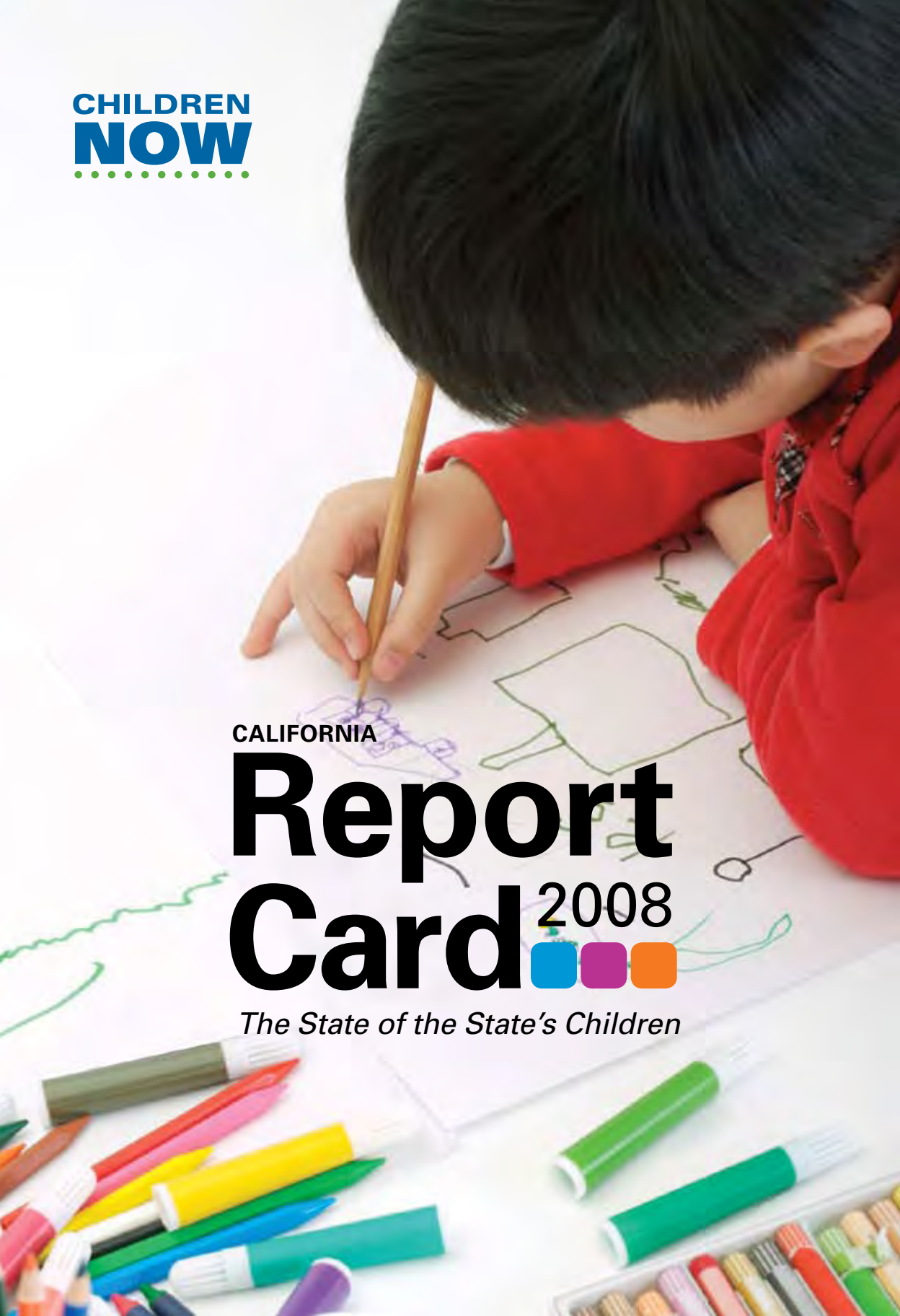


**CHILDREN  
NOW**

CALIFORNIA

# Report Card <sup>2008</sup>

*The State of the State's Children*



CALIFORNIA

# Report Card 2008

*The State of the State's Children*

## ■ HEALTH

Health Insurance	C
Oral Health	C-
Asthma	C-
Mental Health	C
Infant Health	B-
Adolescent Health	B-

## ■ EDUCATION

Early Care and Education	C-
K-12	C-
After School	B+

## ■ CROSS SYSTEM ISSUES


Obesity	D+
Child Safety	D+
Integrated Services	D+

# The State of the State's Children

## Basic developmental supports remain unavailable to millions of children.

Too many children in California continue to lack access to quality health care, strong educational opportunities and other fundamental building blocks for a healthy, productive life. Denying children these supports undermines their optimal development and results in detrimental, long-term financial and opportunity costs to our society as a whole. In other words, the negative consequences are very real for all of us. The quality of our shared economic and democratic future relies on providing all children the opportunity to reach their full potential.

The *California Report Card* provides a clear, complete and concise picture of the state of the state's children along with recommendations for how we can better support our children through new and improved public policies.



California is home to 9.5 million children, about 13% of all children in the nation.

## Who Are California's Children?

- California is home to 9.5 million children, ages 0-17, about 13% of all children in the nation.<sup>1</sup>
- 48% of California's children, ages 0-17, are Latino, 31% are white, 10% are Asian American, 6% are African American, and 4% are multiethnic or another race.<sup>2</sup>
- 44% of California's children speak a language other than English at home.<sup>3</sup>
- 94% of California's children are U.S. citizens.<sup>4</sup>
- One in five children lives in a very poor home.<sup>5</sup>
- Given California's extraordinarily high cost of living, families with two working parents and two children need to earn \$72,300 a year, more than three times the federal poverty level (FPL), to afford housing, child care, food, health insurance, and transportation. Single parent families need to earn \$59,700 a year to cover the basics.<sup>6</sup> Fewer than half of families with children in California earn that much.<sup>7</sup>



# HEALTH

## **Good health is prerequisite to positive outcomes for children.**

Children in good health attend school more often, get more out of their education and are much more likely to be healthy, productive adults. After providing health insurance coverage to greater numbers of children throughout the 1990s, California's progress has stalled. An estimated 763,000 children



remain uninsured in our state today, roughly the same number as in 2003. Additionally, the percentage of children insured through their parent's workplace is declining rapidly, which may result in either greater strains on our public insurance system or even more uninsured children.

Unfortunately, health insurance coverage alone does not equal access to health care in California. Even insured children's ability to get health care services—particularly dental and mental health services—is woefully inadequate in our state.<sup>8</sup> Children's health problems, such as cavities, asthma and obesity,

are growing more prevalent and can lead to serious and costly long-term illnesses if left untreated.

### **Notable Policy Progress**

- California's leaders proclaimed 2007 the "Year of Health Care Reform" and reached early consensus that any legislation should extend children's health insurance. After months of negotiations, policymakers were close to a tentative agreement that includes affordable insurance access for all children—which would be a major step in the right direction. But for California to realize any improvements in children's health coverage, the agreement must be enacted into law and funded through a 2008 ballot initiative.
- While little progress was made in providing dental care for all children in California, there were some indications of brighter days ahead. Beginning in 2007, all kindergarteners are required to get a dental check-up. While significant loopholes remain, this new requirement has helped to raise public awareness about the importance of oral health for young children.

- Although policymakers were unsuccessful in expanding health and dental coverage for children in 2007, their focus on health care stimulated efforts to improve air quality, which will help children with asthma and other breathing problems.

## Recommendations

- **Insure every California child.** Despite their promises, state lawmakers did not improve children's access to health insurance in 2007. During the year, hundreds of thousands of children were left uninsured. Furthermore, state lawmakers cut the budgets of outreach programs that help enroll eligible children in Healthy Families and Medicaid. Those cuts exacerbated issues regarding access, making enrollment of eligible children more difficult. In 2008, state lawmakers must redouble their effort to deliver health insurance to every California child by increasing family income eligibility to 300% of the federal poverty level, and reinstating and expanding programs intended to reach and enroll children.
- **Ensure that health insurance plans for children include necessary benefits.** Many of the health problems that affect children can be prevented or managed more effectively if detected early. Assessment and prevention services that are part of comprehensive health insurance plans can help to improve children's health status and avoid much more costly remedial services down the road. Furthermore, in order to be effective and useful to families, expansion of public insurance must continue to offer coverage for mental health and other developmental screening and treatment, along with dental care, so the full range of children's medical needs is met.
- **Increase children's access to health services.** Access to suitable, local health service providers that treat children, and integrate cultural and linguistic preferences into treatment, is a tremendous challenge in California. In addition, low provider reimbursement rates discourage many doctors from treating patients with public insurance. Those rates must be increased to expand the number of providers. Several counties currently

**An estimated 763,000 children remain uninsured in the state today, roughly the same number as in 2003.**

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face a severe shortage of health care personnel. Aggressive efforts to recruit and retain a larger, more diverse health care workforce are essential to improving access.

- **Increase the percentage of expectant mothers who receive prenatal care.** Babies born to mothers who receive early prenatal care are healthier and more likely to have good health later in life. In California, African



American and low-income mothers are less likely to get early prenatal care and high-quality care between pregnancies, which is reflected in poorer outcomes for their newborns. Enhanced outreach and education efforts among traditionally underserved communities can help to close the prenatal care gap, improving infants' outcomes. In addition, obstetricians and dentists should encourage all expectant mothers to include oral health care in their prenatal routines.

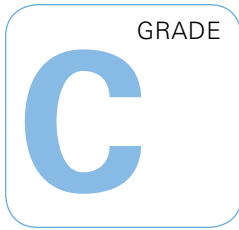
- **Enhance programs for adolescents that encourage healthy choices.**

Too many adolescents are still making poor choices that will negatively influence the rest of their lives. Strategies that successfully reduce drug experimentation and addiction, teach conflict management skills to at-risk children, and encourage girls to postpone childbearing until later in

life, need to be implemented in order to curb disturbing trends emerging in adolescent well-being, such as high rates of school- and neighborhood-based violence and pervasive access to drugs and tobacco.



# Health Insurance



## **Insured children are healthier and have better access to medical care.**

In recent decades, California has made significant strides in providing health insurance to all children. The state has reduced the number of uninsured children by half since the early 1990s, which helps to improve children's overall health and decrease health care costs borne by the public. California's county-based Children's Health Initiatives have played a central role in this success.<sup>9</sup>

Yet 763,000 children still do not have health insurance in California, and more than a million California children do not have regular access to a doctor. California ranks 43rd out of fifty states on the percentage of children, ages 0-17, who are insured.<sup>10</sup> Just half of California's children had coverage through their parents' workplace in 2005, a six percent decline in just four years.<sup>11</sup> Cost is the main reason that many families forgo purchasing comprehensive health insurance.<sup>12</sup> Moreover, in 2008, approximately 66,000 California children per month will be at risk of losing health coverage if the federal government does not provide sufficient funding for the State Children's Health Insurance Program.<sup>13</sup> Stringent new documentation requirements may also prevent eligible children from enrolling.



## Health Insurance (continued)

### Health Insurance Coverage in California

- 7% of California's children, ages 0-18, did not have insurance in 2005; African American children were least likely to be uninsured (2%), while Latino children were most likely to be uninsured (12%).<sup>14, 15, 16</sup>
- Children's coverage rates vary by California region. The Central Coast and Central Valley regions have relatively low insurance rates (91%), while the Bay Area (97%) and Sacramento (94%) regions have the highest rates.<sup>17</sup>

**California ranks 43rd out of fifty states on the percentage of children, ages 0-17, who are insured.**

### Coverage Eligibility and Cost

- Just over 70% of California's uninsured children are eligible for free or low-cost health insurance. Parents' lack of familiarity with those programs is the primary reason they have not yet enrolled their children.<sup>18</sup>
- A typical California family of four spends 6%, or about \$3,400, of its yearly income on health care. Families with substantial medical care needs may end up spending almost three times as much.<sup>19</sup>

- Health care costs contribute to about half of bankruptcies in the U.S.<sup>20</sup>

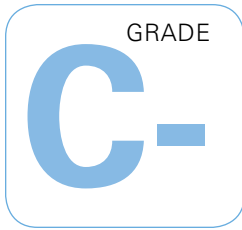
### Access to Health Care

- In the last year, just 69% of uninsured children in California saw a doctor, compared to 90% of insured children.<sup>21</sup>
- 14% of children, ages 0-18, living in households earning less than 200% of the FPL (\$41,300 per year for a family of four) have no regular access to medical care, compared to 8% of their more affluent peers.<sup>22</sup>





# Oral Health



## Good oral health is essential to children's physical and intellectual development.

Cavities and other oral health problems are widespread among California children, and access to care is limited, particularly for uninsured children and those with public insurance. If left untreated, cavities can escalate into more serious, costly medical problems and cause unnecessary pain. More than half a million California children, ages 5-18, missed school in the last year due to dental problems,<sup>23</sup> yet policymakers still do not prioritize oral health as a primary children's health concern.

Emerging research shows that expectant mothers' oral health impacts their children's health both at birth and later in life. Dentists now recommend that expectant mothers should include a dental exam as part of their prenatal care routine, and parents are advised to take their children to the dentist before they turn two.

**More than  
one-quarter of  
elementary school  
children have  
untreated cavities.**

### Insurance Coverage

- 21% of California's children do not have dental insurance.<sup>24</sup>
- About 70% of children in households earning less than 200% of the FPL (\$41,300 per year for a family of four) have dental insurance, compared to about 85% of children in higher income families.<sup>25</sup>
- 99% of dentists charge more than the Denti-Cal reimbursement rate for common children's procedures.<sup>26</sup>

### Access to Care

- Almost half of California's 58 counties report a shortage of dentists.<sup>27</sup>
- Fewer than 4% of dental hygienists report having treated children less than one year old, and only three-quarters have treated children, ages 2-5.<sup>28</sup>

*Continued on page 8*

## Oral Health (continued)

*Continued from page 7*

### **Prenatal Oral Health**

- Pregnant women with poor oral health are seven times more likely to have a premature and/or low birthweight delivery.<sup>29</sup>
- About 67% of all pregnant women do not visit the dentist, and 80% of publicly-insured expectant mothers do not receive oral health care.<sup>30</sup>

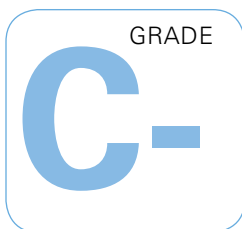
### **Oral Health Status**

- More than one-quarter of elementary school children have untreated cavities, and half of kindergarteners and two-thirds of third-graders have experienced tooth decay.<sup>31</sup>
- One in five children in California did not visit a dentist in the last year.<sup>32</sup>
- Only 63% of children, ages 2-5, visited a dentist in the last year; 90% of older children have seen a dentist recently.<sup>33</sup>





# Asthma



**One and a half million California children are affected by asthma; worsening environmental factors contribute to the growing problem.**

Nearly one in six children in California has been diagnosed with asthma, and incidence rates have risen sharply in the last 20 years.<sup>34</sup> Childhood asthma costs the health care system hundreds of millions of dollars and leads to many missed school days.

With proper medical care and a lung-healthy environment, most children with asthma can enjoy a normal life, with few to no emergency room trips or hospitalizations. Reducing children's exposure to car exhaust, ozone, airborne fertilizer, secondhand smoke and indoor mold can help reduce symptoms and decrease the rate of childhood asthma.

## Incidence and Diagnosis

- 16%, or close to 1.6 million, of California's children have been diagnosed with asthma. African American children are most likely to be diagnosed with asthma (24%), while Latino children are least likely to be diagnosed with asthma (13%).<sup>35, 36</sup>
- One in five children in the Central Valley has been diagnosed with asthma, the highest diagnosis rate in the state.<sup>37</sup>

## Access to Care

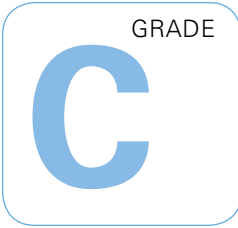
- Children were hospitalized 14,000 times for asthma in California in 2004, costing \$667 million.<sup>38</sup> Nationally, asthma is the most common reason for hospitalization among children, ages 1-9, and third most common for children, ages 10-14.<sup>39</sup>
- About 32% of California's children with public insurance and 38% of uninsured children, ages 0-18, made an emergency room visit for asthma symptoms in 2005, compared to just 16% of California's children with private insurance.<sup>40</sup>

## Environmental Factors

- Among California children with active asthma, 43% of those exposed to second-hand smoke at home suffer from monthly symptoms, compared to 33% of those in smoke-free homes.<sup>41</sup>
- About one-third of California's classrooms do not have adequate ventilation and between 20-35% of classrooms have some degree of water damage, both of which can worsen asthma and other respiratory issues.<sup>42</sup>



# Mental Health



**Hundreds of thousands of California children have unmet mental health needs, limiting their social and academic development.**

Children's mental health issues can range from occasional feelings of sadness or anger to chronic conditions that impair their ability to learn and socialize effectively. Left untreated, children with mental health issues are more likely to get suspended or expelled, or drop out, and may victimize others or harm themselves. Most children in foster care and nearly all children living in dangerous neighborhoods are at risk for some mental health problem related to exposure to trauma.<sup>43</sup>

Children's mental health issues are widely undiagnosed due to informational, social and financial barriers. The social stigma associated with acknowledging a mental health problem can prevent or delay parents from seeking treatment for their children. Furthermore, awareness of and access to care is limited for many families and prohibitively expensive for too many when it is available.<sup>44</sup>

**21% of California children, ages 12-17, are at risk for depression.**

## Prevalence

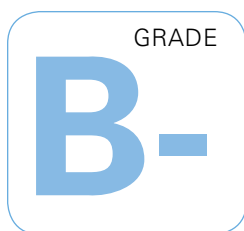
- About one-third of middle and high school students report having felt hopeless for two consecutive weeks during the last year.<sup>45</sup>
- 21% of California children, ages 12-17, are at risk for depression.<sup>46</sup>
- Nearly one in five parents in California is concerned about his or her children's mental health.<sup>47</sup>
- Between 83-91% of children living in neighborhoods with high levels of violent crime experience trauma,<sup>48</sup> and eight of California's cities are ranked among the 100 most dangerous in the nation, placing tens of thousands of children at risk for trauma-related mental health problems.<sup>49</sup>

## Access to Services

- 11% of California children, ages 12-17, received psychological counseling in the last year.<sup>50</sup>
- Research suggests that nearly half a million children in California have unmet mental health needs.<sup>51</sup>



# Infant Health



**The foundation for long-term health is laid in the first months of life, but many California babies still do not receive the essentials.**

Healthy babies are more likely to stay healthy later in life, avoiding costly and debilitating developmental problems.

While infant health in the state has improved in the last few decades, thousands of babies still do not benefit from early prenatal care, are born underweight and are less likely to be vaccinated. Support to encourage breastfeeding through the first year of life can reap long-term benefits for both mother and child. Additionally, infants' health can be further improved through better screening and follow-up services for mothers' mental health status.

## Prenatal Care and Birthweight

- In California, 86% of expectant mothers begin prenatal care in their first trimester. White mothers are most likely to have early prenatal care (89%); African American mothers are least likely to have early prenatal care (82%).<sup>52</sup>
- Early prenatal care is least common for expectant mothers in the Northern/Sierra and Central Valley regions (77% and 78%, respectively); it is most common among expectant mothers in Los Angeles (90%) and the Bay Area (87%).<sup>53</sup>
- Statewide, about 7% of newborns are underweight. African American infants are most likely to be underweight (13%), followed by multiethnic (8%), Asian American (8%), white (7%), and Latino (6%) infants.<sup>54, 55</sup>

## Infant Mortality

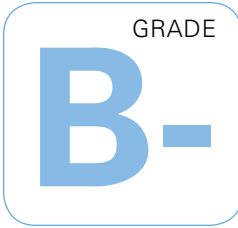
- California's infant mortality rate was 5.2 per 1,000 in 2004, a rate that has remained steady for about six years.<sup>56</sup> California has the sixth lowest infant mortality rate in the nation.<sup>57</sup>
- In California, multiethnic and African American infants had the highest mortality rates in 2004 (12.6 per 1,000 and 12.0 per 1,000, respectively); Asian American (2.9) and white (4.6) infants had the lowest mortality rates.<sup>58, 59</sup>

## Vaccinations and Breastfeeding

- In California, about 90% of babies have up-to-date vaccinations.<sup>60</sup>
- About 86% of newborns are breastfed in California, exceeding the national rate by 10 percentage points.<sup>61</sup>



# Adolescent Health



**Overall, teen health in California is improving, though widespread use of tobacco and alcohol remains steady.**

California's adolescents benefit from strong connections to their communities and high expectations in school.

Over the past two decades, public health initiatives to decrease drunk driving and suicide have had a dramatic effect on the mortality rate for children, ages 15-19, but those gains have eroded in the past few years. The number of young people who report using tobacco, alcohol and marijuana has not decreased over the years, despite multiple efforts to curb adolescents' substance use. Equally challenging, some regions in the state continue to see high teen birth rates, despite statewide declines in recent decades.

**About one in three California high school students report that they have smoked at least once in their lives.**

## Resiliency and Connectedness

- About 60% of California students have a strong relationship with an adult in their community; about 40% report that they make a contribution to their neighborhoods.<sup>62</sup>
- About 40% of California students report that their teachers have high expectations for them.<sup>63</sup>

## Teen Birth Rate

- In California, 37 out of every 1,000 girls, ages 15-19, becomes a teen mother. The national teen birth rate (41 per 1,000) is twice the rate of other industrialized nations.<sup>64</sup>
- The Central Valley (55 per 1,000) and Los Angeles (39 per 1,000) regions have the highest teen birth rates in California; the Bay Area (24 per 1,000) and Sacramento regions (29 per 1,000) have the lowest birth rates.<sup>65</sup>
- Overall, declining teen birth rates between 1991 and 2004 resulted in \$1.1 billion in savings for taxpayers in 2004, through increased earnings and decreased welfare and incarceration costs.<sup>66</sup>

## Reproductive Health

- Just one-third of sexually active adolescents have been tested for STDs; Asian Americans (6%) are least likely to be tested, while African Americans

(47%) are most likely to be tested. Males are tested at substantially lower rates (17%) than females (46%).<sup>67</sup>

- The 2005 gonorrhea infection rate for adolescents, ages 15-19, was 376 per 100,000 for females and 154 per 100,000 for males, their highest in a decade.<sup>68</sup>

### Drugs, Alcohol and Tobacco

- About one-quarter of seventh-graders report having drunk alcohol, and two-thirds of 11th-graders report that they have ever drunk. Similarly, about one in 12 seventh-graders reports any marijuana use, increasing to a full third for 11th-graders.<sup>69</sup>
- About one-third of high school students in California report that they have been offered drugs or alcohol at school in the last year.<sup>70</sup>
- About one in three California high school students report that they have smoked at least once in their lives; about two-thirds report easy access to cigarettes.<sup>71</sup>

### Mortality

- In California, the overall death rate for children, ages 15-19, decreased by 30% from 1990 to 2004, falling from 85.8 per 100,000 to 56.5 per 100,000 teens. Traffic accidents, homicide and suicide are the most common causes of death for that age group.<sup>72</sup>





# EDUCATION

**Well-educated children have more opportunities, earn more over their lifetime and are better prepared to contribute fully to the state's social, democratic and economic progress.**

Perhaps California's most daunting children's policy challenge is to redesign its educational system to adequately prepare the largest, most diverse group of children in the nation for meaningful and productive lives. Over the last decade, the state has adopted rigorous standards, aligned curriculum and accountability measures, and implemented other targeted initiatives intended to improve the academic achievement of all children. While students' test scores are improving each year, they are not doing so fast enough for all students to reach state

**Just 65% of California's high school students graduate on time with a regular diploma. California ranks 38th in the nation on this measure.**

and national targets for academic achievement anytime in the near future. Moreover, the percentage of students who reach state achievement targets begins to decline in the sixth and seventh grades, and graduation rates remain unacceptably low, demonstrating that additional efforts are needed to keep middle school students on track academically.

While the public will in California is overwhelmingly supportive of providing a quality education to every child, the state's educational policies have not yet come close to realizing that goal. The magnitude of this gap

is exemplified by families' limited access to early care and education programs. Families spend as much as one-quarter of their income for child care and early care and education, yet just a fraction of California's 3- and 4-year-olds attend high-quality preschools. Early childhood education programs play a critical role in children's optimal social, emotional, and cognitive development, and California's low enrollment rates are a missed opportunity to best prepare children for a lifetime of learning.

Sufficient and equitable funding, useful data to enhance learning and ensure accountability, adequate facilities, and highly qualified teachers and administrators are required. If those needs are tackled in a comprehensive manner, California can have a functional system that fosters the needed improvements in student achievement.



## Notable Policy Progress

- Some incremental improvements were made in early care and education policy in 2007, including increases in the number of early care and education facilities inspections and small increases in funding for full-day preschool. The California Department of Education is developing “infant/toddler and pre-school learning foundations” to establish benchmarks for young children’s development, which are important steps in improving program quality.
- Positive developments in K-12 policy included improvements to state accountability and data systems, which will begin to enable the state and parents to better understand and respond to how schools are performing. Increased attention to and funding for school facilities has improved students’ access to educational resources and increased the pace of facilities repairs. Much more work remains to be done, however.



## Recommendations

- **Adopt policies that enhance the quality and safety of early care and education programs.** The quality of staff and the physical environment of early care and education programs are closely linked to children’s outcomes. To improve the workforce, the California Department of Education should establish required competencies for early childhood educators as soon as possible. The state must begin to monitor program quality and expand current program licensing requirements beyond health and safety measures to include factors associated with program quality.

*Continued on page 16*

*Continued from page 15*

## **Recommendations** (continued)

- **Increase access to high-quality early care and education programs.**

Existing evidence suggests: (1) too few young children have access to high-quality early care and education programs and (2) bureaucratic barriers and insufficient funding limit expansion. To increase the number of spaces in early care and education programs, the state must streamline the regulatory process for renovating and building new facilities. In addition, the state must increase and make changes to the flow of funding, supporting access to full-day care programs that California's working families need.

- **Secure educational facilities funding to meet the unique needs of California students.**

Facilities funding should be provided at all levels to meet enrollment projections, renovate outdated buildings, avoid overcrowding, provide access to high-quality early care and education programs and incorporate appropriate structures for such vital programs as after school and career technical education. A school facilities bond that meets those needs and includes funding specifically for preschool should be placed on the November 2008 ballot.

**One in five K-12 teachers leaves the profession within the first four years.**

- **Promote a comprehensive and balanced overhaul of the K-12 education system.** California's ability to substantially improve student success is impeded by inefficient funding structures, blurred governance and an inequitable distribution of resources. The state must improve the transparency of resource allocations so everyone can understand how much is being spent, on what and for whom. Furthermore, school and district funding must be more equitably distributed and closely tied to student needs for achieving state goals. Concurrent with those changes, California needs to invest more resources in the K-12 education system to ensure sufficient and stable funding. Those changes are required to significantly improve the system and raise the achievement of all students, including closing the gap between low-income students and students of color and their peers.

- **Establish a comprehensive, integrated, longitudinal data system.** A data system that includes educational records from preschool through college, as well as data related to child welfare, social services, juvenile justice and the workforce, must become a reality in California. That system is necessary to support continuous improvement efforts on the part of students, teachers,

administrators and policymakers alike. A centralized governance structure should be established to coordinate data collection, provide policy guidance, create security protocols, and ensure that educators and researchers have access to useful data.

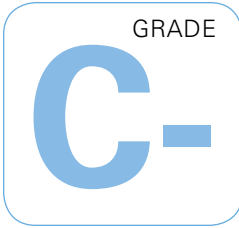
- **Improve students' college readiness and reduce dropout rates.** Every year, tens of thousands of students leave high school before graduation, and even larger numbers graduate without the requisite qualifications to attend college. In order for California to remain competitive in the global marketplace, California must improve high school student retention and ensure that students complete the coursework required to attend college or participate in the state's workforce. The state's high schools need to provide safety nets for at-risk and struggling students, as well as provide rigorous and relevant programs to keep them engaged in challenging and meaningful work. At the middle school level, schools must increase assignments' rigor to better align with grade level standards and provide interventions to help struggling students get back on track and create personal connections with caring adults to ensure they successfully transition to high school.



- **Ensure California has a trained and sustainable workforce to educate our children.** Well-qualified educators have a substantial impact on children's educational outcomes. California has begun investing heavily in recruiting, training and retaining teachers for K-12 schools. Those efforts must be enhanced and complemented by increasing attention paid to the early care and education and after school fields. Those fields have low pay and high turnover, which sometimes force programs to draw from a less educated pool of employees. To make those jobs more attractive and sustainable as careers, compensation and training options for those who care for our children in their early years and after the school day must be improved.



# Early Care and Education



**High-quality early care and education programs deliver lifelong dividends to children, families and society.**

Children's cognitive and social development happens most rapidly in their earliest years: 90% of brain development occurs before they turn five. Positive, stimulating experiences and relationships in children's earliest years, starting at birth, are critical building blocks to later success in school and in life. Children who participate in high-quality early care and education programs have stronger social and academic skills, and are less likely to encounter academic, health and social problems later in life. For too many families, however, the cost of child care and preschool is prohibitively expensive, rivaling rent as the major part of family budgets.

Quality of care matters for all young children. For infants and toddlers, healthy and safe child care staffed by individuals who understand how to support child development are key to ensuring that our very youngest children have positive



early experiences, laying the groundwork for continued healthy development. In high-quality preschools, trained teachers help to prepare children, ages 3-5, to enter kindergarten ready to learn.

California's parents are overwhelmingly in favor of preschool: 94% agree that it is important for children,<sup>73</sup> yet only about half of 3- and 4-year-olds attend. There remains a severe lack of space to accommodate the demand for preschool, and quality control for existing programs is insufficient. The children most likely to lack access to high-quality preschool are those who would benefit from it the most, including low-income African American and Latino children, children whose families speak a language other than English, and children whose parents did not graduate from high school.<sup>74</sup> California would need to add another 117,000 spaces to ensure that every 4-year-old in the state can attend preschool.<sup>75</sup>

### California's Youngest Children

- 3.2 million children, ages 0-5, live in California. 52% of California's young children are Latino, 28% are white, 10% are Asian American, 6% are African American, and 4% are multiethnic or another race.<sup>76</sup>
- 42% of 5-year-olds in California are English learners.<sup>77</sup>
- 56% of California children younger than six live in a household with working parents, so at least 1.7 million young children need some kind of care—whether for part or all of the day—while their parents work.<sup>78</sup>

### Enrollment and Capacity

- Only 47%, or about 490,000, 3- and 4-year-olds attend preschool in California. Latino children are least likely to attend preschool (38%), while white (58%) and multiracial (56%) children are most likely to attend preschool.<sup>79</sup>
- There are 1,063,093 spaces in licensed child care centers and homes in California. 5% are for children less than two years old and 72% are for

**Only 47% of all  
3- and 4-year-olds  
attend preschool  
in California.**

*Continued on page 20*

## Early Care and Education (continued)

*Continued from page 19*

2- to 5-year-olds.<sup>80</sup> Available spaces in licensed early care and education programs can accommodate just 5% of children under two and 36% of children, ages 2-5.<sup>81</sup>

- 74% of parents' requests for child care are for full-time care.<sup>82</sup>
- About 137,000 eligible children are on waiting lists for public early care and education programs, including infant and toddler care (44%) and preschool (56%).<sup>83</sup>

### Cost of Early Care and Education

- High-quality preschool can generate between \$2 and \$4 in public savings for every dollar invested.<sup>84</sup>
- A typical California family of four spends \$13,000 a year on child care, about as much as they spend on housing.<sup>85</sup>
- Child care for infants and toddlers costs about \$10,750 a year; preschool costs about \$7,500 a year.<sup>86</sup>

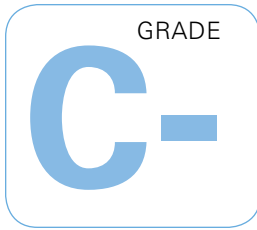
**42%** of 5-year-olds  
in California are  
English learners.

### Workforce and Program Quality

- California has not yet adopted a well-defined list of skills and abilities for early care and education staff, while the majority of other states have adopted or are in the process of adopting competency requirements.<sup>87</sup>
- California would need to add approximately 5,850 teachers to the workforce to provide preschool for every 4-year-old in the state.<sup>88</sup>
- As of 2007, California's program standards and licensing provisions for early care and education rank the state in the bottom 10 nationally, along with Louisiana, Nebraska and Kentucky.<sup>89</sup>
- Publicly-available data on the quality of child care and preschool in California is scarce, thereby limiting parents' ability to select the right program for their child and making improvement efforts very difficult and uninformed.



# K-12 Education



## Improving our schools benefits all Californians.

Implementing a high-quality education system that enables California children to become a capable workforce is the only way the state can ensure its future success in the global economy. Yet, California faces tremendous, unique challenges in educating every child well. The size and diversity of the state's student population necessitates policy reforms that allow educators the flexibility to address a wide variety of student needs and that give all students access to the curricula and support necessary for them to meet state standards. While California students have posted gains in achievement test scores in recent years, the reality is, at the current rate of improvement, it will take 30 years before every group of children reaches state performance goals. Less than half of all students are reaching grade level standards in English and math. Supplemental programs that provide additional support for struggling students show promise, but their reach is limited. Tens of thousands of students leave school each year without a high school diploma and unprepared for work or further schooling, undermining their lifetime prospects and California's future prosperity.

California's efforts to improve its education system face many imminent challenges, including a teacher shortage. Thousands of teachers are nearing retirement, and existing pathways to a teaching career will not meet California schools' staffing needs. The state also has yet to develop and implement a data system capable of providing educators and policymakers with the information necessary to make funding, programmatic and curricular decisions based on needs or effectiveness.

**Just 43% of California's students reach grade level standards in English Language Arts.**

## K-12 Education (continued)



### Enrollment

- 6.3 million children attend public school in California. About 48% are Latino, 29% are white, 11% are Asian American and 8% are African American.<sup>90</sup>
- Nearly 1.6 million students are English learners (ELs) in California, representing one-quarter of the state's public school students and about 40% of all EL students in the nation.<sup>91</sup> Most of California's EL students are in the earlier grades, and the majority speaks Spanish (85%).<sup>92</sup>

### Teacher Supply

- As many as 22% of teachers leave the profession within their first four years.<sup>93</sup>
- One-third of the current teaching workforce, or about 100,000 teachers, will retire in the next decade, yet enrollment in teacher training programs was about 15% lower in 2004-05 than in 2001-02.<sup>94</sup>
- California's teacher shortage is expected to top 33,000 within the next 10 years; math, science and special education teachers will continue to be in particularly short supply.<sup>95</sup>



## Funding

- California is projected to spend about \$8,500 per student for K-12 education in 2007-08, a 4% increase from 2006-07.<sup>96</sup>
- California's per pupil spending has been among the lowest in the nation for more than two decades. In 2005-06, it ranked 34th out of the 50 states.<sup>97</sup>
- Only 53% of California's school districts are fiscally healthy, meaning they have a track record of operating within their budget and have sufficient reserves. By contrast, 18% of the state's school districts are in significant financial distress. Districts with declining student enrollment are more likely to be fiscally unhealthy.<sup>98</sup>

**In math, only 41% of California's students reach grade level standards.**

## Information Management

- California's student data system has just four of the 10 national standard elements in place to adequately measure achievement over time. Consequently, educators lack data to track individual students' long-term academic progress.<sup>99</sup>
- California has not yet implemented a statewide data system that allows schools to track students' movement from school to school, which makes accurate drop-out monitoring and other student tracking measures nearly impossible. This shortcoming results in confusing and contradictory reports and an inability to accurately define, measure or address the state's drop-out crisis.

## Student Achievement

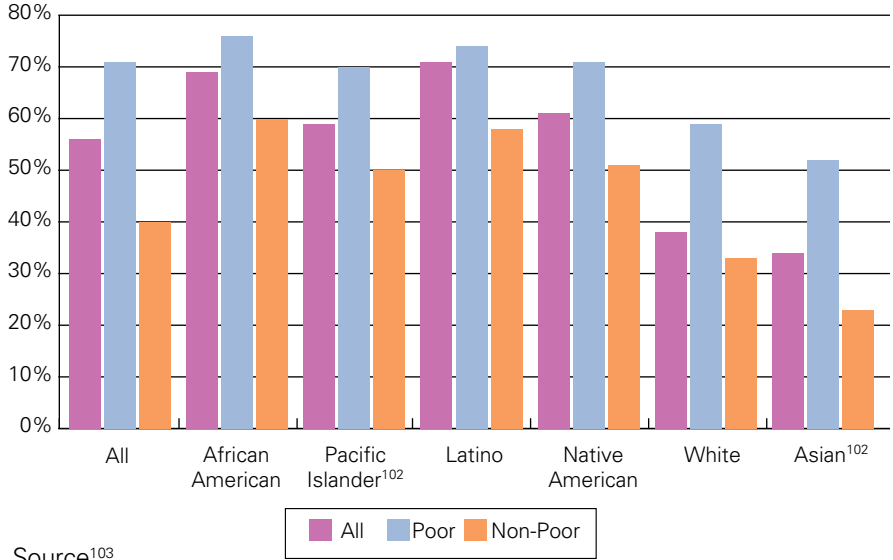
- Just 43% of California's students are reaching grade level standards in English Language Arts, as measured by the 2007 California Standards Test. In math, only 41% are reaching grade level standards. Those percentages are essentially unchanged from 2006.<sup>100</sup>
- The percentage of students meeting grade level standards in Math declines substantially in the later grades. More than half of students in grades 2-5 score at "Proficient" or "Advanced," while just a third of high school students reach the same level. This test score decrease over time is less pronounced for English Language Arts, though it exists there as well.<sup>101</sup>

*Continued on page 24*

## K-12 Education (continued)

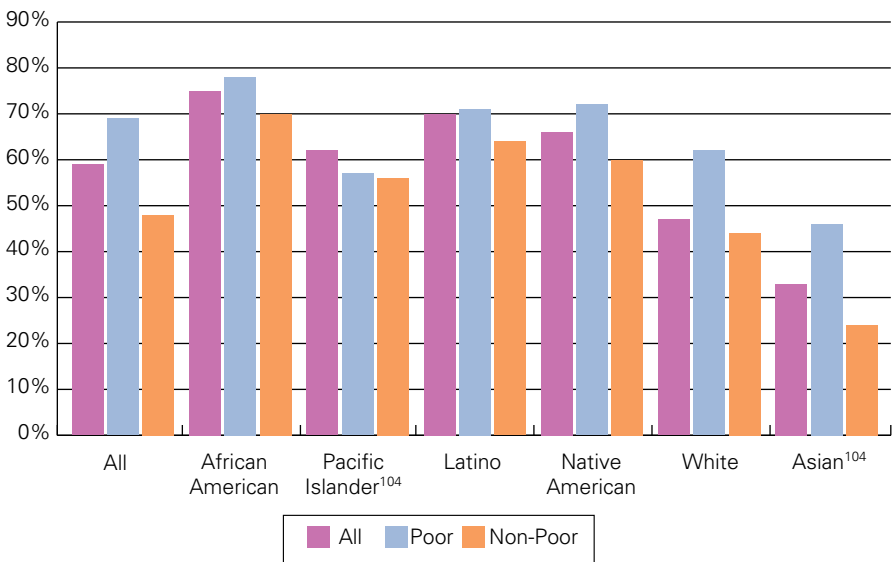
Continued from page 19

### Students Not Reaching Grade Level Standards in English Language Arts, by Race and Family Income



Source<sup>103</sup>

### Students Not Reaching Grade Level Standards in Math, by Race and Family Income

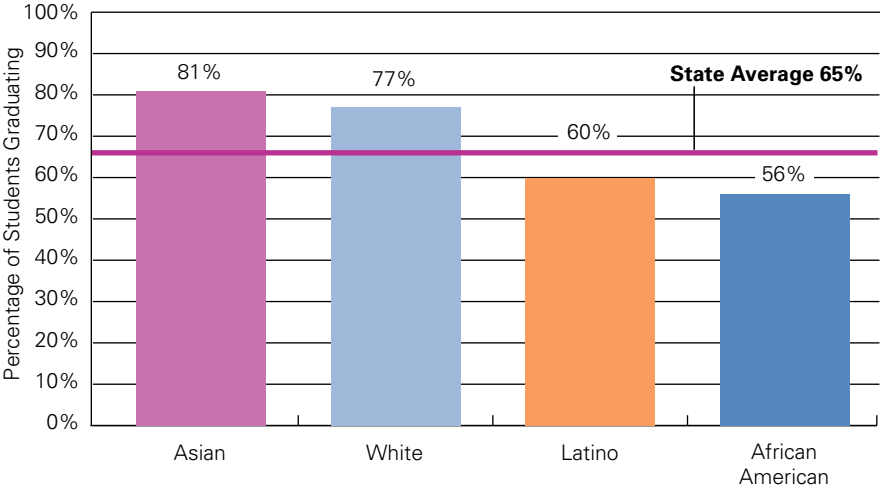


Source<sup>105</sup>

### College and Career Readiness

- Nearly all of the class of 2007 (93%) passed the California High School Exit Exam before the end of 12th grade, completing a major milestone toward graduation. Passing rates are substantially lower among Latino (89%), African American (88%), economically disadvantaged (88%) and English learner (77%) students. Moreover, Exit Exam pass rates do not take into account students who dropped out before 12th grade.<sup>106</sup>
- Just 65% of California’s high school students graduate on time with a regular diploma. California ranks 38th in the nation on this measure.<sup>107</sup>
- Over 40% of students entering California’s community colleges need to take remedial English and 70% enroll in remedial math.<sup>108</sup>
- Employers report that over 40% of new workers are “deficient” in their overall job preparation; high school graduates’ writing skills and professionalism were the most commonly cited work-related shortcomings.<sup>109</sup>

### Students’ Graduation Rates\* Vary by Ethnicity

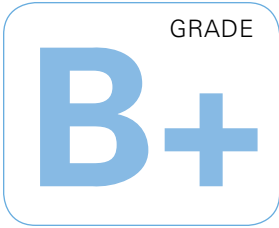


\*Measured as on-time graduation with a regular diploma.

Source<sup>110</sup>



# After School Programs



**More California children than ever have access to after school programs, although ensuring program quality remains a challenge.**

After school programs benefit children, parents and communities by providing safe, enriching places for young people to spend their out-of-school time. In California, 3.8 million children, ages 6-17, live with working parents, and those children are likely to be unsupervised at least some of the time.<sup>111</sup> High-quality after school programs provide individualized academic support and offer opportunities for students to explore new interests and build social and cognitive skills, all of which are essential to healthy development and school success. California expanded its investment in public after school programs in 2006, extending them to thousands more schools. The remaining challenge is to ensure that those funds support high-quality, well-attended programs across the state.



## Benefits


- After school programs generate between \$5 and \$7 in public savings for every dollar invested.<sup>112</sup>
- Students who participate in after school programs attend school more often; improvements are most pronounced for children who have had many prior absences.<sup>113</sup>
- Children who participate in after school programs regularly are 30-50% less likely to be arrested than their peers.<sup>114</sup>

## Enrollment

- About 2.5 million children statewide participate in some kind of after school program. About 40% attend a public after school program.<sup>115</sup>
- Between the 2005-06 and 2007-08 school years, California nearly doubled the number of public after school programs in elementary and middle schools to just over 4,000, and quadrupled the number of high school after school programs to 190.<sup>116</sup>

## Workforce

- The expansion of public after school programs is expected to add 12,000 jobs in California.<sup>117</sup>
- As of 2007, after school programs employ 137,000 Californians, roughly the same number of people employed as child care workers statewide.<sup>118</sup>



**After school programs  
generate between  
\$5 and \$7 in public  
savings for every  
dollar invested.**

# CROSS SYSTEM ISSUES

**All issues that impact children’s well-being are interrelated; however, some require more comprehensive solutions that integrate health, education and other policy areas.**

Despite increased public attention in recent years, childhood obesity remains an issue of epic proportions in California. Effectively combating the epidemic requires a coordinated policy agenda that addresses all of the many contributing

factors and keeps policymakers focused on achieving a comprehensive solution. Research shows that food and beverage advertising has a negative impact on children’s diets, and policy momentum currently is increasing in this area. Many other factors—from safe places to exercise to access to healthy food—must not be overlooked.

Children’s safety is also determined by a number of variables, including family stability and neighborhood and school environments. Tens of thousands of children in California are exposed to violence on a regular basis, with devastating consequences for their emotional, social, and academic development. An astonishing 75,000 children are in foster care in our state, and another 100,000 are involved in the juvenile justice system.

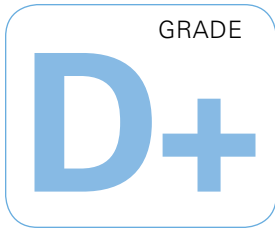
Providing children’s support services through schools, community centers and child care programs is an effective way to improve access to health and dental care, mental health services, and family and other supports. A number of promising, small-scale models exist in California, which provide a strong foundation for future initiatives.

Unfortunately, efforts to expand those models continue to be hampered by siloed bureaucracies that prioritize status quo responsibilities over services delivered where the children are.





# Obesity



**Childhood obesity continues to undermine the health and productivity of the next generation and increase health care costs for all Californians.**

As a result of obesity, children today belong to the first generation of Americans whose life expectancy is projected to be shorter than their parents. Without rapid, effective intervention, obesity will dramatically impact our children's future and result in deep social, physical and economic costs for society as a whole. The nation now spends \$177 billion a year on obesity-related health care, 83 cents of every health care dollar.<sup>119</sup>

The childhood obesity epidemic is attributable to numerous, interrelated, negative changes to children's lives in recent decades. Children spend less time at school and home engaging in physical activity and have increased access to heavily-promoted junk food, and time-crunched parents have less time to prepare healthy meals.<sup>120</sup> Furthermore, children living in unsafe neighborhoods are less likely to have access to places for active play, increasing their chances of becoming overweight.<sup>121</sup> Obesity is particularly concentrated in low-income communities, in part because less-expensive food tends to be higher in calories and lower in nutritional value.<sup>122</sup>

**One in three  
children in  
California is  
overweight or  
obese.**

## Notable Policy Progress

- The 2007 California budget increased the school meals reimbursement from 15 to 21 cents per meal, totaling \$25 million in additional funding. The increased reimbursement rate is intended to improve local school districts' purchasing power for healthy foods. New legislation also requires schools to report whether they are providing mandated amounts of physical education instruction, allowing parents to assess whether schools are providing enough opportunities for children to exercise.

*Continued on page 30*

## Obesity (continued)

*Continued from page 29*

- At the national level in 2007, the Children’s Food and Beverage Initiative, representing companies that account for more than two-thirds of food and beverage advertising aimed at children, announced voluntary guidelines on food-related advertising. Those included reducing the use of popular children’s characters in food advertising and limiting the kinds of foods currently marketed to young children. Additionally, some major children’s media companies have also committed to using children’s favorite characters to promote healthier products. Much work, however, remains to be done to ensure the effectiveness of those efforts.

**Children are exposed to between 4,000 and 7,600 food ads on television every year.**

### Recommendations

- **Develop and pursue a comprehensive, coordinated childhood obesity policy agenda.** Growing public concern about the severity of the childhood obesity problem has led to numerous policy proposals aimed at everything from food marketing to school meals. To date, however, those policy efforts have been fragmented and uncoordinated and not focused solely on children, limiting progress by drawing policymaker attention away from the multivariate solution

required. A coordinating body is needed to effectively pursue a multifaceted strategy that addresses childhood obesity and simultaneously holds policy-makers and the food and advertising industries accountable.

- **Improve the nutritional environment in California schools.** Offering nutritious, appealing school lunches can increase the number of children who choose healthy meals over less-nutritious alternatives, thereby decreasing their chances of becoming overweight or obese. Providing healthy breakfast options is another way for schools to help students maintain a healthy weight and can help students focus on schoolwork, since fewer children will start class hungry. Incorporating nutrition education and exercise into the school day can encourage better eating habits and increased activity among students. While many California schools have made substantial improvements to their nutritional environment, many others have not yet been able to achieve these important, challenging improvements.



- **Limit the reach of unhealthy food and beverage advertising aimed at children.** Advertising is very effective at influencing children's consumption habits, food preferences and purchase requests. Recent voluntary actions by the food and beverage industry and media companies are a start, but additional actions are required to get to a healthy balance in food advertising to children.

## Data

### Prevalence

- More than three million children in California (33%) are overweight or obese. Latino children are most likely to be overweight or obese (40%); Asian American and white children are least likely to be overweight or obese (24%).<sup>123</sup> Nationally, childhood obesity has more than doubled in the last three decades.<sup>124</sup>
- Just 28% of California's students meet state standards for physical fitness. Asian American and white students are most likely to be physically fit (36%), while African American (23%) and Latino (21%) students are least likely to be physically fit.<sup>125</sup>

### Exercise

- In California, nearly one million adolescents (29%) get less than the recommended levels of physical activity, including 240,000 (7%) who get no physical activity at all.<sup>126</sup>
- About one-third of children, ages 12-17, living in low-income communities, do not get regular physical exercise, compared to one-quarter of young people living in affluent neighborhoods.<sup>127</sup>
- During the 2004-05 and 2005-06 school years, fewer than half of California's schools provided mandated amounts of instructional time for physical education.<sup>128</sup>

### Access to Healthy Food

- 200 calories' worth of candy or snack foods cost about 50 cents, while 200 calories' worth of fresh fruits and vegetables cost about \$2.<sup>129</sup>
- In 2005, California had more than four times as many fast food restaurants and convenience stores as supermarkets and produce vendors.<sup>130</sup>
- Just 20% of California children have five or more servings of fruit a day.<sup>131</sup>

*Continued on page 32*

## Obesity (continued)

*Continued from page 31*

- Just 34% of California's eligible working families received food stamps in 2004. Eligible families in the state are the least likely in the nation to participate in this important food security program.<sup>132</sup>
- About half of California's students are enrolled in the free or reduced-price lunch program (3.1 million),<sup>133</sup> yet just 70% of enrolled students participate in this nutritional program.<sup>134</sup>

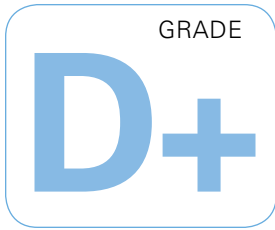
### Advertising

- Children are exposed to between 4,000 and 7,600 food ads on television a year, depending on their age.<sup>135</sup>
- Of television ads aimed at children, 34% are for candy and snacks, 28% are for cereal and 10% are for fast food. None of the food ads targeted at children promote fresh fruits and vegetables.<sup>136</sup>
- Young children with TV sets in their bedroom are at increased risk of becoming overweight.<sup>137</sup>





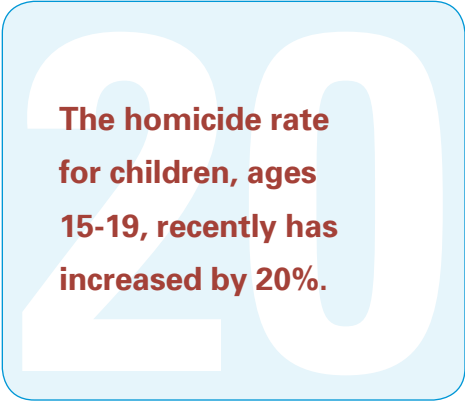
# Child Safety



**Children who grow up in safe environments are more socially and emotionally secure, and are less likely to be victims or victimizers as adults.**

Too many children in California are at risk of becoming victims of violence: tens of thousands of children live in dangerous neighborhoods and nearly half of all middle and high school students report other students bringing weapons to school. After declining for decades, the homicide rate for children, ages 15-19, recently rose by 20%, an indicator that extreme violence is an everyday part of many children's lives. Early detection of and intervention in threats to children's safety prevent later, more costly remediation and allow children to stay focused on positive pursuits, like education.

More than 100,000 children are abused in California each year, and about 75,000 are in foster care. Another 100,000 young people are involved in the juvenile justice system in California and the majority of them have been exposed to violence. Children in the foster care and juvenile justice systems are at the highest risk for serious emotional, social, academic and physical problems, and need additional support to develop into contributing members of society.



**The homicide rate for children, ages 15-19, recently has increased by 20%.**

## Notable Policy Progress

- As a result of increased funding and outreach, housing services were expanded in 2007 for children in foster care who turn 18 prior to reuniting with their family or being adopted. California has also expanded supports for family members caring for relatives' children, expanding the number of potential foster families and helping keep foster children in contact with relatives.<sup>138</sup>

*Continued on page 34*

## Child Safety (continued)

*Continued from page 33*

### Recommendations

- Improve children's safety at school and in their neighborhood.** Tens of thousands of California's children are exposed to violence in their neighborhood and on school grounds, limiting their chances of healthy emotional and academic development. To find comprehensive solutions for improving children's safety, a multi-systems approach that brings together

agencies and resources that impact child safety is needed. Solutions and activities focused toward prevention are essential to improving children's safety at school and in their community.

- Expand early intervention and prevention services for children and families.** Strains on our child welfare system mean that, too often, children only receive help once they are at serious risk of harm or have already experienced violence or neglect. Improving our ability to detect and address the earliest signs of danger can improve children's overall well-being and decrease costs associated with expensive services, such as foster care. Enhanced coordination between schools, child care centers and the child welfare system will strengthen our ability to address challenges to children's safety before they escalate.



### Data

#### Safety at School

- About 40% of middle and high school students report that other students bring weapons to school. About 20% of students think that their friends won't mind if they bring a weapon to school.<sup>139</sup>

- About 35% of middle and high school students report having been pushed, shoved or hit at school in the last year. 25% have been in a physical fight in the last year.<sup>140</sup>

### **Maltreatment**

- In 2006, 11 out of every 1,000 children were neglected or abused in California; the national rate is 12 per 1,000.<sup>141</sup> African American children had the highest rates of substantiated abuse reports in the state (22 per 1,000), followed by Native American (14 per 1,000), Latino (11 per 1,000), white (10 per 1,000) and Asian American (4 per 1,000) children.<sup>142, 143</sup>
- In 2006, 8% of children who had experienced abuse were abused again within 6 months.<sup>144</sup>

### **Homicide**

- The homicide rate for adolescents, ages 15-19, increased by 21% between 2001 and 2004; boys and African Americans were most likely to be murdered.<sup>145</sup>

### **Foster Care**

- In 2006, 8 out of every 1,000 children, ages 0-17, were in foster care in California, a 33% decrease from 1998.<sup>146</sup>
- In 2006, African American children were most likely to be in foster care, at a rate of 30 per 1,000 children, ages 0-17. Native American children were in foster care second most often (13 per 1,000), followed by white and Latino (7 per 1,000), and Asian American (2 per 1,000) children.<sup>147</sup>
- Fewer than 40% of children who enter foster care for the first time are reunified with their parents within a year.<sup>148</sup>
- 23% of all children in foster care (and 38% of African American children) have been in care for more than five years.<sup>149</sup>

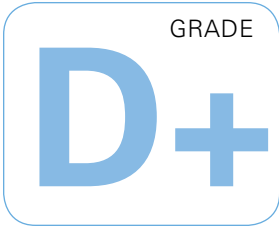
### **Juvenile Justice**

- Spending on youth corrections has increased by 77% since 2000, while prevention funds for young offenders have decreased by 2%.<sup>150</sup>
- About 100,000 children are involved in California's juvenile justice system, and about 7,000 are in the equivalent of a maximum-security prison.<sup>151</sup> 70% of children released from those institutions are re-arrested within two years.<sup>152</sup>

**More than 100,000  
children are abused  
in California each  
year.**



# Integrated Services



**Children do best when families and communities work together; bureaucratic and funding barriers limit children's access to integrated services.**

Recognizing the strong interdependence between children's academic performance and their health and family environment, many schools, child care programs and community centers have co-located services, such as health care, counseling, adult education and enrichment activities. That greatly improves service accessibility and enhances the likelihood that children will come to school ready to learn. In California, the most successful examples of this approach include school-based health centers, Head Start, Early Head Start, family resource centers and Healthy Start.

The existing bureaucratic and funding landscape in California makes it extremely difficult to provide the services that many children need in one place. Providers must braid together funding streams to support a variety of services for students and their families, often requiring staff members to take time away from serving children to raise money and manage reporting requirements. Those and other barriers discourage schools, child care centers and community organizations from hosting integrated services, thus limiting their availability. Existing integrated services programs reach just a fraction of children and families in the state, limiting their positive results.

## Recommendations

- **Expand the availability of integrated services to improve access to essential supports for children and their families.** Fully funding the Public School Health Center Support Program and expanding programs that provide support to families and children in early care and education, K-12, and community settings are important steps toward improving access to integrated services. Increasing incentives and funding specifically targeted at coordinating support services will further encourage communities to bring services for children and families to school campuses and child care settings.
- **Reduce administrative barriers to providing integrated services.** Streamlining reporting requirements, consolidating similar funding streams and addressing other barriers to effective collaboration can make co-locating services for children and families more fiscally and operationally feasible for schools, child care centers and community organizations.

## Data

### The Need for Integrated Services

- Students who have regular access to health care—such as through school-based clinics—experience higher academic achievement over multiple school years.<sup>153</sup>
- Families with young children that work with someone who helps them access services are more likely to have a regular source of medical care for their children and more likely to read together often, which contributes to children’s healthy development.<sup>154</sup>
- 69% of schools in a national survey reported an increased need for mental health services; 33% of them experienced decreased funding for such services.<sup>155</sup>

### Integrated Services for Young Children

- Programs funded through First 5 California complete about 325,000 home visits a year, providing one-to-one support for parents of young children and sharing information about available services and supports.<sup>156</sup>
- First 5-supported programs provide case management services for about 445,000 children, ages 0-5, each year.<sup>157</sup>
- California’s Head Start and Early Head Start programs provide medical screenings and case management for the 120,000 children, ages 0-5, who are enrolled in their early education programs.<sup>158</sup>

### Integrated Services for School-Age Children

- In California, there is just one school nurse for every 4,000 students,<sup>159</sup> which is well below the national standard of one nurse for every 750 students.<sup>160</sup> There are no school nurses at all in 15 California counties.<sup>161</sup>
- In California, there is just one counselor/psychologist for every 500 students.<sup>162</sup> The recommended ratio is one counselor for every 250 students.<sup>163</sup>
- California has 146 school health centers that serve approximately 262,000 children a year, or about 4% of California’s student population.<sup>164</sup>
- Healthy Start case management programs have improved access to services, such as counseling, dental screenings and tutoring, for about one million children in 1,400 schools since 1991. Best estimates suggest that almost all such programs have continued to provide services at a smaller scale after their grants ended.<sup>165</sup>



# Endnotes

1. U.S. Census Bureau, American Community Survey, “Sex by Age,” 2006.
2. Children Now analysis of data from the U.S. Census Bureau’s American Community Survey 1% Public Use Microdata Sample (PUMS) 2006, as accessed through IPUMS, a project of the Minnesota Population Center, <<http://www.ipums.org/acs/index.shtml>> (October 24, 2007).
3. Data includes home language for children, ages 5-17. U.S. Census Bureau, American Community Survey, “Age by Language Spoken at Home for the Population 5 Years and Over,” 2006.
4. Data includes citizenship status of children, ages 0-17. “Citizen” is defined as a person born in the United States or who has gained naturalized citizenship status. U.S. Census Bureau, American Community Survey, “Sex by Age by Citizenship Status,” 2006.
5. “Very poor households” are those earning 100% of the Federal Poverty Level or less. U.S. Census Bureau, American Community Survey, “Poverty Status in the Past 12 Months by Sex by Age: California,” 2006.
6. California Budget Project, *Making Ends Meet: How Much Does it Cost to Raise a Family in California?* (Sacramento, CA: California Budget Project, 2007).
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8. Rita Mangione-Smith, M.D., M.P.H., et al., “The Quality of Ambulatory Care Delivered to Children in the United States,” *The New England Journal of Medicine* 357 (October 2007):1515-1523.
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12. E. Richard Brown, et al., *The State of Health Insurance in California* (Los Angeles: UCLA Center for Health Policy Research, 2007).
13. Managed Risk Medical Insurance Board, *California and Federal SCHIP Reauthorization* (Sacramento, CA: Managed Risk Medical Insurance Board, 2007).
14. Children Now analysis of data from the UCLA Center for Health Policy Research, California Health Interview Survey, “Has health insurance,” 2005.
15. Statewide, about 95% of Asian children are insured, one of the highest insurance rates statewide (Children Now analysis of data from the UCLA Center for Health Policy Research, California Health Interview Survey, “Has health insurance,” 2005). However, insurance rates vary substantially among Asian subgroups. Best available evidence suggests that more than one-quarter of Korean children are uninsured, and nearly one in 10 Vietnamese children do not have insurance. Chinese and Filipino children, and children of other Asian origin, are more likely to be insured (Shana Lavarreda, et al., *Insurance Rates of Asian American and Pacific Islander Children Vary Widely* (Los Angeles: UCLA Center for Health Policy Research, 2005)).
16. African American children have high rates of insurance and similar access to medical care as their peers. However, African American children consistently have some of the worst health outcomes, ranging from infant death and low birthweight to the incidence of asthma and other health problems. The cumulative impact of pervasive poverty and unhealthy neighborhood environments are likely contributors to this.
17. Children Now analysis of data from the UCLA Center for Health Policy Research, California Health Interview Survey, “Has health insurance,” 2005.



18. Shana Lavarreda, et al., *More than Half of California's Uninsured Children Eligible for Public Programs But Not Enrolled* (Los Angeles: UCLA Center for Health Policy Research, 2006) and Jennifer Kincheloe and E. Richard Brown, *Who Signs Up? Family Participation in Medi-Cal and Healthy Families* (Los Angeles: UCLA Center for Health Policy Research, 2005).
19. David Carroll, et al., *What Does it Take for a Family to Afford to Pay for Health Care?* (Sacramento, CA: California Budget Project, 2007).
20. David Himmelstein, et al., "Illness and Injury as Contributors to Bankruptcy," *Health Affairs: The Policy Journal of the Health Sphere*, February 2005.
21. E. Richard Brown, et al., *The State of Health Insurance in California* (Los Angeles: UCLA Center for Health Policy Research, 2007).
22. Children Now analysis of data from the UCLA Center for Health Policy Research, California Health Interview Survey, "Has place to go when sick or need health advice" by family income, 2005.
23. Children Now analysis of data from the UCLA Center for Health Policy Research, California Health Interview Survey, "Missed school or work because of a dental problem," 2003.
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CALIFORNIA

# Report Card<sup>2008</sup>

*The State of the State's Children*

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