



# Youth and Family Well-Being Spotlight

STANISLAUS COUNTY • CALIFORNIA • 2020



**Focus on Prevention** is a county-wide initiative that aims to improve the quality of life of all Stanislaus County residents and families through coordinated prevention efforts that work across multiple sectors to promote health and well-being. These sectors include government; business; health; non-profit; philanthropy; education; faith; neighborhood; media; and arts, entertainment, and sports.

If positive community outcomes in Stanislaus County are the goals—less crime, higher educational attainment, more jobs, and healthier lives—then all community sectors must come together and align intentions and objectives around shared goals. This type of alignment comes from authentic relationships, mutual trust, continuous communication, a willingness to be held accountable to measurable progress, and a commitment to ongoing learning about what works for the County and its residents.



**Currently, Focus on Prevention is driven by four strategic results to improve the lives of families and communities in Stanislaus County**



**Families are healthy—physically, mentally, emotionally, and spiritually**



**Families are supported by strong and safe neighborhoods and communities**



**Children and young people are getting a first-rate education—from cradle to career**



**Families are participating in and supported by a healthy economy**

## About this Snapshot

To assess the health and well-being of children and families, Focus on Prevention partnered with Applied Survey Research (ASR) to obtain primary data through direct community input. In 2019, 400 surveys were completed with Stanislaus County residents to gauge the relative priority of various health needs. ASR obtained secondary data from a variety of sources (see Works Cited for a complete list).



In this report, a telephone icon indicates a telephone survey question.

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## HEALTH

Regular physical activity can improve health and quality of life regardless of age or the presence of a chronic disease or disability. In 2019, 89% of Stanislaus County survey respondents expressed satisfaction with their physical health, despite 72% of respondents' Body Mass Index (BMI) indicating that they were overweight or obese.

Routine health checkups are an important indicator of overall health and well-being. In 2019, 82% of overall survey respondents indicated their children had visited a health care provider within the past year. Hispanic or Latino survey respondents (73%) were less likely than White survey respondents (86%) to report that their children had visited a health care provider within the past year.

Mental health plays a major role in people's ability to maintain good physical health. When asked about their mental health, 21% of overall Stanislaus County survey respondents reported their mental health was not good during the past month. Female survey respondents were more likely than male respondents to report poor mental health – 29% and 13%, respectively.



## STRONG & SAFE NEIGHBORHOODS

Community concerns can empower advocacy to create change around public health and safety issues. In 2019, survey respondents in Stanislaus County were most concerned about the following issues: jobs that pay enough to support a family (85%), housing costs (83%), and stress (78%).

Crime contributes to poor physical and mental health for victims, perpetrators, and community members. The total crime rate for Stanislaus County was 33.6 per 1,000 residents in 2018, down from 36.7 per 1,000 residents in 2017. Communities can increase safety by reducing and preventing injury and violence, as well as building strong, cohesive, vibrant, and participatory neighborhoods. When asked about what social activities they had participated in during the past 3 months, the most common response was “spent time socializing with people outside of my home,” reported by 83% of survey respondents. This was followed by 64% who reported attending meetings/events related to their child's school, 51% who reported participating in faith/spirituality-based events, and 38% who said they volunteered with a local group/organization.





## FIRST RATE EDUCATION

High school graduation and college readiness are important measures of how well a region or community prepares its young people for future success and well-being. The high school graduation rate in Stanislaus County has decreased from 88% during the 2016-17 school years to 87% in 2017-2018, but has consistently been higher than the state overall. The number of high school graduates remained relatively constant at 30.1% to 31% from 2017 to 2018.

Higher education is an important driver of economic and intergenerational mobility and socioeconomic advancement in our society. The percentage of Stanislaus County residents with a bachelor's degree or higher remained relatively constant at 17.5% to 16.6% from 2017 to 2018.



## HEALTHY ECONOMY

Employment status is one factor affecting the ability of an individual to live healthfully and contribute to the community as a whole. Eighty-five percent of Stanislaus County children aged 0 to 5 had secure parental employment in 2018, down slightly from 90% in 2017.

Homeownership can offer financial security and stability and is an important step towards gaining and maintaining wealth. Additionally, homeownership helps to insulate owners from cost volatility and inventory shortages in the rental markets. Hispanic or Latino survey respondents in Stanislaus County reported owning their own homes at lower rates than White respondents, 42% and 70% respectively.





# DEMOGRAPHICS

## AGE DISTRIBUTION<sup>1</sup>

	2014	2015	2016	2017	2018
Under 5 Years	7.2%	7.2%	7.3%	7.2%	7.0%
5-19 Years	23.0%	22.7%	22.5%	22.6%	22.7%
20-34 Years	21.2%	21.2%	21.4%	21.5%	21.1%
35-64 Years	36.5%	36.4%	36.0%	35.8%	36.0%
65 Years and Above	12.1%	12.4%	12.8%	12.9%	13.2%
<b>Stanislaus County</b>	<b>531,997</b>	<b>538,388</b>	<b>541,560</b>	<b>547,899</b>	<b>549,815</b>

Note: Percentages may not add up to 100 due to rounding.

## RACE/ETHNICITY DISTRIBUTION<sup>2</sup>

	2014	2015	2016	2017	2018
Asian alone	5.4%	5.6%	5.5%	5.2%	5.0%
Black or African American alone	2.3%	2.6%	2.8%	3.0%	2.9%
Hispanic or Latino (of any race)	44.1%	44.8%	45.6%	46.3%	47.0%
White alone	44.1%	43.4%	42.6%	41.9%	41.0%
Multi-Race (two or more races)	2.6%	2.3%	2.3%	2.5%	2.4%
Other	1.5%	1.2%	1.2%	0.9%	1.5%
<b>Stanislaus County</b>	<b>531,997</b>	<b>538,388</b>	<b>541,560</b>	<b>547,899</b>	<b>549,815</b>

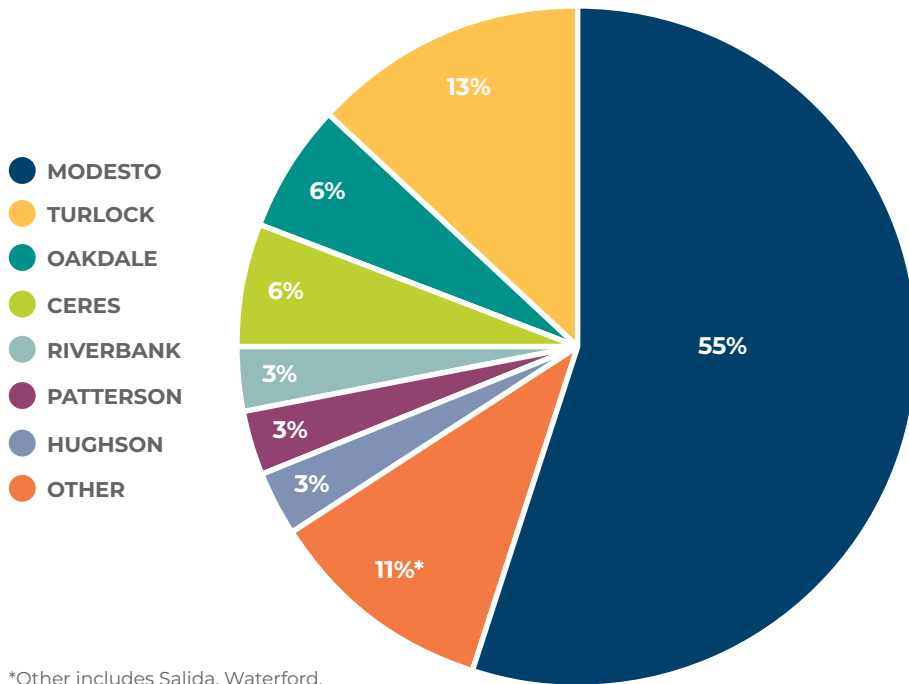
Note: Percentages may not add up to 100 due to rounding.

Going forward in the report, the racial category “Other” in the telephone survey questions includes Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander and Multi-Ethnic/Multi-racial. See the methodology section for more detailed information.

### SEX DISTRIBUTION<sup>3</sup>

	2014	2015	2016	2017	2018
Female	50.5%	50.4%	50.8%	50.3%	50.5%
Male	49.5%	49.6%	49.2%	49.7%	49.5%
<b>Stanislaus County</b>	<b>531,997</b>	<b>538,388</b>	<b>541,560</b>	<b>547,899</b>	<b>549,815</b>

### POPULATION DISTRIBUTION<sup>4</sup>



\*Other includes Salida, Waterford, Newman, Empire, Denair, Keyes, Airport Neighborhood, Westley, East Oakdale, Crows Landing, Del Rio, and Riverdale Park.

Note: Percentages may not add up to 100 due to rounding.



**55%**  
of survey respondents live closest to the city of Modesto.

## HOUSEHOLDS<sup>^</sup> BY TYPE<sup>5</sup>

	2014	2015	2016	2017	2018
<b>Non-Family Households</b>	<b>26.3%</b>	<b>26.6%</b>	<b>24.2%</b>	<b>25.0%</b>	<b>26.8%</b>
<b>Family Households</b>	<b>73.7%</b>	<b>73.4%</b>	<b>75.8%</b>	<b>75.0%</b>	<b>73.2%</b>
Married-Couple Family	52.7%	49.7%	53.8%	54.3%	50.5%
Female Householder Family (No Husband Present)	15.0%	15.4%	14.7%	14.5%	15.6%
Male Householder Family (No Wife Present)	5.9%	8.3%	7.4%	6.3%	7.1%
<b>Total Households</b>	<b>169,038</b>	<b>171,960</b>	<b>172,881</b>	<b>173,573</b>	<b>175,171</b>
Percentage with Persons Under 18 Years	41.7%	40.7%	43.4%	40.8%	37.9%
Percentage with Persons 65 Years and Older	26.8%	27.2%	28.0%	29.7%	38.1%*
<b>Total Population in Households</b>	<b>526,610</b>	<b>533,045</b>	<b>536,258</b>	<b>542,711</b>	<b>544,747</b>
Average Household Size	3.12	3.10	3.10	3.13	3.11
Average Family Size	3.62	3.58	3.55	3.65	3.65

<sup>^</sup> Households refer to an occupied housing unit, while a householder refers to a person in whose name the housing unit is rented or owned. This person must be at least 15 years old. A family householder refers to a household in which there is at least 1 person present who is related to the householder by birth, marriage, or adoption.

\* 2018 data collected reflects "Households with one or more people 60 years and over".

Note: Percentages may not add up to 100 due to rounding.





Families are healthy – physically,  
mentally, emotionally  
and spiritually



# HEALTH

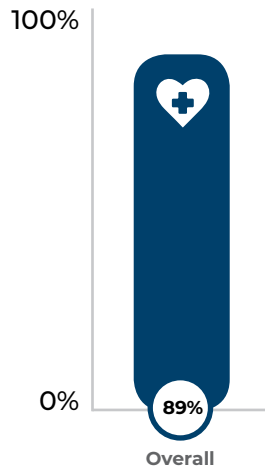
Addressing the physical and mental health care needs of youth and families is paramount to ensuring their overall development and well-being.<sup>1</sup> Poor childhood health affects school attendance and performance and increases the likelihood of chronic health problems as adults.<sup>2</sup> Children and youth exposed to maltreatment and trauma are more likely to suffer life-long emotional and behavioral health concerns.<sup>3</sup>



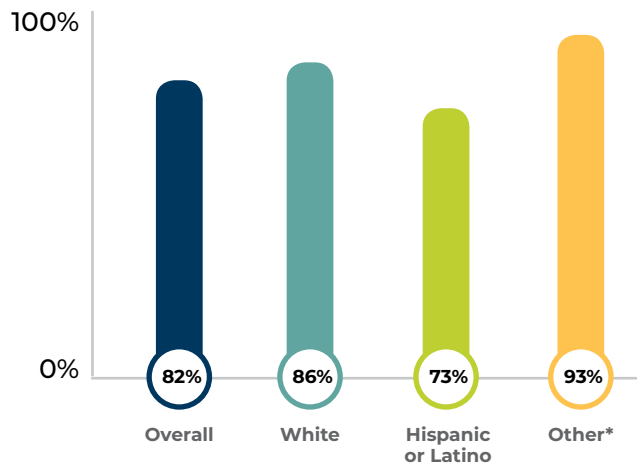
# Physical Health



RESPONDENTS SATISFIED WITH PHYSICAL HEALTH<sup>4</sup>



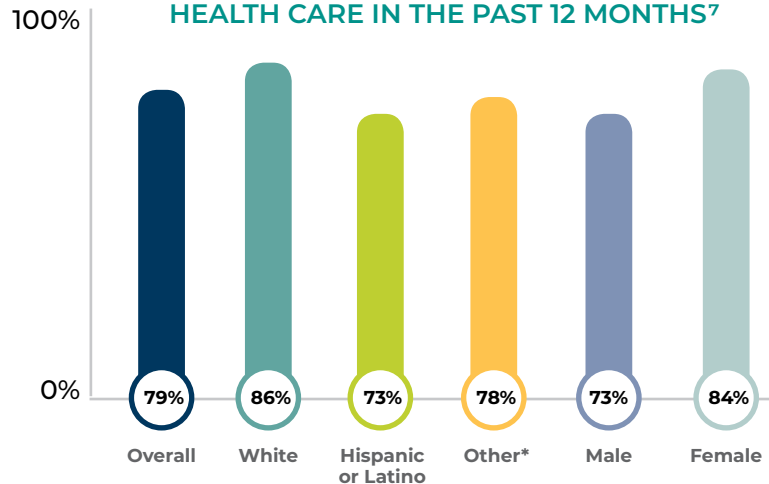
RESPONDENTS' CHILDREN HAVE SEEN A HEALTH CARE PROVIDER IN THE LAST 12 MONTHS<sup>5</sup>



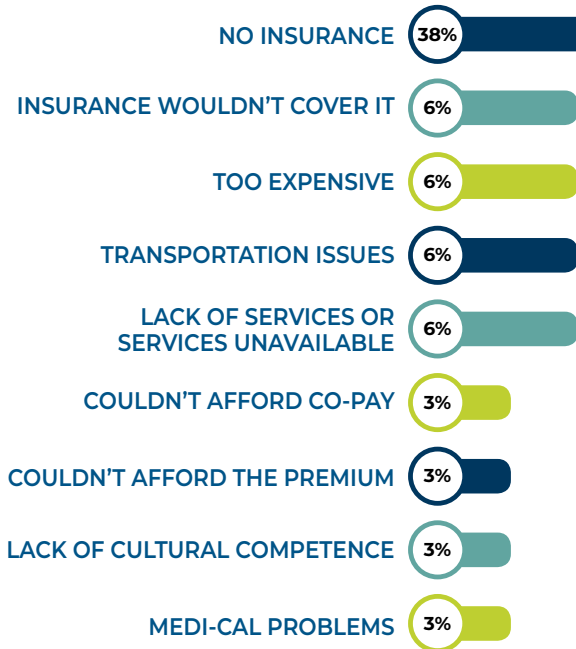
Poverty, food insecurity, and poor nutrition have serious consequences for the health and well-being of children.<sup>6</sup>



RESPONDENTS WHO RECEIVED NECESSARY HEALTH CARE IN THE PAST 12 MONTHS<sup>7</sup>

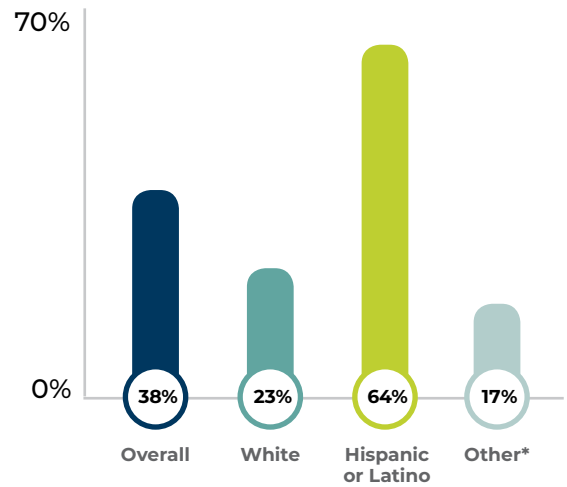


**REASONS RESPONDENTS WERE UNABLE TO RECEIVE THE HEALTH CARE THEY NEEDED<sup>8</sup>**



Note: Percentages may not add up to 100 due to rounding.

**RACE/ETHNICITY OF RESPONDENTS WITH NO INSURANCE<sup>9</sup>**

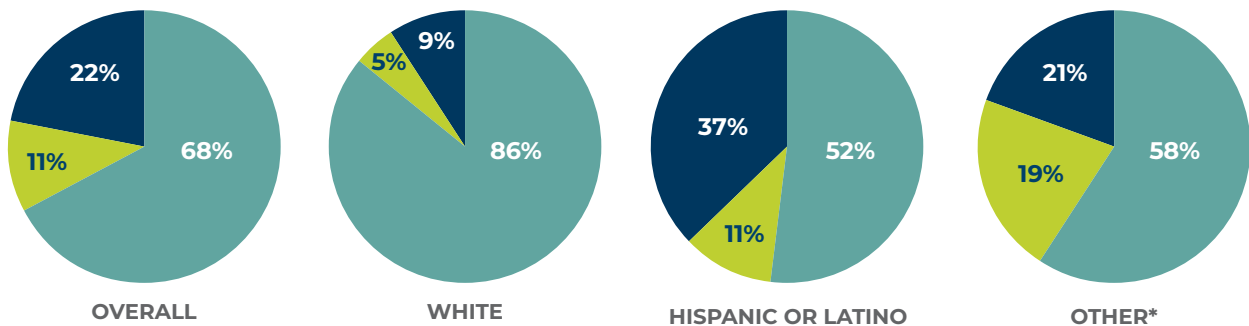


Note: Percentages may not add up to 100 due to rounding.

**38% of survey respondents are not covered by health insurance.**

**USUAL SOURCE OF CARE<sup>10</sup>**

● PRIVATE PRACTICE    
 ● EMERGENCY ROOM AND COMMUNITY CLINICS    
 ● URGENT CARE CLINICS, ALTERNATIVE CARE PRACTICES, AND OUT OF COUNTY



Note: Percentages may not add up to 100 due to rounding.

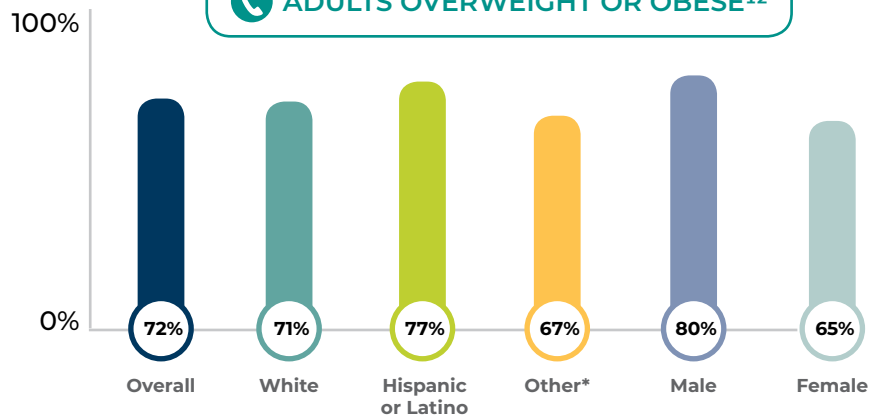


### EVER DIAGNOSED WITH ASTHMA<sup>11</sup>

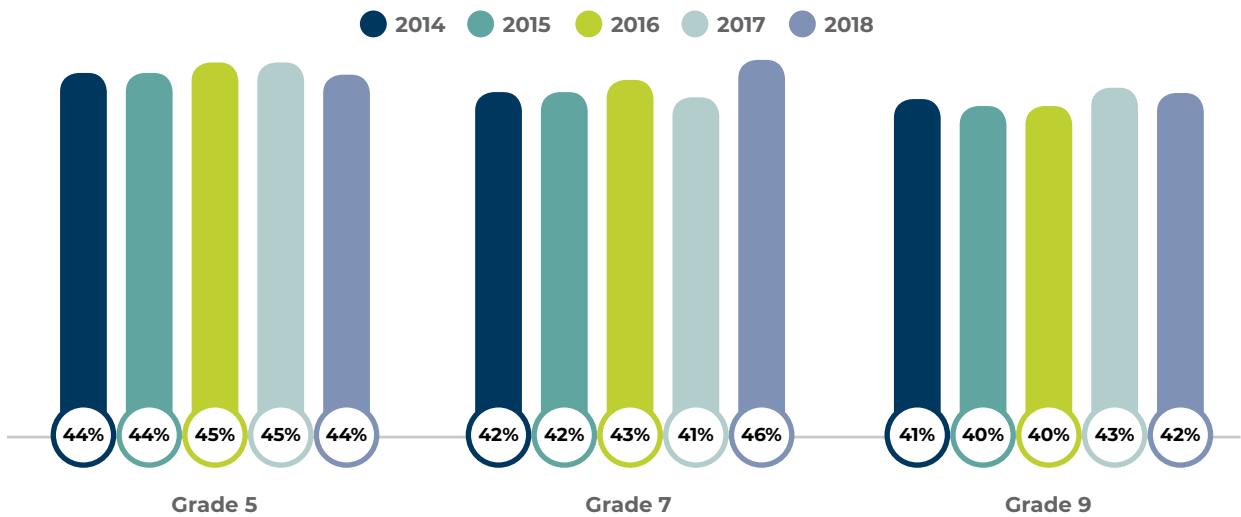
	2014	2015	2016	2017	2018
Latino	12.5%*	12.7%*	11.9%*	13.5%*	17.1%*
White	13.8%*	20.7%	21.5%*	17.1%*	20.5%*
Stanislaus County	12.0%*	19.3%	18.4%	16.5%	18.0%*
California	14.0%	15.2%	14.8%	15.4%	15.7%

\* Data statistically unstable.

### ADULTS OVERWEIGHT OR OBESE<sup>12</sup>



### YOUTH OVERWEIGHT OR OBESE<sup>13</sup>



**89%** of respondents expressed satisfaction with their physical health, despite

**72%** of respondents BMI indicating that they are overweight or obese.





# Death Rates

## DEATH RATES BY CAUSE

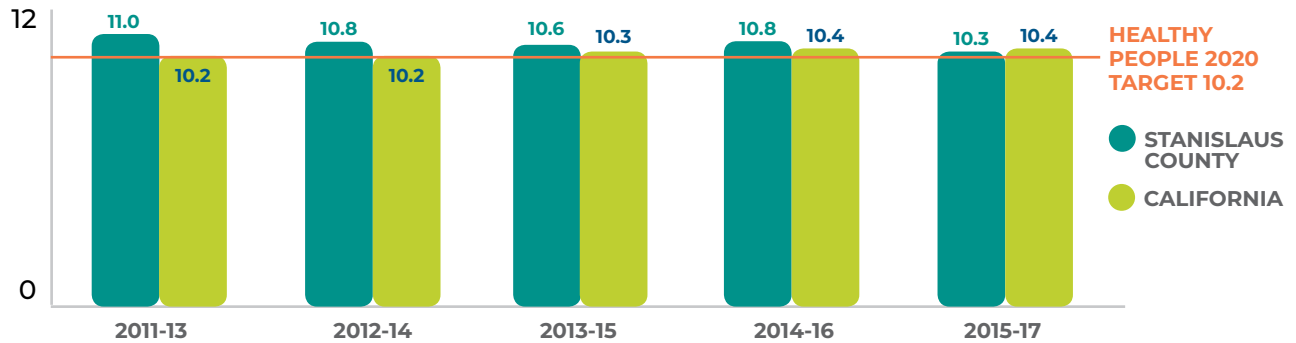
AGE-ADJUSTED<sup>^</sup> DEATH RATE PER 100,000 POPULATION  
(THREE-YEAR AVERAGES) BY CAUSE OF DEATH<sup>14</sup>

	2011-13	2012-14	2013-15	2014-16	2015-17
<b>All Cancers</b>	<b>Healthy People 2020 Target: 161.4</b>				
<b>Stanislaus County</b>	166.7	172.3	174.1	171.5	166.7
California	151.0	146.5	143.8	140.2	137.4
<b>Lung Cancer</b>	<b>Healthy People 2020 Target: 45.5</b>				
<b>Stanislaus County</b>	41.1	29.5	39.5	36.5	37.1
California	33.6	31.7	30.6	28.9	27.5
<b>Breast Cancer (Female)</b>	<b>Healthy People 2020 Target: 20.7</b>				
<b>Stanislaus County</b>	20.3	22.1	21.2	19.9	18.8
California	20.7	20.3	19.8	19.1	18.9
<b>Coronary Heart Disease</b>	<b>Healthy People 2020 Target: 103.4</b>				
<b>Stanislaus County</b>	148.0	146.3	141.7	135.6	131.1
California	103.8	96.6	93.2	89.1	87.4

<sup>^</sup> Age-adjusted rate calculations are a summary measure allowing for unbiased comparisons between groups with different age distributions in the population over time, or among diverse populations. Unless noted as age-adjusted, rates shown are age-specific rates which are also used for unbiased evaluation however among groups of the same age or age range. Age-adjusted rates and age-specific rates are not comparable.

## DEATH BY SUICIDE<sup>15</sup>

### AGE-ADJUSTED<sup>^</sup> DEATH RATE PER 100,000 PEOPLE

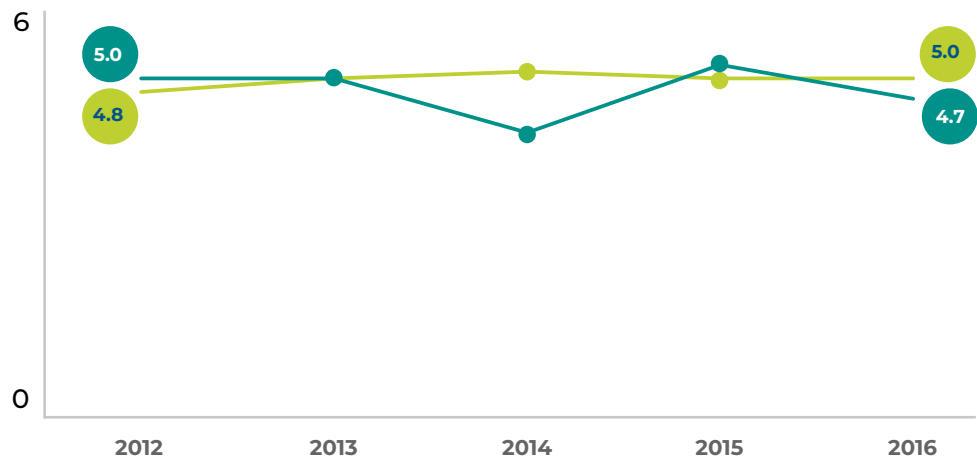


<sup>^</sup> Age-adjusted rate calculations are a summary measure allowing for unbiased comparisons between groups with different age distributions in the population over time, or among diverse populations. Unless noted as age-adjusted, rates shown are age-specific rates which are also used for unbiased evaluation however among groups of the same age or age range. Age-adjusted rates and age-specific rates are not comparable.

## Mental/Behavioral Health & Substance Use

### ADOLESCENT HOSPITALIZATION RATE PER 1,000 FOR MENTAL HEALTH ISSUES, AMONG AGES 5-19 YEARS<sup>16</sup>

● STANISLAUS COUNTY  
● CALIFORNIA



### ADOLESCENT HOSPITALIZATION RATE PER 1,000 FOR MENTAL HEALTH ISSUES

Age Group	2012	2013	2014	2015	2016
5-14 years	2.1	2.4	2.2	2.7	2.6
15-19 years	10.3	10.2	8.0	9.9	8.8

Mental illness is the #1 reason California kids are hospitalized.<sup>17</sup>

# Suicide is the second leading cause of death for youth and young adults ages 10 to 24.<sup>18</sup>

## PERCENT OF YOUTH SERIOUSLY CONSIDERING SUICIDE<sup>19</sup>

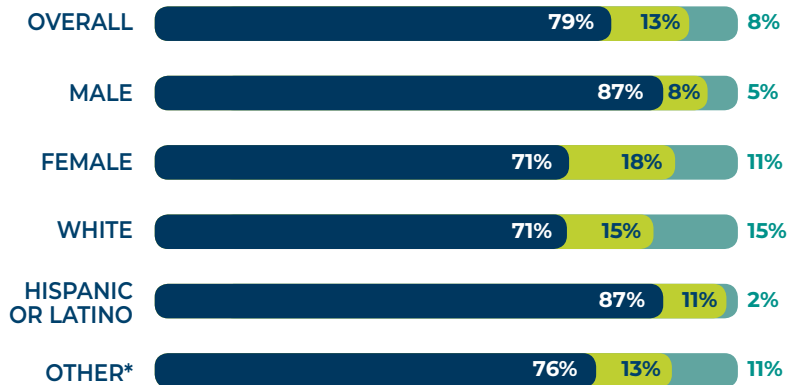
**2014-2015**

**2015-2017**



**NUMBER OF DAYS MENTAL HEALTH WAS NOT GOOD DURING THE PAST 30 DAYS<sup>20</sup>**

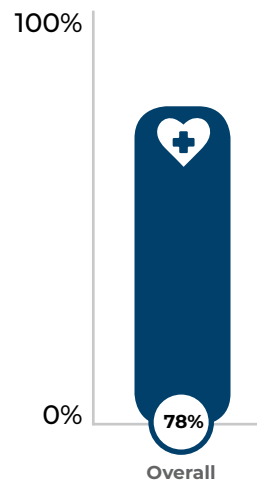
- 0 DAYS
- 1 TO 5 DAYS
- 6 OR MORE DAYS



Note: Percentages may not add up to 100 due to rounding.

Children need access to quality, affordable mental health care and supports that monitor and treat mental illness, help them build positive relationships, assist those who have experienced trauma, and give youth the ability to face typical stressors with resilience.<sup>21</sup>

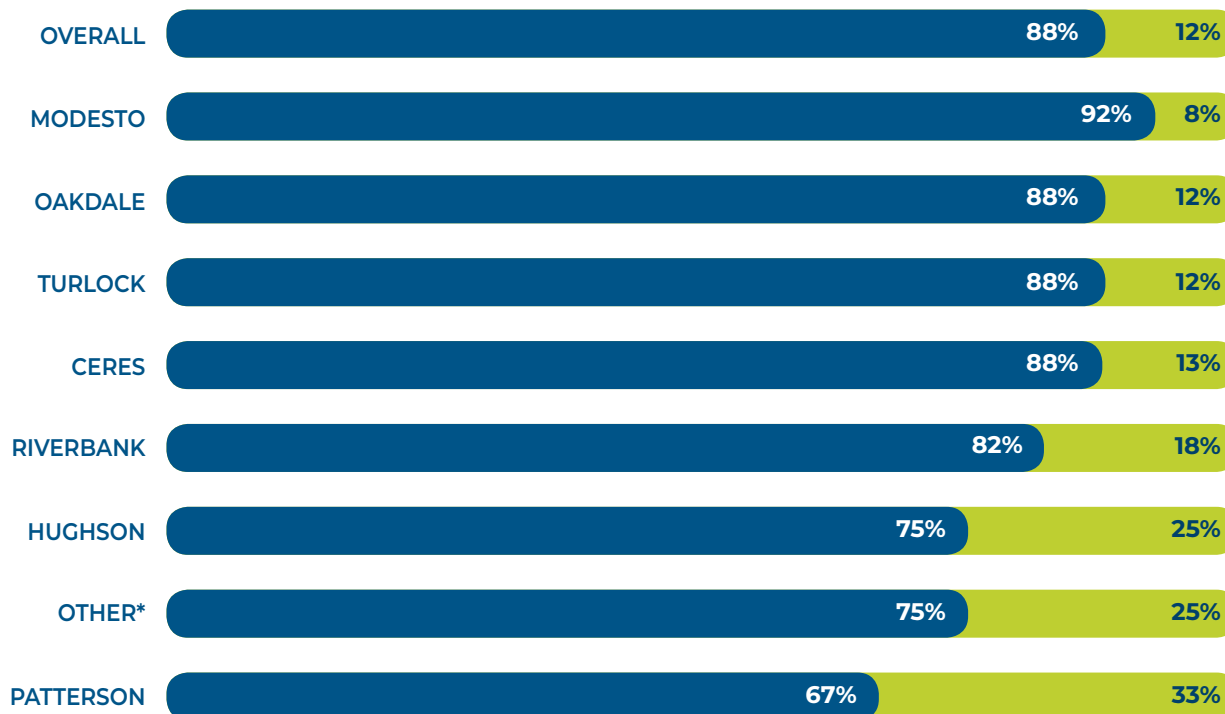
**RESPONDENTS WHO NEEDED MENTAL HEALTH TREATMENT, COUNSELING OR OTHER HELP, IN THE LAST 12 MONTHS AND RECEIVED IT<sup>22</sup>**



# Access to Healthy Food

 DISTANCE TRAVELED IN ORDER TO GET HEALTHY FOOD, LIKE FRESH FRUITS AND VEGETABLES<sup>23</sup>

 LESS THAN 5 MILES  6 MILES OR MORE



Note: Percentages may not add up to 100 due to rounding.

More than **20%** of California kids are food insecure.<sup>24</sup>





Families support each other through strong and safe neighborhoods and communities



## STRONG & SAFE NEIGHBORHOODS

Children and youth in supportive communities and caring families are best positioned for future success.<sup>1</sup> Two-generation approaches recognize that the well-being of children and youth is intrinsically connected to the well-being of their parents and caregivers. Recognizing and addressing these needs in tandem offers a stronger chance to break the cycle of poverty.<sup>2</sup>



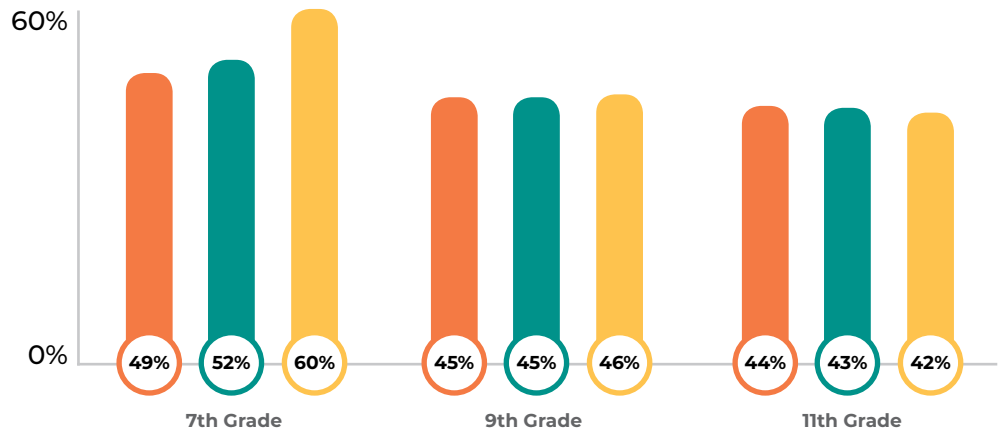
Students who report high levels of school connectedness feel they have adults at school who care about them both as learners and as individuals.<sup>3</sup>



## Youth Connectedness

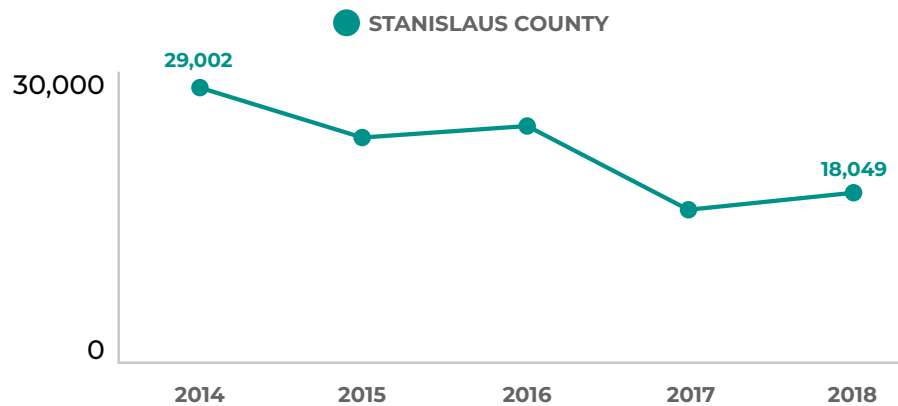
STUDENTS WHO REPORTED HIGH LEVELS OF SCHOOL CONNECTEDNESS<sup>4</sup>

- 2011-13
- 2013-15
- 2015-17



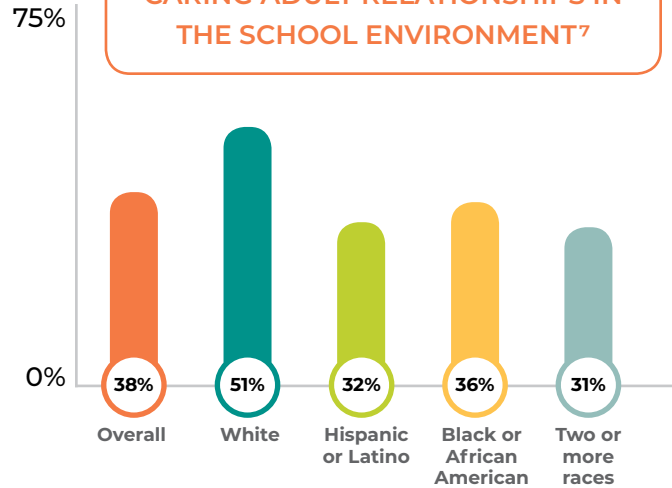
**Disconnected youth** are those individuals ages 16-24 who are both not in school and not working. Disconnected youth are removed from people, communities, and experiences that would allow them the opportunities to develop critical skills to achieve stability and success into adulthood and further into their futures.<sup>5</sup>

### DISCONNECTED YOUTH<sup>6</sup>

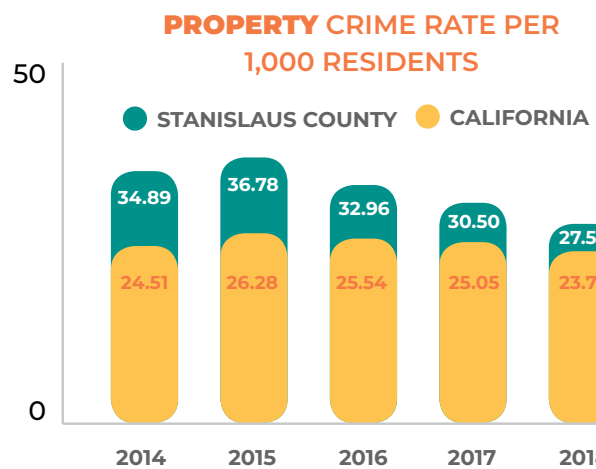
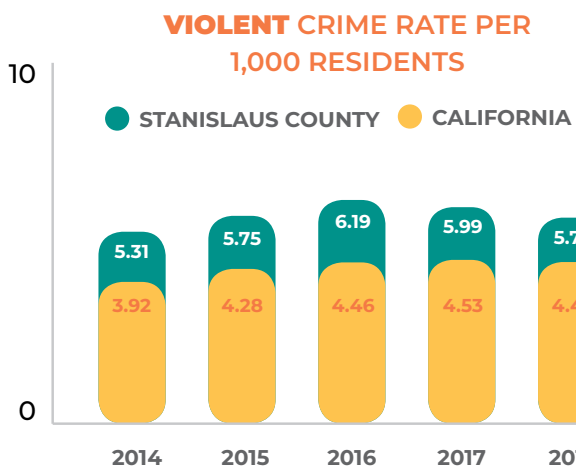
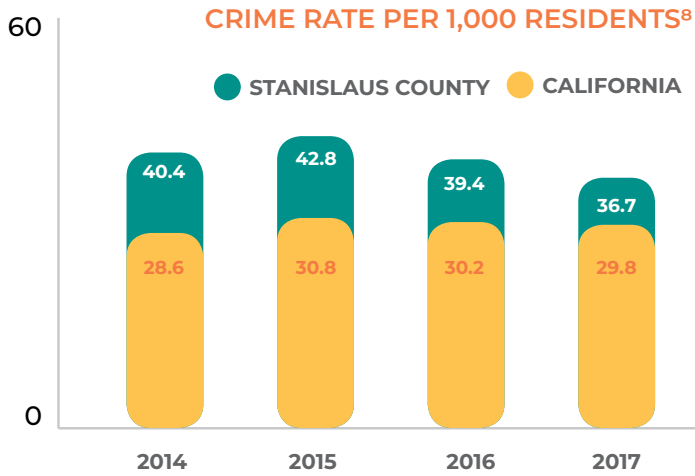




**7TH GRADE STUDENTS WITH CARING ADULT RELATIONSHIPS IN THE SCHOOL ENVIRONMENT<sup>7</sup>**



## Community Safety



**CRIME RATE PER 1,000 RESIDENTS<sup>9</sup>**

	2014	2015	2016	2017	2018
<b>Violent Crime Rate<sup>^</sup></b>					
City of Ceres	3.10	2.58	3.89	4.65	4.64
City of Hughson	1.53	1.77	1.07	0.26	0.88
City of Modesto	8.53	9.66	9.98	9.77	8.92
City of Newman	2.35	1.50	2.93	1.16	1.65
City of Oakdale	1.99	1.96	2.41	1.35	2.05
City of Patterson	1.85	2.31	2.69	1.99	2.26
City of Riverbank	1.20	1.48	2.28	1.61	0.96
City of Turlock	5.24	5.29	5.27	6.06	5.68
City of Waterford	2.07	1.48	1.35	1.78	2.21
Unincorporated	3.27	3.49	4.12	3.42	3.71
<b>Property Crime Rate<sup>□</sup></b>					
City of Ceres	33.89	33.96	26.73	32.82	29.52
City of Hughson	19.91	20.94	19.62	13.12	11.06
City of Modesto	43.74	48.30	44.24	39.88	36.21
City of Newman	14.78	13.74	13.71	12.65	11.66
City of Oakdale	38.01	39.20	30.65	25.48	23.70
City of Patterson	28.97	22.97	21.85	22.19	16.53
City of Riverbank	29.37	26.02	25.55	22.63	17.85
City of Turlock	35.34	38.24	35.60	31.14	30.18
City of Waterford	22.55	14.16	14.11	13.35	12.60
Unincorporated	18.71	18.81	15.98	14.17	14.80
<b>Total Crime Rate<sup>■</sup></b>					
City of Ceres	37.06	36.62	30.76	37.67	34.55
City of Hughson	21.86	23.12	21.10	13.38	11.94
City of Modesto	52.56	58.27	54.53	49.94	45.43
City of Newman	17.14	15.24	16.73	13.81	13.31
City of Oakdale	39.99	41.43	33.19	26.96	25.93
City of Patterson	31.05	25.41	24.62	24.26	18.88
City of Riverbank	30.57	27.50	27.87	24.32	18.81
City of Turlock	41.04	43.95	41.07	37.68	36.47
City of Waterford	24.63	15.64	15.47	15.13	14.80
Unincorporated	22.12	22.43	20.23	17.69	18.67

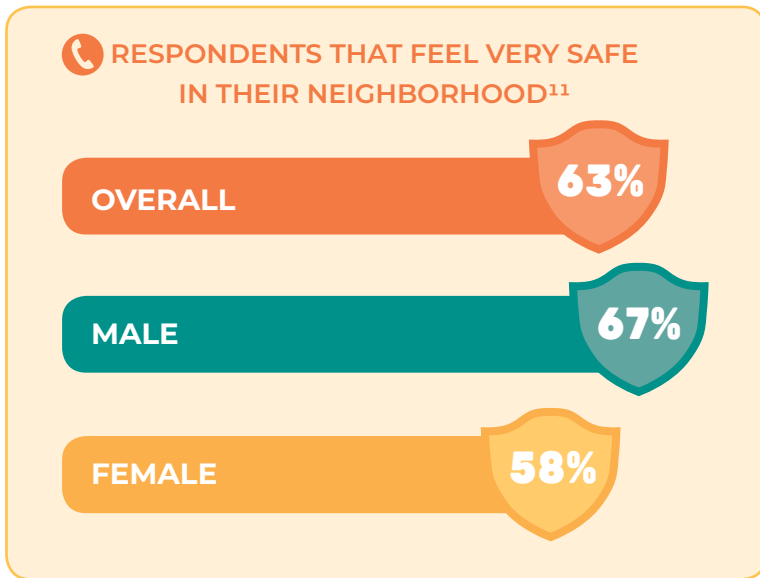
<sup>^</sup> Violent crime rate includes: homicide, rape, robbery, and aggravated assault.

<sup>□</sup> Property crime rate includes: burglary, motor vehicle theft, and larceny-theft over \$400.

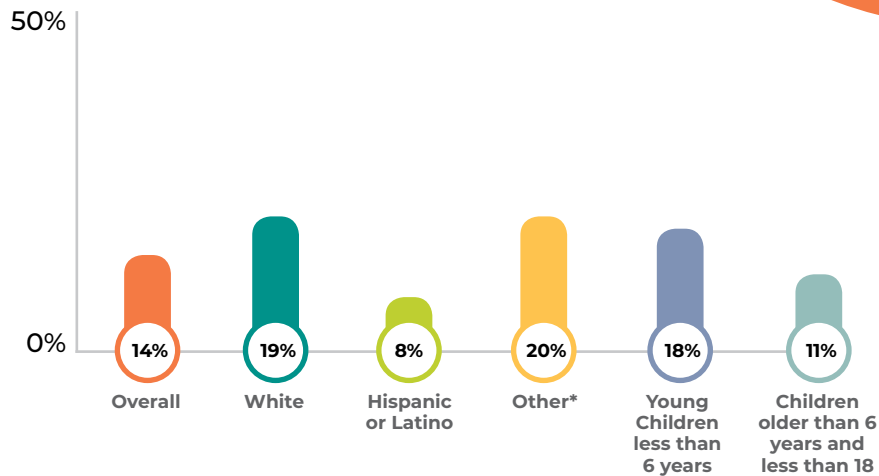
<sup>■</sup> Total crime rate includes: violent crime, property crime, and arson.



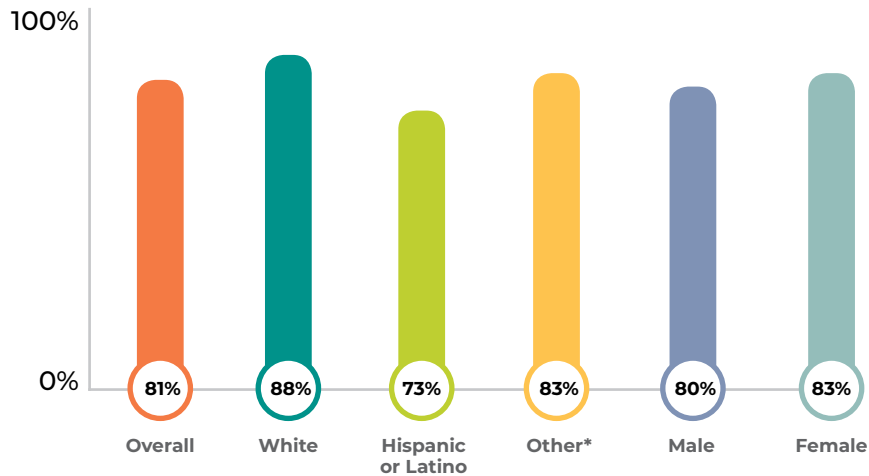
**A safe community is a livable community in which people can go about their daily activity in an environment without fear or risk of harm or injury.<sup>10</sup>**



**HOUSEHOLD EXPERIENCE WITH CRIME IN THE LAST 12 MONTHS<sup>12</sup>**



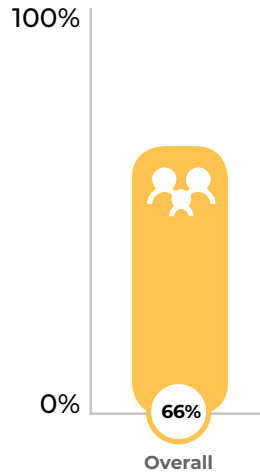
**SOMEWHAT OR VERY CONCERNED ABOUT CRIME IN THE COMMUNITY<sup>13</sup>**



# Community Connectedness

**RESPONDENTS WHO HAVE SOMEONE THEY CAN ALWAYS TURN TO WHEN THEY NEED HELP<sup>14</sup>**

Note: Data shown does not include the breakdown by race/ethnicity, gender or age of children due to minimal difference among responses.



**PARTICIPATION IN THE FOLLOWING ACTIVITIES DURING THE PAST 3 MONTHS...<sup>15</sup>**

● OVERALL ● WHITE ● HISPANIC OR LATINO ● OTHER\*

**SPENT TIME SOCIALIZING WITH PEOPLE OUTSIDE OF MY HOME (PEOPLE WHO DO NOT LIVE WITH ME)**



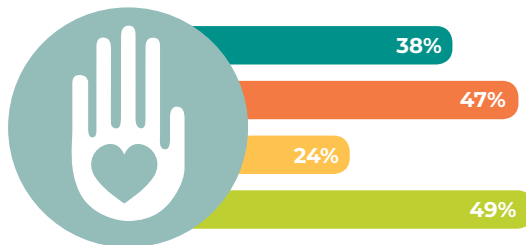
**ATTENDED MEETINGS/ EVENTS RELATED TO MY CHILDS SCHOOL**



**PARTICIPATED IN FAITH/SPIRITUALITY BASED EVENTS**



**VOLUNTEERED WITH A LOCAL GROUP/ ORGANIZATION**

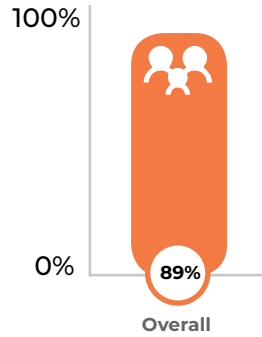


**89%** of survey respondents have someone they can confide in when needed.



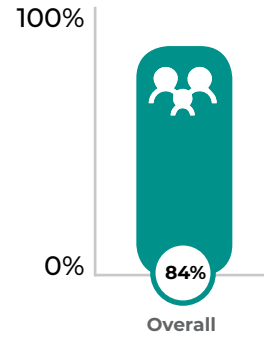
**HOW MUCH DO YOU AGREE WITH THE FOLLOWING STATEMENTS:**

I HAVE SOMEONE I CAN CONFIDE IN OR TALK TO WHEN I NEED SUPPORT<sup>16</sup>



Note: Data shown does not include the breakdown by race/ethnicity, gender or age of children due to minimal difference among responses.

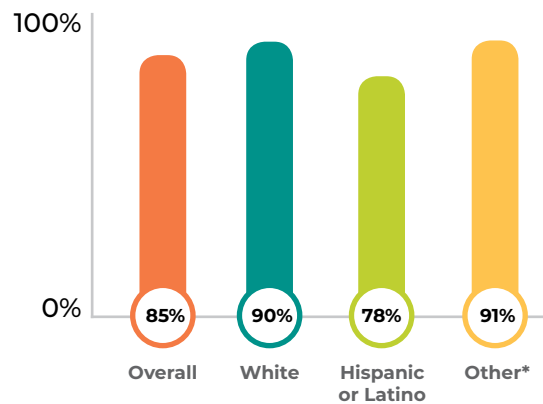
I HAVE SOMEONE I COULD CALL AT 3 AM IF I NEEDED HELP OR SUPPORT<sup>17</sup>



Note: Data shown does not include the breakdown by race/ethnicity, gender or age of children due to minimal difference among responses.



I KNOW SOMEONE WHO CAN SUGGEST HOW TO FIND HELP WITH A PERSONAL PROBLEM<sup>18</sup>



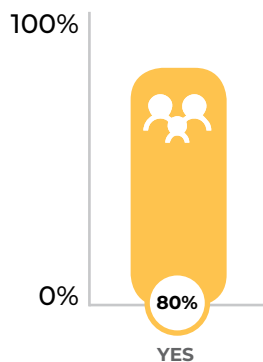




Well-being is a state of existence rooted in the social determinants of health, and is addressed across an individual's physical, mental, emotional, and spiritual needs.

## Community Well-being

 I AM A MEMBER OF A COMMUNITY<sup>19</sup>



 AGREEMENT WITH THE FOLLOWING STATEMENTS ABOUT RESPONDENTS' COMMUNITY<sup>20</sup>

EVERYONE CAN PARTICIPATE IN MAKING DECISIONS THAT WILL HELP US

82%

WE ACT TOGETHER TO MAKE POSITIVE CHANGE

84%

WE SUPPORT EACH OTHER

89%

I ASK FOR SUPPORT FROM OTHER COMMUNITY MEMBERS

68%

I OFFER SUPPORT TO OTHER COMMUNITY MEMBERS

86%



**RESPONDENTS THAT ARE CONCERNED ABOUT THE FOLLOWING ISSUES:<sup>21</sup>**

**HOUSING COSTS**



**JOBS THAT PAY ENOUGH TO SUPPORT A FAMILY**



**STRESS**



- OVERALL
- WHITE
- HISPANIC OR LATINO
- OTHER\*
- MALE
- FEMALE



**Children** who live in highly supportive neighborhoods have positive outcomes such as stronger connections with family, peers and community, and greater participation in out-of-school time programs, volunteering, and religious services.<sup>22</sup>

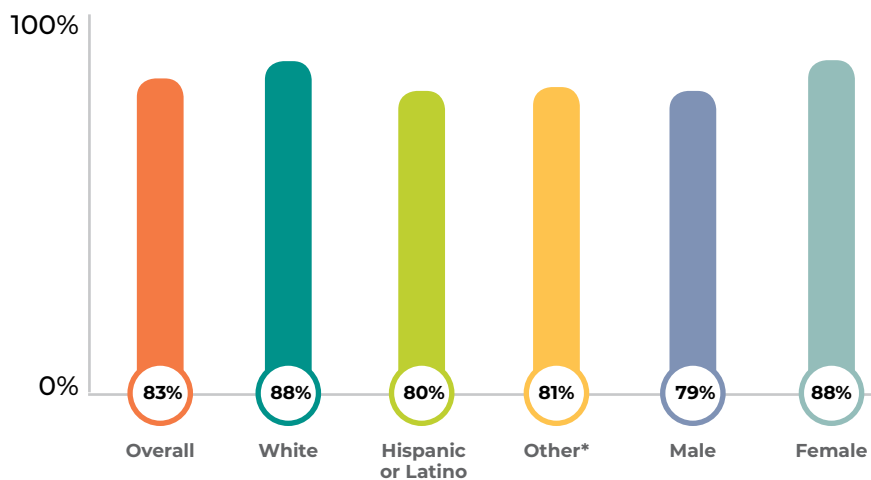


83%

of survey respondents are concerned about homelessness in their community



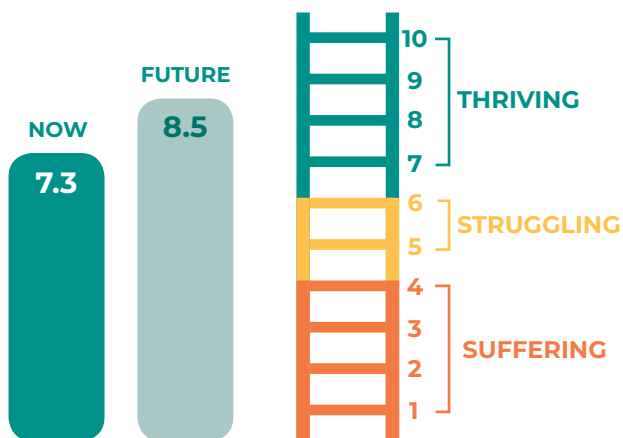
### RESPONDENTS THAT ARE CONCERNED ABOUT HOMELESSNESS IN THEIR COMMUNITY<sup>23</sup>



### CANTRIL LADDER - NOW AND FUTURE



ON WHICH STEP OF THE LADDER WOULD YOU SAY YOU PERSONALLY FEEL YOU STAND AT THIS TIME? AND ON WHICH STEP DO YOU THINK YOU WILL STAND ABOUT **FIVE** YEARS FROM NOW?<sup>24</sup>



### THE CANTRIL LADDER

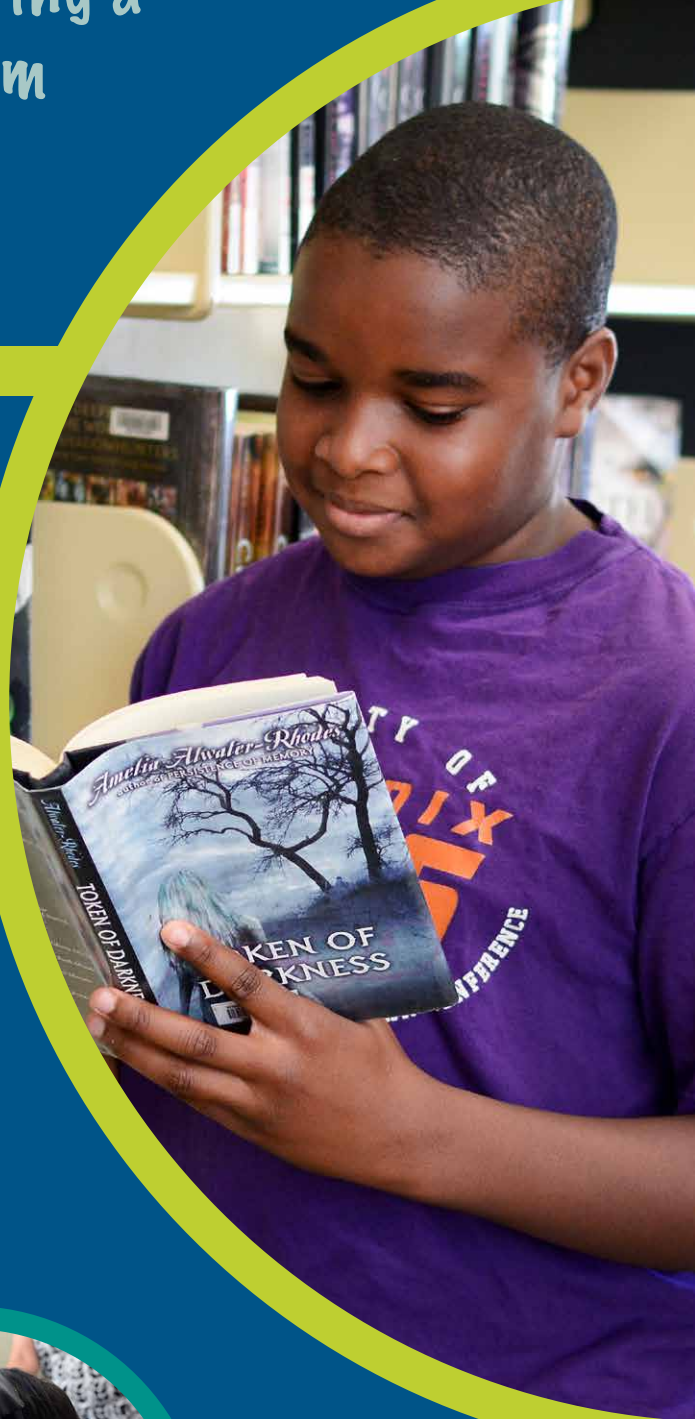
The Cantril Ladder is used across the globe to monitor well-being. Respondents are asked to think of a ladder, with the best possible life for them being a 10, and the worst possible life being a 0. They are then asked to rate their own current lives on that 0 to 10 scale.

Children and youth are getting a  
first-rate education from  
cradle to career



# FIRST RATE EDUCATION

A quality education lays the foundation for children and youth to become productive, contributing adults. Engagement in early education and proficiency in reading are both tied to positive educational outcomes.<sup>1</sup> High school graduation serves as a strong predictor of employment and adult earning potential.<sup>2</sup>

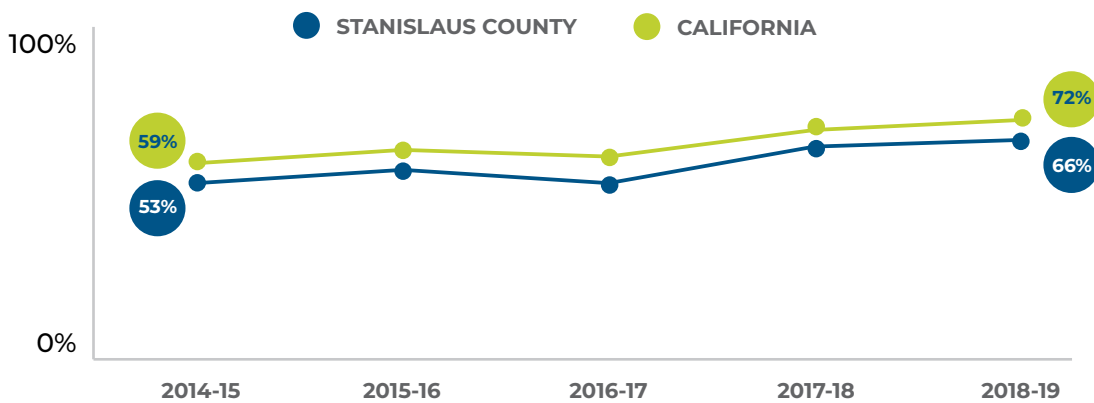




Proficiency in third grade reading and eighth grade math, are key education milestones that not only inform a child's trajectory towards remaining in school and on track to graduate, but also indicate their future earning potential and career success as adults.<sup>3</sup>

## Achievement

### PERCENTAGE OF STUDENTS THAT ARE AT OR NEAR 3<sup>RD</sup> GRADE READING STANDARD<sup>4</sup>

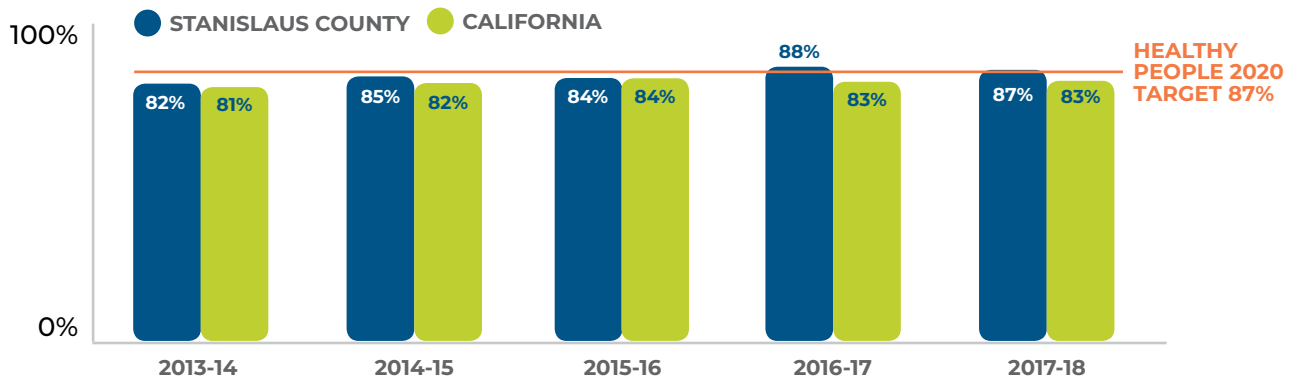


<sup>4</sup>3rd grade reading standard is a measurement of how well students understand stories and information that they read.

Note: Standards not met includes students who nearly met standards.

### HIGH SCHOOL GRADUATION RATE<sup>5</sup>

#### COHORT<sup>^</sup> OUTCOME GRADUATION RATES





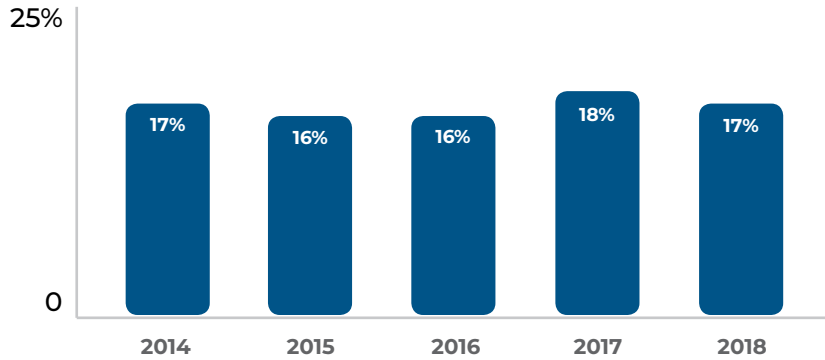
	2013-14	2014-15	2015-16	2016-17	2017-18
<b>School District</b>					
Ceres Unified	86.8%	89.3%	87.8%	85.9%	84.7%
Denair Unified	74.8%	82.6%	80.6%	100.0%	96.8%
Hughson Unified	93.8%	97.3%	95.9%	93.9%	95.4%
Modesto City High	84.3%	87.0%	87.7%	88.4%	87.0%
Newman-Crows Landing Unified	93.4%	98.5%	96.6%	97.2%	95.2%
Oakdale Joint Unified	92.0%	94.1%	93.1%	92.2%	87.6%
Patterson Joint Unified	89.2%	85.1%	88.9%	85.9%	87.5%
Riverbank Unified	80.5%	84.5%	90.0%	94.0%	91.1%
Turlock Unified	90.8%	94.4%	94.5%	94.7%	94.0%
Waterford Unified	93.3%	93.7%	94.9%	88.7%	91.4%
<b>Ethnicity</b>					
Hispanic/Latino	79.9%	82.6%	82.5%	83.3%	83.0%
White	85.7%	88.1%	86.7%	86.0%	86.1%

^ A cohort is a group of students that could potentially graduate during a four-year time period (grade 9 to grade 12).

**EDUCATIONAL ATTAINMENT**

**ADULT (AGES 25 YEARS AND OLDER) HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT<sup>6</sup>**

● BACHELOR'S DEGREE OR HIGHER



Research supports ties between the educational attainment of a parent and the future success of their children, as higher levels of education allow parents to build financial stability and maintain healthier households, supporting the circumstances that allow children to thrive.<sup>7</sup>





**ADULT (AGES 25 YEARS AND OLDER) HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT<sup>8</sup>**

	2014	2015	2016	2017	2018
<b>Attainment Level</b>					
Less than 9th Grade	12.3%	11.7%	13.0%	11.6%	9.9%
9th to 12th Grade, No Diploma	9.3%	11.1%	10.6%	9.2%	9.9%
High School Graduate (Includes Equivalency)	27.3%	28.5%	27.5%	30.1%	31.0%
Some College, No Degree	26.0%	24.8%	24.7%	24.6%	25.0%
Associate's Degree	8.0%	7.4%	7.9%	7.0%	7.7%
Bachelor's Degree	11.4%	10.9%	11.2%	12.0%	11.4%
Graduate or Professional Degree	5.6%	5.5%	5.0%	5.5%	5.2%

Note: Percentages may not add up to 100 due to rounding.

**HIGH SCHOOL COMPLETION** is both a pre-requisite for college as well as an important indicator for future career readiness. Youth who complete high school are more likely to have better choices and opportunities while in young adulthood, experience better physical and mental health, not engage in criminal activity, not live in poverty, have higher levels of self-esteem, and are ultimately more prepared for future success.<sup>9</sup>

Families are participating in  
a healthy economy



# HEALTHY ECONOMY

Access to affordable housing and adequate parental employment are important to providing the necessary circumstances for children to thrive at school and in the future.<sup>1</sup> Experiencing these conditions in childhood are associated with better long-term outcomes and breaking the cycle of poverty.<sup>2</sup>



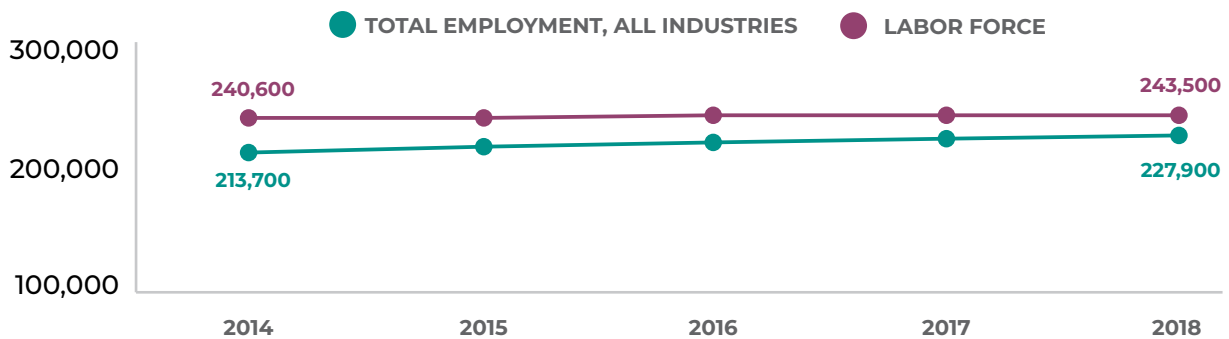
Examining employment and revenue by sector helps us understand the changing composition of jobs within the region and the strength of the economy.



## Employment

### JOB GROWTH RATE

TOTAL EMPLOYMENT<sup>^</sup> AND LABOR FORCE<sup>^</sup> OF ALL INDUSTRIES<sup>3</sup>

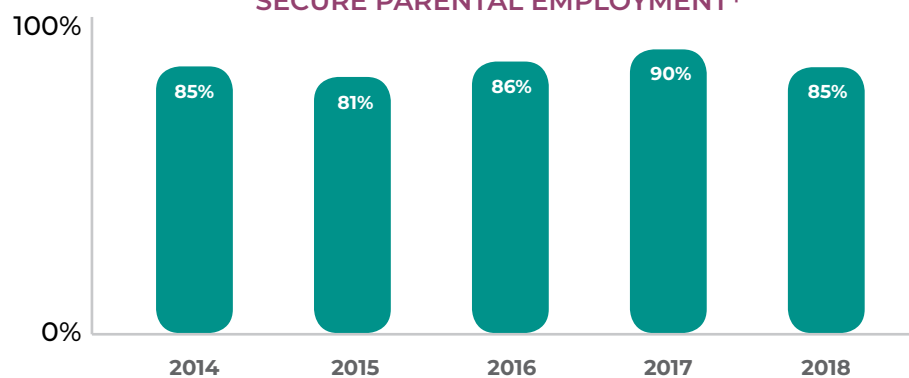


<sup>^</sup> Includes all persons ages 16 and older employed within a variety of industries i.e. Government, Education, Health, Retail, Leisure, Professional, Business Services, Manufacturing, Mining, Logging, Construction, Wholesale Trade, Financial Activities, Transportation, Warehousing, Utilities, Information, and other services.

<sup>▲</sup> Includes all persons ages 16 and older eligible for employment that are either employed or unemployed excluding the jobless who aren't looking for work.

### SECURE PARENTAL EMPLOYMENT

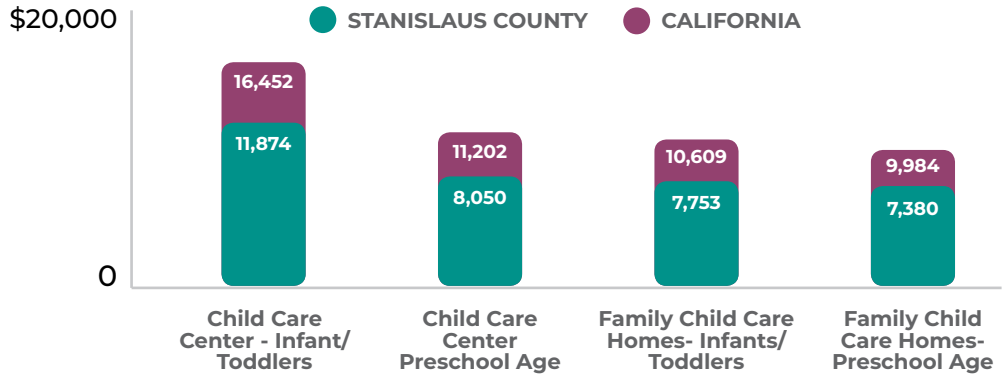
PERCENTAGE OF CHILDREN (AGES 0-5) WITH SECURE PARENTAL EMPLOYMENT<sup>4</sup>





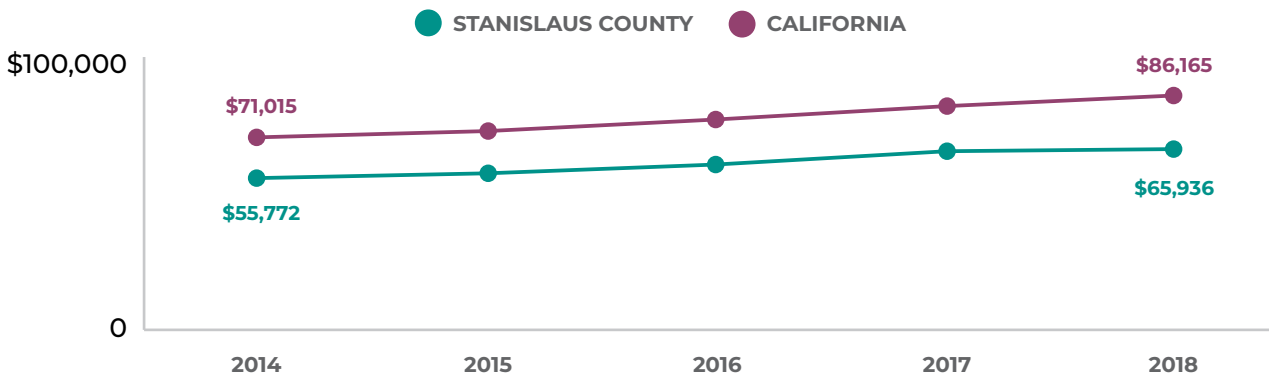
## AMOUNT SPENT ON CHILDCARE

AVERAGE ANNUAL COST OF CHILD CARE<sup>5</sup>

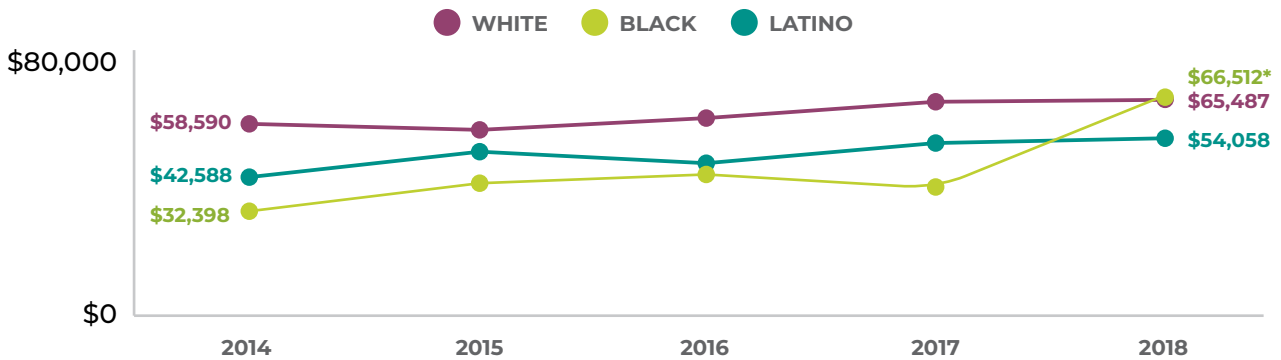


## Income

### MEDIAN FAMILY INCOME<sup>6</sup>



### MEDIAN FAMILY INCOME<sup>^</sup> BY RACE/ETHNICITY<sup>7</sup>

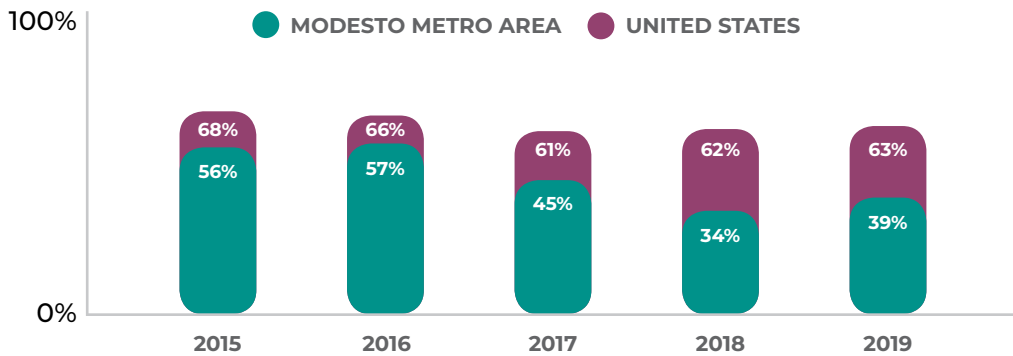


<sup>^</sup> Median Family Income divides income distribution into two equal groups, with half of local families having incomes greater than the median and half having incomes less than the median. The median family income is the sum of monetary income received in the previous calendar year by all household members 15 years old and over, including household members not related to the householder.

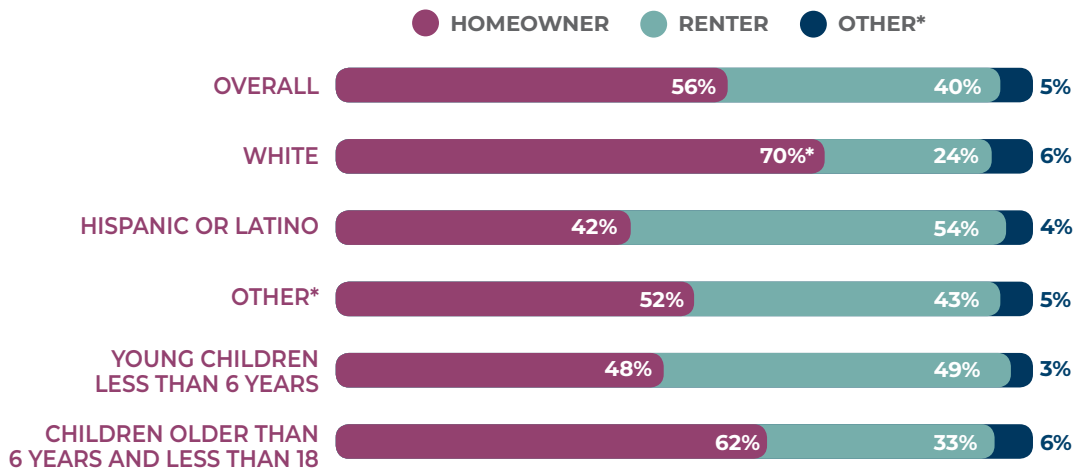
\*Data point for "Black" race marker in 2018 has large margin of error +/- 16,171.

# Housing Status and Affordability

## PERCENTAGE OF HOMES AFFORDABLE FOR MEDIAN INCOME FAMILIES<sup>8</sup>



## HOUSING STATUS<sup>9</sup>

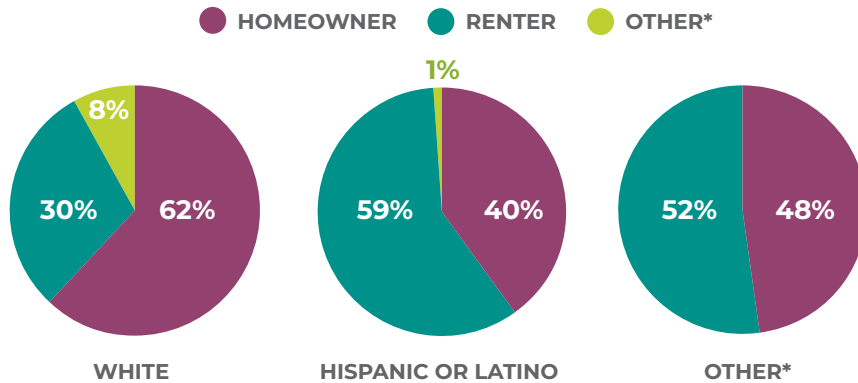


\*Other includes family house and all other responses  
 Note: Percentages may not add up to 100 due to rounding.

Only **39%** of homes are affordable for median income families in Stanislaus County.

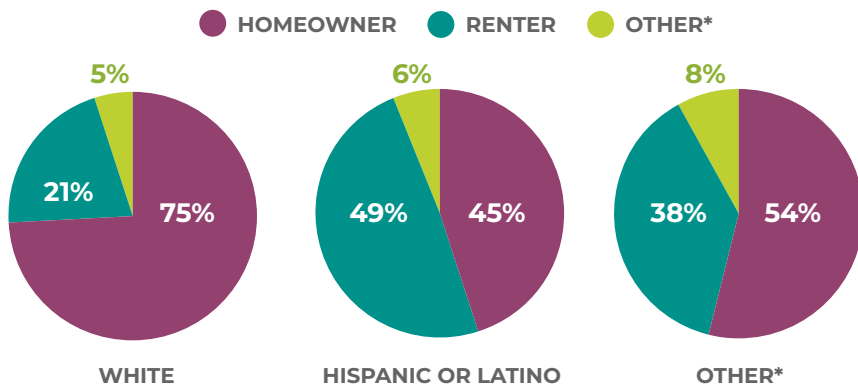


**HOUSING STATUS AMONG FAMILIES WITH CHILDREN FIVE AND UNDER<sup>10</sup>**



\*Other includes family house and all other responses  
 Note: Percentages may not add up to 100 due to rounding.

**HOUSING STATUS AMONG FAMILIES WITH CHILDREN AGES 6 TO 18<sup>11</sup>**

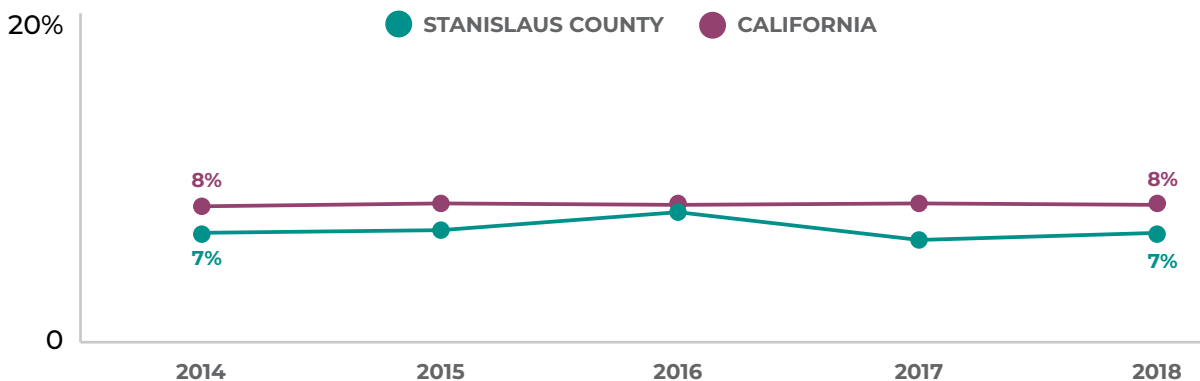


\*Other includes family house and all other responses  
 Note: Percentages may not add up to 100 due to rounding.



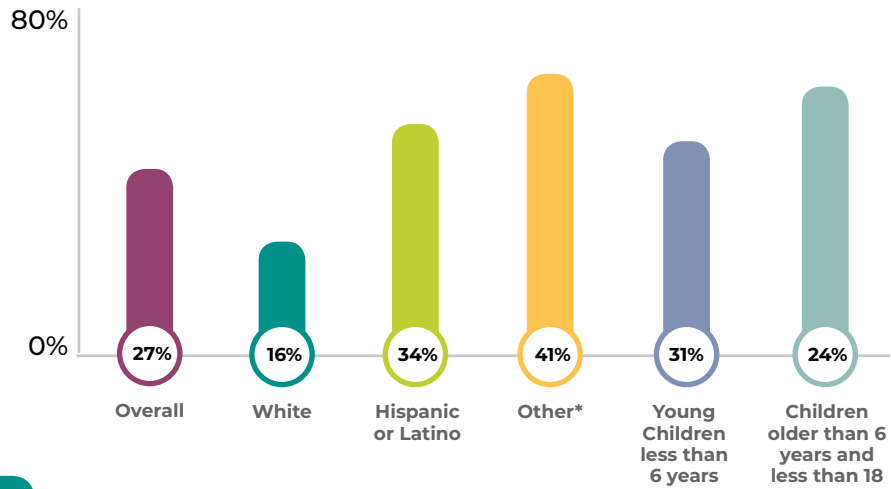
**Child and youth well-being** is negatively affected in crowded living arrangements, which are linked to infectious disease, stress and aggression, and poor educational outcomes. These impacts are also noted in homelessness research, as the loss of housing can have life-altering effects on children and youth. Furthermore, in both situations of crowding and homelessness, there is increased risk that key emotional relationships between parents and children will weaken.<sup>13</sup>

**LIVING IN OVERCROWDED HOUSING<sup>12</sup>**



<sup>12</sup>Overcrowded housing is defined as households with more than one person per one room in a housing unit.

**RESPONDENTS THAT SPEND 1/3 OR MORE OF THEIR INCOME ON HOUSING<sup>14</sup>**



## Methodology

This report represents a data collection process that included a telephone survey and compilation of secondary data. A telephone survey was developed by Applied Survey Research (ASR) in collaboration with Focus on Prevention. ASR developed survey questions to mirror nationally-validated indicators, as well as to meet Focus on Prevention data interests pertaining to attitudes and behaviors associated with health and well-being in Stanislaus County.

In September of 2019, 400 Stanislaus County residents were surveyed. Telephone contacts were attempted utilizing a combination of random digit dial and targeted sampling of residents 18 years or older in Stanislaus County. Potential respondents were selected based on phone number prefixes, and quota sampling was employed to obtain the desired demographic distribution of respondents across the county. Quotas were applied for race/ethnicity (White / Black / Asian / Pacific Islander / Hispanic / Other) and gender (Male / Female / Other or unknown). To address the increasing number of households without landline telephone service, the sample included wireless-only and wireless/land-line random digit dial prefixes in Stanislaus County. All cell phone numbers were dialed manually (by hand) to comply with Telephone Consumer Protection Act (TCPA) rules. While cell phone numbers are selected based on the billing address within the county boundaries, respondents were additionally screened for places of residence because cell phones are not necessarily located where the number came from originally or where it is billed, in the case of shared plans.

A sample size of 400 residents provides 95% confidence that the opinions of survey respondents do not differ from those of the population of Stanislaus County (defined as an adult respondent with child/children under the age of 18) by more than +/-4.88%. This “margin of error” is useful in assessing how likely it is that the responses observed in the sample would be found in the population of residents in Stanislaus County if every resident with a child under the age of 18 were to be polled.

It is important to note that the margin of error is increased as the sample size is reduced. This becomes relevant when focusing on particular breakdowns or subpopulations in which the overall sample is broken down into smaller groups. In these instances, the margin of error will be larger than the initially stated interval of 4.88%. This is especially relevant when considering the breakdowns by race/ethnicity. With approximately 90% of Stanislaus County residents identifying as either White or Hispanic or Latino, a representative sampling of the county results in a very small number of responses among Black, Asian/Pacific Islander, American Indian or Alaskan Native, or Multiethnic/Racial respondents. Within this report, where race is considered, ‘other’ includes those racial categories.

Secondary (pre-existing) data were collected from a variety of sources, including but not limited to, the U.S. Census Bureau; federal, state, and local government agencies; health care institutions; and computerized sources through online databases and the Internet. Whenever possible, multiple years of data were collected to present trends.



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## HEALTHY ECONOMY

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Note: Source links are valid as of 2/24/2020.





## 2020 SPOTLIGHT

This spotlight provides an actionable snapshot into the health and well-being of youth and families in Stanislaus County using measurable indicators. Using this as a tool, Focus on Prevention and their multi-sector partners will be able to better understand and respond in a coordinated manner to the prevention needs of youth and families in Stanislaus County.

