

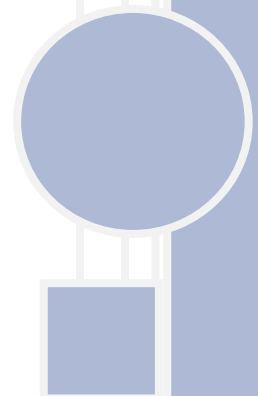


# SITUATION ANALYSIS FOR STRATEGIC PLANNING

*An assessment of key aspects of health, development  
and well being of children age 0 to 5 and their families*

Prepared by Social Entrepreneurs, Inc.

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# INTRODUCTION

First 5 Alameda County / Every Child Counts is developing a strategic plan to determine where it can have the greatest positive impact on the health, development and well-being of children through age five. The strategic plan also defines what types of programs, services and projects should be conducted or funded by First 5 Alameda County. The plan will cover a four year period from July 1, 2009 through June 30, 2013.

The first step in the planning process was to obtain the best available information about children age 0 to 5 and their families in Alameda County so that planning decisions can be based on solid objective data. This report summarizes the information that has been gathered to date.

## Purpose of the Report

The primary purpose of this report is to provide First 5 Alameda County (F5AC) with the best possible information for selecting the community outcomes to target in the 2009-2013 strategic plan. To serve this purpose, the bulk of the report is organized around community outcomes that First 5 Alameda County may consider for the strategic plan. “Outcomes” are the ultimate changes or benefits sought. For F5AC, many outcomes refer to changes in health, development or well being of young children and their families, but outcomes can also refer to changes in services, communities or other types of changes.

For each outcome, a description of the outcome is provided followed by a summary of key information for each of four criteria that will be used to prioritize and select target outcomes for the strategic plan. The four criteria are:

1. **Extent of need** – the extent to which children age 0 to 5 and their families have needs that are not currently being met, as evidenced by:
  - The degree to which disparities or gaps exist in addressing the need (disparities may be evaluated by geographic area, linguistic or demographic group)
  - The degree to which existing services meet the need
  - The number of people (or groups, in the case of issues affecting organizations) with the need
2. **Impact on those affected** – the degree to which people and communities are affected by the condition/issue , as determined by:
  - Impact on communities, such as but not limited to costs incurred by communities because of the unmet need
  - Impact on people’s lives: children, parents, family units and others
  - Impact on service providers
3. **Ability to have an impact** – the extent to which investments by First 5 Alameda County are likely to have a measurable impact on reducing the level of unmet need and creating positive results, as determined by:
  - Whether the degree of impact can be measured
  - The presence of community assets/strengths to help address the need

- The presence of proven approaches or potential innovative approaches to address the need
  - Level of investment (costs) needed to have an impact
  - The presence of external forces (e.g. state/federal policies, funding shifts, political movements, etc.) that support or inhibit the ability to have an impact
4. **Sustainability over time** – the extent to which positive results that are achieved are expected to be sustainable for years beyond the time period covered by the plan, as determined by:
- The potential to effect systems change
  - The presence of other partners that are committed to the issue
  - The potential to “go to scale” – to expand beyond pilot projects to address a larger portion of unmet need – and to sustain efforts on a larger scale
  - Opportunities to produce economic savings that can be reinvested to sustain efforts related to the issue
  - The level of public will – the priority placed on the issue by the community.

**Information is only included in the report to the extent that it directly links to one of these criteria.** A substantial amount of additional information was gathered, primarily about recommended program and service strategies, that is not included in this report but will be used later in the strategic planning process.

The community outcomes are organized according to three overall goals contained in the current First 5 Alameda County strategic plan, which are:

- Goal 1: Support optimal parenting, social and emotional health and economic self-sufficiency of families
- Goal 2: Improve the development, behavioral health and school readiness of children 0 to 5 years
- Goal 3: Improve the overall health of young children

It must be emphasized that this report will be used in conjunction with other reports and materials developed for and by First 5 Alameda County. Strategic decisions made by the F5AC Commission will be made based on the best available information from all sources, and will not be limited to the information presented in this report.

All aspects of the strategic planning process will embrace the guiding principles adopted by the Commission that permeate all F5AC efforts. These principles are:

- BEST PRACTICES.** Best Practices are models and approaches that have demonstrated effectiveness through research and replication, involving:
- Cross-discipline approaches to support the development, health, education and psycho-social needs of young children and families
  - Family-focused strategies that meet the complex needs of children and those who care for them
  - Accountability to measure the impact and performance of all F5AC programs

**SYSTEMS CHANGE.** To promote lasting changes in Alameda County, F5AC work is focused on enhancing existing systems to incorporate best practices and to support sustainability of effective approaches. This includes:

- Training to disseminate best practices and increase capacity at the provider, agency and systems level
- Systems integration by linking family support services, early child care and education services, community grants and other community resources to avoid duplication and maximize resources
- Capacity building of agencies serving children 0 to 5 and their families
- Sustainability to ensure that the First 5 vision will continue as the tobacco tax revenue declines

**DIVERSITY.** Alameda County's children and families represent a wealth of ethnic, cultural, linguistic, economic and geographic diversity as well as diverse strengths and challenges around health, development and well-being. F5AC honors and respects the diversity of families served through:

- Training and promotion on issues of diversity for all providers
- Linguistic, cultural and disability supports to enhance access to services
- Coordination of services for linguistic and disability needs within the community

The guiding principles are not specific outcomes to be considered, which is why they are not listed separately in this report. Rather, they are overarching principles that will affect all efforts across all of the outcomes that are selected for the next strategic plan. For the same reason, outcomes are not included in this Situation Analysis related to the fourth overall goal in the current F5AC strategic plan, which is to create an integrated, coordinated system of care that maximizes existing resources and minimizes duplication of services. Since this goal covers principles and strategies related to strengthening systems of services for children and families – such as increased countywide service coordination and collaboration, increased sharing of resources and ability to leverage funds, and increased ability of service providers to apply best practices and assure quality services – it will be addressed later in the planning process when service delivery strategies are developed for the target outcomes selected for the strategic plan.

It is hoped that this report is also useful to other policymakers and community members to gain a broader understanding about important issues affecting children and families who live in Alameda County.

## Methods and Data Sources Used

The information in this report was gathered from many sources. Listed below are the steps that have been taken to prepare this analysis.

- All relevant reports and studies developed by or for First 5 Alameda County were obtained and reviewed.
- Telephone and email contacts were made with 21 organizations throughout the county working with children and their families to request information that they have regarding children age 0-5 and their families.

- Data was obtained from various federal, state and local government agencies that collect or produce data about Alameda County. Internet searches were also made to locate other reports and data sources not identified in the preceding steps.
- A series of telephone interviews were conducted with current and past First 5 Alameda County Commissioners, together with other community stakeholders. These were not traditional interviews simply to gather opinions but were structured to help fill gaps in the available information, test whether all pertinent issues had been identified for this analysis, and explore issues in more depth.
- All of the information obtained in the preceding steps was reviewed in order to identify the different issues that First 5 Alameda County should consider in the strategic planning process. Consultants worked with the F5AC staff to frame issues as outcomes, consistent with Results Based Accountability approach that has been the foundation of First 5 planning from the inception. The large body of information that had been gathered was then analyzed to extract and organize information around these outcomes, resulting in a draft version of this report.
- The draft version was distributed for public review and input. A series of ten community forums were held in June 2008 at various locations throughout the county to present the draft report and solicit public input. 229 people attended these events. Attendees were also encouraged to provide individual feedback via phone, email, mail or fax. Through this process, over 60 additional reports and data sources were provided by community stakeholders that were reviewed and incorporated into the final version of this report. Numerous other changes to the draft version of the report were made based on the community input process.
- The F5AC staff, building upon an initial draft prepared by the consultants assisting with the strategic planning process, developed the information found throughout the report related to “Ability of First 5 Alameda County to Have an Impact” and “Potential for Sustainability Over Time.”

A complete list of people and organizations contacted, list of community forums held and data sources used in this report is contained in the Appendix.

Two important limitations should be noted about the data included in this report. First, there can be substantial lag times before valid data is published for many issues; for example, in the middle of 2008, the most recent data for some outcomes is from 2006 or even 2005. New trends may be emerging that are not evident from the historical data. Second, data for most outcomes is only available in aggregated forms that may not show important issues for special subpopulations. For example, breakdowns by ethnicity may not show a significant need for “Asians” as a broad group but within this group there may be significant needs for subpopulations such as Vietnamese or Laotian families. Similarly, data profiles by city may not highlight disparities that exist for different neighborhoods with each city. These limitations do not invalidate the findings contained in this report but should be understood by reviewers in order to put information into proper context.

## Notes on Identifying Outcomes to Consider

This report only includes community outcomes that were identified by one or more of the data sources that were reviewed during the research for the report or that were identified through the public forums held to get input on the draft version of the report. Many other potential outcomes were suggested and considered for inclusion, but were ultimately omitted because they substantially overlapped other outcomes with broader support, because they related more to service delivery strategies rather than true outcomes for children and families, or because there was little or no information about the outcomes to enable them to be considered for inclusion in the F5AC strategic plan.

Throughout this report, the term “families” is meant broadly to not only include parents and their children but also extended family members, domestic partners and other caregivers who are regularly participating in the family unit. For this reason, many outcomes use “parents/caregivers” rather than simply referring to “parents.”

## Acronyms

The following acronyms are used throughout the report:

CGI	Community Grants Initiative, a core division of First 5 Alameda County that awards grants to community-based and public agencies for the enhancement and expansion of services for children ages 0 to 5
ECC	Every Child Counts, the name and strategic plan of the First 5 Alameda County agency
ECE	Early Care and Education, used in this report to refer to the overall field of child care, preschool and other environments that promote early learning and care of children in the years leading up to kindergarten but also the name of a core division of First 5 Alameda County that works toward enhancing the quality of child care via trainings for early care educators, improvements of child care sites, mentoring for directors and teachers, and other support systems serving the early care and education community
F5AC	First 5 Alameda County
FSS	Family Support Services, a core division of First 5 Alameda County that offers a range of services for families and providers including a postpartum family support program, intensive family support programs and provider training programs

Other acronyms that are only used in a specific section are defined when they are first used.



## DEMOGRAPHIC AND ECONOMIC PROFILES

An understanding of early childhood health, development and well-being should begin with an understanding of the county's population of young children and the households in which they live. This section profiles the key demographic characteristics of children age 0 to 5 and their families. Also, the general economic environment impacts families in many ways and can also have profound effects on services for children and families. This section therefore also contains an analysis of key economic indicators and trends.

### Children Age 0 to 5

In 2006, there were an estimated 122,278 children ages 0 to 5 years in Alameda County, accounting for 8.5% of the total population [71].

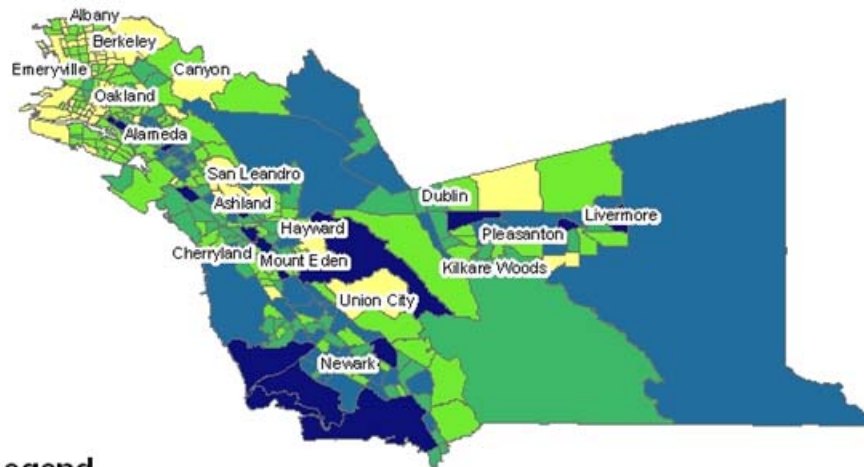
The cities of Oakland, Fremont, and Hayward have the largest populations of children under age 5. The estimated number of children by age and city in 2006 is shown in the table below, with comparisons to 2000 levels. This table only includes children 0 to 4 years old (not 0 to 5) but is the best available breakdown of the number of young children by geographic area [115,116].

<u>City</u>	<u>2000: Age 0-4</u>	<u>2006: Age 0-4</u>	<u>2006: % of Total</u>
Alameda City	4,057	3,440	3%
Berkeley	4,109	3,612	3%
Fremont	15,137	15,552	15%
Hayward	11,011	8,059	8%
Livermore	5,650	5,767	5%
Oakland	28,292	30,180	29%
Pleasanton	4,359	5,292	5%
San Leandro	5,032	6,858	7%
Union City	4,870	4,832	5%
All Other (Albany, Ashland, Castro Valley, Cherryland, Dublin, Emeryville, Fairview, Mountain House, Newark, Piedmont, San Lorenzo and Sunol)	15,861	21,343	20%
Total	98,378	104,935	

*Note: 2006 figures are not available for the individual locations contained in the "All Other" category. In 2000, the largest populations of children 0-4 for locations in this group were:*

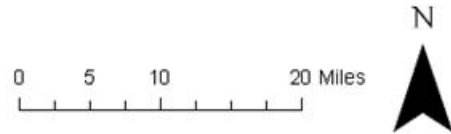
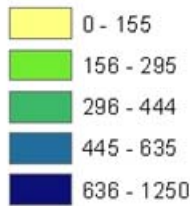
<i>Newark</i>	<i>3,062</i>
<i>Dublin</i>	<i>1,758</i>

Of children 5 years of age and under, there are approximately 40,904 children ages 0-1 years, 41,866 children ages 2-3 years, and 42,737 children ages 4-5 [112].



**Legend**

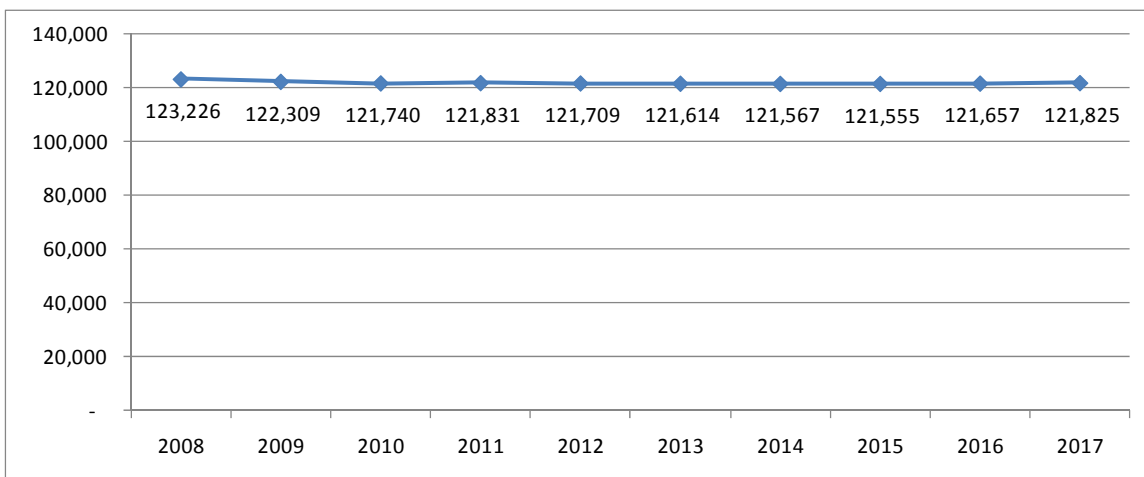
**Children under Age 5 by Census Tract**



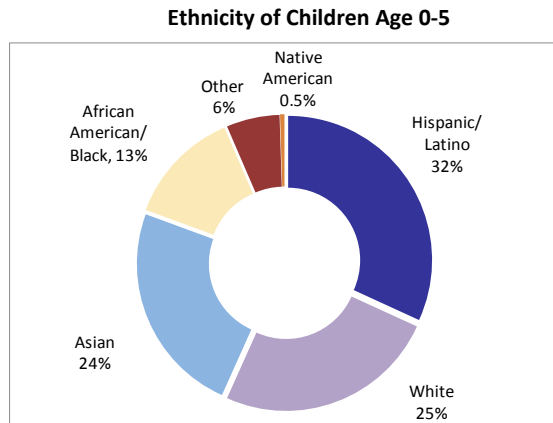
*Population data from 2000 U.S. Census*

The following graph shows the projected number of children age 0 to 5 for the next ten years, based on California Department of Finance projections [112]. As the graph indicates, the size of this population is expected to decline slightly by 2010 and then remain stable.

**Projected Number of Children Age 0-5 in Alameda County, 2008-2017**



The graph to the right shows the ethnic breakdown of children age 0-5 in 2006. These ethnic categories are rather broad, but more specific breakdowns with current data are not available. In the community forums held in June 2008, participants in several forums noted that there are many subgroups with multiple languages within the Asian category in particular, and that some subgroups (for example, Vietnamese children) are growing.



The California Department of Finance has forecasted the ethnic breakdown of children age 0-5 in Alameda County for the coming decades. The table below shows the projected ethnic breakdown of children age 0-5 in the years 2010, 2015 and 2020 [112]. As the table illustrates, the number and percentage of Hispanic/Latino children in Alameda County is expected to continue rising, the number of White children is projected to decline, and all other ethnic groups would remain relatively stable.

<u>Ethnicity</u>	<u>2010</u>	<u>2015</u>	<u>2020</u>
White	25%	23%	22%
Hispanic/Latino	32%	35%	38%
Asian and Pacific Islander	27%	27%	26%
Black	12%	12%	11%
Other	4%	3%	3%

In 2006, an estimated 3,149 (3.0%) of all children ages 0-5 in Alameda were foreign born, and 2,483 (2.4%) were not U.S. citizens [115].

## Households with Children Age 0 to 5

The table below shows 2005 estimates of the number of children in Alameda County by age and household income level. Overall, almost 48% of children under 5 were living in households with incomes below 300% of the federal poverty level (FPL).

<u>Age Group</u>	<u>&lt;100% FPL</u>	<u>100-199% FPL</u>	<u>200-299% FPL</u>	<u>300%+ of FPL</u>
Birth to age 3	13,783	9,497	9,168	34,399
Ages 3 and 4	6,766	7,756	5,034	22,760
Total	20,549	17,253	14,202	57,159

According the U.S. Census American Community Survey, there were 32,771 children 0-6 years of age living in single parent households in 2006. This is more than one-quarter (27%) of all children 0-6 years of age. Of this total, 19% lived in female-led households with no husband present; 8% were in a male-led household with no wife present [115].

An estimated 11,367 grandparents were responsible for grandchildren ages 0-17 years in the county; 25% of this total was responsible for grandchildren with no parents present and the other 75% shared responsibility with one or more birth parents of the children [115].

An understanding of cultural background and immigration status is very important for Alameda County. Highlights related to these issues include:

- In 2006, an estimated 449,842 individuals in Alameda County – 31% of the total population of the county – were foreign born. Of these, half are naturalized citizens of the U.S. and half are not a U.S. citizen [115].
- Of foreign born individuals who are naturalized citizens, 63% are Asian and 17% of Hispanic or Latino origin. Of foreign born individuals who are not a U.S. citizen, 45% are of Hispanic or Latino origin and 41% are Asian [115].
- 40,668 children age 0-5 (35% of all children in this age group) live in two parent households where both parents are foreign born, and another 9,162 children (8% of all children) live in single parent households where the parent is foreign born [115].
- 61% of foreign born individuals who are not U.S. citizens and 42% of foreign born naturalized citizens speak English less than “very well,” compared to 3% of U.S. born individuals who reported speaking English less than “very well” [115]. As of the 2000 U.S. Census, 14% of the total Alameda population spoke Spanish or Spanish Creole, 7% spoke Chinese, 3.5% spoke Tagalog, and 1.6% spoke Vietnamese. A May 2008 report on language access needs in Alameda County identified the following specific populations as newly emerging or underserved by language assistance services to enable them to access health and social services in Alameda County: Afghani, Arab, Eritrean, Ethiopian, Liberian, Iraqi, Somali, Filipino, Samoan, Tongan, Burmese, Cambodian, Korean, Lao, Mien, Mongolian, and Nepali [147]. The same report noted general needs for language assistance services for Middle Eastern, Pacific Islander, South Asian and Southeast Asian persons.
- As noted previously for children, caution is needed in interpreting data throughout this report that is broken down by ethnic group because of significant variations that may exist within subgroups of the broad ethnic categories. This is especially true for data presented for “Asian” / “Asian or Pacific Islander” groups and “Hispanic/Latino” groups. A Center for Disease Control study notes that “grouping all Asian adults into a single category conceals many differences among the Asian subgroups. With respect to sociodemographic characteristics, for example, this study showed that although Asian Americans as a group (11%) were less likely than other minorities to be poor, within Asian subgroups, Vietnamese, Korean, and Chinese adults were about twice as likely as Filipino adults to be poor. Almost three-fourths of Asian Indian adults had a bachelor’s degree or higher, whereas less than one-third of Vietnamese adults had this level of education. Almost 6 in 10 Japanese adults were born in the United States, whereas less than 1 in 10 Asian Indians were U.S. born. Substantial disparities in health care utilization, health behaviors, and health status among Asian subgroups are also notable” [128]. Similarly, major differences within the Hispanic/Latino group may exist for Mexican, Peruvian, Cuban, Puerto Rican and other subgroups. The most detailed data by ethnicity was used throughout this report but the limitations in that data should be understood by reviewers.

- One key informant interview noted that Fremont has one of the largest Afghan populations in the U.S. and that this group often has special stress factors (e.g. Post Traumatic Stress Disorder); Afghans were counted as Caucasian in the 2000 Census.
- Nationally, the fastest growing group of illegal immigrants is from India. There are an estimated 270,000 unauthorized Indian natives in the U.S., a 125% jump since 2000. Alameda County has the fifth largest Indian-born population of any county in the United States, although there is no way to know what share of Bay Area Indian immigrants are illegal [171].

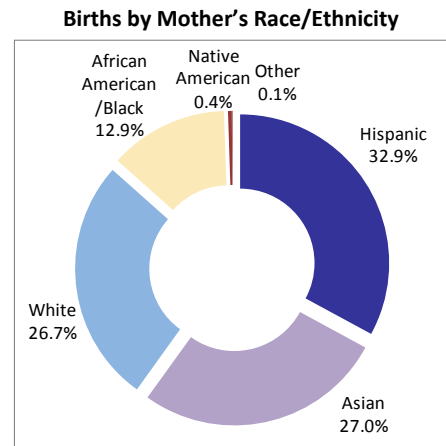
According to the Family Support Services of the Bay Area, an estimated 5,200 children living in Alameda County have a parent in federal or state prison.

## Births

In 2007, there were 21,430 births to Alameda County residents. This is a slight increase over 2005 and 2006 levels when there were 20,884 and 20,668 births respectively. The graph to the right shows the percentage of births in Alameda County in 2006 by mother's race/ethnicity [71].

The breakdown of 2007 births by city of residence is shown below [71].

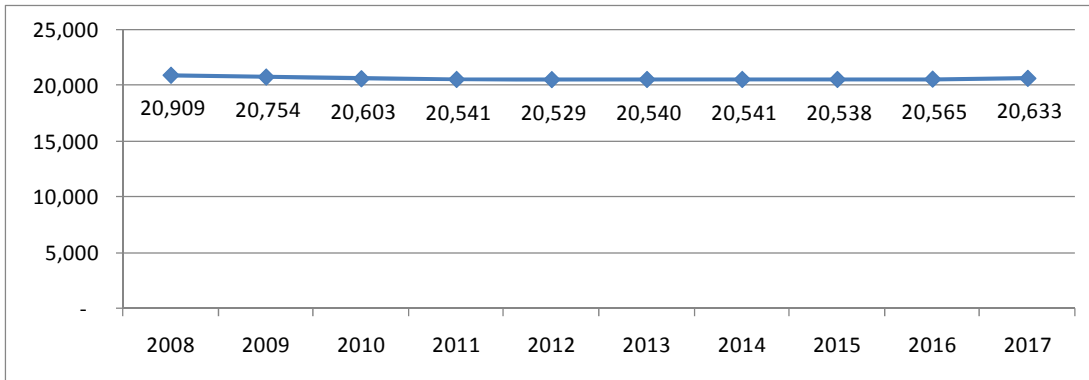
<u>City</u>	<u>Number</u>	<u>% of Total</u>
Alameda	876	4.1%
Albany	231	1.1%
Berkeley	980	4.6%
Castro Valley	606	2.8%
Dublin	723	3.4%
Emeryville	135	0.6%
Fremont	3,146	14.7%
Hayward	3,035	14.2%
Livermore	1,211	5.7%
Newark	694	3.2%
Oakland	6,103	28.5%
Piedmont	80	0.4%
Pleasanton	716	3.3%
San Leandro	1,516	7.1%
San Lorenzo	349	1.6%
Sunol	10	<0.1%
Union City	1,019	4.8%
Total	21,430	100.0%



In 2006, one-third of all births in Alameda County (33%) were paid by Medi-Cal, while 63% were paid by private insurance. 2.2% of births had no insurance source [71].

The following graph shows the projected number of births for the next ten years, based on California Department of Finance forecasts [113].

**Projected Number of Births in Alameda County, 2008-2017**



## Parents of Newborns

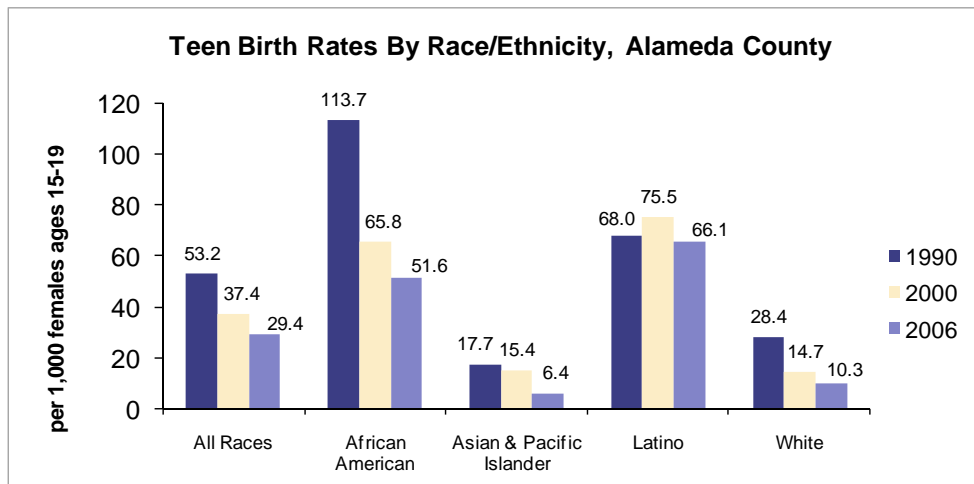
In 2005, 4,092 children were born to mothers with less than a high school education (having completed less than 11 years of school) [53]. This is one-fifth (19.6%) of all births in 2005.

In 2006, 9,291 births were to first-time mothers, representing 45% of all births [71].

In 2005, 52% of births were to foreign-born mothers, up from 45% in 2003. The rates of births to foreign-born mothers were highest among Asian (88% of births), Latino (69%) and Pacific Islander (61%) mothers [13].

There were 1,377 babies born to teen mothers in 2006, accounting for 6.5% of all births [15]. The Alameda County rate was 29.4 per 1,000 females 15 to 19 years old, lower than the California rate of 39.2 per 1,000. After a steady decline in the teen birth rate from 1990 to a low of 26.5 per 1,000 in 2004, the rate increased in both 2005 and 2006.

Viewed by ethnicity, Latinas (66.1 per 1,000) and African Americans (51.6 per 1,000) had by far the highest teen birth rates in 2006 [15]. The following graph shows the trend of teen birth rates by ethnicity.



From 2003 to 2005, Latinas in Oakland accounted for about 20% of all Alameda County births to teens, with a birth rate per 1,000 women that is three times the overall county rate.

The teen birth rate from 2003 to 2005 varied widely by city, ranging from a low of 6.3 in Berkeley to a high of 62.7 in Cherryland (an unincorporated area between the incorporated cities of San Leandro on the north and Hayward on the south). Ashland, Oakland and Hayward also had rates significantly higher than the overall county average [12]. Albany, Castro Valley, Dublin, Fremont, Piedmont, and Pleasanton have teen birth rates that are well below the county average.

## Economic Conditions

In both the key informant interviews and community forums conducted for this report, current economic conditions in general were identified as one of the most important external forces affecting the work of First 5 in Alameda County because pressures are greatly increased on families and service providers alike during a recession.

The latest forecast from the California Legislative Analyst's Office expects both the U.S. and California economies to experience weak performance in the near term. For 2008 as a whole, economic growth and inflation will be modest but with the first half of the year especially sluggish. Full-year growth will average well below its 2007 pace, which itself reflected a slowdown from 2006. In California, slow economic growth is expected in 2009 and moderate growth in 2010. The key factors holding down growth will be the depressed housing market and high energy prices [187].

Alameda County unemployment recently declined, falling to 5.2% in April 2008 from 5.5% in March 2008 but still significantly higher than the 4.4% unemployment rate from a year ago. Median home sale values decreased 19% in Alameda County on an annual basis; even so, the median home price in April 2008 for Alameda County was \$473,750 [189]. Positive news on the employment front in the East Bay area is that construction jobs – forecasted to decline substantially – have stayed stable, while job growth occurred in the Retail Trade and Government sectors, the latter fueled by local government hiring in education. These gains have been offset by job losses in the Financial Activities, Real Estate, and non-governmental Health Care and Education sectors [188].

The Association of Bay Area Governments (ABAG) has developed population and economic forecasts for each county in the Bay Area through the year 2035. Highlights of the ABAG forecast for the future of Alameda County [191]:

- Recent trends, both in the Bay Area and nationwide, show an increase in the proportion of one and two person households. These are households that represent an older population whose grown children no longer live at home, and young professionals who are increasingly delaying children or choosing not to have children.
- By 2035, Alameda County is anticipated to have over 1.9 million residents, which is an increase of 400,000 people. The cities in northern Alameda County are projected to have 40 percent of this population growth, with the largest share in Oakland. Nearly 132,000 additional people will live in Oakland by 2035, with a total population of 542,500.



- Eastern Alameda County is expected to grow at a rate of about 1,300 households per year, adding 19,380 households through 2020. East County is also expected to have the highest percentage change in population and households between 2005 and 2035, adding about 107,200 new residents and about 38,690 new households by 2035. The Dublin area is projected to have the highest percentage growth in households for the county with a 114 percent increase by 2035.
- ABAG's forecast assumes a slight increase in housing density for existing residential areas in the northern cities of Alameda, Oakland, Berkeley, Piedmont, and Emeryville. It also calls for significant housing development at the former Alameda Naval Air Station, as well as other key sites. Denser mixed-use development is expected in areas near BART stations and transit hubs along major transit corridors, such as San Pablo Avenue, Mission, Hesperian, and International boulevards. This is expected to particularly affect development patterns in Union City and Fremont. In the eastern part of the county, development is planned for areas near the BART and Altamont Commuter Express (ACE) stations. The city-centered growth in the Tri-Valley cities of Dublin, Pleasanton, and Livermore focuses on developing compact neighborhoods within walking distance of schools, stores, services, and public transit, while preserving the open space and natural features of the Tri-Valley area.
- Average household income in Alameda County, adjusted for inflation, actually declined from \$89,400 in 2000 to \$88,800 in 2005. This trend is projected to reverse, with average household income climbing to \$93,100 by 2010 (a 4.8% increase) and continuing to grow 5.0% to 5.5% in inflation-adjusted dollars each five years after that.
- Employment is projected to climb steadily for the rest of the decade, with over 51,000 more jobs in Alameda County in 2010 compared to 2005. The greatest growth in employment is expected to come from jobs in health, education and recreational services (38% of all new jobs between 2005 and 2010), with moderate growth occurring in manufacturing, retail, information technology and professional service jobs.

## Government Support for Children and Family Services

Two of the most significant external forces impacting F5AC's work that were noted in key informant interviews were state and federal budget deficits or cutbacks, and declining First 5 revenues and threats to redirect First 5 funds to other purposes. This section summarizes the highlights from additional research done to further explore these issues.

### California State Budget

The Governor has identified a gap of \$14.5 billion between revenues and expenditures for the 2008-09 fiscal year starting July 1, 2008. However, the California Legislative Analyst's Office (LAO) now projects the state will face roughly a \$16 billion shortfall, absent corrective actions [187]. The LAO further states that even if the Legislature adopted the Governor's budget in whole, the state would face multibillion dollar shortfalls in future years. The state is projected to face about a \$4 billion operating shortfall in 2009-10, shrinking to between \$2 billion and \$3 billion in each of the two following years.



The state budget for 2008-09 has not been finalized, but provisions in the Governor's May 2008 revision have significant implications for children and family services if ultimately adopted. Major items contained in the May revise include:

- Reductions in health care services that include reduction of Medi-Cal provider rates that may make it harder to find medical and dental providers willing to accept Medi-Cal patients, changing income levels for Medi-Cal eligibility to reduce the number of eligible persons, implementing a monthly eligibility requirement for emergency services for undocumented immigrants, and reducing health services for newly qualified immigrants to the same level allowed for undocumented immigrants.
- Cuts in public assistance programs including delaying CalWORKS cost of living adjustments, eliminating CalWORKS performance incentives, making CalWORKS eligibility conditional on face-to-face interviews every six months, and eliminating the Cash Assistance Program for immigrants.
- Cuts in child welfare services including an \$84 million reduction in county allocations for Child Welfare Services and a 10% cut in foster care reimbursement rates.

#### **Threats to Statewide First 5 Funding**

State Senator Cox (R-Fair Oaks) has repeatedly introduced legislation to eliminate the California Children and Families First (First 5) program. Cox's latest bill eliminates allocations of tobacco tax revenue under Proposition 10 to state and local county children and families commissions and, instead, requires those funds to be used to provide health care services and health care initiatives, including, but not limited to, the Healthy Families program. An effort is underway to place a statewide ballot initiative to this effect on the November 2008 ballot. If approved by the voters in California, the latest draft of the legislation would cut off all state funding for First 5 Alameda County within 90 days of passage of the ballot measure.

# OUTCOMES RELATED TO GOAL 1: SUPPORT OPTIMAL PARENTING, SOCIAL AND EMOTIONAL HEALTH AND ECONOMIC SELF-SUFFICIENCY OF FAMILIES

This section summarizes key information about community outcomes that First 5 Alameda County can consider related to the overall goal of optimal parenting, social and emotional health and economic self-sufficiency of families.

## Children are Safe from Abuse and Neglect

### Description

“Abuse or neglect” of a child means physical or mental injury of a non-accidental nature, sexual abuse or sexual exploitation, or negligent treatment or maltreatment caused or allowed by a person responsible for his welfare under circumstances which indicate that the child’s health or welfare is harmed or threatened with harm. This outcome seeks to keep children age 0-5 safe from abuse or neglect.

### Current Situation

- From 1998 to 2005, there were approximately 13,000 reports each year of suspected child abuse and neglect. Of these, about 20% were confirmed (substantiated) cases. The rate of child abuse in 2006 was 36.1 per 1,000 children ages 0-17. This rate was lower than any year between 2002 and 2005 [105].
- Nearly one-third (30.2%) of all reported child abuse in 2006 involved children 0-5 years of age. Physical abuse was the most common type of abuse reported (35.5%), followed by general neglect (30.4%) and sexual abuse (15.0%) [105].
- Reports of child abuse are highest among African American children. The rate of child abuse reported for African American children in 2006 was 99.1 per 1000 children, up since 2003. Rates for all other race and ethnic groups were significantly lower in 2006 compared to 2003. Rates of substantiated abuse were also highest for African American children [22].
- 514 children age 0-5 entered foster care during 2006. On October 1, 2007, there were 617 children age 0-5 in foster care in Alameda County. Oakland children and youth made up a quarter of Alameda County’s children and youth in foster care in 2006, down from one-third in 2000.
- African American children are over-represented in the child welfare system in Alameda County. In 2005, African Americans made up 41% of the children entering foster care system for the first time even though they comprise only 15% of Alameda County’s total child population [21].
- Children with physical, cognitive, and emotional disabilities appear to experience higher rates of maltreatment than do other children. A national study found that children with

disabilities were 1.7 times more likely to be maltreated than children without disabilities [176].

### **Impact on Those Affected**

Abuse and neglect of children directly impacts their immediate physical and emotional well-being. Abused children experience higher rates of suicide, depression, substance abuse, problems in school, and other behavioral problems in later life. Further, abused children are at greater risk of mistreating their own children. The Adverse Childhood Experiences Study showed a strong relationship between the breadth of exposure to abuse and multiple risk factors for several leading causes of death in adults, including obesity, alcoholism, drug abuse, smoking, depression and suicide.

There is also a direct relationship between child abuse and juvenile crime, producing a broader societal cost to child abuse. National studies on juvenile offenders found that over 90% of juvenile detainees reported having experienced physical abuse, sexual abuse, domestic violence, community violence and/or disasters. Spending by California's Division of Juvenile Justice (CJJ) comes to about \$175,000 for each juvenile placed in the custody of CJJ. The average stay in CJJ is 21.9 months with a total price tag per ward of \$319,375. Other societal costs include increased public health, mental health, emergency housing and income assistance costs.

### **Ability of First 5 Alameda County to Have an Impact**

Many well defined and consistently tracked indicators exist to measure the impact of investments, such as number of reports of child abuse/neglect and the rate of reoccurrence (additional reports of abuse and neglect after a service intervention).

Several counties in California, and many other states, have achieved measurable reductions in child abuse and neglect through implementation of differential response (also called alternate response) systems to respond to reports of child abuse/neglect. Under this approach, reports of child abuse that are not substantiated but involving families with significant risk factors are referred to community based organizations to offer support to the families such as counseling, connecting families to local resources (food, insurance, income supports, health care and more) and assistance with mental health and substance use issues. The Another Road to Safety (ARS) program in Alameda County is a pilot of an alternative response system focused on the West Oakland, East Oakland and South Hayward areas. An evaluation of the pilot project found positive indicators of child health and well-being and connecting families to community and family resources; for example, no children experienced intentional injuries, 3% reported unintentional injuries and families were better connected to health care and other services.

The Another Road to Safety (ARS) program found that engaging families referred to Child Abuse Hotline was challenging. Family Advocates spent an average of 20 days finding families, getting consents to participate and determining if services were appropriate [70].

#### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

Home-based intensive family support services for and case management of families who have a past history of or are at risk for entry to the child welfare system. (Another Road to Safety, Special Start, Pregnant and Parenting Teen programs)

CGI grants for respite care to grandparents and relatives raising young children and other grants to support children experiencing or exposed to abuse and neglect

In general, this program is only able to serve a very small percentage of families referred to Child Protective Services (CPS). Available data from the first 3 years of ARS shows that only 18% of the cases within the program's target service area involved a child 0-5 or a pregnant woman in the home. About 40% of these qualifying families were not served by ARS because they could not be found, refused ARS services, or required immediate CPS attention [95].

On a policy level, there has been a clear statewide movement in this decade to reduce child abuse and neglect, driven by the state-level redesign of the child welfare system and implementation of the Child Welfare System Improvement and Accountability Act (AB 636) in 2004.

### **Potential for Sustainability Over Time**

Many partners exist that have shown an ongoing commitment to reducing child abuse/neglect, including the Alameda County Social Services Agency, Alameda County Public Health Department, Oakland Children's Services, local law enforcement agencies, school districts, Head Start and other early care and education providers, and many community-based organizations. The Alameda County Child Abuse Prevention Council is a platform to help coordinate these efforts.

With respect to the potential for systems change, ARS (and differential response systems in general) represent systems change by structurally altering how some, possibly many, reports of suspected child abuse/neglect are handled and by emphasizing preventive support services. In particular, using family advocates from community-based organizations to provide services traditionally reserved for County Social Services Agency (SSA) staff presented a significant shift in SSA operations.

The ARS project is currently being transitioned to SSA as a long-term home for the model. A F5AC goal is to develop and incubate promising practices with the intent of transferring successful programs to their natural environment. ARS is a prime example of F5AC being able to bridge two major systems (Alameda County Social Services Agency and the network of community-based organizations) working from different ends of the care continuum and with very different organizational cultures to implement a much-needed program.

Differential response systems have been implemented on a countywide basis in several counties in California and on a statewide basis in at least 15 states, offering solid evidence that an approach like ARS can be expanded on a broader scale if funding and other resources are available. However, it must be noted that ARS served 146 families in 2006-07 so substantial expansion would be needed to take this model to scale [95].

Application for and implementation of a five year Title IV-E waiver in 2007 resulted in SSA's ability to expand size and scope of existing ARS Program. Beginning in July 2007, the community agencies expanded to serve children 0-18, receive greater financial support resulting in increased staffing and resources, and provide a family maintenance and kinship support component to the existing program model.

Opportunities for economic savings to reinvest in sustainability of child abuse programs include reduction in the number of children in foster care (the cost of foster care placement is up to \$14,400 per child annually) and reduction in law enforcement resources spent on issues related to child abuse and neglect.

## Families are Free from Domestic Violence

### Description

Domestic violence is physical, sexual, verbal or emotional abuse involving a spouse or domestic partner. For purposes of this report, the desired outcome is that households with children age 0-5 are free from domestic violence. During the community forums held in June 2008, many participants noted that domestic violence should be viewed in the context of the larger issue of community violence and its impact on children and families.

### Current Situation

- According to a report from the Alameda Department of Public Health, “it is hard to tell in what direction the picture of domestic violence (DV) is changing because while some indicators seem to suggest that the severity is decreasing, others suggest the opposite.” There were seven DV-related deaths in 2005, the lowest number in ten years [14].
- Although the number of DV-related calls to law enforcement agencies in 2005 was lower than it was in the 1990s, the number of calls has started to increase since 2002. In 2005, there were 7,887 domestic violence-related calls, the highest number since 2000. The number of DV-related calls to law enforcement dropped down in 2006 to 7,331 calls. Of these, over 43% (3,182) were in Oakland [14].
- Domestic violence shelters in Alameda County received 13,584 crisis calls in FY 2005-06. Five percent of the women who called received shelter, many of them with their children. An estimated 584 children were sheltered over the year. Compared to two years ago, the number of calls increased (11,899 to 13,586) as did the number of women and children sheltered (1,129 to 1,305) [14].
- In 2005-06, 359 children got counseling from domestic violence shelter programs [14].
- According to the Alameda County District Attorney's Office, 3,055 temporary restraining orders (TRO) were filed for domestic violence in 2006, down from 3,572 in the previous year. A TRO for domestic violence is an order of the civil court that can require the abuser to stay away from the person, their family and their home [14].
- Since forum participants highlighted the effect of community violence in general, it is worth noting that rates of violent crime, defined as homicide, rape, robbery, and aggravated assault, are consistently higher in Alameda County than the national average. From 2000-2005 the average rate of violent crime in Alameda County was 669 per 100,000, compared to U.S. rates under 500 per 100,000. There is a disproportionate percentage of violence in the city of Oakland relative to its population; Oakland accounts for about 60% of the violent crime in Alameda County while having about 28% of the county's total population [126].

### Impact on Those Affected

Children are often witnesses to domestic violence. Children who witness domestic violence frequently exhibit the same symptoms as those who are directly abused, such as depression, emotional instability, loss of self esteem and physical illness. Children who witness domestic violence are also more likely to be involved in violent relationships as teens and adults.

Chronic exposure to community violence profoundly affects the cognitive, social, and moral development, and psychological well-being, of children. Positive early experiences promote resiliency, security, and confidence, characteristics that enable a child to recover from and cope with stress and trauma. When caregivers are victims or perpetrators of violence, the young child's environment is not safe, stable, or reassuring. The development of trust and the ability and willingness to explore are compromised. Instead, in an effort to meet safety needs, these children become risk averse and hypervigilant at the expense of building the senses of achievement and self-competence (Garbarino et al, 1992) [154].

Additionally, parents and primary caregivers also experience the chronic stress of living in impoverished and violent environments. Their own needs for safety and esteem are unmet, rendering them incapable of nurturing and satisfying those needs in their children (Halpern, 1990). Parents or caregivers may assume a "defensive" or "restrictive" style demanding unwavering obedience and yielding punitive discipline, approaches that are often viewed as dysfunctional [154].

### **Ability of First 5 Alameda County to Have an Impact**

A report by the Alameda County Public Health Department notes that “there is no systematic data collection for domestic violence in Alameda County. Many burning questions concerning DV cannot be answered because the data is not being collected in a coordinated and standardized way” [14].

In general, no specific information was found to assess the extent to which First 5 Alameda County would be able to have a measurable impact on the prevalence of domestic violence in households with young children or the effect of domestic violence on those children. However, the introduction of the FSS tenets and use of mandated standardized screening tools provided a context for training providers on the issue of DV, a way to measure the occurrence of DV and the impact of the intervention where DV was indicated as a deterrent to optimal family functioning. This has helped to articulate the expected standard of practice and also documented required competencies of home visiting staff.

Nationally, a series of promising practices on reducing the impact of domestic violence on young children have been identified by the federally funded Office of Juvenile Justice Prevention’s Safe Start Center. Oakland is among their 15 federally funded pilot sites. Safe Passages is the current fiscal agent for a federally funded Safe Start grant to enhance mental health services for children identified as exposed to DV.

### **Potential for Sustainability Over Time**

Numerous partners are working to reduce domestic violence, including local law enforcement jurisdictions, the Alameda County District Attorney’s Office, Alameda County Public Health Department, domestic violence programs operated by Highland General Hospital and the Children’s Hospital & Research Center at Oakland, and at least eight nonprofit / community-based organizations providing services related to domestic violence. Collaborative efforts

**2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

- CGI Grant to train officers on child-centered responses when young children are witnesses to domestic violence.
- Specialty Provider Team direct services for victims of domestic violence
- CGI Grant for family support, therapy and shelter services to DV victims
- FSS and other CGI funded programs that address family stressors to prevent domestic violence



include the Alameda County Family Justice Center, an initiative with partnerships between the City of Oakland, the County of Alameda and more than 50 community partners, and Safe Passages, a vehicle for the City of Oakland, Oakland Unified School District, Alameda County and the East Bay Community Foundation to work together to assist children exposed to violence as part of a larger mission to improve the quality of life for children and families in Oakland.

As an example of systems change potential for this outcome, a F5AC community grant funds Safe Passages to train law enforcement on response protocols when there is a young child in a home where domestic violence has been reported.

## Increased Ability of Families to Meet their Basic Needs

### Description

This outcome addresses the ability of families to meet the necessities of living including realistic costs for adequate housing, food, clothing, child care, transportation, health care, taxes and other basic needs.

### Current Situation

- Poverty rates vary widely by city. In the following table, families and individuals below poverty are shown along with the median household income for each geographic area. In Oakland, nearly one-fifth (19%) of individuals live in poverty [115, 116].

<u>City</u>	<u>% of Families Below Poverty Level</u>	<u>% of Individuals Below Poverty Level</u>	<u>Median Household Income</u>
Alameda City	8%	10%	\$67,551
Berkeley	6%	20%	\$51,256
Dublin	*2%	*3%	*\$77,283
Emeryville	*6%	*13%	*\$45,359
Fremont	3.5%	4%	\$88,335
Hayward	6%	12%	\$54,258
Livermore	4%	5%	\$87,321
Newark	*4%	*5.5%	*\$69,350
Oakland	17%	19%	\$45,552
Piedmont	*1%	*2%	*\$134,270
Pleasanton	2%	3%	\$105,956
San Leandro	4%	5%	\$60,959
Union City	7%	7%	\$76,223
Total	8%	11%	\$64,424

\* The asterisk denotes information from the 2000 Census; information was not updated in the 2006 American Community Survey conducted by the U.S. Census Bureau.

- Poverty rates also vary widely by neighborhood. 2000 Census data showed that 25% of families with children age 0-5 in the Lower San Antonio neighborhood of Oakland lived

below the poverty level, compared to 17.7% for Oakland as a whole and 8.4% for Alameda County [116].

- Further, poverty rates vary greatly based on ethnicity. In 2006, among families with children, 12% of families with a head of household of Hispanic or Latino Origin were under the federal poverty level (FPL) while only 4% of White - Not of Hispanic or Latino Origin families were under the FPL. Almost 18% of Black / African-American families were under the FPL, compared to fewer than 7% of Asian families [115].
- While poverty status provides some measure of extreme financial need, families earning incomes far above the poverty income level can also experience hardships in keeping up with the cost of living. The California Budget Project has created a “Basic Needs” budget that takes into account the cost of living and includes housing, transportation, food, health care, and child care. To meet their basic needs, a family of four (two parents, one working, and two children) living in Alameda County would have required \$3,910 per month or almost \$47,000 a year in 2005. This is far above the federal poverty level, which was \$1,666 for a family of four in 2005 [8]. A 2008 analysis by the Insight Center for Community Economic Development shows continually rising costs now mean that a family of four (two parents, one infant and one teenager) require \$4,354 a month or over \$52,000 a year – roughly 300% of the federal poverty level – to meet their basic needs and be economically self-sufficient [158]. This study noted that in the past five years, food costs in Alameda County have risen 15%, health care costs have increased 30% and transportation costs have skyrocketed by 93%, but housing costs have decreased by 14%.
- Educational status affects individuals’ ability to earn a living wage. In 2006, an estimated 7.7% of persons ages 25 and older had less than a 9<sup>th</sup> grade education and 6.9% had up to 12<sup>th</sup> grade education but did not possess a high school diploma or equivalency. Another 22.4% of the population had only a high school diploma or equivalency. Persons with limited education are at greater risk for poverty. Of persons that did not hold the minimum of a high school degree, 16.3% were in poverty, while 10.7% of all persons with a high school education or equivalency were in poverty [115].
- About half of the county’s families spend more than 30% of their income on housing alone. In 2007, the fair market rent for a modest two-bedroom apartment was \$1,250. In 2006, the median cost of a home was \$650,000 making home ownership out of reach for many families [22].
- A 2005 study of homelessness in Alameda County found 5,129 homeless persons in the county. A previous 2004 study noted that 28% of homeless persons were children [174].
- The average monthly CalWORKS caseload in Alameda County increased between 2003 and 2007 from 16,474 to 19,053. This is in contrast to trends statewide and across many other counties, where the average caseload decreased between 2003 and 2007 [56].
- In the 2006-07 school year, 38.5% of children in Alameda schools received free and reduced cost lunches. The rate is lower than the statewide average; however, significant disparities exist within the county. School districts with particularly high percentages of students enrolled in the free and reduced meal program are Emery Unified (78%), Oakland Unified (70%), San Leandro Unified (51%) and San Lorenzo Unified (45%) [36].



## Impact on Those Affected

Income status is closely correlated with many health issues, including tobacco use, nutrition, and substance abuse. Parents who struggle with maintaining an adequate income to meet normal living expenses are faced with significant ongoing stress that is shown to increase the likelihood of domestic violence and child abuse, and to reduce the level of parent involvement in child rearing. Children who experience poverty during their preschool and early school years have lower rates of school completion than children and adolescents who experience poverty only in later years. Conversely, as reported by the National Center for Children in Poverty, “more than a decade of research shows that increasing the incomes of low-income families—without any other changes—can positively affect child development, especially for younger children. Put differently, money matters for child development. Families with more money invest more in material resources that promote learning for their children. Parents with more money are also likely to be less stressed and depressed, both of which have been linked to poor social and emotional outcomes for children.”

A 2008 report by the Alameda County Public Health Department states that “in Alameda County the highest poverty areas are in parts of North Oakland, West Oakland, and East Oakland. This geographic distribution of poverty is strikingly consistent with the geographic patterns of death and disease” [26].

## Ability of First 5 Alameda County to Have an Impact

A major program delivery shift F5AC introduced through the ARS program was the concept of a “Basic Needs Fund” which provided community agencies with resources to directly impact those areas which presented barriers to families achieving some level of stability and/or economic stability. While the fund was implemented slightly differently in each of the three ARS settings, examples of its use were to help with food purchases, transportation, respite, afterschool/summer program tuition, utilities, rental deposit, etc. This not only helped to engage families, it served to enhance the level of success the programs were able to achieve.

Another direct link was found with the Family Support Services Teen Program, which has worked to keep pregnant/parenting teens in school while providing child development and family support services, thereby improving economic self-sufficiency along with family functioning and other factors. In 2006-07, 58% of participating teens remained in school or graduated, up from 52% in the previous year [70]. Graduation rates (~53% average over 4 years) among the teen parents in First 5-funded teen programs show promise, compared to the 40% national graduation rate among teen parents.

F5AC-funded programs have been able to prove a high degree of success in assisting families with some types of basic needs, such as obtaining health insurance and health care services for their children. A few programs have high rates of families receiving family support services that are also receiving CalWORKS or CalLEARN assistance; for example, 41% of

### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

FSS pregnant and parenting teen program activities help guide teen parents to stay in, or graduate from, high school

FSS programs serve a high-risk, low income population and include information and referral activities to link families to resources for food, income supports, health care and other basic needs

ECE programs work to increase availability of child care and a stable child care workforce, facilitating parent's ability to work

CGI grants facilitated families in accessing job training, entitlement programs, English Language skills and other employment pathways

families participating in the Another Road to Safety program and 19% of the families in the Special Start program are receiving CalWORKS or CalLEARN assistance [70].

First 5's efforts to increase retention and education of ECE providers and to improve the quality of ECE programs help to support parental employment.

### **Potential for Sustainability Over Time**

No specific information was found for this decision criterion.

## **Improved Positive Relationships between and among Parents/Caregivers and their Children**

### **Description**

This outcome seeks healthy relationships and attachments between parents and their children. Included here is the extent to which parents have the knowledge, skills and confidence to support the positive development of their children.

### **Current Situation**

- Specific data on the extent to which parents do (or do not) have healthy relationships with their children was not found during the research for this report. Instead, data presented for other outcomes offer indirect indicators of the need for parent education and support in promoting good relationships with their children. Indicators of note are:
  - Approximately 4,000 reports of child abuse and neglect involving children age 0-5 in Alameda County (*see outcome, Children are Safe from Abuse and Neglect*).
  - About 28% of mothers screened for depression by ECC programs over a four-year period screened positive for depression, which in turn was shown to affect parent-child relationships (*see outcome, Increased Support for Parents Experiencing Depression*).
  - Other proxy indicators include attachment disorders, substance use, incarceration, etc.
- A gap in existing services noted in 2005 focus groups was the need for parent education and support services for monolingual parents with limited/no English that would address the cultural gap between parents/grandparents and their children who are raised in the U.S., educate parents about early childhood development and support them when they encountered challenges with parenting [76].
- In the June 2008 community forums, participants noted that roles of male parents are changing, with an increased emphasis on greater involvement of fathers in raising their children. A related indicator is that in 2006, 8% of households with children age 0-6 – constituting almost 10,000 households in Alameda County – have a male as a single parent with no wife present [115].

## Impact on Those Affected

For children 0-5 years of age, nothing has greater influence on their development than their family. Research has shown that family dynamics is one of the most important elements affecting healthy child development. Positive family functioning that includes positive parenting and parental well-being can help mitigate the influence of other factors in child development, such as family income and family structure.

## Ability of First 5 Alameda County to Have an Impact

Effective approaches to providing parenting support are available. A 2004 survey of families receiving home visits through ECC Family Support Services showed that 88% of families felt that home visits were helpful for getting information about child health development or safety, and 83% found them helpful in getting parenting information [93]. In 2006-07, 88% of parents attending First 5 Community Grants Initiative funded parenting education or support programs said that the programs have impacted parent-child relationships. A parent survey conducted over a two year period reported that parents used what they learned, and 56% of these parents said the program had a large impact on their family [70]. The extensive training provided by F5AC for all community providers has increased the awareness of and support for promoting strong parent/caregiver - child relationships.

F5AC is piloting a prenatal/newborn home-based intervention targeted to high risk parents to support positive parent/child relationships using lesson learned from the postpartum home visiting program and best practices in the literature.

## Potential for Sustainability Over Time

Community support for investments in parent education and support has been noted in two different sources. First, the Alameda County Maternal, Paternal, Child and Adolescent Health program selected teen pregnancy as one of the five top priority issues to address in their 2005-2009 strategic plan [102]. Second, a 2004 survey of ECC contractors and grantees found that 83% of contractors and 80% of grantees placed a high or very high priority on parenting support groups. Other types of parent support were also rated as very high priorities, including parent-child play groups and one-on-one parenting support.

Several F5AC-supported programs have been able to expand their capacity, thereby having access to funding streams previously unavailable to them (e.g., moving from being seen as a “teen services” program to a family support services program). This acknowledgement has meant receiving augmented, or new, service contracts - thus, providing greater financial stability and long-term viability.

As examples of systems change opportunities that relate to sustainability:

### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

50% of CGI grants focused on parenting support, education or parent-child activities.

Childhood Matters and Nuestrros Ninos Radio program broadcast topics on parenting

All Family Support Service programs work to build positive relationships and promote parent-child attachment between parents and newborn children

Specialty Provider Team trains and supports other agencies to work with parents and children and provides direct services that focus on the parent-child relationships

Specialty Topic Seminars offer trainings for community providers on best and promising strategies that support optimal parenting (Training Connections)

- Several CGI recipients have programs and resources who serve the entire county such as Children’s Fairyland, the Museum of Children’s Art and Habitot Children’s Museum. These agencies now incorporate early childhood and parent-child activities into their programs.
- As a result of the CGI pilot parent-child playgroup partnership program, the Oakland Fund for Youth and Children is now funding playgroups using the ECC model.
- Continued training and technical assistance through First 5 can support a consistent focus on parent-child relationships within community organizations.

Another systems change opportunity noted by June 2008 community forum participants is the potential to encourage more families to take advantage of Paid Family Leave from work after a child is born, as allowed by California law, for families to bond and start the parent-child relationship off right. A study by the California Senate Office of Research found that individuals who worked for large employers (1,000 or more employees) accounted for nearly half of all paid family leave claims yet represented only 14% of the California workforce. Further, low-income workers file claims at a lower rate than higher paid individuals [194]. These findings indicate an opportunity to reach more people to help them take advantage of this benefit.

It should be noted that teen programs rely heavily on state funds. Categorical funding streams include AFLP, CalLEARN. Title V funding was recently reduced substantially and continues to be vulnerable to swings in the State budget. The federal Deficit Reduction Act of 2005 also puts programs relying on reimbursements for providing services to Medi-Cal eligible populations on a tenuous track.

## Increased Support for Parents Experiencing Depression

### Description

Depression can affect both mothers and fathers. Although it most frequently occurs in mothers during the first few months after childbirth (known as postpartum depression), depression can affect parents at any time. This outcome seeks to ensure that parents who do experience depression are able to receive support to effectively deal with the depression and prevent undesirable consequences for their children and families.

### Current Situation

- From 2002 to 2006, 27.9% of mothers screened for depression by an ECC Family Support Services program screened positive for depression. The highest rate was in East Oakland, where 37% of mothers screened positive for depression. Viewed by ethnicity, the highest rate was for White mothers (35%) [82]. These rates continued in the 2006-07 program year, during which 22-26% of mothers screened positive for depression across various FSS providers [70].
- Interviews by the Annie E. Casey Foundation in 2007, focusing on the Lower San Antonio neighborhood of Oakland, found “depression among mothers is a very significant

issue.” The report further states it is “very difficult to identify services due to cultural beliefs around mental illness across the ethnic groups living in the neighborhood” [23].

### **Impact on Those Affected**

Children of depressed parents experience high rates of anxiety, disruptive and depressive disorders that continue into adulthood. In ECC screening, a higher percentage of children of mothers who screened positive for depression had at least one identified area of developmental concern compared to children of mothers who did not screen positive for depression, 51% versus 44% [82].

### **Ability of First 5 Alameda County to Have an Impact**

F5AC has been able to demonstrate an impact on this outcome in multiple ways. One is on a systems level by introducing and training on standard ways to screen for parental depression across many types of First 5 funded programs. The percent of primary care providers who receive F5AC services screened for depression increased from 44% in 2002-2004 to 66% in 2006. Of mothers who screened positive for depression, 68% of them also had developmental screens conducted on their child, compared to 64% of those who did not screen positive for depression ( $p=0.035$ ). A higher percentage of children of mothers who screened positive for depression had at least one identified area of developmental concern compared to children of mothers who did not screen positive for depression, 51% versus 44% ( $p=0.020$ ).

Another example of First 5’s impact has been providing direct support for parents that screened positive for depression. In 2006-07, 45% of the 314 referrals to the ECC Specialty Provider Team were for maternal depression and 26% involved depression in conjunction with substance use or domestic violence [70].

First 5 has also shown an ability to increase awareness of maternal depression through community trainings to providers on maternal depression.

### **Potential for Sustainability Over Time**

Alameda County has recently submitted a proposal (likely to be funded) to the State Prevention and Early Intervention Commission for funding prevention and early intervention services to the underserved early childhood population with Mental Health Services Act (Prop 63) funds. In general, there is a growing movement to “imbed” mental health clinicians into primary care settings. Prop 63 will support several projects; the presence of this targeted funding stream enhances the potential for sustainability of efforts related to mental health.

#### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

Specialty Topic Seminars and Specialty Provider Team (SPT) train service providers countywide to use standardized tools for screening for caretaker depression, referral pathways and treatment options

Primary caregivers are screened by FSS Hospital Outreach Coordinators in birthing hospitals for depression. Once at home, FSS home visitors screen caregivers and refer for depression

ECE programs train child care providers to identify parents for depression and refer them for help

CGI parenting grantees also screen caregivers for depression and provider referrals or support

Coordinated EPSDT mental health services for depression referrals

SPT directly treats caregivers for depression when appropriate

Additional examples of the potential for systems change and integrating depression screening and treatment into larger service delivery systems, supporting sustainability of these efforts, include:

- Harris Early Childhood Mental Health seminars funded by F5AC have trained roughly 150 multidisciplinary providers who are working in the community and have expanded skills in identifying and address maternal depression.
- The Public Health Department initiative in collaboration with First 5 and other county agencies is expanding standardized screening in obstetrical offices for substance use and maternal depression.
- The Pediatric SART will eventually work with Pediatricians to incorporate maternal depression screening into well child visits. This is occurring in many states through the national ABCD developmental screening initiative.

## Improved Ability to Access Community Resources to Support Family Functioning

### Description

This outcome addresses the extent to which families are able to locate and access community resources to assist with issues related to child development and family functioning.

### Current Situation

A broad indicator of the demand for access to community resources is the number of people calling the 2-1-1 community resource information line seeking information and assistance. Eden I&R, Alameda County's 2-1-1 service provider, reports that from 1/1/2007 to 5/27/2008, 11,062 households called to seek assistance. These households included almost 4,500 children age 5 and under. The most frequent requests were for emergency shelter, housing and utility assistance.

Child Care Resource & Referral agencies (BANANAS, 4 C's and Child Care Links) also provide assistance to families calling for such support. Furthermore, BANANAS operates a WarmLine for parents and providers to call with concerns about developmental issues for particular children. In 2006-07, 1,772 parents and child care providers in Northern Alameda County contacted this WarmLine for assistance.

Throughout this report, data is provided about the need for access to resources on specific issues like parental depression, support for children with special needs and many other issues. However, information has not yet been located to indicate the overall extent to which families need access to community resources but cannot locate or access those resources.

### Impact on Those Affected

No specific information was found in the research for this report on how families are affected by their ability or inability to access community resources.



### **Ability of First 5 Alameda County to Have an Impact**

Since 50% of CGI grants are for parenting support and education, access to these services has increased across the county for a diverse population including single parents, new immigrants, fathers, teen mothers, foster and adoptive parents, gay and lesbian parents, families in the child welfare system, grandparents and caregivers of various ethnic, cultural and linguistic backgrounds. Services are offered in English, Spanish, Cantonese, Farsi and other languages [70].

#### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

FSS programs refer families to community resources

All ECC programs include a component to link families to available community resources

CGI grants related to parent education and support, including general information and referral services, link to this outcome

Many ECC programs have demonstrated an ability to connect families to resources that meet the specific needs of each family. Examples of successfully linking families to resources are provided throughout this report.

### **Potential for Sustainability Over Time**

First 5 California has contributed to this outcome for the past six years by making an extensive Kit for New Parents available to First 5 Alameda County for distribution by programs, and directly to families through an 800 number. The Kit contains information about many types of community resources along with practical information about child development and family functioning. A long term evaluation released in 2004 by UC Berkeley showed that the Kit is a successful and cost-effective statewide investment to help parents promote their children's health, development, nutrition, and safety. In 2006-07, F5AC distributed 5,673 English and 2,494 Spanish Parent Kits.

Alameda County is working on implementation of the 2-1-1 community information line to provide families with easy access to information about community resources in virtually any language. The California Alliance of Information and Referral Services, in partnership with the United Ways of California, is working on a statewide plan to implement and sustain the 2-1-1 throughout California by 2010. This offers one potential platform to sustain support for families in accessing available community resources.

## **Increased Community Readiness to Respond to the Needs of Young Children in the Wake of a Disaster**

### **Description**

Many types of disasters, both natural (e.g., earthquakes, wildfires, floods) as well as manmade (e.g., terrorist attacks, riots), can occur in Alameda County and present significant challenges for children and families when they do occur. This outcome addresses the extent to which organizations serving children age 0-5 (such as but not limited to early care and education providers, health care providers and family support services) and communities in general are prepared to respond to the needs of young children if a natural or other disaster does occur. Disaster work is typically viewed in three distinct stages: Preparedness with plans to show what should happen in the event of a disaster, Response directly preceding or following a disaster (e.g. for evacuation, shelter, feeding and caring for disaster victims), and

Recovery to address the longer-term efforts for both the physical reconstruction of the community and the psychological, financial and emotional support needed to heal a community in the wake of a disaster [186].

### Current Situation

- The County of Alameda and cities in the county have already established various types of disaster readiness programs. Several examples follow. The Alameda County Public Health Department has a disaster planning division, which has received bioterrorism funds and has been actively planning for disaster management. According to a report by the League of California Community Foundations, “the City of San Leandro has a plan that actively encourages nonprofits to take part in city-run classes on disaster preparedness and requires organizations receiving city money to participate in classes offered throughout the year” [186]. A separate report noted that one element of the City of Oakland’s City-County Violence Prevention Task Force was to increase disaster readiness in two target areas of Oakland. The report further points to strong infrastructure for emergency preparedness in the City of Fremont, which has been recognized for its excellent Community Emergency Response Team and Personal Emergency Preparedness trainings in the community [184].
- Beyond the above references, no specific information was found in the research for this report on the extent to which community readiness for a disaster does or does not exist. Anecdotal information suggests that disaster readiness efforts by public entities such as schools and city/county agencies throughout the county generally do not specifically address the needs of children age 0-5 and their families, and that relatively few non-governmental organizations have addressed the issue of disaster readiness.
- Interviews conducted by UC Berkeley with Alameda County organizations involved in disaster readiness found that “emergency preparedness training should target and be tailored to meet the local needs of communities, and in particular those faced by vulnerable populations. Traditional emergency preparedness training models tend to use a ‘one size fits all’ approach with standardized information and messages. These models usually assume that what is good for one place or community is appropriate for another, and all audiences will respond equally well to the information and recommendations that are made. As such, there are little or no attempts to identify and develop plans that address local challenges and realities. This generic emergency preparedness training tends to overlook the specific needs of vulnerable communities...” which include persons with disabilities and non-English speaking individuals [184]. These findings further suggest that existing disaster readiness efforts may not be sufficient to meet unique needs of young children and their families.
- Accreditation standards for early care and education programs from the National Association for the Education of Young Children (NAEYC) include standards requiring programs to have written and posted disaster preparedness and emergency evacuation procedures. As of 2001, only 5 child care centers with NAEYC accreditation were identified in a countywide survey; 9 more centers were working toward accreditation [145]. The NAEYC standards only cover immediate actions in the event of a disaster, and do not address the longer-term response and recovery issues that affect the physical and emotional well-being of children.



## Impact on Those Affected

The American Academy of Pediatrics Work Group on Disasters has identified five primary responses seen in children affected by natural or manmade disasters that result from loss, exposure to trauma, and disruption of routine: increased dependency on parents or guardians; nightmares; regression in developmental achievements; specific fears about reminders of the disasters; and demonstration of the disaster via posttraumatic play and reenactments [183].

A University of Arizona analysis on the effects of disasters on children says “it is important to note that a disaster, no matter the type or duration, can dramatically influence the lives of all members of the family, even those who may seem too young to worry or notice. In fact, children and young people often find that their own lives have changed dramatically. For example, they may not have the same level of parental support available to them, as their parents are often less available both physically and emotionally due to their need to cope with the disaster. Further, the roles and routines within the family may no longer be the same. Mothers may have to return to work, families may have to relocate, familiar items and places may no longer be available, and family finances may change dramatically” [183].

## Ability of First 5 Alameda County to Have an Impact

Although this is not an outcome where F5AC has made past investments, there are numerous models from other groups that suggest that it is possible to make an impact. An analysis by UC Berkeley of lessons learned from Hurricane Katrina specifically noted the importance of collaboration, engaging advocacy groups and community-based organizations in emergency preparedness, and clarifying roles and responsibilities of different agencies and organizations as well as individuals, families and caregivers, and communities [184]. These are roles where F5AC is uniquely positioned to bring the needs of young children into the larger picture of disaster preparedness, response and recovery.

### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

No F5AC funding has been explicitly directed to this outcome.

The League of California Community Foundations has prepared an assessment of the roles of community foundations in disasters and identified roles that include promoting advance collaboration with other local groups, having special grant processes with short turnaround times ready to implement if a disaster occurs, and being a catalyst for educating community-based organizations and the public at large about disaster readiness and response [186]. Community foundations in Marin, San Francisco and Santa Cruz Counties were noted as already having well developed disaster plans and may help inform F5AC efforts.

A forum held specifically on early childhood impacts of Hurricane Katrina highlighted specific ways to meet the needs of young children in the aftermath of a disaster, such as:

- Training and assisting teachers and parents to provide social-emotional support to help young children cope with trauma after a disaster;
- Readiness to divert children in child care to other child care facilities if their own facility/program is unable to operate for a while following a disaster; and
- Ensuring that local disaster plans specifically include recognition of ECE personnel as first responders in a disaster, mental health intervention for children and early care and education staff after a disaster, and plans to reestablish ECE and other family support supports as quickly as possible after a public emergency [185].

### **Potential for Sustainability Over Time**

Numerous potential partners exist that could be engaged on creating and sustaining an impact on this outcome. These potential partners include Alameda County Collaborating Agencies Responding to Disaster (CARD), Citizens of Oakland Responding to Emergencies (CORE), American Red Cross Bay Area Chapter, the Federal Emergency Management Agency office based in Oakland, city and county agencies involved in disaster preparedness and response, local fire departments and other public safety entities, and many community based organizations that are part of the disaster response network.

As an indicator of public will, it was noted that in 2004 residents of the Sobrante Park area of East Oakland placed a high priority on emergency preparedness and were willing to take ownership of efforts to improve disaster readiness as part of a larger community building effort to reduce violence and the impact of violence on the neighborhood [184].

## OUTCOMES RELATED TO GOAL 2: IMPROVE THE DEVELOPMENT, BEHAVIORAL HEALTH AND SCHOOL READINESS OF CHILDREN 0 TO 5 YEARS

This section contains community outcomes related to cognitive, physical and social-emotional development of children from birth to age 5 and the readiness of children to succeed once they reach kindergarten.

### Increased Knowledge and Skills of Early Care and Education Providers

#### Description

This outcome is to increase the knowledge and skills of early care and education (ECE) providers, leading to high quality ECE programs. More specifically, ECE providers need solid knowledge and skills in many areas, including but not limited to child development, effective education for young children, health and safety, working with children with special needs, cultural competence and much more.

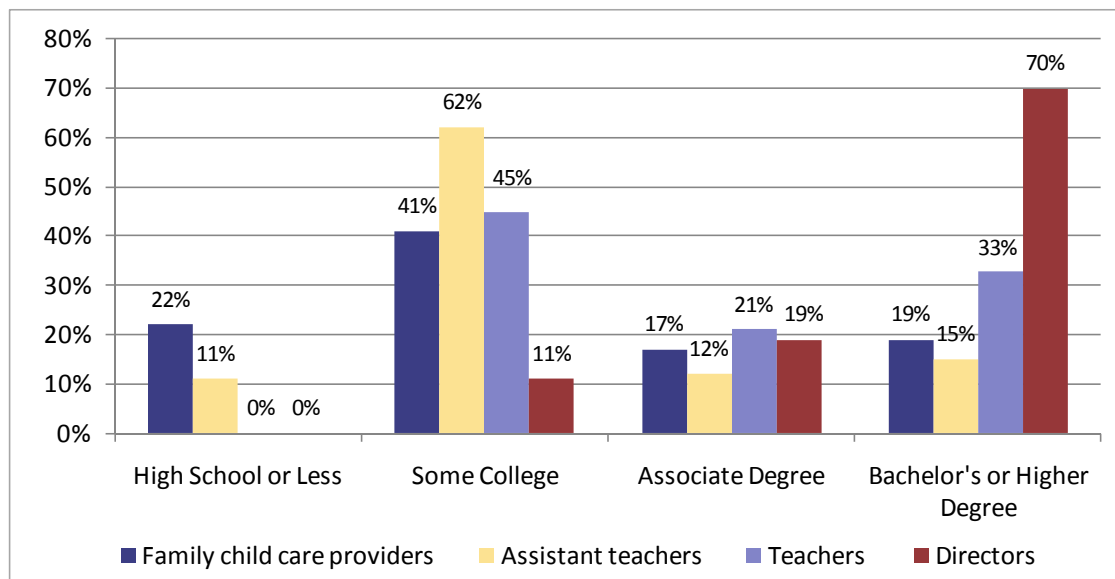
#### Current Situation

- Alameda County’s workforce for licensed ECE programs includes approximately 6,913 people, predominantly female, who educate and care for about 26,341 infants (birth to age 2) and/or preschoolers (ages 2-5, pre-kindergarten). This workforce includes about 1,785 providers and 791 paid assistants in licensed family child care homes, and 2,885 teachers, 1,063 assistant teachers and 389 directors in licensed child care centers [59]. In addition to this group, there are an unknown number of unlicensed people providing child care in their homes. These unlicensed providers, often referred to as “informal” care providers, need the same types of knowledge and skills and licensed providers.
- Educational requirements vary for the California ECE workforce, depending on whether they work in licensed homes or centers, and whether centers hold a contract with the California Department of Education (CDE) or Head Start. Licensed family child care home providers are required only to complete 15 hours of non-credit training on preventive health practices. For licensed child care centers and preschools, two sets of regulations (Title 5 and 22) establish qualifications for ECE personnel, but neither set requires teachers to complete a college degree. The table below summarizes the educational requirements imposed by these regulations [133].

Position	Title 5: California Department of Education contracted providers	Title 22: All for-profit and non-contracted nonprofit centers
Assistant Teacher	6 units of college-level coursework in ECE/Child Development (CD)	Not defined
Associate Teacher	12 units of college-level coursework in ECE/CD, including designated core courses	Not defined

Position	Title 5: California Department of Education contracted providers	Title 22: All for-profit and non-contracted nonprofit centers
Teacher	24 units of college-level coursework in ECE/CD, including designated core courses, and 16 general education units	12 units of college-level coursework in ECE/CD
Master Teacher	Same as teachers, plus 2 units of adult supervision and 6 specialization units	Not defined

- Reflecting the Title 22 requirements in particular, personnel in Alameda County child care centers and preschools have attained higher levels of education than family child care providers, but on average, both family child care providers and center staff exceed state requirements. The following graph shows the levels of educational attainment of different groups of ECE providers in Alameda County [59].



- 33% percent of child care centers in Alameda County employ no teachers with a BA or higher degree [59]. At the same time, a 2004 analysis by California Tomorrow stresses caution against placing undue emphasis on a BA degree, noting that a BA requirement may exclude people from low-income and ethnically diverse backgrounds from joining the ECE field and may not translate into better conditions in ECE programs [146]. Participants in the June 2008 community forums agreed with this concern, noting that there is some debate and conflicting research as to whether formal degrees translate into higher quality programs, and that informal and experiential training for ECE providers can be just as valuable as formal education coursework.
- The presence of an Associate Degree or higher also varies widely based on the ethnicity of the provider. Based on a 2004 study, while 26% of all family child care providers in Alameda County had an Associate's Degree or higher, only 9% of Latino providers held such a degree [133].

- In 2005, more than one-third of children entering public kindergarten in Alameda County were estimated to be dual language learners, and it is likely that soon most young children in ECE programs will be dual language learners and/or live with family members who do not speak English. Yet very few members of Alameda County’s ECE workforce have participated in non-credit training or college coursework related to dual language learning. Only 12% of licensed family care providers have received non-credit training, and only 11% have completed college coursework, in this subject. Among centers, only 39% employ at least one teacher with relevant non-credit training, and only 31% employ at least one teacher with relevant college coursework [59].
- In the June 2008 community forums, some participants noted that teachers may need additional training and ongoing professional development opportunities in order to implement prescribed curriculums in conjunction with meeting overall standards of quality ECE programs.

**Impact on Those Affected**

The purpose of increasing the knowledge and skills of ECE providers is to promote the quality and availability of ECE programs. The impact of quality ECE programs is presented later under “Improved Quality of Available Early Care and Education.”

**Ability of First 5 Alameda County to Have an Impact**

F5AC has made numerous past investments related to this outcome. One indicator of impact is that in the four years prior to establishing the ECC Child Development Corps (1996-2000), the Child Development Training Consortium (CDTC) processed 675 Child Development Permits from Alameda County. From 2000-2004, with support from Career Advocates at the Child Care Resource & Referral sites, the CDTC processed 2,671 permits. Alameda County now has the highest percent of Child Development Permit holders in the state [95]. Additional F5AC efforts have tried to engage more family child care providers and informal care providers such as family, friends and neighbors.

At the beginning of the First 5 funded program to support non-native English-speaking students through the Emerging Teacher Program at Merritt College, only 13% of students said that they planned to pursue a BA degree. By the end of the program the percent of those who planned to pursue a BA degree increased to 68% [73].

In the June 2008 community forums, multiple groups emphasized the value of experiential training, such as working with ECE providers in the classroom, and other forms of ongoing training in addition to formal education programs like BA degrees. This was echoed in a recent report on preschool teacher education levels in

**2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

ECE Child Development Corps offer incentives and support to encourage child care providers to pursue academic and other professional development opportunities

Supports for English Language Learner (ELL) ECE providers to increase number of providers serving ELL families

ECE Training Coalition offers informal training throughout the county in community settings

One-day workshop and books and materials fair for Family Child Care providers (Family Child Care Fair)

Training Enhancement Project to build capacity of ECE trainers

Establishment of a career network, advice and support system for ECE providers at county Resource and Referral agencies and in the community (Career Advocates, Professional Growth Advisors, Training Coordinators)

Scholarships and support for ECE students working for BA/MA degrees

California that said “while there is evidence showing that increasing teachers’ education levels will improve the quality of preschool services, other factors such as ECE training and coursework can also contribute to high quality programs” [133].

### **Potential for Sustainability Over Time**

The ECE community in Alameda County includes well organized groups like the Alameda County Child Care Planning Council and the Child Care Resource and Referral agencies that can help support implementation and sustainability of outcomes related to ECE.

One opportunity for systems change already being pursued by First 5 Alameda County is to structurally expand the number of formally educated ECE providers by working with colleges and universities in the County to increase early childhood offerings and access. Related to this, First 5 California has adopted an objective in their latest strategic plan to “establish or participate as a partner in a committee addressing systems change around California’s higher education system related to developing the early childhood development workforce” by March 2011 [32].

F5AC has worked with several partners on multiple ECE projects. Projects involving multiple community partners include Early Care and Education for All, Emergent Teacher Program at Merritt College and Partners in Collaboration. Chabot College has also been a partner with the Spanish Speaking Cohort.

Although there is a well-organized sector of the ECE community, the vast majority of parents, providers, and children in ECE in Alameda County are not part of any official ECE community. Sustainability efforts will need to reach more representative samples of the community to be successful. One example is the “ECE for All Plan”. As soon as First 5 stopped funding and organizing the planning effort, community involvement came to a halt.

F5AC currently receives some financial support (1 to 4 match) from First 5 California to fund support positions and other costs through the CARES and School Readiness matching programs. However, it unknown whether or not the state will continue these matching programs. The current budget crisis in California also has had a significant impact on Child Care Resource and Referral (R&R) agencies and community colleges. In addition to general cuts to their budget, the money received by the R&R’s for child care subsidies is consistently being reduced.

With startup funding from First 5, it is intended that the BA and MA programs will be institutionalized in the colleges in the future. Other than First 5, there is currently no other funding source for scholarships for students to attend these programs.

## **Increased Ability to Recruit and Retain Early Care and Education Providers**

### **Description**

Low wages and limited career development opportunities in Early Care and Education (ECE) lead to high turnover for ECE providers. This outcome is to enhance the recruitment and retention of ECE providers, leading to greater availability of quality ECE programs and a more stable, diverse workforce to meet community needs for ECE.

## Current Situation

- Persistently high staff turnover is a challenge for ECE. The staff members who have the most contact with children are teachers and assistant teachers. In Alameda County, the annual ECE teacher turnover rate of 24% is more than twice that of California public school K-12 teachers (11%). ECE assistant teacher turnover is at 27% a year and director turnover is 14% per year [59]. A separate 2006 study suggests that turnover may be much lower among licensed family child care providers; this study found that the average tenure of family child care providers was 11.6 years, with just over 3% providing paid care for less than one year and 29% providing paid care for less than five years [178].
- Compensation is a significant factor in retention. A 2006 ECE workforce study by the Center for the Study of Child Care Employment and the California Child Care Resource & Referral Network indicated that, on average, the highest paid ECE teacher with a Bachelor's degree in an Alameda County child care center earns \$22,500 less per year than the average Alameda County K-12 teacher. Further, K-12 teachers typically work fewer hours and have better benefits than ECE teachers [59].
- The 2006 ECE workforce study found that “teachers with a BA or higher degree are more likely than others to be over age 50 and approaching retirement, at a time when the demand is rising for teachers with such qualifications. This suggests that in addition to helping current members of the ECE workforce achieve college degrees, Alameda County needs a strategy to recruit college graduates to ECE teaching positions, including improvements in compensation, in order to make such employment more attractive to well-educated young candidates” [59].
- ECE providers in Alameda County are overwhelmingly female. A study released in 2002 found that 95% of ECE staff in licensed child care centers were female [145]. A 2006 analysis further said that “it has been noted repeatedly that the absence of male role models can be detrimental for young children, particularly for those without a constant adult male presence in their lives” [178].
- In 2001, the most recent year for which data was found, 55% of child care center directors reported that it required six weeks or more to hire a permanent replacement for a departing teacher [145]. This underscores both constraints on the size of the ECE workforce and challenges faced by programs that do experience staff turnover.

## Impact on Those Affected

Recruitment and retention of ECE providers is necessary to having quality ECE programs available to families. The impact of quality ECE programs is presented later under “Improved Quality of Available Early Care and Education.”

### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

ECE Child Development Corps offer incentives and support to encourage child care providers to pursue academic and other professional development opportunities

Supports for English Language Learner (ELL) ECE providers to increase number of providers serving ELL families

ECE Training Coalition offers informal training throughout the county in community settings

One-day workshop and books and materials fair for Family Child Care providers (Family Child Care Fair)

Training Enhancement Project to build capacity of ECE trainers

Establishment of a career network, advice and support system for ECE providers at county Resource and Referral agencies and in the community (Career Advocates, Training Coordinators, Professional Growth Advisors)

Scholarships and support for ECE students working for BA/MA degrees



## **Ability of First 5 Alameda County to Have an Impact**

F5AC has made numerous past investments related to this outcome (see box to the right) which have impacted retention rates for ECE professionals enrolled in the Child Development Corps (Corps). For example, the proportion of participants in the Corps program returning from previous years has increased each year, reaching 89% in 2004 (although, the number of returning Corps members also decreased each year). Since retention was greater for Corps members at higher levels of the Child Development Permit Matrix [95], the Corps was re-designed two years ago to specifically target ECE providers at the lower levels of the Child Development Permit Matrix

## **Potential for Sustainability Over Time**

The same issues related to sustainability that were presented earlier for the outcome “Increased Knowledge and Skills of Early Care and Education Providers” also apply here. Historically, most efforts to recruit and retain ECE providers have been linked to education programs (e.g. helping ECE students working for BA/MA degrees) and ongoing professional development activities.

## **Improved Quality of Available Early Care and Education**

### **Description**

Early care and education programs should be high quality, individualized, responsive, stimulating and relationship-based to make the greatest difference for the children. ECE quality is described and measured in many different ways. *Structural quality* includes such program features as group size, child-staff or child-adult ratios, teacher education and training, curriculum, and health and safety practices. *Process quality* refers to what goes on in the classroom, such as the activities in which children engage, the nature of teacher-child and peer-to-peer relationships, the management of the classroom and use of time, and teachers’ approaches to fostering learning and healthy development [159].

### **Current Situation**

- Workforce diversity that fits the diversity of children served is one indicator of quality; in fact, a recent study by California Tomorrow notes that a culturally and linguistically diverse workforce is a critical element of providing high quality ECE in a diverse society [146]. A 2006 study of the ECE workforce in Alameda County found that “Alameda County’s ECE workforce is ethnically diverse, more closely reflecting the ethnic distribution of the county’s young children than K-12 public school teachers” [59]. The following table shows the ethnicity of the county’s ECE workforce compared to that of children age 0-5.

	Family Child Care Providers	Center Teachers	Assistant Teachers	Directors	Children 0-5 Years
White, Non-Hispanic	44%	43%	37%	62%	25%
Latina	15%	17%	16%	6%	32%
African American	26%	15%	17%	15%	13%



	Family Child Care Providers	Center Teachers	Assistant Teachers	Directors	Children 0-5 Years
Asian/Pacific Islander	8%	18%	22%	13%	24%
Other	7%	7%	8%	4%	6%

- Data provided by BANANAS indicates that during fiscal year 2006-07, parents calling BANANAS requesting child care referrals asked for family child care homes 81% of the time, child care centers 56% of the time, and in home care (including shared care) 27% of the time (note: these figures add up to more than 100% since many parents wish to look at several types of care before choosing). Although these figures do not encompass the entirety of parents looking for child care, the Resource & Referral agencies indicate they are more representative of East Bay parents' child care demand data than extrapolations of state or national data.
- Data was not found during the research for this report to determine the extent to which quality enhancements are needed for ECE programs in Alameda County in areas such as curriculum, facility environment or the condition of child care facilities. This may be due to challenges in having consistent definitions and ways to measure quality. One of the top five initiatives listed in the 2006 Alameda County Early Care and Education for All Plan is to “develop a consensus about core principles of quality for ECE in Alameda County and use that consensus to advocate for quality in every ECE program.” The plan goes on to say that “it will only be possible to ensure that we consistently promote quality in every ECE program if the ECE community can agree on what quality means. ... Issues to be addressed include child-adult relationships, developmentally-appropriate approaches to cognitive skill development for children, workforce training and compensation, facilities, cultural sensitivity, parent and family involvement, and ways to work with children with special needs” [2].
- A broad indicator of note is that the National Association of Child Care Resource & Referral Agencies, using 15 different measures of child care center quality standards and oversight (such as staff:child ratios, education levels of teachers and curriculum content), rated California 47<sup>th</sup> out of 52 states and jurisdictions. The study noted a need to improve health and safety standards for ECE programs, among other issues [163]. A separate RAND study of preschool programs in California found that “using a generous estimate of what constitutes a research based curriculum, fewer than half of three- and four-year-olds are estimated to be in programs that use a named curriculum with a foundation in child development research.” The same study found that 16% of preschool programs rated below a minimum acceptable quality level on Early Childhood Environment Rating Scale (ECERS) assessments, while just 22% of programs scored in the good to excellent range in these assessments [159]. In the absence of more specific data for Alameda County, these studies provide some indication of the opportunity to enhance ECE program quality.
- In 2001, the most recent year for which data was found, less than 5% of licensed child care centers reported that they have achieved National Association for the Education of Young Children (NAEYC) accreditation. An additional 9% reported that they are currently pursuing accreditation [145].

- A recent study shows that providers in the Bay Area lack sufficient financial resources to deliver consistent, high quality care to children and adequately compensate staff [1]. An analysis on the difference between current state reimbursement rates for full day preschool and the regional market rate (RMR) for full day preschool found that the RMR of \$727.38 per day is 6.2% higher than the current reimbursement rate of \$685.21.
- Community Care Licensing (CCL) ensures basic health and safety standards for all licensed child care facilities in California. A 2008 assessment by the Alameda County Child Care Planning Council states cuts have reduced the number of visits made by CCL to child care facilities, and further cuts proposed in the Governor's 2008-09 budget would result in CCL visiting each facility only once every seven years.
- An important dimension of this issue raised during the June 2008 community input process is the extent to which parents are well informed about what constitutes "quality" early care and education, and are able to evaluate the quality of available programs. A 2006 national poll noted that many parents assume that ECE providers have specialized training, have undergone background checks and are regularly inspected, but such training and adherence to other quality standards occurs inconsistently among ECE providers [163]. The point raised in the forums is that parents need consistent education and support to help them choose quality ECE programs.
- As an indicator of a service capacity gap, the First 5 Quality Improvement Initiative is currently only able to serve a third of the ECE sites who submit applications [95].

### **Impact on Those Affected**

Quality child care is important for the growth and development of children. Numerous studies have shown that early childhood experiences impact brain development, language, social-emotional development, school readiness, and academic performance. Infants and children ages 0-5 years of age need positive early learning experiences to foster their intellectual, social, and emotional development. Quality early experiences have also been linked to a greater chance of children completing high school and a decreased likelihood of being charged in juvenile court or repeating a grade.

Access to quality early care and education directly affects school readiness. In a 2005 survey of over 500 California kindergarten teachers, 95% said their students who attended pre-kindergarten are better prepared for kindergarten in both social and academic areas, from pre-reading skills to early math concepts to the ability to share and play well with classmates. Numerous studies from other states confirm this effort. For example, a five-state study in 2005 found that children enrolled in effective public preschool outscored their non-participating peers by 31% on vocabulary tests and 44% on tests of early math skills.

Child care can positively impact parents and families as a whole, allowing parents to work outside of the home to financially support the family and thus promoting greater economic self sufficiency. Two Colorado studies found that 41% of households indicated that one parent would have to stop working if paid child care were no longer available, while another 20% of households reported that one parent would have to reduce the number of hours worked each week if there were no child care [179].

Quality ECE programs also have strong economic benefits to the community. Multiple major longitudinal studies such as the Perry Preschool, Abecedarian Intervention and Chicago Child-Parent Center studies have found that high quality preschool programs saved taxpayers between \$2.69 and \$7.14 for every dollar invested by reducing special education, law enforcement and other costs [129]. A separate analysis by the RAND Corporation found that across 48 different preschool programs studied, the average return is \$2.36 for each \$1 invested in these programs [180]. Substantial cost savings are also created specifically for school systems by providing early childhood education; one study found the medium-term cost-savings from ECE ranges from \$2,591 to \$9,547 per child [179].

These cost/benefit analyses may actually understate the true, long-term impact of early care and education because they do not measure the positive effects on children born to participant families after the study period. Younger siblings of participants are likely to benefit from having better educated parents [179].

### **Ability of First 5 Alameda County to Have an Impact**

Studies to measure child care quality can be difficult, but tools do exist and have been used by F5AC to measure program results. Tools such as the Early Childhood Environment Rating Scale (ECERS) can be used to assess changes in quality.

Several ECC programs have shown to increase quality in classrooms and among providers. The Quality Improvement Initiative (QII) has shown that several positive changes resulted from the program. In 2006-07, each of the 21 child care programs participating in the QII program showed improvement on standard environmental rating scales [70]. In 2003, QII participated in the national QUINCE longitudinal research project, which was administered by the University of North Carolina and UCLA. UNC/UCLA research provided preliminary data on changes in the environmental ratings for the research sites in 2004-05. The center-based providers overall had a modest improvement in ECERS scores. Longitudinal data indicate that the improvements were not only sustained, but continued after the initial intervention. Family child care sites appeared to have a significant improvement in their Family Day Care Rating Scale (FDCRS) scores which were also sustained longitudinally, but plateaued after the intervention. [95]. In 2006-07, First 5 outcomes showed that 100% of QII sites showed improved environmental assessments.

#### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

6-9 month program to provide one-on-one consultation with child care providers to assess quality of classroom environments, plan for and implement enhancements (Quality Improvement Initiative)

Mentoring program to assist child care providers (Enhanced Mentor Program)

Grants to help ECE sites implement identified infrastructure and program improvements (Facility and Quality Grants)

### **Potential for Sustainability Over Time**

The possibility of success of the statewide "Preschool for All" movement and a California statewide quality rating system would increase the likelihood of sustainability of the QII, similar to other state programs such as the one in North Carolina and in 29 other states. Continued partnership with the Low Income Investment Fund and documentation of impact may also help with sustainability efforts.

The California Association for the Education of Young Children (CAEYC) has had some success with supporting providers to pursue National Association for the Education of Young Children (NAEYC) or National Association of Family Child Care (NAFCC) accreditation. This offers a broader system-level impetus that encourages providers to engage in comprehensive self-assessment and therefore raises awareness about the specific elements of quality care.

## Increased Availability of Quality Early Care and Education Programs for Families Seeking ECE

### Description

Child care availability is typically described in terms of supply and demand for available licensed slots. Licensed child care may be center based or family based (home-based). Care differs depending on the age of the child. In the 0-5 age group, different care options are needed for infant and toddlers than for preschool age children. The ability of families to access ECE programs can be affected by the availability of slots in a convenient geographic location, hours of care needed and the cost of obtaining quality care.

### Current Situation

- An ECE needs assessment completed in 2006 produced the following estimates of overall supply, demand and gaps for children 0-5. For purposes of this section of the report, infants and toddlers are defined as children birth to 23 months of age, and pre-school age children are ages 2 through 4 [87].

	<u>Supply</u>	<u>Demand</u>	<u>Difference</u>	<u>% of Demand Met</u>
Infants and toddlers	5,800	8,900	-3,100	65%
Preschool age	36,000	35,600	+400	101%

The same study projected that by 2010, Alameda County will have a child care deficit of approximately 1,600 slots for preschoolers and 3,600 slots for infants and toddlers. It further states that “in order to ensure choice, a slight surplus of care for each age group, in each community, is desirable. If all slots are filled to capacity, parents have few options. Whereas this report does identify a surplus in some types of care in some communities, insufficient information is available to know if those slots meet the needs or preferences of families in that community. Further, there is a shortage of care in many communities. Increasing the availability of care in order to meet parents’ varying needs and preferences is essential” [87].

- Geographically, the top priorities for expanding full-time child care slots for low income children age 0-5 are shown in the following table. This is based on an assessment released in May 2008 by the Alameda County Child Care Planning Council [122]. It should be noted that there are significant concerns about the methodology used to produce these estimates; the Child Care Planning Data Task Force is working on a better methodology to submit to the state next year. Nonetheless, they represent the best information currently available.

<u>City and Type of Care</u>	<u>Estimated Shortage *</u>	<u>Zip Codes with Greatest Shortages (in descending order of need)</u>
Oakland – infant/toddler	1,614	94601, 94606, 94621, 94603, 94611, 94602, 94619, 94605, 94609
Hayward – infant/toddler	983	94544, 94541, 94578
Oakland – preschool	398	94606, 94602, 94605, 94611
San Leandro – infant/toddler	304	94578, 94579
Livermore – infant/toddler	254	94550
Hayward – preschool	250	94544, 94541
Union City – infant/toddler	199	94587
Fremont – infant/toddler	174	94536, 94538
Livermore – preschool	151	94550
Fremont – preschool	119	94536, 94538
San Lorenzo – infant/toddler	115	94580

\* *Estimated Shortage figures only include estimated shortages for the zip codes listed, and do not constitute the total shortage for the city as a whole*

- The Child Care Planning Council’s 2008 assessment also noted top priorities for expanding State Preschool programs in Oakland (estimated shortage of 6,500 slots just in zip codes 94601, 94606, 94621, 94605, 94603 and 94607), Hayward (estimated shortage of 2,250 slots between zip codes 94541 and 94544) and San Leandro (estimated shortage of almost 1,100 slots between zip codes 94578 and 94577). All but one of the zip codes listed contain elementary schools with low Academic Performance Index (API) scores in 2006 [122].
- An estimated 52% of children ages 3 and 4 in Alameda County are enrolled in a preschool or child development center. The rates vary widely by income level, however, as shown in the following table (FPL stands for Federal Poverty Level) [60].

	<u>&lt;100% FPL</u>	<u>100-199% FPL</u>	<u>200-299% FPL</u>	<u>300% of FPL and Over</u>
% of 3-4 year olds enrolled in preschool or nursery school	29%	57%	29%	62%

- Approximately 5% of infants and toddlers, and 16% of preschoolers receive free or subsidized care in Alameda County. Unsubsidized care is very expensive; the cost of home child care in 2005 was \$8,129 annually and \$9,404 for center based care. A two parent family where both parents earn minimum wage would spend nearly 30% of their income to place one infant in child care [31]. It is estimated that families can afford to pay less than 10% of their income on child care. Despite the high costs to families, neither parent fees nor subsidies cover the true cost of care [87].
- As of March 2008, Alameda County’s Centralized Eligibility List (CEL) included 5,515 children age 0-5 that were eligible for subsidized care, but did not have a slot [120]. Almost half of these were in Oakland. Other cities with high numbers of children on the

waiting list were Hayward, San Leandro, Fremont, Union City and Livermore. Currently, not all organizations participate in the CEL so this number undercounts the true number of children awaiting subsidies.

- There are over three times more preschoolers served than infants and toddlers served through subsidies; however, infants and toddlers make up more than one-half of the children on the Centralized Eligibility List [121].
- Head Start and Early Head Start Agencies in Alameda County also keep waiting lists of eligible families. In 2006, there were a total of 1,727 eligible children waiting for slots in Head Start or Early Head Start programs. While waiting for a subsidy, families are either not working due to lack of affordable care, paying market-rate and greatly stretching their family's resources, or placing these children in unregulated, less expensive care of unknown safety and quality [1].
- Several special populations need focused opportunities to access quality child care. Migrant education programs have identified 2,400 children from migrant agricultural families living in Alameda County. Of this group, approximately 600 are ages 3 and 4 and half are enrolled in a preschool program. Approximately 150 of these children are under 3 years old, and do not receive child care services from the Migrant Education Program [87]. Families with children with special needs also can have significant challenges with finding appropriate care; this issue is described in more depth under the outcome "Increased Access to Resources for Children and Families with Special Needs."
- A major challenge affecting the availability of subsidized child care slots is that funds provided by the state are not being fully utilized by Alameda County ECE programs, resulting in a substantial amount of funds being returned to the state each year. The Child Care Planning Council reports that \$9.3 million in funds were returned to the state by Alameda County in fiscal year 2006-07. This represents over 11% of the total value of state ECE contracts for the county.

### **Impact on Those Affected**

The same factors presented as the significance of impact under "Improved Quality of Available Early Care and Education" also apply here.

### **Ability of First 5 Alameda County to Have an Impact**

The impact of investments can be measured through indicators such as reduction in unmet need for child care slots. For example, through the partnership with the Low Income Investment Fund, facility grants were issued in fiscal year 2006-07 that created 94 new child care slots as well as enhancing 874 existing slots [70].

Statewide, the California Children and Families Commission (First 5 California) has selected this as a priority area for policy efforts, adopting a strategy to facilitate and support early care and educational development for all children 0 to 5. A significant movement has also been building in California to

#### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

Financially support improvements at child care sites (Facility Grants)

Financial and technical assistance focused on support for ECE business issues, such as how to manage finances and stay in operation (Quality Counts)

Programs listed under the outcomes "Increased Knowledge and Skills of ECE Providers" and "Increased Ability to Recruit and Retain ECE Providers" also apply here, since they help to expand the number of quality providers in child care programs and help parents to access programs that are available



provide universal access to preschools for children in the two years prior to entering kindergarten. Preschool California, the David and Lucile Packard Foundation and others are dedicated to this issue. These statewide efforts, if successful, would certainly support the ability of F5AC to have an impact in this area.

In the past several years, some state-subsidized centers in Alameda County have returned unspent funds for a variety of management and fiscal reasons and therefore lost subsidized child care slots. F5AC contracted with a consultant who has been able to reverse this trend after one year of providing technical assistance, thereby saving subsidized slots throughout the county.

### **Potential for Sustainability Over Time**

The political momentum for universal preschool has raised awareness of infrastructure issues such as the lack of supply of qualified providers, an anemic workforce infrastructure to fully train, retain and compensate ECE providers, shortage of sites to meet the demand, and lack of ability to oversee and support the quality of ECE environments. It should be noted that this political movement, if successful, will largely affect four and five year old children and will not address needs for expanded child care availability for children age 0-3.

In the short run, however, the state budget crisis is threatening to cut existing services that are critical to making quality ECE programs available to families. A 2008 assessment by the Alameda County Child Care Planning Council states that “this year’s budget, if it were to be implemented as recommended by the Governor, would grievously hurt low income children and families. 840 child care slots would be lost in Alameda County, the family eligibility threshold would not be updated, and contracts for other supportive services like Resource and Referral Agencies and Planning Council would also be cut.”

Opportunities for systems change include mandates through legislation or public referendum for universal preschool access, streamlining of the Centralized Eligibility List (CEL) managed by BANANAS Child Care Resource and Referral for Alameda County to improve family access to child care subsidies, and public-private partnerships to increase access to investment capital and expertise to support ECE facility development.

A countywide Early Care and Education for All plan already exists that defines goals, strategies and partnerships for systematically expanding the availability of quality child care and preschool programs. This offers a platform to coordinated efforts to improve and sustain the availability of quality ECE programs. However, once F5AC funds for ECE for All planning were expended and the state proposition lost, there has been no further county wide activity on the ECE for All plan.

State legislation is currently pending (SB 1410, Corbett) to increase state-funded preschool reimbursements to the greater of the standard state reimbursement rate and a Regional Market Rate. For Alameda County, this would increase reimbursement levels by 6.2%, which could help with all outcomes related to ECE – availability, quality, provider retention and skill development.



## Increased Availability of Activities and Materials to Support Children’s Literacy and Language Development

### Description

Experts generally point to several early literacy skills that should be developed before children enter kindergarten in order to create later reading success. These skills include vocabulary, interest in books, understanding about printed words, knowing their letters, storytelling and phonetics. This outcome focuses on the extent to which children age 0-5 have the materials and support (from parents, child care providers and others) to develop these important early literacy skills.

### Current Situation

- In the 2006-07 school year, based on California Standardized Testing and Reporting data, 77% of second grade students in Alameda County were tested at Basic level or higher of English Language proficiency. 14% of students – roughly 2,200 students – scored at the Below Basic level. 9% of students, or about 1,400 students, scored at the Far Below Basic level. On the other end of the spectrum, 25% of students scored at the Advanced level and another 29% were at the Proficient level [36].
- National studies note significant differences in literacy development based on socio-economic status (SES). Toddlers in high SES homes hear an estimated 11 million words per year, almost four times the 3 million words per year heard by children in low SES homes (Hart and Ripley, 1995). Another study found a significant deficit of age-appropriate books for young children in low-income households and found children from low-income families have been exposed to an average of only 25 hours of one-on-one reading time compared to an average of over 1,000 hours for children from middle-class families (Neuman and Dickenson, Handbook of Early Literacy Research).
- More than one-fifth (21.5%) of public school students in Alameda County have a primary language other than English and lack the English language skills including listening comprehension, speaking, reading, and writing. The number of English Language Learners (ELL) in public schools has increased slightly between 2005 and 2007. Spanish is the native language spoken by a majority of students (63.0%), followed by Cantonese (6.7%), Filipino (4.2%), and Vietnamese (4.1%) [84].
- According to Bonnie Janssen, Children’s Service Coordinator with the Alameda Public Library, the Alameda County library system serving unincorporated areas of the county plus Fremont, Dublin, and the Santa Rita Jail increased the number of preschool literacy programs by 200 from 2006-07 to 2007-08, but still maintains a waiting list.

### Impact on Those Affected

Children that have quality opportunities for oral language and pre-literacy are more likely to be successful beginning readers, and successful readers at progressive levels. Young children who fall behind in oral language and literacy development are likely to experience difficulty reading in later years. Parents, other adults, and educators can significantly impact early childhood pre-literacy, which has life-long impacts for the child in areas such as educational achievement and job skills.

## Ability of First 5 Alameda County to Have an Impact

By integrating literacy activities across many F5AC funded programs, a high level of success has been achieved in distributing books in multiple languages and encouraging parents to read with their children. In 2006-07, over 7,500 culturally and age appropriate books were distributed directly by First 5-funded programs [70]. Community grantees also increased the number of programs implementing literacy-based and school readiness curriculum.

Another indicator of success from linking early literacy to other programs is that over 90% of families receiving intensive home visiting services during fiscal year 2006-07 reported reading, storytelling or singing to their children at least three times a week [70].

Broader impact has occurred through the Reach Out and Read (ROR) program, which engaged 23 pediatric sites by offering support in completing ROR applications and ordering books. As a result, over 35,000 books were distributed at pediatric sites in 2006-07 [95].

## Potential for Sustainability Over Time

The involvement of pediatric care sites and other agencies as active partners in literacy efforts appears to be creating systems change at the same time that greater commitment is obtained around literacy issues. The Early Childhood Literacy Network also convenes professionals across multiple disciplines serving young children and families to provide information, resources and support to share best practices in early childhood and family literacy programming. An additional systems-level opportunity has been identified to develop better relationships with libraries to get families using the library.

As another indicator of support for this outcome, a 2004 survey of ECC contractors and grantees found that 83% of grantees and 76% of contractors placed a high or very high priority on parent-child reading. Adult literacy improvements were recommended as well as child-adult interactions [86].

United Way continues to fund Raising a Reader in Alameda County, helping to sustain this program.

### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

Reach Out and Read program at pediatric care sites offered books and waiting room materials and technical assistance (Pediatric Strategies)

CGI grants addressing literacy, including the Raising a Reader program for Spanish speaking parents and other parent workshops

Books distribution and other literacy activities were integrated across all ECC programs, including FSS home visits

One-day workshop and books and materials fair for Family Child Care providers (Family Child Care Fair)

ECC programs encourage parents to read, tell stories and sing to their children

## **Improved Child Social, Emotional and Behavioral Health**

### Description

This outcome addresses behavioral challenges and other social-emotional issues of children 0-5, as well as diagnosable mental illnesses in young children. Participants in the June 2008 community forums emphasized that this outcome is not limited to “problem” children or those with special needs; it affects all children.

## **Current Situation**

- An estimated 1 in 10 children and adolescents in the United States suffers from mental illness severe enough to cause some level of impairment. Research suggests that many mental health problems and disorders in children might be prevented or ameliorated with prevention, early detection and intervention [27].
- A 2002 survey by the Alameda County Child Care Planning Council reported 586 children in licensed child care programs that had special emotional or behavioral needs. The survey also found that 163 children were suspended or discontinued from their child care program within the previous 12 months. The range of issues which led to the suspension included aggressive and violent behaviors (e.g., biting and hitting others), severe emotional difficulties and disrupting the classroom. Preschoolers are expelled for behavior problems at a rate of 6.7 per 1,000, three times the rate of K-12 children [96].
- The number of children receiving mental health services through Early Periodic Screening Diagnosis and Treatment (EPSDT) almost tripled from 2002 to 2007 due to the expansion of EPSDT resources, reaching 1,354 children age 0 to 5 in FY 2006-07 [27]. Participants in the community forums noted that the actual need is still not being met despite this increase, although specific data on the magnitude of unmet need could not be found. Gaps in services and systems challenges that remain, as identified by the EPSDT 0-5 Committee, are: (1) ability to serve children who do not meet eligibility requirements for EPSDT-funded services; (2) need for preventive services not covered by EPSDT such as mental health consultation, consultation to childcare, parent support groups and developmental play groups; (3) insufficient number of providers trained in early childhood mental health treatment; (4) difficulty in hiring trained bilingual clinicians with early childhood mental health training; (5) children unable to access treatment due to lack of insurance or insurance not covering parent-child therapeutic services; and (6) EPSDT funding not covering treatment of children where environmental (parent-child relationship) risk is high but children are not presently showing symptoms.
- The Alameda County Early Childhood Mental Health Planning Committee identified the following gaps in mental health services for children age 0-5 in the county: (1) a lack of prevention and early intervention services for children who are not eligible for Medi-Cal or other public funding; (2) children and families underutilizing mental health services because the structure and content of services does not honor the unique cultural and linguistic needs of their family; and (3) not enough attention paid to whether there are children in the homes of adults served by the adult mental health system who also need support and intervention.
- In 2002, less than 10% of licensed child care centers in Alameda County (64 out of 719) reported receiving child care mental health consultation on an ongoing basis. The 2002 Child Care Planning Council report states that the lack of ongoing training, support, and consultation for caregivers and available consultative support to child care providers are of the greatest concern [96].

## **Impact on Those Affected**

On an individual child level, early mental health intervention efforts can improve school readiness, health status, academic achievement, and improve the likelihood that children

will develop appropriately in social-emotional and cognitive areas.

On a community level, mental health prevention and early intervention efforts targeted to children, youth and their families have been shown to be beneficial and cost-effective and reduce the need for more costly interventions and outcomes such as welfare dependency, juvenile detention, repeating grades in school, and special education services.

### **Ability of First 5 Alameda County to Have an Impact**

Several major community strengths have been identified by the Alameda County Early Childhood Mental Health Planning Committee, including:

- Strong collaboration between community partners serving children 0-5 together for nearly a decade;
- Experience and a diversity of expertise among community-based organizations that allows services to be provided to a range of ethnically and otherwise diverse populations;
- A base of existing services to build upon; and
- the Harris Training Program that trains community providers in early childhood mental health and has trained over 120 providers in the last 8 years.

The Partners in Collaboration Pilot Project has proven successful in training Early Childhood Mental Health providers to serve children ages 0 to 5 in child care, as well as training Early Care and Education providers to expand their knowledge of clinical socio-emotional health issues.

Proven strategies exist to impact early childhood mental and socio-emotional health, including mental health consultation at child care, primary medical care settings, and community-based locations (e.g. homeless shelters serving families, perinatal drug treatment programs and domestic violence programs) as well as assessment and brief early intervention with individual families and in group settings (support groups, play groups, etc.). In all cases, treatment for young children is most effective when administered in the child's natural environment such as the home or child care setting.

First 5 Alameda County has demonstrated success with these strategies. In 2006-07, consultants provided mental health consultation to 314 child care providers at 26 sites throughout the county serving 1,435 children. By employing a systems change model of emphasizing the importance of a classroom-based consultation approach, rather than individual child therapy, F5AC has increased capacity of ECE providers to manage socio-emotional issues and identify those children needing further treatment. From 2003 to 2007, ECC classroom-based mental health consultation increased from 38% to 68%. A 2006 survey of participating teachers showed 51% of teachers felt that consultation changed the way they think of children's emotional development; 72% reported that it changed the way they think about children's social development [70].

#### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

Harris Early Childhood Mental Health Training Program trains mental health professionals countywide to build capacity of providers skilled in serving families with young children

Mental Health Consultation to Child Care sites support teachers in learning about and managing challenging behaviors in the classroom

Partners in Collaboration pairs mental health and ECE professionals to share skills in observing and supporting optimal child development in preschools and licensed child care centers

FSS Specialty Provider Team members offer direct mental health and child development services to families and train service providers to support families

Early childhood mental health services by CGI Grantees

Opportunities for families to know more about children's social, emotional and behavioral health through support groups and workshops that are offered by CGI grantees

## **Potential for Sustainability Over Time**

Alameda County has a strong existing collaboration of early childhood mental health providers, which has been strengthened over the last 8 years through the work of First 5 Alameda County, Safe Passages, the Oakland Fund for Children & Youth, the expansion of EPSDT funding, and the Harris Training Program.

The Harris Training Program, along with other mental health initiatives such as Prop 63, SART and the Early Childhood Mental Health Policy Collaborative, offer systemic opportunities to increase the county capacity to serve the mental health needs of the 0-5 population. An element for sustainability may be the extent to which early childhood mental health is an important part of the county Mental Health Services Act plan required under Prop 63.

As an indicator of the priority placed on this issue by the community, the Alameda County Maternal, Paternal, Child and Adolescent Health program selected mental health as one of the five top priority issues to address in their 2005-2009 strategic plan [102].

The Oakland Fund for Children and Youth's 2006-2010 Strategic Plan also includes a priority to invest in early childhood mental health services to help promote the social-emotional development of children 0–5 [97].

## **Increased Early Identification of and Support for Children with Developmental and Social-Emotional Concerns**

### **Description**

There are five domains that address different aspects of child development: cognitive development, social-emotional development, language/linguistic development, fine motor skills and gross motor skills. This outcome addresses the extent to which children age 0-5 are screened in a timely manner to identify concerns in one or more of these developmental domains and are referred to appropriate services when concerns are identified.

### **Current Situation**

- Research shows about 16% of children have disabilities including speech and language delays, mental retardation, learning disabilities and emotional/behavioral problems; however, only 30% of children with disabilities are detected before school entrance [70].
- 43% of children screened for developmental concerns by grantees under ECC's Community Grants Initiative (CGI) program scored "of concern"; this is notable because more developmental screenings were conducted through the CGI than through any other ECC program except for Special Start, which served children discharged from the neonatal intensive care unit with known developmental concerns [95].
- A systems-level gap identified in the 2007-08 children's screening, assessment, referral and treatment (SART) countywide planning process related to this outcome is that the majority of current services are geared toward intervention rather than prevention, leading to many young children who may be at risk of developmental and/or social-emotional delay not having access to screening and early identification [109].

## Impact on Those Affected

Early detection of developmental delays and intervention prior to kindergarten has huge academic, social, and economic benefits. Studies have shown that children who receive early treatment for developmental delays are more likely to graduate from high school, hold jobs, live independently, and avoid teen pregnancy, delinquency, and violent crime, which results in a savings to society of about \$30,000 to \$100,000 per child, or an average of 14% return on investment.

## Ability of First 5 Alameda County to Have an Impact

First 5 Alameda County has been able to impact this outcome by integrating developmental screening and monitoring into all FSS programs and many other initiatives. In 2006-07, a total of 1,330 children reached by First 5 funded programs were screened for developmental concerns. Across all programs (including those that serve children with special needs), an average of 47% of children screened were scored “of concern” on one or more domains of development [70].

The Community Grants program has also funded several agencies for wraparound services such as therapeutic nurseries, developmental playgroups, and several parent-child activity programs to meet the resulting increased demand for development services. Many capacity building efforts have also increased the number and ability of providers in child care and providers of family support to address developmental concerns.

Existing strengths related to Screening, Assessment, Referral and Treatment system (SART) in Alameda County include a steady increase in standardized developmental screenings, service providers that have long-standing positive relationships and effective collaborations with each other, and general agreement among providers on the need for early intervention and a comprehensive SART system that includes data sharing. Well defined outcomes, with measurable indicators to monitor progress and success, have already been defined in the Accountability Matrix for the SART Strategic Plan.

## Potential for Sustainability Over Time

A comprehensive strategic plan for SART is already in place that is based on best practices in implementing systems of care. Many stakeholders are already engaged and a clear vision is established, both of which are significant factors that lead to sustainability. Several cities including Berkeley, Oakland and Fremont have been engaged in the SART process and are exploring ways to become regional hubs in a countywide collaborative system.

### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

All FSS programs and many other funded programs conduct developmental screening and monitoring

FSS Pediatric Support programs - focus on early identification, parent education and navigation of community resources (Healthy Steps, ABCD)

Screening children of concern who attend Summer Pre-K School Readiness Programs and Quality Improvement Sites

Training on child development for FSS providers, pediatric providers, Community Grantees and other community agencies (Training Connections)

FSS Specialty Provider Team mental health and child development specialists share promising practices and train providers in standardized child developmental screening and assessment tools

Countywide Screening Assessment Referral Treatment (SART) planning brings together community stakeholders to develop a comprehensive long-term system to support early identification of, referral triage and treatment services for developmental concerns



Systems change related to this outcome include countywide use of developmental screening tools and greater case coordination among community partners.

Some potential exists to institutionalize pediatric support strategies through the national ABCD Initiative. Numerous groups are supporting this effort. The American Academy of Pediatrics has recommended standardized developmental screening at a specified periodicity for all children 0-5, which has increased provider's interest. The State Child Health and Disability Prevention (CHDP) program is also revising its guidelines to include developmental screening. The State Blue Ribbon Task Force on Autism has recommended developmental screening for early identification of autism.

One measure of potential economic savings that can be reinvested in sustainability of positive results comes from a study by Jacobson, Mullich and Green in 1998, which found that by introducing Early Intensive Behavioral Intervention at a young age (2-3 yrs. old) for children with autism, the estimated savings on services being spent per person between the ages of 2 to 55 years ranges from \$1,686,000 to \$2,817,000. These savings come from lower spending on ongoing treatment and support services.

## Increased Access to Resources for Children and Families with Special Needs

### Description

When a child is identified with a developmental concern in one of the five domains of development or has special needs, support resources are needed for the child, his/her parents and other caregivers. This outcome addresses the extent to which children with special needs and their families are able to access these support resources. First 5 Alameda County defines children with disabilities or other special needs as children who:

1. Are protected by the Americans with Disabilities Act (ADA);
2. Have, or are at -risk for a developmental disability as defined by the Individuals with Disabilities Education Act (IDEA) Part C (Early Start 0-3 years old)
3. Or have a specific diagnosis as defined by Individuals with Disabilities Education Act (IDEA) Part B (3 years and above)
4. Or, who do not fit 1, 2 or 3 above, but whose mental health, behavior, development, and/or health as defined by a licensed provider requires services above and beyond those required by children generally. This includes conditions lasting 6 months or more that have been identified by the licensed provider.

### Current Situation

- As noted earlier, national research shows that about 16% of children have disabilities including speech and language delays, mental retardation, learning disabilities and emotional/behavioral problems. At the public school level, 10.6% of Alameda County students in 2007 were enrolled in special education; the percentage of students enrolled in special education has held steady since 2003 [105].
- Children that are Black/African American make up 25% of the total special education population in Alameda public schools, but are only 16% of school-age population [137].



- About 960 children age 0-2 and 2,290 children 3-5 years old with special needs are eligible for and receiving services from either the Regional Center and/or their local school district. An estimated 3,400 additional children age 0-5 in Alameda County may also need screening, assessment, referral and treatment (SART) supports and services related to a special need [109].
- Following are special education enrollment levels for children age 0-5 in Alameda County by type of disability, as of December 2007 [136]:

Mental retardation	166
Hard of hearing or deaf	127
Speech or language impairment	1,547
Autism	342
Orthopedic or other health impairment	126
All other impairments	79
Multiple disabilities	<u>57</u>
Total	2,444

- The Regional Center of the East Bay served 793 children age 3 to 5 in Alameda County in 2007, a 17% increase over 2006 and 35% increase from 2005 levels. 37% had a primary language other than English, with Spanish, Cantonese Chinese, Mandarin Chinese and Vietnamese being the most prevalent languages [169].
- In 2007, the Regional Center of the East Bay reported 1,080 people with autism in Alameda County and noted that the numbers keep increasing [161]. Statewide, 46% of people with autism are between the ages of 3 and 9. Public schools in Alameda County had an increase of almost 500 children with autism from 2004 to 2007 [33]. The percentage of children with autism per 1,000 students jumped by 33% from 2005 to 2007 [105].
- A survey of a small sample of Healthy Steps families in summer 2007 indicates that less than half received all the services specified in their child's respective Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP) even with active case management. This is, in part, due to a lack of bilingual providers at the referral agencies and a long wait time for appointments at both the Regional Center and School Districts [95].
- California Children's Services reported that in June 2008, 193 children in Alameda County were waiting for mandated physical and occupational therapy services, of which 85 were age 0-5. This wait for services is a result of a lack of available professionals in the community.
- One 2006 study found that 55% of child care centers countywide had at least one child with special needs [59]; a different survey found that 252 child care centers (33% of those surveyed) and 395 family child care homes (20% of those surveyed) had at least one child with special needs with about 875 children age 0-5 with special needs enrolled in these programs [119]. Much of the county's ECE workforce has participated in some level of professional development related to working with children with special needs largely because California law has provided funding for such training since 2000. 44% of licensed family care providers have received relevant non-credit training, and 31% have completed college coursework, in this subject. 75% of centers employ at least one teacher

with relevant non-credit training, and 71% employ at least one teacher with relevant college coursework. Centers serving at least one child with special needs employ a higher percentage of teachers with relevant training or coursework [59].

- Current systems-level gaps identified in the 2007-08 children’s SART countywide planning process related to the ability of families to access resources are:
  - No comprehensive hub exists for connecting children to needed services and for helping families to navigate a complex system;
  - Lack of a centralized clearinghouse, inhibiting feedback to providers, referral agencies and family members and making it hard to track whether children have received the services they need;
  - Shortage of linguistically and culturally trained providers, especially in speech/language and occupational therapy;
  - Shortage of services in south and east county; and
  - Complex eligibility requirements that inhibit access to services [109].

### **Impact on Those Affected**

Early intervention for children with special needs has been shown to result in children needing fewer special education and other services later in life, being retained in grade less often, and being engaged more fully in school and community activities. Longer term, children with special needs who receive effective supports are more likely to live independently and be employed as adults.

Early intervention services also have a significant impact on the parents and siblings of a child with special needs. The family of a child with special needs often feels disappointment, social isolation, added stress, frustration, and helplessness. The compounded stress of the presence of this child may affect the family's well-being and interfere with the child's development. Families of children with special needs are found to experience increased rates of divorce and suicide, and children with special needs are more likely to be abused than other children. Early intervention can result in parents having improved attitudes about themselves and their child, improved information and skills for teaching their child, and more release time for leisure and employment.

In terms of longer term community costs, one study reported that services for people with autism often require intensive individualized and costly supports. The per capita cost per year for services for an adult with autism is approximately \$33,000 compared to the same services for consumers without autism, which averages about \$17,000 per year.

### **Ability of First 5 Alameda County to Have an Impact**

First 5 Alameda County has been able to impact this outcome through linkage of children to established support systems such as referral to school districts for Individual Family Service or Individual Education Plans, referral to Head Start or Early Head Start, and referral to the Regional Center. First 5 Alameda

#### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

Home based Special Start intensive family support services connect infants discharged from Neonatal Intensive Care Units to community resources and medical specialists for children with identified special needs

Coordination and assistance in identifying and navigating resources for families with children or caregivers with special needs (CGI, Inclusion Coordinators at Resource & Referral agencies, Healthy Steps)

Parent Child Developmental Playgroups offer play therapy for children with identified developmental concerns

Peer support, advocacy, respite and other support services from multiple grantees funded by CGI

County also has worked to increase provider capacity to assist families who have children with special needs. In 2006-07, 338 ECE providers received technical assistance on developing inclusive child care programs and 313 families received assistance in obtaining and maintaining inclusive child care services from an ECC-funded inclusion coordinator at the local R&Rs [70]. Inclusion Coordinators at the R&Rs have been fully supported by F5AC since state funding expired.

Existing strengths in Alameda County include some new treatment and support services for children who do not meet the requirements to be served by entitlement programs, service providers that have long-standing positive relationships and effective collaborations with each other, and general agreement among providers on the need for early intervention and a comprehensive SART system that includes data sharing.

Key policy issues identified by the Alameda County Developmental Disabilities Planning and Advisory Council that are impediments to people with developmental disabilities and their families are insufficient wages for direct care workers, lack of providers accepting Medi-Cal, transportation, and housing. Positive policy forces are laws that promote greater support for people with special needs, such as the Individuals with Disabilities Education Act (IDEA), Americans with Disabilities Act (ADA), and Employer Work Incentive Act for persons with severe disabilities [11].

### **Potential for Sustainability Over Time**

The Oakland Fund for Children and Youth's 2006-2010 Strategic Plan includes a priority to invest in programs to ensure that all children with delayed development and other special needs will receive intensive supports to help them reach age-appropriate developmental milestones [97].

One measure of potential economic savings that can be reinvested in sustainability of positive results comes from a study by Jacobson, Mullich and Green in 1998, which found that by introducing Early Intensive Behavioral Intervention at a young age (2-3 yrs. old) for children with autism, the estimated savings on services being spent per person between the ages 2 yrs - 55 yrs. ranges from \$1,686,000 to \$2,817,000. These savings come from lower spending on ongoing treatment and support services.

## **Improved School Readiness and Transitions to Kindergarten**

### **Description**

Studies show that at the time of kindergarten entry, educational achievement gaps already exist. School readiness activities help children to be prepared for school and to transition from a pre-K environment to kindergarten and later grades. This typically includes children acquiring specific skills necessary to learn reading, writing and math in school, and to interact with other children and teachers in the classroom environment.

### **Current Situation**

Specific data on the readiness of Alameda County's children to succeed in school upon entry to kindergarten was not found for this report. The closest available data is from a 2005 bi-county kindergarten readiness assessment conducted by San Mateo and Santa Clara

Counties, which found that about 7% of children in San Mateo County and 13% of children in Santa Clara County need significant help catching up upon entry to kindergarten [24].

According to a statewide assessment of First 5 School Readiness programs in California, only one-third of children entering kindergarten in California's low-performing schools have almost or fully mastered the skills known to be important for school success and for a successful transition to kindergarten. Further, about one-quarter (23%) of parents reported that their children's transition to kindergarten was difficult, another indicator that children may have trouble succeeding in school when they enter kindergarten.

As a very general proxy of whether students are able to succeed in school, Alameda County has 66 elementary schools with an Academic Performance Index (API) in the lowest range, API 1-3 [71]. These schools are disproportionately located in Oakland (Oakland Unified, 37 schools), Hayward (Hayward Unified, 16 schools) and San Leandro/San Lorenzo (San Lorenzo Unified, 4 schools). The number of low API schools has risen over the past year.

It is also relevant that in the 2006-07 school year, there were 6,593 students in kindergarten in Alameda County classified as English Learners. This group represented 14.4% of all kindergarten students [36]. Of English Learners in Alameda County public schools in 2007, the top languages spoken were Spanish (63%), Cantonese (7%), Filipino (Pilipino or Tagalog, 4%), Vietnamese (4%), Mandarin (3%), Punjabi (2%), Farsi (2%) and Arabic (2%) [105]. This is noted here due to various reports and comments from community forum participants that English Language Learners require extra support in the years leading up to kindergarten in order to have the best chance of success once they reach kindergarten.

### **Impact on Those Affected**

A longitudinal study released in 2008 of students in five high-need school districts in San Mateo County states that “the data are clear that the best outcomes flow to children who are well-rounded at kindergarten entry... [C]hildren who are solid in their early academics as well as their social-emotional skills significantly outscore their peers on English and math tests at third through fifth grades. Regression analyses show that academic achievement is closely connected to skills in Kindergarten Academics, but children who enter school knowing their letters and numbers and who have key expressive skills are those who do best” [182].

### **Ability of First 5 Alameda County to Have an Impact**

Results of a pilot Summer Pre-Kindergarten program funded by First 5 Alameda County, which replicates a Pre-Kindergarten experience for children who have not been enrolled in an early childhood education program, showed that children that participated in the program had statistically significant gains on all developmental outcomes measured. In addition, parent and teacher surveys completed for the past 5

#### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

Summer Pre-Kindergarten 5-6 week Program at targeted low API schools for children without prior preschool experience

Support for all-year round School-based school readiness activities, including parent workshops and kindergarten orientations

Kindergarten-ECE collaboratives allow providers, teachers and administrators networking opportunities and open dialogue to problem-solve district specific issues.

Leading Ladies mobilizes leaders in faith-based organizations through materials and technical assistance on school readiness topics.

Almost all other First 5 funded programs have some connection to school readiness by addressing health and developmental issues of children in the years leading up to kindergarten

years consistently report both parents and teachers notice appreciable changes in their children's readiness for school and highly value the summer pre-K experience.

This outcome is also impacted by investments made to impact various other outcomes. For example, early care and education enhancements, literacy efforts, early childhood mental health services, health services all contribute to school readiness. Developmental screening also identifies children with concern prior to school entry and helps families get needed services to support school readiness.

### **Potential for Sustainability Over Time**

The Oakland Fund for Children and Youth's 2006-2010 Strategic Plan includes a priority to expand the Summer Pre-Kindergarten program noted earlier. Also, the Casey Foundation's Making Connections Oakland Initiative includes an Early Childhood Education/School Readiness priority which funds the Summer Pre-K program in the Lower San Antonio neighborhood of Oakland.

San Lorenzo Unified School District has committed Title 1 funds to supplement First 5 funding for the Summer Pre-K program resulting in an expansion in the number of children served by SLZUSD. The City of Pleasanton and Pleasanton Unified School District have also committed local funds to replicate the Summer Pre-K model in their high-need communities.

Alameda County launched a comprehensive planning effort in January 2006 to address ECE for All children age 0-5. Multiple organizations participated in the planning project. These partners are working to expand access to quality early care and education, and also have the potential to support expanded school readiness and kindergarten transition efforts.

Successful transition of children into kindergarten also depends on "ready" schools. Another opportunity for systems change and sustainability is the ability to institutionalize kindergarten transition activities and coordination between kindergarten teachers and ECE providers. 27 schools in Alameda County now have formalized procedures that facilitate continuity between ECE programs and elementary schools. Also, Kindergarten Transition plans are required of Program Improvement Schools. It may be possible to leverage this requirement to further kindergarten transition programs.

At this time, First 5 California is undecided whether to continue the 1:1 matching dollars for School Readiness Initiatives. Funding is secured through 2010. Since many F5AC programs (in addition to School Readiness Strategies) draw down funding through this matching initiative, the potential loss of School Readiness Initiative dollars poses a significant challenge to long-term sustainability.

## **Increased Positive Relationships between and among Parents/Caregivers and Service Providers**

### **Description**

Positive relationships between parents and providers of health, education and other services are an important element of enabling families to fully utilize and benefit from available community services. This outcome – to strengthen relationships between parents/caregivers and service providers – was added based on input from the June 2008 community forums.

## Current Situation

Specific data was not found about the current quality of relationships between parents/caregivers and service providers. However, information is presented elsewhere in the report about impediments to parent/provider relationships. These include:

- Positive relationships are hard to establish unless people can communicate with each other, yet many families have a hard time accessing services in their language. This issue is described further under other outcomes, most notably:
  - Increased Availability of Activities and Materials to Support Children’s Literacy and Language Development
  - Improved Child Social, Emotional and Behavioral Health
  - Increased Access to Resources for Children and Families with Special Needs
  - Children Receive Preventive and Ongoing Health Care
- Beyond language, a broader issue is ensuring that services are provided in a way that understands and respects the cultural identities of families. For example, with respect to early care and education, an analysis by California Tomorrow states that “...early childhood educators must be able to work effectively in partnership with diverse communities, and respond to and build upon the culture, language and other valuable assets of families. ...[T]eachers must be equipped to forge relationships across cultural lines and invite parents to help them understand what type of early care and education parents are seeking and what will truly meet their needs and those of their children” [146]. The California Tomorrow assessment, and others reviewed for this report, point to the importance of parent/provider relationships as a key element of getting parents to utilize ECE programs and for ECE providers to design and operate programs that really work for diverse groups of families. This was also noted as an important issue under the outcome “Improved Positive Relationships between and among Parents/Caregivers and their Children.”
- Families with children with special needs depend on being able to find service providers that understand how to work with children with special needs and can appreciate the extra demands placed on parents of these children.
- In the June 2008 community forums, participants also highlighted the importance of forging positive relationships between service providers and households that represent other forms of diversity such as religious differences, kinship care (children being raised by grandparents or other relatives) and gay, lesbian, bisexual and transgender parents and caregivers.

## Impact on Those Affected

To the extent parents cannot form positive relationships with service providers, they are less likely to access community services that can help family functioning and the health, development and well being of their children.

### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

Virtually all programs operated or funded by F5AC include elements for promoting positive relationships between parents and service providers via an emphasis on culturally and linguistically appropriate services, effective outreach to parents and other measures.

**Ability of First 5 Alameda County to Have an Impact**

Surveys of parenting receiving ECC services indicate positive provider/parent communication and relationships. Beyond this, no specific information was found for this decision criterion.

**Potential for Sustainability Over Time**

No specific information was found for this decision criterion.



# OUTCOMES RELATED TO GOAL 3: IMPROVE THE OVERALL HEALTH OF YOUNG CHILDREN

This section contains community outcomes that are primarily related to the physical health and well being of children age 0 to 5.

## Increased Number and Duration of Breastfeeding Infants

### Description

The breastfeeding rate is the percentage of mothers who breastfeed their infant children. The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of an infant’s life, with gradual introduction of other foods combined with breastfeeding until at least 12 months of age.

### Current Situation

- 71% of Alameda County mothers reported breastfeeding exclusively at the time of hospital discharge in 2005. However, only 36% exclusively breastfed their infants for more than eight weeks [70].
- A statewide analysis by the California WIC Association noted that although Alameda County ranked 3<sup>rd</sup> in the state in 2006 with 76.5% of mothers exclusively breastfeeding at time of hospital discharge, there is significant variation among hospitals in the percentage of new mothers that exclusively breastfed their newborn children. Kaiser – Hayward and Alta Bates were among the highest in the state in exclusive breastfeeding at 92.2% and 87.4% respectively, while the rates of 33.0% at Children’s Hospital Medical Center and 40.1% at Highland General Hospital were the lowest in the county [57].
- In 2006, the following rates of breastfeeding were reported by mothers served by the Women, Infants and Children (WIC) program in Alameda County. The WIC program serves at-risk, low-income (up to 185% of the federal poverty level) women and their children [71].

Age of Child	Exclusive Breastfeeding	Breastfeeding and Formula Feeding	Exclusive Formula Feeding or Other
2 months old	22.7%	34.0%	43.3%
4 months old	17.4%	30.1%	52.5%
6 months old	14.6%	26.3%	59.2%
12 months old	0.6%	1.8%	97.6%

- Mothers often need support to overcome problems with breastfeeding and therefore be willing and confident to maintain breastfeeding for an extended period of time. For example, 91% of new mothers were breastfeeding at the time of enrollment for postpartum home visits by ECC but, of these, 58% experienced problems with breastfeeding [70].

- Gaps in existing services identified by the Alameda County WIC program are:
  - Need for increased staffing for in-hospital breastfeeding support and training opportunities for hospital staff;
  - Need for more lactation specialists and peer educators to promote breastfeeding; and
  - Need for breastpumps for low income clients noted by hospital nurses [19].
- A 2008 First 5 Alameda County program analysis notes that there are no in-home breastfeeding/lactation services available for low income/MediCal families in Alameda County, that resources are extremely scarce for postpartum mothers experiencing complex breastfeeding issues, and that community breastfeeding resources are limited by geographical location and offer mainly basic interventions [95].

**Impact on Those Affected**

Most medical associations acknowledge breastfeeding as the preferred method of infant feeding. Breastfed infants have lower rates of hospital admissions, ear infections, obesity, diarrhea, rashes, allergies and other medical problems than bottle-fed babies. Mothers who breastfeed have reduced risk for premenopausal breast cancer and ovarian cancer, and also have reduced rates of postnatal depression. Since breastfeeding promotes early attachment between mothers and their children, social-emotional health and developmental benefits are also realized.

**Ability of First 5 Alameda County to Have an Impact**

The extent to which mothers are breastfeeding can be measured reasonably well. Breastfeeding at hospital discharge is consistently measured, and WIC and other programs capture data on breastfeeding rates among their participants to assess patterns after hospital discharge.

Proven methods exist to have some impact on breastfeeding rates, including education of mothers about the importance of breastfeeding and access to lactation specialists to help mothers overcome problems they experience with breastfeeding. In 2006-07, 91% of ECC new mothers receiving family support services were breastfeeding at the time of enrollment for services and 90% were breastfeeding at the first visit. Further, 42% of mothers served by the Special Start program and 36% of teen mothers reached by ECC Teen Services breastfed for up to six months, much higher than the county averages for these at-risk groups [95].

**2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

FSS Lactation Specialists and Hospital Outreach Coordinators provide support to mothers about breast-feeding and train other providers on lactation support; these services are integrated with home visits and other ECC programs

Working with Highland Hospital to become a “baby friendly” hospital

CGI grants funded breastfeeding support and breast pump lending

Countywide trainings on lactation support for pediatricians and other providers (Training Connections)

**Potential for Sustainability Over Time**

Alameda County has many partners with long-standing commitments to supporting breastfeeding. A countywide Breastfeeding Coalition is in place, with partners that include the ACPHD Maternal Child and Adolescent Health program, Berkeley Public Health Nursing, La Leche League East Bay and WIC. This provides a strong foundation to help

sustain improvements in breastfeeding rates that may be achieved through additional investments.

Platforms exist to reach many mothers and sustain efforts on a larger scale, most notably opportunities to reach mothers during prenatal care, while in the hospital giving birth, and through other post-birth service delivery systems (e.g. well baby care and home visits). As an example of systems change related to this outcome, Kaiser – Hayward Hospital has received World Health Organization designation as a Baby Friendly Hospital, which requires promotion of exclusive breastfeeding to the majority of new mothers. F5AC has been working with Alameda County Medical Center (Highland Hospital) to also receive the designation of Baby Friendly Hospital. The potential exists to get other hospitals to work on securing the WHO Baby Friendly designation, which will help to institutionalize and sustain support for breastfeeding.

## **Families get Effective Help when Children are Born with Medical Conditions Affecting their Health**

### **Description**

This outcome area addresses the extent to which, when infants are born with medical problems, the child and their family are able to access the services needed to resolve those concerns. Factors that are shown to be associated with newborn and infant health include babies born at a low birth weight, pre-term births and race/ethnicity.

### **Current Situation**

- The infant mortality rate in 2005 was 4.6 per 1,000 live births, better than the California rate of 5.2 and almost meeting the Healthy People 2010 target of 4.5. The infant mortality rate has declined steadily since 1990, when it was over 8 per 1,000 births. There are significant variations by ethnicity; infant mortality among African Americans is double the county average (9.3 per 1,000). In absolute numbers, there were 96 infant deaths in 2005, compared to an average of 106 per year from 2001 to 2003 [107].
- Birth defects were the leading cause of death among babies under one year of age, accounting for 23.5% of infant deaths. Sudden Infant Death Syndrome (SIDS) ranked second, followed by disorders related to short gestation and low birth weight, neonatal hemorrhage, and complications of pregnancy (placenta, cord, or membranes). Birth defects were the leading cause of infant death for every race/ethnic group except African American infants, for whom SIDS was the leading cause of death [107].
- From 2003-2005, there were 4,497 babies born with low birth weight (weighing less than 2,500 grams - about 5.5 pounds - at birth), an average of 1,499 per year. 7.1% of all births were low birth weight, ranging from a low of 5.4% in Albany to a high of 11.0% in Emeryville. Other cities with rates of low birth weight that were higher than the county rate were San Lorenzo (8.9%), Pleasanton (8.2%), Livermore (7.5%) and Oakland (7.4%). Viewed by ethnicity, the highest rates were among African American (12.3% countywide) and Asian (7.4%) births and the lowest rate was among Latinos (5.5%). Pacific Islanders in South County also had a high rate, 11.4%. The Healthy People 2010 objective is 5%

[107]. Data is not available to identify the percentage of these babies that had health complications after birth.

- In 2005, 9.5% of births occurred pre-term. This is below the statewide rate of 10.9% but well above the Healthy People 2010 objective of 7.6%. Pre-term birth rates were highest among African Americans (13.2%) and Whites (9.7%), and lowest among Pacific Islanders (6.6%) and Latinos (8.3%) [107].
- A factor contributing to infant health is timely prenatal care for pregnant women. In 2005, 90.2% of Alameda County mothers giving birth entered prenatal care in the first trimester, meeting the Healthy People 2010 target of 90%. First trimester entry into prenatal care was lowest among Pacific Islanders (75.7%), American Indian (76.2%) and Latino (86.6%) mothers [107].

### **Impact on Those Affected**

Low birth weight (LBW) is the most common cause of death during the first 28 days of life. Studies have shown that LBW babies have higher risks of health problems as infants, have a higher rate of long-term disabilities, and are more likely to experience cognitive and social developmental delays. A number of factors influence birth weight including genetic conditions, the health of the mother during pregnancy, smoking during pregnancy, and alcohol and drug use during pregnancy. Research also demonstrates that infants who start life in a hospital neonatal intensive care unit are at high risk for abuse and neglect.

### **Ability of First 5 Alameda County to Have an Impact**

The Special Start program provides intensive family support for infants discharged from the Neonatal Intensive Care Unit and their families, covering both infants with high levels of medical risk and infants with fewer medical risks but high levels of social risk. 100% of families served were connected to a primary pediatric provider and had health insurance at the time of the last visit by the program, showing an ability to impact key indicators of health care access.

Current literature on promising practices indicates that high quality home visiting programs "...requires a high frequency and intensity of visits, quality staff training and supervision, and close monitoring of consistency between program design and implementation" (*Home Visiting: Strengthening Families by Promoting Parenting Success, Policy Brief No. 23, Family Strengthening Policy Center*). Based on F5AC experience, higher risk families require that home visitors hold a family for a longer term (up to 1 year), offer a coordinated menu of specialty services, and outreach to families as early as possible, including prenatally [95].

#### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

Intensive family support services connect families to medical, community and other supports to help medically-vulnerable children receive optimal care

FSS, School Readiness, Grants: screening for Health Insurance, Primary Pediatric Provider, Appropriate Number of Well Child Visits

CGI grantees that support medically vulnerable children and families

Health Access State Match

### **Potential for Sustainability Over Time**

Many partners are already committed to improving infant health. Established case management programs to improve infant health include Special Start (newborn intensive care babies), Black Infant Health (African American families), IPOP/Healthy Start (pregnant

and parenting families in high infant mortality zip codes), ECC One-to-Three Plus (public health nurse home visiting), AFLP (teen moms and children), and the Comprehensive Perinatal Support Program (African-American pregnant women eligible for Medi-Cal).

As an indicator of the priority placed on this issue by the community, the Alameda County Maternal, Paternal, Child and Adolescent Health program selected preterm births and low birth weight as two of the five top priority issues to address in their 2005-2009 strategic plan. Infant mortality was noted as a secondary priority [102].

Systems change already occurring related to this outcome include collaboration with teen service agencies, increased engagement of the obstetric and pediatric community, potential to provide intensive support when needed using a multi-disciplinary team approach, and increased skills of Public Health Nurses to address a broad range of family issues.

The Public Health Nursing workforce recently experienced shortages in recruiting qualified candidates and problems in keeping existing nurses. A general concern about sustainability of home visiting programs and other service delivery models related to this outcome is whether a culturally competent workforce can be maintained in the long term to provide services [95].

Significant threats exist to funding sources related to this outcome. Funding for intensive family support programs for medically-fragile infants relies heavily on block grants administered at the State level. Title V funding was recently reduced substantially and continues to be vulnerable to swings in the State budget. The federal Deficit Reduction Act of 2005 also puts programs relying on reimbursements for providing services to Medi-Cal eligible populations on a tenuous track, e.g., agencies that currently rely on First 5 funds to draw down matching Medi-Cal dollars under the Targeted Case Management (TCM) or Medi-Cal Administrative Activities (MAA) programs [95].

Funding to support intensive home visiting for families with medically fragile babies is very limited. Long term sustainability may require working with insurance companies to obtain insurance reimbursements for these services. However, potential funding support may be available through the county's Title IV-E waiver since many of the families with babies in the NICU have been involved with Child Protective Services and are at risk of out of home placement of the children.

## Increased Rate of Immunization

### Description

Immunizations are an important factor in preventing disease. The immunization rate is the percentage of children who have received the standard immunizations for diphtheria, tetanus, pertussis, measles, mumps, rubella, hepatitis B, and varicella (chicken pox) that are recommended under Center for Disease Control guidelines for different age groups.

### Current Situation

- Based on a study of immunization records of kindergarten students, the Alameda County Public Health Department found 70.4% of kindergarten students were up-to-date with all immunizations in 2006. This rate is lower than the rates of 72.3% in 2004 and 73.6% in

2002, and is also lower than the overall California rate of 77% [16]. The following table shows 2006 rates by ethnic group.

<u>White</u>	<u>Black</u>	<u>Hispanic/Latino</u>	<u>Asian</u>	<u>Other/Unknown</u>
84.2%	56.9%	73.4%	78.5%	63.1%

- The 2005 California Health Interview Survey noted that 94% of Alameda County children ages 0-5 were reported to be in good or excellent health.
- The 2006 Health Status Report issued by the Alameda County Public Health Department identified three priorities for improving immunization rates:
  - Develop and implement a collaborative plan to improve the immunization rates of African American and Latino children.
  - Increase participation in the immunization registry in order to reach the Healthy People 2010 goal of having 95% of children less than six years of age in a registry.
  - Provide education and consultation to medical providers on new adolescent and adult vaccines for pertussis in order to improve vaccination coverage and decrease the incidence of pertussis in Alameda County [107].

**Impact on Those Affected**

A total of 235 vaccine-preventable diseases were reported for children under 20 years old in Alameda County for the period 2004 to 2006. 222 cases involved pertussis (whooping cough), 10 were acute hepatitis B, and 3 were mumps. There were no cases of measles, diphtheria, tetanus, rubella or polio reported between 2004 and 2006.

**Ability of First 5 Alameda County to Have an Impact**

F5AC demonstrated that by providing relationship-based family support services, children consistently have high rates of being up-to-date on immunizations. Due to clear guidelines for age-appropriate immunizations and the availability of community resources to dispense immunizations, Family Support Service home visit providers, grant programs, and pre-Kindergarten programs integrate immunization monitoring into program implementation. Immunization status for all family support clients have remained in the 95%-99% range every year over the last five years compared to the county rate of 70%. Children participating in Summer Pre-K programs are ensured of getting all required immunizations in preparation for Kindergarten entry. Community grantees and contractors serving children also directly track immunization status.

**2005-09 First 5 Alameda County Programs and Projects Linked to This Outcome**

FSS, SR Grants and Asthma Start screening for immunization status and referral to resources when needed

**Potential for Sustainability Over Time**

An extensive network is in place to impact immunization rates that includes pediatric care sites and other health care provider sites, requirements by early care and education providers for children to be immunized, Alameda County Public Health Department programs, and school requirements.



Most families touched by F5AC benefit from linkages to the available immunization resources in the community, many of which are offered for free or at little cost.

## Children with Asthma are Able to Minimize Unnecessary Hospital Visits

### Description

Asthma is known as a “preventable hospitalization.” If children have access to appropriate health care, hospitalizations and emergency room (ER) visits should be prevented.

### Current Situation

- In 2005, 20.6% of children ages 1-17 in Alameda County were reported by their parents as having been diagnosed with asthma [71]. In 2006, 4.9 per 1,000 children age 0-5 in Alameda County were hospitalized due to asthma; this rate is two times the Healthy People 2010 target. This translates into about 600 hospitalizations of children 0-5 for asthma during the year. The asthma hospitalization rate is down from 6.8 per 1,000 in 2001-2003, but has held steady in the 4.9-5.2 per 1,000 range from 2004 to 2006 without declining further [71]. Asthma hospitalization rates for males under five years of age were about twice those for females [107].
- Viewed by ethnicity, the highest asthma hospitalization rates are for African-American males (three times the county average) and African-American females (about double the county average).
- Hospitalization rates for Oakland children are four times higher than for all California children, at 775 per 100,000 [148]. Rates of hospitalization for asthma among children under five years of age were highest in North, West, and East Oakland, exceeding the county average rate by two or more times [107]. Environment is one causal factor; West Oakland residents breathe air that contains three times more diesel particles than in the rest of the Bay area [26].
- Interviews done by the Annie E. Casey Foundation in 2007, focusing on the Lower San Antonio neighborhood, noted that asthma is highly prevalent and there are insufficient services to help families learn effective self-management, despite the good work done by the County Health Department [23]. The 2007 Oakland Head Start community assessment further reports “165 Oakland Head Start and 51 Unity Council children in 2006-2007 have asthma or a history of asthma, an increase from the 134 Head Start children with asthma reported in the 2005 Community Assessment Update. This points to the continued need to provide asthma management education on controlling exposure to asthma triggers, using medications, monitoring lung function, and working with health care providers” [148].

### Impact on Those Affected

The impact of asthma on children includes lost school days (the Center for Disease Control estimates 14 million school days are lost nationally each year due to asthma), concern or inability to participate in sports and other enriching activities, and lower self image. Family and community costs include the cost of ER visits and hospitalizations due to asthma.



## **Ability of First 5 Alameda County to Have an Impact**

Asthma education for families, medical professionals and teachers/childcare providers were found to promote appropriate responses to unique community needs. Strategies adopted by F5AC asthma programs include patient/family education on effective self-management through identification and reduction of asthma triggers, proper use of medication, and the procurement of and adherence to an asthma “action plan” developed in concert with the child’s physician. Intensive case management includes home-based support as well as clinic-based follow-up of children admitted to the ER or hospitalized for asthma.

In 2006-07, 15% of 198 children whose families received special education and support following an asthma-related hospitalization were re-hospitalized and 28% had an ER visit during the next three months [70]. In another approach where families received home-based education and case management related to a child with asthma, hospitalizations dropped from 44% during the six months prior to the intervention to 10% in the three months after intervention, and ER visits dropped from 64% to 18% [70]. The home-based case management model was identified by the Commonwealth Foundation as a promising practice in reducing the incidence, severity and re-occurrence of asthma.

ECE and family support providers also receive “Fresh Air for Little Noses” trainings on reduction of asthma triggers such as secondhand tobacco smoke.

## **Potential for Sustainability Over Time**

Multiple groups are working to reduce adverse health outcomes from childhood asthma. The Childhood Asthma Initiative and Asthma Start (a program of the County Public Health Department) both focus on children age 0-5 with asthma. A county-wide collaborative identified the need for continued vigilance in the areas of air quality, health access, housing issues and community care options. The original funding for Childhood Asthma Initiative and Asthma Start (a program of the County Public Health Department), both focused on children age 0-5 with asthma, has since discontinued, prompting F5AC to establish contracts with the Public Health Department and Children’s Hospital of Oakland to provide intensive case management services to families.

As an indicator of the priority placed on this issue by the community, the Alameda County Maternal, Paternal, Child and Adolescent Health program selected asthma as a secondary priority to address in their 2005-2009 strategic plan [102].

The California Endowment continues to fund the Community Action to Fight Asthma (CAFA) program, which is coordinated by Regional Asthma Management and Prevention (RAMP) Initiative, a Public Health Institute project. CAFA participants in Northern California include coalitions in Oakland, West Oakland, Berkeley, and other California counties. Children’s Hospital of Oakland manages clinic-based intervention and referral programs. Through the Center for Health Care Strategies, Alameda Alliance recently received a four-year grant to participate in a national pediatric asthma intervention

### **2005-09 First 5 Alameda County Programs and Projects Linked to This Outcome**

Hospital, Clinic and home-based support for parents and children with asthma (Asthma Start, FSS)

Training on asthma prevention and treatment and smoke exposure for community providers (Training Connections)

Training and support for parents and providers on asthma prevention and treatment by the ECE Inclusion Coordinators

initiative. The Alliance will receive training, technical assistance, program evaluation and return on investment analysis on serving children who visit the ER for asthma.

## Childhood Injuries from Accidents are Reduced

### Description

This outcome is to minimize accidental (unintentional) injury or death of children age 0-5.

### Current Situation

- In 2004, there were 251 hospitalizations of children age 0-4 due to unintentional injuries. Of these, 65 involved children under age 1 and the other 186 involved children age 1-4 [105].
- A total of 23 deaths of Alameda County children age 0-5 were attributed to unintentional injuries during the five year period from 2001 to 2005. 9 were from car accidents or other transportation, 5 from drowning, 4 from suffocation and 5 from all other causes [17].
- Unintentional injury was the leading cause of death among children one to 14 years of age, accounting for 27.7% of all deaths. Over one-third of all unintentional injury deaths were from motor vehicle crashes [107].

### Impact on Those Affected

As already noted, unintentional injuries can lead to death for children. Injuries that are significant enough to require hospitalization can cause delays in physical development or even long term physical disabilities for the children affected. Economic costs include the cost of health care services needed to treat the injury and help the child recover.

### Ability of First 5 Alameda County to Have an Impact

F5AC provides anticipatory guidance to parents through home-based family support programs and parent education opportunities at pediatric sites. Additionally, community grants funded agencies to address basic safety such as proper use of car seats. The number of unintentional injuries reported through the duration of home-based interventions is very low.

### Potential for Sustainability Over Time

No specific information was found for this decision criterion.

#### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

Anticipatory guidance provided during FSS interventions

CGI grantees address injury prevention

Health and safety assessments of child care sites (Quality Enhancement Initiatives)

Training of ECE providers on the Harms-Clifford Environmental Rating Scales that assess safety

Contract with Childhood Matters to conduct parent education radio programs that discuss topics which include injury prevention

## Children Receive Preventive and Ongoing Health Care

### Description

Health care access is the extent to which children have regular, reliable access to medical care for both prevention (well child care) and treatment purposes. Key factors related to health care access are availability of health insurance coverage for children age 0-5 and availability of affordable community-based health care providers.

### Current Situation

- Based on the 2005 California Health Interview Survey, 98% of children age 0-5 in Alameda County have regular access to a doctor [60].
- Based on a 2004 survey completed by Urban Strategies, 4.8% of children age 0-2 and 6.5% of children age 3-5 in Alameda County do not have health insurance. The 2005 California Health Interview Survey (CHIS) showed even higher levels of health insurance coverage; this survey reported that 98% of children age 0-5 in Alameda County are insured [60]. Participants in the June 2008 community forums expressed concern about the CHIS findings, believing that the rates of children's insurance coverage reported by the survey are too high, but no other current and reliable studies were found.
- Health insurance for children 0-5 living in households under 300% of the federal poverty level (FPL) is available from a combination of Medi-Cal, Healthy Families, the Access for Infants and Mothers program and the county Healthy Kids program (Alameda Alliance for Health). 2007 statistics showed a waiting list of 500 children age 0-5 for Healthy Kids coverage.
- A 2007 report by the Annie E. Casey Foundation noted that "the effort appears to be quite vast to ensure enrollment into the numerous health insurance programs" and that "while there are still many who do not have insurance or are on waiting lists, it does not appear there are any gaps in the efforts to get insurance for everyone" [23].
- Some geographic areas report insufficient access to neighborhood-based primary health care services. A 2007 report noted that La Clinica De La Raza, the only federally-qualified primary care clinic in the Lower San Antonio neighborhood of Oakland, was at capacity and turning away about 50 patients a month. The clinic is planning to double capacity by 2009 to serve 5,000 more patients a year [23]. Similarly, a 2003 human services needs assessment for the Tri-Valley communities of Dublin, Livermore, and Pleasanton reported a substantial shortage of primary care and specialty care providers for low-income and uninsured children and families [157].
- A gap in services noted in several reports is that undocumented and mixed status residents, and specifically children and pregnant women, have insufficient access to primary health care services. This group can be reluctant to seek services due to cultural, language and immigration issue barriers. A study commissioned by The California Endowment of language access needs in Alameda County, released in May 2008, confirmed that while some health care providers are making efforts to increase the availability of language access services, there are consistent barriers in accessing health care services because of a lack of regular availability of interpretation services or lack of

services in specific languages [147]. As an indicator of the impact of this issue, a recent national study of children’s health status by language spoken at home found that only 35% of children from non-English speaking households had “Excellent” health status compared to 65% of children from English speaking homes [152].

- In the June 2008 community forums, participants indicated that subgroups other than immigrants, such as children in foster care and parents coming out of jail, are also having a hard time accessing health care.
- First 5-funded family support providers report that some parents struggle to access health care due to lack of access to transportation, availability of culturally appropriate care and inability to pay. As support for some of these issues, a 2003 national study found that children in non-English primary language households were three times more likely to lack a usual source of medical and over twice as likely to make no medical visits in the previous year [152].

### **Impact on Those Affected**

Health insurance promotes access to a regular source of care, which is particularly important for those with chronic health problems. Uninsured people may delay health care or not seek it at all, leading to later diagnoses and poor management of health problems.

David Satcher, former Surgeon General of the United States, was quoted in a report by the Alameda County Public Health Department as saying that “Although critical to eliminating disparities, access [to health care] only accounts for 15% to 20% of the variation in morbidity and mortality that we see in different populations in this country.” The Public Health Department report goes on to say that “to change the factors that account for the other 80% to 85%, we will need to look far beyond the health and medical sectors of society and focus on the root causes of poor health” [26].

### **Ability of First 5 Alameda County to Have an Impact**

Health insurance coverage is also reported, but does not ensure access to health care services nor does lack of coverage necessarily mean that a child will not have adequate access.

First 5 Alameda County does appear to have impacted this outcome by integrating health access activities into a broad range of programs. Many F5AC programs monitor children’s well-being through indicators of appropriate number of well visits, up-to-date immunizations, having health insurance, and identified pediatric provider. In 2006-07, over 98% of children served across four different ECC programs had the appropriate number of well child visits for their age, over 97% had an identified primary pediatric provider (except for Teen Services families, where the rate was 89%), and less than 2% were without any type of health insurance [70].

Very positive results sustained over the years validate that children who receive ongoing relationship-based family support services funded by F5AC maintained access to health care.

**2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

FSS, School Readiness, Grants Screening for Health Insurance, Primary Pediatric Provider, Appropriate Number of Well Child Visits

Health access, including assistance with obtaining health insurance and connecting to a primary care provider, is integrated into many ECC programs

Health Access state match (Alameda Alliance for Health)

In addition, low incidences of hospitalizations or ER visits for ambulatory sensitive diagnoses (e.g. asthma, diarrhea), which are preventive conditions if children have access to health care, further substantiate the child's access to health services. Children served by the Special Start program, who are often identified with tremendous medical risks, have the highest percentage of children with an identified medical home.

### **Potential for Sustainability Over Time**

Community assets/strengths include a solid foundation of health care facilities, including primary care clinics for low-income families with clinics that specialize in culturally and linguistically competent care for different groups (e.g. La Clinica de la Raza, Native American Health Center, Asian Health Services), thirteen not-for-profit and for-profit hospitals in the county, mobile services and other programs of the Alameda County Public Health Department, and various school-based health services. Implementation of the One-e-App system to simplify the enrollment process across different insurance programs, plus the Community Health Advocacy Project that helps low-income residents of Alameda County navigate the health care system including insurance enrollment and health access issues, are other strengths that have been identified in Alameda County.

An April 2008 report by the Alameda County Public Health Department states that “interventions outside the health sector are likely to have relatively greater impact on the *occurrence* of illness in the first place, whereas health care policies—especially those directed at early detection and stopping progression of illness—are likely to have strong impacts in reducing disparities in the *severity* of illness” [26].

The California Children and Families Commission (First 5 California) selected this as a priority area for policy efforts, adopting a strategy to facilitate and support health care coverage and quality care for all children 0 to 5 [32]. This could potentially lead to greater state level support for programs to improve health care access.

A potential support for sustainability for this outcome and other outcomes related to health care and mental health is from Measure A, a local tax measure passed in Alameda County in November 2004 to “provide and maintain trauma and emergency medical services throughout Alameda County and to provide primary, preventative and mental health services to indigent, low-income and uninsured children, families and seniors, to retain qualified nurses and health care professionals and to prevent closure of county clinics and the Alameda County Medical Center.” An analysis by the Alameda County Health Care Services Agency notes that “in light of the recent local financial cuts due to California’s budget deficits, the majority of these funds have gone to make up for budget losses in the local health care system with a relatively smaller portion designated to fund chronic disease prevention or other prevention programs” but goes on to note that opportunities exist to propose to the Alameda County Board of Supervisors new or additional ways to spend Measure A funds [181].

Another indication of the potential for sustainability is that La Clinica de la Raza was successful in raising over \$4 million to expand the San Antonio Neighborhood Health Center in Oakland.

## Improved Oral Health of Children

### Description

The oral health of children is measured by the extent to which children have experienced tooth decay or other oral health issues, such as bleeding or damaged gums, and the extent to which they are able to access oral health services to detect and treat any problems that do occur.

### Current Situation

- Based on a study by the Alameda County Public Health Department of school children in kindergarten and third grades during the 2002-03 and 2003-04 school years, 69% of school children have had tooth decay by third grade. 8% of kindergartners and 9% of third graders have a toothache or dental infection requiring urgent dental treatment [18].
- The same study showed that 24% of kindergarten children have had early childhood caries and 50% have already suffered the effects of tooth decay [18].
- Low-income children have poorer oral health than other children. 46% of kindergartners and 44% of third graders in low-income schools had untreated tooth decay, compared to 23% of kindergartners and 18% of third graders in higher-income schools [18].
- Based on the 2005 California Health Interview Survey (CHIS), 91% of children age 0-5 in Alameda County had dental insurance. However, the same survey showed that only 68% of children age 0-5 had visited a dentist within the past year [60]. The latter figure actually may represent improvement over previous years; CHIS results from 2001 found that 40% of Alameda County children 2-4 years had *never* been to a dentist.
- A May 2008 assessment of WIC participants in enrolled in Alameda County showed that less than 40% of the children aged 2-4 were reported by their parents to be receiving ongoing dental care [19].
- Data from First 5 funded programs shows significant variability in the proportion of children 1 year and older who received an annual dental exam. The chart below shows rates for families served in fiscal year 2006-07 by different programs [70].

SPECIAL START	TEEN SERVICES	ANOTHER ROAD TO SAFETY	HEALTHY KIDS HEALTHY TEETH	SUMMER PRE-K
29% (n=239)	24% (n=254)	69% (n=89)	60% (n=289)	79% (n=286)

- Participants in several of the June 2008 community forums noted that dentists that accept Medi-Cal, Healthy Families and other low-income health plans are needed in many areas of the county. As just one example, a 2003 human services needs assessment for the Tri-Valley communities of Dublin, Livermore, and Pleasanton said that only one local dentist accepts Medi-Cal or other publicly subsidized insurance programs [157].
- A 2003 national study found that children in non-English primary language households were more than twice as likely to not make preventive dental visits as children in



English speaking households. Only one-fifth (21%) of children in non-English speaking homes had teeth in “Excellent” condition compared to 46% of children in English speaking homes [152].

### **Impact on Those Affected**

Oral health problems can be extremely painful, with the pain often leading to problems with eating, nutrition and sleeping. Research has shown that a lack of proper dental care can also be directly linked to other poor health conditions. Minor infections and diseases of the gums and mouth can lead to serious infections and diseases of the mouth and gums which can spread to other parts of the body. For children, the pain and infection caused by dental caries can lead to poor nutrition, sleep deprivation, and problems in speaking and attention in school. Other studies have shown that chronic dental problems in children can adversely affect self-image, school attendance, and school performance.

One community cost is missed school days that decrease state reimbursement funds to local school districts; nationally, children miss an estimated 2 million days of school because of oral health problems. Further, the cost of treating dental disease rather than preventing it drives up the cost of dental insurance coverage and costs of public programs like Medi-Cal and Healthy Families.

### **Ability of First 5 Alameda County to Have an Impact**

The Healthy Kids Healthy Teeth program is a preventive oral health program for children 0-5 years old to increase access to pediatric dental services, provide case management, and educate parents, case managers and child care providers about childhood caries. Although a relatively small number of children were served – 368 children were referred to the program and 289 enrolled in intensive case management services in 2006-07 – the available data suggests that an impact was made by providing treatment services needed by children, educating parents on dental health and increasing the percentage of children with dental visits [70]. However, the small number of pediatric dentists and limited resources at HKHT impacted the program’s ability to offer services and meet referral demand. Family Support Services contractors and grantees who provide relevant services track whether children one year and older have had a dental visit in the past year and reflect that families experience the most difficulty obtaining annual dental exams.

**2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

FSS programs provide oral health education and referrals

Training ECE and FSS providers and access to dental care and case management for dental needs (Healthy Kids Healthy Teeth)

Many family support providers who refer their clients for dental exams experienced the same difficulties in linking their families to pediatric dental care. Even with Medi-Cal, some families still struggle to pay for dental care.

### **Potential for Sustainability Over Time**

The Office of Dental Health, ACPHD, has organized a variety of age-related interventions designed to address both the primary and secondary prevention of dental caries. These include Healthy Kids, Healthy Teeth, Early Childhood Caries Initiative for 0-5 year old Medi-Cal enrollees, the California Children’s Dental Disease Prevention Program which provides sealants and dental education in a school-based setting, the Healthy Smiles

Children's Dental Treatment Program for children who require dental care and have no insurance, and Dental Health Referral Services for people of all ages who need dental referrals and information.

The Alameda County WIC Program has embarked on a four year pilot project in collaboration with the Dental Health Foundation and the Alameda County Office of Dental Health to provide Well Child Dental Visits in WIC offices to children aged 9 to 15 months of age. Services will begin in July 2008 at the Hayward office. This project is now being partially funded by F5AC and it is hoped that the pilot will demonstrate ways to develop sustainable screening for these very young children [19].

Recent legislative changes are also providing an impetus for continued investments in early oral health. AB 1433, signed into law in 2006, requires that children have a dental check-up by May 31 of their first year in public school, at kindergarten or first grade. The ultimate goals are to establish a regular source of dental care for every child, identify children who need further examination and dental treatment, and identify barriers to receiving care.

## Improved Child Access to Proper Nutrition and Ability to Maintain a Healthy Weight

### Description

This outcome area addresses the extent to which children age 0-5 have consistent access to proper nutrition. Included in this category are issues of hunger (food adequacy), quality of nutrition, and the extent to which children are at a healthy weight that is neither significantly overweight nor underweight.

### Current Situation

- A 2005 study by the Alameda County Community Food Bank reported that 35% of emergency food recipients are children under the age of 18 and that 25% of Food Bank client households with children report that their children skipped meals due to a lack of food and money in the previous 12 months [8].
- Alameda County had only 23% of eligible families receiving Food Stamps in 2005. More than 88,000 eligible children and adults in Alameda County are not enrolled in the Food Stamp Program. Even when people receive food stamps, the benefits are insufficient to prevent hunger. 82% of Food Bank client households receiving food stamps report their benefits do not last the entire month. On average, clients report that food stamps last for only 2.4 weeks per month [8].
- Using data from the 2005 California Health Interview Survey, UCLA estimates that 14.4% of adults residing in households with incomes below 200% of the federal poverty level in Alameda County experienced "very low food security" with multiple indicators of disruption in eating patterns and reduced food intake in the previous year [103]. This rate is up from 11.4% in 2003.
- One indicator of a potential lack of adequate food supply is children who are underweight for their age. In 2006, among Alameda County children that were served by the Child Health and Disability Prevention (CHDP) program, 8.2% of children less than one year

old were rated as being significantly underweight based on being under the 5<sup>th</sup> percentile of the Body Mass Index (BMI) for their age. 6.1% of children age 12 to 23 months were underweight, as were 4.2% of children age 24 to 59 months [37]

- Another indicator of nutrition problems is the prevalence of anemia, which are low hemoglobin/hematocrit counts associated with iron deficiencies. In 2006, among Alameda County children that were served by the Child Health and Disability Prevention (CHDP) program, 11.2% of children age 0-5 were found to be anemic. Rates of anemia were fairly similar for each age group, with a low of 9.9% for children age 36 to 59 months and a high of 12.5% for infants age 6 to 11 months [38].
- Data from the 2006 Pediatric Nutrition Surveillance System (PedNSS) showed that among Alameda County children age 2-5 that were served by the Child Health and Disability Prevention (CHDP) program, 16.7% of children were rated as significantly overweight based on being over the 95<sup>th</sup> percentile of the Body Mass Index (BMI) for their age. Another 15.9% were at risk of obesity based on being between the 85<sup>th</sup> and 95<sup>th</sup> percentile of the BMI for their age [37]. The breakdown by ethnicity of overweight children age 2-5 (over the 95<sup>th</sup> percentile of BMI for age) was:

<u>White</u>	<u>Black</u>	<u>Hispanic/Latino</u>	<u>Asian</u>	<u>Other</u>
12.4%	14.9%	19.2%	10.7%	16.2%

- The most significant concern related to nutrition noted in reports from the Alameda County Women, Infants and Children (WIC) Program is the rate of overweight children. 2008 data on children age 0-5 in families served by WIC, using the same criteria as the PedNSS assessment, showed 15% of children age 2-3 were overweight and 14% were at risk while 21% of 4-5 year olds were overweight and another 16% at risk [20]. It is also noteworthy that 48% of mothers served by Alameda County’s WIC program were rated as being overweight or very overweight.
- A California study released in 2008 found that the highest rates of obesity and diabetes are among people who live in lower-income communities but that, in lower-income and higher-income communities alike, people who live near an abundance of fast-food restaurants and convenience stores compared to grocery stores and fresh produce vendors have a significantly higher prevalence of obesity and diabetes [134]. This indicates that obesity should be viewed, at least in part, as a neighborhood issue.

**Impact on Those Affected**

Hungry children suffer a myriad of health problems, including headaches, stomachaches, sore throats, and colds. One study found that hungry and food insecure children were more likely to be hospitalized; hungry children were also twice as likely to be reported in fair or poor health. Children subject to an irregular food supply and to lower quality food are also at increased risk of obesity, diabetes, and other profound health complications.

There is a strong association between hunger and food insecurity and certain behaviors and conditions, including increased aggression, withdrawal, anxiety, fatigue and depression. Hungry children tend to have a difficult time concentrating and do not perform as well on certain academic achievement tests. Children of food insecure families also tend to have higher rates of tardiness and absences, and are more likely to repeat a grade.

Food insecurity affects the family unit as a whole. At mild and moderate levels, food insecurity contributes to anxiety and worry, and often results in adjusting the household budget to forego other basic needs in order to make sure that one's family is fed. Very low food security results in the disruption of eating patterns and reduced food intake. Adults in food insecure households experience more anxiety and depression [103].

According to the Surgeon General, overweight children face a greater risk of problems including Type 2 diabetes, high blood pressure, high cholesterol, asthma, sleep apnea, chronic hypoxemia (too little oxygen in the blood), and orthopedic problems. Overweight children also suffer psychosocial problems, including low self-esteem, poor body image, and symptoms of depression. For girls in particular, poor self-image from being categorized as obese follows them into adulthood, resulting in fewer years of completed education, lower family incomes, and higher rates of poverty, regardless of their initial socioeconomic background. Obese children are also hospitalized more often than children with healthy weight.

The California Center for Public Health Advocacy states that as the percentage of children who are overweight rises, and as these children age, the health problems they face will burden California with growing costs for medical care, lost productivity and human resources. Medical care costs associated with obesity are greater than those associated with both smoking and problem drinking; obesity is responsible for a 36% increase in inpatient and outpatient costs and a 77% increase in medications. Based on Surgeon General estimates, the total cost of obesity in California is \$14.2 billion.

#### **Ability of First 5 Alameda County to Have an Impact**

In the past, First 5 Alameda County has addressed this outcome through breastfeeding education and support as a prevention strategy for obesity, enhancements to child care and community grant programs that allow for adequate physical activity/play and nutritious foods, and work with Parks and Recreation Departments to create safe parks and places for children to play. Data is not available to assess the extent to which these efforts have impacted child nutrition, obesity or physical fitness.

#### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

Breastfeeding support, as a prevention strategy for obesity

CGI grantees offer nutrition education and support for physical exercise

Referral data from First 5-funded family support providers highlight food as one basic need that many high-risk families struggle to fulfill. Some F5AC contractors found maintaining an emergency pantry with food, diapers, car seats and other household items an important ad hoc resource for the families they serve.

#### **Potential for Sustainability Over Time**

The Alameda County Maternal, Paternal, Child and Adolescent Health program selected overweight and obesity in children and families as one of the five top priority issues to address in their 2005-2009 strategic plan [102].

The Transportation and Land Use Coalition represents one of many organizations advocating for communities to direct resources to promote smart growth that incorporates safe and walkable urban design to encourage physical activity and fitness. Initial

discussions are also occurring with Parks and Recreation Departments to increase activities for young children.

## Children have Increased and Equitable Access to Spaces for Safe and Active Play

### Description

This outcome covers the extent to which children have access to places to engage in safe and active play, leading to better physical fitness and overall health.

### Current Situation

The only data found related to this outcome is from the 2005 California Health Interview Survey, which reported that 57% of children age 0-5 in Alameda County did not get physical exercise during the preceding week [60].

### Impact on Those Affected

The lack of physical exercise is likely an important contributing factor to the high levels of overweight children noted for the previous outcome, Improved Child Access to Proper Nutrition and Ability to Maintain a Healthy Weight. The impact of being overweight is described under that outcome. A 2004 Institute of Medicine report on preventing childhood obesity noted that safe and active play is not only an obesity prevention strategy, it may be a promising practice for community building and child development.

An American Academy of Pediatrics position paper states that “play is essential to development because it contributes to the cognitive, physical, social, and emotional well-being of children and youth. Play also offers an ideal opportunity for parents to engage fully with their children [192].”

A recent report by Bay Area Early Childhood Funders also noted that “a growing body of research shows that every competency important to school success is enhanced by play,” especially play as an integral part of early childhood development programs [129].

### Ability of First 5 Alameda County to Have an Impact

Studies indicate that providing a safe play space can have a measurable impact on the physical activity level of inner-city schoolchildren. In one study where a play space was provided in an inner-city area with an attendant to ensure children’s safety, the number of children who were outdoors and physically active was 84% higher in the intervention neighborhood than in a comparison neighborhood where no play spaces were added. Survey results showed that children in the intervention school reported declines in the amount of time children spent watching television, watching movies and DVDs, and playing video games on weekdays [193].

#### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

ECE Quality and Facility Grants to improve play areas at child care facilities

CGI grantees support improving neighborhood play areas for children

CGI grants for community-based parks, arts, music, dance and science programs, etc.

## **Potential for Sustainability Over Time**

The Alameda County Maternal, Paternal, Child and Adolescent Health program selected overweight and obesity in children and families as one of the five top priority issues to address in their 2005-2009 strategic plan [102].

## **Children are Free from Exposure to Tobacco Smoke, Alcohol, Drugs and Other Harmful Substances**

### **Description**

This outcome area covers the extent to which children age 0-5 are affected by smoking. It includes tobacco use by parents of young children, child exposure to secondhand smoke, and smoking by pregnant women.

### **Current Situation**

- All children receiving First 5 Family Support Services (FSS) are monitored for exposure to tobacco. In 2006-07, 2% of children receiving postpartum services and 6-8% of children in other FSS programs were exposed to secondhand smoke [70].
- Countywide data on secondhand smoke exposure is available for broader indicators that are not specific to children age 0-5. Based on the 2005 California Tobacco Survey, 11% of adults in Alameda County are classified as current smokers; 7.2% of adults are daily smokers and 3.8% smoke less often than daily. In the same survey, 81.7% of adults in Alameda County reported having a complete ban on smoking in the home [39].
- The 2006 California Student Tobacco Survey (CSTS) found that 16.8% of Alameda County high-school age youth reported being in the same room at home with someone who was smoking cigarettes on or more of the previous 7 days. This is lower than the statewide rate of 20.8%. In addition, 25.9% of youth reported living with someone who smokes cigarettes [39].
- According to the 2006 California Student Tobacco Survey, 22% of Alameda County youth reported riding in a car with someone who was smoking cigarettes one or more of the previous 7 days [39]. The level of toxic air in a vehicle when someone is smoking is up to ten times greater than the level which the US Environmental Protection Agency considers hazardous [166].
- The prevalence of cigarette smoking among pregnant Californians was 8.7% in 2003. Additionally, high risk communities have a disproportionately high percentage of women smoking during pregnancy. According to data from California's Maternal and Infant Health Assessment Survey, women in higher-income families were three times less likely to smoke during pregnancy, compared to women in lower-income families [141].
- Just under 8,000 screenings for perinatal substance abuse in Alameda County have been done from 2003 through May 15, 2008. Highlights from these screenings [175]:
  - 12% of women screened drank alcohol during the month before they knew they were pregnant, and 4% drank alcohol after knowing they were pregnant. Rates



of alcohol use during pregnancy were highest among White (11%) and African American (10%) women.

- 3% of women screened smoked marijuana during the month before they knew they were pregnant, and 1% smoked marijuana after knowing they were pregnant. Rates of marijuana use during pregnancy were again highest among White (5%) and African American (4%) women.
- 1% of women screened used hard drugs during the month before they knew they were pregnant and 1% also after knowing they were pregnant. Rates of hard drug use during pregnancy were again highest among White (2%) and African American (2%) women.
- In 2007, 88 children in Alameda County (< 1% of all children screened) had elevated levels of lead in their blood above 10 micrograms per deciliter; and 1,252 or 9% those screened had blood levels of lead between 5 and 9 micrograms per deciliter [123]. Cumulatively from 2000 to 2007, 1,514 children in Alameda County were identified with elevated lead blood levels above 10 micrograms per deciliter and 19,240 children had lead blood levels between 5 and 9 micrograms per deciliter [124]. Studies dating to the 1970s show children exposed to lead have deficits in IQ, attention, and language. The CDC has revised acceptable blood levels to 10 micrograms per deciliter; however, many scientists believe this level is still too high, with significant impact to a child's IQ when lead concentrations are at or below this level [130, 144, 150]. The American Academy of Pediatrics has stated "there is no safe level of lead for children" [124].

### **Impact on Those Affected**

The U.S. Surgeon General's 2006 report on secondhand smoke found that nonsmokers exposed to secondhand smoke at home or work increase their risk of developing heart disease by 25 to 30 percent and lung cancer by 20 to 30 percent. The same report stated that secondhand smoke exposure is a known cause of sudden infant death syndrome (SIDS), respiratory problems, ear infections, and asthma attacks in infants and children. Secondhand smoke is responsible for between 150,000 and 300,000 lower respiratory tract infections in infants and children under 18 months of age, resulting in between 7,500 and 15,000 hospitalizations each year and causing 1,900 to 2,700 sudden infant death syndrome (SIDS) deaths in the US annually [143]. Childhood exposure to secondhand smoke not only triggers asthma in children, it also leads to adult asthma [142].

Research has shown that women's smoking during pregnancy increases the risk of pregnancy complications, premature delivery, low birth weight infants, stillbirths, and SIDS [173]. A 2005 study by the University of Pittsburgh Medical Center also found that secondhand smoke exposure by mothers during pregnancy can cause as much damage to the unborn baby as if the mother herself was smoking during pregnancy. Newborns born to mothers who were exposed to secondhand smoke are on average 30 grams lighter than infants born to mothers who were not exposed [172].

Children are not only affected by the harmful chemicals in secondhand smoke but they are also more likely to become smokers themselves. Data from the Global Youth Tobacco Survey indicate that children exposed to secondhand smoke at home are up to twice as likely to start smoking as children not exposed [151].

Research reported by the National Association of State Alcohol and Drug Abuse Directors has shown that perinatal substance use (alcohol, marijuana or hard drugs) can adversely affect child development in multiple ways, including physical health consequences, lack of secure attachments, language delays and communication disorders, psychopathology, behavioral problems, poor social relations and skills, deficits in motor skills and cognition and learning disabilities.

### **Ability of First 5 Alameda County to Have an Impact**

Family support services monitor the children’s exposure to secondhand smoke and other harmful substances, and provide referrals to families experiencing substance use and exposure to tobacco smoke. The Specialty Provider Team trains providers on substance use as part of their ongoing capacity building efforts. In 2006-07, data showed a decrease in secondhand smoke exposure among children of teen parents and children discharged from the neonatal intensive care unit.

#### **2005-09 First 5 Alameda County Programs and Strategies Linked to This Outcome**

Monitoring of children’s exposure to tobacco across all FSS programs

First 5 funded contractors and grantees must meet First 5 tobacco policies and all receive training on tobacco cessation strategies

Each year, F5AC contracts with trainers to educate service providers about tobacco cessation strategies and policies governing smoke exposure. Almost all contractors and grantees meet F5AC tobacco policy requirements including implementing a tobacco divestment policy, maintaining a smoke free environment and completing tobacco education training.

### **Potential for Sustainability Over Time**

First 5 Alameda County has continued to participate in the Alameda County Tobacco Control Coalition to work toward reducing exposure to environmental tobacco smoke and reduce the prevalence of smoking. Legislative changes are also helping in the fight against secondhand smoke exposure. On January 1, 2008, it became illegal in the State of California to smoke in any moving or parked vehicle while any youth younger than 18 are present. Similarly, licensed child care providers are not allowed under the law to have smoking occur on the premises. The opportunity exists to educate parents and childcare providers about the hazards of smoking near children, as well as the new laws that prohibit this behavior.

In terms of return on investment, for “every dollar spent on prenatal smoking cessation, \$3 are saved in short-term health care costs, and savings reach \$6 when healthcare costs over the first five years of life are included” [162].

## APPENDIX: DATA SOURCES

The information in this report was gathered from a multitude of sources including reports prepared by First 5 Alameda County, reports prepared by other community-based organizations, data collected by various public agencies, studies from policy groups and funders of children and family services, and interviews with current and past First 5 Alameda County Commissioners along with other key informants. The data sources contacted and reviewed for the report are presented in the Appendix below.

### Persons and Organizations Contacted

The following people and organizations were contacted to request information to include in this report. Their contributions of data, reports and recommendations of other information sources are greatly appreciated.

Organization	Name(s)
4C's - South County Resource & Referral	Rosemary Obeid and Renee Herzfeld
Alameda County Child Care Planning Council	Angie Garling
Alameda County Behavioral Health Care Services: Mental Health Services Act - Prop. 63	Carl Pascual
Alameda County Behavioral Health Care Services: Early Childhood Consultation	Margie Gutierrez
Alameda County Family Justice Center	Nadia Lockyer and "Bosco"
Alameda County Food Bank	Suzan Bateson and Allison Pratt
Alameda County Health Consortium	Karen Harrison
Alameda County Public Health Department	Janet Brown, Sangsook Cho, Jared Fine, Leslie Greenwood and Anita Siegel
Alameda County Women, Infants and Children (WIC) Program	Linda Franklin
BANANAS - North County Resource & Referral	Judy Kriegge and Arlyce Currie
Child Care Links-East County	Carol Thompson
Children Now	Ted Lempert and Jessica Mindnich
Children's Hospital Oakland; Pulmonary Medicine (Asthma Education)	Mindy Benson
City of Fremont	Suzanne Shenfil

<b>Organization</b>	<b>Name(s)</b>
City of Oakland	Andrea Youngdahl and Sarah Bedford
Developmental Disabilities Council	Barbara Garcia
Eden I&R	Craig Miller
Girls, Inc.	Wendy Calimag
Regional Center of East Bay	Francine Davis and Karen Shuttleworth
Safe Passages	Tynisa Zawde and Alicia Perez
Urban Strategies Council	Junious Williams and Steve Spiker

Eleven community forums and one ECC staff forum were held in Alameda County from June 5th to June 30th 2008. Forums were held at various locations throughout the County including San Leandro, Oakland, Fremont, and Pleasanton. Participants represented many different disciplines and areas of expertise, including early care and education (ECE), health care, and social services. In total more than 200 persons participated and provided review and feedback on the Situation Analysis Report. Forums resulted in approximately 60 new data sources and several new outcomes that informed the final draft of the Situation Analysis.

<b>Date</b>	<b>Location</b>	<b>Number Attending</b>	<b>Primary Audience</b>
5-Jun	BANANAS	30	ECE Providers
6-Jun	ECC Conference Room	25	Community Providers
10-Jun	Children's Hospital	21	Health
12-Jun	Unity Council	6	Latino Women Leaders
12-Jun	ECC Conference Room	2	Community Providers
17-Jun	Fremont Family Resource Center	18	Community Providers
18-Jun	BANANAS	11	ECE, Health
18-Jun	City of Pleasanton Council Chambers	18	Tri-Valley Providers/Public
19-Jun	Beebe Memorial	29	Faith Based, Social Services
26-Jun	Alameda Health Consortium	7	Health Providers
26-Jun	ECC Conference Room - staff	32	First 5 Staff
30-Jun	Tiburcio Vasquez Health Center	29	Community Members
	Total attendance	228	

Telephone interviews were also conducted with many people close to the work of First 5 Alameda County to gain their insights. The following people participated in the interviews:

Mindy Benson, Children's Hospital at Oakland  
Keith Carson, Alameda County Board of Supervisors and F5AC Commissioner

Marge Deichman, former First 5 Alameda County Commissioner  
 Barbara Garcia, Developmental Disabilities Council - Public Health  
 Gilda Gonzales, First 5 Alameda County Commissioner  
 Chet Hewitt, former First 5 Alameda County Commissioner  
 Becky Hopkins, Parks and Recreation - Pleasanton  
 Dave Kears, First 5 California Commissioner  
 Alice Lai-Bitker, Alameda County Board of Supervisors  
 Michelle Love, Alameda County Social Services Agency - Foster Care  
 Helen Mendel, First 5 Alameda County Commissioner  
 Rosemary Obeid, First 5 Alameda County Commissioner  
 Linda Olivenbaum, former First 5 Alameda County Commissioner  
 Suzanne Shenfil, City of Fremont  
 Pamela Simms-Mackey, First 5 Alameda County Commissioner  
 Deborah Stark, First 5 Alameda County Commissioner  
 Mildred Thompson, former First 5 Alameda County Commissioner  
 Kate Warren, Family Resource Network of Alameda County  
 Andrea Youngdahl, City of Oakland

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Listed below are all of the reports and data sources that were obtained, reviewed and utilized where appropriate in this report. References 1 through 118 were used in the draft version of this report that was distributed for community input. References 119 onward were additional reports and data sources that were provided by community stakeholders as a result of the forums and other outreach efforts conducted in June 2008; all of these additional sources were also reviewed and incorporated into the report where appropriate.

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