

A Portrait of Preteens in Santa Clara and San Mateo Counties

What We Know About
9- to 13-Year-Olds



JANUARY 2006



The Preteen Alliance
An Initiative of the Lucile Packard Foundation for Children's Health

A Portrait of Preteens in Santa Clara and San Mateo Counties

Commissioned by



<http://www.lpfch.org>

The Lucile Packard Foundation for Children's Health is devoted exclusively to promoting, protecting, and sustaining the health of children, with a focus on San Mateo and Santa Clara counties in Northern California. The foundation pursues its mission through three programs: fundraising for Lucile Packard Children's Hospital and the pediatric programs at the Stanford University School of Medicine; community grantmaking to promote the health and well being of children through partnerships with community organizations in San Mateo and Santa Clara counties; and public information and education to raise awareness about the state of children's health, and encourage positive change in attitudes, behavior, and policy.



<http://www.preteenalliance.org>

The Preteen Alliance was formed by the Lucile Packard Foundation for Children's Health in 2003. The Alliance is a broad coalition to promote the positive emotional and behavioral health of preteens in San Mateo and Santa Clara counties. Approximately 425 members had joined the Alliance as of December 2005. Membership is open to anyone interested in contributing to this initiative. Members receive updates about news, data, and local programs regarding preteens, and have opportunities to meet and exchange information with fellow members. To join The Preteen Alliance or to sign up for various e-newsletters related to children's health, go to <http://www.lpfch.org/signup/>.

Conducted by



<http://www.ppv.org>

Public/Private Ventures is a national nonprofit organization that seeks to improve the effectiveness of social policies and programs. P/PV designs, tests, and studies initiatives that increase supports, skills, and opportunities of residents of low-income communities; works with policymakers to see that the lessons and evidence produced are reflected in policy; and provides training, technical assistance, and learning opportunities to practitioners based on documented effective practices.

ACKNOWLEDGMENTS

The **Lucile Packard Foundation for Children’s Health** commissioned the report and guided meetings of the Steering Committee of The Preteen Alliance.

The **Preteen Alliance Steering Committee’s** efforts in helping to create, inform, and direct this report were invaluable. Members helped identify indicators, directed researchers to information and resources, and provided feedback on the report’s content.



Numerous individuals contributed their support, time, and expertise to this report.

Several people from the two counties were particularly crucial in providing the data for the report and helping with the analyses:

Diana Weir of the Santa Clara County Social Services Agency took extra time to provide an analysis of child abuse and foster care data that matched the methodology used by San Mateo County. **James V. Miller**, research analyst at the County of San Mateo Human Services Agency, was similarly helpful in responding to our data request.

Joyce Chung and **Julie Cahill Barnard**, epidemiologists with the Santa Clara County Public Health Department, devoted many hours to provide analysis of the California Healthy Kids Survey (CHKS).

Gloria Tzuang of the San Mateo County Health Services Agency was extremely patient and helpful in efforts to obtain CHKS data analysis for San Mateo County. Her work was made possible by the support of **Dr. Scott Morrow**, San Mateo County health officer. **Alicia Goldstein** of the San Mateo County Office of Education also was central in ensuring that CHKS data were made available for inclusion in the report.



The staff at **WestEd** were responsive to the issues involving administration of, and access to, analysis of county-level data from the CHKS.

A team of researchers and consultants with **Public/Private Ventures** (P/PV) was responsible for the report’s data collection, analysis, and writing. **Amy Arbretton**, director of research, oversaw work on the entire report and ably implemented the vision of The Preteen Alliance. **Rachel Metz**, P/PV consultant, facilitated meetings with The Preteen Alliance, handled the majority of the data analysis, and contributed substantially to the writing. **Jana Moore**, P/PV consultant, analyzed national data, synthesized the information and handled the majority of the writing. **Jessica Sheldon** assisted in all aspects of the project. **Suzanne Goldstein**, P/PV consultant, began the process of identifying the data sources for the project, and **Sarah Pepper**, P/PV data analyst, conducted an analysis of 2001-03 CHKS data.

“To ensure healthy children and create a healthy nation, meaningful information must be collected to support a broader conceptualization of health; this information must be used by federal, state, and local decision-makers to inform interventions, programs, and policies.”

*–Children’s Health, The Nation’s Wealth: Assessing and Improving Child Health,
National Research Council and Institute of Medicine of the National Academies, 2004*

Dear Friends,

Everyone marvels at the changes that babies undergo in their first few years of life, as we watch them evolve rapidly from helpless bundles to “I want to do it myself” preschoolers. We perhaps don’t think as often of how the preteen years, from approximately ages 9 to 13, embody an equally dramatic phase of development. Major physical, emotional, and cognitive transformations take place, and the world outside the family becomes much more influential in a child’s life, precipitating a second surge toward independence.

While much public and policy attention has been paid to the 0 to 5 age group, less is focused on the preteen stage. Yet during this period, research tells us, young people begin to lay the foundations for beliefs and behaviors that may influence the rest of their lives.

For the past five years, the Lucile Packard Foundation for Children’s Health has made grants to agencies that work with preteens, and we have learned of the intense community interest in these children, and the need to develop more data about them. For that reason, in 2003 we convened The Preteen Alliance, a local collaborative of organizations and individuals interested in using information to promote the health and well being of preteens.

This report is the Alliance’s first research project: an examination on what is known about preteens in San Mateo and Santa Clara counties, and an initial assessment of how these children are faring. While the majority of local preteens appear to be doing fairly well, not all the news is good, particularly for Latino and African American children. And there is much we simply do not know.

We hope that this report demonstrates the need to acknowledge preteens as a distinct age group worthy of specific attention, and provides direction for collecting further data. These are initial steps toward the Alliance’s ultimate goal of identifying areas where action is needed and encouraging the development of effective strategies to promote preteen well being.

As the father of a preteen girl, I am currently experiencing firsthand this transition. So both professionally and personally, I hope this report will be a starting point for our work together as a powerful Alliance on behalf of children as they navigate these critical years of change, growth, and opportunity.



Stephen Peeps, President and CEO
Lucile Packard Foundation for Children’s Health

PRETEEN ALLIANCE STEERING COMMITTEE MEMBERS: 2003-2005

Dolores Alvarado and **Jeannette Ferris**

Maternal, Child, and Adolescent Health, Santa Clara County Public Health Department

Felicity Ayles, Vanita Bhargava, JoAnna Caywood, Sharon Keating Beauregard, Andy Krackov, and **Eileen Walsh**

Lucile Packard Foundation for Children's Health

Gale Bataille and **Deborah Torres**

Mental Health Services, San Mateo County Health Department

Linda Bonin and **Steve Berta**

Santa Clara County Office of Education

Anand Chabra, M.D.

Maternal, Child, and Adolescent Health, San Mateo County Health Department

Joyce Chung, Supriya Rao, and **Aimee Reedy**

Santa Clara County Public Health Department

Pat Foster

Girls Club of the Mid-Peninsula; East Palo Alto City Council

Claire Goss

San Mateo County Office of Education

Lynne Huffman, M.D.

Children's Health Council; Stanford University School of Medicine

Mark Lane and **Gene Ketchen**

San Mateo County Human Services Agency

Rita Loncarich

Santa Clara County Juvenile Probation

Kitty Mason, MSW

Catholic Charities of Santa Clara County

Don Mordecai, M.D.

Kaiser-Permanente San Jose

Candace Roney

Lucile Packard Children's Hospital

Margo Rosen

Office of State Senator Jackie Speier

PRETEEN REPORT SUBCOMMITTEE:

Vanita Bhargava, JoAnna Caywood, Anand Chabra, Joyce Chung, Claire Goss, Andy Krackov, Kitty Mason, Lynne Huffman, and Eileen Walsh

CONTENTS

I. EXECUTIVE SUMMARY	7
II. INTRODUCTION	13
III. RESEARCH REVIEW	15
IV. DATA RESOURCES	17
V. DEMOGRAPHICS OF LOCAL PRETEENS	19
VI. EMOTIONAL HEALTH	21
VII. BEHAVIORAL HEALTH AND SAFETY	27
VIII. ACADEMICS AND SCHOOL ENVIRONMENT	35
IX. PHYSICAL HEALTH	41
X. RECOMMENDATIONS	47
XI. CONCLUSION AND NEXT STEPS	51
REFERENCES	52
APPENDIX: DATA SOURCE DETAILS	56

TABLES

Table 1	Quick Facts: Demographics	19
Table 2	Ethnicity of Preteen Population, Ages 9-13, 2005	20
Table 3	Seventh-Graders Responding that They Have Felt So Sad/Hopeless Almost Every Day for Two Weeks that They Stopped Doing Some Usual Activities, 2003-04	22
Table 4	Santa Clara County Fourth-through Sixth-Graders Reporting Positive Sense of Identity, 2004	23
Table 5	Santa Clara County Fourth-through Sixth-Graders Reporting Positive Peer Behavior, 2004	24
Table 6	Seventh-Graders Responding that Their Friends Disapprove of Cigarette, Alcohol, and Marijuana Use “Some” or “A Lot,” 2003-04	25
Table 7	Mental Health Disorder Prevalence Rates	25
Table 8	Number of Students Ages 9-13 Enrolled in Special Education for Autism	26
Table 9	Number of Students Ages 9-13 Enrolled in Special Education for Emotional Disturbance	26
Table 10	Preteen Arrests, 2003	30
Table 11	Seventh-Graders Reporting “Yes” to Gang Involvement, 2003-04	30
Table 12	Quick Facts: Public Schools, 2003-04	36
Table 13	Preteens Scoring Proficient or Better on the California Standards Test, 2004-05, by Ethnicity	37
Table 14	Ratio of Elementary and Middle School Students per Pupil Services Staff Member	39
Table 15	Quick Facts: Physical Health	43
Table 16	Preteen STD Rates, 2003	44
Table 17	Fifth- and Seventh-Graders Meeting All Fitness Standards, 2003-04	44

FIGURES

Figure 1	Santa Clara County Fifth- and Seventh-Graders’ Self-Perception of Weight, 2003-04	23
Figure 2	Santa Clara County Fourth- through Sixth-Graders Who “Agreed” or “Strongly Agreed” that They Play Inside Because They Are Afraid Someone in the Neighborhood Might Hurt Them, 2004	28
Figure 3	Preteen Felony Arrest Rate, by Type, 2003	29
Figure 4	Preteens Reporting Substance Use in Past Month, 2003-04	32
Figure 5	Preteens Scoring Proficient or Better on the California Standards Test, 2004-05, by Economic Status	38
Figure 6	Students Responding “Yes” to the Question, “At School, Do Teachers or Other Adults Care About You?,” 2003-04	38
Figure 7	Reasons for Harassment and Bullying Among Seventh-Graders, 2003-04	40
Figure 8	Seventh-Graders Reporting Having Had Three or More Sodas in the Last 24 Hours	45



I. EXECUTIVE SUMMARY

The preteen years (ages 9 to 13) represent a developmental stage of profound cognitive, physical, and emotional change for children. Their bodies transform as they go through puberty; peer pressure intensifies; their interests shift as they move from the familiarity of elementary school to the complexity of middle school; their independence increases; and their analytic skills improve.

During this transition, positive decisions and associations can lead to success, but developmental changes and a greater amount of unsupervised time can create opportunities to engage in risky behavior.

Research shows that the attitudes, behaviors, and habits developed during the preteen years will shape these children as adults, even more so than will the behaviors they engage in during their teen years (Lipsey and Derzon 1998; Thornberry, Huizinga, Loeber 1999; National Research Council and Institute of Medicine 1999).

Children who navigate these preteen years by taking on positive roles, affiliating with positive peers, and learning to deal effectively with problems are more likely to thrive as adults; however, those who get involved in unsafe activities, such as drug use or crime, are more likely to continue risky behavior as adults (National Research Council and Institute of Medicine 1999).

To increase public focus on this significant age group, the Lucile Packard Foundation for Children's Health formed The Preteen Alliance, a community collaborative composed of about 425 individuals devoted to promoting the emotional and behavioral health of preteens in San Mateo and Santa Clara counties (<http://www.preteenalliance.org>).

As a first step toward increasing public awareness about preteen issues, The Preteen Alliance commissioned this report, which assembles the available information on how local preteens are faring. The report reviews data on preadolescent health and well being in San Mateo and Santa Clara counties, identifies information gaps, and provides recommendations to close these gaps.

Public/Private Ventures (P/PV), a national nonprofit social policy research organization, was commissioned to gather and analyze the data.

AN EMERGING PORTRAIT

Analysis of available data on preteens in the two counties documented four key points:

- 1) The counties' preteens are relatively healthy in the majority of areas when compared with state averages; however, better than average does not always equate with good.
- 2) Seventh-graders are faring less well than fifth-graders across indicators in academic, physical, behavioral, and emotional health.
- 3) Overall, Latino and African American preteens tend to do worse on indicators of health and well being than Caucasian and Asian preteens.
- 4) Key questions about the region's preteens, particularly in the areas of behavioral and emotional health, go unanswered because of inadequate data.

WHAT THE STATISTICS SHOW—AND DON'T SHOW

A wide range of publicly available data was analyzed, along with several data sets accessed specifically for this report, to determine the strengths and needs of preteens in the areas of academic achievement and physical, behavioral, and emotional health. Analyses covered many areas, ranging from test scores and fitness levels to arrest rates and reported views of peers.

This research demonstrated that large data gaps exist in crucial areas, particularly in behavioral and emotional health. In addition, available data sources rarely allowed breakdowns by the vital factors of income and pubertal status, and not all sources allowed examination by gender, age, and ethnicity.

Key findings:

Emotional Health

- Almost a quarter of seventh-graders in the counties report having felt sad or hopeless almost every day for two weeks, to the point that they stopped doing usual activities, with rates for Latinos and girls even higher.
- The majority of fourth- through sixth-graders in Santa Clara County, however, report positive views of themselves. More than three-quarters agree with such statements as, “If I set a goal, I feel I can reach it,” and “Most of the time, I am glad to be me.”¹
- In Santa Clara County, twice the percentage of seventh-graders than fifth-graders consider themselves either overweight or underweight and not “about right.”²
- Data about the emotional health of children are limited in general, and data on the emotional health of preteens in the two counties are particularly limited. Missing information includes statistics on supportive relationships with peers and adults, students’ abilities to handle problems effectively, opportunities to participate in out-of-school activities, stress, mental health, and other indicators to measure how preteens view themselves.³

Behavioral Health and Safety

- Felony arrest rates for preteens from 2000 to 2003 remained constant in San Mateo County and decreased for the state, but increased in Santa Clara County, where rates were already higher than statewide figures.
- A disproportionate number of African American and Latino preteens suffer from child abuse and are placed in the foster care system.
- African Americans have significantly higher arrest rates than members of other ethnic groups.
- Though seventh-graders in the two counties report slightly lower percentages of cigarette use than the state average, San Mateo County seventh-graders report higher alcohol use than statewide figures.
- In Santa Clara County, about one in five students in grades 4 to 6 indicated that they play inside because they are afraid someone in their neighborhood might hurt them.⁴
- Limited information is collected on gang involvement, community safety, and sexual activity. Additional data in these areas would improve understanding of the needs of local preteens and inform planning.

¹ Comparable data for San Mateo County are not available.

² Comparable data for San Mateo County are not available.

³ The 2005 Project Cornerstone survey addressed some of these issues for preteens in Santa Clara County; however, preteens in San Mateo County were not surveyed.

⁴ Comparable data for San Mateo County are not available.

Academics and School Environment

- More than 50 percent of preteens in the two counties score at least proficient on the California Standards Test (CST), better than the 40 percent statewide. The economically advantaged students far outperform the disadvantaged students.
- More than 40 percent of fifth- and seventh-grade students in the two counties reported that they had been “pushed, slapped, hit, or kicked at school by someone not kidding around in the last year.”
- Overall, preteens report feeling supported at school by their teachers and other adults. However, the percentage of seventh-graders (87-88 percent) who feel supported is lower than that of fifth-graders (97-98 percent).
- There are more than 5,000 elementary and middle school students for every school nurse in San Mateo County and more than 6,000 students per nurse in Santa Clara County.
- Data are not collected on a countywide level in these important areas: school truancy, suspension, and students who repeat grade levels.

Physical Health

- The counties’ preteens have high levels of health insurance, and they report exercising more than their peers statewide and nationally.
- However, a majority of local preteens fail to meet the state’s minimum standards for fitness (roughly two-thirds of seventh-graders and three-fourths of fifth-graders in the two counties); about one in four is overweight.
- More than twice as many seventh-graders as fifth-graders in Santa Clara County report spending three or more hours each day watching TV or playing video games (32.1 percent of seventh-graders, 13.2 percent of fifth-graders).
- Data on preteen emergency-room visits and homelessness are unavailable; this information would offer a fuller picture of preteens’ health.

While this report is not intended to provide policy or program recommendations, the data point to many areas of concern that may benefit from additional analysis or community attention, including:

- Sadness and hopelessness among Latina girls;
- Felony arrest rates for preteens in Santa Clara County that are higher than the state average;
- Fear of being harmed playing outside in the neighborhood;
- Academic performance disparities by income level;
- Victimization by bullies;
- School nurse shortages;
- Low levels of physical fitness;
- Greater emotional and behavioral problems in older preteens; and
- Latino and African American preteens faring less well than their Caucasian and Asian counterparts.

RECOMMENDATIONS

Although researchers have long considered the preadolescent years to be transformative, programs and policies rarely focus specifically on preteens. This report is a first step by The Preteen Alliance to bring regional attention to this age group and identify basic facts about preteen health and well being in San Mateo and Santa Clara counties. The report includes recommended next steps regarding increased awareness and information about this population, which ultimately could improve the ability of local communities to support the emotional and physical health of preteens. This report does not include recommendations on specific programs and policies, but rather provides context for understanding this population and for monitoring preteens' well being over time.

Analysis of national research and local data leads to two initial recommendations for San Mateo and Santa Clara counties:

PROMOTE PUBLIC RECOGNITION OF PRETEENS AS A DISTINCT AND IMPORTANT GROUP

The importance of the preteen years is not widely recognized; consequently, little data—and fewer policies—focus on preteens, as noted in 2004 by a committee of the National Research Council and Institute of Medicine, which recommended a national effort to gather and standardize hard data about youth, particularly preteens and adolescents.

This report on San Mateo and Santa Clara counties—in outlining national research, identifying and analyzing key indicators of preteen well being locally, and identifying gaps in information—provides a starting point to understand the condition of preteens. It also establishes a foundation upon which The Preteen Alliance and other interested individuals and organizations can build to focus more local attention and programs on this distinct and critical age group.

SUPPORT THE SYSTEMATIC COLLECTION AND DISSEMINATION OF LOCAL PRETEEN DATA

Understanding preteens, identifying their needs, and tracking their progress requires gathering standard indicators that are only partially available in San Mateo and Santa Clara counties. Collecting data on missing indicators, as recommended below, would aid funders, nonprofits, government agencies, educators, policymakers, and others in planning programs and making decisions about how to allocate resources.

1) Consistently Collect Data on Crucial Preteen Emotional and Behavioral Health Issues

Preteens take the California Healthy Kids Survey (CHKS) in school in fifth and seventh grades. However, not all districts administer every section of the survey because only certain sections are required for schools to receive specific types of public funding.⁵ Schools that receive these funds can choose to administer additional optional sections, and schools that do not receive the funds have the option of administering any CHKS sections. Many important emotional and behavioral health issues are addressed in the

⁵ School that receive No Child Left Behind Title IV Safe and Drug Free Schools and Communities funding, state Tobacco Use Prevention Education (TUPE) funding, or federal 21st Century Community Learning Centers funding are required to administer the following sections of the CHKS biennially:

- The Elementary Survey for fifth-graders
- For grades 7, 9, and 11, a Core Module covering demographics, substance use, violence and school safety, physical activity, and diet, as well as a portion of a Resilience Module on school and community strengths.

optional sections of the survey. To increase administration of the optional sections, government agencies, foundations, The Preteen Alliance, and/or other organizations could devote staff time or offer financial incentives to promote increased district implementation of these sections. One example of successfully promoting district administration of a non-required section is the Santa Clara County Public Health Department's implementation of a locally customized CHKS public health module. Santa Clara County Public Health also has created a guidebook for coordinating with school districts to achieve countywide survey administration of a customized module.

In addition, San Mateo and Santa Clara counties have the option of collaborating on a customized CHKS section for a nominal fee. Customizing a module, or conducting a separate survey altogether, could produce valuable emotional and behavioral health information about a number of topics, including pre-teen opportunities for community participation and contribution; peer relationships or peer support; sexual activity; extracurricular activities; social support from adults; and preteens' belief in their ability to handle problems effectively.

2) Assess the Feasibility of Obtaining Key School Information Annually

The methods schools use to collect data on truancy, suspensions, grade retention, and after-school activities are inconsistent, and no comprehensive information is available countywide. The first steps in determining whether comparable data can be compiled for the two counties involve documenting the information collected now, analyzing the consistency and reliability of the formats, and assessing the feasibility of obtaining and disseminating aggregated information. This information would fill knowledge gaps about the prevalence of serious behavioral problems and the availability of after-school services.

3) Encourage Information on Gender, Age, Ethnicity, and Income in Data Collection

For detailed, meaningful analysis of preteen well being, all related surveys and other data collection instruments need to include information on gender, age, ethnicity, and income. Few data sources now allow examination of these factors, even though research shows they are important influences on preteens.

Three steps would begin to provide a solid base for researchers:

- Ask county agencies to include breakdowns of data by age and gender, where possible;
- Include a question about income in all local surveys; and
- Recommend that CHKS include ethnicity information for fifth-graders, and develop ways to determine income status, primary language spoken at home, and pubertal status.

WestEd, the nonprofit research firm that helps oversee CHKS, works with the state to make improvements to CHKS as needed, while also trying to maintain consistency in the instrument and keep it as brief as possible. The CHKS Elementary Survey (for fifth graders) currently is being reviewed in preparation for a revision. Recommendations for CHKS enhancements could be offered to WestEd and the California Department of Education. Support from school districts and other regions of the state would strengthen such recommendations.

4) Pursue Key Indicators for Which County Data Are Not Easily Available

Even with the recommended changes, gaps will remain unless additional research is conducted on other preteen topics, such as emotional health (including mental health disorders, stress, self-identity, and coping skills), after-school care arrangements, gang involvement, homelessness/runaways, emergency room visits, and exposure to violence in the community and at home. Expanding data collection to cover these important areas and making the results publicly available would offer a more complete picture of preteens in San Mateo and Santa Clara counties.

CONCLUSION AND NEXT STEPS

Preadolescence is one of the most significant stages in the human lifespan. Research demonstrates that attitudes and behaviors established during these years can have lasting effects into adulthood. The purpose of this report is to bring public attention to the importance of the preteen years, and to begin compiling a body of knowledge about the health and well being of preteens in San Mateo and Santa Clara counties to provide context for programs and policies, and to track preteens' well being over time.

Data indicate that local preteens are relatively healthy compared with their peers statewide, although findings were less positive for seventh-graders than fifth-graders, and for Latinos and African Americans than other preteens. As noted, considerable information about this age group is not available, and additional data collection efforts are needed to fully understand and improve the condition of local preteens.

This report is intended to be a tool for community members and groups interested in supporting preteens. Individuals and organizations can use the report to: deepen their understanding of the preteen years; bring attention to the importance and needs of this local population; improve data collection activities related to preteens; and inform program and policy planning.

The Preteen Alliance will continue efforts to increase awareness among community leaders, parents, service providers, educators, funders, media, and others about the need to focus on and support the positive development of preteens. Future efforts also will include exploring policy opportunities and community activities to further promote the welfare of this population.



II. INTRODUCTION

Children begin the exciting and often bewildering journey into adulthood during the preteen years, roughly ages 9 to 13. They face the ups and downs of puberty and intense peer pressure. Their focus shifts from family to friends, and they gain the ability to think critically. At the same time, many preteens leave the relative safety of elementary school for a larger junior high or middle school, where they change teachers and classmates hourly. During this transition, positive decisions and associations can lead to success, but with the increased maturity and amount of unsupervised time that preteens experience, the potential for negative choices or influences expands.

Research shows that the attitudes, behaviors, and habits developed during the preteen years shape children as adults even more strongly than do the behaviors they engage in as teens (Lipsey and Derzon 1998; Thornberry, Huizinga, and Loeber 1999; National Research Council and Institute of Medicine 1999). Children who navigate the preteen years by taking on positive roles, affiliating with positive peers, and learning to deal effectively with problems by relying on adults more often emerge as healthy, productive adults; those who engage in risky behavior, such as crime and substance abuse, are more likely to continue destructive behavior into adulthood.

While this critical period long has held interest for researchers in psychology, education, and sociology, only recently has it attracted broader public attention. In response to growing community interest, the Lucile Packard Foundation for Children's Health formed The Preteen Alliance, a collaborative consisting of roughly 425 members devoted to promoting the emotional and behavioral health of preteens in San Mateo and Santa Clara counties (<http://www.preteenalliance.org>). The Steering Committee of the Alliance then enlisted Public/Private Ventures (P/PV) to gather and analyze data as the first step in bringing more recognition of the preteen years as a critical developmental stage.

WHAT WE KNOW

This report shows that in many areas the preteens of San Mateo and Santa Clara counties do better than the state average. Specifically, more preteens in the two counties score at least proficient on the California Standards Test, have health insurance, and meet all six state fitness standards. However, not all findings are positive. For example, almost a quarter of seventh-graders in the two counties report having felt feeling so sad or hopeless almost every day for two weeks that they stopped doing some usual activities. In addition, data indicate that African American and Latino preteens are faring worse than other groups, and economically disadvantaged preteens are particularly at risk for negative outcomes. The data also reveal that many measures are worse for seventh-graders than for fifth-graders locally and statewide, indicating that these grades may be a key point for prevention and intervention efforts.

WHAT'S MISSING

In California and the two counties, missing or fragmented data prevent a full picture of preteen development from emerging. As a result, agencies and organizations do not have all the necessary information to determine the best ways to expend scarce resources to support preteens.

Limited information exists on emotional health issues, including self-confidence, coping, the ability to make positive choices, and social competence. No countywide information addresses preteens' sexual history, pregnancy

rates, homelessness, or how many youngsters witness violence at home or in their community; only self-reported data offers an estimate of the number belonging to gangs countywide; and no comprehensive or reliable publicly available information exists countywide about how often students skip school, are suspended, or face expulsion.

Also lacking are measurements of important factors that lead youngsters to make positive choices. No consistent data exist about the social support preteens receive outside of their families and schools, their relationships with peers, or what opportunities they participate in or contribute to that build their self-competence.

When information about preteens is available, sources rarely allow breakdowns by the vital factors of income and pubertal status, and not all sources allow breakdowns by gender, age, and ethnicity.

IN THIS REPORT

Section III examines national research about this significant transition period between childhood and adolescence. Section IV describes the methodology, data breakdowns, and sources used for this report. Section V provides the demographic context in San Mateo and Santa Clara counties. Sections VI, VII, VIII and IX present county data on the emotional, behavioral, academic, and physical health of preteens, with national trends and state comparisons, where possible. Section X sets out recommendations about how to begin to focus attention on the preteen years as a critical stage of development, and suggests initial steps to improve the data available for this age group.



III. RESEARCH REVIEW

Considerable agreement exists on the general developmental tasks⁶ for preteens: cognitive growth and maturity, an increase in opportunities to think for themselves, and a growing autonomy from their parents (National Research Council and Institute of Medicine 1999). These developmental tasks give preteens, for the first time in their lives, latitude to make choices that will establish the patterns of their health and well being for life (Jackson, Davis 2000; Eccles et al. 1993a, 1993b; Eccles, Midgley 1989; Simmons, et al. 1987).

The developmental changes and tasks that characterize the preteen years permeate all aspects of the children's lives: academic, physical, behavioral, and emotional health. Academic health consists of the environment in which preteens learn, as well as their achievement. Physical health refers to preteens' activity levels, nutrition, and health in general. Preteens' behavioral health includes the choices children make about how they spend their time, and includes the environmental factors that contribute to their behaviors. Finally, emotional health covers mental health issues, and also, importantly, coping skills, identity, and resilience factors, such as affiliations with positive peers, social supports, and the ability to interact and relate to others.

Although the issues often intertwine—for example, without emotional health, young people can adopt risky behavior, overeat, and under perform; without academic achievement, self esteem can decrease and they can turn to crime for respect—these four areas provide a context for understanding the issues preteens face.

FOSTERING HEALTHY PREADOLESCENCE

Most children between ages 9 to 13 begin the intense shift from child to adult. They also gain independence, associated with an increase in unsupervised time and a decrease in parental involvement. Broader societal factors may add further challenges, with national divorce rates at almost 50 percent; an increase in two-career families; and safety concerns in schools. At the same time, children's exposure to unhealthy alternatives—drugs, irresponsible sex, and crime—increases, and, for many children, few healthy activities exist in the out-of-school hours that are able to consistently attract and engage preteens' interest and involvement (Grossman et al. 2002; Carnegie Council on Adolescent Development 1992).

Successfully navigating through the preteen years in large part may depend on the availability of positive activities and supportive relationships with adults (Scales, Roehlkepartain 2003; Eccles, Gootman 2002; Gambone, Klem and Connell 2002; Tierney, Grossman and Resch 1995; Eccles et al. 1993a; 1993b). This is a critical age for parental involvement and support, but many parents struggle to deal with the changes effectively. Too often preteens have limited access to positive opportunities and are challenged by the changing relationships with the adults in their lives, ending up with too much discretionary time, more unhealthy behaviors, more life stress, and more difficulty forming healthy connections to other people. Limited access to supports (such as positive adult relationships and high quality, supervised after-school activities) is especially prevalent in impoverished communities, where resources for youth are few (Miller 2003; Pedersen, Seidman, in press, cited in Eccles et al. 2003; Quinn 1999).

⁶ Developmental tasks refer to our culture's definition of "normal" development at different stages in life. (Adolescence: Developmental Tasks, University of Florida, Institute of Food and Agricultural Sciences, 2000.)

Research shows that preteens depend not only on their families but on their neighborhoods, schools, and health care systems to learn a wide range of skills (National Research Council and Institute of Medicine 1999). Often, however, neighborhoods and communities struggling with a lack of funds are increasingly less able to provide resources and services to preteens, and schools often are not organized to provide opportunities to learn and grow after hours (National Research Council and Institute of Medicine 1999).

Development researchers agree: During early adolescence, young people begin to search for identity outside their families, and peer relationships become increasingly important (National Research Council and Institute of Medicine 1999). The cliques and hierarchies these students often encounter mean that many young people experience social rejection at a vulnerable age (Evans, Eder 1993; Kinney 1993). Junior high and middle school policies and practices, such as tracking and public evaluation of schoolwork, often contribute to peer divisions and hierarchy by reinforcing competition among students (Mac Iver, Epstein 1993; Midgley, Edelin 1998; Oakes 1992). Many preteens find peer approval particularly difficult to attain because junior high and middle schools do not always offer attractive clubs and activities to give most students the opportunity to distinguish themselves (Evans, Eder 1993; Kinney 1993).

Without a legitimate way to win acceptance, some preteens turn to risky behavior to gain attention. Others, particularly girls, suffer a drop in self esteem (Simmons et al. 1987). Rejection and isolation also may affect academic achievement by turning preteens—particularly boys from some minority ethnic and racial groups—against schoolwork (Anderman, Anderman 1999).

Engagement in risky behavior as a preteen is predictive of violent crime in later years (Lipsey, Derzon 1998). Offenders younger than 13 repeat offenses at higher rates, often well into adulthood, as compared to those who begin offending as older teens (Loeber, Farrington and Petechuk 2003). In addition, adults arrested for the most serious and violent crimes are more likely to have been youthful offenders than adults who committed lesser crimes.

Gang membership also has a large impact. One study in Rochester, New York, showed that although gang members made up only 30 percent of the sample, they were involved in 63 percent of all delinquent acts (excluding gang fights), 82 percent of serious delinquencies, 70 percent of drug sales, and 54 percent of all arrests (Thornberry et al. 2004). The primary recruitment age for gangs—loosely defined as a group of young people with antisocial tendencies bound by allegiance to each other—ranges from 11 to 15, and members tend to stay involved well into adulthood (Spergel, Chance 1991, as cited in Goldstein, Huff 1993).

Evidence also suggests that exposure to violence at an early age can influence aggressive and violent behavior later in life. Research has found that children maltreated before age 12 are more likely to be arrested and to report more delinquency, especially serious and violent delinquency, than those who were not maltreated (Thornberry et al. 2004).

Despite the importance of the healthy behaviors and attitudes established by preteens at this critical developmental stage, little data and public attention focus solely on this group, as noted in 2004 by a committee of the National Research Council and Institute of Medicine, which recommended a national effort to gather and standardize hard data about youth, particularly preteens and adolescents.



IV. DATA RESOURCES

Information for this report was examined in four broad categories: emotional health; behavioral health and safety; academics and school environment; and physical health. Indicators were chosen based on their relevance to the lives of preteens and the quality of data available.

The primary data sources for this report were the California Healthy Kids Survey (CHKS), the California Student Survey, Data Quest, the San Mateo County Human Services Agency, Santa Clara County Social Services Agency, Ed-Data, the California Department of Health Services, and the California Bureau of Criminal Information and Analysis. Project Cornerstone, a coalition of more than 100 organizations that focus on children's needs in Santa Clara County, also provided survey data for Santa Clara County fourth- through sixth-graders. Much of the data were easily accessible to the public through the web or through a request, though data from the CHKS and from Santa Clara Social Services and San Mateo Human Services were provided through a special arrangement with the counties.

Whenever possible, data were examined by gender, age, ethnicity, and income. The appendix provides an overview of the data, how they are available, and the sources from which the indicators were derived for this report. Reliable data for Native American preteens are not available for most indicators due to the small sample size.

The CHKS is designed to assist local education agencies in assessing needs and planning and evaluating programs (see http://www.wested.org/pub/docs/chks_home.html). The county offices of education made CHKS data available for this report, and researchers in the county departments of public health conducted cross-tabulations.

The 2003-04 CHKS data from Santa Clara County were weighted to represent each district's grade-level enrollment by gender. The total weighted numbers surveyed for the county are:⁷

- For seventh grade, 10,662 students; 52 percent male and 48 percent female.
- For fifth grade, 11,086; 51 percent male and 49 percent female.

The CHKS data for San Mateo County, which has a smaller total population than Santa Clara County, were not weighted. The number of youth surveyed involved:

- For seventh grade, 3,972 youth; 54 percent female and 46 percent male.
- For fifth grade, 3,787 students; 53 percent female and 47 percent male.

The statewide comparisons for the CHKS county information came from the California Student Survey, a biennial survey that presents a statewide snapshot of students' risky and health-related behaviors, including drug, alcohol, and tobacco use; resilience; and perception of school violence. The data were accessed online at <http://www.wested.org>.

⁷ In most cases, the number of youth who answered the question is close to the total number of youth surveyed. In some cases, if the questions were asked in a section that was not administered to all students, the number is much lower. The report notes any question where the N is significantly lower.

Project Cornerstone data are based on an October 2004 survey of 4,327 fourth- through sixth-grade students in Santa Clara County schools. School district involvement was voluntary, and five of 33 school districts participated: San Jose Unified, Campbell Union, Los Gatos Union, Morgan Hill Unified, and Sunnyvale. Each district selected the schools that participated, and the schools chose the classes that took part. Results from the survey may not be representative of the county as a whole because student selection was not random. Of note, Asian American students were under-sampled; Asian Americans make up 24.5 percent of the child population in Santa Clara County, but only 13 percent of the survey sample. However, the survey assessed important aspects of preteen behavioral and emotional health for which no other data are available.

National data were drawn from a variety of reports and websites. For the most part, national data were not available specifically for preteens but were available for different subgroups of youth or for children 0 to 18; nevertheless, the available data provide a rough comparison for the state and county information.



V. DEMOGRAPHICS OF LOCAL PRETEENS

San Mateo and Santa Clara counties are for the most part prosperous; families in both counties earn on average about \$6,000 more per year than Californians in general (see Table 1). However, they also face a high cost of living: According to the self-sufficiency standard for California, Santa Clara ranks in the top three and San Mateo in the top 10 of the state's most expensive counties.⁸

San Mateo County, with 531 square miles, encompasses densely urban areas, as well as rural and undeveloped areas. Although the county is geographically the third smallest in

Table 1 Quick Facts: Demographics

Demographics	San Mateo County	Santa Clara County	California
Preteen (9- to 13-year-old) population, 2005 ^a	44,709	122,380	2,743,058
Preteens as percentage of the child population (0-17), 2005	26.9%	27.6%	28.5%
Percentage of public school children (all grades) who are English Learners, (EL), ^b 2003-04	23.4%	25.2%	25.4%
Top languages spoken by EL students in grades 4-8, 2003-04	1) Spanish 2) Tagalog 3) Cantonese	1) Spanish 2) Vietnamese 3) Tagalog	1) Spanish 2) Vietnamese 3) Hmong
Preteen enrollment in CalWORKS, 2004 ^c	1,151	7,108	N/A
Percentage of preteen population enrolled in CalWORKS, 2004 ^d	3%	6%	N/A
Percentage of population enrolled in CalWORKS, 2004	0.6%	1.8%	3.5%
Enrollment in free and reduced-price lunch (all grades) 2003-04 ^e	29.5%	32.2%	49.0%
Families earning less than \$25,000, 2003 ^{f,g}	13.9%	16.1%	24.3%
Families earning less than \$50,000, 2003	35.3%	39.6%	49.8%
Families earning more than \$75,000, 2003	52.7%	59.3%	68.7%

Sources and Notes:

^a State of California, Department of Finance, Race/ Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, CA, May 2004.

^b California defines English Learner students as those who primarily speak a language other than English at home and who lack English-language skills of listening comprehension, speaking, reading, and writing necessary to succeed in school's regular instructional programs. DataQuest. Retrieved August 2005.

^c February 2004 enrollment provided by San Mateo County Human Services Agency and Santa Clara County Social Services Agency.

^d This shows the number of 9- to 13-year-olds who have families on CalWORKS, not the number of families; in some cases a family may have more than one child counted.

^e California Department of Education, data1.cde.ca.gov/Dataquest/. Retrieved October 2004.

^f U.S. Bureau of the Census, American Community Survey, 2003. <http://www.census.gov/acs/www/Products/Profiles/Single/2003/ACS/CA.htm>. Retrieved August 2005.

^g In 2003 the self-sufficiency level, or the amount of money needed to meet basic needs, was \$57,501 in San Mateo County and \$65,589 in Santa Clara County for a family of three. <http://www.nccsf.org/DataCentral/SSS/downloads/The%20Bottom%20Line.pdf>. Retrieved March 2005.

⁸ Pearce 2003. "The Self-Sufficiency Standard for California 2003." www.nccsf.org/DataCentral/SSS/downloads/California%20Self-Sufficiency%20Standard.pdf

the state, it is the 13th most populous (Healthy San Mateo 2010, 2004). Santa Clara County is about 2.5 times larger in size and population, including the preteen population (see Table 1). The county includes densely populated urban areas in the north, including the city of San Jose with more than half of the county’s population, and agricultural lands in the south. Santa Clara County is the sixth most populous county in the state.⁹

Table 2 figures are population projections from the state Department of Finance. From 2000 to 2005, experts projected that the Latino preteen population in California would increase from 41.8 percent of the preteen population to 47.2 percent, with a corresponding decrease in the Caucasian proportion of the population. Estimates for San Mateo County show a similar increase, while Santa Clara County estimates show the proportion of Latino preteens increasing at a slower rate.

Table 2 Ethnicity of Preteen Population, Ages 9-13, 2005

Ethnic Group	San Mateo County	Santa Clara County	California
Caucasian	39.0%	35.4%	31.2%
Latino	32.5%	33.4%	47.2%
Asian	18.6%	23.9%	9.5%
Pacific Islander	2.1%	0.3%	0.4%
African American	2.5%	2.6%	7.7%
Native American	0.4%	0.3%	0.9%
Multi-race	4.9%	4.0%	3.1%

Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, CA, May 2004.

From 2005 to 2010, the proportion of Latino preteens is expected to increase at a slower pace in Santa Clara County and California than between 2000 and 2005, but it is projected to decrease slightly in San Mateo County. Caucasian preteens are expected to remain about the same in San Mateo County and to decrease in Santa Clara County and in California. The proportion of Asian American preteens is projected to increase in both counties and the state, as is the percentage of Multi-racial preteens. The proportions for other ethnic groups are expected to remain steady locally and statewide.

Given the relatively high incomes of local households, the percentage of families enrolled in CalWORKs¹⁰ was lower in San Mateo (0.6%) and Santa Clara (1.8%) counties than in the state (3.5%) in 2004 but the percentage slightly increased in the counties from 2001 to 2004, while it decreased at the state level during that time period (according to California Department of Social Services Administration Division, Data Systems and Survey Design Bureau, August 2004).

In 2004, 1,151 preteens in San Mateo County and 7,108 in Santa Clara County had families enrolled in CalWORKS.¹¹ In both counties, Latinos constituted the largest percentage of preteens in CalWORKS, about half; African Americans, with 24 percent enrollment in San Mateo County and 7 percent in Santa Clara County, were overrepresented. In San Mateo County, the number of Filipino preteens, the largest Asian group on CalWORKS, doubled in three years; in Santa Clara County, the largest group of Asians, Vietnamese preteens, decreased 17 percent but was still disproportionately represented.

⁹ State of California, Department of Finance, E-1 City/County Population Estimates, 2004 and 2005

¹⁰ CalWORKS is a program that provides financial assistance and employment services to families living below the poverty line.

¹¹ This is the number of 9- to 13-year-olds who have families on CalWORKs, not the number of families; in some cases, a family may have more than one child counted.



VI. EMOTIONAL HEALTH

In addition to beginning to search for their identity outside of their immediate families, preteens also see their ability to problem-solve increase, and their interest in community involvement grows, as does their awareness of their own future. At the same time, many preteens enter a new school environment with a more rigid status system of popular and unpopular peer groups, competitive grading, and a sometimes less supportive environment. Anxiety about fitting in can be overwhelming, and preteens' emotional health can waver.

Yet little national or local data exist on preteens' emotional health, which includes mental health issues, coping skills, identity, ability to relate to others, social support, and positive peer relationships. One reason for this lack of data is that national organizations, such as foundations and federal agencies, typically commission research that focuses on the risks and problems of adolescence, rather than on factors that lead to emotional health (National Research Council and Institute of Medicine 1999).

While data collection for emotional health indicators is sparse, parents recognize its importance. In a 2003 survey by the Lucile Packard Foundation for Children's Health, 45.1 percent of parents in San Mateo and Santa Clara counties cited emotional health as their greatest concern about their preteens, and singled out peer pressure and social skills, in particular.

OVERVIEW OF THE DATA

Locally, limited or no data are available on supportive relationships with peers and adults, extracurricular activities, students' abilities to handle problems effectively, stress, mental health, and the complex issue of self-identity. The Project Cornerstone Survey provides some information on the emotional health of preteens in Santa Clara County,¹² but these data are largely absent for San Mateo County.

The data that do exist in the counties indicates that, although preteens report a high level of adult support, many suffer from symptoms of depression. Self-inflicted injuries were among the top five leading causes of hospitalization for local preteens from 2000 to 2002, and the Santa Clara County self-inflicted injury hospitalization rate was double the state rate in 2002. In addition, almost a quarter of seventh-graders in both counties said they "felt so sad/hopeless almost every day for two weeks" that they stopped doing some usual activities, with Latina girls being most likely to report feeling sad or hopeless.

Data also indicate that a positive sense of self for many young people decreases between fifth and seventh grades, especially regarding satisfaction with body weight. However, the majority of preteens have positive views of their peers, with more than three-quarters of Santa Clara County fourth- through sixth-graders saying that their good friends care about what is right and wrong, and similar numbers of seventh-graders in the two counties indicating that their friends disapprove of substance use.

Data from 2000 to 2005 also show a large increase in the number of children enrolled in special education for autism in California and the two counties.

¹² Project Cornerstone, a coalition of more than 100 organizations that focus on children's needs in Santa Clara County, conducted a survey including fourth- through sixth-graders in 2004. See Section IV on Data Resources for more information.

INDICATORS

Depression

Suicide ranked nationally as the fifth leading cause of death for young people 9- to 13-years-old in 2002, according to the National Center for Injury Prevention and Control. Although the total number of suicides and the percentage of all preteen deaths caused by suicide remained small nationally—158 and 4.3 percent—they serve as a precursor for the next age group. Suicide took the lives of more than 1,170 (or 10 percent) of the 14- to 18-year-olds who died in 2002, according to this national source.

The rate of self-inflicted injuries requiring the hospitalization of preteens ages 9-13 in Santa Clara County was 22 per 100,000 in 2002, double the state rate. San Mateo County had a lower rate, at 6 per 100,000. In both counties, self-inflicted injuries were among the top five leading causes of hospitalization for preteens each year from 2000 to 2002. The injuries were most prevalent among Caucasian and Latina girls and more numerous in Santa Clara County, where 55 per 100,000 Caucasian girls were hospitalized in 2002. Santa Clara County recorded no suicides among preteens from 2000 to 2002, while in San Mateo County, three preteen suicides were recorded.

In both counties, 23 percent of the seventh-graders “felt so sad/hopeless almost every day for two weeks” that they stopped doing some usual activities, just 1 percent less than the state average, according to the 2003-04 CHKS (Table 3). Girls in both counties were more likely than boys to say that they felt sad or hopeless. And Latina girls, in particular, were more likely than other groups to report feeling sad or hopeless, at 33 percent.

Table 3 Seventh-Graders Responding that They Have Felt So Sad/Hopeless Almost Every Day for Two Weeks that They Stopped Doing Some Usual Activities, 2003-04

Groups	San Mateo County	Santa Clara County
All Seventh-Graders	23%	23%
Male	19%	20%
Female	26%	26%
Caucasian	18%	17%
Latino	28%	28%
African American	23%	25%

Source: California Healthy Kids Survey, Santa Clara County and San Mateo County, 2003-04.

Positive Sense of Self

The Project Cornerstone Survey collected information about the extent to which Santa Clara County preteens were building a positive sense of identity (Table 4). More than three-quarters of the fourth- through sixth-graders surveyed “agreed” or “strongly agreed” with the statement, “If I set a goal, I feel as if I can reach it.” Slightly higher percentages of students agreed or strongly agreed with the statements, “Most of the time, I am glad to be me,” and “I feel as if I will be happy and successful as I grow up.” The responses did not vary greatly by grade.

Table 4 Santa Clara County Fourth- Through Sixth-Graders Reporting Positive Sense of Identity, 2004

Percentage who “agree” or “strongly agree” with the following statements:	4th	5th	6th	Total
“If I set a goal, I feel as if I can reach it.”	77%	76%	75%	76%
“Most of the time, I am glad to be me.”	81%	84%	82%	83%
“I feel as if I will be happy and successful as I grow up.”	81%	86%	83%	83%

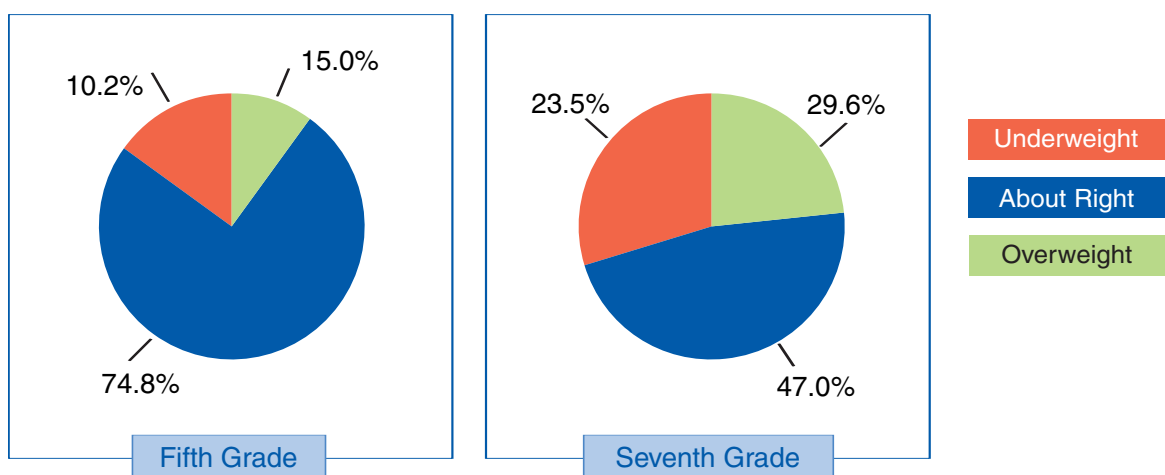
Source: Project Cornerstone Survey, 2005. http://www.projectcornerstone.org/survey_data.htm.

CHKS did not measure all aspects of self-image, but several questions addressed how preteens perceive their weight (Figure 1). The majority of fifth-graders said their weight was “about right”—78 percent in San Mateo County and 75 percent in Santa Clara County. The numbers differed greatly for seventh-graders—only 47 percent of Santa Clara seventh-graders thought their weight was about right; the sample size in San Mateo County was too small to analyze seventh-grade responses. In Santa Clara County, the percentage of youth considering themselves either overweight or underweight was double for seventh-graders compared with fifth-graders.¹³

The different level of satisfaction with body weight between fifth- and seventh-graders should command attention given recent research linking the self-perception of preteens of being overweight or underweight with increased levels of suicide ideation (Eaton et al. 2005). This research shows that adolescent perception of body weight may be more important than actual weight in terms of suicide risk (Eaton et al. 2005).

Figure 1

Santa Clara County Fifth- and Seventh-Graders’ Self-Perception of Weight, 2003-04



Source: California Healthy Kids Survey, Santa Clara County, 2003-04.

¹³ Not all Santa Clara County seventh-graders were asked the question: N=6,344.

RELATIONSHIPS WITH ADULTS AND PEERS

Fifth-graders say they generally feel very supported by their parents. In the 2003-04 CHKS, 98.5 percent of fifth-graders in San Mateo County and 97.8 percent in Santa Clara County said that a parent or another adult at home listened when they had something to say. When asked if they know where to go with a problem, only 3.2 percent of San Mateo fifth-graders and 3.6 percent of Santa Clara fifth-graders responded “no.” These questions were not asked of seventh-graders.

In the Project Cornerstone Survey administered to fourth- through sixth-graders in Santa Clara County, the majority of preteens had positive views of their peers (Table 5). The percentage of preteens who said their good friends show respect for them was over 80 percent, and more than three-fourths also said their good friends care about what is right and wrong. However, this was lower for sixth-graders (70 percent) than for fourth- and fifth-graders (78 and 80 percent, respectively). In addition, 78 percent of fourth- through sixth-graders “agreed” or “strongly agreed” with the statement, “Most of the time, I am good at staying away from people who will get me in trouble.”

Table 5 Santa Clara County Fourth- through Sixth-Graders Reporting Positive Peer Behavior, 2004

“Agree” or “strongly agree” that most or all good friends:	4th	5th	6th	Total
“Show they respect you”	80%	83%	84%	81%
“Get good grades in school”	75%	79%	72%	77%
“Care about what is right and wrong”	78%	80%	70%	78%

Source: Project Cornerstone Survey, 2005. http://www.projectcornerstone.org/survey_data.htm.

On the 2003-04 CHKS, fifth-graders were asked whether their best friends get into trouble and seventh-graders were asked if their friends disapprove of cigarettes, alcohol, and marijuana (Table 6). In San Mateo and Santa Clara counties, about 77 percent of seventh-graders said that their friends disapprove of alcohol, a slightly lower percentage than the 80-81 percent of seventh-graders who said their friends disapprove of cigarettes and marijuana. For all three substances, the two counties have a higher percentage of seventh-graders reporting that their friends disapprove than the state average, and females report a higher percentage of disapproval among their friends than males. Among fifth-graders, 65 percent in both counties reported that their best friends got into trouble (the type of “trouble” was not asked).

Table 6 Seventh-Graders Responding that Their Friends Disapprove of Cigarette, Alcohol, and Marijuana Use “Some” or “A Lot,” 2003-04

Type of Substance	San Mateo County	Santa Clara County	California
Cigarettes	81.5%	80.7%	74.8%
Alcohol	76.8%	77.0%	72.1%
Marijuana	81.7%	81.5%	73.3%

Source: California Healthy Kids Survey, Santa Clara County and San Mateo County, 2003-04.

MENTAL HEALTH CONDITIONS

For the purpose of this report, emotional health is defined broadly to include mental health issues, although some conditions described in this section are developmental and not necessarily emotional in nature. Prevalence rates for most mental health disorders are unavailable for preteens in Santa Clara and San Mateo counties. However, mental health is an important issue and is highlighted to draw attention to an area of missing data. Prevalence rates for ages 9-17 on the three disorders with the highest prevalence—any depression, any anxiety, and any disruptive disorder—are shown in Table 7 to provide information on the number of youth who may be affected. ADHD is included because it is a diagnostic category that is particularly salient for preteens in school; autism spectrum disorder, which is not as prevalent as the others, also is highlighted because of the recent dramatic increase in diagnosis nationwide.¹⁴ Since these prevalence rates were determined from a sample in four specific sites, the rates cannot necessarily be generalized to all areas of the United States, though they do provide an indication of how many youth may be affected.

Table 7 Mental Health Disorder Prevalence Rates

Disorder	Prevalence Rates
Any anxiety ^a	13%
Any depression ^a	6%
Any disruptive disorder ^{a, b}	10%
Attention-deficit hyperactivity disorder(ADHD) ^a	4%
Autism spectrum ^c (California only)	0.44%

Sources and Notes:

^a Based on a study of randomly selected children, ages 9-17, and their parents collected at four sites: Emory, Yale, Columbia, and Puerto Rico. Shaffer, David et al. July 1996. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35.

^b Examples of “any disruptive disorders” include oppositional defiant and conduct disorders.

^c This represents 6- to 18-year-olds in California. Hornbeck, D.F. 2004. “Public Schools Autism Prevalence Report Series, 1992-2003,” *Fighting Autism*. Gibsonsia, PA, <http://www.fightingautism.org/idea/>.

¹⁴ From 1991 through 1997, the reports of the pediatric prevalence increased an astonishing 556 percent nationwide. Muhle, Trentacoste and Rapin 2004. *Pediatrics*, 113(5).

Tables 8 and 9 provide specific numbers of 9- to 13-year-olds diagnosed with autism and emotional disturbance who are enrolled in the Special Education program in the public schools. The number of Special Education students with autism and emotional disturbance in Santa Clara County is approximately 2.5 times that of San Mateo County, in correspondence with the differential in the size of the counties' populations.

The number of preteens with autism in Special Education increased more than 100 percent in both counties and the state between 2000 and 2005. A number of factors may explain this, including increased public and professional awareness, improved tools for screening and diagnosis, and/or increased prevalence. Meanwhile, the number of preteens enrolled with emotional disturbance decreased by 7 percent in San Mateo County and increased by 12 percent in Santa Clara County, compared to a 17 percent increase statewide during this same time period. Between the 2000-01 and 2004-05 school years, total enrollment in grades 4-8 decreased by 4 percent in San Mateo County and 0.4 percent in Santa Clara County, but increased by 5 percent in California.

Table 8 Number of Students Ages 9-13 Enrolled in Special Education for Autism*

Region	2000-01	2001-02	2002-03	2003-04	2004-05	% Increase 2000-05
Santa Clara Co.	220	267	326	398	471	114%
San Mateo Co.	74	97	118	147	165	123%
California	4,077	5,581	7,050	8,492	10,048	146%

Source: DataQuest, <http://data1.cde.ca.gov/dataquest/>. Retrieved March and July 2005.

* Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that can affect educational performance.

Table 9 Number of Students Ages 9-13 Enrolled in Special Education for Emotional Disturbance*

Region	2000-01	2001-02	2002-03	2003-04	2004-05	% Increase 2000-05
Santa Clara Co.	266	293	308	301	297	12%
San Mateo Co.	148	158	142	129	137	- 7%
California	8,816	9,803	10,163	10,386	10,324	17%

Source: DataQuest, <http://data1.cde.ca.gov/dataquest/>. Retrieved March and July 2005.

* Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which hurts educational performance:

- A) An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- C) Inappropriate types of behavior or feeling under normal circumstances;
- D) A general pervasive mood of unhappiness or depression; or
- E) A tendency to develop physical symptoms or fears associated with personal or school problems.



VII. BEHAVIORAL HEALTH AND SAFETY

Preteens start making choices about how to use their discretionary time just as it increases, and during these years, they begin affiliating more closely with peers than with family (Goldstein, Huff 1993). The choices they make can influence and shape the rest of their lives: Children who start delinquent behavior before age 13 are at higher risk of becoming serious and violent offenders than those who start later (Thornberry 1999).

In addition to the behaviors preteens choose, their environments also greatly influence them and shape their choices. Preteens are affected by both positive influences, such as supportive adults and access to resources, and negative influences, such as exposure to violence. Evidence indicates that exposure to violence can lead to aggressive and violent behavior later in life, and children maltreated before age 12 are more likely to be arrested and to self-report more delinquency, especially serious and violent delinquency, than those who are not mistreated before age 12 (Thornberry 1999).

Some evidence indicates that substance abuse and sexual activity are beginning at younger ages. Substance abuse in early adolescence not only is associated with risky sexual behavior and injuries during the teen years, but also strongly predicts later adult abuse and dependence (Patton et al. 2004). Drug statistics present a disturbing trend showing the need for education and prevention programs for children as young as 9 (Federal Interagency Forum on Child and Family Statistics 2003). Young adolescents who are farther along in the process of puberty are more likely to use and abuse substances than their peers (Patton et al. 2004). Also, research confirms that preteens who report that their best friends abuse drugs and alcohol are the most likely to abuse substances (Patton et al. 2004).

OVERVIEW OF THE DATA

The data available for measurements of behavioral health and safety are limited for preteens in San Mateo and Santa Clara counties, but information that is available points to some problematic trends:

- Felony arrest rates for preteens from 2000 to 2003 decreased for the state overall but increased in Santa Clara County, where rates were already higher than those statewide. Rates remained constant in San Mateo County, where they were only slightly lower than the state rates. African Americans and Latinos had significantly higher arrest rates than members of other ethnic groups.
- A disproportionate number of African Americans and Latinos suffer from child abuse and are placed in the foster care system.
- Seventh-graders report significantly heavier use of alcohol and cigarettes than fifth-graders.

Although behavioral health and safety warrant great concern, the area yields little data. Measures of community safety are limited, and no countywide independent data exist on gang involvement and sexual activity, areas of behavioral health that would help document the needs of preteens. In addition, no local data are available by pubertal status, which research has shown is strongly correlated with the behavioral and emotional health of preteens (Patton et al. 2004). Puberty also brings new patterns of friendship, which may then affect health-related attitudes and behavior (Patton et al. 2004).

INDICATORS

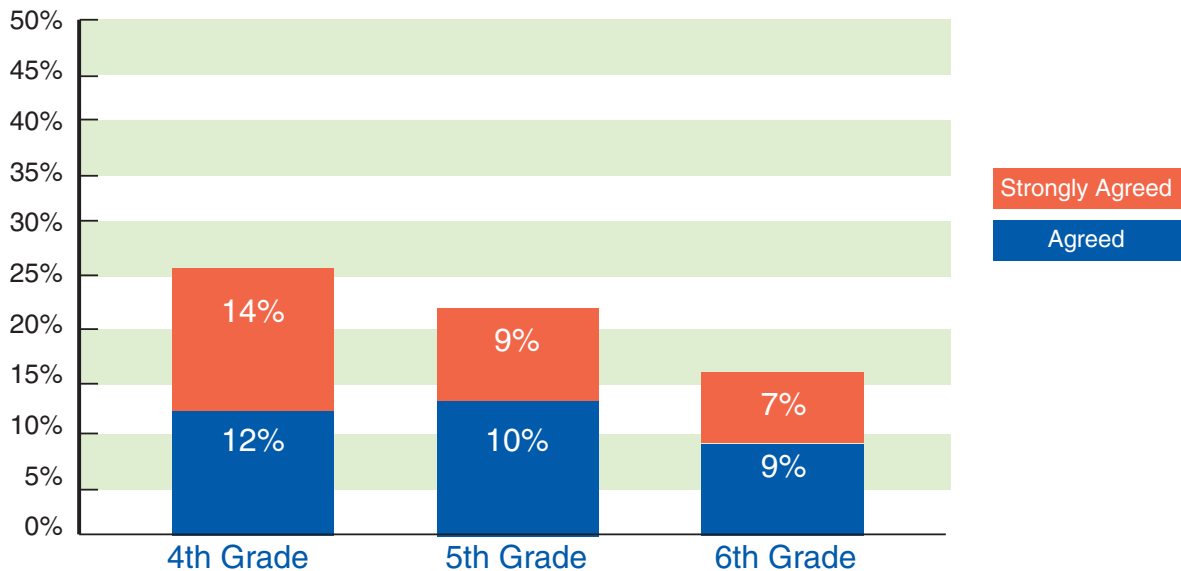
Community Safety

One measure of community safety is how safe adults and children feel in their neighborhoods. In a 2004 survey commissioned by the Healthy Community Collaborative of San Mateo County, adult residents were asked how safe they feel walking in their neighborhood. Nearly 62 percent said that they felt their neighborhood safety was “excellent” or “very good.” A similar survey was conducted in Santa Clara County in 2001, which found that 58.3 percent of residents rated the safety of their neighborhoods as excellent or very good.

The Project Cornerstone Survey, administered in 2004 to fourth- through sixth-graders in Santa Clara County, provides some insight into preteen perceptions of neighborhood safety (comparable data are not available for San Mateo County). Among children surveyed, 23 percent “agreed” or “strongly agreed” with the statement, “Sometimes I play inside because I am afraid someone in my neighborhood might hurt me” (Figure 2). Fear of being hurt in the neighborhood was higher for fourth-graders (26 percent) than for sixth-graders (16 percent). Related to feelings of safety, the survey also asked about perceptions of caring adults in the neighborhood; 54 percent of children surveyed agreed or strongly agreed with the statement, “Adults in my neighborhood care about me.”

Figure 2

Santa Clara County Fourth- through Sixth-Graders Who “Agreed” or “Strongly Agreed” That They Play Inside Because They Are Afraid Someone in the Neighborhood Might Hurt Them, 2004



Source: Project Cornerstone Survey, 2005. http://www.projectcornerstone.org/survey_data.htm.

Another indirect measure of community safety is the overall rate of arrests for violent offenses. Violent arrest rates per 100,000 people ages 10-69 are lower for the two counties than for California, and the rates for the state and both counties have dropped in recent years. Comparing average annual arrest rates from 2000-01 to 2002-03, Santa Clara County’s rates dropped 8 percent to 357 per 100,000, while San Mateo County rates fell 3 percent to 252 per 100,000, as compared to the statewide decrease of 6 percent to 478 per 100,000 (California Department of Justice, 2003).

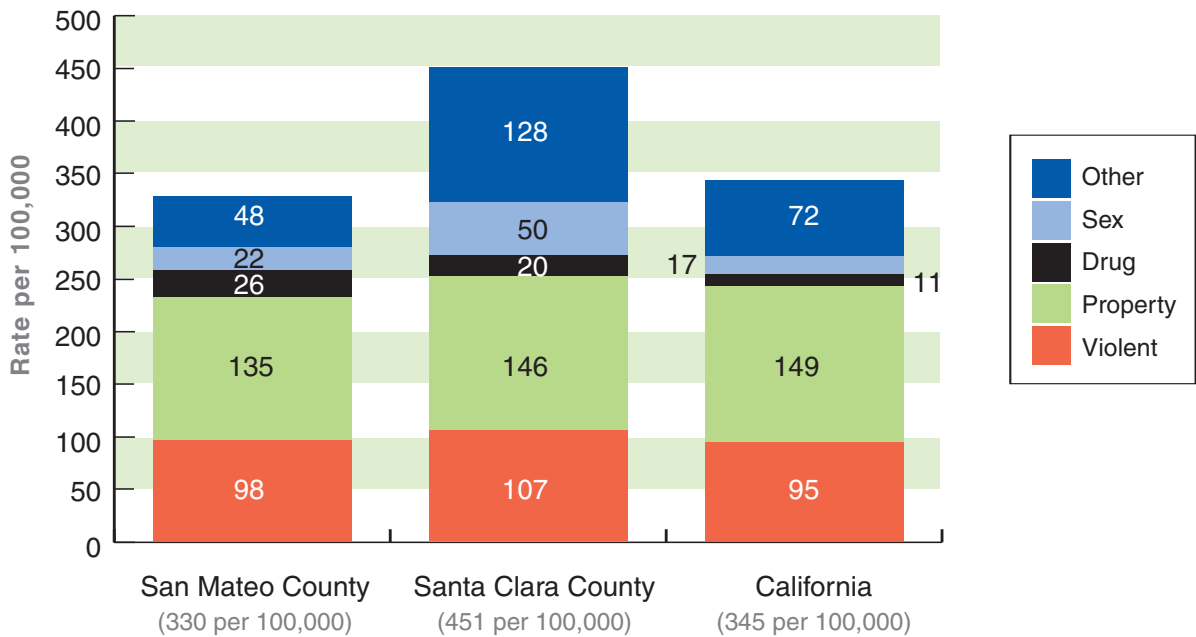
Preteen Criminal Activity

In 2003, children ages 18 and younger accounted for 16.3 percent of all major arrests nationally; children 14 and younger were involved in 5.2 percent (U.S. Department of Justice 2003). Though violent crime rates have dropped, federal data show that female arrests have increased for some crimes since 1994, and overall rates have not changed for less violent crimes.

To get a complete picture of juvenile crime, researchers generally examine arrests, petitions filed, and convictions. However, only arrest data were available for this report.¹⁵ These data are examined in detail and provide an overview of juvenile justice trends and issues.

Arrest rates for preteens ages 9-13 in San Mateo County in 2003 aligned with the state average, but rates for preteens in Santa Clara County were significantly higher than the state average. Although preteen rates for felony and misdemeanor arrests decreased statewide from 2000 to 2003, only misdemeanor arrest rates decreased in Santa Clara and San Mateo counties. Preteen felony arrest rates remained constant in San Mateo County, at 330 per 100,000 in 2000 and 2003. The Santa Clara felony arrest rate for the same age group was 430 per 100,000 in 2000 and increased slightly to 450 per 100,000 in 2003. The California felony arrest rate for preteens was 397 per 100,000 in 2000 and decreased to 345 per 100,000 in 2003. The most common felony arrests across both counties and the state among 9- to 13-year-olds involved assault, burglary, and weapons violations (Figure 3).

Figure 3
Preteen Felony Arrest Rate by Type, 2003*



Source: Bureau of Criminal Information and Analysis, Criminal Justice Statistics Center, 2004.

* Violent offenses include homicide, rape, robbery, assault, and kidnapping. Property offenses include burglary, theft, arson, and forgery. Drug offenses include narcotics, marijuana, and other dangerous drugs. Sex offenses include lewd or lascivious behaviors. "Other" offenses include weapons violations, driving under the influence, hit and run, escape, and bookmaking.

¹⁵ Staffing shortages within the probation departments and a backlog of requests to the California Department of Justice prevented collection of additional data in time for inclusion in this report.

African American preteens had significantly higher arrest rates than members of other groups in both counties. Felony arrest rates for African American preteens in 2003 were 2,057 per 100,000 in Santa Clara County and 2,703 per 100,000 in San Mateo County. In Santa Clara County in 2003, Latino preteens also had a disproportionately high arrest rate at 714 per 100,000. In terms of raw numbers, Latinos accounted for the majority of arrests in both counties. Caucasians had a lower arrest rate than other groups, but the second-highest number of arrests.

Preteen boys were arrested significantly more than girls (Table 10). In both counties and the state, boys make up approximately two-thirds of the misdemeanor arrests and more than four-fifths of the felony arrests.

Table 10 Preteen Arrests, 2003

	San Mateo County		Santa Clara County		California	
	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor	Felony
No. of Arrests	354	151	1,315	551	26,874	9,701
Percent Girls	34%	17%	34%	18%	33%	17%
Percent Boys	66%	83%	66%	82%	67%	83%

Source: Bureau of Criminal Information and Analysis, Criminal Justice Statistics Center, 2004.

The rates of reported gang membership for seventh-graders in the counties paralleled the state average of 10 percent in the California Healthy Kids Survey for 2003-04 (Table 11). The disparity between boys and girls was greater in San Mateo County (11 percent of boys and 7 percent of girls said they were involved with gangs) than in Santa Clara County (9 percent of boys, 8 percent of girls). In both counties, Latinos and African Americans reported the highest rates of membership. In terms of raw numbers, the majority of gang members were Latino. In Santa Clara County, 12 percent of both Latinos and African Americans reported gang involvement, compared to the countywide average of 8 percent for all seventh-graders. Figures for San Mateo County are similar; 13 percent of Latinos, 11 percent of African Americans, and 9 percent of all seventh-graders in the county reported gang involvement.

Table 11 Seventh-Graders Reporting “Yes” to Gang Involvement, 2003-04^a

Demographic Group	San Mateo Co.	Santa Clara Co.	California
Total	9%	8%	9%
Male	11%	9%	N/A
Female	7%	8%	N/A
Latino	13%	12%	N/A
African American	11%	12%	N/A
Caucasian	7%	5%	N/A

Source: California Healthy Kids Survey, Santa Clara County and San Mateo County, 2003-04

^a Information on gang involvement is self-reported. No independent data on gang involvement are available for the two counties.

Exposure to Violence

San Mateo and Santa Clara counties recorded much lower rates for substantiated cases of child abuse than the state or country. While preteens are not disproportionately affected by child abuse, data indicate that children ages 6-10 are reported to child welfare services for potential abuse/neglect more often than children of other ages.¹⁶

- Nationally, an estimated 906,000 children, or 12.4 out of 1,000, were victims of maltreatment in 2003; the rates were slightly lower for preteens, at 11.7 for ages 8-11 and 10.7 for ages 12-15 (U.S. Department of Health and Human Services 2005).
- Similarly, California rates for 6- to 10-year-olds and 11- to 15-year-olds were 12 and 10.2, respectively, per 1,000 in 2003.¹⁷
- In San Mateo and Santa Clara counties,¹⁸ the rates of substantiated cases of child abuse for preteens ages 9-13 ranged from 3 to 6 per 1,000 from 2000 to 2003.¹⁹ In both counties, more than half of the cases involved Latino families, although Latino preteens made up only about 32 percent of the preteen population in 2003. African American preteens also were represented disproportionately, particularly in San Mateo County, where they made up less than 3 percent of the preteen population and 14 percent of the cases in 2003.

Children go into foster care when a court finds their home life unsafe.

- Nationally, 7.3 children out of 1,000 lived in foster care in 2002, with a quarter of them 6 to 10 years old and almost a third 11 to 15 years old (Trends in the Well-Being of America's Children and Youth 2003).
- While comparable state data are not available, the rate of foster care in San Mateo County for preteens ages 9-13 in 2003 was much lower than the national average: 3.6 preteens per 1,000.
- The 2003 rate for Santa Clara County preteens ages 9-13 was 6.4 per 1,000,²⁰ which was a 14 percent drop from 2001.²¹

In San Mateo County, African Americans are heavily overrepresented among the preteens in foster care. Although African Americans make up less than 3 percent of the preteen population, 41 percent of the preteens in foster care are African American. In Santa Clara County, both Latinos and African Americans are overrepresented among the preteens in foster care. African Americans are slightly less than 3 percent of the preteen population, but account for 12 percent of the preteens in foster care, and Latinos make up 33 percent of the preteen population, while 49 percent of the preteens in foster care are Latino.

¹⁶ California Department of Social Services, Data Analysis and Publications, CWS/CMS 4, extract, July 2003, <http://www.dss.cahwnet.gov/research/res/pdf/cws4/2003/Jul03.pdf>

¹⁷ Center for Social Services Research, University of California at Berkeley, 2003 California Child Population (Age 0-17), Children with Child Maltreatment Referrals and Substantiations: Incidence per 1,000 Children by Age and Race. Data are not available for 9-to 13-year-olds.

¹⁸ The data for 9- to 13-year-olds were obtained through special request to the Santa Clara County Social Services Agency and the San Mateo County Human Services Agency.

¹⁹ In 2003, San Mateo County had 233 substantiated cases of child abuse and Santa Clara County had 414.

²⁰ In 2003, Santa Clara County had 779 preteens ages 9-13 in foster care; San Mateo County had 163.

²¹ The data for 9- to 13-year-olds were obtained through special requests to the Santa Clara County Social Services Agency and the San Mateo County Human Services Agency.

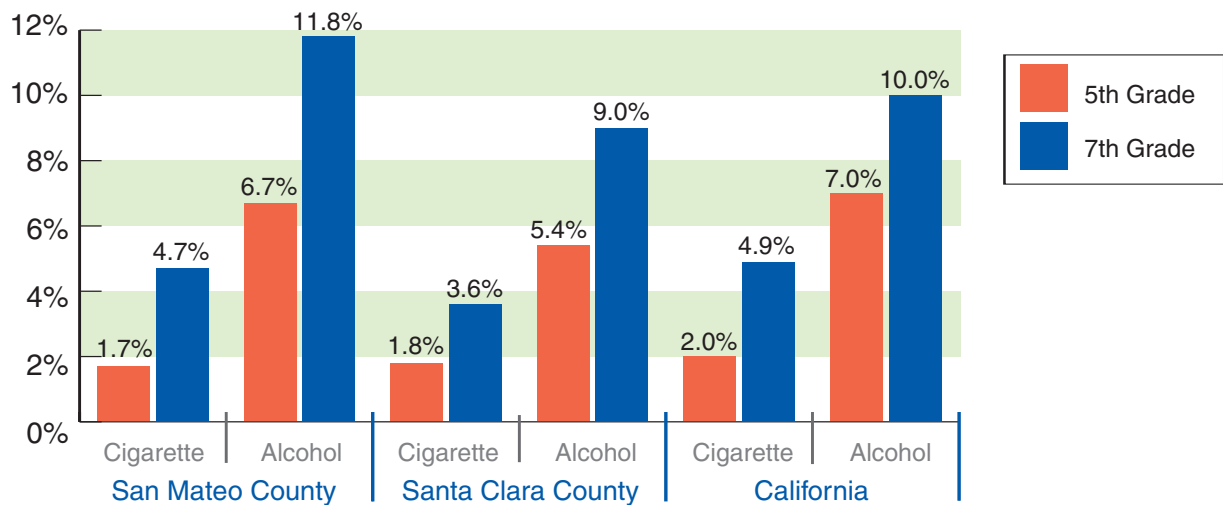
Substance Abuse

National statistics show 10 percent of eighth-graders used drugs regularly in 2002, and almost a quarter had tried them at least once, while 12 percent reported consuming five or more alcoholic drinks in a row at least once in a two-week period (Federal Interagency Forum on Child and Family Statistics 2003). At the same time, the alcohol- and drug-use numbers are slightly lower than in previous years, and, in 2002, daily cigarette use among eighth-graders and older children reached a new low of 5 percent, continuing a downward trend that began in 1996.

Fifth- and seventh-graders reported slightly lower percentages of cigarette use in both San Mateo and Santa Clara counties as compared to the state in 2003-04 (Figure 4). Among seventh-graders, the state average for cigarette use was 4.9 percent, almost identical to the rate in San Mateo County. Santa Clara County had lower rates of smoking, with 3.6 percent of seventh-graders reporting cigarette use.

Fifth-graders in both San Mateo and Santa Clara counties reported slightly lower percentages of alcohol use than the state average, while results for the seventh-graders were split. A higher percentage of seventh-graders in San Mateo County used alcohol than the state average (11.8 percent in San Mateo compared to 10 percent statewide), and seventh-grade use in Santa Clara County was slightly below the state average in 2003-04 (Figure 4). Binge drinking was reported by 3.1 percent of seventh-graders in Santa Clara County, 4.2 percent in San Mateo County, and 3.7 in California.²²

Figure 4
Preteens Reporting Substance Use in Past Month, 2003-04



Source: California Healthy Kids Survey, Santa Clara County and San Mateo County, 2003-04.

In 2003-04, San Mateo and Santa Clara fifth- and seventh-graders reported slightly lower marijuana use than the state average. One percent of the fifth-graders in San Mateo and Santa Clara counties and 6 percent of the seventh-graders in both counties reported trying marijuana, while statewide the percentages were 2 and 8.

Across all substances, use was significantly greater for seventh-graders than fifth-graders.

²² These percentages are the proportion of seventh-graders responding “yes, one or more days” to the following question: “During the last 30 days, on how many days did you have five or more drinks in a row, that is, within a couple of hours?” Fifth-graders were not asked this question.

In both counties, substance use was similar among male and female seventh-graders, with differences across ethnicities. Latinos reported the highest rates of substance abuse in 2003-04. In San Mateo County, 9 percent of Latinos reported using cigarettes in the last 30 days, 20 percent used alcohol, and 8 percent used marijuana. In Santa Clara County, 6 percent of Latinos reported using cigarettes in the last 30 days, 15 percent used alcohol, and 6 percent used marijuana.

Sexual Activity

According to the Centers for Disease Control and Prevention's 2003 Youth Risk Behavior Surveillance System, 7.4 percent of youth nationally first have sexual intercourse before turning 13. A study of sixth-graders found that 4 percent of students reported having had sex. The same report found that although it is rare for sixth-graders to have an older boyfriend or girlfriend, those who did were more than 30 times more likely to report having had sex (Vanoss 2000). In addition, an Ohio survey of seventh- and eighth-graders found that 35 percent said they had engaged in sexual intercourse, but almost a third also said the sex was coerced (Jordan et al. 1998).

Statistics on sexual activity—available only for Santa Clara County—require cautious interpretation because the sample size is low, as fewer districts administered these CHKS questions. Almost 8 percent of the seventh-graders surveyed in Santa Clara County said they had engaged in sexual intercourse, with roughly 45 percent of those saying they had been forced. However, since only 58 percent of the seventh-graders taking the CHKS in 2003-04 were asked this optional question about sex, and it is not known which districts administered the question, this percentage may not represent the county as a whole.²³ The sample for San Mateo County was too small to analyze.

Unsupervised Time

Research has shown that preteens who stay at home by themselves are at greater risk of substance use, early sexual activity, and delinquent behavior (Ebertadt 2001). In the 2003-04 CHKS, 38 percent of fifth-graders and 62 percent of seventh-graders in San Mateo County, and 33 percent of fifth-graders and 58 percent of seventh-graders in Santa Clara County reported spending at least one hour after school for at least one day a week without an adult.²⁴ Statewide, the rates were 37 percent of fifth-graders and 46 percent of seventh-graders. The fact that more than half of seventh-graders and at least a third of fifth-graders locally report spending time alone after school warrants attention.

²³ N=5,807

²⁴ On CHKS, students were asked, "In a normal school week, how many days are you home after school for at least one hour without an adult there?"



VIII. ACADEMICS AND SCHOOL ENVIRONMENT

Success in school prepares a child for a healthy and productive life, and the preteen years, roughly corresponding to grades 4 to 8, represent a critical period. Children go from spending the day primarily in one classroom with one teacher in elementary school to changing teachers and peers every hour in middle school. Fewer supports at school (such as close relationships with adults), less parental involvement, a decrease in perceptions of safety, and a decline in grades frequently accompany the transition from elementary to middle or junior high school.

Research indicates that academic achievement may suffer during the preteen years for some students. Studies document a decline in grades immediately following the transition into middle school, particularly for African Americans (Gutman, Midgley 2000) and for youth experiencing upheaval at home (Simmons et al. 1987). Safety at school, which can affect a student's ability to learn, can become more of an issue for preteens. Bullying, which research on sixth- to tenth-graders indicates might lead to aggression or violence in later years, also is a problem during these years (Fox et al. 2003). A national study of sixth- to twelfth-graders found that students in younger grades were more likely to be bullied than older kids, indicating that bullying may be a particular issue for preteens (Devoe et al. 2004). Further, children who are bullied are five times more likely to be depressed than kids who are not (Fox et al. 2003).

OVERVIEW OF DATA

Academically, preteens in both counties are doing better than the state average and improving over time. However, the variance in scores within the counties is large: Economically advantaged students far outperform the disadvantaged students, and Asians and Caucasians outperform other ethnicities.

Santa Clara and San Mateo County preteens overwhelmingly feel supported at school by their teachers and other adults. However, seventh-graders feel less supported than fifth-graders. This pattern is repeated in feelings about safety at school, with seventh-graders feeling less safe than fifth-graders. Although fifth- and seventh-graders feel supported by teachers and other adults, over 40 percent report being victimized by bullies.

The data also indicate a shortage of school nurses in this region. In San Mateo County, there were more than 5,000 elementary and middle school students for every school nurse during 2003-2005, and Santa Clara County had more than 6,000 students per nurse in 2005.

Significant amounts of data on important indicators, such as truancy, suspensions, and grade retention, are currently unavailable on a county level, preventing a complete analysis of the academic and school environment of preteens in San Mateo and Santa Clara counties. While information may be collected by school sites and districts, no countywide information is available.

Table 12 Quick Facts: Public Schools, 2003-04

	San Mateo County	Santa Clara County
Number of school districts	24	33
Public elementary schools (kindergarten - grade 5 or 6)	111	243
Public middle schools (grades 6-8)	28	57
Junior highs (grades 7-9)	0	2
Public school enrollment (grades 4-8)	35,000	97,000
Estimated percentage of preteens enrolled in public school (grades 4-8) ^a	77%	80%
Percentage of teachers accredited (all grades)	91%	89%

Source: Ed-Data, www.ed-data.k12.ca.us/. California Department of Education. DataQuest <http://data1.cdc.ca.gov/dataquest/>. Retrieved July 2005.

^a In both counties, Caucasians in grades 4-8 are the least likely to attend public school: In Santa Clara County, the percentage is approximately 66 and in San Mateo County 72% attend public school. Latinos in grades 4-8 also are less likely to attend public school than other non-white groups, with approximately 85% attending public schools in Santa Clara County and 78% in San Mateo County. These percentages were calculated by comparing the number of youth enrolled in grades 4-8 with the population of 9- to 13-year-olds; though not a match for grade and age, this is an approximation.

INDICATORS

Achievement

More than half the preteens in Santa Clara and San Mateo counties scored proficient or better on the California Standards Test (CST) in 2004-05, compared with a state average of just over 40 percent (Table 13).²⁵ Students in both counties and the state improved about 5 percentage points from 2003-04 to 2004-05.

The CST measures the ability of students in English-language arts, mathematics, science, and history/social science. Administered to public-school students each spring, the test was developed specifically to assess students' performance on California's Academic Content Standards. The results allow comparisons of county and state averages, but no national comparison exists.

²⁵ The CST was used as the indicator of academic achievement because it has the most complete data. The CST was administered consistently over the past four years (2001-02, 2002-03, 2003-04, and 2004-05). The English component of the test covers grades 4 through 8. The math component involves grades 4 to 7; starting in grade 8, students take a discipline-specific test. There are five levels: advanced, proficient, basic, below basic and far below basic. The target is for all California students to score at proficient or better.

Table 13 Preteens Scoring Proficient or Better on the CST^a, 2004-05, by Ethnicity (County and State)

	ENGLISH			MATH		
	San Mateo	Santa Clara	California	San Mateo	Santa Clara	California
Total (All Preteens)	53%	55%	42%	51%	54%	43%
African American	33%	39%	28%	28%	32%	26%
American Indian or Alaska Native	50%	49%	37%	41%	40%	34%
Asian	73%	75%	64%	77%	81%	73%
Filipino	52%	54%	58%	51%	54%	60%
Latino	29%	28%	26%	31%	28%	30%
Pacific Islander	26%	40%	39%	27%	37%	41%
Caucasian (not Latino)	73%	72%	61%	67%	67%	58%

Source: California Department of Education, Standardized Testing and Reporting (STAR), <http://star.cde.ca.gov/star2005/>. Retrieved August 2005.

^a Grades 4-8 for English and 4-7 for math.

Similar to previous years, performance was unequal among different groups in 2004-05:

- Asians²⁶ and Caucasians scored higher than other groups.
- Economically advantaged preteens had higher scores than disadvantaged students (Figure 5).²⁷
- Girls performed better than boys on the English section. In 2004-05, girls were 18 percent more likely than boys to score proficient or better in San Mateo County, and 16 percent more likely than boys to score proficient or better in Santa Clara County.²⁸
- Fourth-graders did better than students in higher grades, particularly in math, with fourth-graders 28 percent more likely than seventh-graders to score proficient or better in San Mateo County, and 20 percent more likely than seventh-graders to score proficient or better in Santa Clara County in 2004-05.²⁹

The difference between economically advantaged and disadvantaged students is striking in the four years of data analyzed. For example, in 2004-05, about 70 percent of the economically advantaged preteens scored proficient or better on the exam, in contrast to about 30 percent of the disadvantaged students statewide; the discrepancy is even greater for Santa Clara and San Mateo counties (Figure 5).

²⁶ Filipinos and Pacific Islanders are not included in the general Asian population.

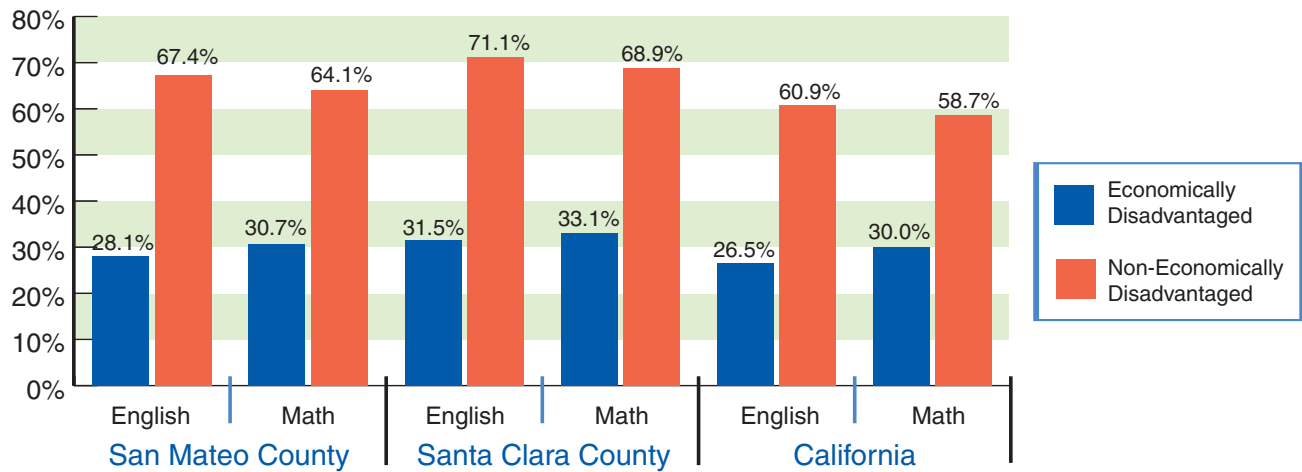
²⁷ Economically disadvantaged students are defined as those enrolled in the National School Meal Program. A child's family income must fall below 185% of the Federal Poverty Level (\$35,798 for a family of four in 2005) to qualify for reduced-cost meals, or below 130% of the Federal Poverty Level (\$25,155 for a family of four in 2005) to qualify for free meals.

²⁸ In 2004-05, 58 percent of San Mateo County preteen girls scored proficient or better on the English section, compared with 49 percent of the boys, while 51 percent of boys and 52 percent of girls scored proficient or better on the math section. Fifty-nine percent of Santa Clara County preteen girls scored proficient or better on the English section, compared with 51 percent of the boys, while 54 percent of the girls and 53 percent of the boys scored proficient or better on the math section.

²⁹ In 2004-05, 58 percent of San Mateo County fourth-graders scored proficient or better on the English section, compared to 51 percent of the eighth-graders; on the math section, 59 percent of the fourth-graders scored proficient or better compared to 46 percent of the seventh-graders. In 2004-05, 60 percent of Santa Clara County fourth-graders scored proficient or better on the English section, compared to 51 percent of the eighth-graders; on the math section, 60 percent of the fourth-graders scored proficient or better compared to 50 percent of the seventh-graders.

Figure 5

Preteens Scoring Proficient or Better on the CST^a, 2004-05, by Economic Status^b



Source: California Department of Education, Standardized Testing and Reporting (STAR), <http://star.cde.ca.gov/star2005/>. Retrieved August 2005.

^a Grades 4-8 for English and 4-7 for math.

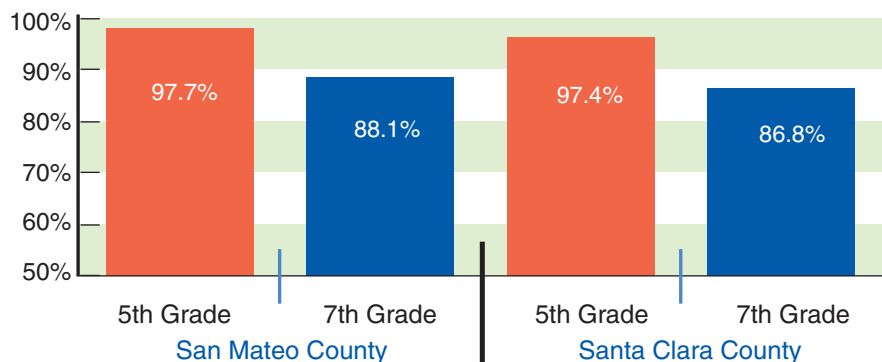
^b Economically disadvantaged students are defined as those enrolled in the National School Meal Program. A child's family income must fall below 185% of the Federal Poverty Level (\$35,798 for a family of four in 2005) to qualify for reduced-cost meals, or below 130% of the Federal Poverty Level (\$25,155 for a family of four in 2005) to qualify for free meals.

Support

The counties' preteens overwhelmingly reported feeling supported at school (Figure 6). In 2003-04, 97 percent of fifth-graders in Santa Clara County, and 98 percent in San Mateo County, said their teachers or other adults at school cared about them. Although still high, the totals were 10 percentage points lower for seventh-graders that year.³⁰

Figure 6

Students Responding "Yes" to the Question, "At School, Do Teachers or Other Adults Care About You?", 2003-04



Source: California Healthy Kids Survey, Santa Clara County and San Mateo County, 2003-04

³⁰ In San Mateo County, there were 2,939 seventh-grade respondents, which is significantly less than the number of respondents for most of the CHKS questions. See the "Data Resources" section for more information.

Pupil services personnel – which include counselors, psychologists, librarians, nurses, speech/language/hearing specialists, and resource specialists – are a key source of support for children at school (Table 14). One particular area of concern is the student to nurse ratio, as San Mateo County had more than 5,000 elementary and middle school students for every school nurse during the 2003-2005 school years, and Santa Clara County had more than 6,000 students per nurse in 2005. The National Association of School Nurses and the Centers for Disease Control and Prevention recommend a minimum ratio of one school nurse for every 750 students (the recommendation is for schools in general and not specific to grades K-8). Also of concern is the K-8 student-to-counselor ratio, which was 1,454:1 for San Mateo County and 2,424:1 for Santa Clara County in 2005; the American Counseling Association recommends a ratio of 250 K-12 students per counselor.

Table 14 Ratio of Elementary and Middle School Students per Pupil Services Staff Member^a

Type of Pupil Services Personnel	San Mateo County			Santa Clara County		
	2001	2003	2005	2001	2003	2005
Counselor	1,357:1	1,363:1	1,454:1	1,652:1	1,668:1	2,424:1
Psychologist	1,135:1	1,115:1	1,420:1	1,227:1	1,187:1	1,439:1
Librarian/Media	2,972:1	2,666:1	2,908:1	2,996:1	5,200:1	6,101:1
Nurse	4,802:1	5,110:1	5,089:1	2,638:1	3,048:1	6,101:1
Speech/Language/Hearing Specialist ^b	905:1	915:1	885:1	1,186:1	1,028:1	1,127:1
Resource/specialist (non-teaching) ^b	7,803:1	3,407:1	2,908:1	22,094:1	58,937:1	88,472:1

Source: DataQuest, data1.cde.ca.gov/Dataquest/. Retrieved August 2005.

^a These numbers represent the ratio for all elementary and middle schools within the counties and are not specific to grades 4 through 8. The ratios were calculated by dividing the total number of service staff in elementary and middle schools by the total number of students enrolled in grades K-8 in that county in a given year. Data are not available on the number of service staff who work with grades 4 through 8 specifically.

^b Speech/language/hearing and resource specialists work with children who have special learning and behavioral needs.

Safety at School

Nearly half of fifth-graders in both counties reported being victimized by bullies in 2003-04, slightly more than figures reported by seventh-graders. In the 2003-04 CHKS, children were asked if they were pushed, slapped, hit, or kicked by someone not kidding around in the last year:

- Among fifth-graders, 49 percent in Santa Clara County and 45 percent in San Mateo County responded “yes.”
- Among seventh-graders, 42 percent responded “yes” in both counties.
- While comparison data are not available, a national study found that, in 2003, 14 percent of sixth-graders and 13 percent of seventh-graders said they had been bullied, as defined by being picked on or made to do things they did not want to do at school in the last six months (Devoe et al. 2004).

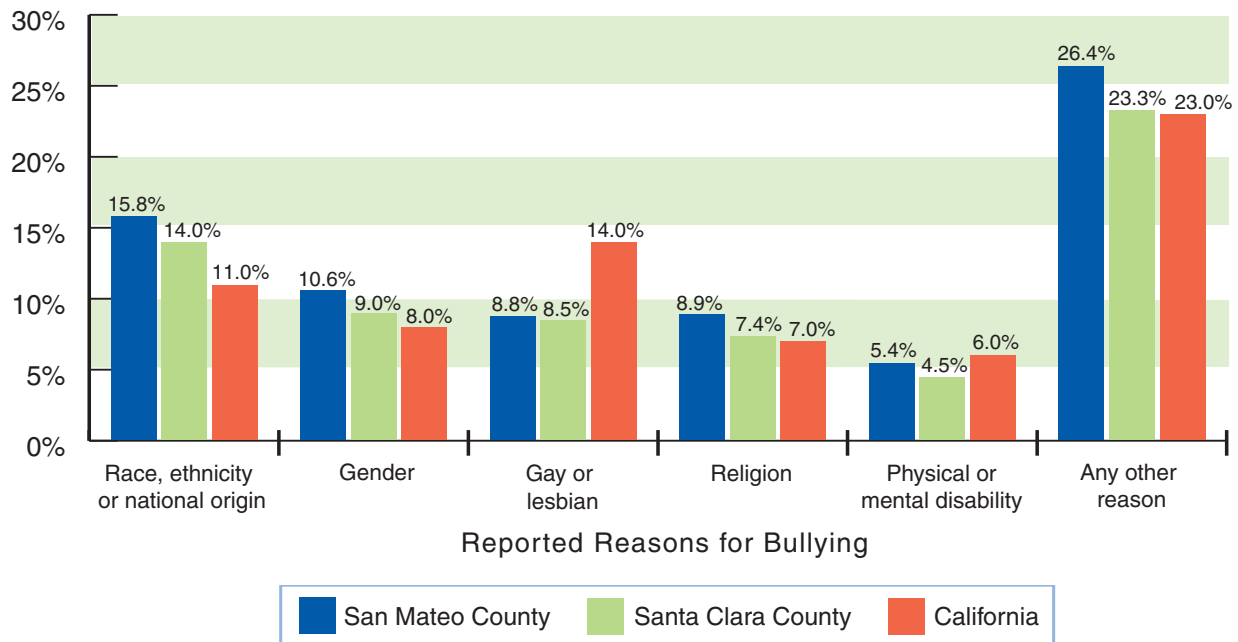
Although local data suggest that more fifth-graders reported being victimized by bullies than seventh-graders, seventh-graders appeared to feel far less safe. About 60 percent of fifth-graders in both counties said they felt safe

at school all of the time, while about 25 percent of the seventh-graders reported feeling very safe.³¹ Although state and national comparisons are not available, a report issued by the National Center for Education Statistics in November 2004 stated that 10 percent of sixth-graders in 2003 feared for their safety either at school or on the way to and from school.

About 15 percent of seventh-graders across the two counties reported being harassed or bullied because of race, ethnicity, or national origin, which was higher than statewide figures and the most common reason given for being harassed (Figure 7). Although almost 9 percent of seventh-graders reported being harassed or bullied because of being “gay or lesbian,” the statewide figure is significantly higher – 14 percent. In San Mateo County, African American boys, African American girls, and Asian/Pacific Islander/native Hawaiian boys were disproportionately represented, with about a quarter saying they had been harassed or bullied. The same discrepancies existed in Santa Clara County, though to a lesser extent.

A recent study found that children who are bullied are more likely to be depressed, think about suicide, attempt suicide, and be referred for psychiatric care (Mills et al. 2004). These findings point to the importance of preventing bullying in schools.

Figure 7
Reasons for Harassment and Bullying Among Seventh-Graders, 2003-04



Source: California Healthy Kids Survey, Santa Clara County and San Mateo County, 2003-04; California Student Survey

³¹ The question asked on the survey varies by year and grade. Seventh-graders were asked in 2001-02 if they felt very safe, safe, unsafe or very unsafe, and in 2003-04 a “neither” option was added, while fifth-graders were asked if they feel safe never, some of the time, most of the time, or all of the time.



IX. PHYSICAL HEALTH

With the onset of hormonal and bodily changes at puberty, along with their growing autonomy, preteens face new health risks. Changes in their bodies and hormones also may increase the chances of engaging in sexual activity. At this time of growth and change, the need for preteens to begin to make their own choices about sexual behavior, nutrition, and how they take care of their bodies becomes especially important. Equally vital is the need for communities, schools, and parents to create environments that foster the physical health of preteens, such as providing healthful food options and being mindful of environmental factors that contribute to asthma.

Physical activity and good nutrition lead to healthy weight, which should be established in childhood and maintained through adulthood. While 70 percent of overweight children become overweight adults, risking stroke, heart disease, and other serious health problems (National Institutes of Health, Word on Health 2002), other effects of obesity can include damaged academic performance and emotional health. Extra weight can lead to sleep problems, potentially stunting a child's learning and memory abilities (National Sleep Foundation 2003), and heavy children often face ostracism at school, which can lead to low self esteem and depression (National Institutes of Health, Word on Health 2002). As the federal program Healthy People 2010 notes, poor nutrition and lax exercise habits have become serious problems in the United States.³²

Asthma, often aggravated by secondhand smoke and dust at home, also has reached epidemic proportions. Asthma is the leading cause nationwide of school absences attributed to chronic conditions, accounting for 14.6 million lost school days in 2002; it also is the third leading cause of hospitalization for children younger than 15 (American Lung Association, Asthma and Children 2004).

Sexually transmitted diseases are common in the United States, with an estimated 15 million new cases reported each year, four million in adolescents (Healthy People 2010). Rates for chlamydia and gonorrhea spike from ages 15 to 24, indicating preadolescence is a key time for education and prevention geared toward sexual activity and sexually transmitted diseases (Centers for Disease Control and Prevention 2002).

A recent national report on 10- to 14-year-old mothers indicates a steady decline in birth rates for this age group, from 1.4 live births per 1,000 in 1990 to 0.7 in 2002 (National Vital Statistics Reports 2004). These young mothers are the most likely to suffer medical risks from poor prenatal care, inadequate weight gain, and smoking.

Other important measures of preteen physical health include access to health and dental care, immunizations, injuries/hospitalizations, and deaths.

³² Overall, the percentage of children 6- to 19-years-old who are overweight has increased more than threefold since the 1960s, with the largest increases coming after 1980.

³³ Both counties launched Children's Health Initiatives in the early 2000s, which led to thousands of local children receiving health insurance.

OVERVIEW OF DATA

On many indicators for physical health, preteens in San Mateo and Santa Clara counties do well: They have high levels of health and dental insurance, low rates of sexually transmitted disease, and report exercising more than the state and national average.³³ However, having insurance does not guarantee access to quality medical or dental care, and evidence indicates that preteens in the two counties are unfit, with a majority of fifth- and seventh-graders failing to meet the state's minimum standards for fitness; approximately one in four are overweight.³⁴ Survey data show that about one-fourth of local seventh-graders say they drank large amounts of soda in the previous 24 hours. In addition, about 16 percent of seventh-graders report having asthma diagnoses, with higher percentages of African Americans reporting diagnoses than other groups.

Data are not available to assess differences in age groups for many of the physical health indicators, but more than twice as many seventh-graders as fifth-graders report spending three or more hours each day watching TV or playing video games.

Limitations in the data collection include:

- Data on preteen homelessness and emergency room visits are unavailable at a county level.
- Information on nutrition and physical health available from CHKS was inconsistent because not all districts asked the same questions, and the questions differed for fifth- and seventh-graders.
- Data on preteen obesity are unavailable at the county level.

³⁴ Source: http://www.publichealthadvocacy.org/policy_briefs/overweight2004.html, 2005. This source provides estimates of overweight students in grades 5, 7, and 9 in 2004 by political district. The estimate of one in four, or 26 percent, is based on grades 5 and 7 in districts that cover the two counties; county-level preteen data are not available. Nationally, the percentage of overweight youth ages 6-18 increased from 6 percent in 1980 to 15 percent in 2000, a level the federal government considers epidemic (Federal Interagency Forum on Child and Family Statistics, 2003). In 1999-2000, 15.3 percent of boys and 14.5 percent of girls ages 6-11 and 15.5 percent of boys and girls ages 12-19 were overweight (U.S. Department of Health and Human Services, 2003).

INDICATORS

Table 15 Quick Facts: Physical Health

	San Mateo County	Santa Clara County	California
9- to 13-year-olds covered by health insurance, 2003 ^{a, b}	98%	96%	92%
9- to 13-year-olds covered by dental insurance, 2003 ^a	95%	91%	82%
Birthrate for 10- to 14- year-olds (live births per 1,000 youth), 2003 ^c	0.3	0.2	0.5
Preteens meeting minimum fitness standards (grades 5 and 7), 2003-04 ^d	31.4%	24.1%	26.9%
Leading causes of death for 9- to 13-year-olds, 2002 ^{e, f}	1) Accidents ^g 2) Cancer	1) Cancer 2) Accidents 3) Diseases of the heart 4) Homicide 5) Septicemia	1) Accidents 2) Cancer 3) Congenital malformations 4) Homicide 5) Diseases of the heart
Top 5 causes of nonfatal injuries for 9- to 13-year-olds, 2002 ^h	1) Fall 2) Struck by object 3) Overexertion 4) Bicyclist 5) Self-inflicted	1) Fall 2) Struck by object 3) Self-inflicted 4) Bicyclist 5) Natural/environmental	1) Fall 2) Struck by object 3) Motor Vehicle Trauma, occupant 4) Bicyclist 5) Motor Vehicle Trauma, pedestrian
Seventh-grade students who received required immunizations, 2003 ⁱ	85.7%	83.9%	84.4%

^a **Source:** UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), 2003. <http://www.chis.ucla.edu/main/default.asp?s=FD21860>. Retrieved in August and September 2005.

^b In 2003, 10 percent of American children, 7.1 million, lacked health-insurance coverage, with the poor carrying the brunt—37 percent of the children in families earning less than \$34,999 went without insurance (Devoe et al. 2004).

^c **Source:** California Department of Health Services, Birth Records. State of California, Department of Finance, 2003 Population: 2000-50 Race/Ethnic Population Projections with Age and Sex Detail, May 2004.

^d **Source:** California Department of Education Standards and Assessment Division, 2003-04. <http://www.cde.ca.gov/ta/tg/pfi/>. Retrieved August 2005.

^e **Source:** Department of Health Services, Center for Health Statistics, Office of Health Information and Research, obtained through special request.

^f The leading causes of death in both counties are very similar to those of the state, with accidents and cancer the most common. However, so few preteens die in the two counties that small numbers alter the rankings year to year. For example, in San Mateo County, only one preteen, who committed suicide, died in 2001, making suicide the most common cause. In 2002, just two homicides in Santa Clara County pushed the homicide ranking to fourth. In 2002, 14 preteens out of every 100,000 died in California; Santa Clara County recorded a rate of 15 and San Mateo County, 11.

^g In 2001, there was one suicide, the only death. In 2000, it also was the leading cause of death, with two.

^h **Source:** California Department of Health Services, EPIC Branch, California Office of Statewide Health Planning and Development, Patient Discharge Data, http://www.applications.dhs.ca.gov/epicdata/content/sum_topfive.htm. Retrieved in September 2004.

ⁱ **Source:** California Department of Health Services, Immunization Branch, Seventh Grade Fall Assessment, 2003.

Sexually Transmitted Diseases

The counties' rates of sexually transmitted disease (STD) are very low (Table 16). However, the county rates are based on case numbers so small that rates should be interpreted cautiously. No state or national comparisons exist for this age group, but state data that include 14-year-olds show significantly higher rates, suggesting that the preteen years are a critical time for education.

Table 16 Preteen STD Rates, 2003 (per 100,000)

Type of STD	San Mateo County ^a	Santa Clara County ^b
Chlamydia	4.4	8.18
Gonorrhea	0	2.45
Syphilis	0	0
AIDS	0	0

Source: Santa Clara County Public Health Department and San Mateo County Health Services Agency, 2004.

- ^a In San Mateo County, no cases of gonorrhea, syphilis, or AIDS were reported for preteens ages 9-13 from 2000 to 2003, and the rates of chlamydia ranged from about 4 to 17 per 100,000. At the end of 2003, one person who had been diagnosed with AIDS as a preteen was living with the disease. The rates (and number of cases) of chlamydia in San Mateo County from 2000 to 2003 were 10.6 per 100,000 (five cases), 6.5 per 100,000 (three cases), 17.4 per 100,000 (eight cases) and 4.4 per 100,000 (two cases).
- ^b In Santa Clara County, no cases of syphilis or AIDS for preteens ages 9-13 were reported from 2000 to 2003, and just three cases of gonorrhea, all in 2003, were reported for a rate of 2.45 per 100,000. The rates of chlamydia ranged from 6 to 12 per 100,000 in Santa Clara County. The rates (and number of cases) of chlamydia in Santa Clara County from 2000 to 2003 were 6.05 per 100,000 (seven cases), 5.91 per 100,000 (seven cases), 11.79 per 100,000 (14 cases) and 8.18 per 100,000 (10 cases).

Fitness

The majority of fifth- and seventh-graders failed to meet the state's minimum standards for fitness in 2003-04 (Table 17).³⁵ Girls outperformed boys by about seven percentage points, and Caucasians and Asians outperformed other ethnic groups.

Table 17 Fifth- and Seventh-Graders Meeting All Six Fitness Standards, 2003-04

	San Mateo County		Santa Clara County		California	
	5th Grade	7th Grade	5th Grade	7th Grade	5th Grade	7th Grade
Male	26.7%	28.8%	18.7%	29.3%	22.9%	27.0%
Female	33.9%	36.3%	23.1%	36.2%	26.7%	31.3%
Total	30.3%	32.5%	20.8%	32.7%	24.8%	31.3%

Source: California Department of Education Standards and Assessment Division, <http://data1cde.ca.gov>. Retrieved April 2005.

³⁵ 2003 California Department of Education Report to the Governor. The Fitnessgram test involves six major fitness areas: aerobic capacity, body composition, abdominal strength and endurance, trunk extensor strength and flexibility, upper-body strength, and endurance and flexibility. Performance levels for each of the tests are classified as "in the healthy fitness zone" or "needs improvement." Students need to reach the "healthy fitness zone" on each test to be considered fit.

Despite the poor performance on the fitness test, the majority of seventh-graders surveyed on CHKS (fifth-graders were not asked) reported getting the recommended amount of exercise, at least 20 minutes a day for at least three days a week. In 2003-04, the following percentages of seventh-graders reported meeting the exercise minimum:

- Santa Clara County: 78.5 percent
- San Mateo County: 76.8 percent
- Statewide: 72.0 percent

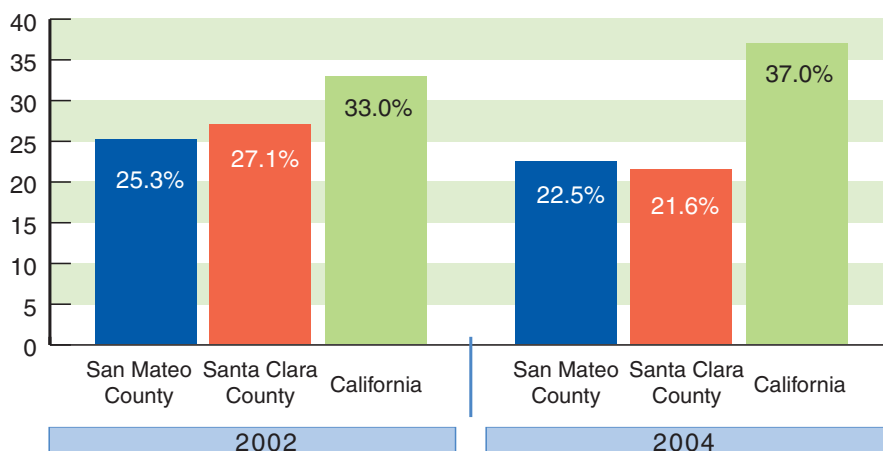
In both counties, boys said they exercised slightly more than girls (by about two percentage points). In San Mateo County, two groups fell below the state average—Latina girls, reporting 66.7 percent, and African American girls, reporting 67.7 percent.

Extensive television viewing in American culture has long been criticized for inducing passivity and taking time away from active learning activities. In Santa Clara County, the reported number of hours spent watching TV or playing video games every day was dramatically higher for seventh-graders than for fifth-graders: In 2003-04, 13.2 percent of fifth-graders reported watching three or more hours, compared with 32.1 percent of seventh-graders.³⁶ The 2003-04 data showed that San Mateo County fifth-graders are very similar to Santa Clara County fifth-graders. In San Mateo County, the sample size was too small for analysis.³⁷

Nutrition

About one in four seventh-graders in both counties report drinking a large amount of soda—at least three in the previous 24 hours, according to the 2003-04 CHKS data. The figures fall below the state average and have decreased over time (Figure 8).

Figure 8
Seventh-Graders Reporting Having Had Three or More Sodas in the Last 24 Hours



Source: California Health Kids Survey, Santa Clara County and San Mateo County; California Student Survey.

³⁶ The 2003-04 CHKS, the source of the data, asked fifth-graders whether they watched television “yesterday” but asked seventh-graders how many hours they watch “on an average school day.” The question was not asked of all Santa Clara County seventh-graders; the number of seventh-grade respondents was 6,148.

³⁷ TV viewing is covered in a non-mandatory section of the CHKS, and very few districts in San Mateo County gathered this information in 2003-04 for seventh-graders.

Asthma

According to the 2003-04 CHKS data, about 16 percent of seventh-graders in both counties said a doctor had diagnosed them with asthma, compared with 18 percent statewide. Fifth-graders were not asked about asthma. According to a U.S. Department of Health and Human Services report, Trends in the Well-Being of America's Children, the national asthma rate for children 12 to 17 years old is 16 percent.

Hospitalization rates and CHKS data identify a disproportionate rate of asthma among African Americans. According to seventh-grade CHKS data, 26 percent of African American boys in Santa Clara County reported an asthma diagnosis, much higher than any other race/ethnicity group, including African American girls in that county. In San Mateo County, 21 percent of all African American seventh-graders reported an asthma diagnosis, higher than other ethnic groups in the county. The data reflect the state and national statistics. Reasons for the disparity are unclear, though genetic differences may play a role; studies have identified differences in lung volume and airway responsiveness between African Americans and Caucasians.



X. RECOMMENDATIONS

Although researchers long have considered the preteen years transformative, programs and policies rarely or infrequently focus specifically on preteens. This report was designed as a first step to describe the status of preteen health and well being in San Mateo and Santa Clara counties. The report highlights strengths and needs of this population, as well as areas in which more information is needed. Several recommendations evolved that are aimed at increasing awareness of preteens and bolstering the quality and quantity of information about this population. While current data point to clear themes and needs among local preteens, increased community attention and data would greatly improve the ability to support preteens during this important developmental stage.

Analysis of national research and local data leads to two initial recommendations for San Mateo and Santa Clara counties:

- Promote public recognition of preteens as a distinct and important group.
- Support the systematic collection and dissemination of data.

The two recommendations are intertwined: Without recognition, little motivation will exist to gather and release data crucial in guiding resources to the preteens who need help most.

PROMOTE RECOGNITION OF PRETEENS AS A DISTINCT, IMPORTANT GROUP

Little data—and fewer policies—focus solely on preteens because it is not widely recognized that the behaviors and attitudes developed during this critical developmental stage shape preteens as adults. Promoting these years as pivotal for future success will help direct policies and programs toward preteens, giving them better odds of emerging into adulthood healthy and productive.

The preteen years encompass the first steps toward adulthood for children. They begin to mature, experience an increase in opportunities to think for themselves, and gain growing autonomy from their parents. For the first time in their lives, preteens enjoy the latitude to make choices that will establish the patterns of their health and well being for life.

The same developments that can prove exciting for preteens also hold potential risks to their health and achievement. As they begin to search for identity outside their families, peer relationships become increasingly important. As the need for acceptance increases, many preteens find themselves entering a more complex and intense educational setting in middle school. They can face stress from a more complex curriculum, a less personal environment, and more school violence.

Successfully navigating the preteen years in large part may depend on the availability of positive activities and supportive relationships with adults. But broader societal changes have added challenges, with divorce rates climbing to almost 50 percent and an increase in two-career families. In addition, local economic challenges, such as affordable housing and the high cost of living, are significant stressors for many families. At the same time, children's exposure to unhealthy alternatives—drugs, alcohol, and crime—has increased, and all too often there are too few healthy activities for preteens, because the availability of constructive after-school options typically decreases after elementary school.

Research shows that preteens depend not only on their families but also on their neighborhoods, schools, and health care systems to learn a wide range of skills (National Research Council and Institute of Medicine 1999). Often, however, communities, struggling to balance budgets, are increasingly less able to provide resources and services to preteens, and schools often are not organized to provide opportunities to learn and grow after hours.

Unlike teenagers—who often experiment with risky behavior in spurts, then abandon it—preteens who turn to drugs, risky sex, and crime face higher odds of continuing that behavior in later years.

This report—in outlining national research, identifying and analyzing key indicators of health and well being for preteens in San Mateo and Santa Clara counties, and highlighting gaps in information—provides a beginning framework to increase recognition among policymakers, parents, service providers, funders, and others about the importance of preadolescence and to promote acknowledgment of preteens as a distinct group. The Preteen Alliance and other organizations and individuals should continue efforts to collect and communicate information about this developmental period, much as a broader movement has focused attention on the 0-to-5 age group.

SUPPORT THE SYSTEMATIC COLLECTION AND DISSEMINATION OF DATA

Understanding preteens, identifying their needs, and tracking their progress require gathering standard indicators only partially available today in San Mateo and Santa Clara counties. The data collection efforts under way across the two counties are somewhat inconsistent, and the results are not always released publicly in a useful format.

Consistently Collect Data on Crucial Preteen Emotional and Behavioral Health Issues

The California Healthy Kids Survey (CHKS), albeit self-reported, represents a potentially rich source of data for a wide range of indicators about preteens. Students take the survey during school in fifth, seventh, ninth, and 11th grades. However, not all districts administer every section, and not all students take the survey. Schools that receive specific types of public funding are required to administer certain sections of the survey³⁸ and can choose to administer additional optional sections (schools that do not receive these public funds have the option of administering any CHKS sections). Many of the important emotional and behavioral health issues appear in the optional CHKS sections.

To increase administration of the optional sections, government agencies, foundations, The Preteen Alliance, and/or other organizations could devote staff time or offer financial incentives to promote increased district implementation of the optional sections. The Santa Clara County Public Health Department already has been successful in leading an effort to encourage districts to administer a locally customized CHKS public health module, in addition to the required components. Santa Clara County Public Health also has created a guidebook for coordinating with school districts to achieve countywide survey administration of a customized module.

WestEd, the nonprofit research firm that helps oversee CHKS, also can help counties and districts develop customized sections for a nominal fee.³⁹ A collaboration by the two counties in customizing a CHKS section, or

³⁸ Schools that receive No Child Left Behind Title IV Safe and Drug Free Schools and Communities funding, state Tobacco Use Prevention Education (TUPE) funding, or federal 21st Century Community Learning Centers funding are required to administer these sections of the CHKS biennially:

- The Elementary Survey for fifth-graders
- For grades 7, 9, and 11, a Core Module covering demographics, substance use, violence and school safety, physical activity, and diet, as well as a portion of a Resilience Module on school and community strengths.

³⁹ WestEd charges each district \$75 for a customized survey and an hourly fee of \$75 to compile the information, a task that takes one to two hours for every 10 questions.

conducting a separate survey altogether, could produce critical emotional and behavioral health information about the opportunities preteens enjoy for community participation and contribution; peer relationships or peer support; sexual activity; involvement in extracurricular activities; social support from adults; and preteens' belief in their ability to handle problems effectively.

Assess the Feasibility of Obtaining Key School Information Annually

Schools collect data on truancy, suspensions, grade retention, and after-school activities, but the methods they use are inconsistent, and no comprehensive information is available countywide. The first steps in determining whether comparable reports can be compiled involve:

- Documenting specific information currently collected on a regular basis in the two counties;
- Analyzing the consistency and reliability of the formats; and
- Assessing the feasibility of obtaining aggregated information at county and district levels annually and disseminating it publicly.

This information would fill knowledge gaps about the prevalence of serious behavioral problems and the availability of after-school services. These countywide data would aid funders, nonprofits, government agencies, educators, policymakers, and others in planning programs and making decisions about how to allocate resources.

Encourage Information on Gender, Age, Ethnicity, and Income in Data Collection

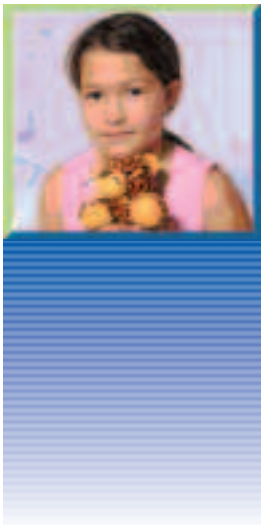
For detailed, meaningful analysis of preteen well being, all related surveys and other data collection need to include information on gender, age, ethnicity, and income. Few data sources now allow analysts to examine the role of these factors, even though research shows they are important influences on preteens. Three areas would provide valuable starting points:

- County agencies—which often collect the information but do not report it publicly—could include appendices to all reports with detailed breakdowns of data by age and gender.
- All local surveys related to preteens—whether conducted by governments, foundations, or other organizations—should include a question about family income, when possible.
- The CHKS could include:
 - Ethnicity information for fifth-graders, as is already done with seventh-graders;
 - Cross-referenced data on free- and reduced-price lunch eligibility or another device for assessing income;
 - A question about the primary language spoken in the home; and
 - Questions to determine pubertal status, which, research has shown, plays a larger role in emotional and behavioral health than chronological age.

WestEd works with the state to make improvements to CHKS as needed, while also trying to maintain consistency in the instrument and keep it as brief as possible. The CHKS Elementary Survey (for fifth graders) currently is being reviewed in preparation for a revision. Recommendations for CHKS enhancements could be offered to WestEd and the California Department of Education. Support from school districts and other regions of the state would strengthen such recommendations.

Pursue Key Indicators for Which County Data Are Not Easily Available

Even with the recommended changes, gaps will remain without additional research about preteen emotional health (including mental health disorders, stress, self-identity, and coping skills), after-school care arrangements, emergency room visits, homelessness/runaways, gang involvement, and exposure to violence in the community and at home. Expanding data collection to cover these important factors and to make the results publicly available would offer a more complete picture of preteens in San Mateo and Santa Clara counties. For example, the Lucile Packard Foundation for Children's Health in 2005 added to the data available about local preteens by commissioning a survey of parental views on the physical and emotional health of their children, including topics such as stress and depression. (<http://www.lpfch.org/informed/facts/parentpoll.html>) Such research can help government agencies and nonprofit organizations determine where scarce resources might make the greatest impact.



XI. CONCLUSION AND NEXT STEPS

Preadolescence is one of the most significant stages in the human lifespan. Research demonstrates that attitudes and behavior patterns developed in the preteen years can have long-term effects. The purpose of this report is to bring public attention to the importance of the preteen years, and to begin compiling a body of knowledge about the health and well being of preteens in San Mateo and Santa Clara counties. Data indicate that, across the majority of indicators reviewed, local preteens are relatively healthy compared with their peers statewide, although findings were less positive for seventh-graders than fifth-graders, and for Latinos and African Americans than other preteens. As noted, considerable information about this age group is not available, and additional data collection efforts are needed to fully understand and improve the condition of local preteens.

Individuals and organizations can use this report as a tool to: increase their knowledge about the preteen years; bring attention to the importance and needs of local preteens; improve data collection activities related to this population; and guide decisions regarding programs and policies.

The Preteen Alliance will continue to focus on raising awareness among community leaders, parents, service providers, educators, funders, media, and others about the need to support children during the preadolescent years. The Alliance also plans to explore ways to promote the well being of preteens through innovative community initiatives, programs, and policies.

REFERENCES

- Anderman, Lynley Hicks and Eric M. Anderman.
1999 "Social Predictors of Changes in Students' Achievement Goal Orientations." *Contemporary Educational Psychology*, 24(1), 21-37.
- Brown, Brett V. and Sharon Bzostek.
2003 "Violence in the Lives of Children." *CrossCurrents*, Issue 1. Child Trends DataBank.
- California Center for Public Health Advocacy
2005 "The Growing Epidemic: Child Overweight Rates on the Rise in California Assembly Districts."
http://www.publichealthadvocacy.org/policy_briefs/overweight2004.html
- California Department of Education
2003 "California Physical Fitness Testing: Report to the Governor and the Legislature."
- California Department of Education
2005 DataQuest. <http://data1.cde.ca.gov/dataquest/>
- California Department of Education, Standards and Assessment Division
2003-04 Physical Fitness Testing.
<http://www.cde.ca.gov/ta/tg/pf/>
- California Department of Education
2005 Standardized Testing and Reporting (STAR).
<http://star.cde.ca.gov/star2005/>
- California Department of Finance
May 2004 Race/Ethnic Population with Age and Sex Detail, 2000-2050, Sacramento, CA.
- California Department of Health Services, Center for Health Statistics
2004 Office of Health Information and Research. Leading causes of death for ages 9-13, 2001-2003. (Special data request.)
- California Department of Health Services, EPICenter
2005 Patient Discharge Data. California Injury Data Online.
http://www.applications.dhs.ca.gov/epicdata/content/sum_topfive.htm.
- California Department of Health Services, Immunization Branch
2003 Seventh Grade Fall Assessment.
- California Department of Justice, Office of the Attorney General
2003 Total Felony Arrests. Statistics by City and County.
<http://caag.state.ca.us/cjsc/datatabs.htm>.
- California Department of Social Services Administration Division, Data Systems and Survey Design Bureau
2001, 2004 www.dss.cahwnet.gov/research/res/pdf/caltrends/poprec/CWPopRecJan04Map.pdf, 2004, www.dss.cahwnet.gov/research/res/pdf/caltrends/poprec/CWPopRecJan01Map.pdf, 2001.
- California Department of Social Services, Data Analysis & Publications
July 2003 "Characteristics of Children Referred for Emergency Response Services," *Child Welfare Services/Case-load Management System*.
- Carnegie Council on Adolescent Development
1992 *A Matter of Time: Risk and Opportunity in the Out-of-School Hours*. New York: Carnegie Corporation of New York.
- Carnegie Council on Adolescent Development
1995 *Great Transitions: Preparing Adolescents for a New Century*. New York: Carnegie Corporation of New York.
- Center for Social Services Research, UC Berkeley
2003 "Children with Child Maltreatment Referrals and Substantiations: Incidence per 1,000 Children by Age and Race."
<http://cssr.berkeley.edu/CWSCMSreports/>
- Community Benefits Coalition
2001 *2001 Community Assessment: Health and Quality of Life in Santa Clara County*. Hospital Coalition of Northern and Central California, Santa Clara Section.
- DeVoe, J.F., K. Peter, P. Kaufman, A. Miller, M. Noonan, T.D. Snyder, and K. Baum.
2004 *Indicators of School Crime and Safety: 2004*. (NCES 2005-002/NCJ 205290). U.S. Departments of Education and Justice. Washington, DC: U.S. Government Printing Office.
<http://www.ojp.usdoj.gov/bjs>.
- Eaton, Danice K., Richard Lowry, Nancy D. Brener, Deborah A. Galuska, and Alex E. Crosby.
2005 "Associations of Body Mass Index and Perceived Weight with Suicide Ideation and Suicide Attempts Among US High School Students." *Archives of Pediatrics and Adolescent Medicine*, 159(6), 513-519.
<http://archpedi.amaassn.org/cgi/content/abstract/159/6/513?etoc>.

- Eberstadt, Mary.
2001 "Home-Along America," *Policy Review*, 107.
<http://www.policyreview.org/>
- Eccles, J.S., B.L. Barber, M. Stone, and J. Hunt.
2003 "Extracurricular Activities and Adolescent Development." *Journal of Social Issues*, 59(4), 865-89.
- Eccles, J. and J.A. Gootman (eds.).
2002 *Community Programs to Promote Youth Development*. Board on Children, Youth and Families, Division of Behavioral and Social Sciences and Education. National Research Council and Institute of Medicine. Washington, DC: National Academy Press.
- Eccles, Jacquelynne S. and Carol Midgley.
1989 "Stage-Environment Fit: Developmentally Appropriate Classrooms for Young Adolescents." *From Research on Motivation in Education*, 3, (eds.). Ames and Ames, 139-88. San Diego: Academic Press.
- Eccles, Jacquelynne S., Carol Midgley, Allen Wigfield, C.M. Buchanan, David Reuman, C. Flanagan, and Douglas Mac Iver.
1993b "Development During Adolescence: The Impact of Stage-Environment Fit on Young Adolescents' Experiences in Schools and in Families." *American Psychologist*, 48(2), 90-101.
- Eccles, Jacquelynne S., Allen Wigfield, Carol Midgley, David Reuman, Douglas Mac Iver, and Harriet Feldlaufer.
1993a "Negative Effects of Traditional Middle Schools on Students' Motivation." *The Elementary School Journal*, 93(5), 553-574.
- Education Data Partnership
2005 County Reports. San Mateo County and Santa Clara County. www.ed-data.k12.ca.us/
- Evans, Cathy and Donna Eder.
1993 "Processes of Social Isolation in Middle School." *Journal of Contemporary Ethnography*, 22, 139-70.
- Federal Interagency Forum on Child and Family Statistics
2003 *America's Children: Key National Indicators of Well-Being 2003*. Washington, DC: U.S. Government Printing Office.
- Fox, James Alan, Delbert S. Elliott, R. Gil Kerlikowske, Sanford A. Newman, and William Christeson.
2003 *Bullying Prevention Is Crime Prevention*. Washington, DC: Fight Crime: Invest in Kids.
- Gambone, M.A., A.M. Klem, and J.P. Connell.
2002 *Finding Out What Matters for Youth: Testing Key Links in a Community Action Framework for Youth Development*. Philadelphia: Youth Development Strategies, Inc., and Institute for Research and Reform in Education.
- Goldstein, Arnold P. and C. Ronald Huff (eds.).
1993 *The Gang Intervention Handbook*, Capital City Press, chapter 8, "School-Based Interventions: Best Practices and Critical Issue," by Donald W. Kodluboy and Loren A. Evenrud.
- Grossman, Jean Baldwin, Marilyn L. Price, Veronica Fellerath, Linda Z. Jucovy, Lauren J. Kotloff, Rebecca Raley, and Karen E. Walker.
2002 *Multiple Choices After School: Findings from the Extended Service Schools Initiative*. Philadelphia: Public/Private Ventures.
- Gutman, Leslie Morrison and C. Midgley.
2000 "The Role of Protective Factors in Supporting the Academic Achievement of Poor African American Students During the Middle School Transition." *Journal of Youth and Adolescence*, 29(2), 223-249.
- The Healthy Community Collaborative of San Mateo County
2004 *2004 Community Assessment: Health and Quality of Life in San Mateo County*.
<http://www.plsinfo.org/healthysmc/>
- Healthy People 2010
2004 Centers for Disease Control and Prevention.
<http://www.healthypeople.gov/document/html/volume2/25stds.htm>
- Hornbeck, D.F.
2004 "Public Schools Autism Prevalence Report Series, 1992-2003." *Fighting Autism*. Gibsonsia, PA.
- Hirsch, Barton and B. Rapkin.
1987 "The Transition to Junior High School: A Longitudinal Study of Self-Esteem, Psychological Symptomatology, School Life, and Social Support." *Child Development*, 58(5), 1235-43.
- Jackson, Anthony W. and Gayle A. Davis.
2000 *Turning Points 2000: Educating Adolescents in the 21st Century*. Carnegie Corporation of New York. New York: Teachers College Press.
- Jordan, T.R., J.H. Price, S.K. Telljohann, and B.K. Chesney.
1998 "Junior High School Students' Perceptions Regarding Nonconsensual Sexual Behavior." *Journal of School Health*, 88(7), 289-96.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9779404&dopt=Citation.
- Kinney, David A.
1993 "From Nerds to Normals: The Recovery of Identity among Adolescents from Middle School to High School." *Sociology of Education*, 66(1), 21-40.

- Lipsey, Mark W. and James H. Derzon.
1998 "Predictors of Violent or Serious Delinquency in Adolescence and Early Adulthood: A Synthesis of Longitudinal Research." In R. Loeber and D.P. Farrington (eds.). *Serious and Violent Juvenile Offenders: Risk Factors and Successful Intervention*. Thousand Oaks, CA: Sage.
- Loeber, Rolf, David P. Farrington, and David Petechuk.
May 2003 "Child Delinquency: Early Intervention and Prevention." *Child Delinquency Bulletin Series*. <http://www.ncjrs.org/html/ojdp/186162/contents.html#author>.
- Lucile Packard Foundation for Children's Health
2003 *How Preteens Are Faring in San Mateo and Santa Clara Counties: A Survey of Parent Opinions*. <http://www.lpfch.org/newsroom/releases/parent-preteens.html>
- Mac Iver, Douglas J. and Joyce L. Epstein.
1993 "Middle Grades Research: Not Yet Mature, but No Longer a Child." *The Elementary School Journal*, 93, 519-533.
- Midgley, Carol and K. Edelin.
1998 "Middle School Reform and Early Adolescent Well-Being: The Good News and the Bad." *Educational Psychologist*, 33(4), 195-206.
- Miller, B. M.
2003 *Critical Hours: After-School Programs and Educational Success*. Brookline, MA: Miller Midzik Research Associates for the Nellie Mae Education Foundation. <http://www.nmedfdn.org/CriticalHours.htm>.
- Mills, Carla, Suzanne Guerin, Fionnuala Lynch, Irene Daly, and Carol Fitzpatrick.
2004 "The Relationship Between Bullying, Depression and Suicidal Thoughts/Behavior in Irish Adolescents," *Irish Journal of Psychological Medicine*, 21(4) 112-116. <http://www.ijpm.org/index.html?level=2&isid=85>.
- Muhle, Rebecca, Stephanie V. Trentacoste, and Isabelle Rapin.
2004 "The Genetics of Autism." *Pediatrics*, 113(5), 472-486.
- National Institutes of Health
June 2002 "Childhood Obesity on the Rise," *Word on Health*. <http://www.nih.gov/news/WordonHealth/jun2002/childhoodobesity.htm>
- National Research Council and Institute of Medicine
2004 *Children's Health, The Nation's Wealth: Assessing and Improving Child Health*. Board on Children, Youth and Families. Washington, DC: National Academy Press.
- National Research Council and Institute of Medicine
1999 *Risks and Opportunities: Synthesis of Studies on Adolescence*. Forum on Adolescence. Michele D. Kikpke, Editor. Board on Children, Youth and Families. Washington, DC: National Academy Press.
- National Sleep Foundation
2003 "Children, Obesity, and Sleep." Press Release. <http://www.sleepfoundation.org/>
- Oakes, Jeanie.
1992 "Can Tracking Research Inform Practice? Technical, Normative, and Political Considerations." *Educational Researcher*, 21(4), 12-21.
- Patton, G.C., B.J. McMorris, J.W. Toumbourou, S.A. Hemphill, S. Donath, and R.F. Catalano.
2004 "Puberty and the Onset of Substance Use and Abuse." *Pediatrics*, 114(3), 300-306.
- Pearce, Diana.
2003 "The Self-Sufficiency Standard for California 2003." Californians for Family Economic Self-Sufficiency, and the National Economic Development and Law Center. <http://www.ncccsf.org/DataCentral/SSS/downloads/California%20Self-Sufficiency%20Standard.pdf>
- Quinn, Jane.
1999 "Where Need Meets Opportunity: Youth Development Programs for Early Teens." *The Future of Children, When School Is Out*, 9(2), 96-116. Los Altos: The David and Lucile Packard Foundation. http://www.futureofchildren.org/usr_doc/vol9no2Art9done.pdf
- San Mateo County Health Services Agency
2004 *Healthy San Mateo 2010: A Report on the Health Status of San Mateo County Residents, 1990-2001*. San Mateo, CA: Department of Public Health.
- San Mateo County Health Services Agency
2004 Preteen Sexually Transmitted Disease Rates, 2003. (Special data request.)
- Santa Clara County Public Health Department
2004 Preteen Sexually Transmitted Disease Rates, 2003. (Special data request.)
- Search Institute
2005 "Me and My World Survey Report," *Developmental Assets: A Profile of Your 4th-6th Grade Students*. Santa Clara County. Prepared for Project Cornerstone. http://www.projectcornerstone.org/survey_data.htm.
- Scales, Peter C. and Eugene C. Roehlkepartain.
2003 "Boosting Student Achievement: New Research on the Power of Developmental Assets." *Search Institute Insights & Evidence*, 1(1), 1-10.

- Shaffer, David, P. Fisher, M.K. Dulcan, M. Davies, J. Piacentini, M.E. Schwab-Stone, B.B. Lahey, K. Bourdon, P.S. Jensen, H.R. Bird, G. Canino, and D.A. Regier.
1996 "The NIMH Diagnostic Interview Schedule for Children Version 2.3 (DISC-2.3): Description, Acceptability, Prevalence Rates, and Performance in the MECA Study. Methods for the Epidemiology of Child and Adolescent Mental Disorders Study." *Journal of the American Academy of Child & Adolescent Psychiatry*, 35(7), 865-877.
- Simmons, Roberta G., R. Burgeson, S. Carlton-Ford, and D.A. Blyth.
1987 "The Impact of Cumulative Change in Early Adolescence." *Child Development*, 58(5), 1220-34.
- Thornberry, Terence P., David Huizinga, and Rolf Loeber.
2004 "The Causes and Correlates Studies: Findings and Policy Implications." *Juvenile Justice Journal*, IX (1).
- Tierney, Joseph P., Jean Baldwin Grossman, and Nancy L. Resch.
1995 *Making a Difference: An Impact Study of Big Brothers/Big Sisters*. Philadelphia: Public/Private Ventures.
- UCLA Center for Health Policy Research
2003 California Health Interview Survey (CHIS). <http://www.chis.ucla.edu>
- UCLA Center for Health Policy Research
2004 "Health of California's Adults, Adolescents, and Children: Findings from CHIS 2001." California Health Interview Survey (CHIS). <http://www.chis.ucla.edu>
- U.S. Census Bureau
2003 American Community Survey. San Mateo County and Santa Clara County. <http://www.census.gov/acs/www/Products/Profiles/Single/2003/ACS/CA.htm>.
- U.S. Department of Health and Human Services
2003 *Trends in the Well-Being of America's Children and Youth, 2003*. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Justice
2003 *Juvenile Arrests 2001. OJJDP Juvenile Justice Bulletin*. Washington, DC: U.S. Government Printing Office.
- Vanoss, Marin B., K.K. Coyle, C.A. Gomez, S.C. Carvajal, and D.B. Kirby.
2000 "Older Boyfriends and Girlfriends Increase Risk of Sexual Initiation in Young Adolescents." *Journal of Adolescent Health*, 27(6), 409-18.
- West Ed
2003-04 California Healthy Kids Survey. Santa Clara County and San Mateo County.

Appendix: Data Source Details

Key Data Sources	Indicators Used for the Report	How the Data Can Be Broken Down										Access Information	
		Age		Grade	Gender	Ethnicity	Income	County	Cross-tabulated?	Other			
		yes	no	yes	no	yes	no	yes	no	yes	no		
California Bureau of Criminal Information and Analysis, Criminal Justice Statistics Center	Arrest rates	yes	no	no	yes	no	no	yes	yes	yes	yes	Data also broken down by type of felony or misdemeanor (assault, burglary, etc.)	The Criminal Justice Statistics Center will provide information on arrests to anyone who requests it
	English Learners	no	yes	no	no	no	no	no	n/a	n/a	Also available by district and school		
	Free and Reduced Price Lunch	no	yes	no	no	no	yes	yes	n/a	n/a	Also available by district and school		
	Enrollment	no	yes	yes	yes	no	yes	yes	yes	yes	Also available by district and school		
	Pupil services staff (librarians, nurses, etc.)	no	no	no	no	no	yes	yes	n/a	n/a	Only available by district and school		
	Physical fitness	no	grades 5, 7 & 9	yes	yes	no	yes	yes	By gender and grade or ethnicity and grade, but not by gender and ethnicity	no	Data only available for grades 5, 7 and 9. Data presented as % in "healthy fitness zone" for 6 standards and the number who meet 0 of 6 standards, 1 of 6 standards, etc.	Available online from DataQuest at http://data1.cde.ca.gov/dataquest . California Standards Test data also available from Standardized Testing and Reporting (STAR) at http://star.cde.ca.gov/star2005	
	California Standards Test (English and math)	no	yes	yes	yes (but not for years prior to 2002)	yes	yes	yes	no	no	Also available by English fluency. Data presented as % advanced, % proficient, % below basic, etc.		
	No. of teachers	no	no	no	no	no	yes	yes	n/a	n/a	Also available by district and school		
	Average no. of yrs. of experience of teachers	no	no	no	no	no	yes	yes	n/a	n/a	Also available by district and school		
	Accredited teachers	no	no	no	no	no	yes	yes	n/a	n/a	Also available by district and school		
California Department of Finance	Preteen population estimates	yes	no	yes	yes	no	no	yes	yes	Estimates and projections available for 2000 to 2050	Available online at http://www.dof.ca.gov at Demographic Information		
California Department of Health Services	Birth rate	grouped by 10-14 years only	no	no	no	no	no	yes	no	yes	Available at Center for Health Statistics at http://www.dhs.ca.gov/hisp/chs/OHHR/vssdata/tables.htm		
	Hospitalization for injury	yes	no	yes	yes	no	yes	yes	yes	Data available by type of injury, as well as fatal or nonfatal	Available online at http://www.applications.dhs.ca.gov/epicdata/default.htm at Custom Data Tables		

Appendix (continued)

How the Data Can Be Broken Down											
Key Data Sources	Indicators Used for the Report	Cross-tabulated?								Access Information	
		Age	Grade	Gender	Ethnicity	Income	County	Other	Other		
California Department of Health Services	Hospitalization for asthma	grouped by 0-14 years only	no	no	yes	no	yes	yes	yes	Only includes hospitalization for asthma; doesn't cover general prevalence of asthma among youth	California County Asthma Hospitalization Chart Book, California Department of Health Services, Environmental Health Investigations Branch
	STD rates	yes									Special request to County Public Health Departments
California Department of Justice	Arrest rates for violent offenses	yes (18 only)	no	yes	yes	no	yes	yes	no	Arrests by age are available for types of felony and misdemeanor offenses	http://caag.state.ca.us/cjsc/datatabs.htm
California Health Information Survey 2003	Health insurance coverage	yes, by spans of 2 or more years (e.g., 9-11, 9-13)	no	yes	yes	yes	yes	yes	yes, because it is a small sample, data are not available for all cross-tabulations.	Includes options for looking at type of insurance, whether they have had the same insurance for the past 12 months, whether youth have same insurance as adult, etc.	Available online at www.chis.ucla.edu
California Healthy Kids Survey	Support in school	no	5th and 7th	yes	yes, 7th only	no	yes	yes	yes, by special request	Questions asked of 5th and 7th graders differed slightly	By special agreement and request from County Offices of Education and Public Health
	% feel safe at school	no	5th and 7th	yes	yes, 7th only	no	yes	yes	yes, by special request	Questions asked of 5th and 7th graders differed slightly	
	Bullied at school	no	5th and 7th	yes	yes, 7th only	no	yes	yes	yes, by special request		
	Reasons for being bullied	no	5th and 7th	yes	yes, 7th only	no	county	county	yes, by special request		
	Exercise to sweat	no	5th and 7th	yes	yes, 7th only	no	county	county	yes, by special request		
	Hours of television	no	5th and 7th	yes	yes, 7th only	no	yes	yes	yes, by special request	Questions asked of 5th and 7th graders differed slightly; data not available for San Mateo County 7th graders	
	# of sodas	no	5th and 7th	yes	yes, 7th only	no	yes	yes	yes, by special request		
	# of times eating fried foods	no	5th and 7th	yes	yes, 7th only	no	yes	yes	yes, by special request		

Appendix (continued)

Key Data Sources	Indicators Used for the Report	How the Data Can Be Broken Down										Access Information		
		Age	Grade	Gender	Ethnicity	Income	County	Cross-tabulated?	Other					
California Healthy Kids Survey	Asthma	no	5th and 7th	yes	yes, 7th only	no	yes	yes, by special request						
	Gang involvement	no	5th and 7th	yes	yes, 7th only	no	yes	yes, by special request						
	Alcohol use	no	5th and 7th	yes	yes, 7th only	no	yes	yes, by special request						
	Cigarette use	no	5th and 7th	yes	yes, 7th only	no	yes	yes, by special request	Questions asked of 5th and 7th graders differed slightly					
	Peer approval of drugs and alcohol	no	5th and 7th	yes	yes, 7th only	no	yes	yes, by special request						
	Feeling sad or hopeless	no	5th and 7th	yes	yes, 7th only	no	yes	yes, by special request						
	Do your friends get in trouble?	no	5th and 7th	yes	yes, 7th only	no	yes	yes, by special request						
	Body image	no	5th and 7th	yes	yes, 7th only	no	yes	yes, by special request	Not available for San Mateo County 7th graders					
	Support from parents	no	5th and 7th	yes	yes, 7th only	no	yes	yes, by special request						
	Unsupervised time after school	no	5th and 7th	yes	yes, 7th only	no	yes	yes, by special request						
Community Assessment: Health & Quality of Life Survey in San Mateo County, 2004	Adult Neighborhood Safety Perception	yes	no	yes	yes	yes	only San Mateo	no					A report released by the Healthy Community Collaborative of San Mateo County	
Education Data Partnership	No. of schools/districts by type (elementary, middle, etc.)	no	no	no	no	no	yes	n/a					Available online from Ed-Data at http://www.ed-data.k12.ca.us/welcome	

Appendix (continued)

Key Data Sources	Indicators Used for the Report	How the Data Can Be Broken Down										Access Information
		Age	Grade	Gender	Ethnicity	Income	County	Cross-tabulated?	Other			
Education Data Partnership	Enrollment	no	yes	no	no	no	yes	n/a	Also available by district and school	Available online from Ed-Data at http://www.ed-data.k12.ca.us/welcome.asp .		
	Accredited teachers	no	no	no	no	no	yes	n/a	Available by county, district, and school			
Me and My World Survey Report, January 2005	Child Neighborhood Safety Perception	no	4th and 6th	no	no	no	only Santa Clara	no		A report prepared by the Search Institute for Project Cornerstone. Available online at http://www.projectcornerstone.org		
	Positive Peer Behavior	no	4th and 6th	no	no	no	only Santa Clara	no				
	Positive Sense of Identity	no	4th and 6th	no	no	no	only Santa Clara	no				
National Center for Health Statistics	Leading causes of death	yes	no	yes	yes	no	yes	yes	Also broken down by cause of death	Obtained through special request and purchase from the National Center for Health Statistics		
Santa Clara County Social Services Agency	CalWorks	yes	no	yes	yes	no	yes	yes		Special request to the Santa Clara County Social Services Agency		
	Child abuse	yes	no	yes	yes	no	yes	no	Also broken down by type of abuse (neglect, sexual abuse, etc.)			
	Foster care	yes	no	yes	yes	no	yes	no				
San Mateo County Human Services Agency	CalWorks	yes	no	yes	yes	yes	yes	no		Special request to the Santa Mateo County Human Services Agency		
	Child abuse	yes	no	yes	yes	no	yes	yes	Also broken down by type of abuse (neglect, sexual abuse, etc.)			
	Foster care	yes	no	yes	yes	no	yes	no				
U.S. Census 2000	Household income in 1999	no	no	no	yes	yes	yes	Yes, for income by ethnicity of householder	Available for median income by county, or broken down by number in \$10,000 to \$14,999; \$15,000 to \$19,999; etc.	Available online at www.factfinder.census.gov at Data Sets, Summary File 3.		



Suggestions for Future Reports

We hope you will take a moment to go to the website below and fill out our brief survey. Your feedback is valuable and will help enhance future reports.

<http://www.lpfch.org/preteenreport>



Find more information about preteens at:

<http://www.preteenalliance.org>

The Foundation's Mission

To promote, protect, and sustain the physical, mental, emotional, and behavioral health of children



kidscal.org:

A calendar of children's health events sponsored by local nonprofit and public organizations

<http://www.kidscal.org>



kidsdata.org:

Your source for information about children's health and well being in Santa Clara and San Mateo counties

<http://www.kidsdata.org>



770 Welch Road, Suite 150

Palo Alto, CA 94304

(650) 497-8365

www.lpfch.org