

THE 31<sup>ST</sup> ANNUAL REPORT ON THE  
CONDITIONS OF CHILDREN  
IN ORANGE COUNTY



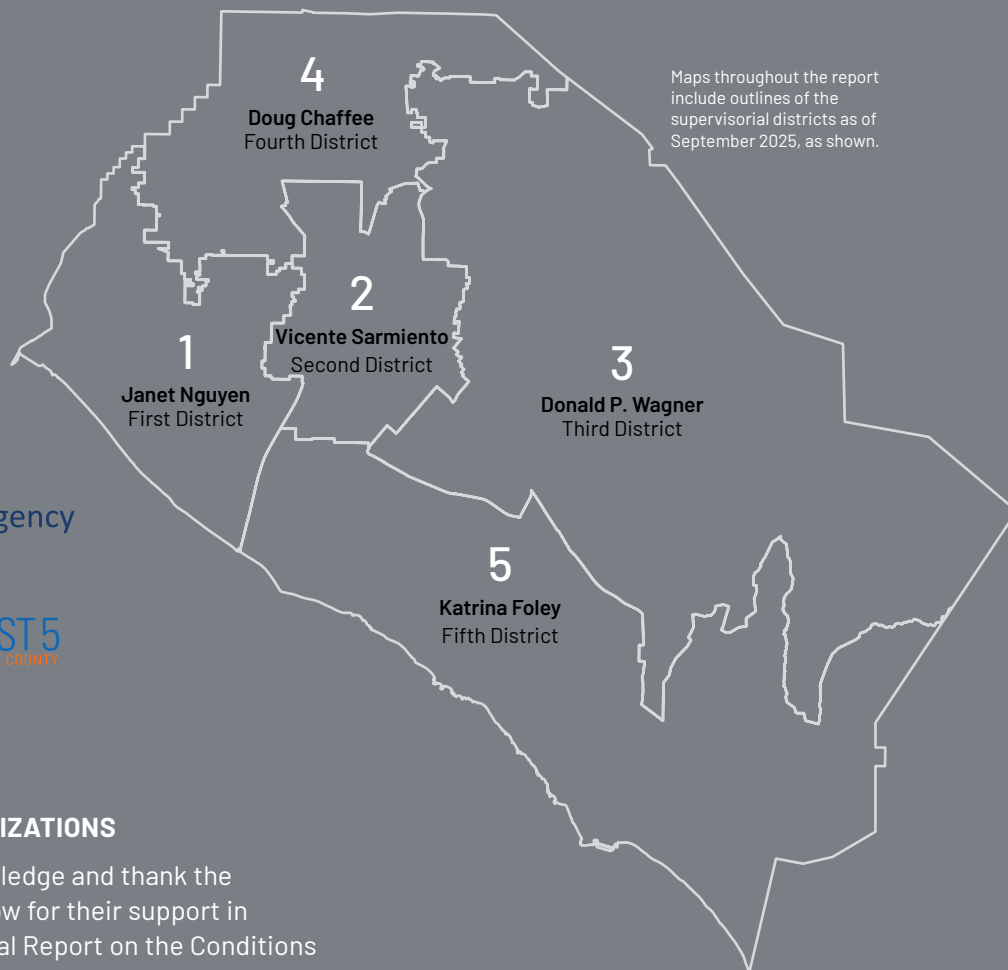
# CONTRIBUTORS TO THE REPORT

## 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 31<sup>ST</sup> Annual Report on the Conditions of Children in Orange County.

California State University Fullerton  
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Orange County Department of Education  
Orange County District Attorney  
OC 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

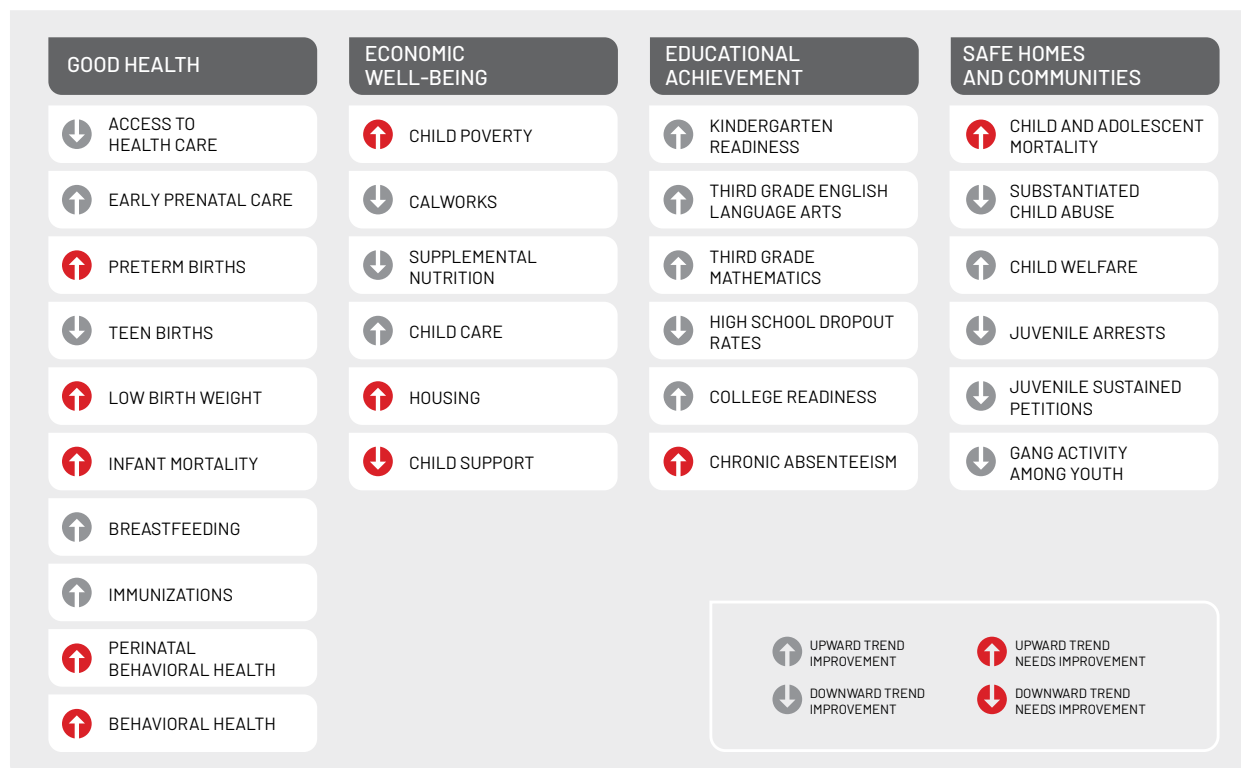
The 31<sup>ST</sup> Annual Report on the Conditions of Children in Orange County studies four interdependent focus areas: Good Health, Economic Well-Being, Educational Achievement and Safe Homes and Communities.

This report is intended to be used by community members, Orange 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 report is a valuable tool for the Orange County 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.





## GOOD HEALTH

### Getting Better

Orange County is making progress in children's health. More pregnant people are getting early prenatal care and most young children in child care are getting vaccinated, helping protect them from serious illnesses. More young people are receiving psychological and emotional counseling, indicating better access and less stigma around mental health care.

### Needs Work

Even with improvements, some health challenges remain. Many children still face delays or obstacles when trying to get medical care. Increasingly, babies are born early or with low birth weight. Teen birth rates are still low overall, but they've gone up slightly since 2021.

## EDUCATIONAL ACHIEVEMENT

### Getting Better

More students from socioeconomically disadvantaged families are meeting reading standards in third grade and their math scores continue to improve. Orange County students are doing better than the state average on reading and math achievement. More high school graduates are ready for college and fewer students are missing school since the height of the COVID-19 pandemic.

### Needs Work

While most areas of kindergarten readiness improved, emotional maturity recently declined. Also, the high school dropout rate is rising again, nearly reaching pre-pandemic levels.

## ECONOMIC WELL-BEING

### Getting Better

Access to child care is improving, with more licensed spaces available for young children. Local support for families is strong and investments in child care are helping. However, the cost of care — especially for infants — is still very high and rising faster than inflation.

### Needs Work

More students are qualifying for the National School Free and Reduced Price Lunch program, showing that financial need is growing. After years of decline, more children are now receiving food and financial assistance through CalFresh and CalWORKs, respectively. Housing insecurity is also increasing, with more students living in unstable or crowded housing situations.

## SAFE HOMES AND COMMUNITIES

### Getting Better

More foster youth are finding permanent homes, often through reunification with their families. Juvenile arrest rates are still lower than the state average and fewer cases are leading to serious legal outcomes. More long-term foster youth in Orange County are finding permanent homes.

### Needs Work

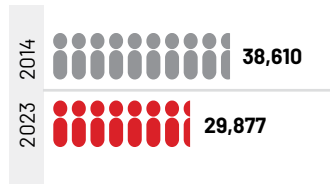
Most child and teen deaths are happening among older teens. While injury deaths have gone down overall, accidental deaths like car crashes and poisonings — which includes drug overdoses — have increased. Child abuse remains a serious concern, with Orange County's rate of confirmed cases still higher than the state average.

# ORANGE COUNTY SNAPSHOT

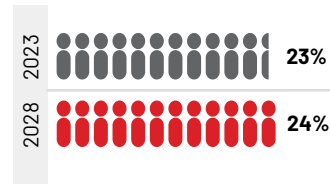
## Population

Over 3.135 million people were living in Orange County in 2023, down 0.3% since 2014<sup>1</sup>

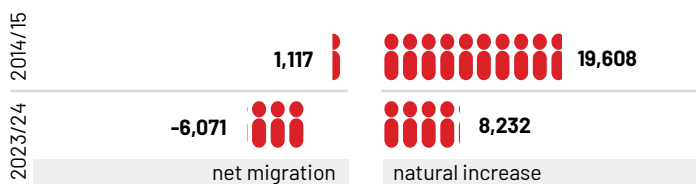
### NUMBER OF BIRTHS IN ORANGE COUNTY<sup>2</sup>



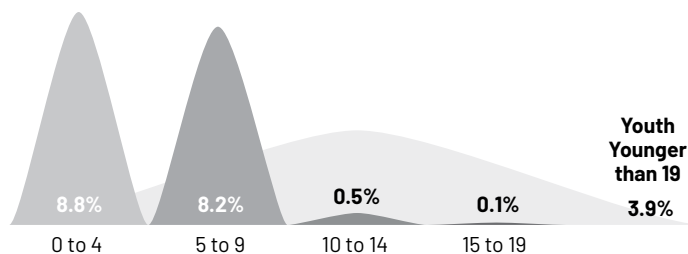
### PROJECTED PERCENT CHILDREN IN ORANGE COUNTY<sup>3</sup>



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

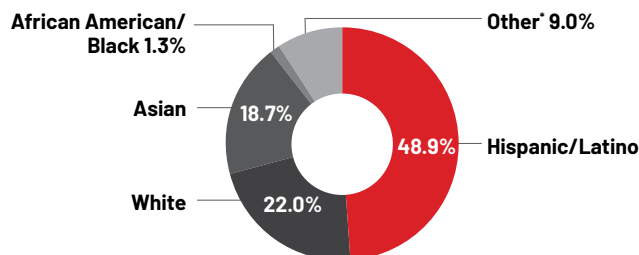


### PROJECTED ANNUAL GROWTH RATE, BY AGE, 2023 TO 2028



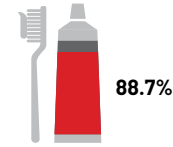
## Demographics

### GRADE K-12 STUDENT POPULATION (437,276) BY RACE/ETHNICITY GROUP, SCHOOL YEAR 2023/24<sup>8</sup>



## Good Health

LAST VISIT TO THE DENTIST WAS 6 MONTHS AGO OR LESS AMONG CHILDREN (3 TO 11 YEARS), 2023<sup>11</sup>

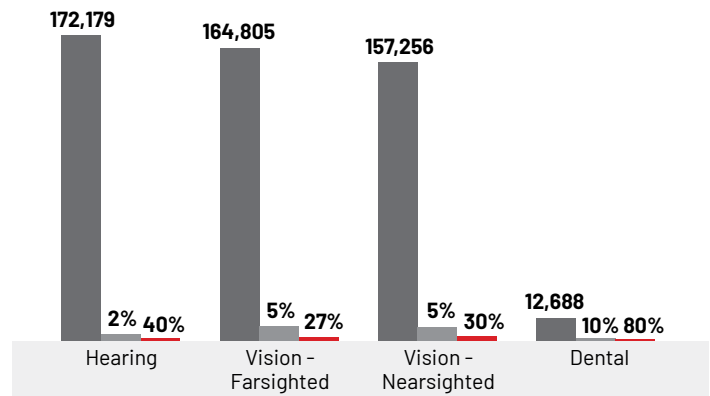


HEALTH STATUS OF CHILDREN (0 TO 17 YEARS) WAS EXCELLENT OR VERY GOOD, 2023<sup>12</sup>

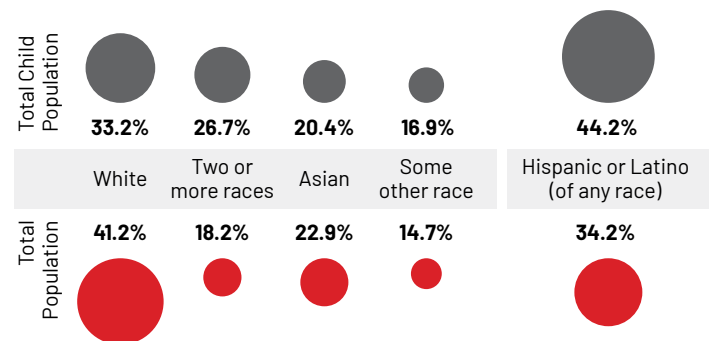


### STUDENT HEALTH SCREENING AND REFERRALS, 2024/25<sup>13</sup>

• Screened • Percent referred • Percent referred who received care<sup>\*\*\*</sup>



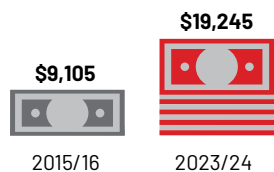
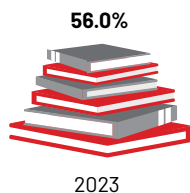
### DEMOGRAPHICS\*\* OF CHILDREN<sup>9</sup> AND TOTAL POPULATION,<sup>10</sup> 2023



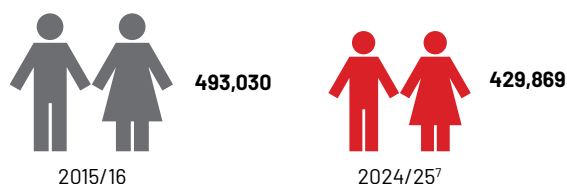
\*All Other includes Two or More Races, Filipino, Pacific Islander, American Indian or Alaska Native, and Not Reported. \*\*Black or African Americans represent 1.4% of children and 1.6% of the total population. American Indians and Alaska Natives represent 1.0% of children and 0.9% of the total population. Native Hawaiians and Other Pacific Islanders represent 0.3% of children and of the total population. \*\*\*Percentage received care is based upon exam reports submitted back to the school by parents.

<sup>1</sup> U.S. Census, American Community Survey, One-year Estimates. <sup>2</sup> OC Health Care Agency. <sup>3</sup> ESRI, 2024. Youth ages 0-19 years. <sup>4</sup> California Department of Finance, E-2. California County Population Estimates and Components of Change by Year. <sup>5</sup> California Health Interview Survey, 2022. <sup>6</sup> California Health Interview Survey, 2022. <sup>7</sup> Orange County Department of Education (OCDE), School Health Program. <sup>8</sup> CDE DataQuest. <sup>9</sup> American Community Survey 2023 One-year Estimates, Table S0901. <sup>10</sup> American Community Survey 2023 One-year Estimates, Table DP05.

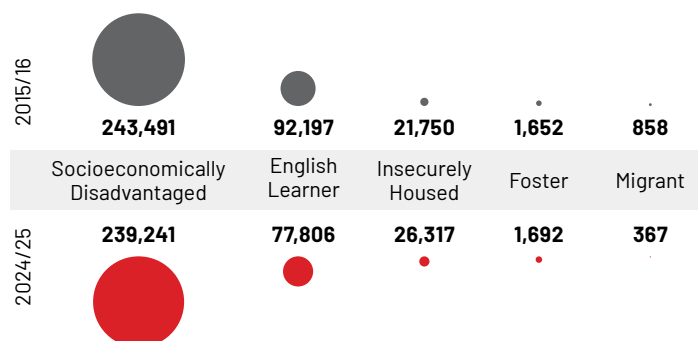
## Educational Achievement

ANNUAL EXPENDITURE PER PUPIL<sup>5</sup>CHILDREN ARE READ TO DAILY (0 TO 5 YEARS)<sup>6</sup>

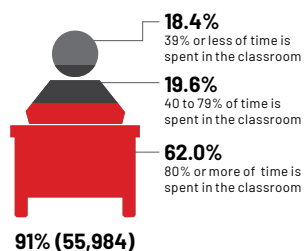
STUDENT ENROLLMENT



STUDENT ENROLLMENT BY PROGRAM



SPECIAL EDUCATION STUDENT ENROLLMENT BY PROGRAM SETTING, 2024/25



General Education Classroom

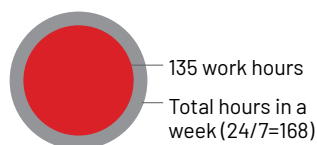
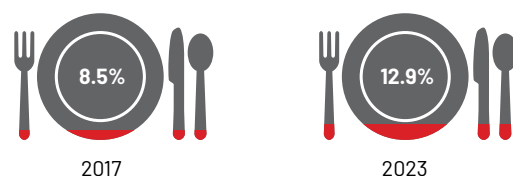
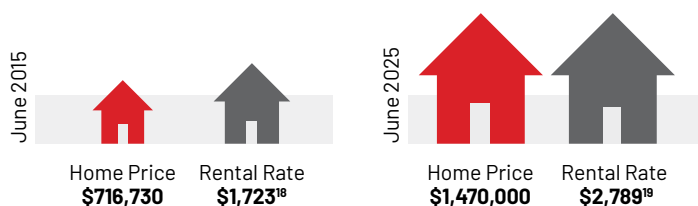
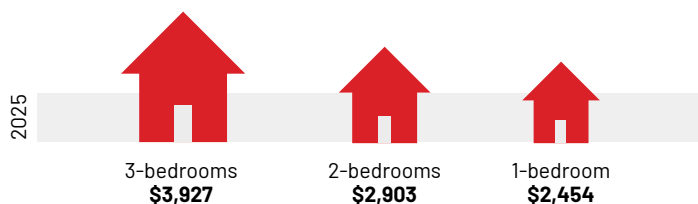
Preschool

7% (4,106)

Separate School or Other

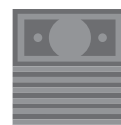
2% (1,314)

## Economic Well-Being

A MINIMUM WAGE EARNER MUST WORK 80% 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) FOOD INSECURITY<sup>16</sup>MEDIAN HOME PRICE<sup>17</sup> AND MEDIAN AVERAGE RENTAL RATEFAIR MEDIAN MARKET RENT<sup>20</sup>

HOURLY WAGE, 2025

\$55.83



Needed hourly wage to afford 2-bedroom fair market rent<sup>21</sup>

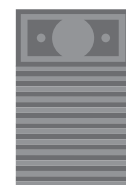
\$30.19



Estimated hourly average renter wage<sup>22</sup>

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

\$373,200



2025

<sup>5</sup> California Department of Education, Current Expense of Education. <sup>6</sup> California Health Interview Survey. <sup>7</sup> Orange County Department of Education (OCDE), School Health Program. <sup>8</sup> National Low Income Housing Coalition, Out of Reach: California, <https://nlihc.org/oor/state/ca>. <sup>9</sup> BLS Local Area Unemployment Statistics Map by Counties. <sup>10</sup> Feeding America, Map the Meal Gap. <sup>11</sup> California Association of Realtors, Historical Housing Data, Median Prices of Existing Detached Home. <sup>12</sup> U.S. Residential Rent Statistics, Department of Numbers <https://www.deptofnumbers.com/rent/california/orange-county/>. <sup>13</sup> RentCafe, <https://www.rentcafe.com/average-rent-market-trends/us/ca/orange/>. <sup>14</sup> RentCafe, <https://www.rentcafe.com/average-rent-market-trends/us/ca/orange/>. <sup>15</sup> National Low Income Housing Coalition, Out of Reach: California, <https://nlihc.org/oor/state/ca>. <sup>16</sup> National Low Income Housing Coalition, Out of Reach: California, <https://nlihc.org/oor/state/ca>. <sup>17</sup> California Association of Realtors, Traditional Housing Affordability Index (HAI) measure



# GOOD HEALTH INDICATORS

## ACCESS TO HEALTH CARE

PERCENT OF UNINSURED CHILDREN



**5.0%** 2014  
**3.4%** 2023

## LOW BIRTH WEIGHT

PERCENT OF INFANTS WITH LOW BIRTH WEIGHT



**6.3%** 2014  
**7.4%** 2023

## PERINATAL BEHAVIORAL HEALTH

PERCENT OF BIRTHING PERSONS WHO EXPERIENCED SYMPTOMS OF DEPRESSION AFTER PREGNANCY



**11.1%** 2016-18  
**13.8%** 2020-2022

## EARLY PRENATAL CARE

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



**87.8%** 2014  
**91.0%** 2023

## INFANT MORTALITY

RATE OF INFANT MORTALITY PER 1,000 LIVE BIRTHS



**3.0** 2014  
**3.2** 2023

## BEHAVIORAL HEALTH

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



**24.5** 2014  
**37.2** 2023

## PRETERM BIRTHS

PERCENT OF PRETERM BIRTHS



**7.4%** 2014  
**8.8%** 2023

## BREASTFEEDING

PERCENT EXCLUSIVE BREASTFEEDING IN-HOSPITAL



**64.6%** 2014  
**66.1%** 2023

## TEEN BIRTHS

BIRTH RATE PER 1,000 FEMALES 15 TO 19 YEARS



**13.8** 2014  
**6.2** 2023

## IMMUNIZATIONS

PERCENT OF CHILDREN ADEQUATELY IMMUNIZED BY KINDERGARTEN



**92.5%** 2015  
**96.0%** 2024



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.





# ACCESS TO HEALTH CARE

NEARLY ONE IN 10 CHILDREN IN ORANGE COUNTY FACE  
DELAYS OR BARRIERS TO MEDICAL CARE.

## DESCRIPTION OF INDICATOR

This indicator reports the number and percentage of children 18 years 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> Access to healthcare is a critical component of health equity, as unequal access often leads to disparities in health outcomes — where those facing barriers to care experience worse overall health. 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.

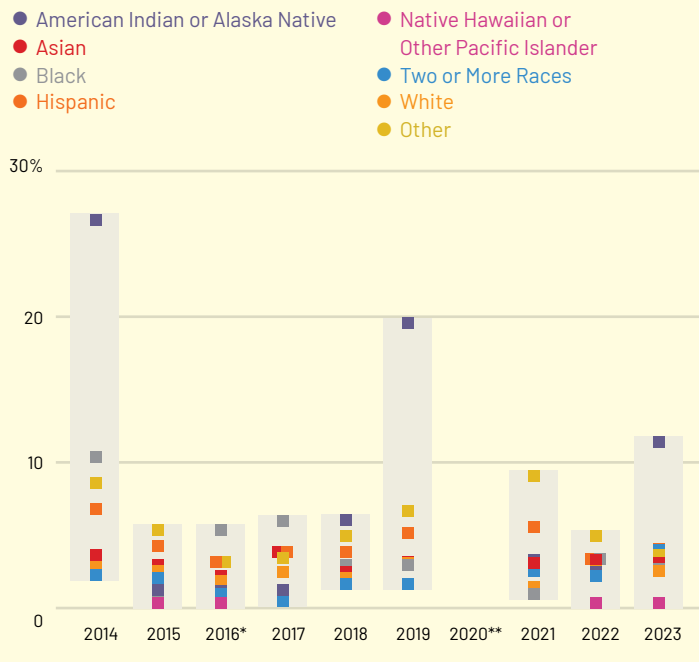
### Findings

- In 2023, 3.4% of children in Orange County were uninsured, an increase from 3.2% in 2022. Rates had decreased from 5.0% in 2014 to a low of 2.5% in 2016, rising to 4.0% in 2019. The uninsured rate improved from 4.0% in 2019 to 3.0% in 2022, before increasing again in 2023 to 3.4%.
- Orange County had a slightly higher rate of uninsured children (3.4%) compared to California (3.2%) and a lower rate than the United States (5.4%).
- Asian children and children of Other races experienced improvements in uninsured rates, dropping from 3.3% to 3.1% and 5.0% to 3.7%, respectively, between 2022 and 2023.
- Hispanic children's uninsured rate rose to 4.1%, and for children of Two or More Races, it increased to 4.0%. American Indian or Alaska Native children had the highest rate at 11.4%. There was insufficient data for Native Hawaiian or Other Pacific Islander<sup>3</sup> children.
- The percentage of very young uninsured children (0 to 5 years) decreased from 3.2% in 2014 to 2.8% in 2023, representing a 24.0% decrease in the number of children without insurance (from 7,173 to 5,451). For children ages 6 to 18, the uninsured rate fell from 5.9% to 3.6%, a 38.9% reduction in the number of uninsured children (from 28,921 to 17,649).
- The California Health Interview Survey (one-year estimate 2023) reveals:
  - An estimated 10.8% of Orange County children 18 years and younger did not have a usual source of care to go to when they were sick or needed health advice.
  - Approximately 7.0% of Orange County children experienced a delay or lack of medical care.
  - Most Orange County children who had access to a usual source of care went to a doctor's office (74.6%), while 24.1% usually went to a clinic or community hospital. The proportion of children who regularly visited an emergency department, urgent care center or some other location was 1.3%.<sup>4</sup>

<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 or 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> Statistically unstable estimates.



## GOOD HEALTH

Percent of Children Uninsured, by Race/Ethnicity  
2014 to 2023

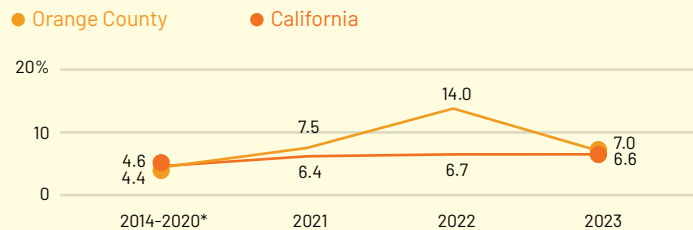
\*In 2017, the age category was updated from 6 to 17 years (used in 2016 and earlier) to 6 to 18 years. See footnote 1 on the previous page for additional information.

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

**Note:** Estimates among Black, American Indian or 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:** U.S. Census Bureau, American Community Survey, One-year Estimates, Tables B27001 A-I and C27001 A-E

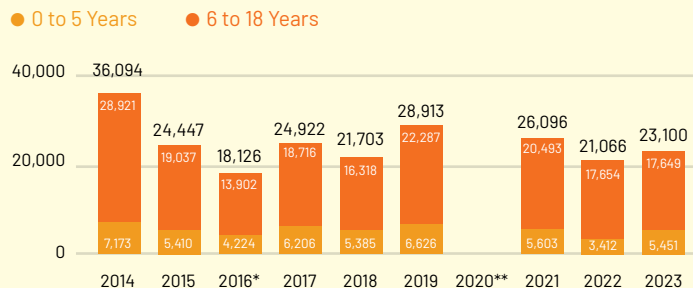
## Percent of Children Who Experienced a Delay or Lack of Medical Care, 2014 to 2023



\*2014-2020 rates have been pooled so that data is statistically stable.

**Source:** California Health Interview Survey, 2023

## Number of Children Who Were Uninsured, by Age Group, 2014 to 2023

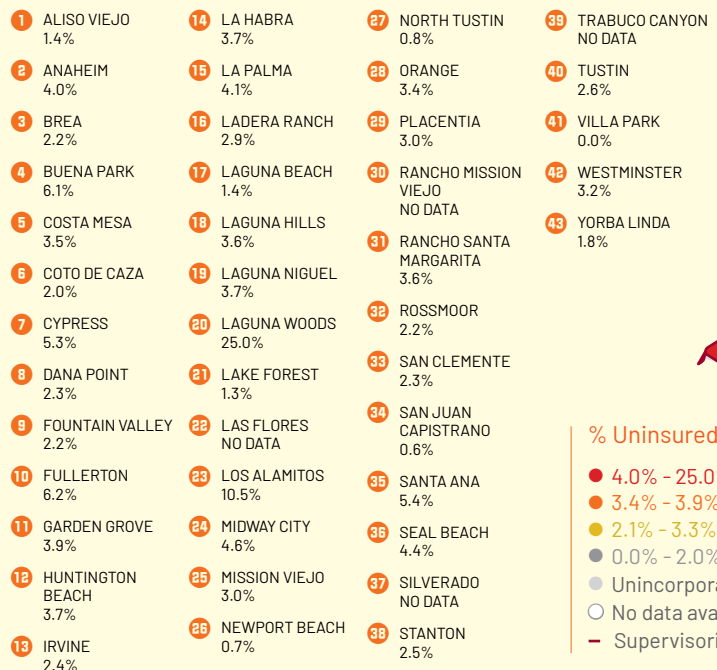


\*In 2017, the age category was updated from 6 to 17 years (used in 2016 and earlier) to 6 to 18 years. See footnote 1 on the previous page for additional information.

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**Source:** American Community Survey, One-year Estimates, Table B2701 and Table B27001

## Percent of Children Younger than 19 Who Were Uninsured, by Community of Residence, 2019-2023



## % Uninsured

4.0% - 25.0%

3.4% - 3.9%

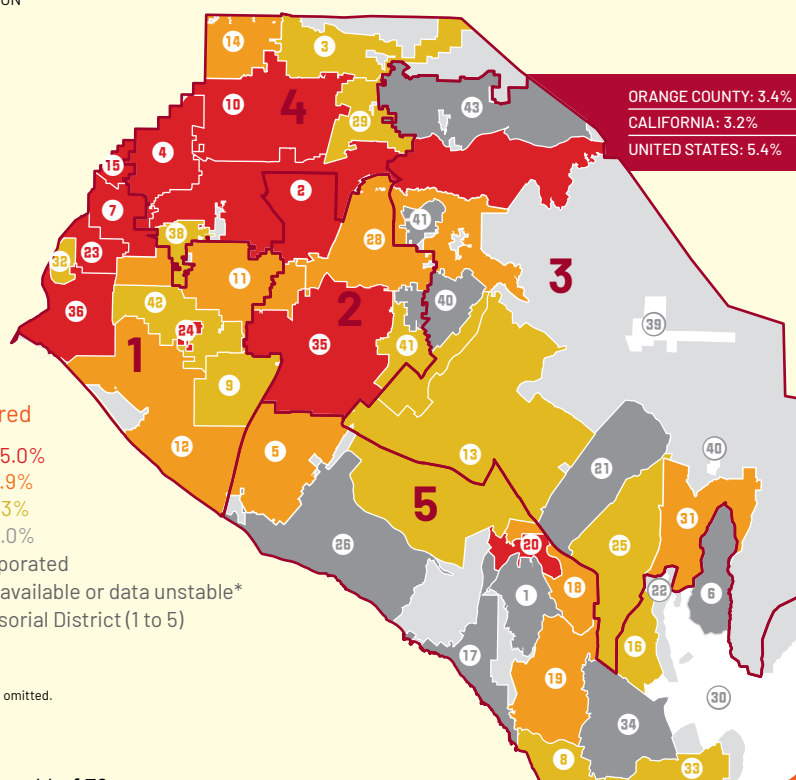
2.1% - 3.3%

0.0% - 2.0%

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:** U.S. Census Bureau, American Community Survey, Five-year Estimates

# EARLY PRENATAL CARE

## EARLY PRENATAL CARE RATE EXCEEDS THE NATIONAL TARGET.

### 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 2023, Orange County's rate of pregnant people receiving early prenatal care was 90.2%, higher than both California (84.5%) and the United States (76.1%).<sup>3</sup>

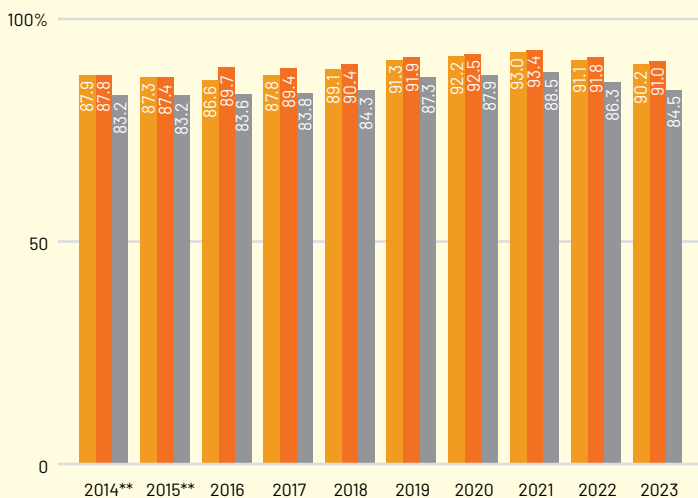
- The percentage of pregnant people receiving early prenatal care steadied after rebounding from a low of 86.6% in 2016.<sup>4</sup> The rates have seen less fluctuation recently due to a decrease in self-pay deliveries.<sup>5</sup> Nationally, the Healthy People 2030 goal is 80.5% or higher.<sup>6</sup>
  - 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 2023, there were 1,611 self-pay deliveries in Orange County, which was an increase from 2021's 10-year low of 818 deliveries and 2022's 1,028, 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 2023 increased from 90.2% to 91.0%.
- With self-pay deliveries excluded, 94.2% of White pregnant people received early prenatal care followed by Asian (93.4%), Hispanic (87.8%), Black (86.7%) and Native Hawaiian or Other Pacific Islander (78.3%) 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 2023.

## GOOD HEALTH

## Percent of Pregnant People who Received Early Prenatal Care in the First Trimester, Orange County\* and California, 2014 to 2023

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



\*Starting with the 31<sup>st</sup> Annual Report on the Conditions of Children, the OC Health Care Agency has updated its methodology to align with the California Department of Public Health. The data now excludes records with unknown prenatal care initiation. Data for previous years have also been updated in this graph, and thus will not align with previous years' reports.

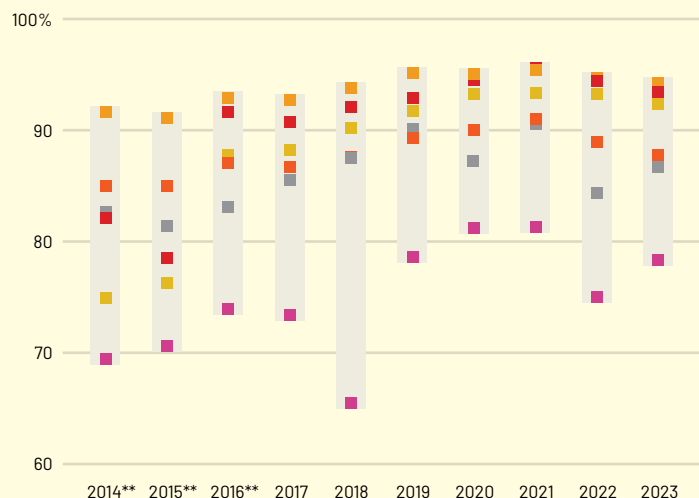
\*\*Data for 2014 and 2015 have not been updated to exclude records with unknown prenatal care initiation.

**California Source:** California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Prenatal Care Dashboard.

**Orange County Source:** OC Health Care Agency

## Percent of Pregnant People who Received Early Prenatal Care in the First Trimester, Excluding Self-Pay Deliveries, by Race/Ethnicity, 2014 to 2023

- 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.

\*\*Data for 2014 to 2016 have not been updated to exclude records with unknown prenatal care initiation.

**Note:** Starting with the 31<sup>st</sup> Annual Report on the Conditions of Children, the OC Health Care Agency has updated its methodology to align with the California Department of Public Health. The data now excludes records with unknown prenatal care initiation. Data for 2017 to 2023 have also been updated in this graph, and thus will not align with previous years' reports.

**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.

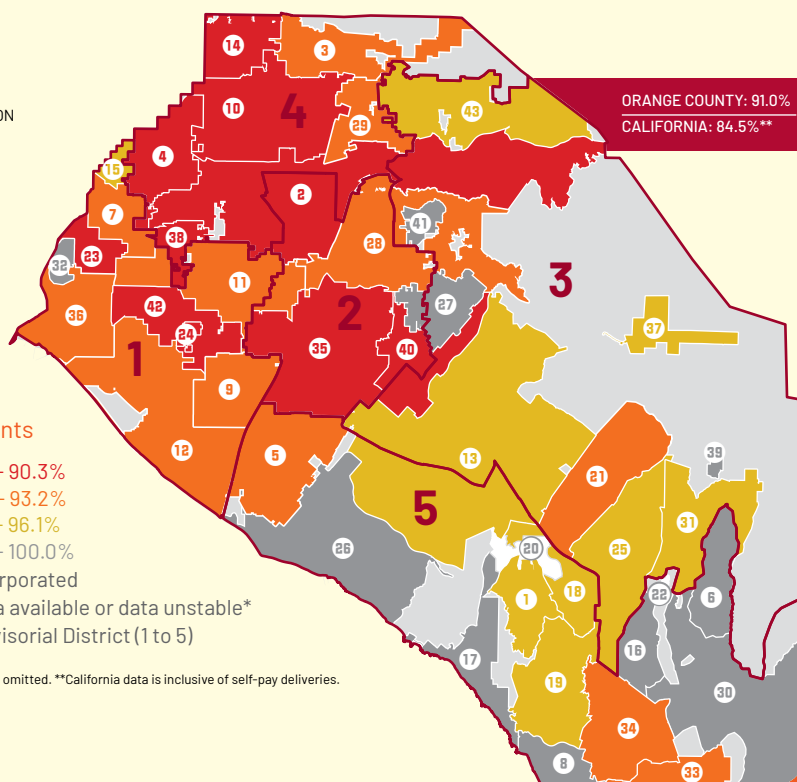
**Source:** OC Health Care Agency

## Percent of Pregnant People who Received Early Prenatal Care, Excluding Self-Pay Deliveries in Orange County, by Community of Residence, 2023

1 ALISO VIEJO 95.3%	13 IRVINE 93.9%	26 NEWPORT BEACH 93.5%	37 SILVERADO 93.3%
2 ANAHEIM 88.0%	14 LA HABRA 87.9%	27 NORTH TUSTIN 100.0%	38 STANTON 85.4%
3 BREA 90.8%	15 LA PALMA 95.7%	28 ORANGE 91.4%	39 TRABUCO CANYON 96.4%
4 BUENA PARK 87.6%	16 LADERA RANCH 98.6%	29 PLACENTIA 91.6%	40 TUSTIN 90.1%
5 COSTA MESA 93.2%	17 LAGUNA BEACH 96.7%	30 RANCHO MISSION VIEJO 97.2%	41 VILLA PARK 96.6%
6 COTO DE CAZA 97.7%	18 LAGUNA HILLS 93.4%	31 RANCHO SANTA MARGARITA 94.7%	42 WESTMINSTER 90.2%
7 CYPRESS 91.3%	19 LAGUNA NIGUEL 95.3%	32 ROSSMOOR 100.0%	43 YORBA LINDA 93.8%
8 DANA POINT 96.8%	20 LAGUNA WOODS N/A*	33 SAN CLEMENTE 92.3%	
9 FOUNTAIN VALLEY 90.4%	21 LAKE FOREST 93.2%	34 SAN JUAN CAPISTRANO 92.9%	
10 FULLERTON 88.5%	22 LAS FLORES N/A*	35 SANTA ANA 87.7%	
11 GARDEN GROVE 90.6%	23 LOS ALAMITOS 89.9%	36 SEAL BEACH 92.7%	
12 HUNTINGTON BEACH 92.6%	24 MIDWAY CITY 86.2%		
	25 MISSION VIEJO 94.3%		

## % of Infants

- 85.4% - 90.3%
- 90.4% - 93.2%
- 93.3% - 96.1%
- 96.2% - 100.0%
- 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.

**Note:** Records with unknown prenatal care initiation were excluded.

**Source:** OC Health Care Agency



# PRETERM BIRTHS

NEARLY ONE IN 10 BIRTHS ARE PRETERM.

## 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 and 36 weeks of gestation), moderate preterm births (occurring between 32 and 33 weeks of gestation) and very preterm births (occurring at 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 United States preterm birth rate continued to be elevated at 10.4% in 2022 and 2023, while the low birth weight rate also remained elevated at 8.6% in 2022 and 2023.<sup>6</sup> Preterm births cost the United States health care system more than \$25.2 billion each year.<sup>7</sup>

### Findings

- The percentage of preterm births in Orange County was highest among Native Hawaiian or Other Pacific Islander infants (15.4%), followed by Black infants (11.3%), Hispanic (10.1%), Asian (7.8%) and White (7.8%) infants. The percentages increased for infants across all races compared to 2022 except Black infants and Asian infants, which both decreased.
- Birthing persons older than 40 had the highest rate of preterm births at 13.2%. Birthing persons ages 25 to 29 had the lowest rate at 7.4%.
- Using the March of Dimes grading criteria for preterm birth rate, California had a B- and Orange County would have had a B in 2023. Orange County cities with large numbers of births were included in the most recent report, including Irvine (7.0% preterm births; A-); Anaheim (9.8%; C); Santa Ana (10.5%; D+).<sup>10</sup>
- Preterm births accounted for 8.8% of births to Orange County residents in 2023. By comparison, the rate for the United States was higher at 10.4% as was the rate for California (9.2%).<sup>8</sup> Nationally, the Healthy People 2030 goal is to reduce preterm births to 9.4% or less.<sup>9</sup>

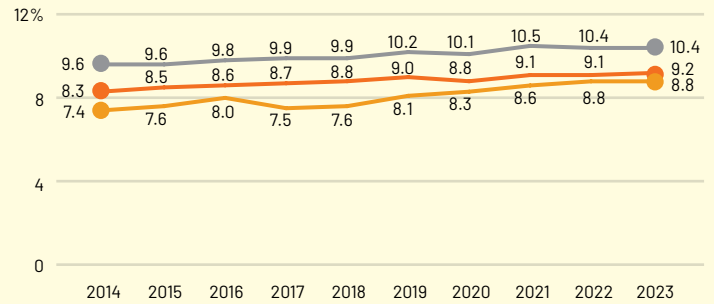
<sup>1</sup> Since 2014, preterm births have been calculated by establishing the gestational age based on the obstetric estimate. For years 2013 and earlier, the gestational age was calculated in the month prenatal care began by recording the date of the last normal menses. This change may lead to a 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. 74, No. 1, March 18, 2025. <sup>7</sup> 2019 March of Dimes Report Card. <sup>8</sup> OC Health Care Agency. <sup>9</sup> U.S. Office of Disease Prevention and Health Promotion, Healthy People 2030. <sup>10</sup> 2024 March of Dimes Report Card.

## GOOD HEALTH

## Percent of Preterm Births, Orange County, California and United States, 2014 to 2023

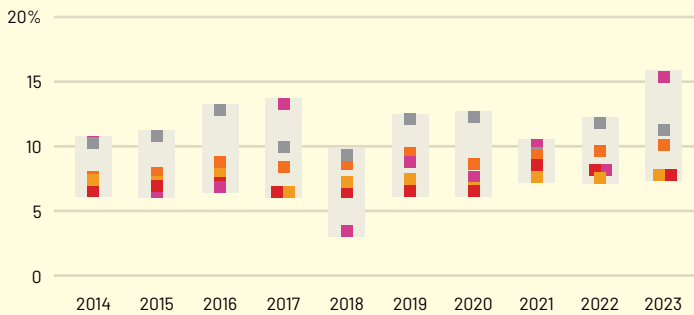
United States California Orange County

**Note:** Percent calculated from number of births with known obstetric estimate gestational age less than 37 weeks for 2014.  
**Source:** OC Health Care Agency; March of Dimes Report Card; National Center for Health Statistics, National Vital Statistics System, Natality



## Percent of Preterm Births, by Race/Ethnicity, 2014 to 2023

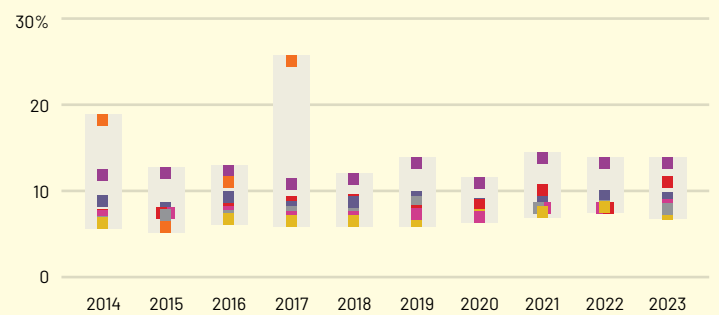
Asian Black Hispanic Native Hawaiian or Other Pacific Islander White



**Note:** Percent calculated from number of births with known obstetric estimate gestational age less than 37 weeks for 2014.  
**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:** OC Health Care Agency

## Percent of Preterm Births by Birthing Person's Age, 2014 to 2023

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



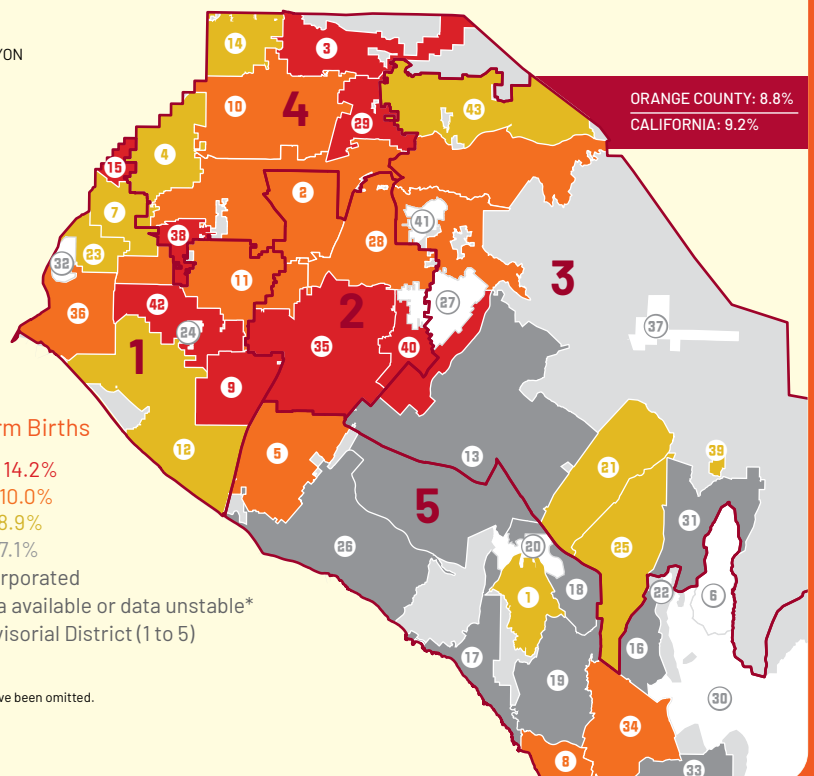
**Note:** Percent calculated from number of births with known obstetric estimate gestational age less than 37 weeks for 2014.  
**Source:** OC Health Care Agency

## Percent of Preterm Births, by Community of Residence, 2023

1 ALISO VIEJO 8.4%	13 IRVINE 7.0%	25 NEWPORT BEACH 6.2%	38 STANTON 14.2%
2 ANAHEIM 9.8%	14 LA HABRA 8.3%	27 NORTH TUSTIN N/A*	39 TRABUCO CANYON 8.3%
3 BREA 10.2%	15 LA PALMA 11.1%	28 ORANGE 9.0%	40 TUSTIN 10.3%
4 BUENA PARK 8.3%	16 LADERA RANCH 6.3%	29 PLACENTIA 10.3%	41 VILLA PARK N/A*
5 COSTA MESA 9.4%	17 LAGUNA BEACH 4.7%	30 RANCHO MISSION VIEJO NO DATA	42 WESTMINSTER 10.1%
6 COTO DE CAZA N/A**	18 LAGUNA HILLS 5.2%	31 RANCHO SANTA MARGARITA 5.8%	43 YORBA LINDA 8.9%
7 CYPRESS 7.4%	19 LAGUNA NIGUEL 6.3%	32 ROSSMOOR N/A*	
8 DANA POINT 9.7%	20 LAGUNA WOODS N/A*	33 SAN CLEMENTE 6.6%	
9 FOUNTAIN VALLEY 12.7%	21 LAKE FOREST 7.5%	34 SAN JUAN CAPISTRANO 9.7%	
10 FULLERTON 9.3%	22 LAS FLORES N/A*	35 SANTA ANA 10.5%	
11 GARDEN GROVE 9.3%	23 LOS ALAMITOS 7.2%	36 SEAL BEACH 9.0%	
12 HUNTINGTON BEACH 7.7%	24 MIDWAY CITY N/A*	37 SILVERADO N/A*	
	25 MISSION VIEJO 8.9%		

## % Preterm Births

- 10.1% - 14.2%
- 9.0% - 10.0%
- 7.2% - 8.9%
- 4.7% - 7.1%
- Unincorporated
- No data available or data unstable\*
- Supervisory District (1 to 5)



\*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:** OC Health Care Agency

# TEEN BIRTHS

TEEN BIRTH RATES REMAINED LOW, BUT INCREASED FOR SECOND CONSECUTIVE YEAR.

## DESCRIPTION OF INDICATOR

This indicator reports the percent of total annual births occurring among teens 19 and younger and the teen birth rate, 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. 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> Each year, teen pregnancies and births cost the United States an estimated \$9.4 billion, according to the Centers for Disease Control and Prevention.<sup>4</sup> For California, the estimated taxpayer costs were \$965 million a year.<sup>5</sup>

### Findings

- In 2023, 2.0% (599) of all Orange County births were to teens ages 19 and younger, a 61.8% decrease from the number of births (1,570) in 2014. Overall, total births decreased 22.6% from 38,610 in 2014 to 29,877 births in 2023.
- The teen birth rate in Orange County in 2023 was 6.2 births per 1,000 teens ages 15 to 19, a decrease of 55.1% from 13.8 births per 1,000 in 2014 but increasing in the last two years from the all-time low of 5.5 in 2021.
- At 6.2 births per 1,000 teens, Orange County has a lower teen birth rate than California (8.1)<sup>6</sup> and the United States (13.1).<sup>7</sup> Nationally, the Healthy People 2030 goal is 31.4 births per 1,000 teens or fewer.<sup>8</sup>
- When assessed by race/ethnicity, Hispanic teens had the highest birth rate (11.7 births per 1,000 teens), followed by Black (7.8), White (1.9), Asian (0.4) and Native Hawaiian or Other Pacific Islander (0.0) teens in Orange County.
- In 2023, teen birth rates in Orange County increased for all races and ethnicities compared to 2022, except Native Hawaiian or Other Pacific Islander and Asian infants.

<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, 1991-2009. <sup>4</sup> About Teen Pregnancy | Teen Pregnancy | Reproductive Health | CDC\*, www.cdc.gov. Retrieved April 20, 2016. <sup>5</sup> Lederer, T. (n.d.). Teen Pregnancy Costs California Hundreds of Millions. The Imprint. Retrieved August 21, 2025. <sup>6</sup> State of California, Department of Public Health, Maternal, Child and Adolescent Health Division. <sup>7</sup> Congressional Research Service, Teen Births in the United States: Overview and Recent Trends. Report No. R45184. Alexandria K. Mickler and Jessica Tollestrup. Washington, D.C.: Library of Congress, April 17, 2025. <sup>8</sup> Office of Disease Prevention and Health Promotion, Healthy People 2023.

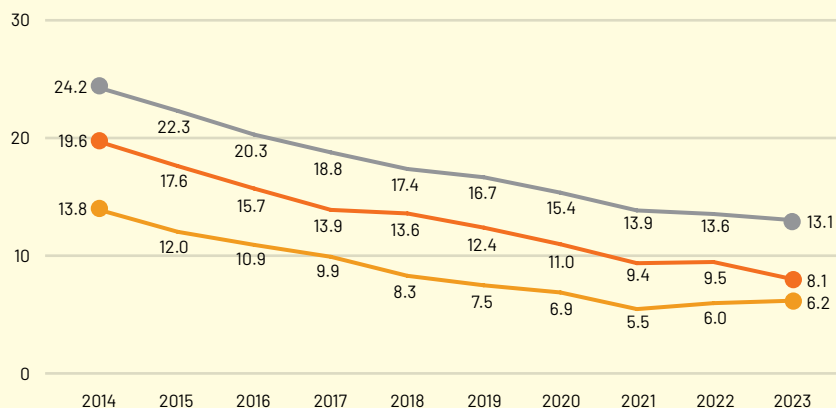


## GOOD HEALTH

## Birth Rate per 1,000 Teens 15 to 19 Years, Orange County, California and United States, 2014 to 2023

- United States
- California
- Orange County

**Note:** Rates calculated using data from State of California, Department of Finance  
**Source Orange County:** OC 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

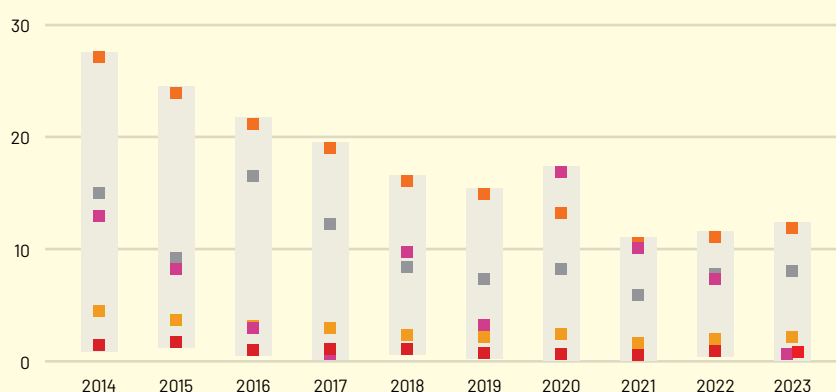


## Birth Rate per 1,000 Teens 15 to 19 Years, by Race/Ethnicity, 2014 to 2023

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

**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:** OC Health Care Agency

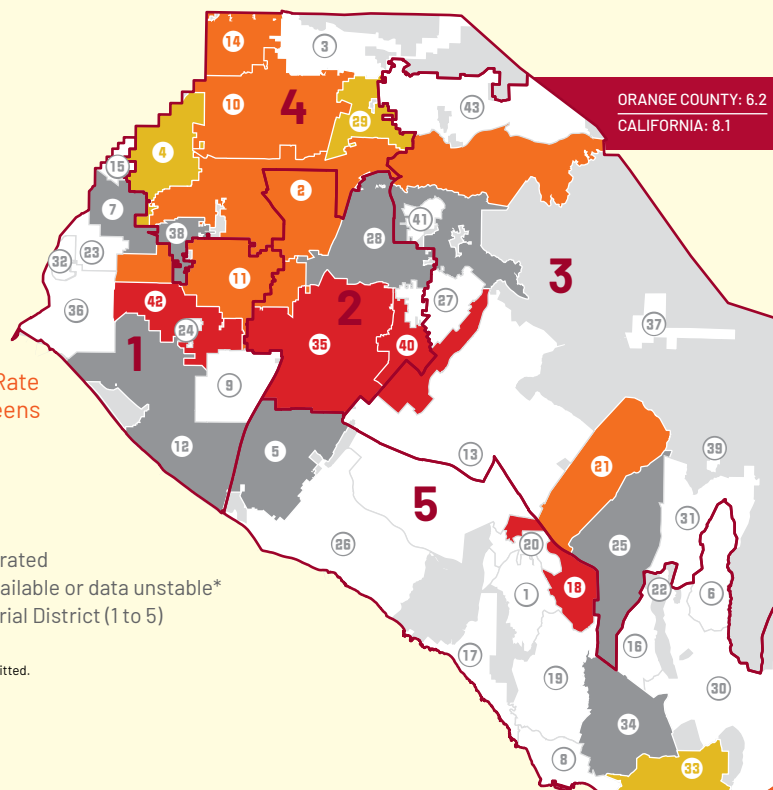


## Birth Rates per 1,000 Teens 15 to 19 Years, by Community of Residence, 2023

1 ALISO VIEJO N/A*	14 LA HABRA 9.6	27 NORTH TUSTIN N/A*	39 TRABUCO CANYON N/A*
2 ANAHEIM 8.3	15 LA PALMA N/A*	28 ORANGE 5.9	40 TUSTIN 10.7
3 BREA N/A*	16 LADERA RANCH N/A*	29 PLACENTIA 8.2	41 VILLA PARK N/A*
4 BUENA PARK 6.1	17 LAGUNA BEACH N/A*	30 RANCHO MISSION VIEJO NO DATA	42 WESTMINSTER 12.5
5 COSTA MESA 5.9	18 LAGUNA HILLS 17.3	31 RANCHO SANTA MARGARITA N/A*	43 YORBA LINDA N/A*
6 COTO DE CAZA N/A*	19 LAGUNA NIGUEL N/A*	32 ROSSMOOR NO DATA	
7 CYPRESS 5.7	20 LAGUNA WOODS NO DATA	33 SAN CLEMENTE 6.6	
8 DANA POINT N/A*	21 LAKE FOREST 10.4	34 SAN JUAN CAPISTRANO 5.9	
9 FOUNTAIN VALLEY N/A*	22 LAS FLORES NO DATA	35 SANTA ANA 15.1	
10 FULLERTON 8.6	23 LOS ALAMITOS N/A*	36 SEAL BEACH N/A*	
11 GARDEN GROVE 9.0	24 MIDWAY CITY N/A*	37 SILVERADO N/A*	
12 HUNTINGTON BEACH 2.2	25 MISSION VIEJO 4.2	38 STANTON 4.9	
13 IRVINE N/A*	26 NEWPORT BEACH N/A*		

## Teen Birth Rate per 1,000 Teens

- 10.5 - 17.3
- 8.3 - 10.4
- 6.0 - 8.2
- 0.0 - 5.9
- 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:** OC Health Care Agency

**Population source:** U.S. Census Bureau, American Community Survey, Five-year Estimates

# LOW BIRTH WEIGHT

LOW BIRTH WEIGHT AFFECTS ONE IN 13 NEWBORNS IN ORANGE COUNTY, HIGHEST IN 10 YEARS.

## 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, domestic violence and maternal or fetal infections.

### Findings

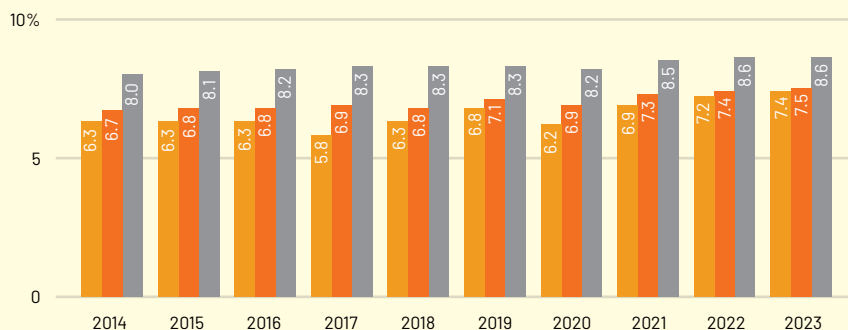
- In 2023, there were 29,866 births to residents in Orange County, of which 7.4% (2,212) were low birth weight infants, the highest percentage in the last 10 years.
- Overall, the Orange County low birth weight rate remained lower than the 2023 rates for California (7.5%) and the United States (8.6%). Preterm births were at a 10-year high in both California and the United States.<sup>3</sup>
- Very low birth weight infants comprised 1.1% (314) of the total births in Orange County.
- When assessed by race/ethnicity, the percent of low birth weight infants within each group were: Black (13.6%), Native Hawaiian or Other Pacific Islander (10.8%), Asian (8.5%), Hispanic (7.7%) and White (6.0%) infants. Percent of low birth weight infants increased for all race/ethnicities between 2022 and 2023.

## GOOD HEALTH

Percent of Infants with Low Birth Weight  
Orange County and California, 2014 to 2023

- Orange County
- California
- United States

Source: OC Health Care Agency; Centers for Disease Control, National Center for Health Statistics



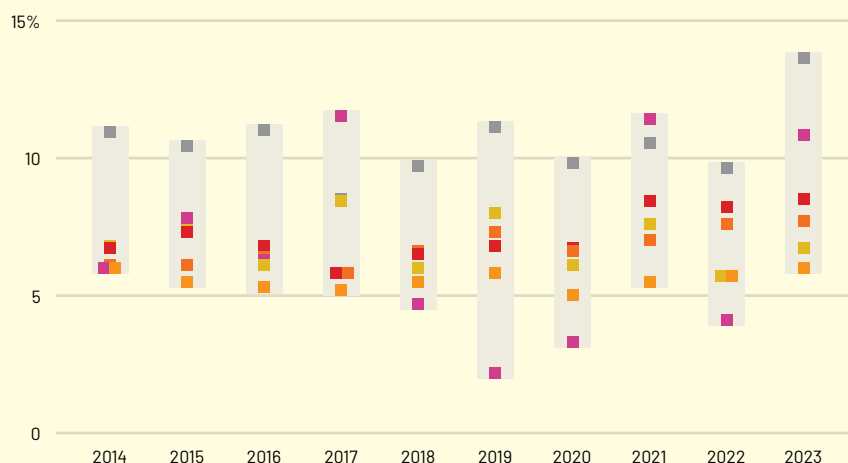
## Percent of Infants with Low Birth Weight, by Race/Ethnicity, 2014 to 2023

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

\*Other includes American Indian or 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: OC Health Care Agency

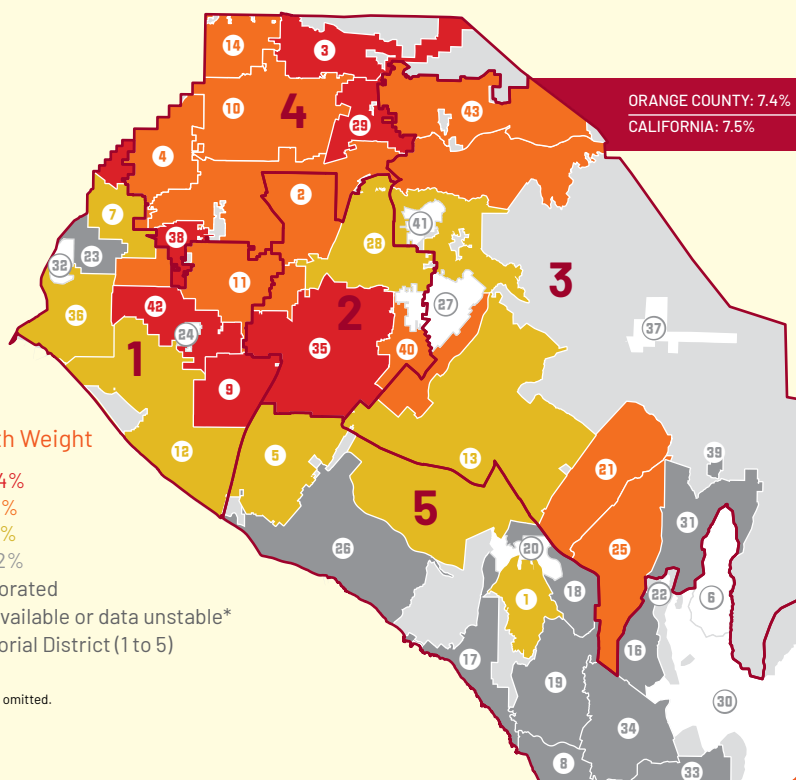


## Percent of Infants with Low Birth Weight, by Community of Residence, 2023

1 ALISO VIEJO 7.1%	15 LA PALMA 8.1%	29 PLACENTIA 11.4%	41 VILLA PARK N/A*
2 ANAHEIM 7.6%	16 LADERA RANCH 2.7%	30 RANCHO MISSION VIEJO NO DATA	42 WESTMINSTER 9.1%
3 BREA 8.0%	17 LAGUNA BEACH 5.5%	31 RANCHO SANTA MARGARITA 3.8%	43 YORBA LINDA 7.2%
4 BUENA PARK 7.2%	18 LAGUNA HILLS 5.2%	32 ROSSMOOR N/A*	
5 COSTA MESA 7.0%	19 LAGUNA NIGUEL 5.5%	33 SAN CLEMENTE 6.2%	
6 COTO DE CAZA N/A*	20 LAGUNA WOODS N/A*	34 SAN JUAN CAPISTRANO 5.9%	
7 CYPRESS 6.4%	21 LAKE FOREST 7.7%	35 SANTA ANA 9.5%	
8 DANA POINT 6.2%	22 LAS FLORES N/A*	36 SEAL BEACH 7.0%	
9 FOUNTAIN VALLEY 9.2%	23 LOS ALAMITOS 5.2%	37 SILVERADO N/A*	
10 FULLERTON 7.7%	24 MIDWAY CITY N/A*	38 STANTON 9.8%	
11 GARDEN GROVE 7.4%	25 MISSION VIEJO 7.2%	39 TRABUCO CANYON 3.5%	
12 HUNTINGTON BEACH 6.6%	26 NEWPORT BEACH 6.2%	40 TUSTIN 7.5%	
13 IRVINE 6.7%	27 NORTH TUSTIN N/A*		
14 LA HABRA 7.4%	28 ORANGE 6.8%		

## % Low Birth Weight

- 7.8% - 11.4%
- 7.2% - 7.7%
- 6.3% - 7.1%
- 0.0% - 6.2%
- 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 <10 are unstable and have been omitted.

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

Source: OC Health Care Agency

# INFANT MORTALITY

## INFANT MORTALITY RATE DECREASED FOR THE FIRST TIME IN THREE YEARS.

### DESCRIPTION OF INDICATOR

The infant mortality indicator refers to deaths of infants younger than one. The 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. Close monitoring is needed to identify other risk factors which may be affecting the health of our birthing persons and infants.

#### Findings

- In 2023, 102 infant deaths occurred in Orange County.
- The infant mortality rate was 3.2 deaths per 1,000 births in 2023, a decrease from recent years, but an overall increase from 3.0 in 2014. This rate was lower than California's 2023 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 (25.5%), maternal complications (12.7%) and sudden unexpected infant death (11.8%).
- Average infant mortality rates in 2021-2023 decreased from 2018-2020 in Native Hawaiian or Other Pacific Islander (4.6%) and Black (4.5%) infants but increased in Hispanic (4.1%), Non-Hispanic White (3.1%) and Asian (2.2%) infants.
- In 2023, 122 fetal deaths at 20 or more weeks of gestation occurred in Orange County. Leading causes of fetal mortality were complications of placenta, cord and membranes (34.4%), unspecified causes (20.5%) and maternal complications (11.5%).
- The fetal mortality rate was 4.1 fetal deaths at 20 or more weeks of gestation per 1,000 live births and fetal deaths in 2023, an increase since 2014 from 3.6. This rate was lower than California's 2022 rate of 5.1 and the United States' rate of 5.5. 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>

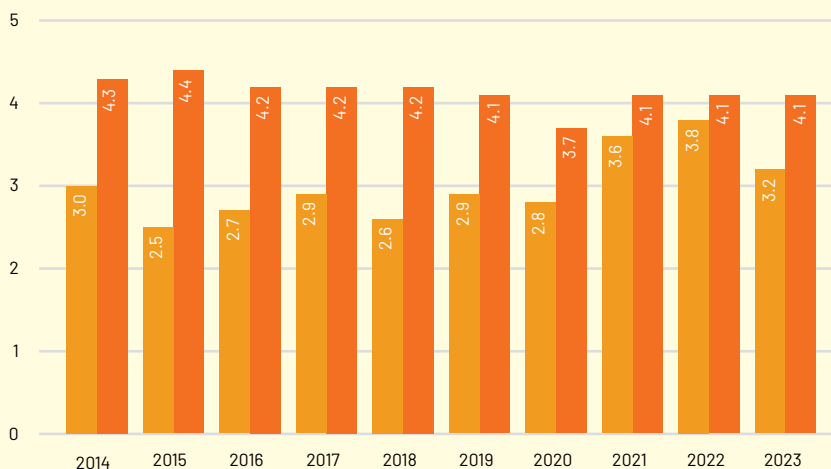
<sup>1</sup> MacDorman, M.F., Mathew, M.S., 2013. <sup>2</sup> Centers for Disease Control, CDC Wonder, 2023. <sup>3</sup> CDC's Vital Statistics Rapid Release Report No. 37, November 2024. <sup>4</sup> U.S. Office of Disease Prevention and Health Promotion, Healthy People 2030. <sup>5</sup> Due to relatively 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, 2014 to 2023

- Orange County
- California

Source: OC Health Care Agency



### Infant Mortality Rate per 1,000 Live Births, by Race and Ethnicity 2015-2017 to 2021-2023

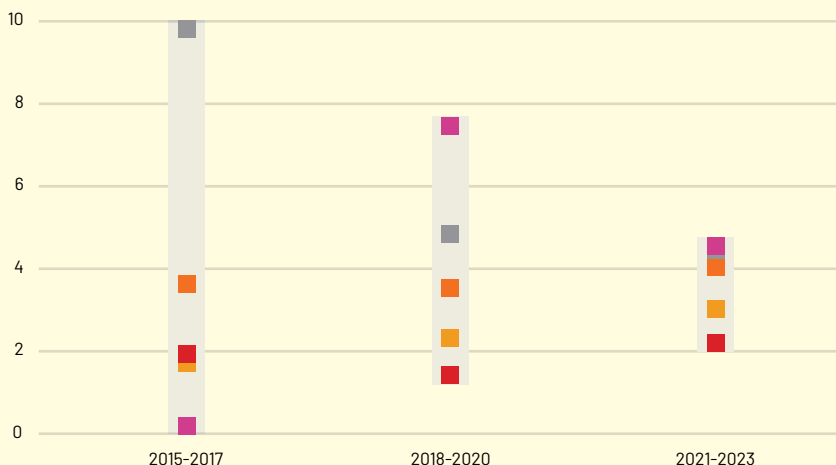
- Asian
- Black\*
- Hispanic
- Native Hawaiian or Other Pacific Islander\*
- White

\*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.

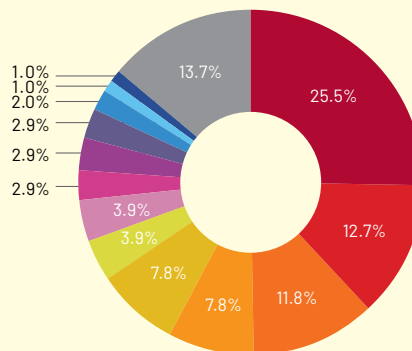
Note: Table does not include race/ethnicity "Other/Unknown"

Source: OC Health Care Agency



### Top Causes of Infant Deaths, by Percent, 2023

- Birth Defects
- Maternal Complications\*
- Sudden Unexpected Infant Death\*\*
- Complications of Placenta, Cord and Membranes
- Preterm-Low Birth Weight
- Diseases of the Circulatory System
- Bacterial Sepsis
- Cardiovascular Disorders
- Disseminated Intravascular Coagulation
- Neonatal Hemorrhage
- Respiratory Distress Syndrome (RDS)
- Accidents (Unintentional Injuries)
- 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: OC Health Care Agency



# BREASTFEEDING

## EXCLUSIVE BREASTFEEDING AT ONE WEEK, ONE MONTH AND THREE MONTHS INCREASED IN 2022-2023.

### 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 United States 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

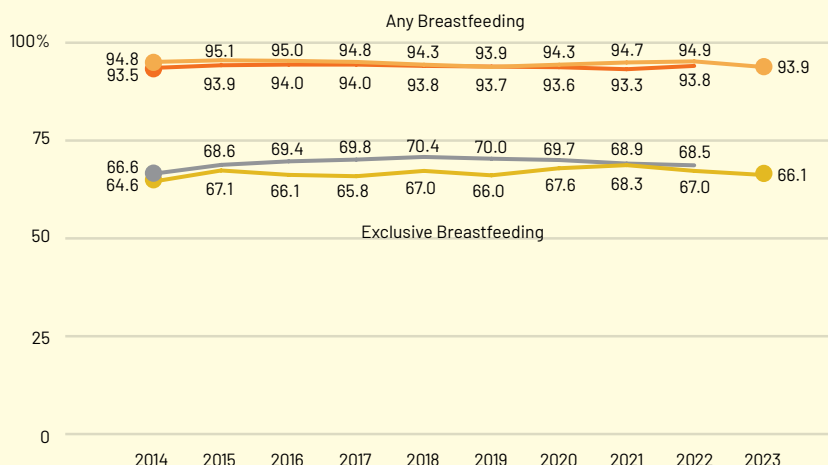
- In 2023, 93.9% of Orange County newborns had received any breastfeeding in the hospital, higher than the state's average rate at 93.8% in 2022. While in the hospital after birth, 66.1% of newborns in Orange County were exclusively breastfed, lower than the statewide rate of 68.5% in 2022.
- In 2022, 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 2022-2023, 93.3% 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 92.2%.
- Three months after delivery, 77.4% of people in Orange County reported any breastfeeding, which was lower than the 10-year high in 2014-2015 (78.0%), but higher than California at 74.1%.
- In 2022-2023, 45.5% of people one week postpartum in Orange County were exclusively breastfeeding, which dropped to 36.1% at one month postpartum and 32.1% at three months postpartum.

## GOOD HEALTH

## In-Hospital Breastfeeding Percentages in Orange County and California, 2014 to 2023

- 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, October 2025

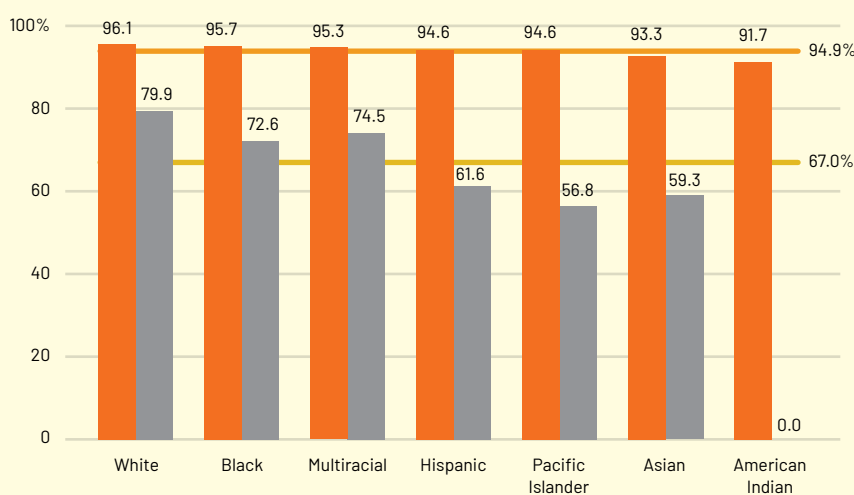


## In-Hospital Breastfeeding Percentages in Orange County, by Race/Ethnicity, 2022

- 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



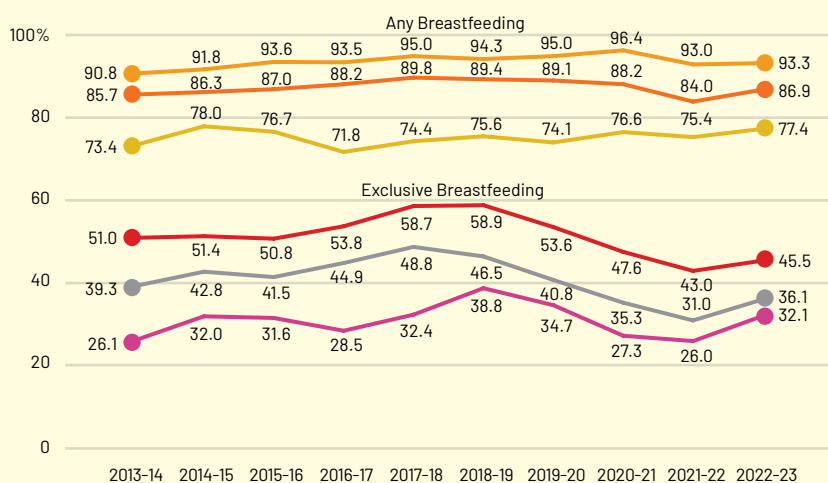
## Breastfeeding Percentages at One Week, One Month and Three Months After Delivery in Orange County 2013-2014 to 2022-2023

- 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 3 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 2022-2023 were combined, resulting in a statewide sample size of 11,326. The sample size of Orange County was 436. 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 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

## IMMUNIZATION RATES AMONG YOUNG CHILDREN IN CHILD CARE REACHED A 10-YEAR HIGH.

### DESCRIPTION OF INDICATOR

This indicator reports the percent of children who received all of the doses of specific vaccines required for attending child care facilities and required at kindergarten entry. Child care facilities include any private or public child care center, day nursery, nursery school, family day care home or development center.<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.<sup>2</sup>

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>3</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>4</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 2024, 97.7% of Orange County children ages 2 to 5 years in child care centers were up-to-date with required immunizations at enrollment the highest rate in the last 10 years.
- In 2024, 96.0% of Orange County kindergartners had up-to-date immunizations, a 3.5 percentage point increase from the 10-year low of 92.5% in 2015. This was higher than California at 93.7%.
- Capistrano Unified School District had the lowest percentage of kindergartners with up-to-date immunization levels at 93.1% in 2023, followed by Savanna School District at 93.8%. Laguna Beach School District had the highest percentage at 98.9%.

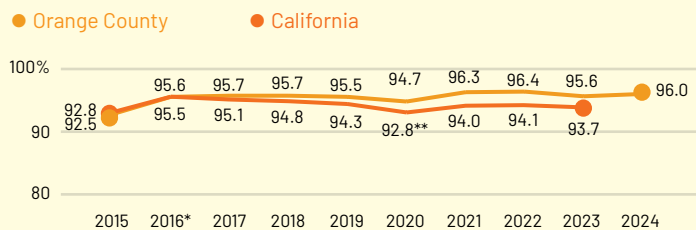
Effective July 1, 2016, California law removed the personal belief exemption from statute and now requires almost all children to be fully vaccinated against 10 diseases in order to attend public or private elementary, middle or high school or child care. Children with a written personal belief exemption 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.

<sup>1</sup> California Immunization Requirements for Pre-Kindergarten, available at <https://cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/childcare-immunizations.aspx>. <sup>2</sup> Centers for Disease Control and Prevention. (2024, August 8). Health and economic benefits of routine childhood immunizations in the era of the Vaccines for Children Program – United States, 1994–2023. Morbidity and Mortality Weekly Report, 73(31), 682–685. <sup>3</sup> Wei, F., Mullooly, J.P., Goodman, M. et al., 2009. <sup>4</sup> Hussain, H. et al., 2011.

## GOOD HEALTH

## Percent of Up-to-Date Vaccination Status for Children Enrolling in School in Orange County and California, 2015 to 2024

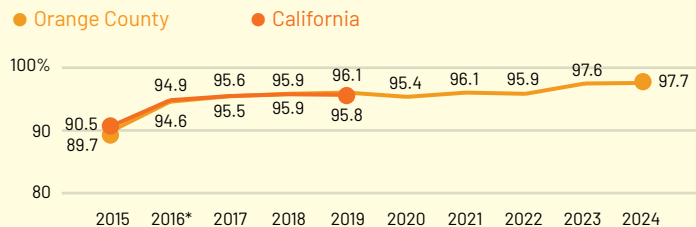


\*Up-to-date (UTD) for Kindergarten and Child Care: Certain immunizations are required by law for child care or kindergarten in California. Children who are partially immunized are not considered UTD but may attend as long as they are not overdue for doses needed to complete the vaccine series. Children with a California Immunization Registry Medical Exemption to one or more required immunizations are also not UTD but may attend. Effective July 1, 2016, personal belief exemptions (PBEs) were removed from statute and are no longer an option for children entering child care or kindergarten. Prior to the 2016-2017 school year, children with PBEs were not UTD but could attend school. Children with written PBEs on file prior to January 1, 2016, could continue in child care until kindergarten or transitional kindergarten entry.

\*\*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.

Source: Kindergarten 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, 2015 to 2024



\*See footnote under the chart titled Percent of Up-to-Date Vaccination Status for Children Enrolling in School in Orange County and California.

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

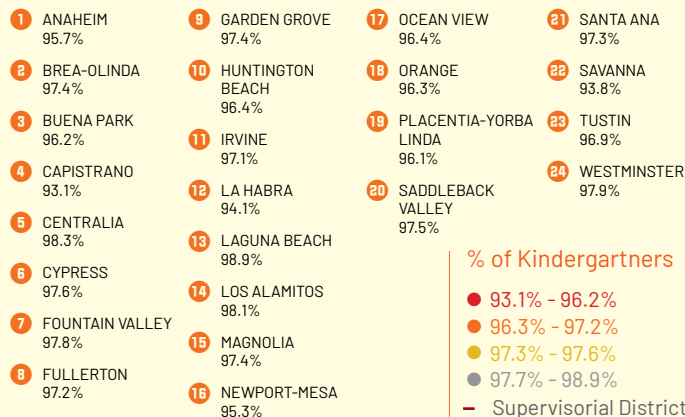
## Percent of Children Ages 2 to 5 Years Enrolling in Licensed Child Care Centers who were Up-to-Date on Immunizations, by Vaccine Type, 2015 to 2024

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+)
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%
2024	24,582	98.6%	99.1%	99.3%	99.0%	99.3%

<sup>1</sup> Four or more doses of diphtheria, tetanus, and acellular pertussis (DTaP) vaccine. <sup>2</sup> Three or more doses of inactivated polio vaccine (IPV); oral polio vaccine does not count. <sup>3</sup> One or more doses of measles, mumps, and rubella (MMR vaccine), on or after 1<sup>st</sup> birthday. <sup>4</sup> Three or more doses of hepatitis B vaccine. <sup>5</sup> One or more doses of varicella vaccine.

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

## Up-to-Date Immunizations at Kindergarten Enrollment, Public Schools within Each School District, 2024



ORANGE COUNTY: 96.0%  
CALIFORNIA: 93.7%

\*See footnote under the chart titled Percent of Up-to-Date Vaccination Status for Children Enrolling in School in Orange County and California.

Source: Kindergarten Assessment Results, California Department of Public Health, Immunization Branch

# PERINATAL BEHAVIORAL HEALTH

## SUBSTANCE-EXPOSED INFANT REFERRALS INCREASED IN ORANGE COUNTY SINCE 2015.

### 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 (SEI).

#### 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> 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 and the number of infants diagnosed with substance exposure.

#### Findings

##### Mental Health

- From 2020-2022, the percentage of Orange County pregnant persons who experienced symptoms of depression during or after pregnancy was 14.6% and 13.8%, respectively.
- From 2020-2022, the percentage of pregnant persons who experienced symptoms of depression during pregnancy was highest among Asian pregnant persons (15.7%) followed by White (14.5%), Hispanic (14.4%) and Black (13.0%)<sup>3</sup> pregnant persons.
- From 2020-2022, postpartum depression symptoms were highest among Asian pregnant persons (19.7%), followed by Black (16.0%),<sup>3</sup> Hispanic (12.5%) and White (12.1%) pregnant persons.

##### Substance Use

- From 2020-2022, the percentage of pregnant persons drinking any alcohol in an average week during the last three months of their most recent pregnancy was 7.8%, higher than in California at 7.3%, and an increase from a low of 7.3% from 2013-2015.
- Any cannabis use during pregnancy also increased from 2.6% from 2016-2018 to 3.8% from 2020-2022. This rate remained lower than California, which was 4.7% from 2016-2018 and 5.2% from 2020-2022.
- In 2023, there were 281 infant hospital admissions affected by maternal alcohol and drug use. Among newborns with a substance exposed diagnosis, 46.6% were Hispanic, 37.0% White, 5.0% Other and 7.5% unknown.\* A total of 29,866 children were born in Orange County in 2023.
- In 2023, among the infants affected by maternal substance use, the most common substance was documented as other drugs of addiction (113 infants or 40.2%), followed by amphetamines (62 infants or 22.1%), opiates (53 infants or 18.9%), cannabis (41 infants or 14.6%), unspecified drugs of addiction (26 infants or 9.3%), antidepressants (16 infants or 5.7%) and alcohol (11 infants or 3.9%).\*\*
- In 2024, the County of Orange Social Services Agency received 217 SEI referrals for infants aged 0 to 7 days, which is a 17.9% increase from 2015 (184 referrals). Over the 2015-2024 period, 58.8% of infants referred were Hispanic, followed by White (30.3%), Black (3.5%), Asian (2.5%), Other (1.1%) and Unknown ethnicity (3.8%) infants.

\* Data on Asian and Black newborns have been omitted to protect confidentiality due to there being <11 occurrences in 2023. \*\*More than one substance can be diagnosed in a case.

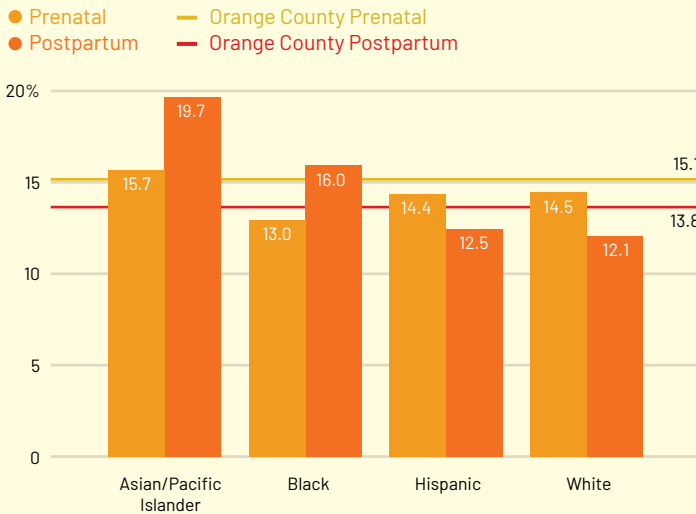
<sup>1</sup> National Institute of Child Health and Human Development. Moms' Mental Health Matters. <sup>2</sup> Centers for Disease Control and Prevention (CDC). (2022). Substance Use During Pregnancy.

<sup>3</sup> Estimate should be interpreted with caution due to low reliability.



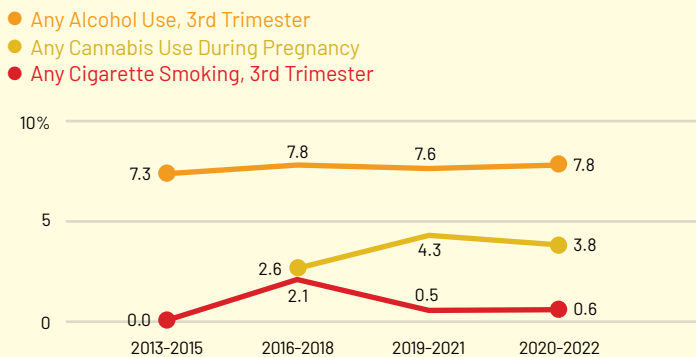
## GOOD HEALTH

## Percent of Pregnant or Birthing Persons Who Experienced Symptoms of Depression During or After Pregnancy, by Race/Ethnicity, 2020-2022



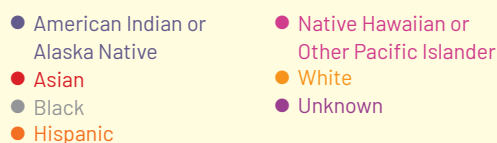
**Source:** Maternal and Infant Health Assessment (MIHA), California Department of Public Health, Center for Family Health, Maternal, and Adolescent Health Division, Maternal Mental Health Dashboard

## Percent of Substance Use Among Pregnant Persons During Most Recent Pregnancy, Orange County, 2013-15 to 2020-22



**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

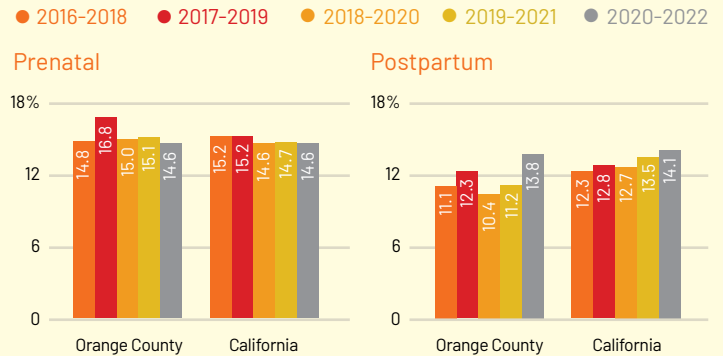
## Number of Substance-Exposed Infants 0 to 7 Days Referred to the County of Orange Social Services Agency, by Race/Ethnicity, 2015 to 2024



\*Data collected in referral, and case where applicable.

**Source:** Child Welfare Services (CWS)/Case Management System (CMS) 2024 Quarter 4 Extract, County of Orange Social Services Agency

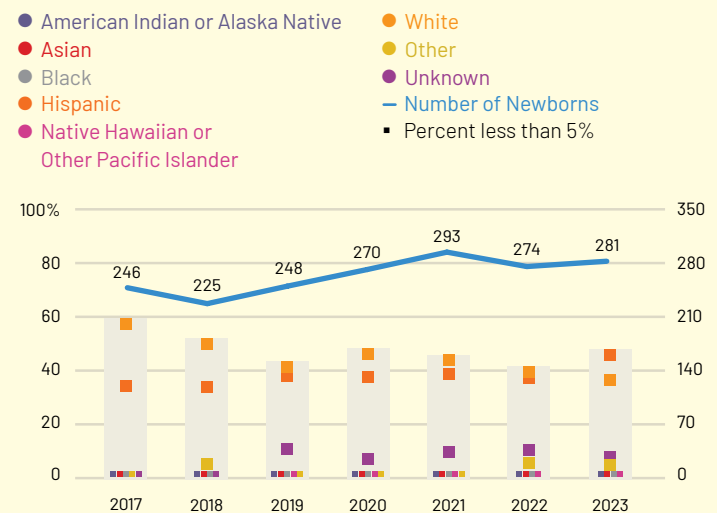
## Percent of Pregnant or Birthing Persons Who Experienced Symptoms of Depression During or After Pregnancy, 2016-2018 to 2020-2022



**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), 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, 2017 to 2023



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

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

# BEHAVIORAL HEALTH

## EMOTIONAL COUNSELING AMONG TEENS IN ORANGE COUNTY INCREASED IN THE PAST 10 YEARS.

### 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 students experiencing depression-related feelings such as chronic sadness or hopeless feelings or who seriously considered attempting suicide. It also tracks the percentage of youth receiving psychological and emotional counseling, 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 2025, 10.4% of kindergartners were vulnerable on the EDI's social-emotional composite. Among race and ethnic groups, Black or African American (15.3%), Hispanic or Latino (12.7%) and American Indian or Alaskan Native (12.0%) populations had the highest percentages of socially and emotionally vulnerable children.<sup>3</sup>
- From 2021-2023 survey data, 36.0% of 11th graders reported experiencing depression-related feelings, compared to 30.0% of 9th graders and 30.0% of 7th graders. Orange County rates were lower than the state's average rates for 11th (42.0%), 9th (37.0%) and 7th grade (32.0%) students.<sup>4</sup>
  - Surveyed students were more likely to experience chronic sadness or hopeless feelings compared to

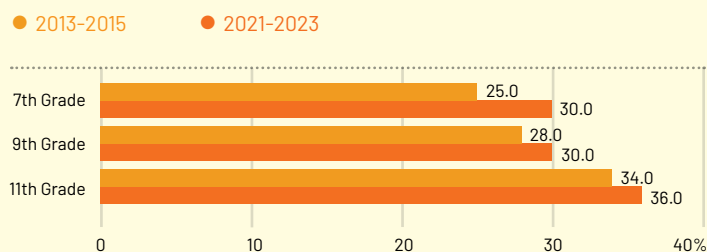
2013-2015, increasing from 34.0% for 11th graders, 28.0% for 9th graders and 25.0% for 7th graders.

- Surveyed students who identified as lesbian, gay or bisexual (LGB) were significantly more likely to report depression-related feelings from 2021-2023 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.
- In 2024, 22.8% of youth ages 12 to 17 years in Orange County reported receiving psychological/emotional counseling in the past year, up from 15.1% in 2014.<sup>5</sup> During this same time period, California increased from 11.6% to 18.6%.
- From 2021-2023, 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 2021-2023.
- In 2021-2023, students who identified as LGB were more likely to have seriously considered attempting suicide (62.0%) than their non-LGB classmates (29.0%).
- The combined hospitalization rate for serious mental illness and substance use conditions for children increased by 66.8%, from a ten-year low of 22.3 in 2015 to 37.2 per 10,000 children in 2023.

<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 information on EDI and kindergarten readiness, see page 44. <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 5, 7, 9 and 11. 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, Five-year Estimates.

## GOOD HEALTH

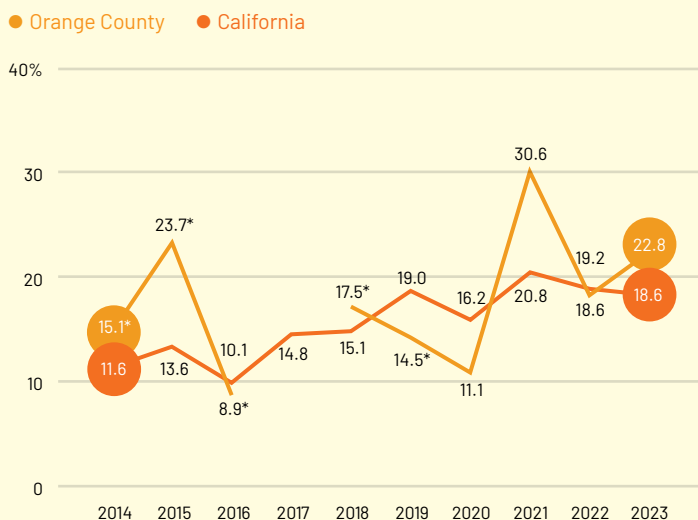
## Percent of Students who Reported Experiencing Depression-Related Feelings, by Grade Level, Orange County, 2013-2015 and 2021-2023



**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

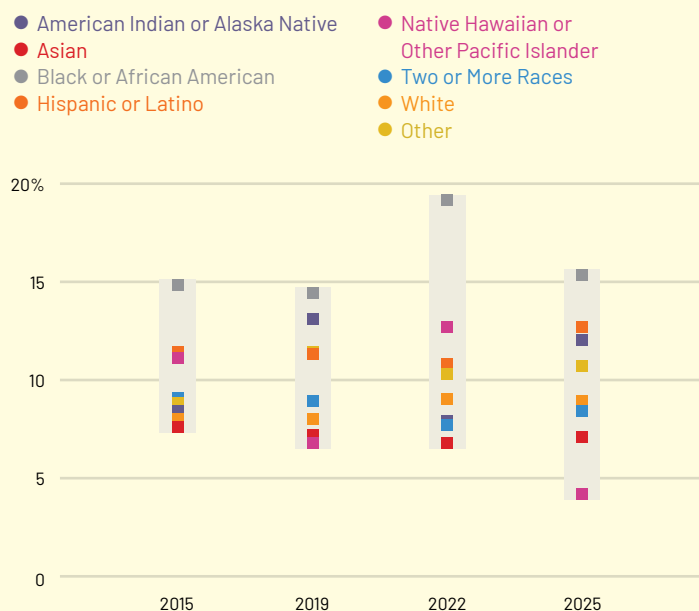
## Percent of Youth Ages 12 to 17 Years Reported Receiving Psychological/Emotional Counseling in the Past Year, 2014 to 2023



\*Statistically unstable.

**Source:** California Health Interview Survey, 2023

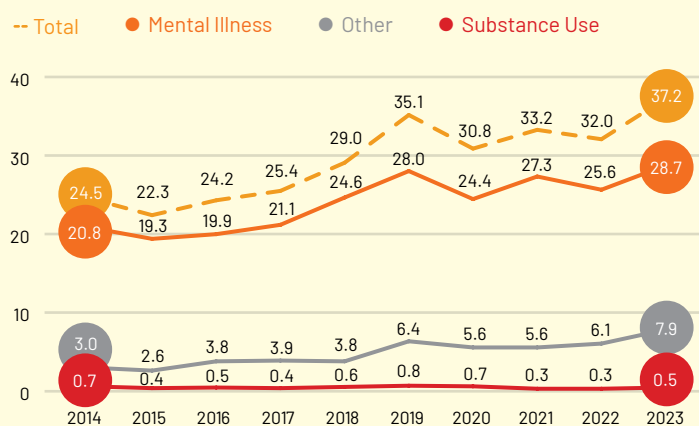
## Percent of Kindergartners Vulnerable on EDI's Social-Emotional Composite, by Race/Ethnicity 2015 to 2025



**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 2025

## Mental Health and Substance Use-Related Hospitalizations, Rate per 10,000 Children, 2014 to 2023



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

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

# ECONOMIC WELL-BEING INDICATORS

## CHILD POVERTY

PERCENT OF STUDENTS ELIGIBLE FOR  
FREE AND REDUCED PRICE LUNCH



**48.3%**  
2015/16

**55.2%**  
2024/25

## CHILD CARE

NUMBER OF LICENSED CHILD CARE SPACES  
PER 1,000 CHILDREN YOUNGER THAN 12



**180**  
2015/16

**197**  
2024/25

## CALWORKS

PERCENT OF CHILDREN  
RECEIVING CALWORKS



**6.0%**  
2014/15

**3.6%**  
2023/24

## HOUSING

PERCENT OF CHILDREN  
INSECURELY HOUSED



**5.2%**  
2014/15

**6.7%**  
2023/24

## SUPPLEMENTAL NUTRITION

PERCENT OF CHILDREN  
RECEIVING CALFRESH



**19.9%**  
2014/15

**14.9%**  
2023/24

## CHILD SUPPORT

PERCENT OF CURRENT  
SUPPORT COLLECTED



**68.0%**  
2015/16

**65.0%**  
2024/25



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 POVERTY

OVER HALF OF ORANGE COUNTY STUDENTS WERE ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH IN SCHOOL YEAR 2024/25.

## 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, school dropout, abuse and neglect, behavioral and social/emotional problems, physical health problems and developmental delays.

- From SY 2015/16 to 2024/25, there was a 6.9% increase in the percentage of students eligible for the FRPL program (48.3% to 55.2%).
- According to the U.S. Census Bureau, 10.9% or 72,445, of Orange County's children were living in poverty in 2023; a 43.0% decrease from the 10-year high of 127,172 children or 17.9% in 2014. The rate also remained lower than California (15.1%) and the United States (16.3%).
- When accounting for cost of living, family resources, and social safety net benefits, the child poverty rate in Orange County increased to 14.5%, exceeding California's rate of 13.8%. In 2023, a family of four (two adults and two children) that rents needed an annual income of \$44,074 to maintain a basic standard of living.<sup>3</sup>

### Findings

- In School Year (SY) 2024/25, 55.2% of students were eligible for the FRPL program in Orange County (237,096 students total), lower than California at 62.8% (3,647,037 students total) and up from the SY 2023/24 county rate of 54.1% (236,434 students total).

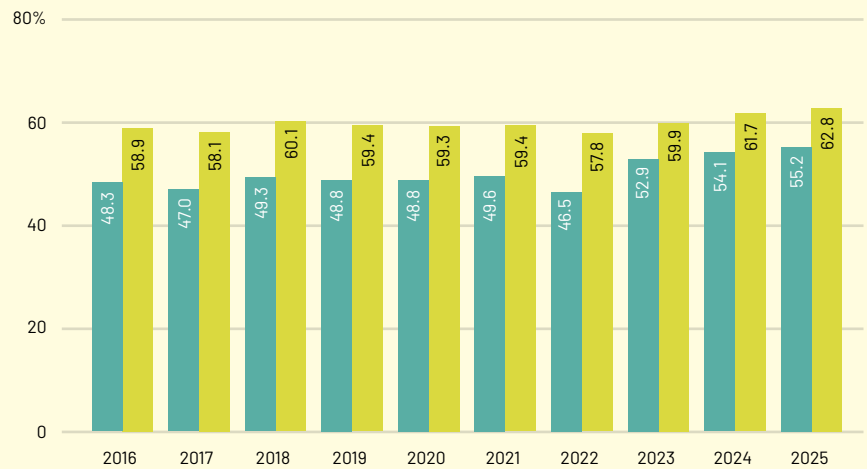
<sup>1</sup> American Psychological Association, 2014. <sup>2</sup> The Institute for Education Sciences define high-poverty schools public schools where more than 75.0% of the students are eligible for the Free and Reduced Price Lunch program. <sup>3</sup> California poverty by county, 2023, calculated according to the California Poverty Measure (CPM). The 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, 2016 to 2025

● Orange County  
● California

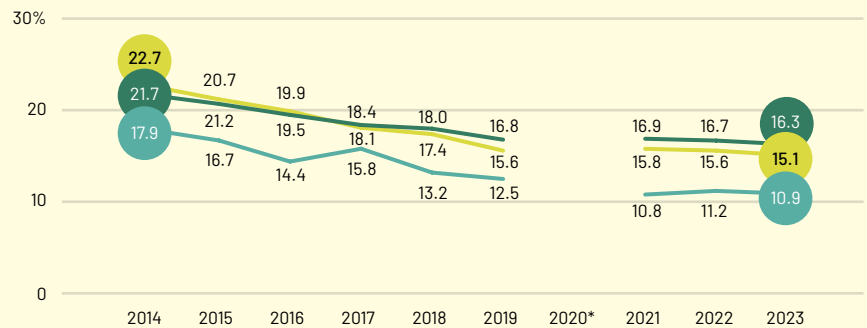
Source: California Department of Education



## Percent of Children Younger than 18, Living in Poverty, Orange County, California and United States, 2014 to 2023

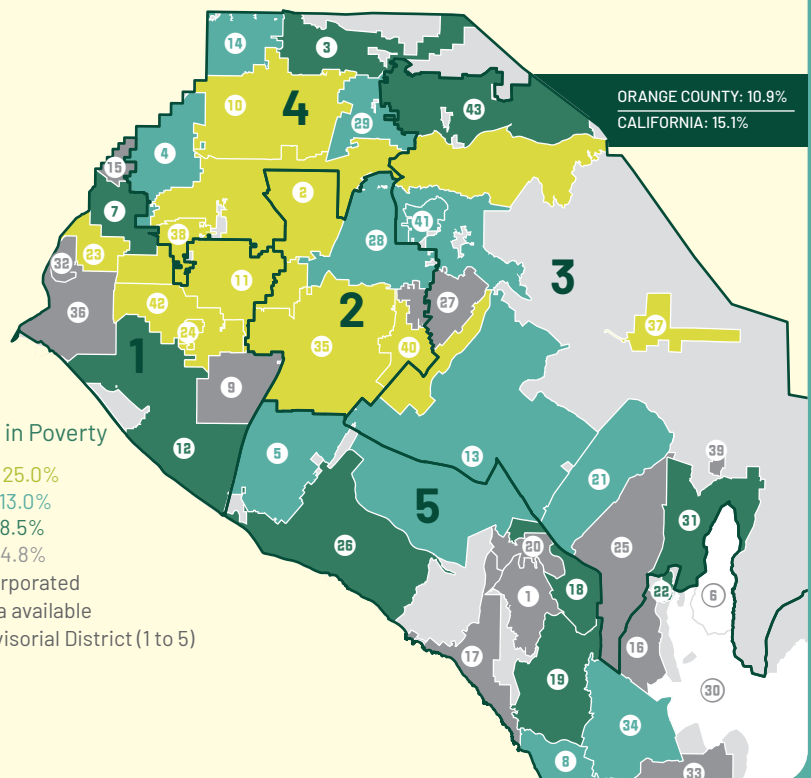
● United States  
● California  
● Orange County

\*American Community Survey One-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: U.S. Census Bureau, American Community Survey, One-year Estimates



## Percent of Children Younger than 18 Living in Poverty, by Community of Residence, 2023

1 ALISO VIEJO 4.8%	14 LA HABRA 12.6%	28 ORANGE 10.5%	40 TUSTIN 14.6%
2 ANAHEIM 16.0%	15 LA PALMA 3.7%	29 PLACENTIA 9.0%	41 VILLA PARK 9.0%
3 BREA 5.7%	16 LADERA RANCH 2.7%	30 RANCHO MISSION VIEJO NO DATA	42 WESTMINSTER 21.5%
4 BUENA PARK 9.6%	17 LAGUNA BEACH 1.9%	31 RANCHO SANTA MARGARITA 7.4%	43 YORBA LINDA 7.2%
5 COSTA MESA 10.9%	18 LAGUNA HILLS 6.4%	32 ROSSMOOR 3.6%	
6 COTO DE CAZA NO DATA	19 LAGUNA NIGUEL 7.1%	33 SAN CLEMENTE 3.3%	
7 CYPRESS 5.7%	20 LAGUNA WOODS 0.0%	34 SAN JUAN CAPISTRANO 8.9%	
8 DANA POINT 9.1%	21 LAKE FOREST 9.9%	35 SANTA ANA 15.1%	
9 FOUNTAIN VALLEY 4.7%	22 LAS FLORES 5.7%	36 SEAL BEACH 2.4%	
10 FULLERTON 15.5%	23 LOS ALAMITOS 13.3%	37 SILVERADO 25.0%	
11 GARDEN GROVE 14.6%	24 MIDWAY CITY 23.3%	38 STANTON 13.7%	
12 HUNTINGTON BEACH 8.1%	25 MISSION VIEJO 4.1%	39 TRABUCO CANYON 0.0%	
13 IRVINE 9.0%	26 NEWPORT BEACH 7.2%		
	27 NORTH TUSTIN 3.7%		



Note: No data indicates that the dataset does not include information on the particular community.  
Source: U.S. Census Bureau, American Community Survey, One-year Estimates

# CALWORKS

THE NUMBER OF CHILDREN RECEIVING CALWORKS INCREASED FOR SECOND CONSECUTIVE YEAR, FOLLOWING YEARS OF DECLINE.

## DESCRIPTION OF INDICATOR

This indicator reports the average number and percent of children per month younger than 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 2023/2024, 3.6% of Orange County's children received CalWORKs assistance (24,099 children total), a 43.1% decrease from 6.0% (42,345) of children in 2014/15. This was compared to a 5.0% decrease in the number of Orange County children younger than 18 from 710,562 to 674,833 children.

- For the second year in a row, the proportion of children receiving CalWORKs increased slightly.
- Children younger than 6 years accounted for 27.4% of the youth population receiving CalWORKs assistance, while children ages 6 to 11 years accounted for 34.6% and 12 to 17 accounted for 38.1%.
- The cities with the highest percentages of children receiving CalWORKs were Santa Ana at 7.5% (5,488), Anaheim at 6.7% (5,174), Garden Grove at 5.1% (1,847), Stanton at 5.0% (419) and Buena Park at 4.4% (841).
- The cities with the lowest percentage of children receiving CalWORKs included Laguna Beach at 0.2% (9), Villa Park at 0.4% (5), San Clemente at 0.7% (103), Seal Beach at 0.7% (22) and Yorba Linda 0.9% (138).

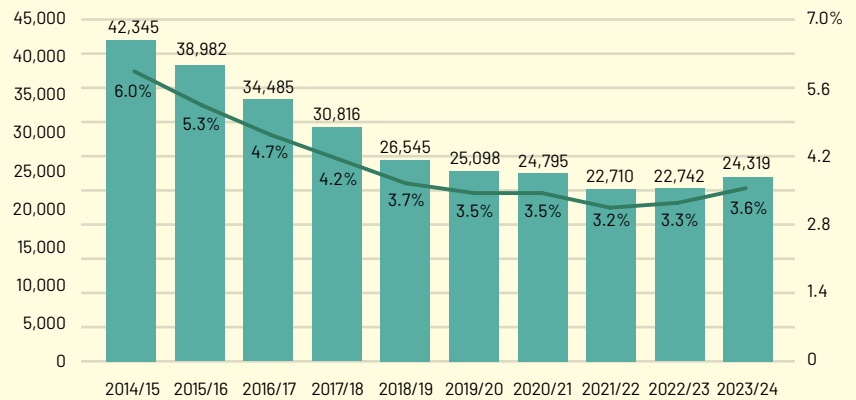
## ECONOMIC WELL-BEING

## Number and Percent of Children Younger than 18 Receiving CalWORKs

2014/15 to 2023/24

- Number of Children
- Percent of Children

Source: County of Orange Social Services Agency

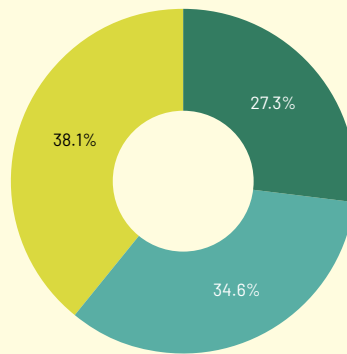


## Percent of Children Younger than 18 Receiving CalWORKs, by Age Group

January 2025

- Younger than 6 Years
- 6 to 11 Years
- 12 to 17 Years

Source: County of Orange Social Services Agency



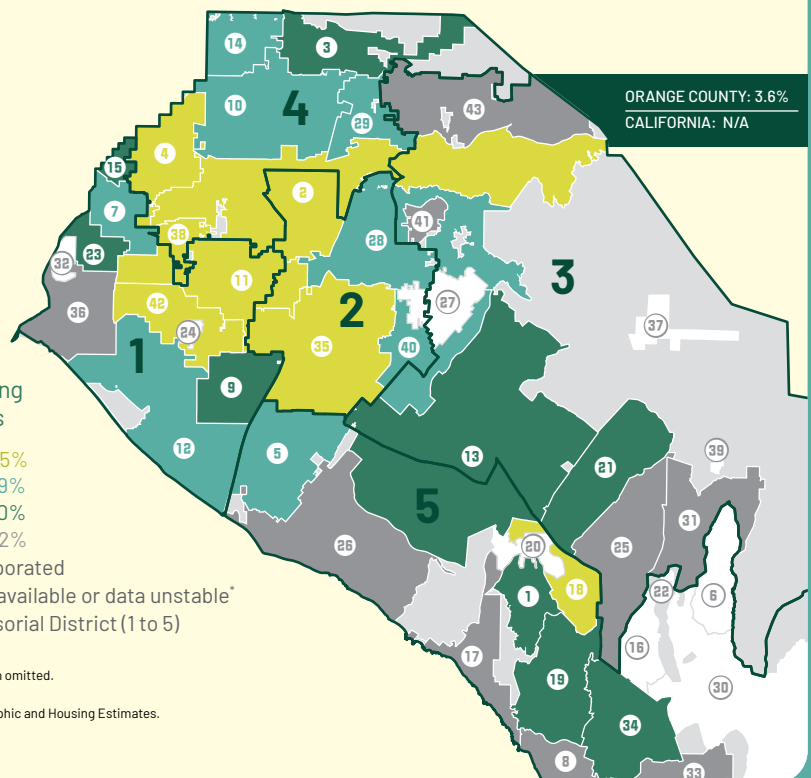
## Percent Receiving CalWORKs, by Community of Residence

January 2025

1 ALISO VIEJO 1.3%	14 LA HABRA 3.7%	27 NORTH TUSTIN NO DATA	39 TRABUCO CANYON NO DATA
2 ANAHEIM 6.7%	15 LA PALMA 1.9%	28 ORANGE 3.3%	40 TUSTIN 3.6%
3 BREA 1.5%	16 LADERA RANCH NO DATA	29 PLACENTIA 2.9%	41 VILLA PARK 0.4%
4 BUENA PARK 4.4%	17 LAGUNA BEACH 0.2%	30 RANCHO MISSION VIEJO NO DATA	42 WESTMINSTER 4.3%
5 COSTA MESA 2.8%	18 LAGUNA HILLS 4.1%	31 RANCHO SANTA MARGARITA 1.0%	43 YORBA LINDA 0.9%
6 COTO DE CAZA NO DATA	19 LAGUNA NIGUEL 1.7%	32 ROSSMOOR NO DATA	
7 CYPRESS 2.1%	20 LAGUNA WOODS N/A*	33 SAN CLEMENTE 0.7%	
8 DANA POINT 1.1%	21 LAKE FOREST 1.8%	34 SAN JUAN CAPISTRANO 1.8%	
9 FOUNTAIN VALLEY 2.0%	22 LAS FLORES NO DATA	35 SANTA ANA 7.5%	
10 FULLERTON 3.2%	23 LOS ALAMITOS 1.4%	36 SEAL BEACH 0.7%	
11 GARDEN GROVE 5.1%	24 MIDWAY CITY NO DATA	37 SILVERADO NO DATA	
12 HUNTINGTON BEACH 2.4%	25 MISSION VIEJO 1.0%	38 STANTON 5.0%	
13 IRVINE 1.8%	26 NEWPORT BEACH 1.0%		

## % Receiving CalWORKs

- 4.0% - 7.5%
- 2.1% - 3.9%
- 1.3% - 2.0%
- 0.2% - 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 younger than 18 from 2019-2023 American Community Survey Five-year Estimates, Demographic and Housing Estimates.  
County of Orange Social Services Agency, January 2025



# SUPPLEMENTAL NUTRITION

## WIC PARTICIPATION IN ORANGE COUNTY INCREASED IN 2024 WITH INFANTS COMPRISING OVER A THIRD OF PARTICIPANTS.

### 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?

The 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 increase low-income households' ability to buy more nutritious food, such as fruits and vegetables. Income eligible children can receive both forms of nutrition assistance.

#### Findings

- In 2023/24, 14.9% of children younger than 18 years received CalFresh (96,456 children total), a 31.9% decrease in the number of children from the 10-year high of 19.9% (141,716) in 2014/15. Orange County had a lower rate than California at 22.4% (1,913,371) of children receiving CalFresh.<sup>2</sup>
- In January 2025, the greatest proportion of CalFresh beneficiaries younger than 18 in Orange County were children aged 6 to 12 years (39.9%), followed by 13 to 17 years (30.2%) and younger than 6 years (29.8%).
- In 2021, it was estimated that 63.3% of people in Orange County eligible for CalFresh were receiving that benefit, less than California at 77.0%.<sup>3</sup>
- WIC participation in Orange County increased from the ten-year low of 57,567 participants in 2022 to 59,631 in 2024. It remained lower than the high of 96,589 in 2015. Of these participants in 2024, 34.2% (20,382) were infants.
- In 2022, an average of 53.5% of adults 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>4</sup>

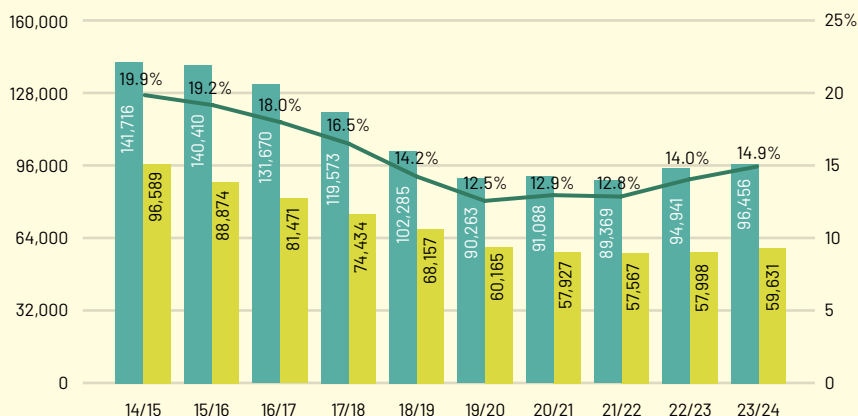
<sup>1</sup> WIC provides nutrition services to pregnant and postpartum women, infants and children (ages 0 to 5 years). Participants must meet eligibility and income guidelines (at or below 185% of the federal poverty level). WIC participants are reported as the number of prenatal, breastfeeding and postpartum women, infants and children up to 5 years 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 younger than 18 years are reported annually through CalWIN. December figures are used to define the service population for a given federal fiscal year (October 1 - September 30). <sup>2</sup> California Department of Social Services, CalFresh County Data Dashboard, 2025. <sup>3</sup> California Department of Social Services, CalFresh County Data Dashboard, Updated September 17, 2025. <sup>4</sup> USDA National and State-Level Estimates of WIC Eligibility and WIC Program Reach.

## ECONOMIC WELL-BEING

## Number and Percent of Children Younger than 18 Receiving CalFresh and Number of Participants Receiving WIC 2014/15 to 2023/24

● CalFresh  
● WIC  
— Percent Served by CalFresh

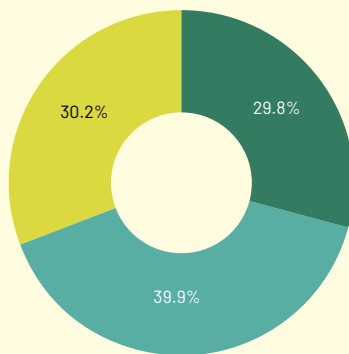
**Note:** CalFresh data represents fiscal Year (July-June) monthly averages.  
**Note:** Starting with the 31<sup>st</sup> Annual Report on the Conditions of Children, fiscal year (July-June) counts of WIC participants is reported. Previously, the WIC participant counts reported reflected the number of participants served in September of each year. Data for previous years have also been updated in this graph, and thus will not align with previous years' reports.  
**Source for CalFresh:** County of Orange Social Services Agency  
**Source for WIC:** California Department of Public Health, WIC Division Monthly Participant Characteristics File, July 2014 through December 2019; WRAD Participant Monthly Snapshot, November 2019 through June 2024.



## Percent of Children Receiving CalFresh, by Age Group, January 2025

● Younger than 6 Years  
● 6 to 12 Years  
● 13 to 17 Years

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

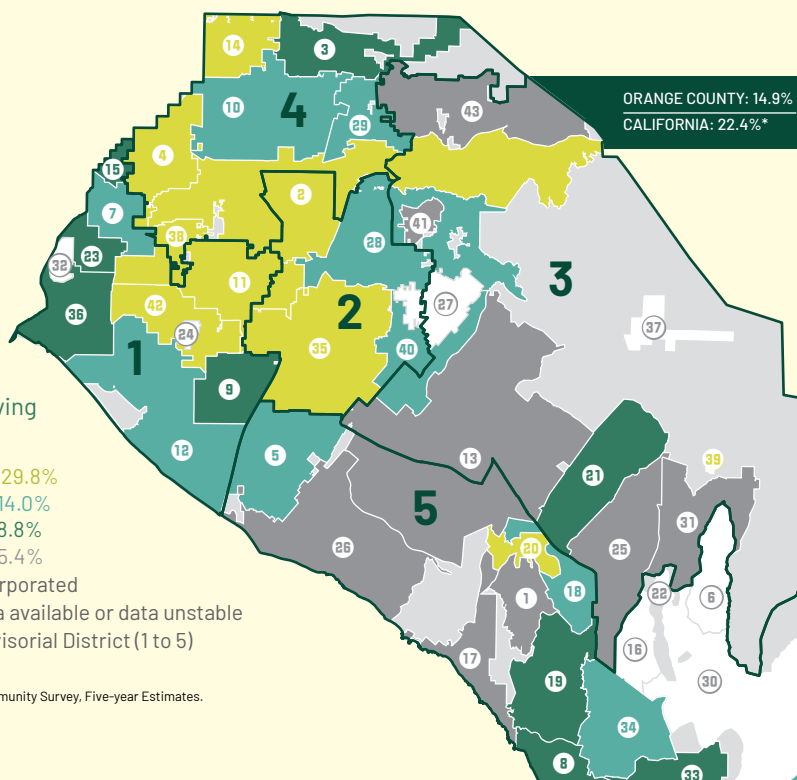


## Percent of Children Younger than 18 Receiving CalFresh, by Community of Residence, 2023/24

1 ALISO VIEJO 5.1%	14 LA HABRA 17.4%	28 ORANGE 14.0%	40 TUSTIN 13.6%
2 ANAHEIM 24.2%	15 LA PALMA 7.2%	29 PLACENTIA 11.5%	41 VILLA PARK 2.5%
3 BREA 6.6%	16 LADERA RANCH N/A	30 RANCHO MISSION VIEJO NO DATA	42 WESTMINSTER 20.6%
4 BUENA PARK 15.0%	17 LAGUNA BEACH 3.3%	31 RANCHO SANTA MARGARITA 5.0%	43 YORBA LINDA 3.4%
5 COSTA MESA 13.5%	18 LAGUNA HILLS 11.5%	32 ROSSMOOR N/A	
6 COTO DE CAZA N/A	19 LAGUNA NIGUEL 7.2%	33 SAN CLEMENTE 5.9%	
7 CYPRESS 9.1%	20 LAGUNA WOODS 16.7%	34 SAN JUAN CAPISTRANO 11.7%	
8 DANA POINT 7.4%	21 LAKE FOREST 7.8%	35 SANTA ANA 29.9%	
9 FOUNTAIN VALLEY 8.4%	22 LAS FLORES NO DATA	36 SEAL BEACH 2.7%	
10 FULLERTON 12.9%	23 LOS ALAMITOS 6.9%	37 SILVERADO N/A	
11 GARDEN GROVE 21.6%	24 MIDWAY CITY N/A	38 STANTON 19.1%	
12 HUNTINGTON BEACH 9.5%	25 MISSION VIEJO 5.1%	39 TRABUCO CANYON N/A	
13 IRVINE 5.4%	26 NEWPORT BEACH 3.4%		
	27 NORTH TUSTIN N/A		

### % Receiving CalFresh

● 14.1% - 29.8%  
● 8.9% - 14.0%  
● 5.5% - 8.8%  
● 2.5% - 5.4%  
● Unincorporated  
○ No data available or data unstable  
— Supervisorial District (1 to 5)



\*California Department of Social Services, CalFresh County Data Dashboard, 2023; U.S. Census Bureau, American Community Survey, Five-year Estimates.

**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 COST OF CARE FOR AN INFANT IN A CHILD CARE CENTER REMAINS SIGNIFICANTLY HIGHER THAN OTHER TYPES OF CARE.

### DESCRIPTION OF INDICATOR

This indicator focuses on preschool and child care programs that serve young children (typically up to 12 years). 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> Early care programs can benefit all children, and have shown a greater impact on children from families with low incomes and dual language learners.<sup>6</sup> Studies also show how 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 may 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 2024/25, there were a total of 84,842 licensed early child care spaces in Orange County, up slightly from 2015/16 (84,092). This represents a ratio of 197 child care spaces per 1,000 children under 12 years.
- 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 2015/16 to 2024/25 across settings and age served. These costs outpaced inflation over this same period.<sup>9</sup>
  - Weekly infant center costs increased from \$278 to \$467 (68.0% increase) and family-based infant care increased from \$207 to \$325 (57.0%).
  - Weekly preschool center costs increased from \$191 to \$296 (55.0%) and family-based preschool care increased from \$195 to \$328 (68.2%).
  - Weekly school-age center costs increased from \$170 to \$253 (48.8%) and family-based school-age care increased from \$183 to \$287 (56.8%).
- In 2024/25, 44% of families requesting child care referrals from the Children's Home Society of California<sup>10</sup> requested Daytime Hour Care, 40% Full Time Care, 12% Part Time Care and 5% Alternative Care Hours.<sup>10</sup>
- 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.

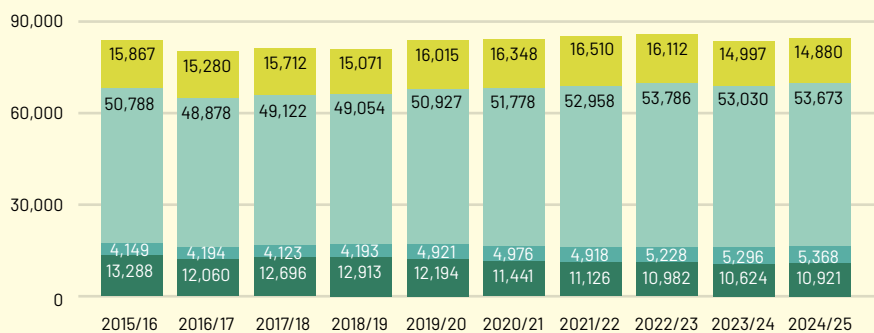
<sup>1</sup> Family, Friend or Neighbor Care, California Department of Social Services. <sup>2</sup> Department of Social Services, Child Care and Development Programs Subsidized Programs (ca.gov). <sup>3</sup> TKCalifornia. <sup>4</sup> U.S. Department of Health and Human Services, Administration for 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. <sup>10</sup> 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 6:00pm; Alternative Care Hours includes evening, weekend, drop-in or overnight care.

## ECONOMIC WELL-BEING

## Number of Licensed Child Care Spaces, by Type, 2015/16 to 2024/25

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

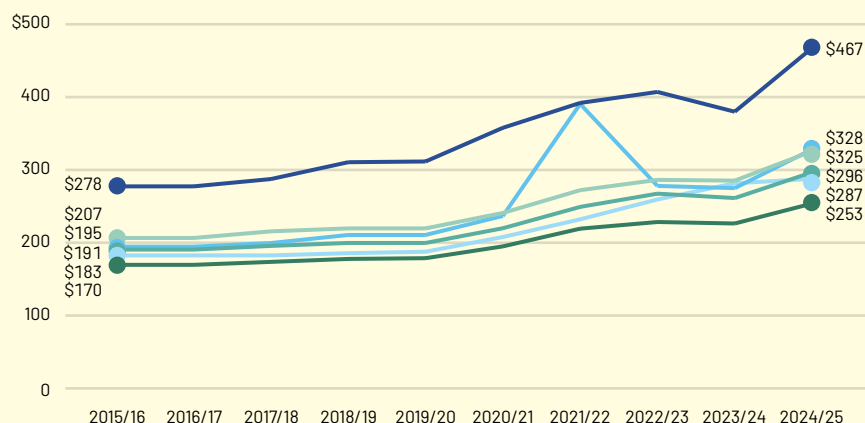
Source: Children's Home Society of California's Child Care Resource and Referral Program



## Average Weekly Child Care Cost, by Type, 2015/16 to 2024/25

- 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

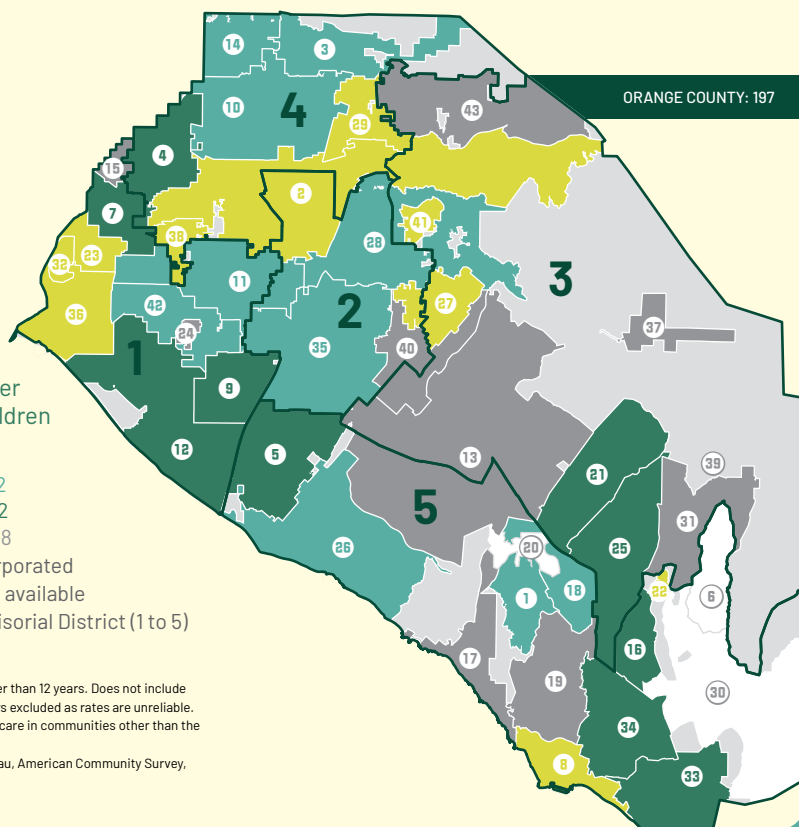


## Number of Licensed Child Care Spaces\* per 1,000 Children Younger than 12, by Community of Residence, 2025

1 ALISO VIEJO 183	14 LA HABRA 190	27 NORTH TUSTIN 0	39 TRABUCO CANYON N/A
2 ANAHEIM 123	15 LA PALMA 295	28 ORANGE 161	40 TUSTIN 284
3 BREA 139	16 LADERA RANCH 234	29 PLACENTIA 101	41 VILLA PARK 36
4 BUENA PARK 205	17 LAGUNA BEACH 288	30 RANCHO MISSION VIEJO NO DATA	42 WESTMINSTER 135
5 COSTA MESA 224	18 LAGUNA HILLS 164	31 RANCHO SANTA MARGARITA 308	43 YORBA LINDA 281
6 COTO DE CAZA NO DATA	19 LAGUNA NIGUEL 378	32 ROSSMOOR 15	
7 CYPRESS 256	20 LAGUNA WOODS N/A**	33 SAN CLEMENTE 233	
8 DANA POINT 102	21 LAKE FOREST 206	34 SAN JUAN CAPISTRANO 233	
9 FOUNTAIN VALLEY 251	22 LAS FLORES 0	35 SANTA ANA 144	
10 FULLERTON 177	23 LOS ALAMITOS 72	36 SEAL BEACH 73	
11 GARDEN GROVE 174	24 MIDWAY CITY 285	37 SILVERADO 898	
12 HUNTINGTON BEACH 242	25 MISSION VIEJO 272	38 STANTON 30	
13 IRVINE 302	26 NEWPORT BEACH 192		

Spaces per  
1,000 Children

- 0 - 123
- 124 - 192
- 193 - 272
- 273 - 898
- Unincorporated
- No data available
- Supervisory District (1 to 5)



\*Includes center-based sites and family child care homes serving infants, preschoolers and school-age children younger than 12 years. Does not include license-exempt family, friend and neighbor care. \*\*Communities with fewer than 55 youth children younger than 12 years excluded as rates are unreliable. Note: No data indicates that the dataset does not include information on the particular community; Families may seek care in communities other than the one in which they live.

Source: California Department of Social Services, Community Care Licensing Division, May 22, 2025; U.S. Census Bureau, American Community Survey, Five-year Estimates, Table B09001

# HOUSING

## THE NUMBER OF ORANGE COUNTY STUDENTS EXPERIENCING HOUSING INSECURITY SURPASSES 30,000 FOR FIRST TIME IN THE LAST DECADE.

### 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. 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 2023/24, 6.7% of students in Orange County experienced insecure housing (30,309 students total), higher than in 2014/15 at 5.2% (26,064).
- Hispanic/Latino students had the highest rate of insecure housing (11.6%), followed by American Indian or Alaska Native (9.8%), Pacific Islander (7.3%) and Black or African American (7.3%) students. Filipino (2.7%), Two or More Races (1.8%), White (1.6%) and Asian (1.3%) students had the lowest rates of insecure housing.
- Of those students with insecure housing in 2023/24, elementary age students (Transitional Kindergarten to grade 6) represent the highest percentage at 7.3%, followed by middle school students (grades 7 to 8) at 6.3% and high school age students (grades 9 to 12) at 6.0%.
- With regard to primary nighttime residence, in 2023/24:
  - 89.6% (27,151) of insecurely housed students were doubled-up in housing.
  - 4.5% (1,365) of insecurely housed students were in hotels or motels.
  - 4.3% (1,312) of insecurely housed students were housed in shelters.
  - 1.6% (481) of insecurely housed students were unsheltered.
- School districts with the highest percentage of insecurely housed students were Magnolia School District (27.2%), Santa Ana Unified (18.7%) and Placentia-Yorba Linda Unified (14.7%). School districts with the lowest percentage were Fountain Valley School District (0.2%), Los Alamitos Unified (0.4%) and Laguna Beach 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 2010-2011, CDE began collecting the data directly via California Longitudinal Pupil Achievement Data System. Data from 2014-2015 is lower due to a statewide data system error at the CDE that likely resulted in under-reported counts.



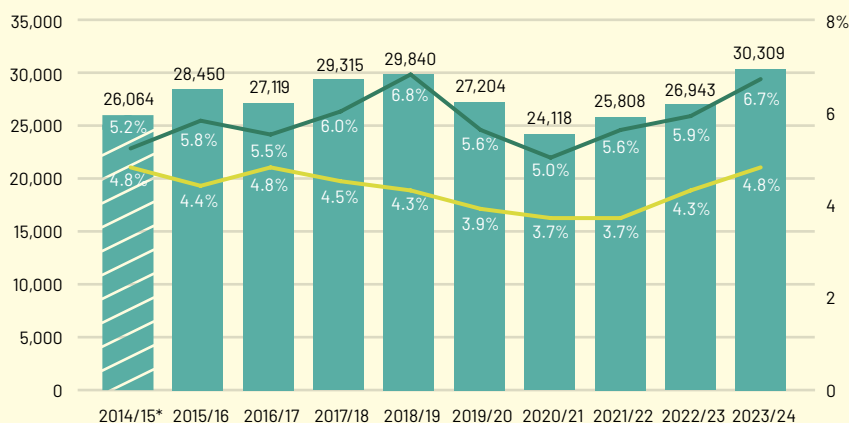
## ECONOMIC WELL-BEING

## Number and Percent of Students with Insecure Housing, Orange County and California, 2014/15 to 2023/24

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

\*Data from 2014-2015 is lower due to a statewide data system error at the CDE that likely resulted in under-reported counts.

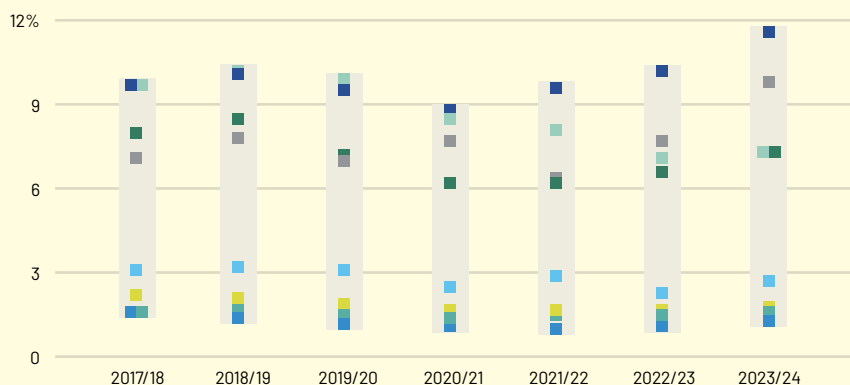
Source: California Department of Education



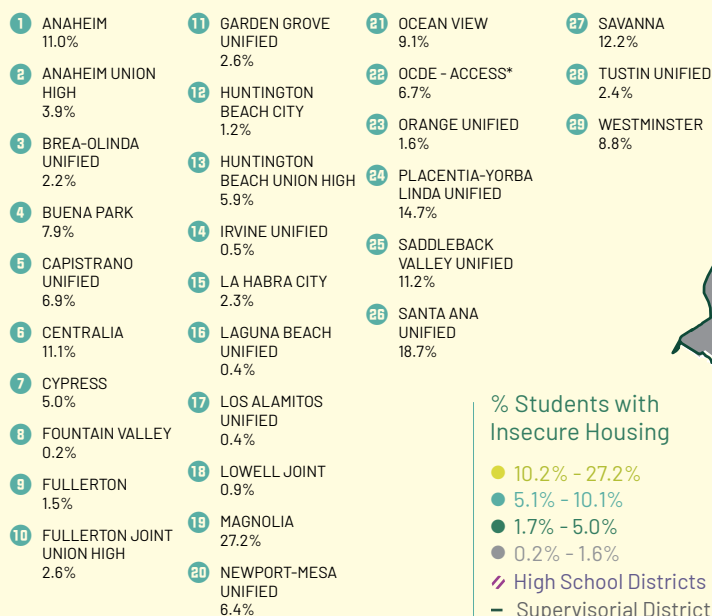
## Percent of Enrolled Students with Insecure Housing, By Race and Ethnicity, 2017/18 to 2023/24

- 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, 2023/24



## % Students with Insecure Housing

● 10.2% - 27.2%

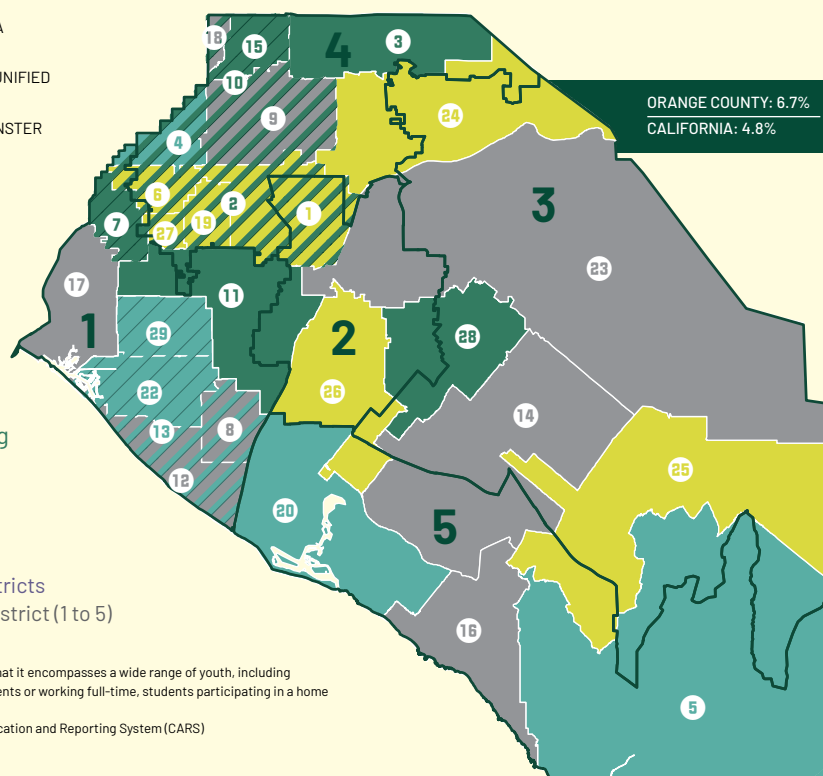
● 5.1% - 10.1%

● 1.7% - 5.0%

● 0.2% - 1.6%

▨ 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

IN 2024/25, ORANGE COUNTY'S PERCENTAGE OF CHILD SUPPORT COLLECTIONS EXCEEDED CALIFORNIA'S.

## 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 collected.

### Why is this indicator important?

The child support program is one of the largest income support programs serving children, impacting over 12.2 million children nationally in 2024.<sup>1</sup> Child support is important for meeting the basic needs of children and families. From securing food and shelter to covering child care 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. It has also been shown to increase the involvement of noncustodial parents and reduce the risk of child maltreatment.<sup>3</sup>

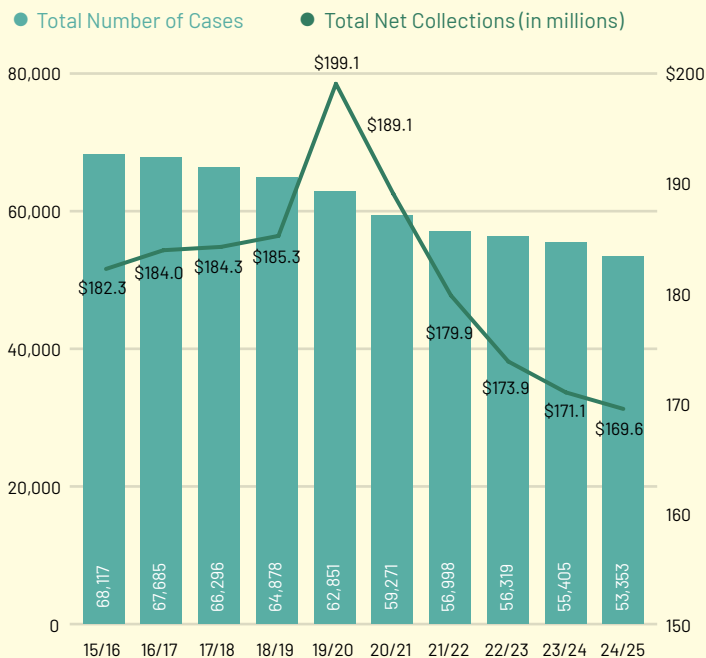
### Findings

- Total Orange County child support cases decreased by 21.7% from 68,117 in 2015/16 to 53,353 in 2024/25.
- Over the same period, net collections decreased by 7.0% from \$182.3 million in 2015/16 to \$169.6 million in 2024/25, with an average of \$182.8 million annually. Collections decreased 14.8% from 2019/20 (\$199.1 million to \$169.6 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 COVID-19 unemployment stimulus.
- Most (91.1%) Orange County cases have a court order established, in comparison to California's rate of 87.4%. Since 2017, the Orange County rate has decreased 1.3% (from 92.4%).<sup>4</sup>
- The percent of current support collected among Orange County cases during 2024/25 was 65.0%, which was higher than the California rate of 62.3%, and represents slightly lower rate than 2015/16 when the rate was 68.0%.<sup>5</sup>

<sup>1</sup> U.S. Department of Health and Human Services, Administration for Children and Families FY 2024 Preliminary Data Report and Tables. <sup>2</sup> Marett McDonald, 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> 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>5</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.

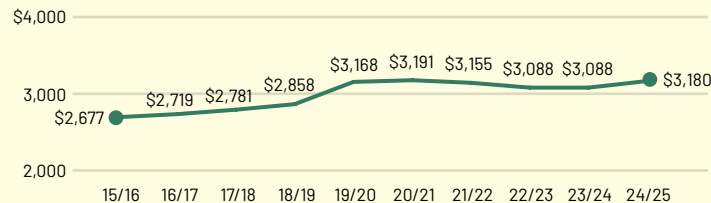
## ECONOMIC WELL-BEING

## Total Child Support Cases and Total Net Collections, 2015/16 to 2024/25



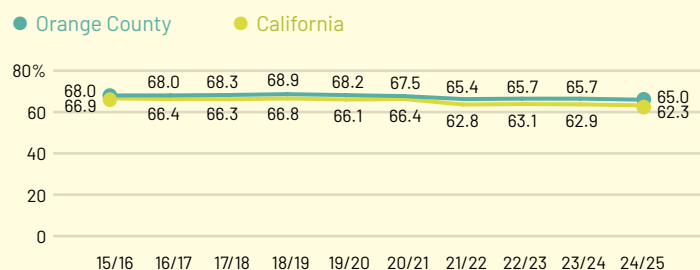
**Note:** Total cases each year is a 12-month average from July to June.  
**Source:** Orange County Department of Child Support Services

## Total Child Support Per Case Collections, 2015/16 to 2024/25



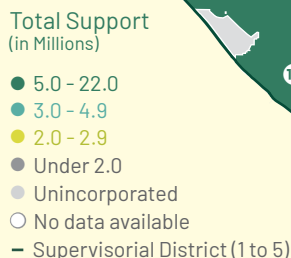
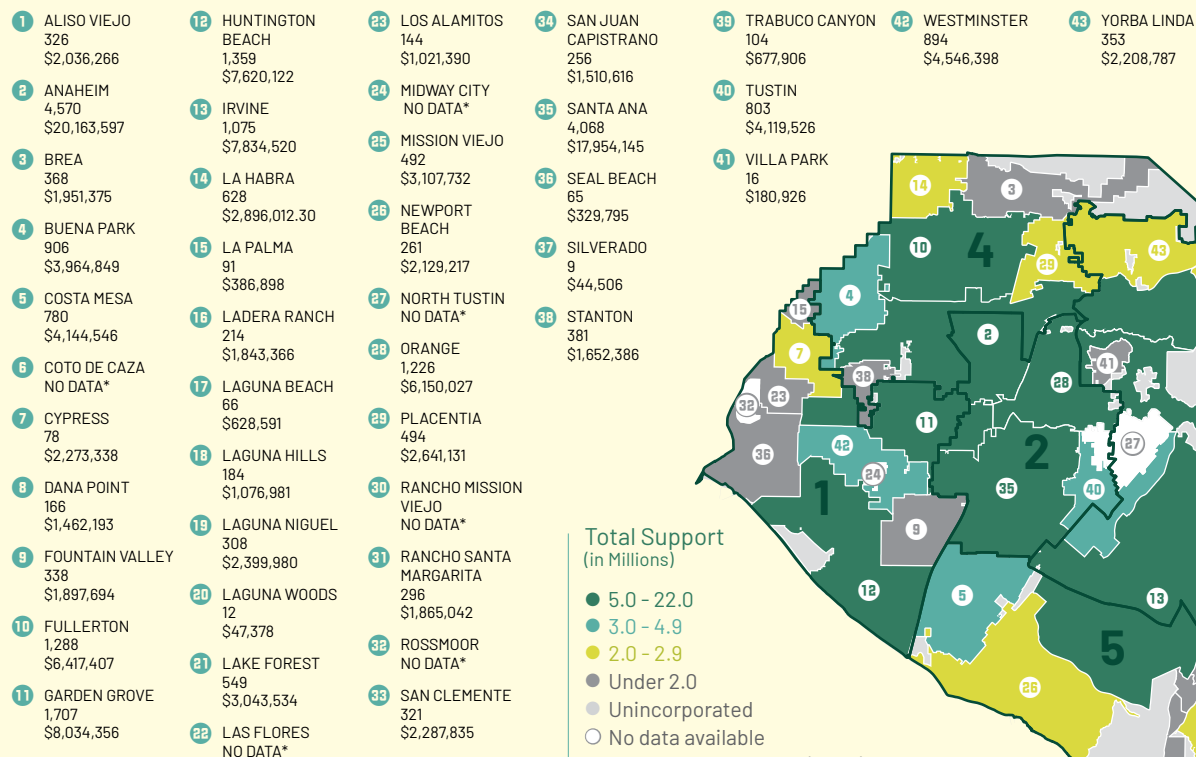
**Note:** Total cases each year is a 12-month average from July to June.  
**Source:** Orange County Department of Child Support Services

## Percent of Child Support Collected, Orange County and California, 2015/16 to 2024/25



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

## Number of Cases and Total Support Collected, by Community of Residence, 2024/25



**ORANGE COUNTY\*\*:**  
25,432 CASES  
\$132 MILLION

\*Child Support case numbers and collection amounts for unincorporated communities are combined with nearby cities.

\*\*The Orange County figures reflect the number of cases with addresses within Orange County that made a payment and the associated dollar value. These figures do not include clients served by the Orange County Department of Child Support Services who live in other counties or states and those associated payments.

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

# EDUCATIONAL ACHIEVEMENT INDICATORS

## KINDERGARTEN READINESS

PERCENT OF CHILDREN READY FOR KINDERGARTEN



**48.2%** **53.0%**  
2015 2025

## HIGH SCHOOL DROPOUT RATES

PERCENT OF HIGH SCHOOL DROPOUTS FOR GRADES 9 TO 12 COHORT



**5.7%** **4.9%**  
2014/15 2023/24

## THIRD GRADE ENGLISH LANGUAGE ARTS

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



**46.0%** **52.7%**  
2014/15 2023/24

## COLLEGE READINESS

PERCENT OF GRADUATES WITH UC/CSU ELIGIBLE REQUIREMENTS



**50.4%** **57.3%**  
2014/15 2023/24

## THIRD GRADE MATHEMATICS

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



**51.0%** **57.1%**  
2014/15 2023/24

## CHRONIC ABSENTEEISM

PERCENT OF STUDENTS CHRONICALLY ABSENT FROM SCHOOL



**7.7%** **15.2%**  
2016/17 2023/24



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

## EMOTIONAL MATURITY DECLINED FOR THE FIRST TIME IN 10 YEARS.

### DESCRIPTION OF INDICATOR

Orange County uses the Early Development Index (EDI) to measure children's readiness for school. The EDI – conducted during the second half of the kindergarten year – assesses children's development by using an online 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 were 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 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 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 their children for school.

#### Findings

- In 2025, 53.0% of children in Orange County were developmentally ready for kindergarten, a 4.8 percentage point increase from 2015 (48.2% ready) and a 0.4 percentage point increase from 2022 (52.6% ready). Children are considered developmentally ready for school if they are on track in each of the areas assessed.
- From 2015 to 2025, four out of five EDI developmental areas showed improvement, with language and cognition increasing the most by 7.0 percentage points (from 67.4% in 2015 to 74.4% in 2025). However, emotional maturity declined by 3.2 percentage points (from 79.6% in 2015 to

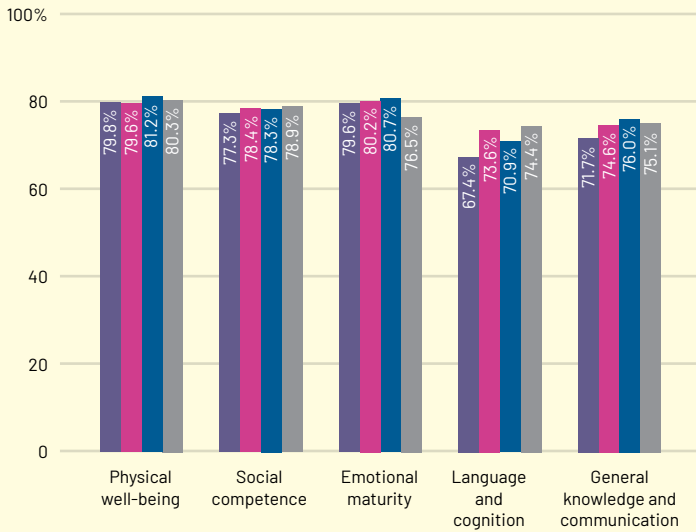
76.5% in 2025), making it the only area to experience a decrease over the decade.

- In 2025, Asian children were the most likely to be ready for kindergarten (64.9%), followed by White (61.9%), Multiracial (60.1%), Other (56.2%), Native Hawaiian or other Pacific Islander (53.2%), American Indian/Alaska Native (46.1%), African American (45.7%) and Hispanic or Latino (42.8%) kindergarteners.
- Among kindergartners, the areas of greatest vulnerabilities were language and cognitive development (25.6% vulnerable or at-risk) and communication skills and general knowledge (24.9% vulnerable or at-risk). Smaller percentages of children were vulnerable or at risk in emotional maturity (23.5%), social competence (21.1%) and physical health and well-being (19.7%).
- Communities with the highest percentage of students developmentally ready for school include North Tustin at 80.0% (35 children assessed), followed by Laguna Beach at 74.0% (96 children assessed) and Villa Park at 68.6% (35 children assessed).<sup>2</sup>
- The lowest percentage of students ready for school are in the communities of Laguna Hills at 37.0% (162 children assessed) followed by Santa Ana at 40.7% (2,455 children assessed) and Midway City at 41.9% (74 children assessed).

## EDUCATION

### Percentage of Children Ready for Kindergarten, by Area, 2015 to 2025

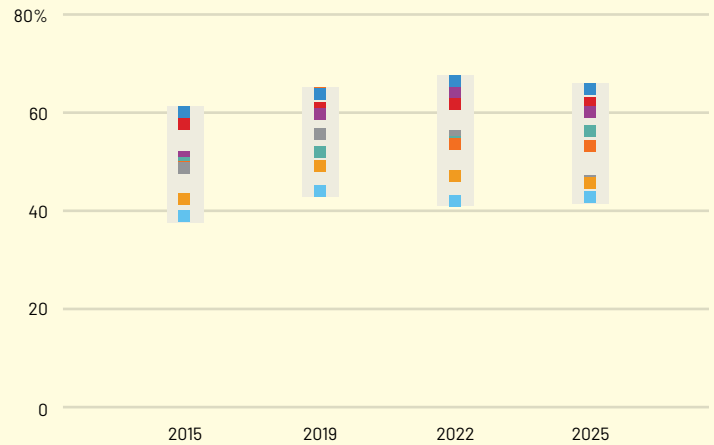
● 2015 ● 2019 ● 2022 ● 2025



Source: Early Development Index, 2015 to 2025

### Percentage of Children Ready for Kindergarten, by Race/Ethnicity, 2015 to 2025

● 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



Note: 2015 includes data collected in 2013, 2014 and 2015; 2019 includes data collected in 2018 and 2019. The 2022 and 2025 data collection included participation of all the districts and schools in the same year. The four waves each reflect 100% school participation.

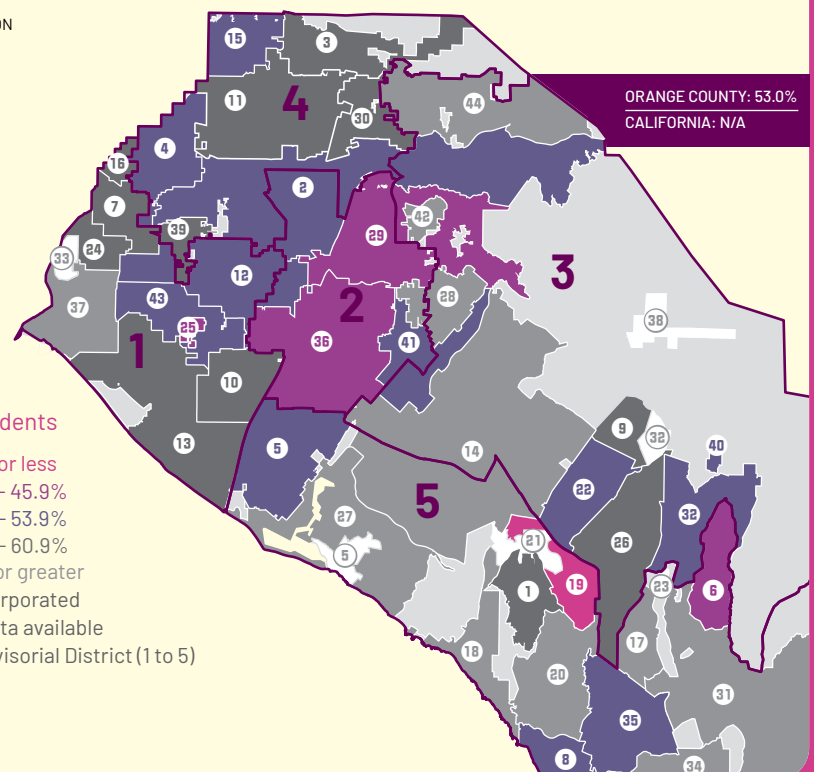
Source: Early Development Index, 2015 to 2025

### Percent of Children Ready for Kindergarten, by Community of Residence, 2025

1 ALISO VIEJO 59.6%	14 IRVINE 63.2%	27 NEWPORT BEACH 61.6%	39 STANTON 55.2%
2 ANAHEIM 46.4%	15 LA HABRA 47.7%	28 NORTH TUSTIN 80.0%	40 TRABUCO CANYON 53.4%
3 BREA 59.5%	16 LA PALMA 55.8%	29 ORANGE 44.3%	41 TUSTIN 48.1%
4 BUENA PARK 51.2%	17 LADERA RANCH 65.4%	30 PLACENTIA 55.5%	42 VILLA PARK 68.6%
5 COSTA MESA 52.5%	18 LAGUNA BEACH 74.0%	31 RANCHO MISSION VIEJO 66.5%	43 WESTMINSTER 47.1%
6 COTO DE CAZA 42.1%	19 LAGUNA HILLS 37.0%	32 RANCHO SANTA MARGARITA 49.1%	44 YORBA LINDA 67.5%
7 CYPRESS 60.5%	20 LAGUNA NIGUEL 68.2%	33 ROSSMOOR NO DATA	
8 DANA POINT 48.7%	21 LAGUNA WOODS NO DATA	34 SAN CLEMENTE 61.1%	
9 FOOTHILL RANCH 58.1%	22 LAKE FOREST 52.9%	35 SAN JUAN CAPISTRANO 52.5%	
10 FOUNTAIN VALLEY 60.0%	23 LAS FLORES NO DATA	36 SANTA ANA 40.7%	
11 FULLERTON 57.0%	24 LOS ALAMITOS 57.1%	37 SEAL BEACH 65.9%	
12 GARDEN GROVE 48.7%	25 MIDWAY CITY 41.9%	38 SILVERADO NO DATA	
13 HUNTINGTON BEACH 59.9%	26 MISSION VIEJO 57.0%		

#### % of Students

- 38.9% or less
- 39.0% - 45.9%
- 46.0% - 53.9%
- 54.0% - 60.9%
- 61.0% or greater
- Unincorporated
- Few data available
- Supervisorial District (1 to 5)



Note: NO DATA indicates that there are not enough EDI records for the particular community to report.

Source: Early Development Index, 2025

# THIRD GRADE ENGLISH LANGUAGE ARTS

## SOCIOECONOMICALLY DISADVANTAGED STUDENTS HAVE INCREASINGLY MET/EXCEEDED STANDARDS.

### DESCRIPTION OF INDICATOR

This indicator presents the California Assessment of Student Performance and Progress (CAASPP) data for student academic performance in English Language Arts and Literacy (ELA). Starting in School Year (SY) 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 SY 2018/19. No data were available for SY 2019/20 and 2020/21 due to disruptions in data collection due to the COVID-19 pandemic.

#### Why is this indicator important?

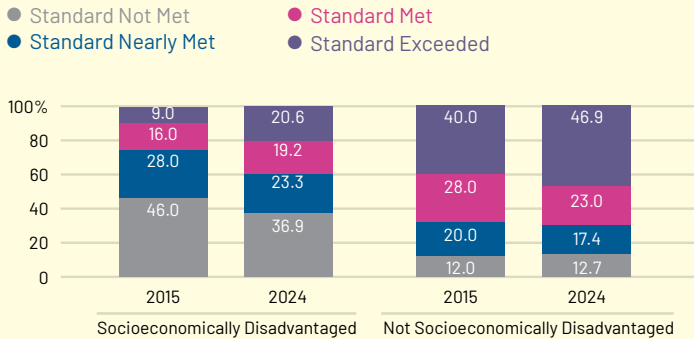
CAASPP is designed to demonstrate progress toward learning problem-solving and critical thinking skills needed for college and career readiness. It gives schools and communities data on the performance of students and significant student groups within a school. This information helps schools analyze academic progress and resource allocation 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 grade students who lack proficiency in reading are four times more likely to become high school dropouts.<sup>1</sup>

#### Findings:

- In SY 2023/24, over half (52.7%) of Orange County third grade students met or exceeded the statewide achievement standard for ELA, an increase from 2014/15 (46.0%) and higher than California at 42.8%.
- Among third grade students who were not socioeconomically disadvantaged, 69.9% met or exceeded the achievement standards in ELA, substantially higher than those students who were socioeconomically disadvantaged at 39.8%.
- Between SY 2014/15 and 2023/24, the percentage of socioeconomically disadvantaged students who met or exceeded standards increased from 25.0% to 39.8%, compared to an increase from 68.0% to 69.9% among students who were not socioeconomically disadvantaged.
- The ELA assessments are subdivided by four academic focus areas; 24.1% of third graders were above standards in the area of Writing, followed by Reading (22.3%), Research/Inquiry (21.7%) and Listening (14.2%).
- Across three of the four focus areas, fewer third grade students were above standards in 2023/24 than 2014/15. The greatest decrease was in Listening (3.8% decrease), followed by Research/Inquiry (1.3% decrease) and Reading (0.7% decrease). Writing increased by 1.1% from 2014/15 to 2023/24.
- Asian students exceeded or met standards for ELA at 74.8%, followed by Filipino (73.4%), Two or More Races (66.8%), White (66.4%), American Indian or Alaska Native (46.2%), Native Hawaiian or Pacific Islander (43.9%), Black or African American (42.0%) and Hispanic or Latino (35.3%) students.
- Since 2014/15, Hispanic or Latino students have shown the greatest improvement with a 10.3 percentage point increase in students who exceeded or met standards (increasing from 25.0% to 35.3%).
- The school districts with the highest percentage of third grade students exceeding or meeting standards for overall achievement in English Language Arts were Fountain Valley Elementary (78.3%), Los Alamitos Unified (77.5%), Laguna Beach Unified (71.7%) and Huntington Beach City Elementary at 69.0%. The school districts with the lowest percentages were Santa Ana Unified (25.4%), Anaheim City (27.3%) and La Habra City Elementary (40.2%).

## EDUCATION

### Overall Achievement in ELA Among Third Grade Students, by Socioeconomic Status, 2014/15 and 2023/24



**Note:** A student is considered socioeconomically disadvantaged if they meet at least one of the following criteria: lack of a parent with a high school diploma, eligibility for free or reduced-price meals, participation in migrant or foster programs, homelessness, direct certification, enrollment in a juvenile court school, or identification as Tribal Foster Youth.

**Source:** CAASPP, 2023/24

### Overall Achievement in ELA Among Third Grade Students, Standard Exceeded/Standard Met, by Race/Ethnicity, 2014/15 to 2023/24

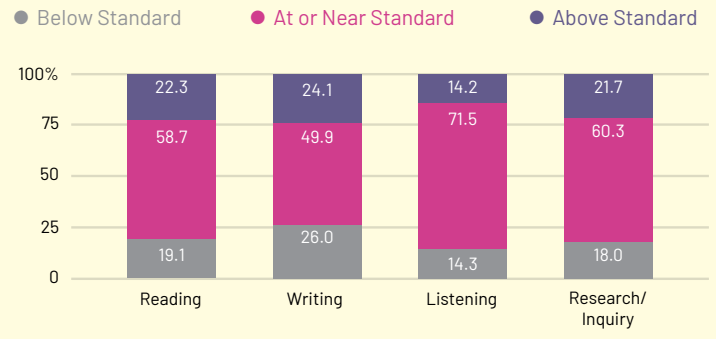


\*No data is available for school years 2019/20 and 2020/21 due to disruptions in data collection caused by COVID-19.

**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, 2.1% Filipino, 1.2% Black or African American, 0.2% Native Hawaiian or Other Pacific Islander, 0.1% American Indian or Alaska Native and 1.7% Not Reported.

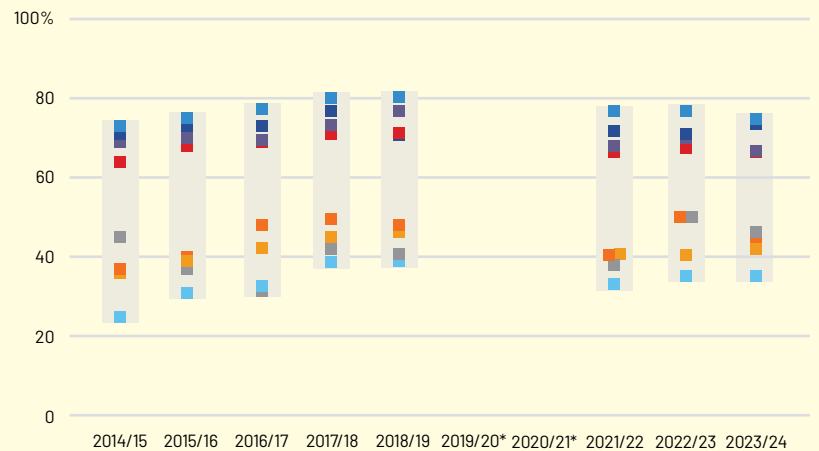
**Source:** CAASPP, 2023/24

### Achievement in ELA Focus Areas Among Third Grade Students, 2023/24



**Note:** ELA results include information about the student's 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.

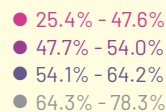
**Source:** CAASPP, 2023/24



### Percent of Third Grade Students Who Exceeded or Met Standards for ELA Overall Achievement, by School District, 2023/24



#### % 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, 2023/24

# THIRD GRADE MATHEMATICS

## MORE THIRD GRADE STUDENTS WERE ABOVE STANDARDS IN ORANGE COUNTY THAN OVERALL IN THE STATE.

### 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 School Year (SY) 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 SY 2018/19. No data were available for SY 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 SY 2023/24, over half (57.1%) of Orange County third grade students met or exceeded the statewide achievement standard in math, an increase from SY 2014/15 (51.0%) and higher than California at 45.6%.
- In SY 2023/24, among third grade students who were not socioeconomically disadvantaged, 75.0% met or exceeded the achievement standards in math, substantially higher than those students who were socioeconomically disadvantaged at 43.6%.
- Between SY 2014/15 and 2023/24, the percentage of socioeconomically disadvantaged students who met or exceeded standards increased from 31.0% to 43.6% compared to a smaller increase from

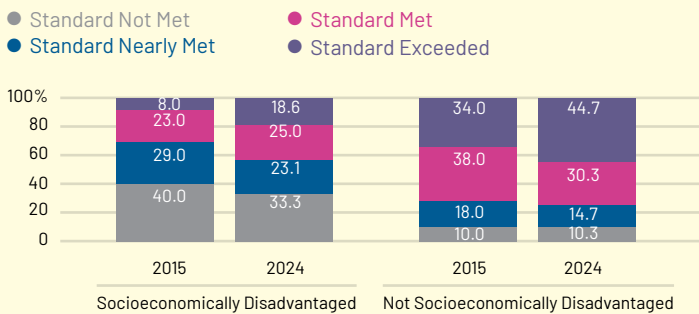
72.0% to 75.0% among students who were not socioeconomically disadvantaged.

- The mathematics assessments are subdivided into three academic focus areas. Over one third (36.5%) of third grade students were above the standard in Concepts and Procedures compared to Problem Solving and Modeling/Data Analysis (29.3%) and Communicating Reasoning (28.7%).
- Across all three focus areas, more third grade students were above standards in SY 2023/24 than 2014/15. Problem Solving and Modeling/Data Analysis increased by 2.5%, Concepts and Procedures increased by 2.3%, while Communicating Reasoning increased by 0.7%.
- Asian students exceeded or met standards in math at 82.2%, followed by Filipino (78.8%), White (72.3%), Two or More Races (71.6%), Black or African American (41.0%), American Indian or Alaska Native (39.5%), Hispanic or Latino (38.0%) and Native Hawaiian or Pacific Islander (37.9%) students.
- Since 2015, Hispanic or Latino students showed the greatest improvement with a 7.0 percentage point increase in students who exceeded or met standards (increasing from 31.0% to 38.0%).
- The school districts with the highest percentage of third grade students exceeding or meeting standards for overall achievement in math were Fountain Valley Elementary (86.1%), Los Alamitos Unified (80.8%) and Laguna Beach Unified (79.5%). The school districts with the lowest percentage were Santa Ana Unified (29.3%), Anaheim City (33.1%) and Magnolia Elementary (45.8%).



## EDUCATION

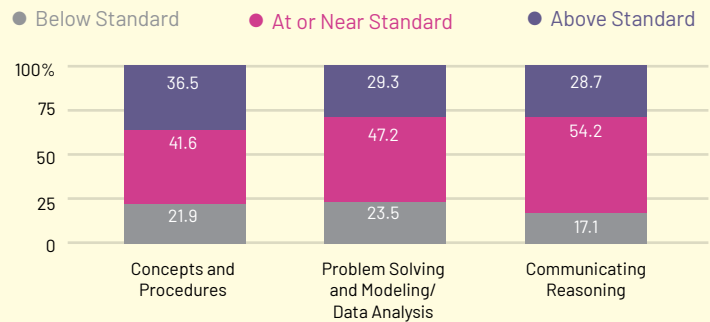
## Overall Achievement in Mathematics Among Third Grade Students, by Socioeconomic Status, 2014/15 and 2023/24



**Note:** A student is considered socioeconomically disadvantaged if they meet at least one of the following criteria: lack of a parent with a high school diploma, eligibility for free or reduced-price meals, participation in migrant or foster programs, homelessness, direct certification, enrollment in a juvenile court school, or identification as Tribal Foster Youth.

**Source:** CAASPP, 2023/24

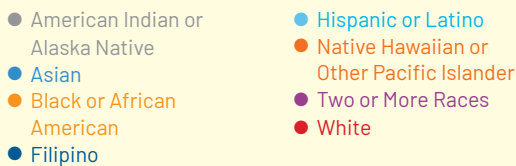
## Achievement in Mathematics Focus Areas Among Third Grade Students, 2023/24



**Note:** Math results include information about the student's 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, 2023/24

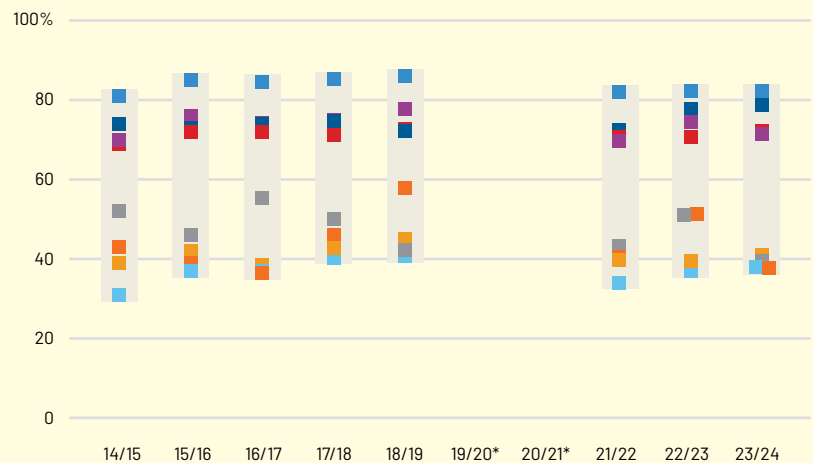
## Overall Achievement in Mathematics Among Third Grade Students, Standard Exceeded/Standard Met, by Race/Ethnicity, 2014/15 to 2023/24



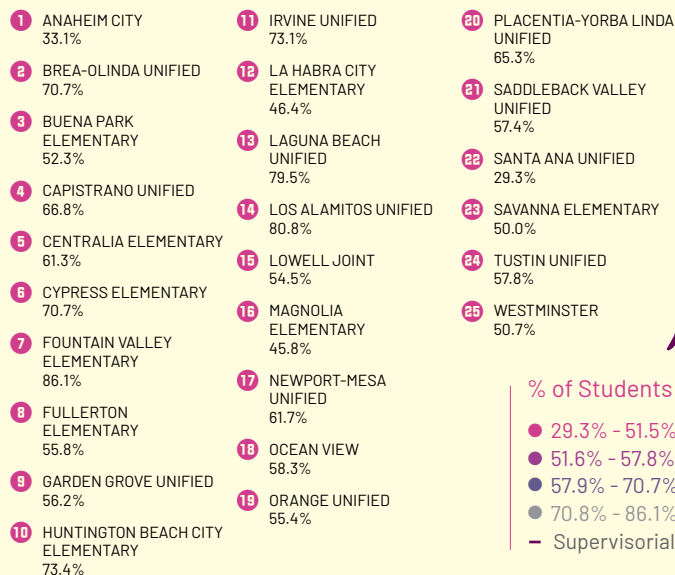
\*No data is available for school years 2019/20 and 2020/21 due to disruptions in data collection caused by COVID-19.

**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, 2.1% Filipino, 1.2% African American, 0.2% Pacific Islander, 0.1% American Indian or Alaska Native and 1.7% Not Reported.

**Source:** CAASPP, 2023/24



## Percent of Third Grade Students Who Exceeded or Met Standards for Mathematics Overall Achievement, by School District, 2023/24



## % of Students

29.3% - 51.5%

51.6% - 57.8%

57.9% - 70.7%

70.8% - 86.1%

Supervisory District (1 to 5)

ORANGE COUNTY: 57.1%  
CALIFORNIA: 45.6%

**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, 2023/24

# HIGH SCHOOL DROPOUT RATES

## ORANGE COUNTY HIGH SCHOOL DROPOUT RATE RETURNS TO NEAR PRE-PANDEMIC LEVELS.

### 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 School Year (SY) 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 SY 2023/24 was 4.9%, which was lower than the California dropout rate of 8.9% and the United States 2021/22 dropout rate for public schools of 5.3%.<sup>3</sup>
- After a drop from 5.0% in SY 2019/20 to 4.0% in 2020/21, the high school dropout rate in Orange County has gradually increased over the past three years, reaching 4.9% in SY 2023/24 — nearly returning to pre-pandemic levels.

- In SY 2023/24, of the 39,606 cohort students, 36,355 graduated and 1,932 students dropped out. Another 1,319 students did not graduate because they were either considered still enrolled at the time of the cohort's graduation (515 students), Special Education completers (408), CHSPE completers (174) or completed the GED (27) or adult education diploma (9). The remaining 186 students were "other transfers."
- Dropout rates reflect persistent disparities with the highest rate for the SY 2023/24 among American Indian or Alaska Native (13.0%\*), followed by Black or African American (8.6%, 51), Hispanic or Latino (6.3%, 1,245), Pacific Islander (6.1%\*), Two or More Races (4.4%, 70), White (3.6%, 343), Asian (2.4%, 166) and Filipino (1.0%\*) students.
- By program, dropout rates were highest among students enrolled as Foster Youth (20.2%), followed by Migrant Education (17.9%), English Learners (11.9%), Homeless Youth (11.4%), Students with Disabilities (10.4%) and Socioeconomically Disadvantaged (6.0%) 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).

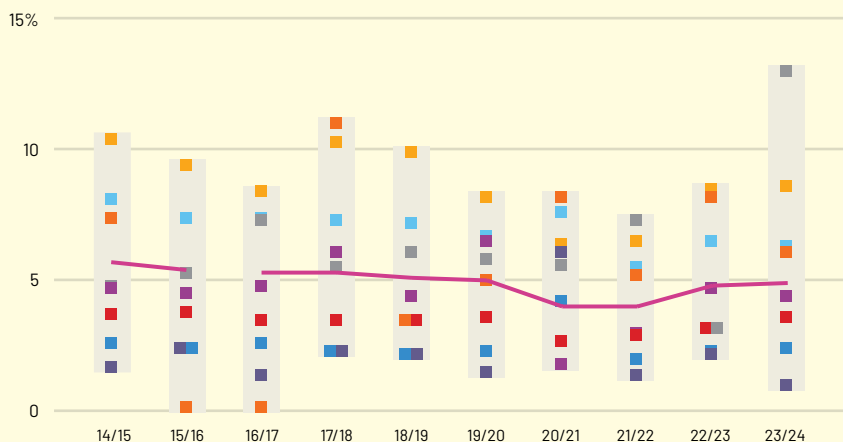
<sup>4</sup> Socioeconomically Disadvantaged is a student whose parents have not received a high school diploma or is eligible for the free or reduced-price lunch program. English Learner is a student identified as English learner based on the results of the California English Language Development Test 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, 2014/15 to 2023/24

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

— Overall Orange County



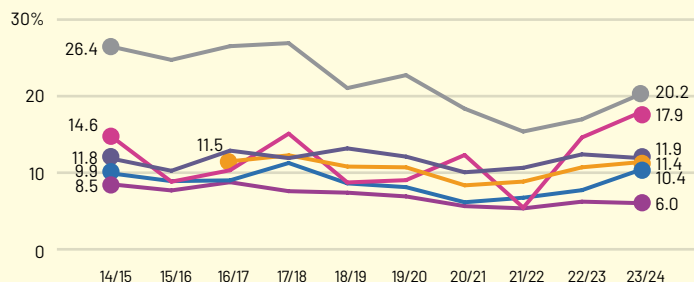
**Note:** A cohort is a defined group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016/17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016/17 ACGR data is not comparable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

**Note:** Data may be unstable to do small cohort population sizes for Black or African American, Pacific Islander and American Indian or Alaska Native.

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

## Percent of Grade 9 to 12 Cohort Dropouts by Program, 2014/15 to 2023/24

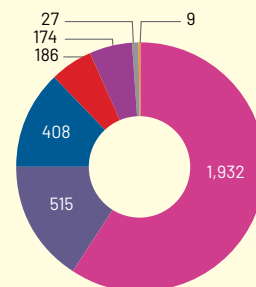
- English Learners
- Migrant Education
- Socioeconomically Disadvantaged
- Special Education/Students with Disabilities
- Foster Youth
- Homeless Youth



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

## Number of Students Who Did Not Graduate by Cohort, by Reason, 2023/24

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



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

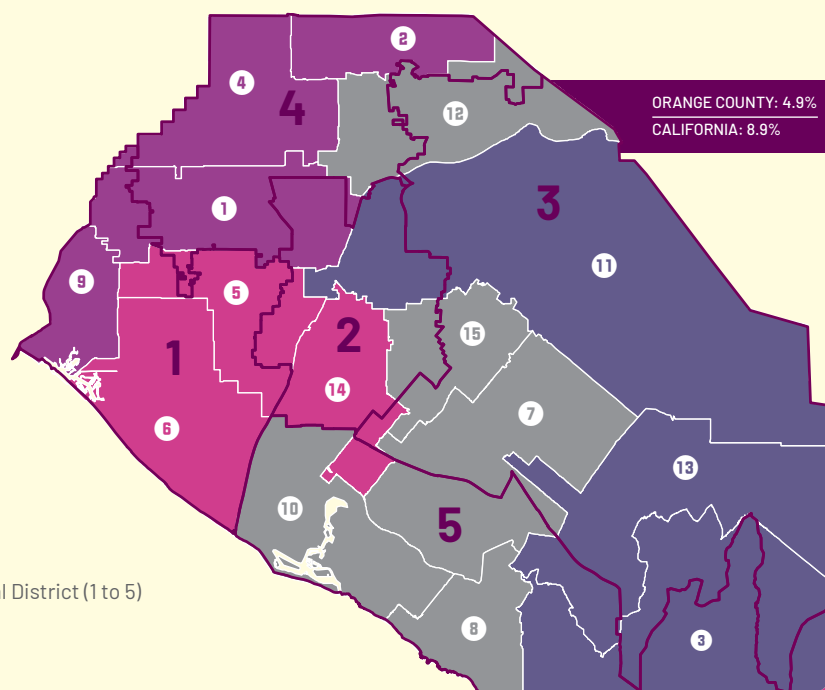
## Percent of Grade 9 to 12 Cohort Dropouts, by School District, 2023/24

- |                                       |  |
|---------------------------------------|--|
| 1 ANAHEIM UNION HIGH<br>4.1%          | 10 NEWPORT-MESA UNIFIED<br>2.6%          |
| 2 BREA-OLINDA UNIFIED<br>4.6%         | 11 ORANGE UNIFIED<br>2.7%                |
| 3 CAPISTRANO UNIFIED<br>2.9%          | 12 PLACENTIA-YORBA LINDA UNIFIED<br>1.0% |
| 4 FULLERTON JOINT UNION HIGH<br>3.5%  | 13 SADDLEBACK VALLEY UNIFIED<br>2.8%     |
| 5 GARDEN GROVE UNIFIED<br>5.5%        | 14 SANTA ANA UNIFIED<br>7.6%             |
| 6 HUNTINGTON BEACH UNION HIGH<br>6.4% | 15 TUSTIN UNIFIED<br>1.1%                |
| 7 IRVINE UNIFIED<br>2.0%              |  |
| 8 LAGUNA BEACH UNIFIED<br>0.0%        |  |
| 9 LOS ALAMITOS UNIFIED<br>3.6%        |  |

## % Dropouts

- 4.7% - 7.6%
- 3.3% - 4.6%
- 2.7% - 3.2%
- 0.0% - 2.6%

— Supervisorial District (1 to 5)



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

# COLLEGE READINESS

OVER HALF OF ORANGE COUNTY HIGH SCHOOL GRADUATES WERE COLLEGE READY – OUTPACING THE STATE AVERAGE.

## 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 2023/24, Orange County had 36,555 high school graduates, of which 57.3% were UC/CSU eligible, higher than California's eligibility rate of 51.9%.

- At 82.8%, Asian students had the greatest proportion of graduates who were UC/CSU eligible (6,434), followed by Filipino (72.9%, 612), Multiracial (68.0%, 1,002), White (64.7%, 5,743), American Indian or Alaska Native (54.7%, 35), Pacific Islander (42.9%, 45), Hispanic or Latino (42.9%, 7,557) and Black or African American (42.7%, 220) graduates.
- Hispanic or Latino graduates comprise the largest group of total graduates (48.5%), while 42.9% were UC/CSU eligible. This percentage was lower than White (24.4% of total graduates, of which 64.7% were UC/CSU eligible) and Asian (18.1% of total graduates, of which 82.8% were UC/CSU eligible) graduates.
- By program, the UC/CSU eligibility rates were highest among students enrolled in the Socioeconomically Disadvantaged program (47.2%), followed by students in the Homeless Youth (28.4%), Migrant Education (27.9%), English Learner (24.6%), Foster Youth (19.0%) and Students with Disabilities programs (17.8%).<sup>2</sup>

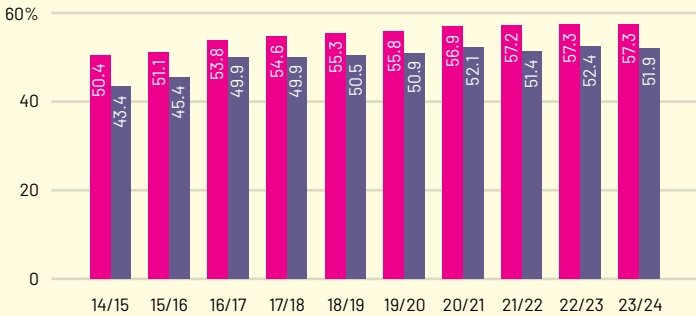
### UC/CSU Requirements

- 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 or 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, 2014/15 to 2023/24

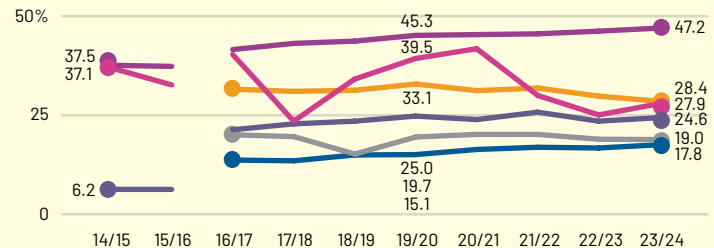
● Orange County ● California



**Note:** A cohort is a defined group of students who 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

### Percent of Graduates, by Program Meeting UC/CSU Entrance Requirements, 2014/15 to 2023/24

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

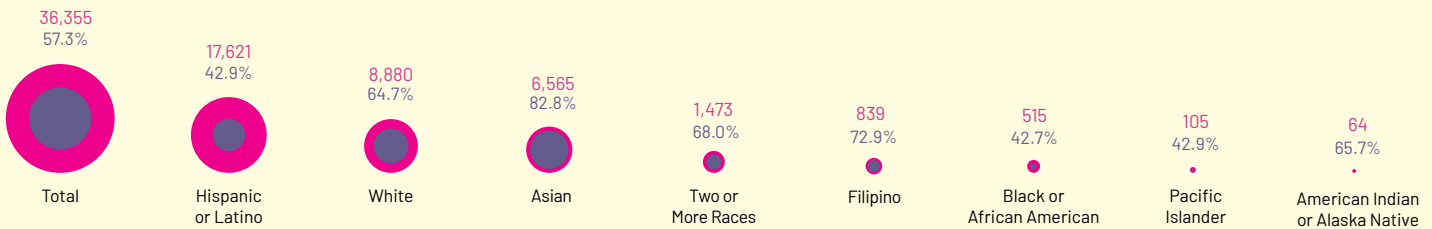


**Note:** A cohort is a defined group of students that could potentially graduate during a 4-year time period (grade 9 through grade 12). Due to the changes in the methodology for calculating the 2016/17 Adjusted Cohort Graduation Rate (ACGR) and subsequent years, the 2016/17 ACGR data is not comparable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

**Note:** In 2024, there were 26,049 students in the socioeconomically disadvantage program, followed by 6,674 English Learners, 4,893 Students with Disabilities, 3,952 Homeless Youth, 362 Foster Youth and 56 students in Migrant Education.  
**Source:** California Department of Education, DataQuest

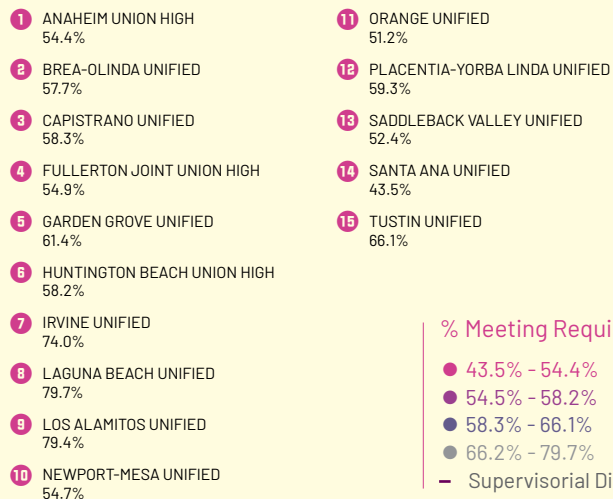
### Number and Percent of Graduates Meeting UC/CSU Entrance Requirements, by Race/Ethnicity, 2023/24

● Total Graduates ● Percent of UC/CSU Eligible Graduates within each Race/Ethnicity



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

### Percent of Graduates Meeting UC/CSU Entrance Requirements, by School District, 2023/24

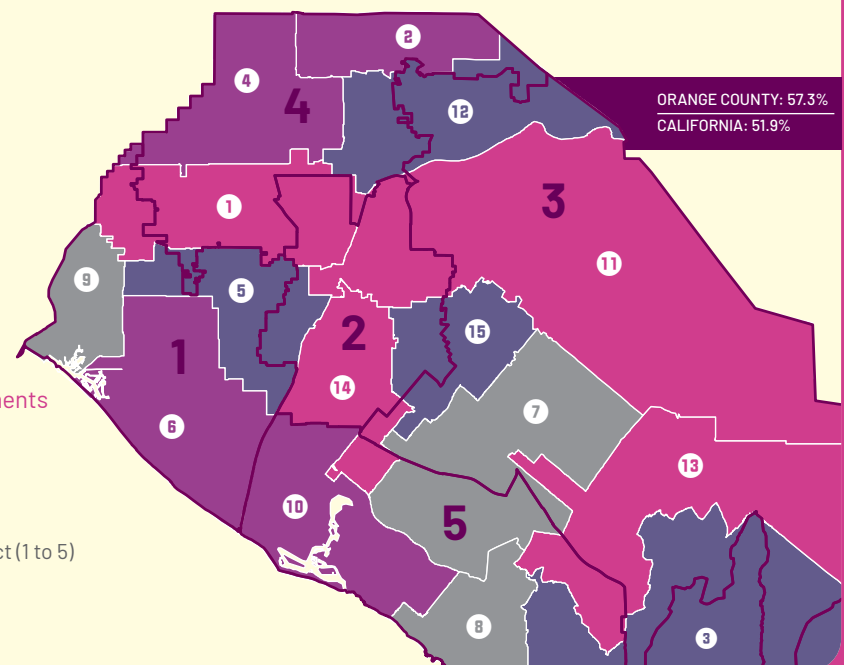


#### % Meeting Requirements

● 43.5% - 54.4%  
 ● 54.5% - 58.2%  
 ● 58.3% - 66.1%  
 ● 66.2% - 79.7%

— Supervisorial District (1 to 5)

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





# CHRONIC ABSENTEEISM

## CHRONIC ABSENTEEISM CONTINUES TO DECREASE FROM A HIGH IN 2021/22.

### 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 the 2016/17 School Year (SY).

### 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

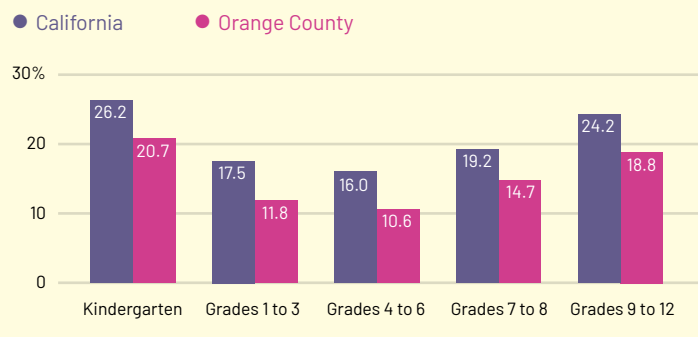
- In SY 2023/24, Orange County students including kindergarten through high school had a chronic absenteeism rate of 15.2%. While this represents a sharp increase from SY 2020/21 (9.0%), it was a decrease from SY 2022/23 (19.2%) and remained lower than California at 20.4%.
- In SY 2023/24, Pacific Islander and American Indian or Alaska Native students had the highest rates of being chronically absent (28.5% and 24.2%, respectively). At 5.6% and 7.7%, 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 (38.4%), followed by Homeless Youth (28.4%), Students with Disabilities (24.5%), Migrant Education (23.0%), English Learner (20.1%) and Socioeconomically Disadvantaged (20.1%) programs.
- Students in the Foster Youth program had the highest chronic absenteeism rates across all grade spans, with 35.7% of kindergarteners being chronically absent, followed by students in grades 1 to 3 at 26.0%, students in grades 4 to 6 at 27.6%, students in grades 7 to 8 at 43.0% and students in grades 9 to 12 at 2.4%.
- Kindergarten students have the highest rates of chronic absenteeism (20.7%), followed by students in grades 9 to 12 (18.8%), students in grades 7 to 8 (14.7%), students in grades 1 to 3 (11.8%) and students in grades 4 to 6 (10.6%). 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.

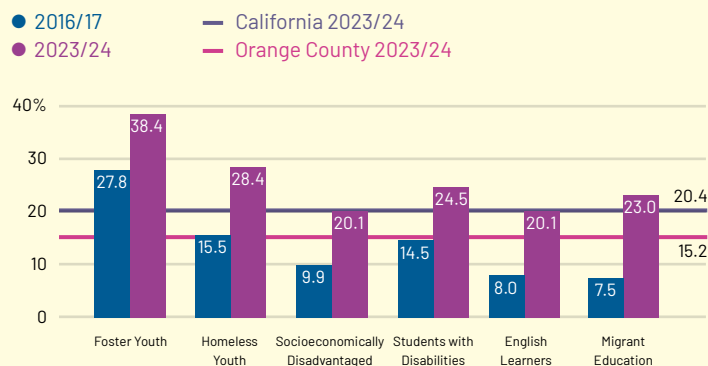
## EDUCATION

## Chronic Absenteeism, by Grade, 2023/24



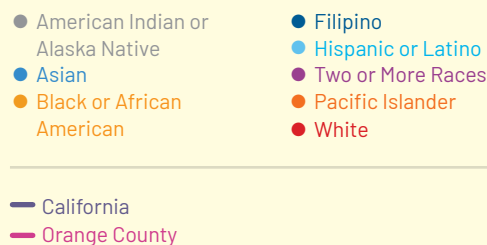
Source: California Department of Education, DataQuest

## Chronic Absenteeism Among All Students, by Program, 2016/17 and 2023/24



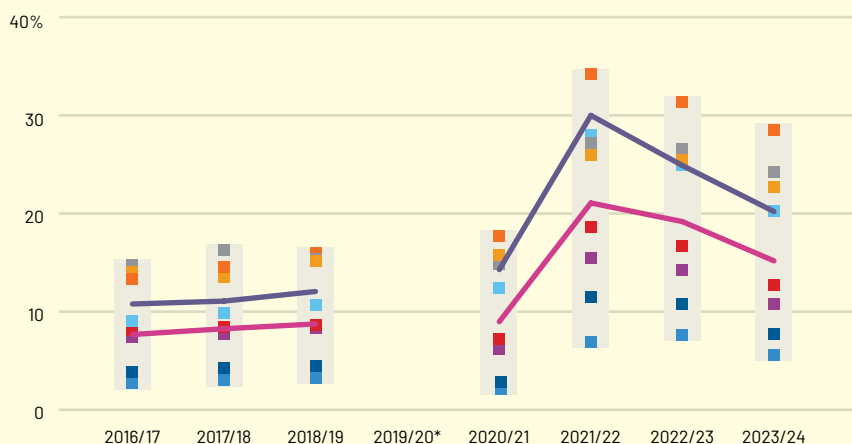
Source: California Department of Education, DataQuest

## Chronic Absenteeism Among All Students, by Race/Ethnicity, 2016/17 to 2023/24



\*Data are not available for 2019/2020.

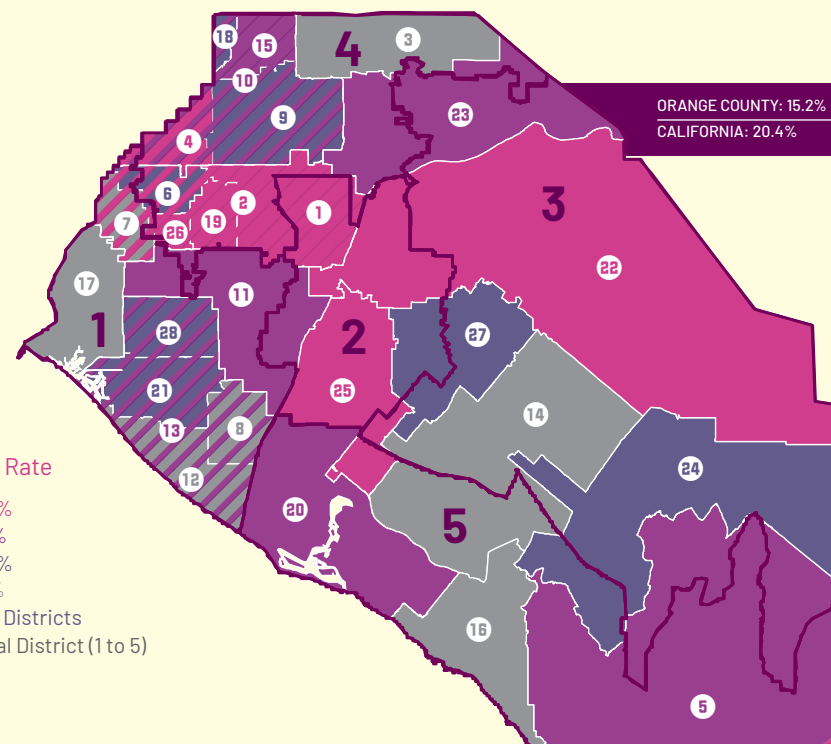
Source: California Department of Education, DataQuest



## Percent of Students Chronically Absent, by School District, 2023/24



Source: California Department of Education, DataQuest



# SAFE HOMES AND COMMUNITIES INDICATORS

## CHILD AND ADOLESCENT MORTALITY

UNINTENTIONAL INJURY DEATH RATE  
PER 100,000 YOUTH 1 TO 19 YEARS



**5.5**      **5.9**  
2014      2023

## JUVENILE ARRESTS

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



**1,966**      **695**  
2014      2023

## SUBSTANTIATED CHILD ABUSE

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



**7.9**      **6.8**  
2015      2024

## JUVENILES WITH SUSTAINED PETITIONS

SUSTAINED PETITIONS PER 100,000  
YOUTH 10 TO 17 YEARS



**670**      **167**  
2014      2023

## CHILD WELFARE

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



**31.0%**      **41.0%**  
2013/14      2022/23

## GANG ACTIVITY AMONG YOUTH

PERCENT OF GANG-RELATED  
JUVENILE PROSECUTIONS



**5.0%**      **1.0%**  
2015      2024



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

OVER HALF OF ALL CHILD AND ADOLESCENT DEATHS WERE AMONG OLDER TEENS.

## DESCRIPTION OF INDICATOR

This indicator reports the leading causes of death by age group. The number of deaths from unintentional and intentional injuries, including suicide and homicide 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 on page 18.

### Findings

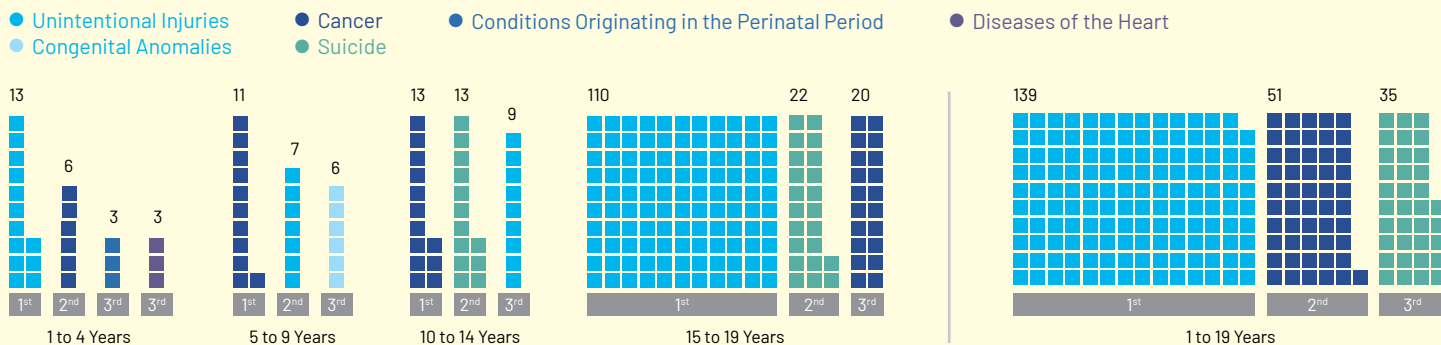
- There were 113 deaths for children and adolescents ages 1 to 19 years in Orange County in 2023. The mortality rate was 15.4 deaths per 100,000 children and adolescents.
- From 2021-2023, the leading cause of death for children and adolescents ages 1 to 19 years was unintentional injury (139), followed by cancer (51) and suicide (35).
- Non-Hispanic White, Hispanic, Native Hawaiian or Other Pacific Islander\* and African American/Black\* youth had higher mortality rates per 100,000 children and adolescents in 2023 when compared to 2022 (17.5 vs. 11.9, 16.9 vs. 16.0, 54.6 vs. 0 and 9.3 vs. 8.9, respectively). The mortality rate among Asians decreased from 16.7 to 12.2.
- Over half (57.5%) of all child and adolescent deaths were among the older teen age group (ages 15 to 19).
- Orange County's injury death rate decreased 13.5% from a rate of 8.9 per 100,000 children and adolescents ages 1 to 19 years in 2014 to 7.7 per 100,000 children and adolescents in 2023, which was lower than California's rate of 13.3 in 2023.
- The male mortality rate decreased 6.7% from 18.0 per 100,000 in 2020 to 16.8 per 100,000 in 2023. An increasing trend was seen among the female mortality rate jumping 35.9% between 2022 and 2023 (10.3 vs. 14.0 per 100,000).
- In 2023, 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 children it was 7.2. The rate for Native Hawaiian or Other Pacific Islander and African American or 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) increased 7.3% from a rate of 5.5 per 100,000 children and adolescents in 2014 to 5.9 per 100,000 in 2023.
- Nearly half (49.6% or 59) of all child and adolescent deaths were injury-related in 2023, which was a decrease from 2022 (54.6% or 79).
- In 2023, 21 substance use related deaths for children ages 1 to 19 years were reported, up from seven deaths in 2014.

<sup>1</sup> Infant, Child and Teen Mortality, Indicators on Children and Youth, Child Trends Data Bank, updated June 2013 ([www.childtrendsdatabank.org](http://www.childtrendsdatabank.org)). <sup>2</sup> Consumer Federation of America. 2013. Child Poverty, Unintentional Injuries and Foodborne Illness: Are Low-Income Children at Greater Risk? <sup>3</sup> Poisoning includes drug overdoses. \* Rate for Native Hawaiian or Pacific Islander and Black or African American is unstable (too few number of deaths).



## SAFE HOMES &amp; COMMUNITIES

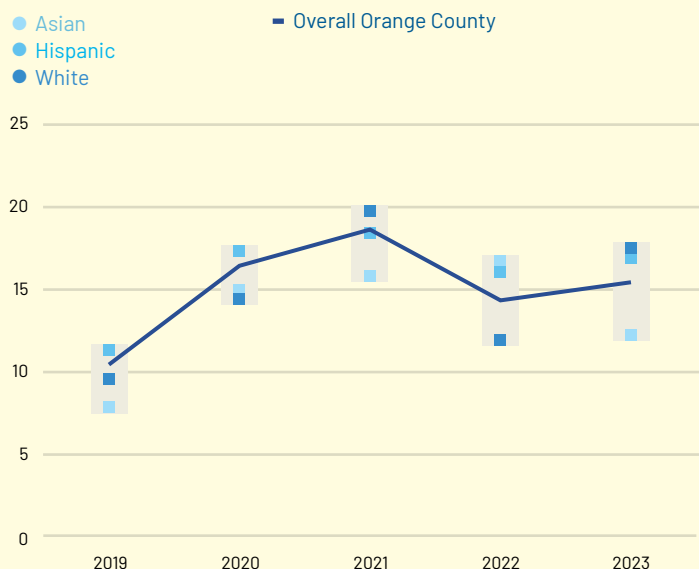
## Leading Causes of Death for Children 1 to 19 Years, by Age Group and Number of Deaths, 2021-2023



**Note:** Three-year total number of deaths.

**Source:** OC Health Care Agency

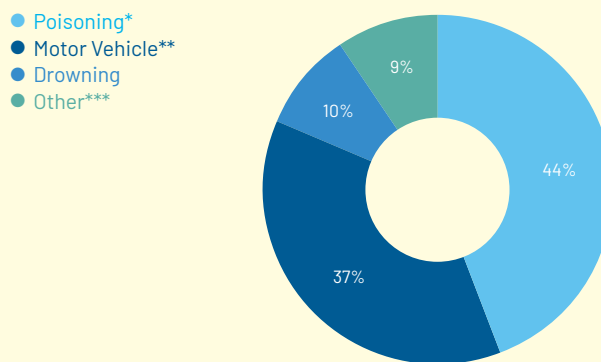
## Child Mortality Rates, per 100,000 Children, by Race/Ethnicity, 2019 to 2023



**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:** OC Health Care Agency

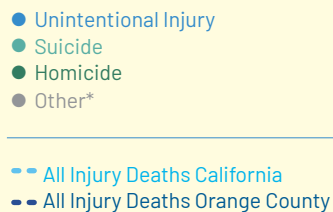
## Unintentional Injury Deaths, by Cause, 2023



\*Poisoning includes drug overdoses. \*\*Includes motor vehicle versus bicycle and pedestrian. \*\*\*'Other' category includes events with undetermined intent, legal intervention, or sequelae (aftermath or late effects) of events.

**Source:** OC Health Care Agency

## Injury, Unintentional Injury, Suicide and Homicide Rate per 100,000 Children, 1 to 19 Years, 2014 to 2023



\*'Other' category includes events with undetermined intent, legal intervention, or sequelae (aftermath or late effects) of events.

**Source:** OC Health Care Agency

# SUBSTANTIATED CHILD ABUSE

RATE OF SUBSTANTIATED CHILD ABUSE ALLEGATIONS WERE HIGHER THAN CALIFORNIA FOR FOURTH 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 2024, 26,726 children were the subject of one or more child abuse allegations in Orange County. Of these, 16.5% (4,419) of children had substantiated allegations of child abuse.
- In 2024, substantiated allegations occurred at a rate of 6.8 per 1,000 children younger than 18 in Orange County, a 13.9% decrease from 2015 (7.9), but higher than California (5.4). The California rate decreased 35.7% from 8.4 in 2015.<sup>1</sup> In 2023, there were approximately 546,000 maltreated children with substantiated allegations in the United States, a rate of 7.4 per thousand children, higher than Orange County and California.<sup>2</sup>

- Below is the proportion of substantiated child abuse allegations by the child's age in 2024:
  - Younger than 1 year made up 12.0%
  - 1 to 5 years made up 27.9%
  - 6 to 10 years made up 26.8%
  - 11 to 15 years made up 25.1%
  - 6 to 17 years made up 8.1%
- In 2024, most (70.9%) substantiated child abuse allegations were due to general neglect,<sup>3</sup> followed by at-risk/sibling abuse (10.1%), severe neglect (5.9%), physical abuse (5.6%), sexual abuse (3.5%), caretaker absence/incapacity (2.5%), exploitation (1.1%) and emotional abuse (0.4%).<sup>4</sup>

<sup>1</sup> University of California, Berkeley, California Child Welfare Indicators Project, Child Welfare Services (CWS)/Case Management System (CMS) 2024 Quarter 4 Extract. <sup>2</sup> U.S. Department of Health and Human Services, Children's Bureau, Child Maltreatment, 2023. <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.

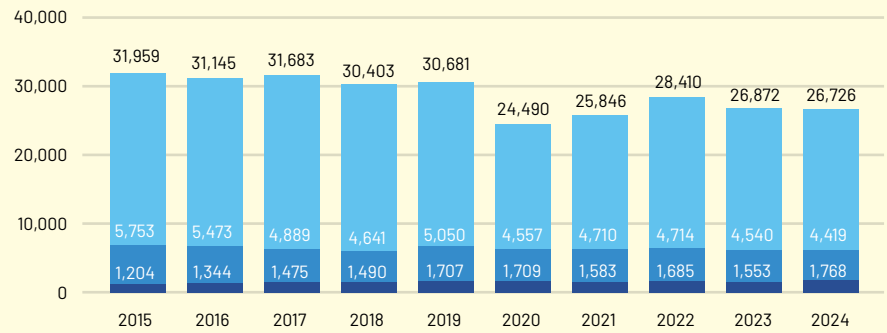
## SAFE HOMES &amp; COMMUNITIES

## Total Number of Children with Child Abuse Allegations and Substantiated Allegations, 2015 to 2024

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

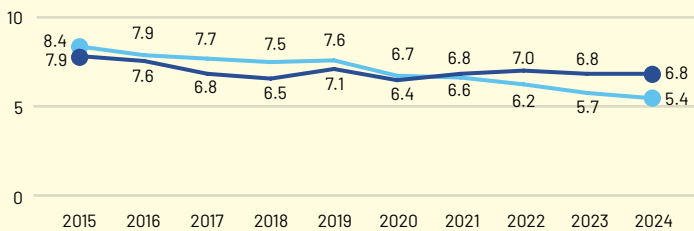
**Notes:** Numbers are based on unduplicated count of children.

**Source:** CA Department of Finance; Child Welfare Services (CWS)/Case Management System (CMS) 2024 Quarter 4 Extract, County of Orange Social Services Agency



## Substantiated Child Abuse Allegations, Rate per 1,000 Children Younger than 18, 2015 to 2024

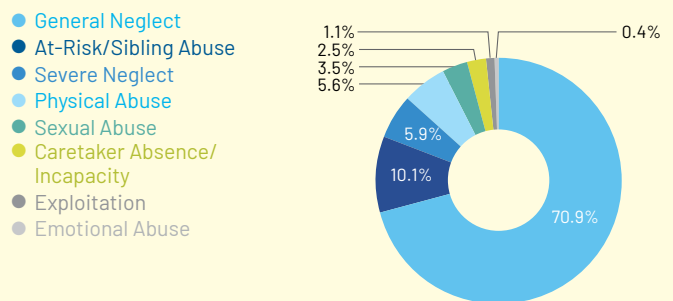
- Orange County
- California



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

**Source:** CA Department of Finance; CWS/CMS 2024 Quarter 4 Extract, County of Orange Social Services Agency

## Substantiated Child Abuse Allegations, by Reason, 2024

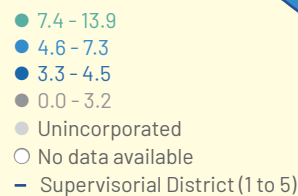


**Source:** CWS/CMS 2024 Quarter 4 Extract, County of Orange Social Services Agency

## Substantiated Child Abuse Allegations, Rate per 1,000 Children Younger than 18, by Community of Residence, 2024



## Rate per 1,000 Children



ORANGE COUNTY: 6.8  
CALIFORNIA: 5.4

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

**Sources:** CWS/CMS 2024 Quarter 4 Extract, County of Orange Social Services Agency; U.S. Census Bureau, American Community Survey Five-year Estimate

# CHILD WELFARE

## MORE LONG-TERM FOSTER YOUTH IN ORANGE COUNTY ARE FINDING PERMANENT HOMES.

### 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.

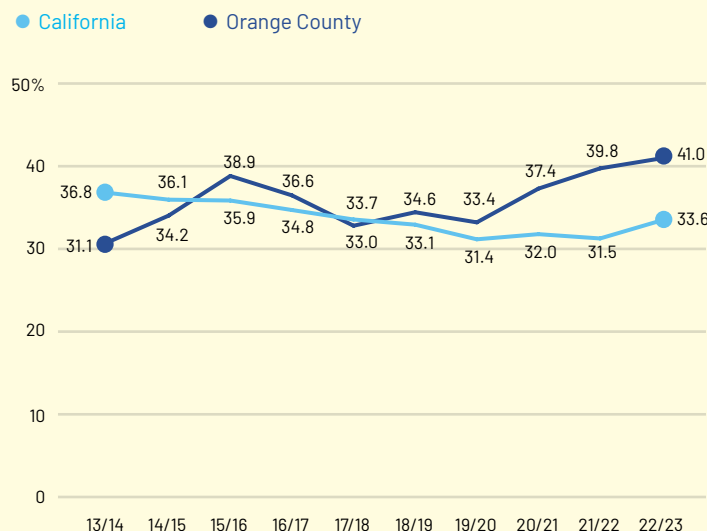
#### Findings

- In 2022/23, 41.0% of Orange County foster children ages 0 to 18 years were placed in permanent homes within 12 months of entering foster care, which was higher than California at 33.6% and an increase of 9.9 percentage points from 2013/14 at 31.1%. The national standard is greater than or equal to 35.2%.<sup>3</sup>
- Of the 41.0% of children who were placed in permanent homes within 12 months of entering foster care in 2022/23, reunification was the most common type of permanency (39.6%), followed by guardianship (0.7%) and adoption (0.7%).
- In 2022/23, the rate of reentry was 7.9%, a 2.4 percentage point increase since 2013/14 at 5.5%. California was similar in 2022/23 at 7.9%, a 2.7 percentage point decrease since 2013/14 at 10.6%. The national standard is less than or equal to 5.6%.<sup>3</sup>
- In 2023/24, 43.1% of children who were in foster care for two years or more were placed in a permanent home, nine percentage points higher than in 2014/15 at 34.1%. California was lower at 36.7%. 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, Berkeley, Center for Social Services Research, 2013. <sup>3</sup> Child and Family Services Reviews, Round 4 Statewide Data Indicators, 2024

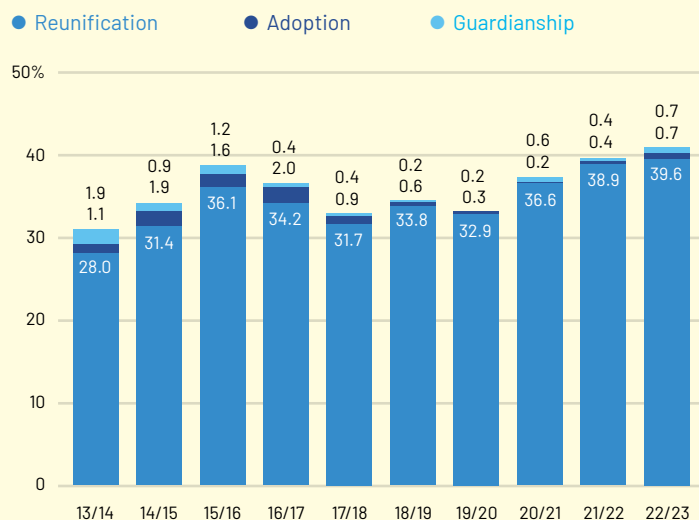
## SAFE HOMES &amp; COMMUNITIES

## Percent of Children Entering Foster Care and Placed in a Permanent Home within 12 months, Orange County and California, 2013/14 to 2022/23



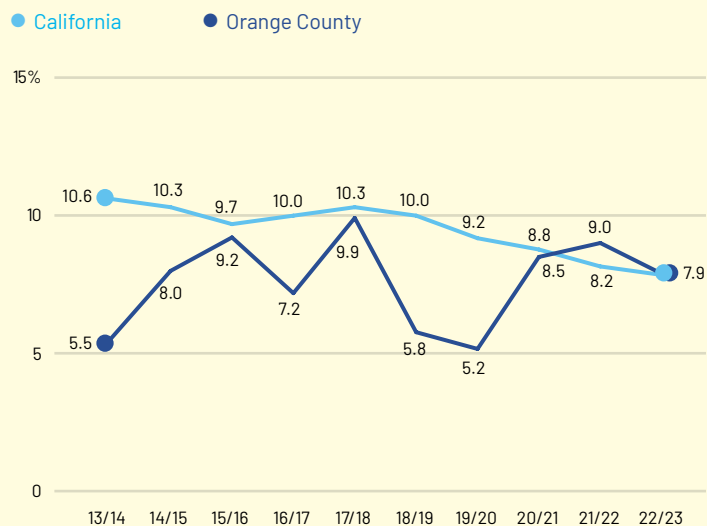
Source: University of California, Berkeley, California Child Welfare Indicators Project, CWS/CMS 2024 Quarter 4 Extract

## Percent of Children Entering Foster Care and Placed in a Permanent Home within 12 months, by Type of Permanency, 2013/14 to 2022/23



Source: University of California, Berkeley, California Child Welfare Indicators Project, CWS/CMS 2024 Quarter 4 Extract

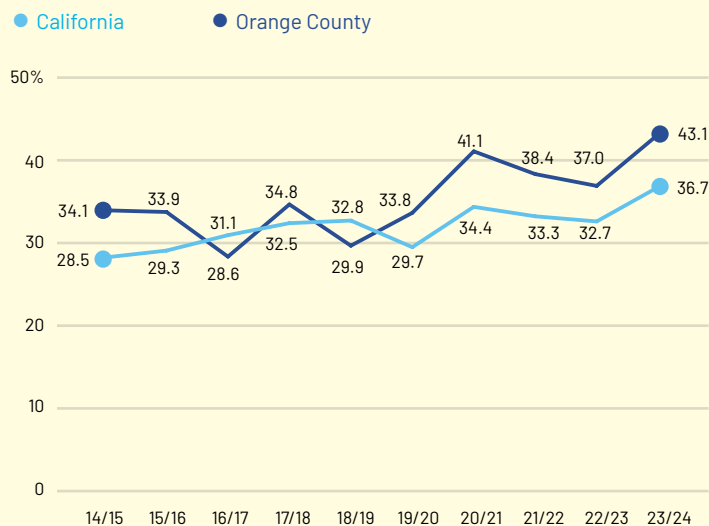
## Percent of Children Reentering Foster Care within 12 months of Reunification or Guardianship, Orange County and California, 2013/14 to 2022/23



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 2024 Quarter 4 Extract

## Percent of Children in Foster Care, 24+ Months, Placed in a Permanent Home, Orange County and California, 2014/15 to 2023/24



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 2024 Quarter 4 Extract



# JUVENILE ARRESTS

## JUVENILE ARRESTS IN ORANGE COUNTY REMAIN BELOW STATE AVERAGE DESPITE RECENT INCREASE.

### DESCRIPTION OF INDICATOR

This indicator tracks youth 10 to 17 years 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.

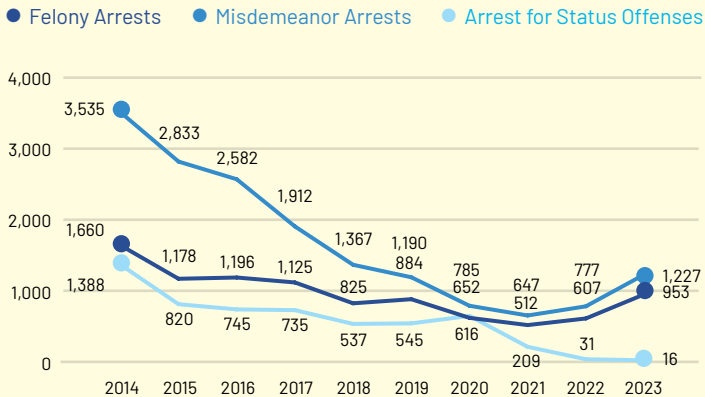
### Findings

- In 2023, there were 2,196 juvenile arrests in Orange County, down from 6,583 juvenile arrests in 2014, but a 60.5% increase from a 10 year low of 1,368 arrests in 2021.

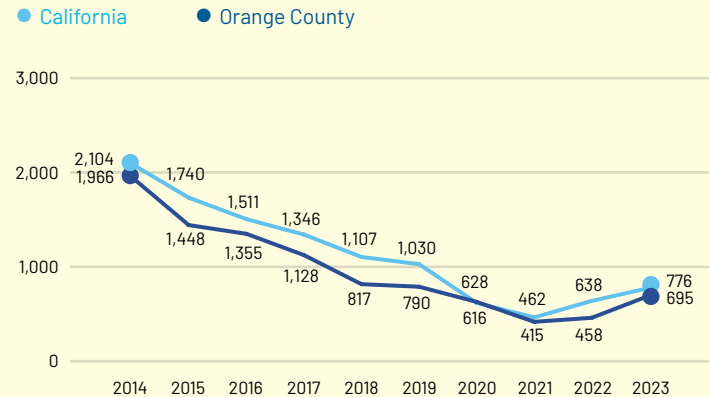
- Orange County's juvenile arrest rate in 2023 was 695 per 100,000 youth 10 to 17 years, a decrease of 64.6% from 1,966 per 100,000 in 2014, compared to California at 776 per 100,000 youth.
- In Orange County, misdemeanors accounted for 55.9% (1,227) of juvenile arrests in 2023. As a proportion of arrests, misdemeanors increased from 2014 when misdemeanors accounted for 53.7% (3,535) of juvenile arrests.
- In contrast, felonies among youth accounted for 43.4% (953) of arrests in 2023, up from 2014 when felonies accounted for 25.2% (1,660) of juvenile arrests.
- Status offenses, other than truancy, accounted for 0.7% (16) of arrests among youth younger than 18 in 2023, accounting for a lower proportion of juvenile arrests at 21.1% (1,388) of juvenile arrests in 2014.
- 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>

<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 Attorney's (DA) Office using collaborative programming including School Threat Assessment Team, or STAT, 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, 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 DA's Office.

## SAFE HOMES &amp; COMMUNITIES

Number of Juvenile Arrests by Crime Type,  
2014 to 2023

Source: Criminal Justice Statistics Center, California Department of Justice

Juvenile Arrest Rate Per 100,000 Youth 10 to 17 Years,  
Orange County and California, 2014 to 2023

Note: Figures are based on population projections revised as of April 2024.

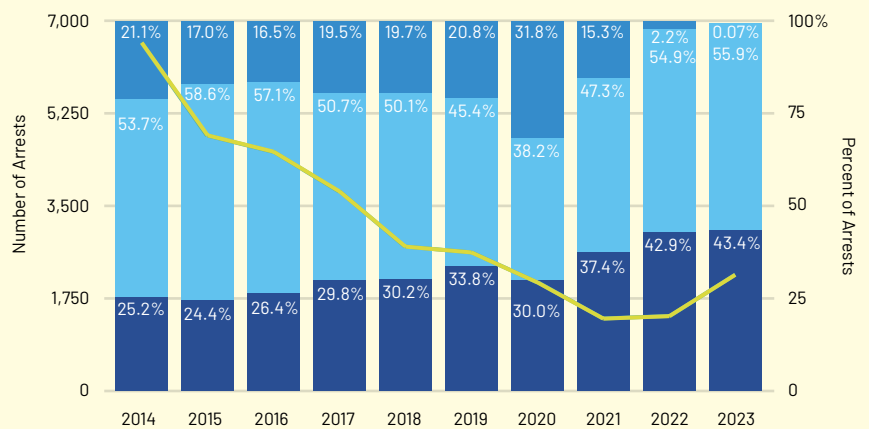
Sources: Criminal Justice Statistics Center, California Department of Justice; Demographic Research Unit, California State Department of Finance

Number and Percent of Total Juvenile  
Arrests by Crime Type, 2014 to 2023

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

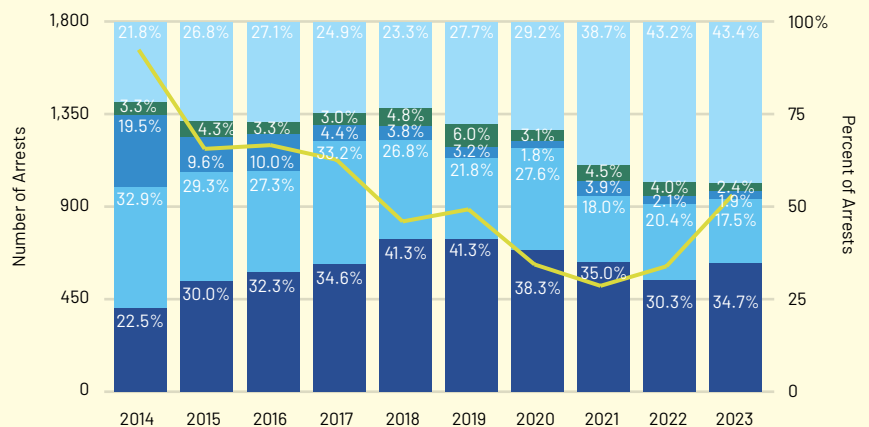
Note: Due to rounding, percentages may not add to 100.

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

Number and Percent of Juvenile Felony  
Arrests by Crime Type, 2014 to 2023

- 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.

# JUVENILES WITH SUSTAINED PETITIONS

## SUSTAINED PETITIONS REMAINED STABLE AS JUVENILE ARRESTS INCREASED.

### DESCRIPTION OF INDICATOR

This indicator reports the number and percent of juveniles with 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.<sup>1</sup>

#### 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.

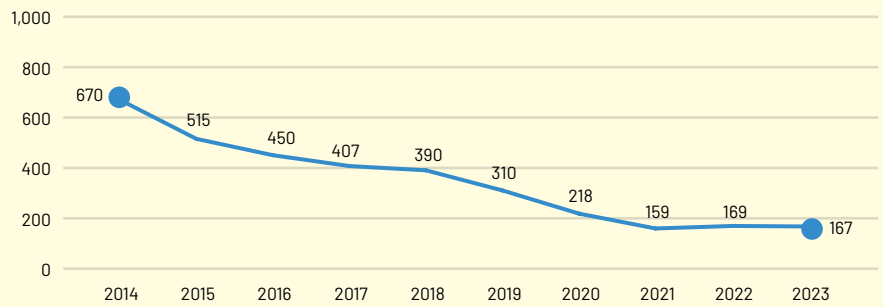
#### Findings

- In 2023, 743 youth had at least one petition filed for youth 10 to 17 years at referral.<sup>2</sup> Of these, 529 youth had at least one petition that was sustained (71.2%).
- The rate of sustained petitions was 167 per 100,000 youth ages 10 to 17 years in 2023, a 75.1% decrease from 2014 (670 per 100,000 youth).
- Of juveniles with filed petitions, 80.7% of youth 15 to 17 years at referral had a petition sustained, followed by youth 13 to 14 years at referral (18.7%). Youth with sustained petitions that were up to 12 years at referral account for 0.6% of the youth with sustained petitions.
- When assessed by race and ethnicity, 75.2% of youth with sustained petitions were Hispanic youth, followed by White (10.8%), Black (5.3%), Other/Unknown (4.9%) and Asian/Pacific Islander (3.8%) youth in 2023.
- Across genders, the vast majority of sustained petitions were on males (84.3%), with females accounting for 15.7% of sustained petitions in 2023.

## SAFE HOMES &amp; COMMUNITIES

### Juveniles with Sustained Petitions, Rate per 100,000 Youth 10 to 17 Years, Orange County, 2014 to 2023

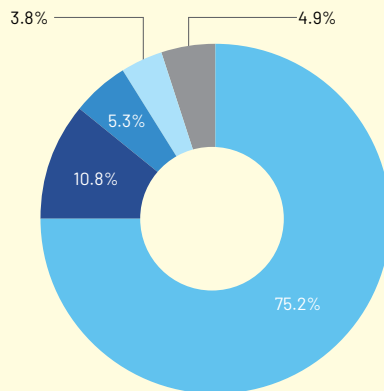
Source: California Department of Justice, Juvenile Court and Probation Statistical System



### Percent of Juveniles with Sustained Petitions, Youth 10 to 17 Years at Referral, 2023

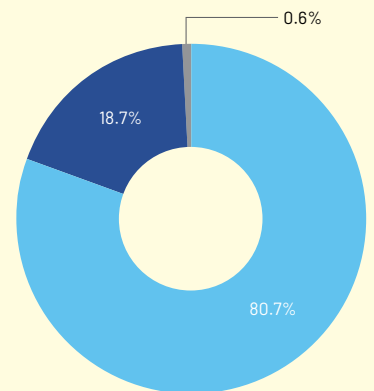
#### By Race/Ethnicity

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



#### By Years of Age

- Younger than 12
- 13 to 14
- 15 to 17



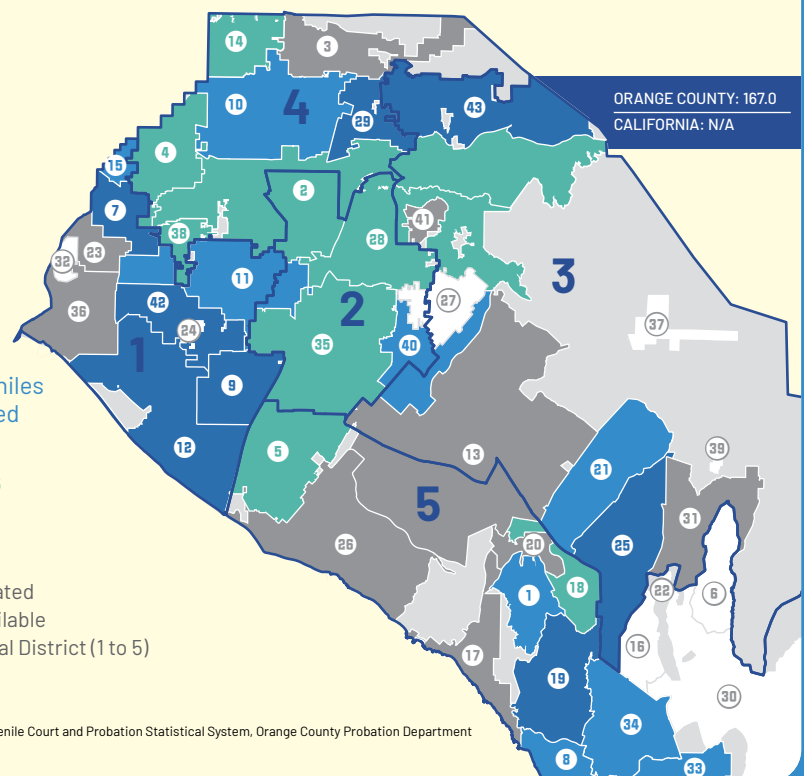
Source: California Department of Justice, Juvenile Court and Probation Statistical System

### Juveniles with Sustained Petitions, Rate per 100,000 Youth 10 to 17 Years, by Community of Residence, 2023

1 ALISO VIEJO 101.8	14 LA HABRA 211.2	27 NORTH TUSTIN NO DATA	39 TRABUCO CANYON NO DATA
2 ANAHEIM 247.6	15 LA PALMA 131.3	28 ORANGE 373.6	40 TUSTIN 146.5
3 BREA 22.7	16 LADERA RANCH NO DATA	29 PLACENTIA 78.2	41 VILLA PARK 0.0
4 BUENA PARK 197.4	17 LAGUNA BEACH 0.0	30 RANCHO MISSION VIEJO NO DATA	42 WESTMINSTER 76.1
5 COSTA MESA 285.3	18 LAGUNA HILLS 305.7	31 RANCHO SANTA MARGARITA 17.6	43 YORBA LINDA 26.9
6 COTO DE CAZA NO DATA	19 LAGUNA NIGUEL 67.5	32 ROSSMOOR NO DATA	
7 CYPRESS 69.5	20 LAGUNA WOODS 0.0	33 SAN CLEMENTE 153.6	
8 DANA POINT 89.5	21 LAKE FOREST 86.6	34 SAN JUAN CAPISTRANO 88.3	
9 FOUNTAIN VALLEY 74.8	22 LAS FLORES NO DATA	35 SANTA ANA 305.3	
10 FULLERTON 92.5	23 LOS ALAMITOS 0.0	36 SEAL BEACH 0.0	
11 GARDEN GROVE 172.7	24 MIDWAY CITY NO DATA	37 SILVERADO NO DATA	
12 HUNTINGTON BEACH 67.3	25 MISSION VIEJO 32.4	38 STANTON 209.7	
13 IRVINE 22.1	26 NEWPORT BEACH 0.0		

#### Rate of Juveniles with Sustained Petitions

- 172.8 - 373.6
- 82.5 - 172.7
- 22.8 - 82.4
- 0.0 - 22.7
- Unincorporated
- No data available
- Supervisory District (1 to 5)



Note: As of last known address.

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

Sources: U.S. Census Bureau, American Community Survey Five-year Estimates; California Department of Justice, Juvenile Court and Probation Statistical System, Orange County Probation Department

# GANG ACTIVITY AMONG YOUTH

## GANG-SPECIFIC PROSECUTIONS DECLINED FOLLOWING 2023 CHANGES IN CALIFORNIA LAW.

### DESCRIPTION OF INDICATOR

This indicator reports the number and rate of gang-related prosecutions of juveniles younger than 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 2024, 1.0% of juvenile prosecutions were gang-related, down from 5.0% in 2015.
- Between 2015 and 2024, the total number of juvenile gang-related prosecutions in Orange County decreased by 89.3%, from 215 in 2015 to 23 in 2024.
- The number of unique juveniles prosecuted for gang-related offenses in Orange County dropped 85.2% from 155 in 2015 to 23 in 2024.
- The rate of juvenile gang-related prosecutions declined 83.5% from 21.2 per 100,000 youth younger than 18 in 2015 to 3.5 per 100,000 in 2024.
- Older teens accounted for the majority of gang-related activity in 2024, with teens ages 15 to 17 comprising 95.7% of the total number of juveniles who were prosecuted for gang-related offenses.
- In 2024, Hispanic youth represented the highest percentage of juvenile gang-related prosecutions (91.3%), followed by Black (4.3%) and Asian (4.3%) youth.

Assembly Bill 333 (AB 333), which took effect on January 1, 2022, introduced substantial reforms to California's gang enhancement laws under Penal Code §186.22. These changes were aimed at addressing concerns around fairness, racial bias, and the overuse of gang-related charges in criminal cases. As a result, it is now more difficult for prosecutors to file and prove gang enhancements. Consequently, using §186.22 charges as the sole measure of gang-related activity may no longer provide a complete picture. A decline in these charges does not necessarily reflect a reduction in gang activity or enforcement — it more accurately reflects a shift in legal standards and prosecutorial practices.<sup>6</sup>

<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. <sup>6</sup> California State Legislature. (2021). Assembly Bill No. 333 — An act to amend Sections 186.22 and 1109 of the Penal Code, relating to criminal gangs.

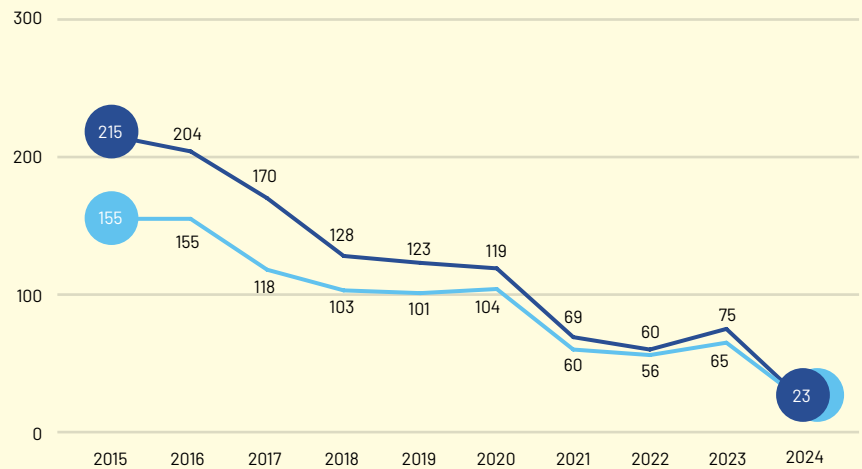


## SAFE HOMES &amp; COMMUNITIES

### Number of Juvenile Gang-Related Prosecutions and Number of Unique Juveniles Prosecuted for Gang-Related Offenses, 10 to 17 Years, 2015 to 2024

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

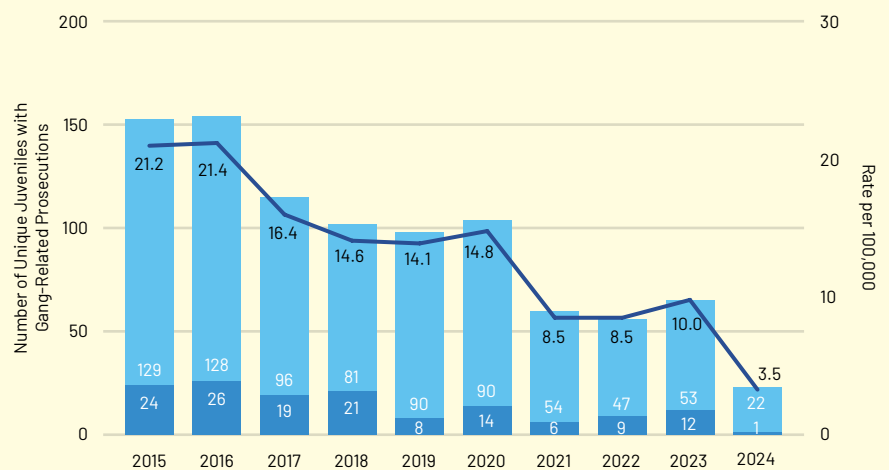
Source: Orange County District Attorney's Office



### Number of Unique Juveniles with Gang-Related Prosecutions and Rate Per 100,000 Youth 10 to 17 Years with Gang-Related Prosecutions, by Age, 2015 to 2024

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

Source: Orange County District Attorney's Office

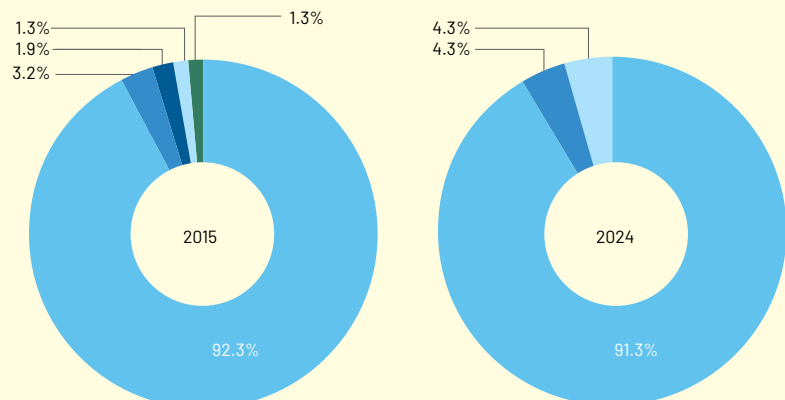


### Percent of Unique Juveniles with Gang-Related Prosecutions, by Race/Ethnicity, 10 to 17 Years 2015 and 2024

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

Note: 0% of juveniles with gang-related prosecutions identified as Vietnamese or Other in 2015. 0% of juveniles with gang-related prosecutions identified as White, Vietnamese or Other in 2024.

Source: Orange County District Attorney's Office





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

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