CH1LDREN NOW



CALIFORNIA REPORT CARD 2010

SETTING THE AGENDA FOR CHILDREN

Health	
Health Coverage	D+
Oral Health	D+
Asthma	D+
Mental Health	С
Infant Health	C+
Adolescent Health	C+
Education	
Early Learning and Development	С
K-12	D
Afterschool	B+
Cross-System Issues	
Integrated Services	D
Obesity	C-
Child Safety	D+

CHILDREN HAVE TO BE CALIFORNIA'S TOP PRIORITY NOW

Throughout history, societal investments in children have resulted in increased prosperity for individuals, communities, states and nations.

This proved to be the case for California in the 1950s and 1960s, when the state strongly supported children's futures. Despite once following this path to prosperity, California has de-prioritized children over time in state policy and budget decisions.

2009, in particular, was a devastating year for California's children. When push came to shove over the state's budget crunch, children suffered the deepest cuts. While federal stimulus funding is providing some relief to the children impacted, this support is temporary. These are undeniably difficult economic times in California, and additional, large-scale state budget cuts are widely expected in the near future. This tough climate, however, does not justify the state's short-sighted decision-making regarding investments in children. Other states facing severe budget shortfalls in 2009, such as Oregon, New Jersey and Florida, have recognized the clear value of putting children first and acted accordingly.'

California's failure to prioritize children is jeopardizing the state's chances for a sustainable, long-term economic recovery. For example, current reports estimate that the state will face a shortfall of one million college graduates by 2025.² Yet policymakers continue to cut funding for education, leaving California ranked near last in the nation on adjusted per pupil spending.³

Families make the needs of their children the top priority, even when struggling to make ends meet. The state should be held accountable to reflect this fundamental value of its citizens. California's 9.4 million children—13% of all children in the nation4—are its most important asset, and they are in dire need of attention now.

The 2010 California Report Card provides a policy agenda that prioritizes children in order to strengthen California. The report covers:

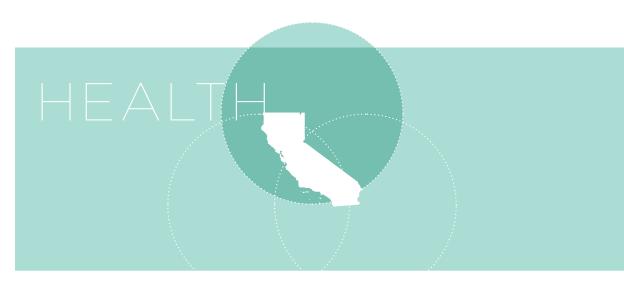
- Key policy and budgetary decisions made in 2009 that affect children's well-being;
- Policy objectives for improving children's well-being;
- Recent data reflecting the status of California's children;
- Updates on specific policy recommendations that must be accomplished within the current legislative session.

WHO ARE CALIFORNIA'S CHILDREN?

With many more children than any other state, California plays a large role in setting the standard of well-being for all American children.

As a result of the current economic crisis, California's children have become increasingly vulnerable. The state's average annual household income has fallen by \$2,060 since 2006; an additional 100,000 children live in poverty; and, because of job loss by parents (unemployment now hovers above 12%), approximately 680,000 additional children have lost employer-based health coverage.

- California is home to 9.4 million children under the age of 18, or 13% of the nation's children.⁹
- 6.3 million children attend California's public schools.10
- 1.7 million (18%) California children live in poverty^{11,12} (\$22,050 for a family of four¹⁵) while an additional 2.1 million (23%) live in low-income families^{14,15} (\$44,100 or less for a family of four¹⁶).
- While about half (49%) of California's children live in immigrant families,¹⁷ the vast majority (94%) of children are citizens.¹⁸
- 50% of California's children are Latino, 30% are white, 10% are Asian and 6% are African American.¹⁹



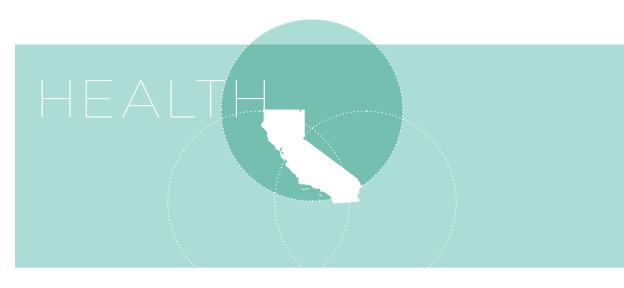
As more and more families are losing employer-based health insurance due to the economic downturn, state-funded children's health programs must be expanded and improved. California cannot afford the added expenses associated with forcing uninsured children to rely only on emergency room care, limiting the availability of necessary childhood immunizations or denying children's mental health services when needed. Yet the 2009-10 state budget significantly decreases the availability of preventive health care to California's children and will further widen health disparities for low-income children and children of color.

In 2009, California eliminated or suspended funding for a number of critical children's health care programs, including the Black Infant Health Program; the Children's Dental Disease Prevention Program; the Immunization Program; the Adolescent Family Life Program; county Maternal and Child Health grants; county Early and Periodic Screening, Diagnosis

California should recognize the value of providing all children access to comprehensive, high-quality preventive care

and Treatment programs developed with Mental Health Services Act (Proposition 63) funds; and Community Clinic programs.^{20, 21} The children served by these programs now are more vulnerable to major health issues, resulting in unaffordable costs for families and the state.

Surprisingly, the toll on children's health in 2009 could have been much worse. Initially, California cut \$196 million from its Children's Health Insurance Program, the California Healthy Families Program, which would have eliminated coverage for approximately 670,000 children and placed an additional 330,000 on a waiting list, unable to enroll in the program. Following a strong and justified outcry by advocates and the public, however, the state restored funding, at least temporarily. By holding the line, California's leadership demonstrated a noteworthy commitment to the health care of children, but much more can and should be done.



NOTABLE POLICY DEVELOPMENTS \ 2009

[1].

The final state budget revision for 2009-10 includes \$196 million in general funding cuts to the California Healthy Families Program and forfeits approximately \$360 million in federal matching funds. Fortunately, AB 1422 (Bass/ Principal Coauthor Steinberg) passed with bipartisan support and was signed by Governor Schwarzenegger. This legislation is expected to provide \$97 million for Healthy Families in 2009-10 by drawing down federal matching funds with dollars from a fee on state-concentrated health plans. This new revenue, combined with \$81.4 million contributed by First 5 California and savings from increased cost-sharing, will restore the entire \$196 million cut. First 5 California's donation will expire in June 2010, and funds associated with AB 1422 will expire in December 2010, however, so this is not a long-term solution.

[2].

SBX3 24 (Alquist) was signed by Governor Schwarzenegger in March 2009 and suspends the mid-year status reporting requirement for children in Medi-Cal until January 2011. The bill also enables California to receive more Medicaid matching funds available through the American Recovery and Reinvestment Act of 2009 (ARRA).

[3].

AB 1383 (Jones) and AB 188 (Jones) provide funds to enable the enrollment of more eligible children

in Medi-Cal and Healthy Families, at least through the end of 2010. AB 1383 could provide \$80 million per quarter through the end of 2010 to support children's health coverage, using federal Medicaid matching funds drawn down with revenue from a hospital provider fee. AB 188 provides the funding to implement AB 1383.

Г41.

AB 1541 (Jones) aligns California law with federal law to assist California families in securing health insurance for their children in the event they lose public health coverage. It extends the enrollment window for group coverage from 30 to 60 days.

Г51.

AB 667 (Block) clarifies existing law, so that any person, including dental assistants and non-health care personnel, with a prescription and protocol of a licensed dentist or physician, may apply topical fluoride varnish in public health and school-based settings.

[6].

AB 892 (Furutani) improves children's health by reducing their risk of developing asthma. The bill reduces children's exposure to environmental pollutants by allowing more efficient use of Proposition 1B (2006) funds intended to relieve congestion, improve the movement of goods, improve air quality, and enhance the safety and security of the state's transportation system.

PRIORITY POLICY OBJECTIVES

[1].

Create and fund a statewide system to ensure every child has access to comprehensive, affordable health care.

[2].

Improve children's access to oral health services, including the important steps of providing adequate funding for dental care and streamlining Denti-Cal.

[3].

Reduce the prevalence of asthma in children and the number of preventable hospitalizations from poorly managed asthma with a new, multifaceted, cross-sector approach that addresses environmental factors and health care quality.

[4].

Create a comprehensive system that enables early detection of mental health needs and delivers those services in a timely and age-appropriate manner.

HEALTH

HEALTH COVERAGE +

GRADE

2010

California's budget decisions in 2009 will have far-reaching, negative effects on the health of millions of children. When children have health insurance, they are more likely to receive routine preventive health care, which protects them from avoidable diseases and facilitates early diagnosis and treatment when they do get sick. Without health insurance, families often forgo preventive care, accessing health care only when their children are sick. As a consequence, these children tend to be more seriously ill when they finally do access care—often through expensive emergency care providers—and illnesses that could have been treated easily at an early stage become much more severe. In addition to undermining children's health, delayed care costs significantly more than preventive care.²⁴

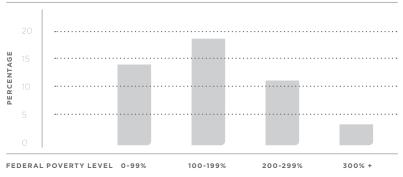
Prior to 2009, California had made steady progress in increasing the percentage of children with health insurance. Between 1998 and 2007, the number of California children without coverage decreased by approximately 675,000, from 19% to 11%.25 The 2009-10 California budget, however, cut \$196 million in funding for Healthy Families, the state's main public health insurance program, thereby reversing the years of progress. Poor decision-making by the state also forfeited \$360 million in available federal stimulus matching funds for state-funded health insurance programs. California only narrowly averted total disaster by backfilling the \$196 million budget cut to Healthy Families with one-time funds from First 5 California and AB 1422, which provides \$97 million to Healthy Families in 2009-10 and \$49 million in 2010-11, and roughly \$17 million from new increases in families' out-of-pocket costs. But major funding problems remain on the horizon.

Even after backfilling the budget cuts to Healthy Families, national surveys report that more than one million (11%) California children remain uninsured.²⁶ In addition, more children than ever are becoming uninsured through their parents' unemployment and loss of employer-based health coverage,²⁷ and health coverage in general is becoming prohibitively expensive and less accessible. So far, California's rising unemployment has resulted in 680,000 children becoming uninsured between 2007 and the end of 2009.²⁸

California cannot afford to let the ongoing budget crisis cloud its judgment of the benefits of providing public health coverage to all children that need it. The state should build on the reauthorization of the federal Children's Health Insurance Program (CHIP) in early 2009, which reflected a commitment to children's health coverage. Moreover, California can learn from other states: even in tough economic times, 23 other states implemented changes or enacted legislation to increase the number of children and families receiving health coverage through Medicaid and CHIP.²⁹ California was one of only three states that enacted policies to cut children and families from Medicaid, CHIP or both in the same time period.

Given a full economic recovery is projected to take several years, California must prioritize a long-term, sustainable approach to ensuring every child has access to affordable health insurance.

CHILDREN WHO HAD NO HEALTH INSURANCE FOR SOME OR ALL OF THE YEAR



Source: see citation 37.

FACTS AND FIGURES

Health Coverage in California

Г11.

California ranks 36th in the nation in the percentage of children with health insurance.³⁰

[2].

Healthy Families enrollment peaked at 922,429 in July 2009,³¹ up from 768,352 just three years earlier.³² The peak came prior to the enrollment freeze, which resulted in nearly 90,000 children being wait-listed in less than two months.³³

[3].

Nearly one in three California children (29%) is covered by public insurance, such as Healthy Families and Medi-Cal.³⁴

[4].

The number of children and families on Medi-Cal in 2009-10 grew at a rate of 6% to 7%, significantly higher than initial estimates. This is likely due to increased economic hardship.³⁵

Eligibility and Cost

[1].

It costs about \$1,200 per year to provide health coverage for a child.³⁶

[2].

Because of increased funding from the American Recovery and Reinvestment Act of 2009 (ARRA), the federal matching rate for Medicaid in California increased from 50% to 62%. The increase, which has helped prevent Medi-Cal from eroding, ends December 2010. The "maintenance of effort" provision in ARRA, which prevents states from making cuts to Medicaid, expires at the same time.

Access to Health Care

[1].

Poor children are more likely to experience lapses in health coverage. While only 3% of children in families at 300% or above the federal poverty level (FPL) went without insurance for some or all of the year, 10% of children in families between 200-299% of the FPL, 19% of children in families between 100-199% of the FPL and 14% of children in families below the FPL went without health insurance for at least part of the year.³⁷

[2].

In one year, almost 600,000 California children had to delay or forgo the medical care they needed, ³⁰ and more than 350,000 delayed or did not receive the prescription drugs they needed. ³⁰

[3].

Almost 18% of California's children do not have a medical home. 40 According to the American Academy of Pediatrics, medical homes provide patients continuous, coordinated, comprehensive, family-centered and culturally-effective primary care.

[4].

Approximately 83% of California's children had a routine medical check-up in the past year. 41

HEALTH

ORAL HEALTH

+

GRADE

2010

Good oral health is a basic necessity for children's overall health. Oral health is easily managed with routine preventive care, but problems, such as decay, become debilitating when left untreated. Untreated oral health problems result in painful infections that can become serious threats to general health. They can also interfere with learning⁴² and undermine children's well-being.

Promoting children's oral health is good for children's well-being and makes good financial sense for California. For every dollar spent on preventive oral health care, as much as \$50 is saved on restorative and emergency oral health procedures.⁴³ Treating oral health problems in the emergency room is costly and difficult. For example, a comprehensive oral exam costs \$60, on average, in a provider's office compared to \$172, on average, for an emergency room visit or \$5,044 if hospitalization is required.⁴⁴

Children's oral health problems also come at a considerable cost to their education. In California, students miss an estimated 874,000 school days annually due to dental problems.⁴⁵ These absences cost local school districts approximately \$28.8 million.⁴⁶ Because the state already lags behind the rest of the nation on key measures of academic achievement,^{47,48} including per pupil spending, it cannot afford to let poor oral health further compromise children's education.

According to the National Survey of Children's Health, only Arizona, Mississippi, Nevada and Washington, D.C. have higher percentages of children with oral health problems. ⁴⁹ In 2009, the state's oral health care system for children was further eroded, despite California children already ranking near lowest on national measures of children's oral health. ⁵⁰ With the indefinite suspension of the Children's Dental Disease Prevention Program, California lost its only program that provided school-based preventive oral health services, such as fluoride rinse and dental sealants, to children who otherwise would go without treatment. Furthermore, this year's budget cuts also eliminated the vast majority of adult Denti-Cal services, posing an additional barrier to children's oral health, because children are more likely to receive oral health services when their parents visit a dentist. ⁵¹ Some providers, such as community clinics and health centers, will no longer be able to afford serving children if the adult population covered by Denti-Cal is lost. Community clinics estimate they will lose \$56.5 million in Denti-Cal reimbursement revenue, causing some to eliminate their entire dental programs. ⁵²



FACTS AND FIGURES

Dental Insurance

[1].

1.7 million California children do not have dental insurance.⁵³

[2].

580,000 California children, ages 2-17, cannot afford dental care that is needed.⁵⁴

[3].

While 86% of children above 300% of the federal poverty level (FPL) have dental insurance, only 72% of children below the FPL have dental insurance; is insurance is shown to increase the chances that children will access needed care. 56

Access to Dental Care

[1].

The American Academy of Pediatric Dentistry recommends that children visit a dentist every six months once their first tooth appears or no later than their first birthday. TApproximately 62% of California's children meet this recommendation. For children enrolled in Healthy Families, 59% visit a dentist at least once a year.

Г21.

For infants, maintaining good oral health is important, because primary teeth enable them to eat solid food, aid in speech development and serve as placeholders for permanent teeth. Moreover, maintaining healthy primary teeth preserves the dimensions of the dental arches and lessens the risk of tooth decay in permanent teeth.⁶⁰

Г31.

In California, an estimated 776,000 children, ages 2-17, have never seen a dentist. Latino and Asian children are least likely to access oral health care.

[4].

Pediatricians can play a key role in providing basic preventive oral health services, such as applying fluoride varnish, to young children. 62

Oral Health Status

Г11.

In the United States, tooth decay is the single most common chronic disease of childhood—five times more common than asthma and seven times more common than hay fever.⁶³

Г21.

28% of children from kindergarten to third grade have untreated tooth decay and 4% are in urgent need of dental care because of pain or infection. 64

Г31.

30% of California's children have one or more oral health problems, including toothaches, decay or cavities, bleeding gums and broken teeth. 65

[4].

Children of color, English learners, children without dental insurance and children in families living below 200% of the federal poverty level are most at risk of missing two or more days of school due to poor oral health.⁶⁶

Fluoridation

[1].

In the United States, every dollar spent on community water fluoridation saves \$8 to \$49 in dental treatment costs, depending on the size of the community. (The largest communities experience the greatest savings. 67) About 69% of the U.S. population and 27% of Californians have access to fluoridated water. 68

[2].

In 2007-08, California Children's Dental Disease Prevention Program provided fluoride supplementation to 102,741 children. Despite its success, funding for the program has been suspended indefinitely.⁶⁹

HEALTH

ASTHMA GRADE 2010



Too many California children suffer from asthma, a health condition fraught with coughing, wheezing and shortness of breath. This serious, but manageable health condition is estimated to affect 1.6 million (16%) California children. Although asthma has no cure, regular, preventive health care can significantly reduce symptoms. Yet 19% of children with asthma still report accessing emergency room treatment when symptoms become severe, a sign of poorly-managed asthma.

While asthma affects both children and adults, children in particular are more vulnerable to airborne pollutants that aggravate asthma. Infants and children breathe more rapidly than adults, thereby increasing their exposure to air pollution. In addition, children are more likely to spend time outdoors, particularly in the summer months when smog levels are highest. Consequently, children's exposure to pollutants linked to asthma must be reduced.

Children of color and low-income children are more likely to develop asthma than their white or more affluent peers. 75, 74, 75 Moreover, they are more likely to have severe symptoms, less likely to have well-managed care and more likely to require hospitalization for asthma symptoms. 76,77 This is due, in part, to environmental inequalities between low- and high-income communities. 78 Living in communities where children have greater exposure to pollutants at home, 79 at school 80 and in their neighborhoods puts children of color and low-income children at greater risk of developing asthma and experiencing more severe asthma symptoms.

LOW-INCOME CHILDREN AND CHILDREN OF COLOR ARE

DISPROPORTIONATELY AFFECTED BY ASTHMA

FACTS AND FIGURES

Incidence of Childhood Asthma

Г11.

Between 2001 and 2007, California's rates of childhood asthma have increased from 14% to 16%.

[2].

In California, African American children (23%) are most likely to be diagnosed with asthma compared to Latino (15%), white (15%) and Asian (16%) children.⁸²

Access to Care for Children with Asthma

Г11.

Racial and ethnic minorities are less likely to have well-managed asthma, as measured by rates of emergency room visits. Among asthmatic children, 24% of Latino and 29% of African American children require emergency room or urgent care to treat their asthma compared to 12% of white and 13% of Asian children.83

Environmental Factors

Г11.

Half of the nation's schools have poor indoor air quality, which has been shown to reduce students' academic achievement and test scores.⁸⁴

[2].

Exposure to environmental pollutants within a child's first year increases his or her risk of developing asthma.85

[3].

Cleaning products used in schools contain a wide variety of hazardous chemicals that can trigger asthma. While a few school districts have switched to less toxic, environmentally-friendly, "green" products, conventional cleaning products are still widely used. 86

[4].

Poor housing conditions, including the presence of mold and cockroach droppings, are associated with asthma in young children. They also exacerbate symptoms and increase the frequency of asthma attacks.⁸⁷

HEALTH

MENTAL HEALTH

GRADE

2010



When children do not receive the mental health services they need, they are more likely to abuse drugs, become victims or perpetrators of violence, have conflicts with family and/or friends, experience problems at school, and commit suicide.⁵⁹ Yet far too many children endure untreated mental health problems for years without diagnosis or proper treatment. In California, approximately half (46%) of children who need mental health services do not receive them.⁵⁰

Children's mental health services are administered locally, but their funding has been impacted by the broader economic crisis. County governments now struggle to fund services amidst sharp declines in local revenue, massive budget cuts, and delayed state and federal reimbursements. Consequently, children's mental health services are becoming increasingly difficult to access. While entitlement services such as mental health care for Medi-Cal enrollees and special education students with serious emotional disturbances are eligible for reimbursement, serious cash flow problems have resulted in caps on payments to providers and waiting lists, limiting children's access to the mental health services they need to thrive.

On a positive note, counties received new funding under Proposition 63 (the Mental Health Services Act of 2004) for prevention and early intervention; however, the funds, which vary across the state, are not always for direct services. Counties are just now beginning to implement programs that received state approval.

ONE IN FIVE CHILDREN IS ESTIMATED TO HAVE A DIAGNOSABLE MENTAL HEALTH DISORDER; ** EARLY IDENTIFICATION AND TREATMENT OF THESE DISORDERS IS ESSENTIAL TO

CHILDREN'S WELL-BEING

FACTS AND FIGURES

Prevalence of Mental Health Disorders in Children

[1].

19% of the nation's children have a diagnosable mental health disorder.93

[2].

The factors that predict mental health disorders can be identified before children enter kindergarten.94

Г31.

Consistent displays of poor social skills can be an indication of a child's need for mental health services. In California, approximately 10% of children consistently exhibit problematic social behaviors.⁹⁵

[4].

39% of 11th grade girls and 26% of 11th grade boys report having felt so sad or hopeless that they stopped doing some of their usual activities almost every day for two weeks or more, 96 indicating a risk for depression.

Children's Access to Mental Health Services

[1].

Behavioral problems that first appear in early childhood have been associated with adolescent delinquency, failure to complete high school and adult incarceration. Consequently, it is important that children have the ability to access mental health services early.⁹⁷

[2].

Approximately 9% of adolescents received psychological or emotional counseling in the past year.98

[3].

Children who do not receive the mental health services they need are more likely to commit suicide. 99 In California, suicide is the fourth leading cause of death among children, ages 10-18. 100

[4].

Students who receive mental health services in school-based family resource centers show significant improvements on their English test scores and modest gains on their math test scores when compared to students of similar ethnic and social backgrounds at schools without the centers.¹⁰¹

Infant and Maternal Mental Health Services

Г11

Maternal depression has adverse affects on children's development. Children whose mothers are depressed when they are young are likely to experience persistent depression themselves. Consequently, screening for maternal depression at well-child clinics and other locations visited by at-risk women is needed.¹⁰²

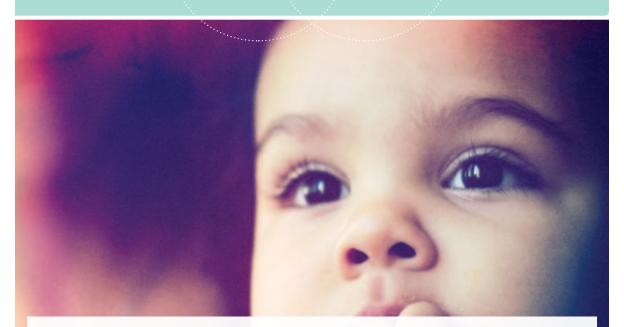
[2].

Symptoms of persistent, elevated depression in mothers of young children are related to their low educational attainment, high levels of anxiety, high parenting distress and low levels of emotional support during their children's infancy. 103

HEALTH

INFANT HEALTH

2010



Early prenatal care can positively influence infants' health at birth. While the majority of the state's expectant mothers (86%) receive early prenatal care, ¹⁰⁴ beginning in the first trimester, significant racial and ethnic disparities persist among those who receive it: 90% of white and 89% of Asian women receive early prenatal care compared to only 84% of Latino, 83% of African American and 75% of Native American women. ¹⁰⁵ The 2009-10 budget cuts will likely widen the disparities.

In California, the infant mortality rate for African American infants is two and a half times higher than the rate for white infants. The infant mortality rate is 11.4 per 1,000 births for African American infants, followed by Native American infants at 6.9, Latino infants at 5.0, white infants at 4.6 and Asian infants at 4.1 per 1,000 births.¹⁰⁵ Despite such findings, California eliminated its Black Infant Health Program, leaving African American infants even more vulnerable to poor birth outcomes.

With an average 10,816 babies born each week in California, the state must prioritize the health of its infants. Among that number, approximately 1,109 will be preterm, 739 will have a low birthweight and 56 will die before their first birthday.¹⁰⁷ While early prenatal care is an important first step,¹⁰⁸ well-baby visits, immunizations and breastfeeding supports are also critical to setting children on the path to good health.

EVERY EXPECTANT MOTHER AND INFANT

DESERVES GOOD HEALTH CARE

FACTS AND FIGURES

Prenatal Care and Birthweight

Г11.

White mothers are most likely to access early prenatal care (90%).¹⁰⁹

[2].

Native American mothers are most likely to get late or no prenatal care (7%).¹¹⁰

[3].

Mirroring the rest of the nation, California is experiencing a steady rise in the percentage of low birthweight infants. Since 1990, the percentage has climbed from 5.8% to 6.8%."

Breastfeeding

[1].

Breastfeeding has numerous benefits. Compared to formula-fed babies, breastfed infants have fewer doctor visits and fewer days of hospitalization and take fewer medications. Moreover, breastfeeding significantly reduces children's risk for infections and chronic diseases like diabetes, asthma and obesity. 112

[2].

The Baby-Friendly Hospital Initiative is a global program sponsored by the World Health Organization and United Nations Children's Fund to encourage and recognize hospitals and birthing centers that offer an optimal level of care for lactation. In California, 19 hospitals have been designated "Baby-Friendly" by the initiative. In these hospitals, 67% of new mothers initiate exclusive breastfeeding compared to just 43% statewide."

Г31.

In California, 40% of mothers of two-month-olds breastfeed exclusively.¹¹⁴

[4].

88% of California's children, ages 0-5, have been breastfed compared to the national average of 76%. ¹⁵

HEALTH

ADOLESCENT +

GRADE 2010

Many risks threaten to undermine the well-being of California adolescents. Gang involvement is one such threat: in California, 8% of girls and 11% of boys in seventh grade consider themselves gang members.¹¹⁶ Another threat is violence in relationships: by 11th grade, approximately 7% of students report having been hit, slapped or physically hurt by a boyfriend or girlfriend.¹¹⁷ Additionally, after a steady decline spanning almost 15 years, California mirrors a national trend in the rate of teenage births, which has increased by 1 in 1,000.¹¹⁶

Despite the recent increase in teen births¹¹⁹ and the well-known societal costs associated with teen parenting,¹²⁰ California eliminated the Adolescent Family Life Program, designed to enhance the health, social, economic, and educational well-being of pregnant and parenting adolescents and their children. This short-sighted cut will further jeopardize teen mothers and their children. California must better utilize key research about factors associated with positive outcomes for adolescents. For example, adolescents who have caring relationships with adults are more likely to succeed, as are adolescents who are supervised in the hours after school. Providing adolescents the supports and services they need as they make the transition to adulthood is important to their well-being and to the future of California.



ADOLESCENTS WHO HAVE GOOD

PHYSICAL, MENTAL AND ORAL HEALTH

ARE BETTER EQUIPPED TO SUCCEED IN SCHOOL AND MORE LIKELY TO MAKE THE SUCCESSFUL TRANSITION TO ADULTHOOD

FACTS AND FIGURES

Resiliency and Connectedness among Adolescents

[1].

Roughly two-thirds (63%) of adolescents report having highly caring relationships with adults in their community, while one-third (33%) report having highly caring relationships with adults at school.¹²¹

Birth Rate among Adolescents

[1].

California's teen birth rate is 40 per 1,000, up from 39 per 1,000 in just one year. 122

[2].

The estimated average annual cost to taxpayers for each teen birth in California is \$2,493.¹²³ Yet the state eliminated the Adolescent Family Life Program.

[3].

Pregnant adolescents are at least 10% less likely to receive early prenatal care than older mothers. While 74% of women, ages 20 and younger, receive early prenatal care, 91% of pregnant women, ages 30-39, receive early prenatal care.¹²⁴

Adolescents' Reproductive Health

[1].

Among California's sexually active adolescents, approximately 92% report having used a condom when they last engaged in a sexual activity. 125

[2].

24% of California's adolescent girls have started the series of shots that protect against human papilloma virus (HPV), which is linked to cervical cancer.¹²⁶

[3].

A growing number of California's adolescents are being tested for sexually transmitted diseases (STDs). Between 2005 and 2007, the number of adolescents who tested for STDs climbed from 23% to 34%.¹²⁷

Drugs, Alcohol and Tobacco Use among Adolescents

[1].

In 2007, approximately 11% of California's adolescents reported having tried drugs. This represents a 3% decline since 2003. ¹²⁸

[2].

While approximately 5% of California's adolescents report binge drinking in the past month, 129 35% of California's adolescents report having consumed an alcoholic beverage. 130

[3].

Approximately 13% of California's adolescents report being smokers. This number has remained relatively flat over the last four years.¹³¹

HEALTH

2010



CALIFORNIA MOVED BACKWARDS ON:

- Repairing recent cuts to children's health coverage when the Legislature passed a budget that included devastating and unprecedented cuts to the Healthy Families Program. Although the cuts were eventually reversed for 2009-10, the restoration is temporary. Major funding threats place children's health at risk in the foreseeable future.
- -> Identifying opportunities to improve children's access to preventive dental services in school, child care and other community settings. Funding for California Children's Dental Disease Prevention Program was suspended, leaving the state's children without school-based preventive dental services.

CALIFORNIA MADE NO NOTABLE PROGRESS IN:

- -> Securing a sustainable funding stream to provide health coverage to all children.
- Educating pediatricians, child care providers and others in contact with young children about the need for dental screenings before the age of two. There was modest progress as the Pediatric Oral Health Access Program trained more dentists to treat young children, and medical and dental providers came together for a perinatal oral health consensus conference to develop dental care guidelines for pregnant women and infants; however, state policy in this area did not advance.
- Enacting policies that protect children from excessive air pollution and other environmental asthma triggers and improving buffer zones around schools to limit children's exposure to them. With preventable children's hospitalizations costing the state \$7,000 per visit, and incidences of asthma hospitalizations occurring at a rate three times higher for children from poorer areas, asthma reduction efforts should target low-income communities.
- Expanding mental health screenings and treatment for children. Children's mental health should be closely monitored, as counties cash flow problems may create additional barriers for children's mental health services.

EDUCATION

Children's long-term well-being and California's civic and economic future hinge on ensuring every child has access to high-quality early learning and development opportunities, a rigorous K-12 education set to high standards, and extended learning opportunities, such as afterschool programs. Due to chronic underfunding and inadequate governance, California's once-premier education system now trails behind most of the nation. For more than 25 years, California has spent less per student than the national average. As a result, California's children rank near lowest on several key national measures of academic achievement. To make matters worse, California made painful and far-reaching budget cuts to its K-12 system in 2009, placing even more pressure on already underfunded schools, threatening the quality of children's educational opportunities and undermining California's chances for long-term economic growth.

California's long-term economic outlook will be grim if it continues to fail to provide a quality education for every child

Despite California's dismal K-12 policy history, progress in other areas of the state's education system deserves to be noted. The state has held the line and taken some positive steps in early learning and afterschool policy. For example, California is making progress in expanding access to and improving the quality of early learning and development programs. The state has also maintained its commitment to providing California's children expanded educational opportunities through afterschool programs. In addition to state initiatives, the afterschool community continues to improve program quality.

This year boasts new federal funding opportunities to help California reinvest in the state's educational system. Primary among them is the state's unique chance to build on the federal government's increased attention to improving children's access to high-quality learning opportunities. California must remain competitive and leverage the opportunities provided by the proposed federal Early Learning Challenge grants, Race to the Top funds, Invest in What Works and Innovation funds, and Workforce Investment Act funds.

California's future depends on increased investments in children's education, requiring the state to prioritize comprehensive education finance and governance reform.



NOTABLE POLICY DEVELOPMENTS \ 2009

[1].

SB 19 (Simitian) ensures California's eligibility for federal funding and advances a pre-kindergarten to higher education data system. In addition to securing California's commitment to the "ten essential elements" of successful student data systems, outlined in the America COMPETES Act, SB 19 makes the state eligible for federal Race to the Top funding by removing the barrier to linking achievement data to individual teachers and principals for the purpose of evaluation. The bill also helps California track children's progress early on by accelerating the implementation of student identifiers in some early care and education settings, a necessary step for connecting early learning data to the K-12 data system.

Г21.

Governor Schwarzenegger issued Executive Order S-23-09, establishing the California State Advisory Council on Early Childhood Education and Care. This is the first step toward making California eligible to compete for a share of new federal funds to improve the state's early learning system.

[3].

Voters rejected Proposition 1D, a proposal that would have eliminated First 5 California and reduced funding to county First 5 Commissions, thereby protecting over \$1.6 billion in dedicated funding for children, ages 0-5.

[4].

In an important step toward improving the quality of early learning programs, the California Department of Education published the California Infant/Toddler Learning and Development Foundations, which describes key developmental achievements that infants and toddlers typically attain in four key areas (social-emotional, language, cognitive, and perceptual and motor development) within their first three years.

[5]

The Early Learning Quality Improvement System Advisory Committee provided initial recommendations for a statewide Quality Rating and Improvement System (QRIS) in December 2009 to Governor Schwarzenegger and the Legislature—a tangible step toward providing high-quality early care and education throughout California.

[6].

The American Recovery and Reinvestment Act of 2009 (ARRA) provided \$188.6 million in new Workforce Investment Act funds for California, which will support approximately 75,400 new jobs for teens. Of the 46 California Workforce Investment Boards, at least 14 are currently implementing partnerships with local afterschool providers.¹³⁶

PRIORITY POLICY OBJECTIVES

[1].

Improve and increase access to high-quality infant and toddler care and services by providing more resources to support new parents and early care and education providers in creating safe and nurturing surroundings.

[2].

Increase the number of 3- and 4-year-olds in highquality preschools with well-trained teachers, and provide children and families support for seamless transitions to kindergarten.

[3]

Improve kindergarten readiness by identifying and addressing the needs of struggling students earlier through developmentally-appropriate assessments in early learning settings and kindergarten, and adopt a statewide kindergarten readiness assessment.

[4].

Implement a comprehensive and balanced package of K-12 reforms and investments that includes an equitable and transparent finance system for all schools; policies that support the recruitment, retention and equitable distribution of high-quality staff; and additional resources to ensure all students succeed and learn in safe, well-equipped instructional settings.

[5].

Continue to develop a comprehensive ("cradle-to-career"), integrated, longitudinal information system that supports students, teachers, administrators and policymakers; enables more timely and comprehensive identification and response to children's needs; and improves access to and use of data from the system.

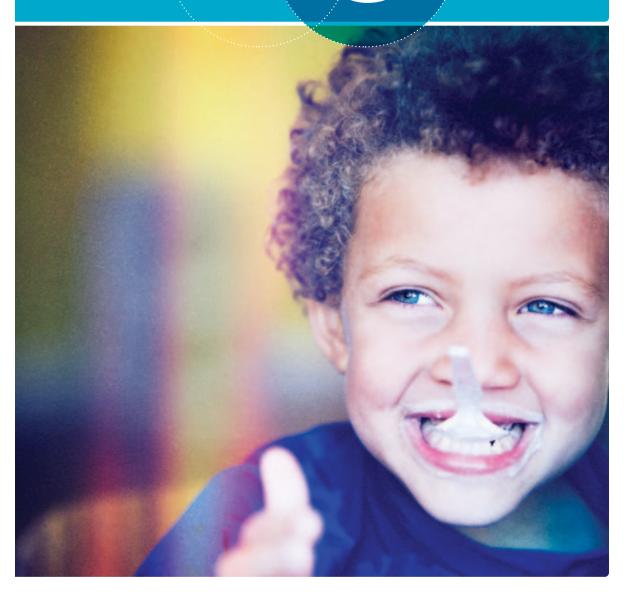
[6].

Ensure California children have equitable access to high-quality, student-centered afterschool and summer programs that support their academic achievement, skill development (such as leadership, decision-making and social skills), unique talents and overall health and well-being. This includes prioritizing:

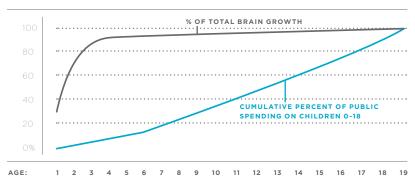
- Quality data to ensure programs have useful information to reflect on and refine practice;
- Workforce development to ensure programs have a skilled and knowledgeable workforce;
- Partnerships with the traditional school day to support academic achievement and enrichment opportunities;
- Expanded opportunities for children to access learning and enrichment opportunities throughout the year, including intersession and summer.

EDUCATION





BRAIN DEVELOPMENT VS PUBLIC SPENDING



Source: see citation 146.

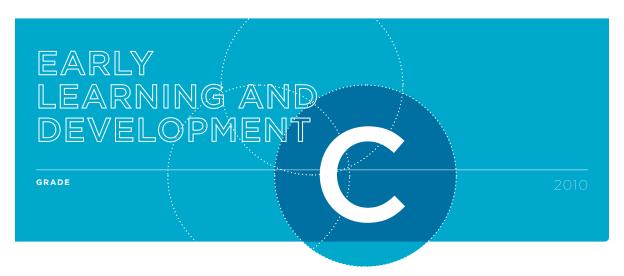
The most rapid period in children's development takes place in their first five years. These early years are the period of greatest brain growth (85% of children's core brain structure is developed by the age of four¹³⁶), and they provide the foundation for children's future health, academic success, and social and emotional well-being. When young children lack basic nutrition in the prenatal period, during infancy and in early childhood, the effects on their brain development can be devastating and long-lasting.¹³⁷ By the age of two, children spoken to often will have learned almost three hundred more words than children spoken to less often,¹³⁸ as language development is a foundation for future learning. Moreover, children who receive sensitive, responsive care from their parents and other caregivers in their first year¹³⁹ are more likely to develop healthy emotional attachments and are likely to be better equipped to overcome adversity in adulthood.¹⁴⁰

Still, too many families struggle to find high-quality early care for their children. One obstacle to quality care is the availability of licensed child care. Approximately 1.8 million children (60%) under the age of six live in families in which all parents are in the workforce, and an estimated 1.1 million young children are in child care. Yet not enough licensed child care slots meet this demand. California has roughly 1.1 million slots in licensed centers (700,330) and licensed family child care homes (376,676) to serve infants, toddlers, preschoolers and school-age children. But only 6% of these slots (roughly 39,900) are available to infants. Cost is also a hurdle. In California, the average cost of care for an infant or toddler is \$7,937 in a licensed family child care home and \$11,580 in a licensed center. The average cost of providing care for a preschooler is \$8,234 in a licensed center. California is one of 10 states with the least affordable center-based care for infants and 4-year-olds. 4

While the early period in children's development is critical to their future success, it is also where public investments are lowest. Nationally, less than 10% of public investments in education and development are spent on children, ages four and younger. Fortunately, the federal government has begun to recognize the importance of this developmental period as it lays the foundation for children's futures.

The American Recovery and Reinvestment Act of 2009 (ARRA) allotted \$5 billion in federal funding for early learning and development; of that sum, California is estimated to receive \$500 million in the next two years. For the state's youngest children, the funding serves as a crucial buffer from the state's massive budget cuts. Fortunately, additional funding sources have been identified, including the federally proposed \$8 billion Early Learning Challenge Fund, which may also provide states financial assistance in creating comprehensive, quality early learning programs and services. At this defining moment, California needs to set the stage and capitalize on a unique opportunity to prioritize the needs of young children so they grow up to be healthy, educated and engaged citizens.

EDUCATION



FACTS AND FIGURES

California's Youngest Children

Г11

More than 500,000 infants are born in California each year. 147

[2].

California is home to approximately 3.2 million or 13% of the nation's zero-to-five population.¹⁴⁸

[3].

Almost half (45%) of California's zero-to-five population are in low-income families. 149

[4].

California's zero-to-five population is ethnically and racially diverse: 51% are Latino, 30% are white, 10% are Asian and 7% are African American. 150

Г51.

Over one-third (38%) of California's zero-to-five population live in families where the most knowledgeable adult does not speak English well.¹⁵¹

[6].

In 2008-09, 40% of kindergartners were designated English learners. 152

Need for Early Learning and Development

Г11.

More than half (54%) of California's zero-to-five population with non-parental child care arrangements have two or more regular sources of care.¹⁵³

[2]

By the first nine months, disparities in cognitive, social, behavioral and health outcomes are already evident, and they widen by the time the child is 24 months old.¹⁵⁴

[3].

At least 124,000 or roughly 4% of California's zeroto-five population have or will develop a disability, mental disorder or behavioral disorder that can affect their future growth and development.¹⁵⁵

[4].

In counties that measure school readiness, many children are entering school already behind. Kindergarten readiness observations in San Francisco County, for example, indicate that 45% of children entering school need extra support in one or more developmental areas. Additionally, only 41% of San Francisco's incoming kindergarteners match the level of readiness needed for them to go on to be proficient on third grade Standardized Testing and Reporting (STAR) tests in reading and math. 156

THE EARLY YEARS ARE ABSOLUTELY CRITICAL TO

SHAPING CHILDREN'S FUTURES

Access to Quality Early Learning and Development Opportunities

Г11.

First 5 California is working with county First 5 Commissions to invest nearly \$1 billion over the next few years to create opportunities for children to attend quality preschool. 157

[2].

Nearly 91,000 children are in Head Start and approximately 7,600 are in Early Head Start, serving 30% and 3% of eligible children, respectively. New federal funds will help increase enrollment, particularly for Early Head Start. 158

[3].

49% of 3- and 4-year-olds in economicallydisadvantaged families are in center-based preschool programs, compared to 69% of those in more affluent families.¹⁵⁹

[4].

Children in early learning or preschool programs are much more likely to experience the departure of one or more teachers in a given year than children in K-12 grades. Given children develop their attachment patterns during these formative years, it is particularly important that children have consistency in their relationships with adults. California's worker replacement needs in 2006 were 30% for self-identified child care workers and 14% for preschool teachers.¹⁵⁰

Г51.

Participants in Comprehensive Approaches to Raising Educational Standards (CARES), a First 5 state and county workforce development program for early care and development employees, are twice as likely to remain in the same center over a two-year period as non-CARES participants. 93% of participants remain in the early learning and development field 18 months after beginning the program. ¹⁶¹

[6].

California early care and education licensing inspectors have an average caseload of 169 programs, so centers are inspected approximately once every five years. Only four states rank lower than California on licensing standards and oversight provisions.¹⁶²

Coordinated and Integrated Early Learning and Development System

[1].

There are at least 12 local, state and federal early care and education funding streams in California, and all have different eligibility and reporting requirements. There is no central state agency responsible for funding, implementing, and regulating programs and coordinating supports.

[2].

The first Quality Rating Improvement System (QRIS) in the nation was established in Oklahoma in 1998. Now, 17 states operate statewide QRIS and at least 30 other states are planning or piloting them, including California. 163

Early Learning and Development's Alignment with K-12 System

Г17

California does not require school districts to assess the readiness of entering kindergarten students. ¹⁶⁴ As a result, it is impossible to garner readiness trends at the state level to inform policymaking and program improvement. (More than 30 other states implement some form of state-level kindergarten readiness assessment. ¹⁶⁵)

[2]

Early gaps in school readiness mirror standardized test results for third-graders, indicating that the same groups of students who fall short of state standards by third grade were already behind when they entered kindergarten.¹⁶⁶

EDUCATION





California once had one of the finest education systems in the nation.¹⁶⁷ Now, the state lags behind most others on measures of academic performance. California ranks near lowest on test scores for fourth grade reading.¹⁶⁸ and third lowest on eighth grade math;¹⁶⁹ only Mississippi and the District of Columbia score lower on eighth grade math.¹⁷⁰ Moreover, California has a pervasive and persistent achievement gap, with Latino and African American children continuing to trail behind their white peers.^{171,172}

The nation's achievement gaps have the "economic equivalent of a permanent national recession," costing between \$310 billion and \$525 billion each year—roughly 2% to 4% of the nation's Gross Domestic Product." If current trends continue, California is forecasted to have a shortage of one million college graduates by 2025, when 41% of all California jobs will likely require a bachelor's degree but only 35% of Californians will have one."

And yet California continues to underfund its education system. Per pupil spending has remained below the national average since 1982.^{175, 176} During the current economic crisis, California's schools were among the hardest hit. The state's K-12 budget for 2009-10 is \$66.7 billion, down from \$71.2 billion just two years ago.¹⁷⁷ California can no longer sacrifice the educational opportunities of its future civic leaders, innovators and business people. The state must prioritize children's education now in order to give every child an opportunity to succeed. In doing so, California will make an important long-term investment: higher educational attainment means higher state revenue (through taxes and other contributions), fewer expenses (in less need for support services)¹⁷⁸ and an increased ability to drive the state's innovation and growth, putting the state on a path to a sustainable economic recovery.

CALIFORNIA NEEDS TO

REBUILD A QUALITY K-12 EDUCATION

SYSTEM THAT PREPARES TODAY'S CHILDREN FOR TOMORROW'S WORKFORCE AND PUTS THE STATE ON THE PATH TO A SUSTAINABLE ECONOMIC RECOVERY

FACTS AND FIGURES

K-12 Enrollment

Г11.

With approximately 6.3 million public school students, ¹⁷⁹ California has more students enrolled in the public K-12 system than any other state in the nation. ¹⁸⁰

[2].

One million students have entered the state's public schools over the last 15 years.\(^{181}\) Over the same period, there was an increase of approximately one million Latino students, bringing the percentage of Latino students in California public schools from 37% to 49%.\(^{182}\)

[3].

California's public school children are 49% Latino, 28% white, 7% African American and 8% Asian. In addition, at least 56 languages are spoken in California's schools.¹⁸⁴

[4].

53% (3,271,334) of the state's public school children participate in the Free and Reduced Price Meals Program.¹⁰⁵

The Persistent Achievement Gap

[1].

While the 2009 Academic Performance Index (API) indicates that Latino, African American and economically-disadvantaged students increased their scores, California's achievement gap persists. White and Asian students continue to score higher.¹⁸⁶

[2].

Children eligible for the Free and Reduced Price Meal Program, a measure of poverty, continue to fair worse academically than their peers on national measures of student achievement. 187, 188

[3].

According to national measures of student achievement, California's achievement gap has not changed significantly over the past 15 years. Latino and African American students significantly underperform when compared to their white counterparts. 189, 190

Third and Fourth Grade Achievement

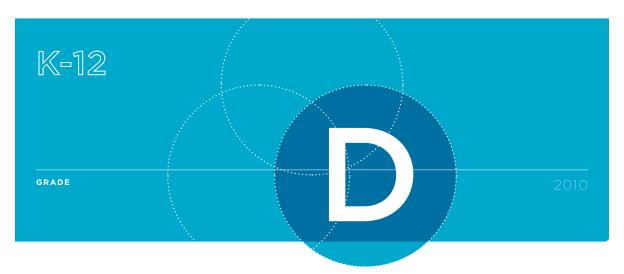
[1].

The ability to read well by the end of third grade has been linked to future academic success.¹⁹¹ Recognizing the importance of this milestone, California has made progress in ensuring that third-graders read at grade level. In 2003, 38% of third-graders were reading at grade level. Today, 45% meet California standards.¹⁹²

Г21

166,429 (38%) fourth-graders are not meeting California's standards for fourth grade reading, 193 which research has indicated will significantly reduce their likelihood of passing the California High School Exit Exam (CAHSEE). 194

EDUCATION



FACTS AND FIGURES

Eighth Grade Achievement

[1].

Despite an increase of students who scored "at or above proficient" on the eighth grade math portion of the National Assessment of Educational Progress (NAEP), California's score, on average, has remained 9% below the national average since the beginning of the decade.¹⁹⁵

[2].

California has made progress in the percentage of eighth-graders enrolled in algebra, California's stated goal for eighth grade math. Over the last five years, the percentage of eighth-graders enrolled in algebra has increased from 47% ¹⁹⁶ to 54%. ¹⁹⁷ Of the 54% of eighth-graders taking algebra, ¹⁹⁸ however, only 44% scored "at or above proficient" on the Algebra I California Standardized Test (CST). ¹⁹⁹

California's High School Exit Exam

11.

In 2008, 80% of California's 10th-graders passed the math portion of the CAHSEE. Latino (72%) and African American (64%) students were least likely to pass the math portion of the exam.²⁰⁰

Г21

Latino (87%) and African American (81%) students were least likely to pass the English portion of the CAHSEE compared to white students (96%).²⁰¹

[3].

Economically-disadvantaged students (72%) were less likely to pass the English portion of the CAHSEE than more affluent students (89%).²⁰²

California Dropouts

[1].

More than 98,000 of California's high school students, or nearly 20% of each class, drop out before graduation.²⁰³

[2].

33% of African American and 24% of Latino high school students in the state drop out before graduation compared to 12% of white and 8% of Asian high school students.²⁰⁴

College, Career and Civic Readiness

[1].

Each year, California spends \$1 billion providing basic skills education to adults who failed to acquire them during their primary education.²⁰⁵

[2].

Of students who take the Early Assessment of Readiness exam, 83% do not demonstrate readiness in college English and 43% do not demonstrate readiness in college math.²⁰⁶

[3].

Of the 20 most populous states in the nation, California ranks 19th in the percentage of high school graduates who enroll in four-year colleges or universities (55.8%).²⁰⁷

[4].

In 2008, 47% of freshmen entering the California State University system needed remediation in English and 37% needed remediation in math.²⁰⁸

[5].

Academically- and economically-underprivileged students are less likely than more privileged students to receive extensive learning opportunities that promote democratic participation. By providing fewer opportunities to less privileged students, schools are exacerbating inequities in civic capacity rather than helping to broaden civic participation.²⁰⁹

School Staffing

[1].

In 2009, 26,590 teachers and other school staff in California received layoff notices. In 2008, about 10,000 teachers and other school staff received layoff notices, and approximately 5,000 lost their jobs. 210

[2].

Underprepared teachers in the state are concentrated in the lowest-performing schools. During the 2007-08 school year, the average percentage of underprepared teachers was 9% in the lowest-performing schools compared to 2% in the highest-performing schools.²¹¹

[3].

In California, 12% of math teachers, 18% of physical science teachers and 11% of life science teachers are considered out-of-field teachers.²¹²

K-12 Funding

[1].

Since 2007-08, K-12 funding in California has experienced a 6% decline, or roughly \$4.5 billion.²¹³

Г21.

California ranks lower (47th) in adjusted per pupil spending than last year, spending about \$2,400 less per student than the national average.²¹⁴

Information Management Systems

[1].

In 2009, California was one of 27 states awarded a grant from the Institute of Education Sciences to design and implement a statewide longitudinal data system.²¹⁵

Technology and Education

[1].

California received \$71.6 million from the Enhancing Education Through Technology (EETT) state program as part of ARRA funding to improve student achievement through the use of instructional technologies.²¹⁶

[2].

The state has adopted teacher standards, initial administrator license requirements and administrator recertification requirements to ensure educators have the capacity to use technology in schools.²¹⁷

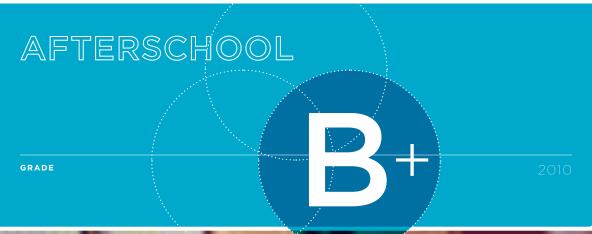
[3]

According to California math teachers, 72% of eighth-graders have Internet access in their classrooms. Nationally, math instructors report that 83% of eighth-graders have Internet access in their classrooms.²¹⁸

[4].

California is one of 26 states that have incorporated technology expectations for students within the standards for English, math, science and/or history. 219

EDUCATION





Shifting the focus from expansion to quality assurance will allow California to remain a leader in afterschool programs. With the largest publicly-funded afterschool infrastructure in the nation, California is a national leader. California's afterschool programs provide extended learning and enrichment opportunities, as well as adult supervision, to nearly 500,000 students annually. ²²⁰ Children who participate in high-quality afterschool programs are less likely to be involved in crimes ²²¹ and have more opportunities to engage in physical activity, improve academic skills, and cultivate connections with adults and peers. ²²² Moreover, these programs are reaching the students who need them most: at virtually every elementary and middle school site where at least half of the student population is eligible for the Free and Reduced Price Meals Program, children have the opportunity to participate in afterschool programs.

Since the passage of Proposition 49 in 2002, California has successfully overseen the massive expansion of state-funded afterschool programs. Now, California must ensure children receive the greatest benefit from these programs by investing in quality assurance. To this end, California's afterschool field has implemented three strategic initiatives. The first is a quality self-assessment tool that provides strategies for local providers to reflect on their practice. The second, currently being field-tested, is the refinement of student and staff surveys, which will provide useful data and resources to support the continuous improvement of program quality. Third, and last, are several pilot programs across the state that are implementing a variety of strategies to recruit and retain a high-quality afterschool workforce.²²³

FACTS AND FIGURES

Benefits to Academic Achievement and Attainment

[1].

Participation in afterschool programs is associated with higher school attendance rates and lower rates of tardiness. It is also associated with lower dropout rates.²²⁴

[2].

The Study of Promising Afterschool Programs, focusing on 3,000 low-income, ethnically diverse elementary and middle school students, found that those who regularly attended high-quality afterschool programs over two years gained up to 12 percentiles in standardized math tests when compared to peers who were routinely unsupervised after school. In addition, combining afterschool programs with other afterschool activities, such as sports and clubs, increased students' standardized math scores by 20 percentiles when compared to students who were routinely left unsupervised after school.²²⁵

Benefits to Health

[1].

Middle school students who participate in highquality afterschool programs exhibit reduced misconduct and use of drugs and alcohol compared to peers who are left unsupervised.²²⁶

[2].

A meta-analysis of 73 afterschool program evaluations concluded that afterschool programs with evidence-based approaches to improving students' personal and social skills consistently succeed in producing multiple benefits for children, improving their personal, social and academic skills, as well as their self-esteem.²²⁷

Benefits to Safety

[1].

The U.S. Department of Justice reports that as much as half of all crimes against children happen when they are unsupervised between 3 p.m. and 6 p.m. on school days.²²⁸ These are also peak hours for crime committed by juveniles.²²⁹

[2]

Participation in afterschool programs has been shown to significantly lower incidences of iuvenile crime.²³⁰

Benefits to Economic Development

F11.

Parents' concerns about what their kids do after school create significant levels of stress and lost productivity.²³¹ Afterschool programs allow parents to be gainfully employed while knowing their children are in safe, enriching, learning environments.

[2].

Parents concerned about their children's afterschool care miss eight days of work per year, on average. Decreased worker productivity related to parental concerns about afterschool care costs businesses up to \$300 billion per year. 232, 233

Need for Afterschool

[1].

Approximately 339,293 elementary, 93,087 middle school and 62,271 high school students participate in state-funded afterschool programs.²³⁴

[2].

More than half of California's seventh-graders (60%) report having been left unsupervised during afterschool hours, and 22% report having been left unsupervised five days a week.²³⁵

Afterschool Workforce

Г11.

An estimated 137,000 positions are available within the afterschool workforce in California. While mostly part-time and seasonal employees, the number of afterschool workers comprise nearly 75% of the elementary teacher workforce or more than all police and firefighters in California combined.²³⁶

Г21.

Staff turnover is a major concern in the afterschool workforce, as estimates suggest the annual turnover rate in afterschool programs is nearly 40%. ²³⁷

[3]

A number of pilot programs in California provide preparation, unique training opportunities and support for adults to work in the afterschool field in order to reduce turnover and improve the quality of the afterschool workforce.²³⁸

EDUCATION

2010



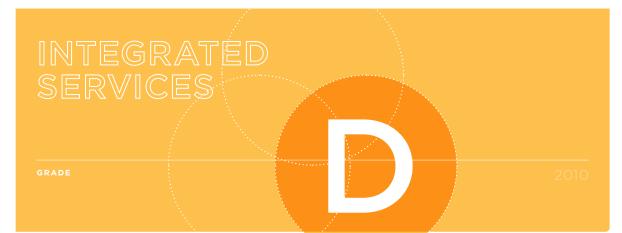
CALIFORNIA MADE POLICY PROGRESS IN:

- Expanding and improving comprehensive early child care programs by utilizing \$150 million in Early Head Start and Head Start ARRA funding to increase services and improve program quality.²³⁹ Another \$110 million in federal funding filled the gap created by state budget cuts to existing state subsidized early learning and development programs.
- -> Ensuring the inclusion of early childhood data in the development of a comprehensive K-12 information system by passing SB 19 (Simitian).
- Initiating the creation of California's Quality Rating and Improvement System (QRIS) with the issuance of recommendations to Governor Schwarzenegger and the Legislature by the state advisory committee studying the issue.
- Upholding California voters' decision to expand access to afterschool programs and ensure that children continue to receive those valuable services.
- Establishing an Early Learning Advisory Council on Early Childhood Education and Care when Governor Schwarzenegger issued Executive Order S-23-09.
- -> Implementing recommendations that improve access to and the use of data needed to support a system of continuous improvement and learning by providing school districts, teachers, and principals the information they need to make informed decisions.

CALIFORNIA MADE NO NOTABLE POLICY PROGRESS IN:

- Bringing together education and business leaders, children's advocates, community groups, and policymakers to commit to implementing a comprehensive and balanced package of K-12 reforms and investments. This package should include creating a student-centered finance system; capacity building and holding the system accountable; strengthening human capital; ensuring continuous improvement through the collection and use of quality data; and providing additional resources.
- Introducing and adopting legislation to put an education facilities bond on the 2010 ballot that would include resources for early care and education and K-12 school facilities.
- Utilizing known risk indicators and diagnostic tools to target at-risk students and initiating a campaign to improve graduation rates by strengthening identification, intervention, and remediation efforts long before high school.
- Focusing on developing and evaluating innovative ways to support the recruitment, training and retention of afterschool workers in order to ensure students have access to high-quality programs.

Cross-sector solutions are critical to solving chronic and complex children's issues. Improving children's access to necessary services, reducing childhood obesity and ensuring children's safety at home, at school and in their communities are paramount to their well-being. Yet the complexity of these issues poses significant challenges to effective and long-term solutions. Consequently, efforts will benefit from government and nonprofit agencies working together to provide coordinated, cross-sector solutions, and such efforts will help children by providing comprehensive solutions to some of the most chronic threats to their well-being.

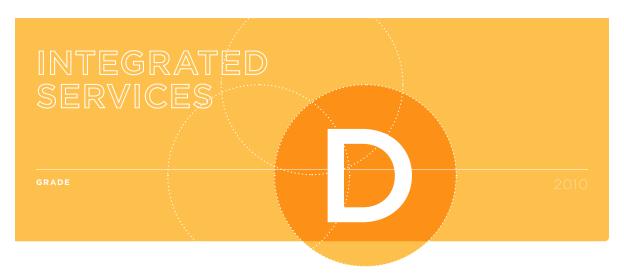


Better integration of developmental support services for children maximizes limited funding and improves service delivery shaping children's futures. Children benefit when agencies coordinate efforts and address their needs holistically. This is because children's developmental support needs are highly connected. For example, unhealthy children will have more difficulty learning and children whose learning is hindered will struggle to achieve their full potential, increasing their chances of drawing from social support programs and becoming involved in the criminal justice system.²⁴⁰

Successful models of service integration can be found in early care and education. Integrated service delivery models, such as Early Head Start and First 5 initiatives, combine early learning, health screening and family support services. In providing comprehensive integrated services and addressing the needs of the whole child, these programs are able to maximize their impact and increase their return on investment. For every dollar invested in Head Start, society receives approximately \$9 in benefits through increased personal earnings, family stability, and decreased welfare and crime costs.²⁴¹

In 2009, funding for important children's programs was severely cut or eliminated. To stretch limited dollars while improving services, California must capitalize on the opportunity to develop better, more integrated models of support services delivery to children, by addressing learning, security, and stability within their homes and communities, and good physical, oral and mental health.





NOTABLE POLICY DEVELOPMENTS \ 2009

[1].

California will receive funding through the American Recovery and Reinvestment Act of 2009 (ARRA) for the expansion of school health and family resource centers to strengthen health care and educational infrastructure in the communities that need it most.

PRIORITY POLICY OBJECTIVES

[1].

California must prioritize the co-location of services and supports where children live, learn, and play to increase access and improve children's well-being.

[2].

The state must encourage inter-agency cooperation among those that support children and their families, such as health, social services and public safety departments.

FACTS AND FIGURES

Integrated Services in California

Г11

In 2007-08, First 5 California provided services to nearly 170,000 of the state's zero-to-five population and more than 425,000 of the state's parents, guardians, caregivers, relatives and providers. Services included family literacy and parenting education, resource and referral services, and provision of basic family needs, such as clothing and food.²⁴²

[2].

California's Nurse-Family Partnership, which provides home visitation services for vulnerable first-time mothers, has helped 92% of participating mothers give birth to full-term, normal birthweight babies. 86% of participating mothers have initiated breast-feeding, with 35% still breast-feeding when their child was six months old. 42% of participating mothers, who did not have a GED or high school diploma at intake, earned one.²⁴³

[3].

In 1987, California opened its first school health centers in Los Angeles, San Jose and San Francisco. Today, only 153²⁴⁴ of California's 10,222²⁴⁵ schools have health centers.

Need for Integrated Services in California

[1].

Every child should have a reliable source of preventive medical care. Yet more than 800,000 children do not have a usual place to go when they are sick or in need of health advice.²⁴⁶

[2].

While the number of school children with chronic illnesses like asthma and diabetes increases, the state's ratio of approximately one school nurse to 2,172 students²⁴⁷ remains far below the national recommendation of one nurse for every 750 students.²⁴⁸

[3].

Providing oral heath services in schools could increase attendance, as 7% of the state's children miss at least one school day each year due to an oral health problem.²⁴⁹

Г41.

Approximately 30% of California's children, ages 2 to 5, have never seen a dentist; 250 early care and education settings are underutilized as a convenient place to provide oral health services.

Benefits of Integrated Services

[1].

Co-locating services in schools and community settings has been shown to be effective in increasing children's access to health care providers, 251 while also improving parents' involvement in their community and their children's education. 252

[2].

Research has shown that students who receive mental health services in school-based family resource centers significantly improve English test scores and make modest gains in math test scores when compared to students with similar backgrounds at schools without centers.²⁵³

[3].

In 2007-08, California Children's Dental Disease Prevention Program (CCDDPP) served 307,880 children in 1,112 schools. Despite its success, the state suspended all funding for the program indefinitely.²⁵⁴

[4].

California's Nurse-Family Partnership program improves pregnancy outcomes, boosts children's health and developmental outcomes, and increases parents' economic self-sufficiency.²⁵⁵ Still, Governor Schwarzenegger vetoed AB 543 (Ma), a bill that would have allowed Nurse-Family Partnership to expand and extend its implementation to 2014.

Г51.

Access to on-site psychologists or social workers at state-funded pre-kindergarten programs has been shown to reduce expulsions from 10.8 per 1,000 to 5.7 per 1,000.²⁵⁶

UPDATES ON 2009 IMMEDIATE POLICY RECOMMENDATIONS NEEDED TO EXPAND INTEGRATED

CALIFORNIA MADE NO NOTABLE PROGRESS IN:

Providing timely services to vulnerable populations by applying lessons learned from the implementation of Express Enrollment, which uses the school lunch application as a streamlined entry point to enroll children in Medi-Cal. Policymakers have not yet made notable progress in expanding the use of Express Enrollment and exploring the use of similar combined application processes to extend services to those most in need and improve the efficiency of the system. While the budget authorized the Department of Health Care Services and Social Services to develop a centralized statewide eligibility and enrollment process for Medi-Cal, CalWORKs and Food Stamps, it is not yet clear how this process will move forward.

CALIFORNIA MOVED BACKWARDS ON:

- > Facilitating the blending of funding streams and programs that support children's development when funding for the Children's Dental Disease Prevention Program was suspended and Governor Schwarzenegger vetoed AB 543 (Ma), a bill to expand Nurse-Family Partnership.



California must move swiftly to address the growing childhood obesity epidemic. With approximately one million Californian children who are overweight or obese, ²⁵⁷ the consequences of this epidemic to children's well-being are grave. For example, children who are overweight are at an increased risk of developing type 2 diabetes, ²⁵⁸ sleep apnea, ²⁵⁹ and cardiovascular disease (CVD), including high cholesterol levels and high blood pressure. ²⁵⁰ They are also more likely to have asthma. ²⁵¹ Some of the risks of being overweight also affect children's social and emotional well-being. Being overweight or obese increases the likelihood that children will be stigmatized, lowering their self-esteem and potentially undermining their academic achievement and social development into adulthood. ²⁶² If California fails to reverse this trend, today's children will be the first generation to be less healthy and live shorter lives than their parents. ²⁶³

Beyond the human toll, the economic costs of obesity are staggering. Medical expenses attributable to obesity cost Californians \$7.7 billion each year.²⁶⁴ Moreover, these costs are increasing rapidly. Between 1999 and 2005, charges for obesity-related hospitalizations almost doubled.²⁶⁵

While there is clear consensus that the state must reverse the epidemic, the sheer number and scope of contributing factors—from the prevalence of fast-food restaurants, to unhealthy food advertising targeted to children, to limited opportunities for physical activities, to time and economic pressures on families that limit healthy eating—make it very difficult to do so. The good news, however, is that many steps can be taken now to combat childhood obesity. These include promoting the development of communities that increase access to healthy foods, safe parks, open spaces, safe routes to school, and pedestrian-friendly streets; creating schools that provide children with healthy food options and numerous opportunities for physical activity; and creating a media environment that promotes healthy food choices and nutrition, while minimizing advertising for unhealthy foods. While these steps are best taken in concert, with collaboration across multiple systems, research suggests that even small changes can make a difference. A recent study showed that children who reduced their sugar intake by the equivalent of one can of soda per day had improved glucose and insulin levels, reducing their risk of developing type 2 diabetes, regardless of any other diet or exercise changes.²⁶⁶

THE CHILDHOOD OBESITY EPIDEMIC

NOW AFFECTS ONE MILLION CALIFORNIA CHILDREN

AND HAS STAGGERING FCONOMIC IMPLICATIONS

PRIORITY
POLICY
OBJECTIVES

[1].

Because childhood obesity has multiple contributing factors, collaborations must be made across home, school, work, clinical, economic, media, and other social and community environments in order to address the crisis and ensure children are able to achieve healthy eating and active living goals. These goals include access to affordable and nourishing foods; a support system that will ensure the development of healthy eating habits early in children's lives; safe, accessible opportunities to play and exercise; and a limit to children's exposure to unhealthy foods and beverages advertising.



FACTS AND FIGURES

The Prevalence of Childhood Obesity

Г11.

One million, or roughly 12% of California's children, are obese or overweight. 267

Г21.

Obesity begins early. A recent study found that nearly one in five (18%) American 4-year-olds are obese, with American Indian (31%), Latino (22%) and African American (21%) children most at risk.²⁶⁸ In California, approximately 11% of children, ages 2-5, are overweight for their age.²⁶⁹

[3].

Significant income disparities exist in the prevalence of obesity. In California, teens in families at or below the FPL (23%) are almost three times as likely to be obese as teens at 300% or above the FPL (8%).²⁷⁰

[4].

Obesity rates among California adolescents, ages 12-17, have remained relatively flat since 2001 (13%).²⁷¹

Physical Activity and Children's Well-Being

Г11.

The 2005 Dietary Guidelines for Americans recommends that teens get 60 minutes of activity five or more days a week. Yet, on average, California teens get 60 minutes of activity only 3.7 days a week.²⁷²

[2].

A new study of children found that watching TV was more harmful to children's health than other sedentary activities like using a computer. In the study, the more TV children watched, the higher their blood pressure rose, regardless of their weight.²⁷³

[3].

Students who pass the Physical Fitness Test (PFT) have higher California Standardized Test (CST) scores than those who fail the PFT.²⁷⁴

Children's Access to Healthy Food

[1].

California forfeits approximately \$90.3 million in federal funds due to low participation rates in school meal programs.²⁷⁵ For example, over one million children in California qualify for a free or reduced-price breakfast at school, yet more than 1,400 schools in the state do not offer a school breakfast program to eligible children, thereby forfeiting up to \$1.75 for each breakfast that would have been served.²⁷⁶ Even with such low participation rates, California schools currently serve 10% more meals than the 28 million meals served in 2007-08.²⁷⁷

[2].

In 2008-09, more than half of California's public school children (nearly 3.3 million) participated in the Free and Reduced Price Meals Program.²⁷⁸

[3].

The proximity of fast-food restaurants to schools is linked to childhood obesity. Schools within one-tenth of a mile of fast-food restaurants have a 5% increase in their rate of childhood obesity.²⁷⁹

[4].

Nationally, one-third of high schools have at least one fast-food restaurant or convenience store within walking distance of the school. Schools in low-income communities have more fast-food restaurants and convenience stores than schools located in higher income communities.²⁸⁰

[5].

Research has linked the eating habits of teenagers to those of their parents. Adolescents whose parents drink one soda a day are 11% more likely to eat fast food at least once a week than adolescents whose parents do not drink soda.²⁸¹

Children's "Built" Environments

[1].

Lower income communities, including predominantly Latino and African American communities, often have fewer resources to support active lifestyles and public places to play.²⁸² These communities typically have less park space and are less likely to have houses with private backyards.

[2].

While The National Recreation and Park Association (NRPA) recommends that communities have at least six to 10 acres of open space per 1,000 residents, some low-income communities in southern California have as little as 1.2 acres per 1,000 residents.²⁸³

Г31.

While the majority of California's children report living near a park or playground that is safe during the day,²⁸⁴ only half of California's children report having a park or playground nearby that is safe at night.²⁸⁵

Advertising to Children

[1].

Television advertising influences children's food and beverage preferences, purchase requests, and consumption habits.²⁸⁶

[2].

Over two-thirds (69%) of food and beverage products promoted by companies that participate in the self-regulatory Children's Food and Beverage Advertising Initiative are for unhealthy or "Whoa" products. According to the U.S. Department of Health and Human Services' Go-Slow-Whoa food rating scheme, Whoa products are high in calories and low in nutrients and should be consumed "only once in awhile or on special occasions."²⁸⁷

[3].

Sugared cereals, fast foods and fast-food restaurants, and sugared snacks continue to dominate the majority (70%) of food advertisements on children's television programs.²⁸⁸

[4].

Between 2005 and 2009, ads for fast foods and fast-food restaurants in children's programming increased by 15% and ads for sugared snacks decreased by 11%.²⁸⁹

UPDATES ON 2009 IMMEDIATE POLICY RECOMMENDATIONS NEEDED TO DECREASE CHILDHOOD

CALIFORNIA MADE SOME PROGRESS IN:

Creating and implementing a comprehensive statewide obesity prevention agenda supported by state policymakers. In October 2009, the California Department of Public Health began gathering early feedback on the implementation activities for the California Obesity Prevention Plan first released in 2006. A key goal that is outlined in this plan is for the state to ensure that statewide leadership and coordination is established to support local communities throughout the state.

CALIFORNIA MADE NO NOTABLE PROGRESS IN:

- Encouraging the evaluation of existing interventions employed in local communities and in pilot programs to identify best practices and promote the sharing of information.
- Pressuring federal policymakers to ensure that at least 50% of all food advertising to children on broadcast and cable television programming is devoted to healthy food products; ensuring the development of strong uniform nutrition standards that easily identify healthy, nutritious foods; and collaborating with media companies to ensure proper use of those nutrition standards as a way to evaluate the food and beverage ads that media companies air on their channels and networks.



Children's safety is deeply intertwined with their physical, emotional and mental health, their academic achievement, and their prospects for the future. When children are not safe at school, at home or in their community, their well-being is compromised, undermining their chances of leading happy, productive lives.

Yet at a time when California families have become increasingly fragile, as economic hardships weigh heavily on them, the state deficit has forced widespread and devastating cuts, affecting programs that are vital to protecting children who are at greatest risk. For example, county-run child welfare services provided to children following a claim of neglect or abuse were cut by roughly 15% or approximately \$124 million dollars (\$80 million in direct cuts and \$40 million in forfeited federal matching funds).290 Moreover, the 2009-10 budget agreement included a 10% rate reduction (\$26.6 million) to foster care family agencies, group homes and services provided for children considered seriously emotionally disturbed.291 Cuts to an already underfunded child welfare system will endanger children and make securing permanent homes for foster care children more difficult. California also cut half (\$2.95 million) of all state funding for the Poison Control System. 292 With 51% of poisonings involving children, ages five and under,²⁹³ these services are particularly critical to the health of very young children. Additionally, the \$112 million in reductions to California's Juvenile Justice System will make preventing juvenile crime and reducing recidivism²⁹⁴ more difficult. These cuts will weaken community-based programs that have proved effective in reducing crime and delinquency among at-risk children and young offenders and programs that provide county probation services to at-risk children, juvenile offenders and their families.

There are opportunities for California to support its children and adolescents, however. Each year, more than 5,000 California teens age out of foster care.²⁹⁵ These teens are frequently ill-prepared to live as adults and face significantly increased risk of unemployment, homelessness, mental illness and involvement with the criminal justice system.²⁹⁶ If California passes AB 12 (Beall and Bass/ Principal Coauthor Liu), the California Fostering Connections to Success Act, in 2010, the state will be able to draw down federal funds to provide older foster care children the supports and services they need to successfully transition to adulthood. Moreover, California is taking important steps toward crime prevention by sustaining its commitment to afterschool programs and expanding high-quality early learning opportunities for young children—effective tools in boosting high school graduation and minimizing the risk for incarceration.²⁹⁷

CALIFORNIA'S BUDGET CUTS

THREATEN THE SAFETY OF CALIFORNIA'S MOST VULNERABLE CHILDREN

NOTABLE POLICY DEVELOPMENTS \ 2009

[1]

Governor Schwarzenegger signed a package of child welfare and foster care legislation. AB 719 (Lowenthal) creates a food stamp program for teens transitioning out of the foster care system. AB 1393 (Skinner / Principal Coauthor Leno) gives foster care children working toward a higher degree priority for student housing. AB 295 (Ammiano) extends a pilot program aimed at expanding adoptions of older foster care children. And AB 1325 (Cook and Beall) creates culturally appropriate permanency options for Native American children.

PRIORITY POLICY OBJECTIVES

[1].

Increase community supports and local programs that focus on the prevention of delinquency and the rehabilitation of children who have entered the juvenile justice system.

[2]

Reduce recidivism by supporting education and vocational services, as well as programs that assist incarcerated children and their families when transitioning out of the system.

[3]

Ensure all children in foster care have the support they need to make the successful transition to adulthood. System improvements must focus on safety, well-being and the best outcomes for children.



FACTS AND FIGURES

Infant Mortality

[1].

Despite having the third lowest infant mortality rate in the nation (5.0 per 1,000 births)²⁹⁸ California's top ranking masks significant racial and ethnic disparities. For African American infants, the rate is 11.4 per 1,000 births compared to 5.0 per 1,000 births for Latino infants and 4.6 per 1,000 births for white infants.²⁹⁹

[2].

Between 2000 and 2005, California experienced a decline in the number of deaths from sudden infant death syndrome (SIDS), from .33 to .28 per 1.000 live births.³⁰⁰

Teen Mortality

[1].

The mortality rate for teens in California is 60 deaths per 100,000.301

[2]

In 2007, the top causes of teen deaths were homicide or assault (295), motor vehicle accidents (271), suicide or self-inflicted injury (89), and unintentional poisoning (48).³⁰²

Safety at School

Г11.

In 2008-09, California public schools had 3,877 firearm incidents during school hours or school-sponsored activities.³⁰³

[2].

23% of California's 11th-graders report having had their property stolen or damaged while at school 304

Maltreatment of Children

[1].

Almost 80% of children in California's foster care system are removed for neglect.³⁰⁵

[2].

In California, the rate for substantiated cases of maltreatment among children for the first quarter of 2009 was 9.7 per 1,000.³⁰⁶ In 2008, the rate for infants under the age of one was more than twice that average at 21.7 per 1,000.³⁰⁷

[3].

Between 1998 and 2008, the percentage of children in the child welfare system who experienced a recurrence of maltreatment within six months of their initial report declined from 10% to 7%. ³⁰⁸

Child Welfare System

Г11.

In 2008, almost 33,000 children—representing approximately a third of substantiated cases of maltreatment—entered California's foster care system.³⁰⁹

[2].

In California, more than 75,000 children are in the foster care system. Approximately half (45%) of California's foster care children have been in the system for more than two years, and 17% have been in the system for more than three years.³¹⁰

[3].

Over the last decade, the number of California's children in foster care has steadily decreased from 11.5 per 1,000 children (1998) to 6.5 per 1,000 children (2008).³¹¹ Still, California children are overrepresented in the national foster care population.³¹²

[4].

Between 1999 and 2008, the number of children who have aged out of foster care in California has increased 25%, from 4.207 to 5.249 children.³¹³

Juvenile Justice System

[1].

As of December 2008, 1,568 children were in state juvenile institutions and camps, and 2,053 were on parole.³¹⁴ Most children are placed in county facilities where they can be closer to their families.³¹⁵

[2].

The annual cost of incarcerating a minor in a state facility is \$252,000.³¹⁶ To reduce that cost, California will close its largest prison for minors. Still, this plan will only reduce the cost of incarcerating and caring for each ward by \$77,000 per year.³¹⁷

[3].

Significant racial and ethnic disparities persist in California's juvenile felony arrest rates. The felony arrest rates for African American children, ages 10-17, is 48.9 per 1,000 compared to 14.8 per 1,000 for Latino children and 9.4 per 1,000 for white children.³¹⁸

Г41

Most juvenile crimes are committed by a relatively small number of juveniles, a good number of whom continue on to commit crimes as adults. In California, approximately 70% of juvenile offenders held in state custody—generally reserved for the most serious offenders—are arrested again within three years.³¹⁹

[5].

California has the highest recidivism rate in the nation at 70%. 320 In contrast, the recidivism rate for Missouri's juvenile offenders was 7.3% in 2007. 321 Missouri's juvenile justice system has been recognized nationally as a successful model of rehabilitation, even though its costs are low compared to other states. 322

UPDATES ON 2009 IMMEDIATE POLICY RECOMMENDATIONS NEEDED TO: MPROVE CHILDHOOD

CALIFORNIA MOVED BACKWARDS ON:

 Developing and evaluating culturally appropriate prevention programs aimed at children who are at risk of incarceration as programs supporting prevention have been affected by a \$112 million reduction to California's Juvenile Justice System.

CALIFORNIA MADE NO NOTABLE PROGRESS IN:

Supporting foster care children as they transition to adulthood as AB 12 (Beall and Bass/ Principal Coauthor Liu), the California Fostering Connections to Success Act, was placed on two-year suspense. When this bill is revisited, it is important that policymakers support it. It will allow California to participate in the federal Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893), thereby drawing down federal funds to support foster care services for eligible teens and young adults between the ages of 18 and 21.

CALIFORNIA MADE SOME PROGRESS IN:

Ensuring that the Child Welfare Council, established by the Child Welfare Leadership and Performance Accountability Act of 2006, fulfills its mission to improve outcomes for children by increasing collaboration and coordination among the programs, services and processes that serve children. The progress this year resulted from the California Blue Ribbon Commission on Children in Foster Care releasing their final report and recommendations.

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Children Now is a nonpartisan research and advocacy organization working to raise children's well-being to the top of the national policy agenda. The organization focuses on ensuring health care, a solid education and a positive media environment for all children. Children Now's strategic approach creates awareness of children's needs, develops effective policy solutions and engages those who can make change happen.

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