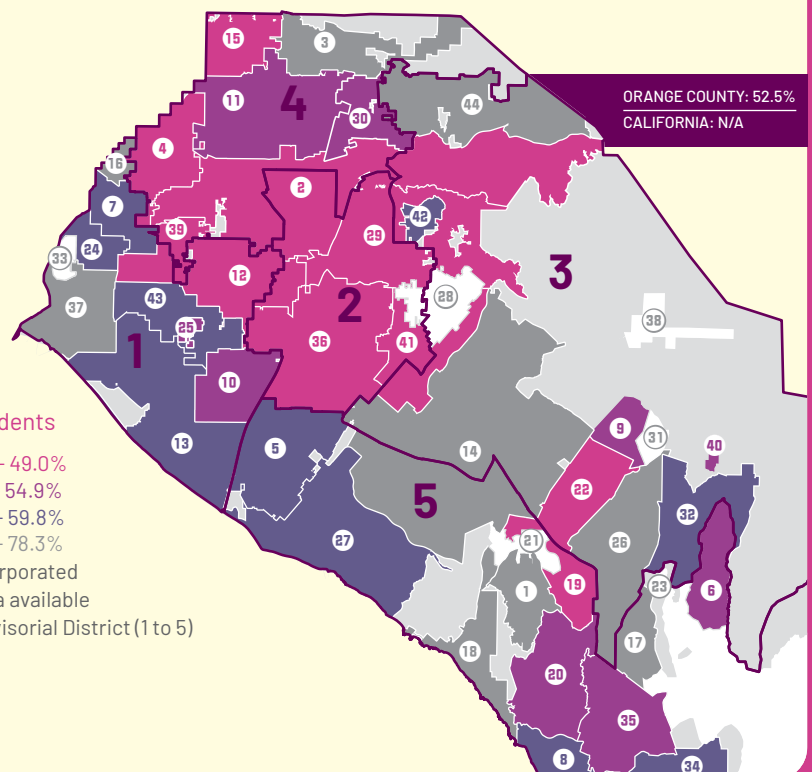
Note: 2015 includes data collected in 2013, 2014, and 2015; 2019 includes data collected in 2018 and 2019; and 2022 includes data collected in 2022. The 2015, 2019, and 2022 data waves reflect 100% school participation.

### Percent of Children Ready for Kindergarten, by Community of Residence, 2021/22

1 ALISO VIEJO 61.4%	14 IRVINE 66.1%	27 NEWPORT BEACH 57.5%	40 TRABUCO CANYON 51.3%
2 ANAHEIM 44.9%	15 LA HABRA 42.7%	28 NORTH TUSTIN NO DATA	41 TUSTIN 48.3%
3 BREA 62.2%	16 LA PALMA 64.9%	29 ORANGE 46.0%	42 VILLA PARK 58.1%
4 BUENA PARK 45.8%	17 LADERA RANCH 78.1%	30 PLACENTIA 53.7%	43 WESTMINSTER 55.8%
5 COSTA MESA 55.7%	18 LAGUNA BEACH 78.3%	31 PORTOLA HILLS NO DATA	44 YORBA LINDA 62.0%
6 COTO DE CAZA 45.5%	19 LAGUNA HILLS 45.3%	32 RANCHO SANTA MARGARITA 55.5%	
7 CYPRESS 58.8%	20 LAGUNA NIGUEL 54.7%	33 ROSSMOOR NO DATA	
8 DANA POINT 58.1%	21 LAGUNA WOODS NO DATA	34 SAN CLEMENTE 59.8%	
9 FOOTHILL RANCH 54.9%	22 LAKE FOREST 47.5%	35 SAN JUAN CAPISTRANO 49.6%	
10 FOUNTAIN VALLEY 53.6%	23 LAS FLORES NO DATA	36 SANTA ANA 40.6%	
11 FULLERTON 53.8%	24 LOS ALAMITOS 56.7%	37 SEAL BEACH 63.0%	
12 GARDEN GROVE 49.0%	25 MIDWAY CITY 50.0%	38 SILVERADO NO DATA	
13 HUNTINGTON BEACH 57.6%	26 MISSION VIEJO 63.3%	39 STANTON 42.7%	

#### % of Students

● 40.6% - 49.0%  
● 49.1% - 54.9%  
● 55.0% - 59.8%  
● 59.9% - 78.3%  
○ Unincorporated  
○ No data available  
— Supervisorial District (1 to 5)



Note: Data for communities with fewer than 30 records were removed.

Note: No data indicates that the dataset does not include information on the particular community.

Source: Early Development Index, 2022



# THIRD GRADE ENGLISH LANGUAGE ARTS

ECONOMICALLY DISADVANTAGED STUDENTS MEET OR EXCEED STANDARDS AT SUBSTANTIALLY LOWER RATES THAN THEIR PEERS.

## 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, 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 second 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 COVID-19 pandemic.

### Why is this indicator important?

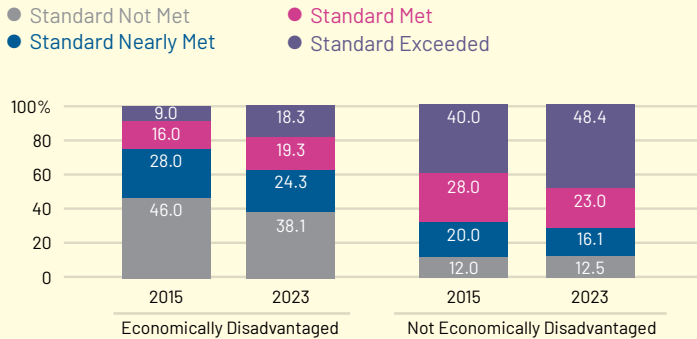
CAASPP is designed to demonstrate progress toward learning problem-solving and critical thinking skills needed for college and career readiness. It gives schools and communities data on the performance of students and significant student groups within a school. This information helps schools analyze 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.<sup>1</sup>

### Findings:

- In school year 2022/23, over half (53.2%) of Orange County third grade students met or exceeded the statewide achievement standard for ELA, an increase from 2021/22 (51.8%) and higher than California at 43.0%.
- Among third grade students who were not economically disadvantaged, 71.4% met or exceeded standards in ELA, substantially higher than those who were economically disadvantaged at 37.6%.
- Between 2014/15 and 2022/23, the percentage of economically disadvantaged students who met or exceeded standards increased from 25.0% to 37.6% compared to an increase from 68.0% to 71.4% among students who were not economically disadvantaged.
- The ELA assessments are subdivided by four academic focus areas; 23.8% of third graders were above standards in the area of Writing, followed by Reading (23.3%), Research/Inquiry (21.6%) and Listening (14.6%).
- Across two of the four focus areas, fewer third grade students were above standards in 2022/23 than 2014/15. The greatest decrease was in Listening (3.4% decrease), followed by Research/Inquiry (1.4% decrease). Writing increased by 0.8% and Reading by 0.3% from 2014/15 to 2022/23.
- Asian students exceeded or met standards for ELA at 76.9%, followed by Filipino (71.0%), Two or More Races (70.1%), White (67.6%), Native Hawaiian or Other Pacific Islander (50.0%), American Indian or Alaska Native (50.0%), Black or African American (40.6%) and Hispanic or Latino (35.3%) students. Since 2014/15, Native Hawaiian or Other Pacific Islander students have shown the greatest improvement with a 13.0 percentage point increase in students who exceeded or met standards (increasing from 37.0% to 50.0%).
- The school districts with the highest percentage of third grade students exceeding or meeting standards for overall achievement in English Language Arts are Los Alamitos Unified (78.5%), Laguna Beach Unified (76.7%), Fountain Valley Elementary (76.7%) and Irvine Unified (70.5%). The school districts with the lowest percentages are Anaheim City (24.5%), Santa Ana Unified (28.4%) and La Habra City (34.6%).

## EDUCATION

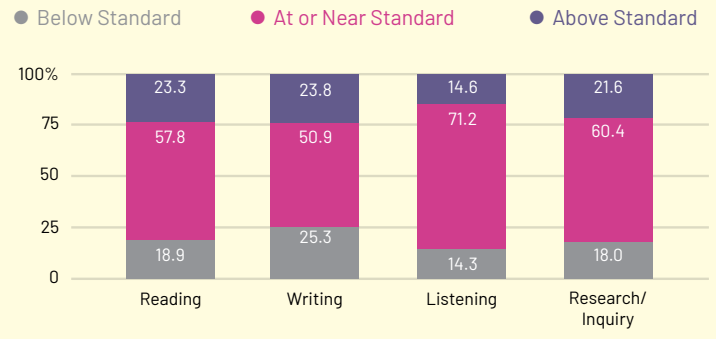
### Overall Achievement in ELA Among Third Grade Students, by Socioeconomic Status, 2014/15 and 2022/23



**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, 2022/23

### Achievement in ELA Focus Areas Among Third Grade Students, 2022/23



**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, 2022/23

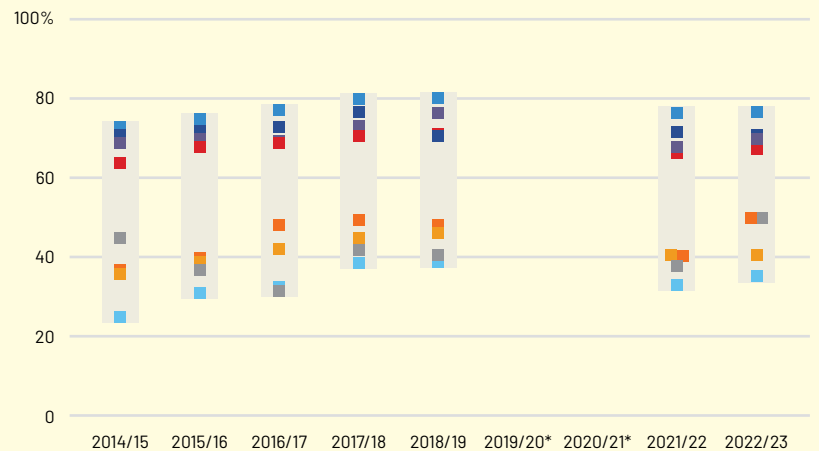
### Overall Achievement in ELA Among Third Grade Students, Standard Exceeded/Standard Met, by Race/Ethnicity, 2014/15 to 2022/23



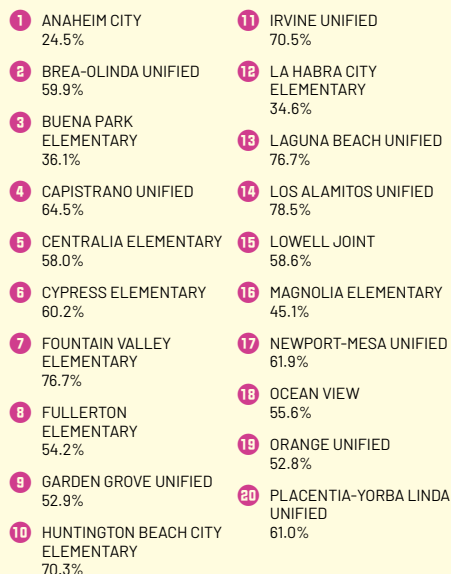
\*No data is available for school years 2019/20 and 2020/21 due to disruptions in data collection caused by COVID-19.

**Note:** Third grade student enrollment by race/ethnicity is 48.7% Hispanic or Latino, 21.4% White, 18.8% Asian, 5.8% Multiracial, 2.0% Filipino, 1.2% African American, 0.2% Pacific Islander, 0.1% American Indian or Alaska Native and 1.7% Not Reported.

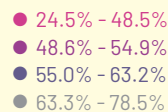
**Source:** CAASPP, 2022/23



### Percent of Third Grade Students Who Exceeded or Met Standards for ELA Overall Achievement, by School District, 2022/23



#### % of Students



— Supervisorial District (1 to 5)

**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, 2022/23

# THIRD GRADE MATHEMATICS

## MORE THIRD GRADE STUDENTS WERE ABOVE STANDARDS IN 2023 THAN 2015.

### 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, CAASPP reflects the Common Core State Standards and online testing system to measure the academic performance of students. This report reflects the second 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 COVID-19 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 whether 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.<sup>1</sup> Understanding third grade performance is important because it is the year that students start using the decimal system to do multi-digit number calculations, an important foundation for future success in mathematics.

### Findings

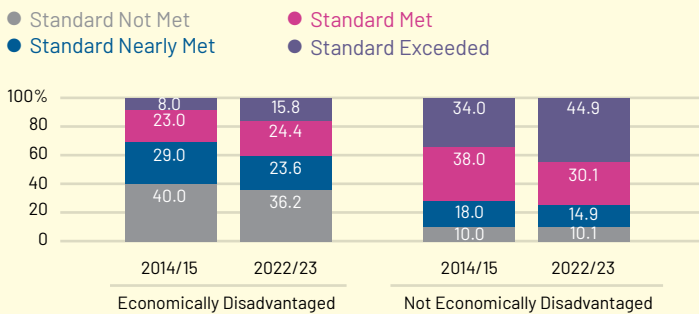
- In school year 2022/23, over half (56.3%) of Orange County third grade students met or exceeded the statewide achievement standard in math, an increase from 2021/22 (54.3%) and higher than California (45.1%).
- Among third grade students who were not economically disadvantaged, 75.0% met or exceeded the achievement standards in math, which was substantially higher than those students who were economically disadvantaged at 40.2%.
- Between 2014/15 and 2022/23, the percentage of economically disadvantaged students who met or exceeded standards increased from 31.0% to 40.2%

compared to a smaller increase from 72.0% to 75.0% among students who were not economically disadvantaged.

- The mathematics assessments are subdivided into three academic focus areas. Over one-third (35.2%) of third grade students were above the standard in Concepts and Procedures compared to Problem Solving and Modeling/Data Analysis (30.3%) and Communicating Reasoning (28.6%).
- Across all three focus areas, more third grade students were above standards in 2022/23 and 2014/15. Problem Solving and Modeling/Data Analysis increased by 3.3%, Concepts and Procedures increased by 1.2%, while Communicating Reasoning increased by 0.6%.
- Asian students exceeded or met standards in math at 82.4%, followed by Filipino (77.7%), Two or More Races (74.6%), White (70.7%), Native Hawaiian or Other Pacific Islander (51.3%), American Indian or Alaska Native (51.2%), Black or African American (39.6%) and Hispanic or Latino (37.1%) students. Since 2014/15, Native Hawaiian or Other Pacific Islander students have shown the greatest improvement with an 8.3 percentage point increase in students who exceeded or met standards (increasing from 43.0% to 51.3%).
- The school districts with the highest percentage of third grade students exceeding or meeting standards for overall achievement in math were Laguna Beach Unified (84.2%), Fountain Valley Elementary (82.7%) and Los Alamitos Unified (80.6%). The school districts with the lowest percentage were Anaheim City (28.7%), Santa Ana Unified (29.2%) and La Habra City (43.4%).

## EDUCATION

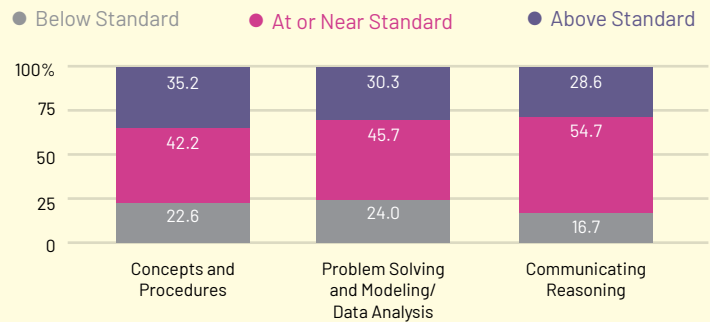
## Overall Achievement in Mathematics Among Third Grade Students, by Socioeconomic Status, 2014/15 and 2022/23



**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, 2022/23

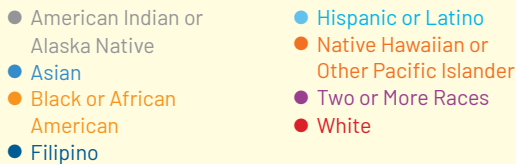
## Achievement in Mathematics Focus Areas Among Third Grade Students, 2022/23



**Note:** Math results include information about the students' performance in the areas of concepts and procedures, problem solving and 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, 2022/23

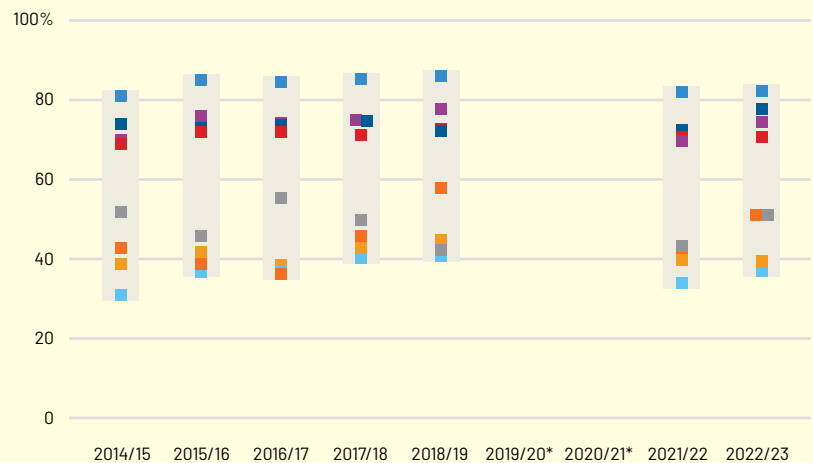
## Overall Achievement in Mathematics Among Third Grade Students, Standard Exceeded/Standard Met, by Race/Ethnicity, 2014/15 to 2022/23



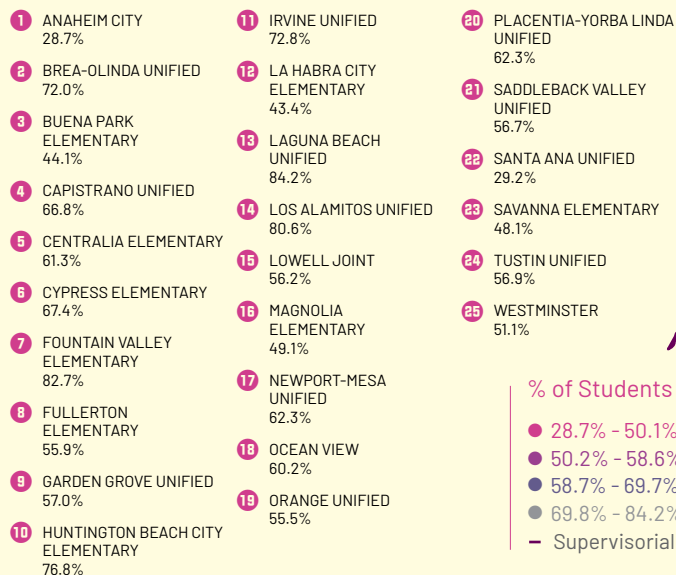
\*No data is available for school years 2019/20 and 2020/21 due to disruptions in data collection caused by COVID-19.

**Note:** Third grade student enrollment by race/ethnicity is 48.7% Hispanic or Latino, 21.4% White, 18.8% Asian, 5.8% Two or More Races, 2.0% Filipino, 1.2% African American, 0.2% Native Hawaiian or Other Pacific Islander, 0.1% American Indian or Alaska Native and 1.7% Not Reported.

**Source:** CAASPP, 2022/23

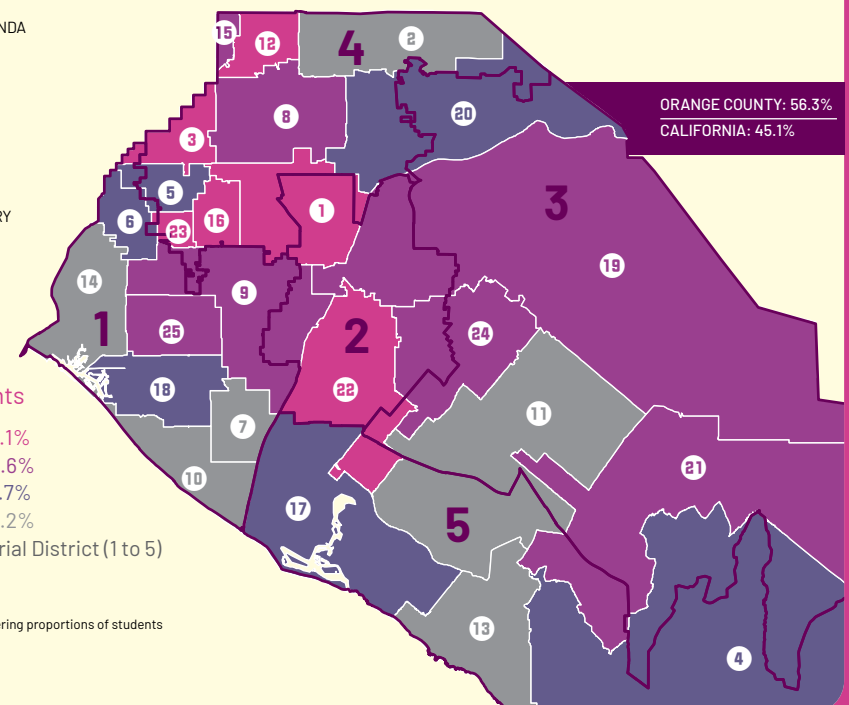


## Percent of Third Grade Students Who Exceeded or Met Standards for Mathematics Overall Achievement, by School District, 2022/23



**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, 2022/23



# HIGH SCHOOL DROPOUT RATES

AFTER YEARS OF DECLINE, DROPOUT RATES INCREASED IN 2022/23.

## 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, 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.<sup>1</sup>

### 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.<sup>2</sup>

### Findings

- The Orange County cohort dropout rate for school year 2022/23 was 4.8%, which was lower than the California dropout rate of 8.2% and the United States 2020/21 dropout rate for public schools of 5.3%.<sup>3</sup>
- In 2022/23, of the 39,670 cohort students, 36,300 graduated and 1,914 students dropped out. 1,456 students did not graduate because they were either considered still enrolled at the time of the cohort's graduation (631 students), Special Education completers (494), CHSPE completers (147) or completed the GED (23) or adult education diploma (3). The remaining 158 students were "other transfers."

- Dropout rates reflect persistent disparities with the highest rate for the 2022/23 school year among Black or African American (8.5%, 48 students), followed by Pacific Islander (8.2%\*), Hispanic or Latino (6.5%, 1,248), Two or More Races (4.7%, 70), White (3.2%, 321), American Indian or Alaska Native (3.2%\*), Asian (2.3%, 160) and Filipino (2.2%, 19) students.
- By program, dropout rates were highest among students enrolled as Foster Youth (16.9%), followed by Migrant Education (14.6%), English Learners (12.4%), Homeless Youth (10.7%), Students with Disabilities (7.7%) and Socioeconomically Disadvantaged (6.2%) students.<sup>4</sup>

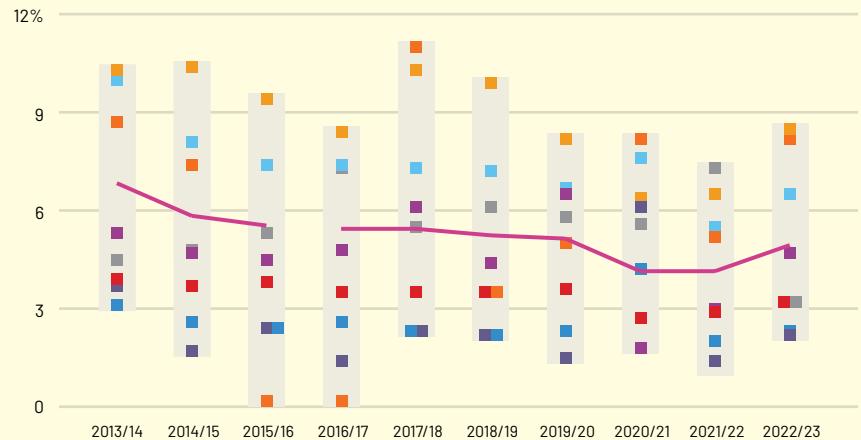
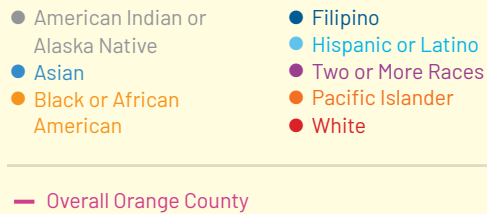
<sup>1</sup> California Department of Education, DataQuest, 2022/23 data. A cohort is a defined group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016/17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016/17 ACGR data is not comparable with the cohort outcome data from prior years. <sup>2</sup> Belfield, C. and Levin, H. (2007). The Economic Losses from High School Dropouts in California. <sup>3</sup> National Center of Education Statistics, Status Dropout Rates (Updated May 2024).

<sup>4</sup> 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. \*Data suppressed due to the small number of dropouts.



## EDUCATION

## Percent of Grade 9 to 12 Cohort Dropouts, by Race/Ethnicity, 2013/14 to 2022/23

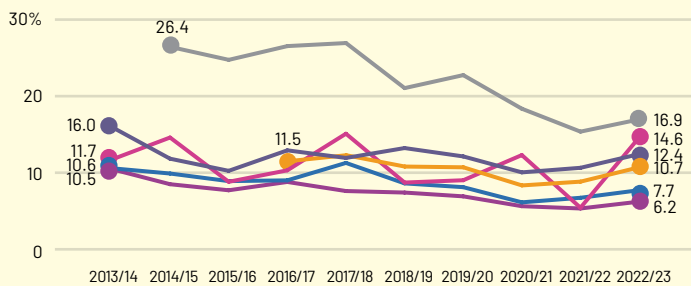


**Note:** A cohort is a defined group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016/17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016/17 ACGR data is not comparable 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.

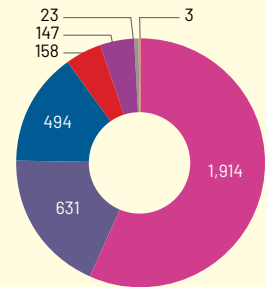
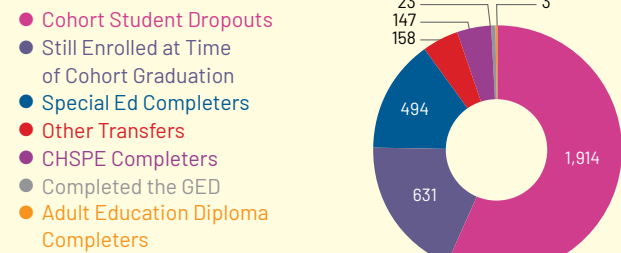
**Source:** California Department of Education, DataQuest

## Percent of Grade 9 to 12 Cohort Dropouts by Program, 2013/14 to 2022/23



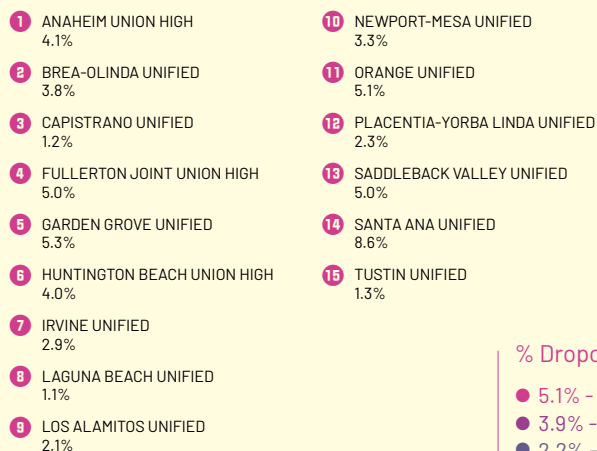
**Source:** California Department of Education, DataQuest, 2022/23

## Number of Students Who Did Not Graduate by Cohort, by Reason, 2022/23

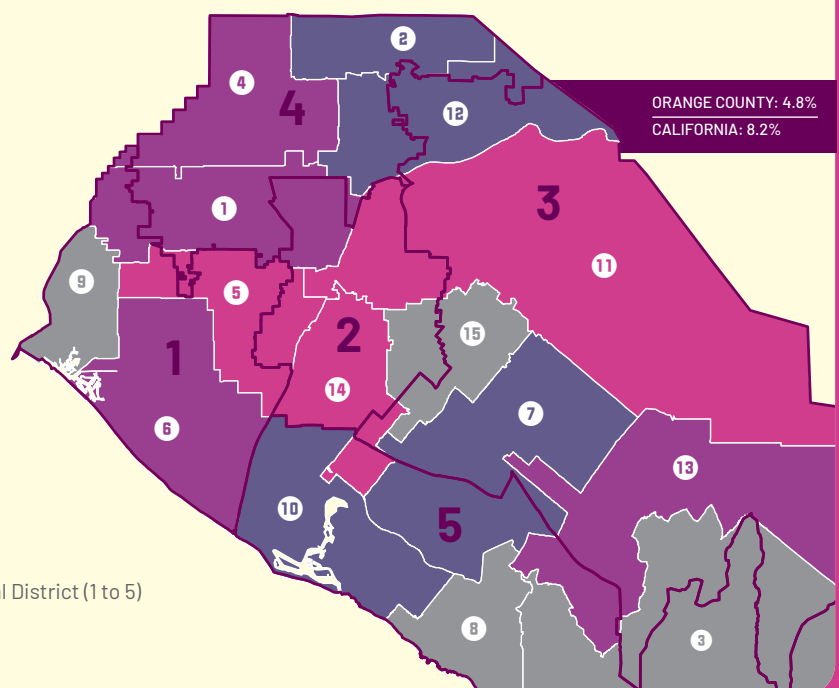
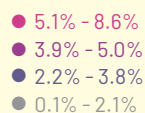


**Source:** California Department of Education, DataQuest, 2022/23

## Percent of Grade 9 to 12 Cohort Dropouts, by School District, 2022/23



## % Dropouts



**Source:** California Department of Education, DataQuest, 2022/23

# COLLEGE READINESS

THE PERCENTAGE OF COLLEGE-READY ORANGE COUNTY STUDENTS INCREASED FOR THE 11<sup>TH</sup> 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.<sup>1</sup>

### 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 2022/23, Orange County had 36,300 high school graduates, of which 57.3% were UC/CSU eligible, higher than California's eligibility rate of 52.4%.

- At 81.7% (5,326 students), Asian students had the greatest proportion of graduates who were UC/CSU eligible, followed by Filipino (71.1%, 588), Two or More Races (66.7%, 921), White (64.2%, 6,062), Pacific Islander (47.7%, 52), American Indian or Alaska Native (46.4%, 26), Hispanic or Latino (43.1%, 7,402) and Black or African American (43.3%, 210) graduates.
- Hispanic or Latino graduates comprise the largest group of total graduates (46.2%), of which only 43.1% were UC/CSU eligible. This percentage was lower than White (25.4% of graduates, of which 64.2% were UC/CSU eligible) and Asian (17.6% of total graduates, of which 81.7% were UC/CSU eligible) graduates.
- By program, the UC/CSU eligibility rates were highest among students enrolled in the Socioeconomically Disadvantaged program (46.4%), followed by students in the Homeless Youth (29.8%), Migrant Education (25.0%), English Learner (23.7%), Foster Youth (19.5%) and Students with Disabilities programs (16.9%).<sup>2</sup>

### 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

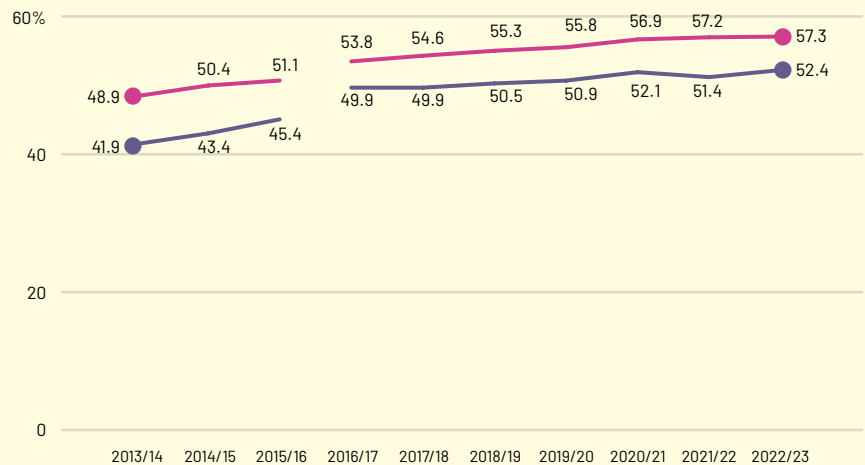
## EDUCATION

## Percent of Graduates in Orange County and California Meeting UC/CSU Entrance Requirements, 2013/14 to 2022/23

- Orange County
- California

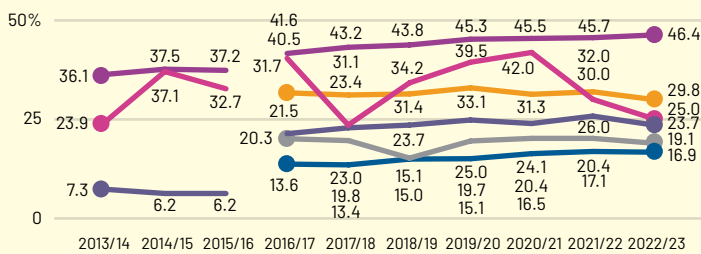
**Note:** A cohort is a defined group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016/17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016/17 ACGR data is not comparable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

**Source:** California Department of Education, DataQuest, 2022/23



## Percent of Graduates, by Program Meeting UC/CSU Entrance Requirements, 2013/14 to 2022/23

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

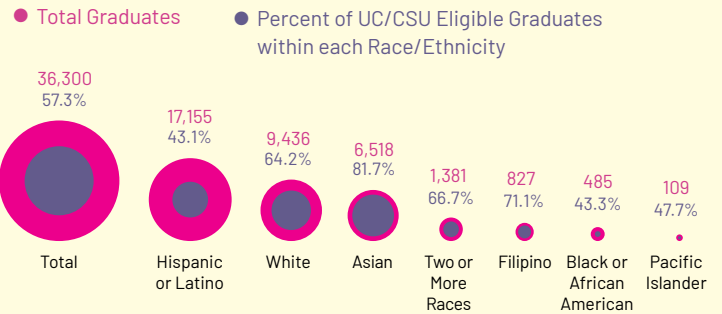


**Note:** A cohort is a defined group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016/17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016/17 ACGR data is not comparable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

**Note:** In 2023, there were 23,755 students in the socioeconomically disadvantage program, followed by 6,342 English Learners, 4,567 Students with Disabilities, 3,424 Homeless Youth, 288 Foster Youth and 56 students in Migrant Education.

**Source:** California Department of Education, DataQuest, 2022/23

## Number and Percent of Graduates Meeting UC/CSU Entrance Requirements, 2022/23



**Note:** American Indian or Alaska Native total graduates (56), percent of UC/CSU eligible graduates (46.4%).

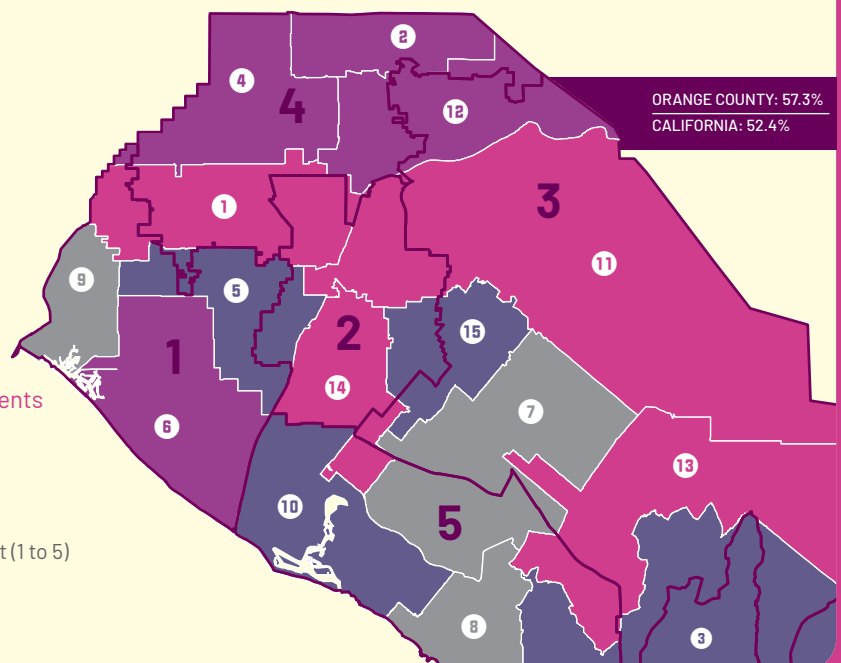
**Source:** California Department of Education, DataQuest, 2022/23

## Percent of Graduates Meeting UC/CSU Entrance Requirements, by School District, 2022/23

- |  |   |
|--|---|
| 1 ANAHEIM UNION HIGH<br>54.3%          | 11 ORANGE UNIFIED<br>50.6%                |
| 2 BREA-OLINDA UNIFIED<br>56.9%         | 12 PLACENTIA-YORBA LINDA UNIFIED<br>57.6% |
| 3 CAPISTRANO UNIFIED<br>62.6%          | 13 SADDLEBACK VALLEY UNIFIED<br>52.2%     |
| 4 FULLERTON JOINT UNION HIGH<br>55.4%  | 14 SANTA ANA UNIFIED<br>44.9%             |
| 5 GARDEN GROVE UNIFIED<br>59.8%        | 15 TUSTIN UNIFIED<br>66.0%                |
| 6 HUNTINGTON BEACH UNION HIGH<br>56.1% |   |
| 7 IRVINE UNIFIED<br>73.3%              |   |
| 8 LAGUNA BEACH UNIFIED<br>82.5%        |   |
| 9 LOS ALAMITOS UNIFIED<br>76.5%        |   |
| 10 NEWPORT-MESA UNIFIED<br>58.5%       |   |

## % Meeting Requirements

- 44.9% - 54.3%
- 54.4% - 57.6%
- 57.7% - 66.0%
- 66.1% - 82.5%
- Supervisorial District (1 to 5)



**Source:** California Department of Education, DataQuest, 2022/23

# CHRONIC ABSENTEEISM

CHRONIC ABSENTEEISM DECREASED SLIGHTLY FROM LAST YEAR, BUT REMAINED ELEVATED COMPARED TO 2020/21.

## 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 district's days of enrollment, the expected days of attendance and the actual days attended. For most districts, this threshold is about 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.<sup>1</sup> 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.<sup>2</sup>

### Findings

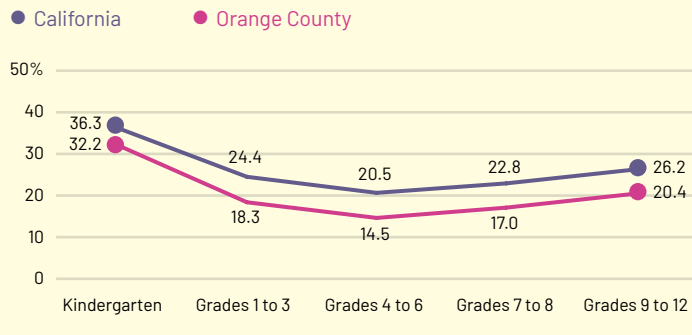
- In school year 2022/23, Orange County students including kindergarten through high school had a chronic absenteeism rate of 19.2%. While this represents a sharp increase from 2020/21 (9.0%), it was a decrease from 2021/22 (21.1%) and remains lower than California at 24.9%.
- In 2022/23, Pacific Islander and American Indian or Alaska Native students had the highest rates of being chronically absent (31.3% and 26.5% respectively). At 7.6% and 10.8%, 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 (39.0%), followed by Homeless Youth (33.2%), Students with Disabilities (30.0%), Migrant Education (25.9%), English Learner (24.9%) and Socioeconomically Disadvantaged (24.6%) programs.
- Students in the Homeless Youth program had the highest chronic absenteeism rates for kindergarteners (44.2%), with Foster Youth having the highest rates for grade levels 1 to 3 (33.3%), 4 to 6 (26.2%), 7 to 8 (40.9%) and 9 to 12 (50.3%).
- Kindergarten students have the highest rates of chronic absenteeism (32.2%), followed by students in grades 9 to 12 (20.4%), students in grades 1 to 3 (18.3%), students in grades 7 to 8 (17.0%) and students in grades 4 to 6 (14.5%). This trend was similar to California.

<sup>1</sup> 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). <sup>2</sup> 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.

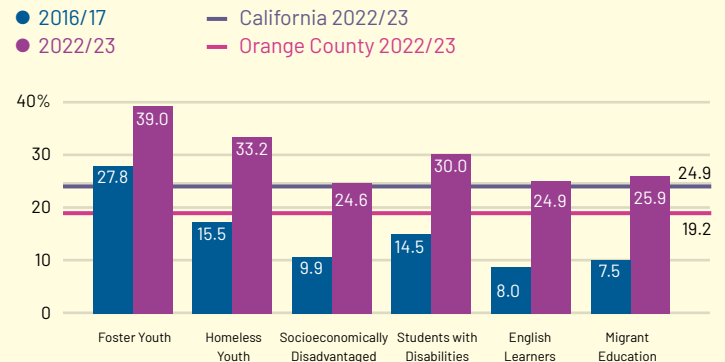
## EDUCATION

## Chronic Absenteeism, by Grade, 2022/23



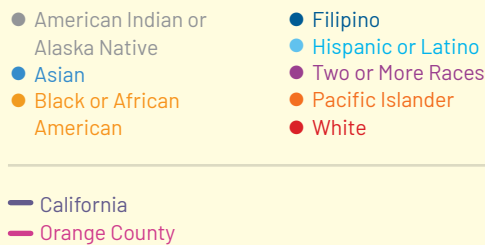
Source: California Department of Education, DataQuest, 2022/23

## Chronic Absenteeism Among All Students, by Program, 2016/17 and 2022/23



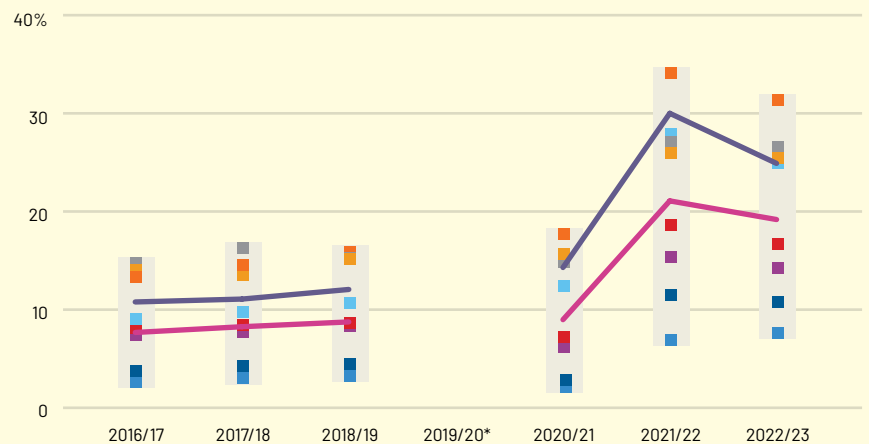
Source: California Department of Education, DataQuest, 2022/23

## Chronic Absenteeism Among All Students, by Race/Ethnicity, 2016/17 to 2022/23



\*Data are not available for 2019/2020.

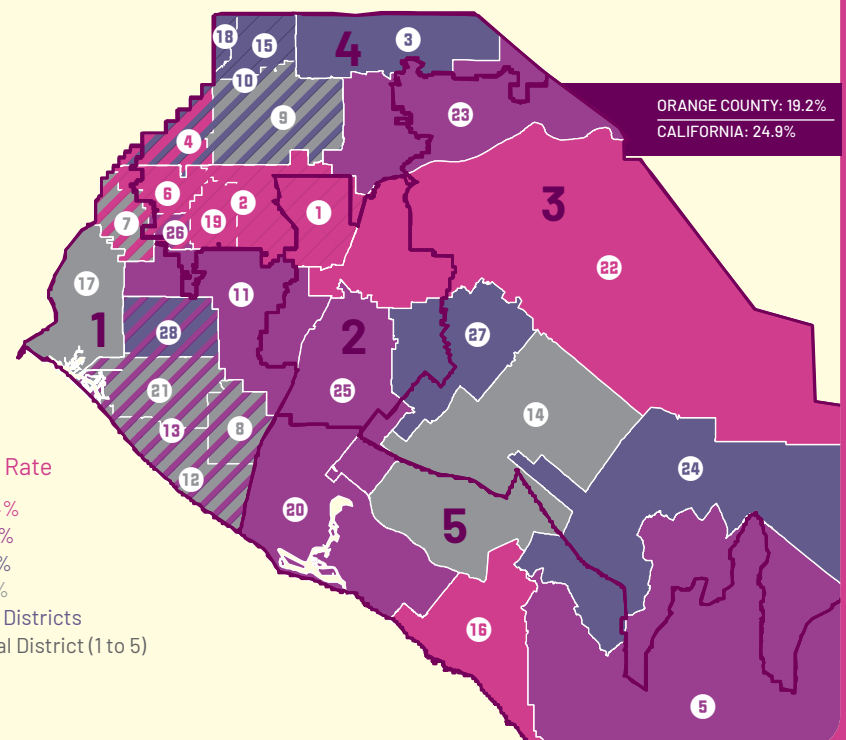
Source: California Department of Education, DataQuest, 2022/23



## Percent of Students Chronically Absent, by School District, 2022/23



Source: California Department of Education, DataQuest, 2022/23





# SAFE HOMES AND COMMUNITIES INDICATORS

## CHILD AND ADOLESCENT MORTALITY

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



**6.0**      **5.4**  
2013      2022

## JUVENILE ARRESTS

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



**2,051**      **458**  
2013      2022

## SUBSTANTIATED CHILD ABUSE

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



**7.6**      **6.5**  
2014      2023

## JUVENILE SUSTAINED PETITIONS

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



**777**      **169**  
2013      2022

## CHILD WELFARE

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



**27.9%**      **39.8%**  
2012/13      2021/22

## GANG ACTIVITY AMONG YOUTH

PERCENT OF GANG-RELATED  
JUVENILE PROSECUTIONS



**7.0%**      **3.0%**  
2014      2023



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.





# CHILD & ADOLESCENT MORTALITY

ORANGE COUNTY INJURY DEATH RATE REMAINED LOWER THAN THE STATEWIDE RATE.

## 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?

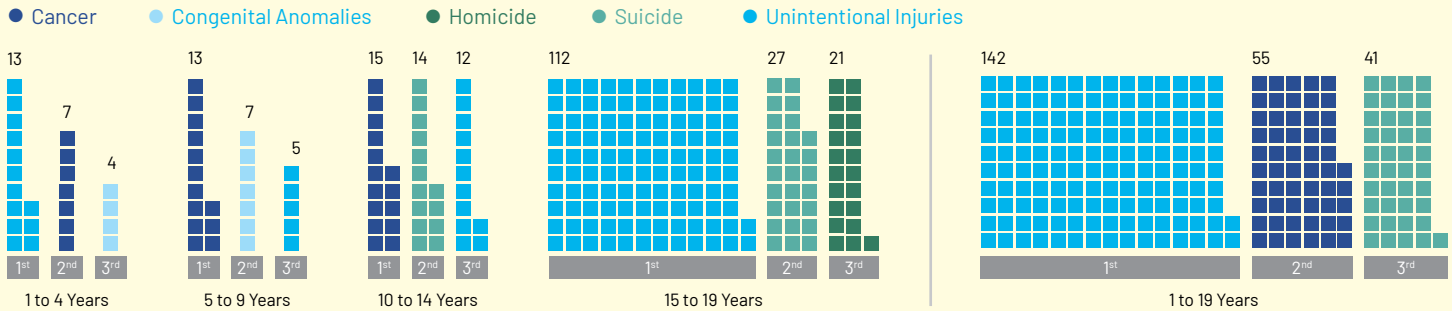
The child and adolescent death rate in a community can be an important indicator for public health advocates and policymakers. A high rate can point to underlying problems such as violent neighborhoods or inadequate child supervision.<sup>1</sup> Unintentional childhood mortality due to injury is strongly 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.<sup>2</sup> Since children are much more likely to die during the first year of life (infancy) trends in infant mortality are discussed separately (page 20).

### Findings

- There were 108 deaths for children and adolescents ages one to 19 years in Orange County in 2022. The mortality rate was 14.3 deaths per 100,000 children and adolescents.
- From 2020 to 2022, the leading cause of death for children and adolescents one to 19 was unintentional injury (142), followed by cancer (55) and suicide (41).
- Non-Hispanic White and Hispanic children and adolescents had lower mortality rates in 2022 when compared to 2021 (11.9 vs. 19.7, 16.0 vs. 18.4, respectively). The rate for Asian children and adolescents increased from 15.8 in 2021 to 16.7 in 2022.
- Over half (57.4%) of all child and adolescent deaths were among the older teen age group (ages 15 to 19).
- Orange County's injury death rate decreased 2.5% from a rate of 8.0 per 100,000 children and adolescents ages one to 19 years in 2013 to 7.8 per 100,000 children and adolescents in 2022, which was lower than California's rate of 12.8 in 2022.
- The female mortality rate decreased from 16.4 per 100,000 in 2021 to 10.3 per 100,000 in 2022. A decreasing trend was also seen in the male mortality rate dropping 13.5% between 2021 and 2022 (20.8 vs. 18.0 per 100,000).
- In 2022, the rate of overall deaths related to injury for Non-Hispanic White children and adolescents was 8.6 per 100,000 children. For Hispanic children and adolescents, the rate was 8.3 and for Asian it was 7.2. The rate for Native Hawaiian or Other Pacific Islander and African American/Black children and adolescents was unstable due to the small number of deaths.
- The unintentional injury death rate (e.g., accidental poisoning,<sup>3</sup> motor vehicle accident or drowning) decreased 10.0% from a rate of 6.0 per 100,000 children and adolescents in 2013 to 5.4 per 100,000 in 2022.
- Over half (54.6% or 59) of all child and adolescent deaths were injury-related in 2022, which was a similar percentage to 2021 (55.6% or 79).
- In 2022, there were 15 substance use related deaths for children ages one to 19, up from 6 in 2013.

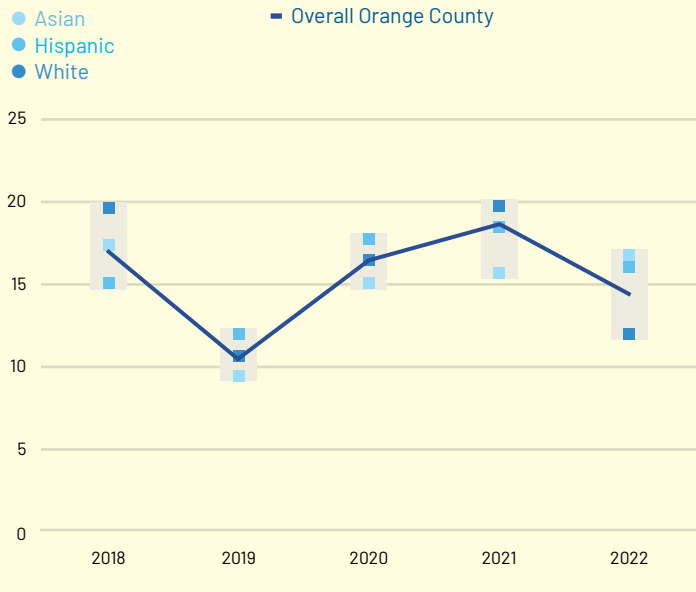
## SAFE HOMES &amp; COMMUNITIES

## Leading Causes of Death for Children One to 19 Years Old, by Age Group and Number of Deaths, 2020 to 2022



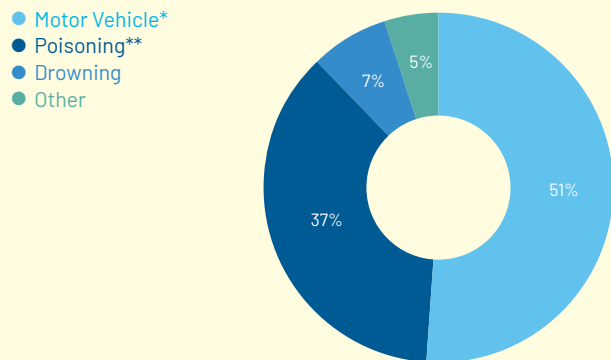
**Note:** Three-year total number of deaths.  
**Source:** Orange County Health Care Agency

## Child Mortality Rates by Race/Ethnicity, per 100,000 Children, 2018 to 2022



**Note:** The rate for Native Hawaiian or Other Pacific Islander and African American/Black youth was not included as it is unstable due to the small number of deaths.  
**Source:** Orange County Health Care Agency

## Unintentional Injury Deaths, by Cause, 2022

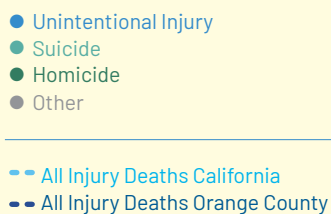


\*Includes motor vehicle versus bicycle and pedestrian.

\*\*Poisoning includes drug overdoses

**Source:** Orange County Health Care Agency, Public Health Services

## Injury, Unintentional Injury, Suicide and Homicide Rate per 100,000 Children, One to 19 Years Old, 2013 to 2022



**Source:** Orange County Health Care Agency



# SUBSTANTIATED CHILD ABUSE

## RATE OF SUBSTANTIATED CHILD ABUSE ALLEGATIONS HIGHER THAN CALIFORNIA RATE FOR THIRD STRAIGHT YEAR.

### 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 experiences (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 2023, 26,863 children were the subject of one or more child abuse allegations in Orange County. Of these, 16.5% (4,435) of children had substantiated allegations of child abuse.
- In 2023, substantiated allegations occurred at a rate of 6.5 per 1,000 children under 18 years old in Orange County, a 14.5% decrease from 2014 (7.6), but higher than California (5.4). The California rate decreased 39.3% from 8.9 in 2014.<sup>1</sup> In 2022, there were approximately 560,000 maltreated children with substantiated allegations in the United States, a rate of 7.7 per thousand children, higher than Orange County and California.<sup>2</sup>

- Children under 6 made up the greatest proportion of substantiated allegations: children less than one year old comprised 11.5% of substantiated child abuse allegations and children one to five years old made up 28.4% of substantiated allegations, totaling 39.9%. Children 6 to 10 years old made up 27.7%; 11 to 15 years old, 24.3%; and 16 to 17 years old, 8.1%.
- In 2023, most (69.4%) substantiated child abuse allegations were due to general neglect,<sup>3</sup> followed by at-risk/sibling abuse (9.2%), severe neglect (8.5%), physical abuse (4.9%), sexual abuse (3.9%), caretaker absence/incapacity (2.9%), exploitation (0.6%) and emotional abuse (0.5%).<sup>4</sup>

<sup>1</sup> University of California, Berkeley, California Child Welfare Indicators Project, CWS/CMS 2023 Quarter 4 Extract. <sup>2</sup> U.S. Department of Health and Human Services, Children's Bureau. Child Maltreatment, 2022. <sup>3</sup> 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. <sup>4</sup> A child is counted only once, in category of highest severity.



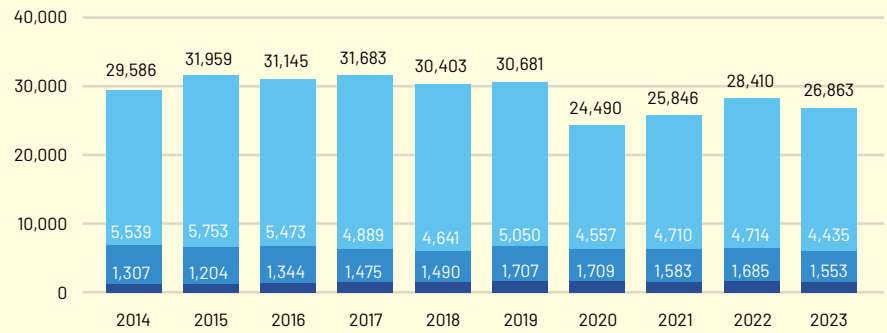
## SAFE HOMES &amp; COMMUNITIES

## Total Number of Children with Child Abuse Allegations and Substantiated Allegations, 2014 to 2023

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

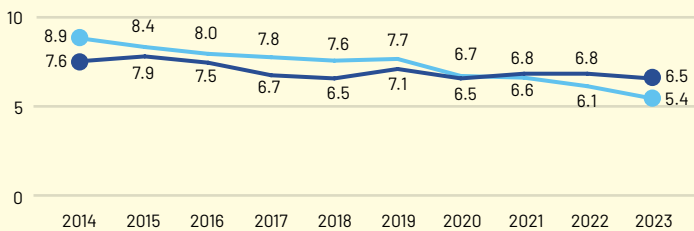
**Notes:** Numbers are based on unduplicated count of children.

**Source:** California Department of Finance; CWS/CMS 2023 Quarter 4 Extract, County of Orange Social Services Agency



## Substantiated Child Abuse Allegations, Rate per 1,000 Children Under 18 Years Old, 2014 to 2023

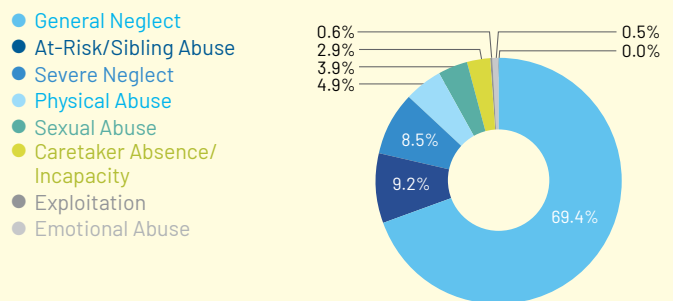
- Orange County
- California



**Note:** Rates are based on unduplicated count of children.

**Source:** California Department of Finance; CWS/CMS 2023 Quarter 4 Extract, County of Orange Social Services Agency

## Substantiated Child Abuse Allegations, by Reason, 2023

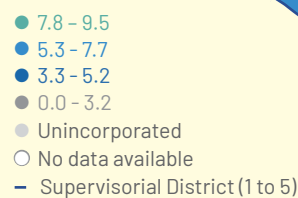


**Source:** CWS/CMS 2023 Quarter 4 Extract, County of Orange Social Services Agency

## Substantiated Child Abuse Allegations, Rate per 1,000 Children Under 18 Years Old, by Community of Residence, 2023



## Rate per 1,000 Children



**Note:** No data indicates that the dataset does not include information on the particular community.

**Sources:** CWS/CMS 2023 Quarter 4 Extract, County of Orange Social Services Agency, American Community Survey 5-year estimates

# 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.<sup>1</sup>

#### Why is this indicator important?

The placement of children in foster care occurs when a child cannot remain safely with his or her family.<sup>2</sup> 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.

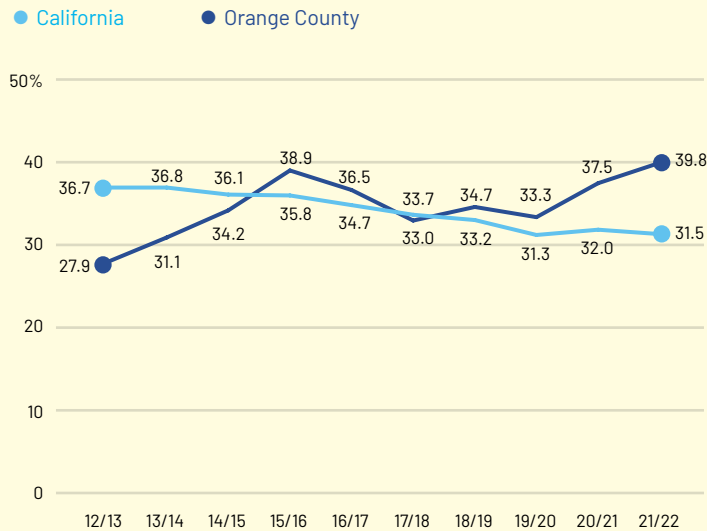
#### Findings

- In 2021/22, 39.8% of Orange County foster children (0 to 18) were placed in permanent homes within 12 months of entering foster care, which was higher than California at 31.5% and an increase of 11.9 percentage points from 2012/13. The national standard is greater than or equal to 35.2%.<sup>3</sup>
- Of the 39.8% of children who were placed in permanent homes within 12 months of entering foster care in 2021/22, reunification was the most common type of permanency (38.9%), followed by guardianship (0.4%) and adoption (0.4%).
- In 2021/22, the rate of reentry was 9.0%, a 3.5 percentage point increase since 2012/13 at 5.5%. California was lower in 2021/22 at 8.1%, a 2.7 percentage point decrease since 2012/13 at 10.8%. The national standard is less than or equal to 5.6%.<sup>3</sup>
- In 2022/23, 37.0% of children who were in foster care for two years or more were placed in a permanent home, 3.5 percentage points higher than in 2013/14 (33.5%). California was lower at 32.5%. The national standard is greater than or equal to 37.3%.<sup>3</sup>

<sup>1</sup> Exits 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. <sup>2</sup> University of California, Berkley, Center for Social Services Research, 2013. <sup>3</sup> Child and Family Services Reviews, Round 4 Statewide Data Indicators, 2022.

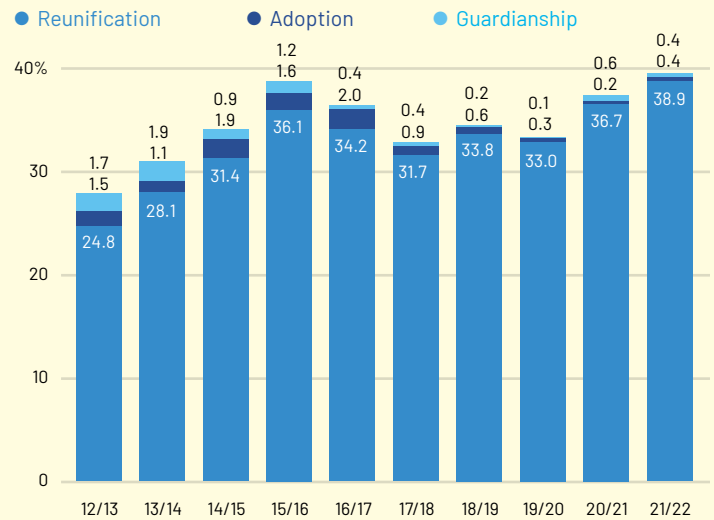
## SAFE HOMES &amp; COMMUNITIES

## Percent of Children Entering Foster Care and Placed in a Permanent Home within 12 months, Orange County and California, 2012/13 to 2021/22



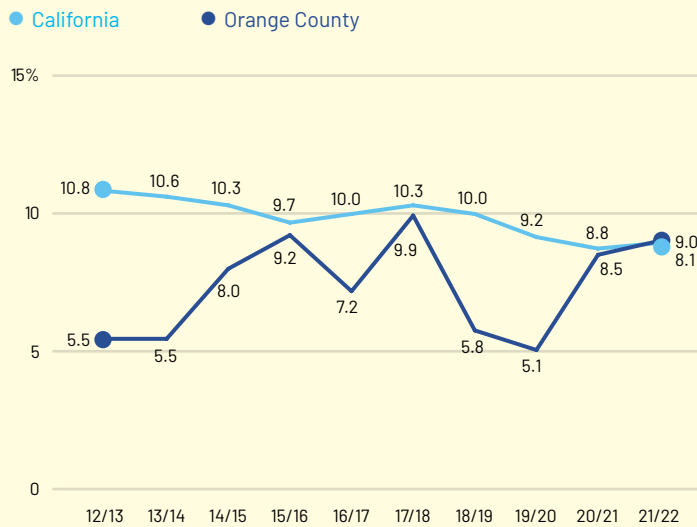
Source: University of California, Berkeley, California Child Welfare Indicators Project, CWS/CMS 2023 Quarter 4 Extract

## Percent of Children Entering Foster Care and Placed in a Permanent Home within 12 months, by Type of Permanency, 2012/13 to 2021/22



Source: University of California, Berkeley, California Child Welfare Indicators Project, CWS/CMS 2023 Quarter 4 Extract

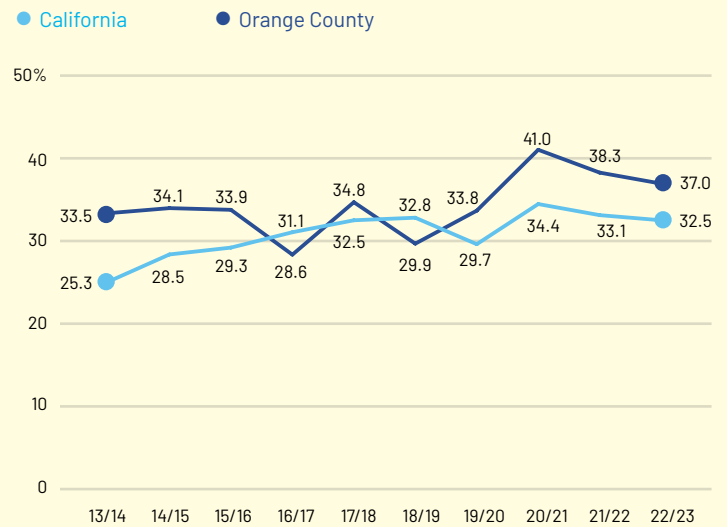
## Percent of Children Reentering Foster Care within 12 months of Reunification or Guardianship, Orange County and California, 2012/13 to 2021/22



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 2023 Quarter 4 Extract

## Percent of Children in Foster Care, 24+ Months, Placed in a Permanent Home, Orange County and California, 2013/14 to 2022/23



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 2023 Quarter 4 Extract

# JUVENILE ARRESTS

FOLLOWING 10-YEAR LOWS IN 2021, JUVENILE ARRESTS AND THE ARREST RATE INCREASED IN 2022.

## DESCRIPTION OF INDICATOR

This indicator tracks youth 10 to 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.<sup>1</sup>

### 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.<sup>2</sup> Prevention programs positively impact the public because they stop crime from happening in the first place.<sup>3</sup> Various cost-benefit analyses show that early prevention programs are a worthwhile investment of government resources compared with prison and other criminal justice responses.<sup>4</sup>

The Orange County District Attorney's Office seeks to reduce truancy with the 2021/22 launch of a three-tier Truancy Response Program.<sup>5</sup> 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.

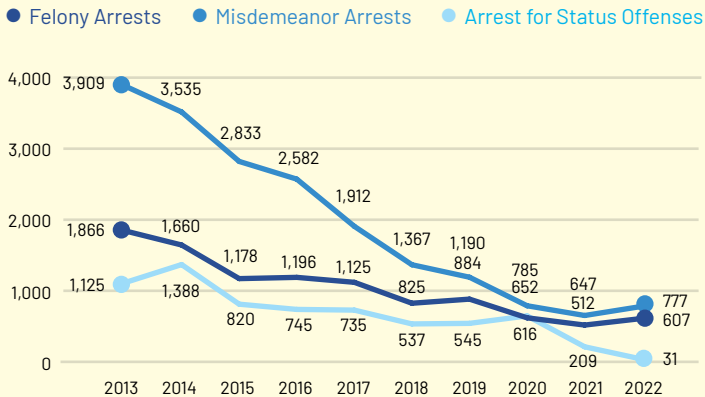
- In Orange County, misdemeanors accounted for 54.9% (777) of juvenile arrests in 2022. As a proportion of arrests, misdemeanors decreased from 2013 when misdemeanors accounted for 56.7% (3,909) of juvenile arrests.
- In contrast, felonies among youth accounted for 42.9% (607) of arrests in 2022, up from 2013 when felonies accounted for 27.0% (1,866) of juvenile arrests.
- Status offenses, other than truancy, accounted for 2.2% (31) of arrests among youth 18 years and younger in 2022, accounting for a lower proportion of juvenile arrests at 16.3% (1,125) of juvenile arrests in 2013.
- Of the 1,583 students referred to the Truancy Response Program during the 2022/23 school year, 97.7% were diverted without formal court involvement.<sup>6</sup>

### Findings

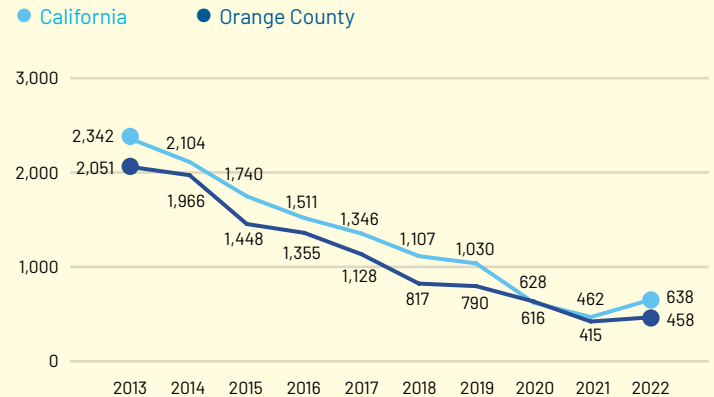
- In 2022, there were 1,415 juvenile arrests in Orange County, a 79.5% drop from 6,900 juvenile arrests in 2013.
- Orange County's juvenile arrest rate in 2022 was 458 per 100,000 youth 10 to 17 years old, a decrease of 77.7% from 2,051 per 100,000 in 2013, compared to California at 638 per 100,000 youth.

<sup>1</sup> 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. <sup>2</sup> Zagar, R.J., Busch, K.G., and Hughes, J.R., 2009. <sup>3</sup> Saminsky, A., 2010. <sup>4</sup> Welsh, B.C. and Farrington, D.P., 2009. <sup>5</sup> 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. <sup>6</sup> Truancy statistics as of August 4, 2022, provided by the Orange County District Attorney's Office.

## SAFE HOMES &amp; COMMUNITIES

Number of Juvenile Arrests by Crime Type,  
2013 to 2022

Source:

Juvenile Arrest Rate Per 100,000 Youth 10 to 17 Years  
Old, Orange County and California, 2013 to 2022

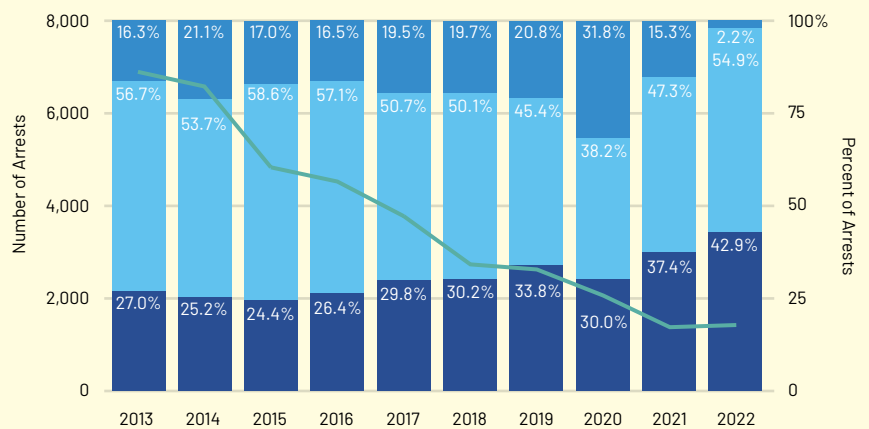
Note: Figures are based on population projections revised as of July 2022.

Sources: Criminal Justice Statistics Center, California Department of Justice; Demographic Research Unit, California State Department of Finance

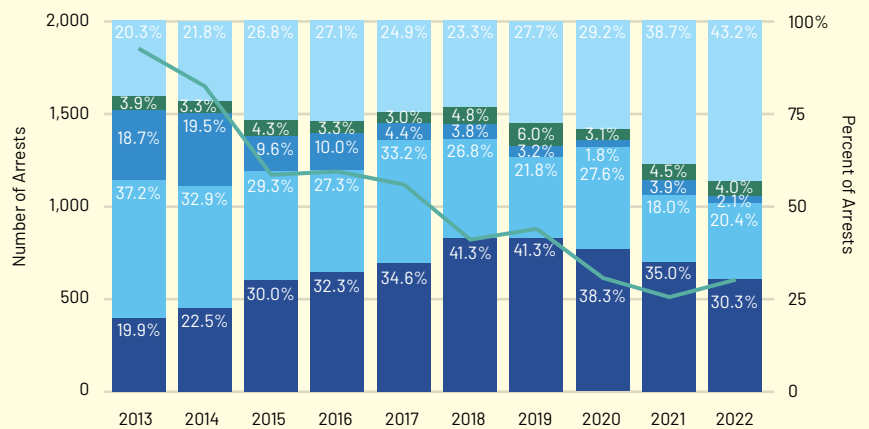
Number and Percent of Total Juvenile  
Arrests by Crime Type, 2013 to 2022

- Status Offense Arrests
- Misdemeanor Arrests
- Felony Arrests
- Total Juvenile Arrests

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 FinanceNumber and Percent of Juvenile Felony  
Arrests by Crime Type, 2013 to 2022

- Other Offenses
- Sex Offenses
- Drug Offenses
- Property Offenses
- Violent Crimes
- Total Juvenile Arrests

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 INCREASED SLIGHTLY FOR THE FIRST TIME IN 10 YEARS.

### 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 officer 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 for 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.

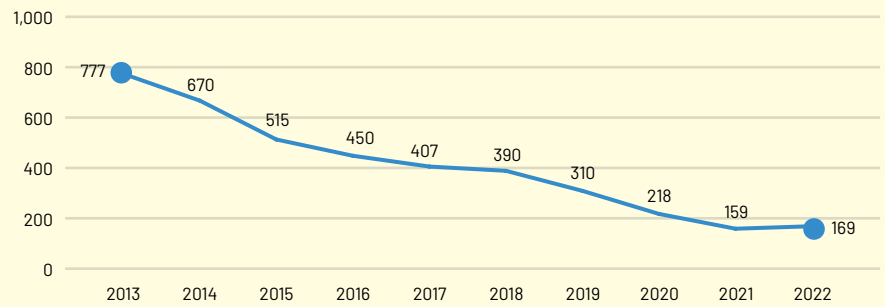
### Findings

- In 2022, there were 886 total juvenile petitions filed for youth 10 to 17 years old at referral.<sup>1</sup> Of these, 523 were sustained (59.0%) and not suitable for diversion.
- The rate of sustained petitions was 169 per 100,000 youth ages 10 to 17 years old in 2022, a 78.2% decrease from 2013 (777 per 100,000 youth) but up slightly from 2022 (159 per 100,000 youth).
- Sustained petitions were highest among youth 15 to 17 years old at referral who received 90.6% of sustained petition decisions, followed by youth 13 to 14 years old at referral (8.6%). Youth 12 and younger received 0.8% of the sustained petition decisions in 2022.
- When assessed by race and ethnicity, Hispanic youth (79.7%) had the most sustained petitions, followed by White (9.9%), Black (5.9%), Asian/Pacific Islander (2.5%) and Other/Unknown (1.9%) youth in 2022.
- Across genders, the vast majority of sustained petitions were on juvenile males (85.3%), with juvenile females accounting for 14.7% of sustained petitions in 2022.

## SAFE HOMES &amp; COMMUNITIES

### Juvenile Sustained Petitions, Rate per 100,000 Youth 10 to 17 Years Old, Orange County, 2013 to 2022

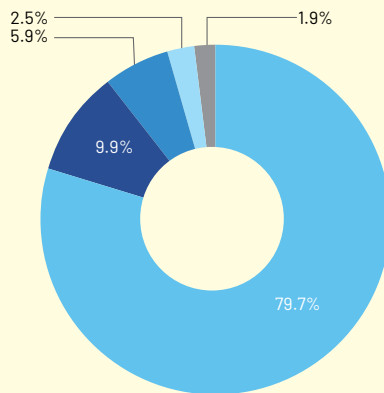
Source: California Department of Justice, Juvenile Court and Probation Statistical System



### Percent of Total Juvenile Sustained Petitions, Youth 10 to 17 Years Old at Referral, 2022

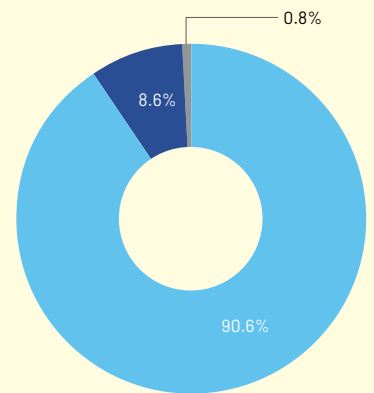
#### By Race/Ethnicity

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



#### By Years of Age

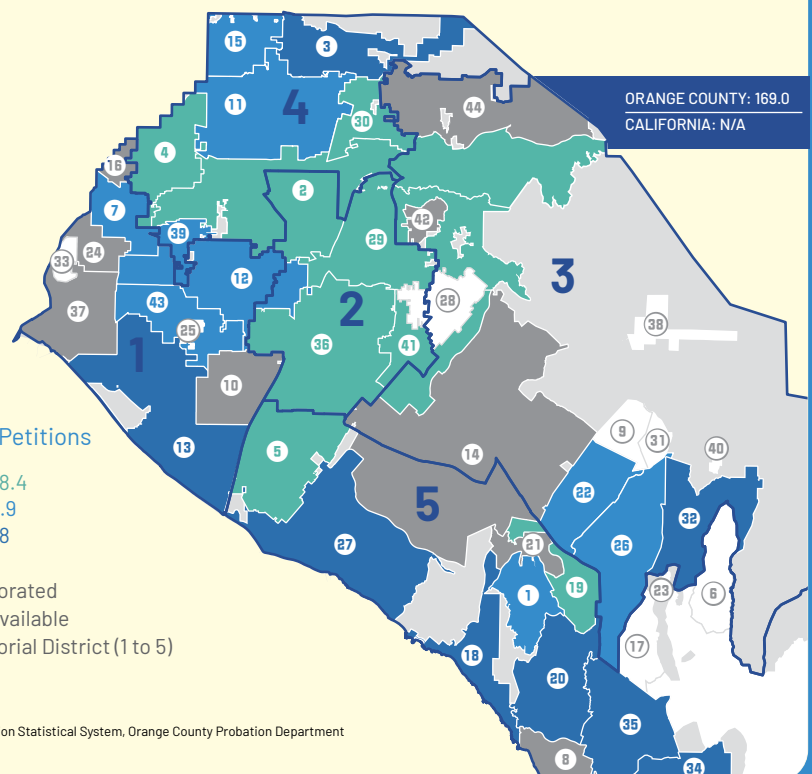
- 12 and under
- 13 to 14
- 15 to 17



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, 2022

1 ALISO VIEJO 95.1	14 IRVINE 22.1	27 NEWPORT BEACH 51.6	40 TRABUCO CANYON NO DATA
2 ANAHEIM 211.2	15 LA HABRA 165.9	28 NORTH TUSTIN NO DATA	41 TUSTIN 177.8
3 BREA 45.4	16 LA PALMA 0.0	29 ORANGE 358.4	42 VILLA PARK 0.0
4 BUENA PARK 255.5	17 LADERA RANCH NO DATA	30 PLACENTIA 203.3	43 WESTMINSTER 108.7
5 COSTA MESA 275.5	18 LAGUNA BEACH 43.0	31 PORTOLA HILLS NO DATA	44 YORBA LINDA 13.4
6 COTO DE CAZA NO DATA	19 LAGUNA HILLS 169.8	32 RANCHO SANTA MARGARITA 87.9	
7 CYPRESS 104.3	20 LAGUNA NIGUEL 33.8	33 ROSSMOOR NO DATA	
8 DANA POINT 29.8	21 LAGUNA WOODS 0.0	34 SAN CLEMENTE 51.2	
9 FOOTHILL RANCH NO DATA	22 LAKE FOREST 99.0	35 SAN JUAN CAPISTRANO 88.3	
10 FOUNTAIN VALLEY 0.0	23 LAS FLORES NO DATA	36 SANTA ANA 323.6	
11 FULLERTON 99.1	24 LOS ALAMITOS 0.0	37 SEAL BEACH 0.0	
12 GARDEN GROVE 156.0	25 MIDWAY CITY NO DATA	38 SILVERADO NO DATA	
13 HUNTINGTON BEACH 78.5	26 MISSION VIEJO 108.1	39 STANTON 93.2	



Note: As of last known address.

Note: No data indicates that the dataset does not include information on the particular community.

Sources: 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 RATE INCREASED AFTER A TWO-YEAR LOW.

### DESCRIPTION OF INDICATOR

This indicator reports the number and rate of gang-related prosecutions of juveniles under the age of 18.<sup>1</sup> 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.<sup>2</sup>

#### 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.<sup>3</sup> According to the 2015 National Gang Report, neighborhood street gangs continue to be a significant threat to local jurisdictions across the country.<sup>4</sup> 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<sup>5</sup>

- In 2023, 3.0% of juvenile prosecutions were gang-related, down from 7% in 2014.
- Between 2014 and 2023, the total number of juvenile gang-related prosecutions in Orange County decreased by 71.2%, from 260 in 2014 to 75 in 2023. This represented a slight increase from 2022 (60), however.
- The number of unique juveniles prosecuted for gang-related offenses in Orange County dropped 65.2% from 187 in 2013 to 65 in 2023.
- The rate of juvenile gang-related prosecutions declined 72.0% from 25.6 per 100,000 youth under 18 years old in 2014 to 9.8 per 100,000 in 2023.
- Older teens accounted for the majority of gang-related activity in 2023, with teens ages 15 to 17 comprising 81.5% of the total number of juveniles who were prosecuted for gang-related offenses.
- In 2023, Hispanic youth represented the highest percentage of juvenile gang-related prosecutions (89.2%), followed by Black (6.2%) and Unspecified (3.1%) youth.

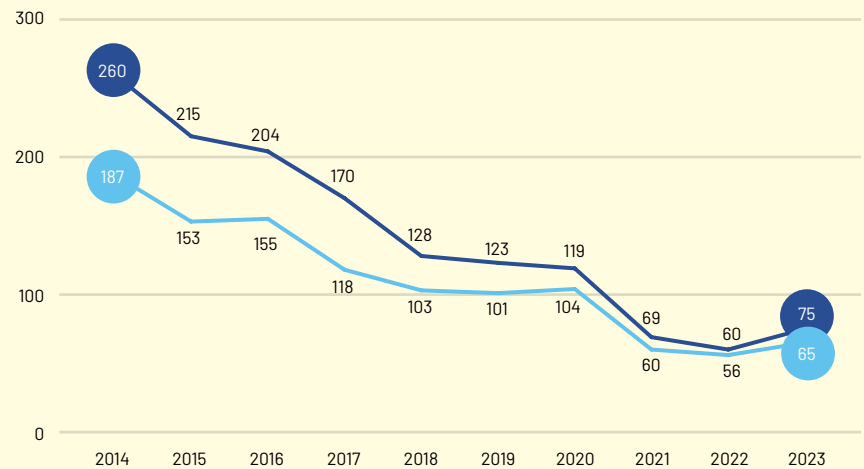
<sup>1</sup> Prior Conditions of Children reports tracked the number of gang members countywide, using data from local law enforcement agencies. This data became unavailable in 2017. Therefore, youth gang activity is reported using data from the Orange County District Attorney's office (OCDA). <sup>2</sup> "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. <sup>3</sup> National Gang Intelligence Center, "National Gang Report." 2015, page 12. <sup>4</sup> National Gang Intelligence Center, "National Gang Report." 2015, page 9. <sup>5</sup> Prosecutorial data was sourced from OCDA records.

## SAFE HOMES &amp; COMMUNITIES

### Number of Juvenile Gang-Related Prosecutions and Number of Unique Juveniles Prosecuted for Gang-Related Offenses 10 to 17 Years Old, 2014 to 2023

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

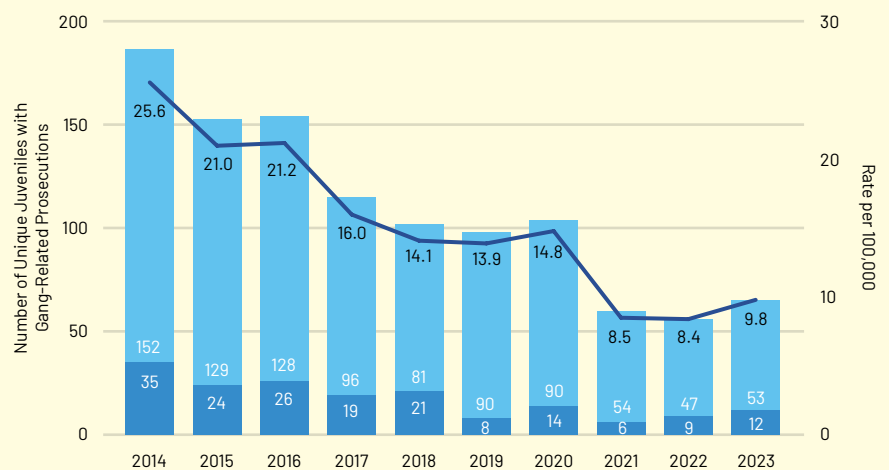
Source: Orange County District Attorney's Office



### 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, 2014 to 2023

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

Source: Orange County District Attorney's Office  
Source: California Department of Finance

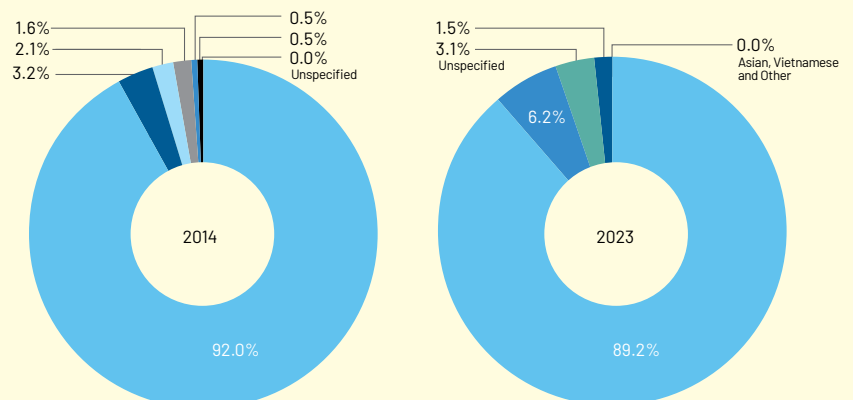


### Percent of Unique Juveniles with Gang-Related Prosecutions, by Race/Ethnicity, 10 to 17 Years Old 2014 and 2023

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

Note: 0% of juveniles with gang-related prosecutions identified as Asian, Vietnamese or Other in 2023.

Source: Orange County District Attorney's Office





A photograph of a woman and a young girl riding scooters on a paved path in a park. The woman, on the right, has grey hair tied back and is wearing an orange sleeveless top and blue jeans. She is leaning forward, smiling at the girl. The girl, on the left, has curly brown hair and is wearing a yellow polka-dot top and teal pants. She is also smiling and looking towards the woman. Both are on red scooters with pink wheels. The background shows a grassy area, trees, and a clear sky.

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