

# Trends in the Well-Being of Sacramento County Children 2010

*Prepared for:*



First 5 Sacramento, Commission  
2750 Gateway Oaks Drive, Suite 330  
Sacramento, CA 95833

*Prepared by:* Walter R. McDonald & Associates, Inc.  
2720 Gateway Oaks Dr., Suite 250  
Sacramento, CA 95833

**March 10, 2010**

## Table of Contents

<b>Executive Summary .....</b>	<b>3</b>
County Progress on Some Child Well-Being Indicators .....	3
County Lags on Other Indicators .....	4
<b>Introduction.....</b>	<b>5</b>
Limitations .....	5
<b>Demographics of Sacramento County Children Ages 0-5 Years.....</b>	<b>7</b>
Population of Children Ages 0-5 Years by Race/Ethnicity .....	7
Children Living in Poverty .....	8
English Language Learners.....	9
<b>Snapshot of Well-Being of Children Ages 0-5 Years .....</b>	<b>10</b>
Early Prenatal Care .....	10
Teen Births.....	11
Low and Very Low Birthweight .....	12
Breastfeeding .....	13
Immunizations.....	14
Asthma .....	15
Health Insurance .....	16
Diet.....	18
Obesity .....	19
Oral Health.....	20
Autism.....	21
Substantiated Cases of Child Abuse .....	22
Child deaths .....	24
Allegations of Abuse/neglect.....	26
<b>Snapshot of Well-Being of Families.....</b>	<b>27</b>
Domestic Violence.....	27
Entries into Foster Care .....	28
Child Care Availability.....	29
Child Care Affordability .....	30

## EXECUTIVE SUMMARY

This is a summary highlighting areas where Sacramento County has made progress over the last five to six years and where the County can still improve. This is not exhaustive of the topics covered in this Trends Report.

In general, population estimates show that over the last five years Sacramento County has seen an increase in the proportion of children ages 0-5 years who are Hispanic or Asian, while the proportion of children who are multiracial has declined. In fact, despite a slight decline, Sacramento County has seen an upward trend in the number of children entering kindergarten who speak Spanish.

### COUNTY PROGRESS ON SOME CHILD WELL-BEING INDICATORS

Sacramento County is doing well or has made progress in a number of areas related to the well-being of children and families. Most notably, the percent of children fully immunized by age 2 years and the percent of children ages 2-5 years who had seen a dentist in the last year increased. In some areas where Sacramento County appears to be making progress (listed below) we present data from the California Health Interview Survey (CHIS) which are often statistically unstable, making them less reliable. However, it is worth noting that progress *appears* to have been made in these areas.

- Teen births have decreased in Sacramento County to 61.4 per 1,000 females 18-19 years old and 16.4 births per 1,000 females 15-17 years old, in 2008—reversing the recent upward trend.
- Ninety-three percent of First 5 Sacramento children have health insurance upon intake.
- Fewer deaths among Sacramento County's youngest children were attributed to an abuse/neglect-related homicide.
- Children between the ages of 2 and 5 years who saw a dentist in the last year increased for Sacramento County, to nearly 70 percent in 2007.
- The percent of children whom are fully immunized by the age of 2 increased for the North Central Valley (which includes Sacramento County) to nearly that of California as a whole.
- Babies born low to very low birthweight decreased in Sacramento County to 6.5 percent.

## COUNTY LAGS ON OTHER INDICATORS

While Sacramento County has made progress on a number of social indicators, the County still has progress to make on other social indicators. Overall, some indicators do suggest that the recent economic downturn has adversely affected families in Sacramento County.

- The percent of children under the age 5 years in Sacramento County living in poverty has been increasing since 2007, reaching 22.3 percent in 2008.
- Although the number of domestic violence calls decreased over the last five years, the percentage of domestic violence calls that *involved a weapon* increased in Sacramento County.
- The number of children ages 2-5 years with autism significantly increased over the last five years, to over 400 in 2008.
- The percent of women receiving prenatal care in the first trimester declined, while prenatal care beginning in the second or third trimesters increased, possibly influenced by difficult economic times.
- Deaths caused by Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome more than quadrupled between 2006 and 2007 (to 14 deaths in 2007).

## INTRODUCTION

This report compiles data from a variety of sources in order to provide the First 5 Sacramento Commission with the most current information on the well-being of Sacramento County's youngest children and their families. This report does not include data collected as a part of the WRMA/First 5 evaluation, with one exception—data on health insurance—rather, publicly available data are reported. The intent of this report is to assist the Commission in their planning of future First 5 Sacramento services.

The most recent data available were culled from various sources available to the public, through data extraction or various reports, to address the social indicators of interest to the First 5 Sacramento Commission. Where available and relevant, data were limited to just the population of children ages 0-5 years. The data reported here are taken from the primary data sources wherever possible, rather than report data strictly from another report (for example, teen birth rates are taken directly from the California Department of Health Services, Birth Statistical Data). The advantage of using this method is that departments periodically update their archived data, while data from a report may not have the most up-to-date statistics.

All exhibits in this report site the race/ethnicity as the data were available, rather than re-classifying the data, in order to not misrepresent the data. In addition, it is important to note that due to an increasing child population when rates stay flat or are on the decline it may not be an actual decrease in prevalence, it may be an *increase*.

Key data sources include the following:

- California Department of Finance;
- U.S. Census Bureau, American Community Survey;
- California Health Interview Survey (CHIS);
- California Department of Health Care Services, Medical Care Statistics Section;
- California Department of Education, Educational Demographics Unit;
- First 5 Sacramento, Family Intake Form;
- Sacramento County and California Child Care Profiles;
- Sacramento County Child Death Review Team;
- California Department of Health Services;
- California Department of Justice; and
- CWS/CMS (Child Welfare System/Case Management System) data available from University of California, Berkeley, Center for Social Services Research.

## LIMITATIONS

The primary limitations of the data reported here surround population based surveys. In particular, population based surveys take a representative sample of the population and estimate prevalence rates within the general population. A key limitation of population surveys is that they rely upon self-reported data—for example, the CHIS as well as the American Community Survey. The self-report limitation also holds true data collected via the First 5 Sacramento Family Intake Form.

Population surveys deriving their sample from publicly available telephone numbers are especially problematic because they do not include unlisted-phone numbers or cellular phone numbers, or those that do not have a telephone at all. Moreover, with small numbers of people reporting for a particular group, estimates are typically unstable. Due to the great interest in a number of the social indicators where data are only available from the telephone conducted CHIS, we still include the data in this report but the trends are not conclusive.

# DEMOGRAPHICS OF SACRAMENTO COUNTY CHILDREN AGES 0-5 YEARS

## POPULATION OF CHILDREN AGES 0-5 YEARS BY RACE/ETHNICITY

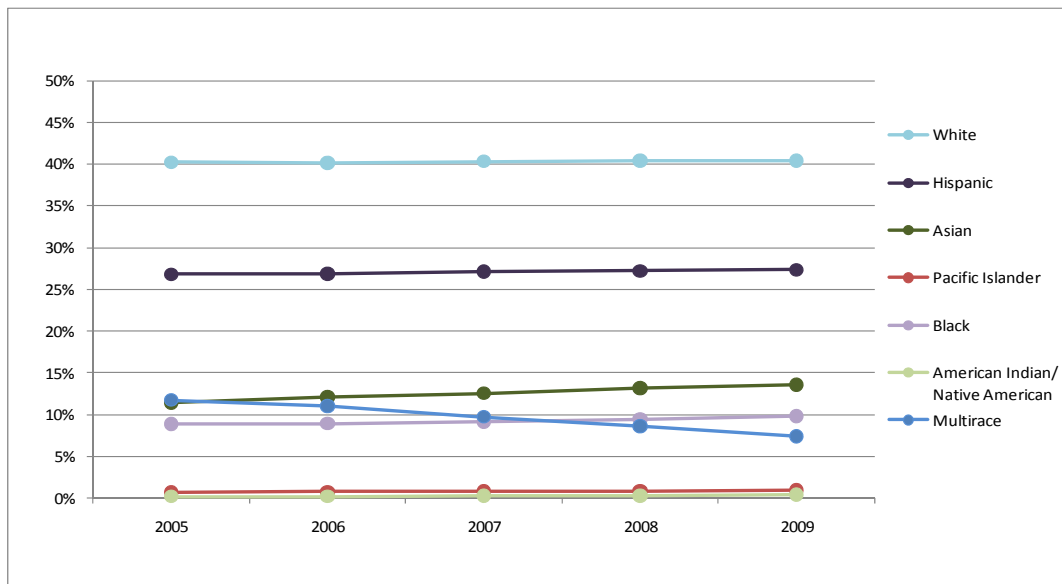
### Why is this important?

Needs, strengths and challenges, and engagement of a community vary by the age, race/ethnicity, and income or socioeconomic status of the population. An aging population has different concerns and different challenges than one with many young people. Understanding the demographic changes, particularly race/ethnicity for cultural relevance, is important for planning of service delivery.

### Trends in Population Ages 0-5 Years

According to the California Department of Finance, the estimated population of children ages 0-5 years in Sacramento County was 122,949 in 2009, an increase by 1,336 children since 2005. As seen in Exhibit 1, the child population with the greatest increase over the last five years is the Asian populations. While other races have stayed relatively stable, the multiracial population is estimated to have substantially declined since 2005.

**Exhibit 1.**  
**Proportion of Children Ages 0-5 Years by Race/Ethnicity, Sacramento County**



Source: California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000–2050*, Sacramento, CA, July 2007

## CHILDREN LIVING IN POVERTY

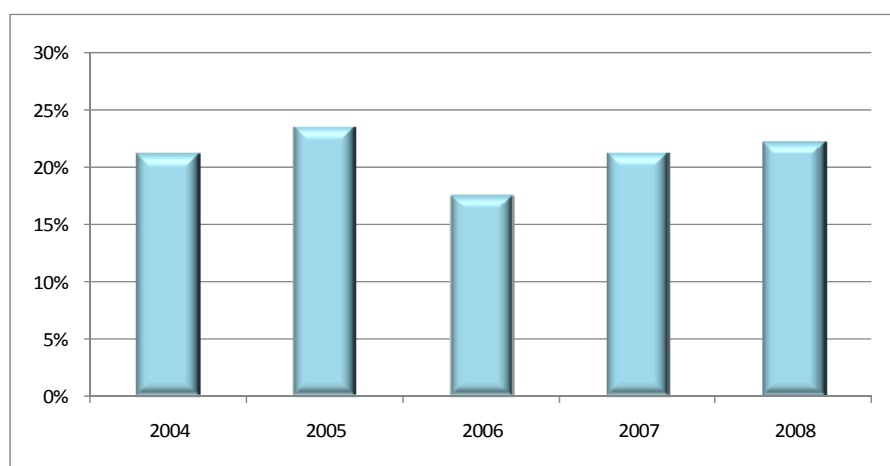
### Why is this important?

Poverty before age 5 is associated with fewer total years of schooling, school failure, and dropout rates.<sup>1</sup> Children in families below the poverty level have more physical health problems and poorer nutrition than their counterparts not in poverty.<sup>2</sup> Even prior to school entry, young children in poor families score lower on standardized tests of verbal ability and cognitive skills (reading, number skills, problem solving, creativity, and memory) than children not experiencing poverty.<sup>3</sup> Living in deep and/or persistent poverty exacerbates these negative consequences.

### Trends in Poverty

While Sacramento County experienced an encouraging trend in the percent of children under the age of 5 years living in poverty in 2006, this was not sustained. Data from the Census Bureau's American Community Survey confirms that there was a marked increase in the percent of poverty stricken children in 2007, which continued to increase in 2008, reaching 22.3 percent. This is not surprising considering the dramatic rise in unemployment and underemployment since 2006, coupled with decreased salaries. This trend should continue given a seasonally-adjusted unemployment rate of 12.5 percent for California in 2009, a rise from 2008.<sup>4</sup>

**Exhibit 2.**  
**Children Under the Age of 5 Years in Poverty,**  
**Sacramento County**



Source: U.S. Census Bureau, American Community Survey, 2004-2008

<sup>1</sup> McLoyd, V. (1998). "Socioeconomic disadvantage and child development." *American Psychologist* 53(2), 185-204.

<sup>2</sup> Brooks-Gunn, J., Britto, P.R., and Brady, C. (1999). "Struggling to make ends meet: Poverty and child development." In Lamb, M.E. (Ed.). *Parenting and child development in "nontraditional" families* (pp. 279-304). Mahwah, NJ: Lawrence Erlbaum Associates.

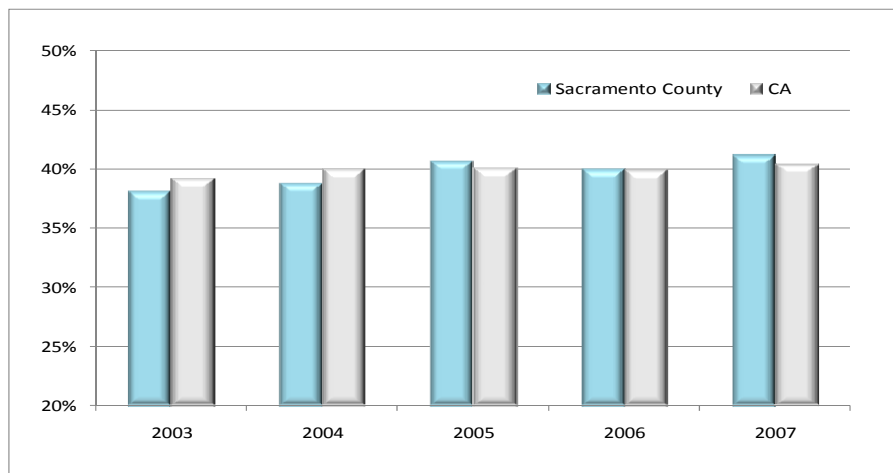
<sup>3</sup> Stipek, D.J. and Ryan, R.H. (1997). "Economically disadvantaged preschoolers: Ready to learn but further to go." *Developmental Psychology* 33(4), 711-723.

<sup>4</sup> <http://www.bls.gov/news.release/laus.nr0.htm> accessed on March 5, 2010.

Since eligibility for public programs, such as Medi-Cal are often based on income, one way of measuring poverty trends in the County is to look at the proportion of people who are eligible for public assistance. For example, a family of three must have an income at or below \$1,306 per month (an annual income \$15,672) to be eligible for Medi-Cal.<sup>5</sup>

While Medi-Cal eligibility data including age breakdowns were not available for 2008, most recent data available show that between 2003 and 2007 Sacramento County experienced a slight but steady increase in the proportion of children ages 0-5 years whom were Medi-Cal eligible.

**Exhibit 3.  
Children Ages 0-5 Years Medi-Cal Eligible,  
Sacramento County and California**



Source: California Department of Health Care Services, Medical Care Statistics Section, 2003-2007

## ENGLISH LANGUAGE LEARNERS

### Why is this important?

Children who speak a language other than English prior to Kindergarten entry are less likely to have the skills they need to succeed in Kindergarten.<sup>6</sup> English Language Learners can require more intensive help in the transition to Kindergarten.

### Trends in English Language Learners

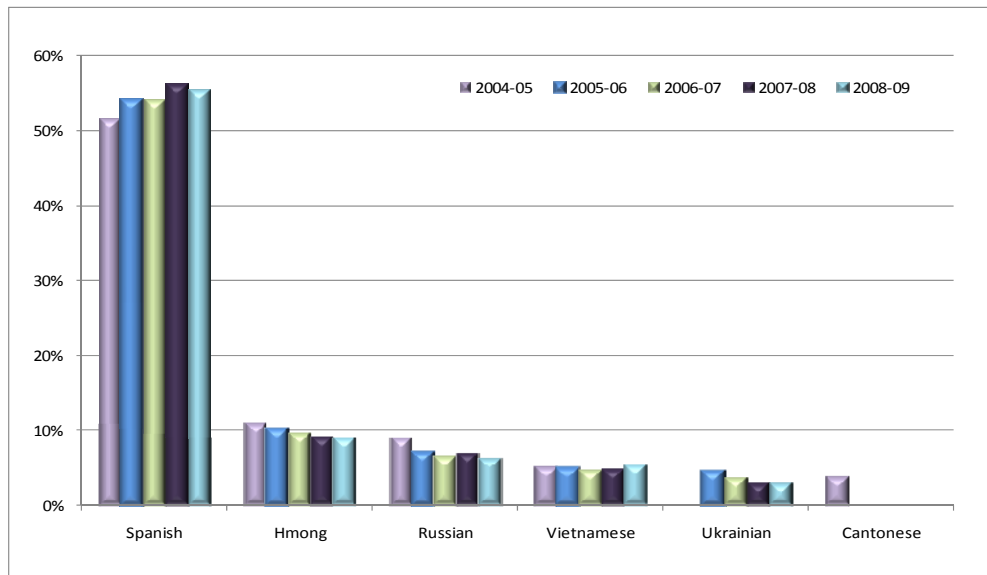
From the 2004-05 to the 2008-09 school year, the total number of kindergarten English language learners in Sacramento County varied between approximately 5,000 and 5,500 children a year (a total of 5,521 kindergarten ELLs in 2008-09). Spanish, Hmong, Russian, Vietnamese, Ukrainian,

<sup>5</sup> The Health Consumer Alliance (2004, July). Not getting welfare, you can still get free Medi-Cal. Retrieved July 17, 2008 from <http://healthconsumer.org/fs005LAeng.pdf>.

<sup>6</sup> National Research Council, 1998.

and Cantonese consistently remain somewhere in the top-five primary languages of kindergarten ELLs. As seen in Exhibit 4, overall, Spanish speaking ELLs have increased, while Cantonese was replaced by Ukrainian in the top-five for the last four years.

**Exhibit 4.  
Kindergarten English Learners by Language,  
Sacramento County**



Source: California Department of Education, Educational Demographics Unit, 2004-05 - 2008-09

## SNAPSHOT OF WELL-BEING OF CHILDREN AGES 0-5 YEARS

### EARLY PRENATAL CARE

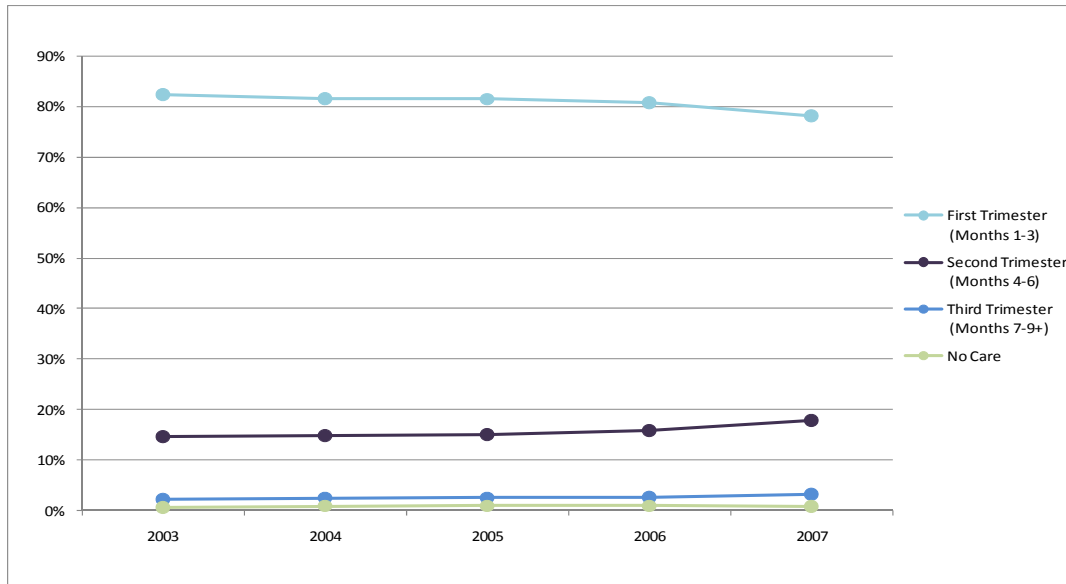
#### Why is this important?

Mothers who receive late or no prenatal care are more likely to have babies with health problems. Late or no prenatal care is associated with poor birth outcomes including low birth weight, stillborn, or infant death.

#### Trends in Prenatal Care

The percentage of women in Sacramento County beginning prenatal care in the first trimester has hovered at around 82%, until 2006 when it began to decline. A greater proportion began prenatal care in the second or third trimester, and smaller in the first, could be attributed to the economic downturn. Future years of data will give a better understanding of this trend.

**Exhibit 5.  
Initiation of Prenatal Care by Trimester,  
Sacramento County**



Source: California Department of Health Services, Birth Statistical Data, 2003-2007

**TEEN BIRTHS**

**Why is this important?**

Births to young teenagers pose health risks to mothers and children, impact the economic security of the family unit and have implications for school performance. Teenage mothers are less likely to receive adequate prenatal care, which can lead to poor health, physical complications, and developmental problems in children.<sup>7,8</sup>

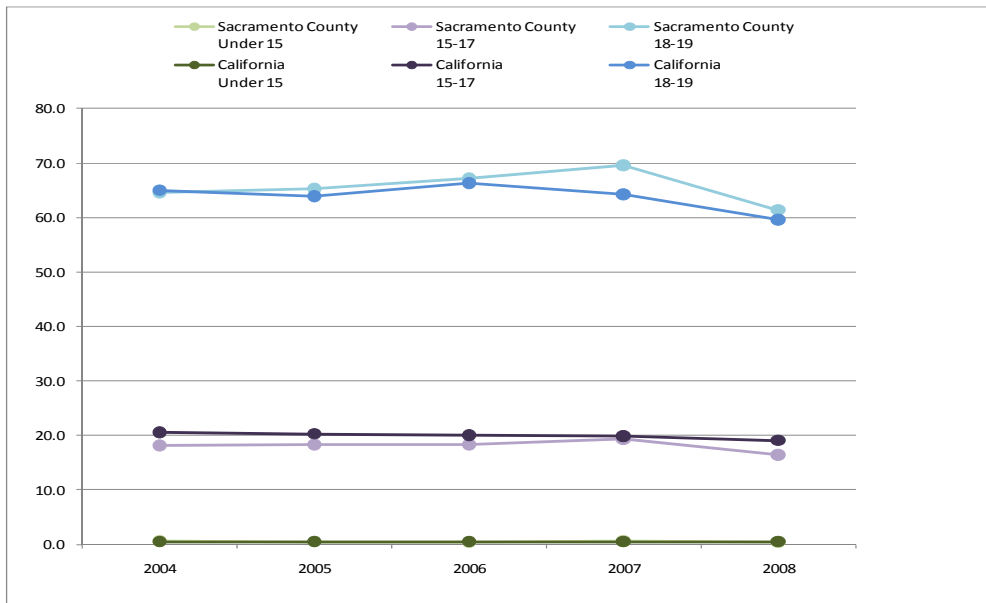
**Trends in Teen Births**

Higher birth rates among 18-19 year olds in Sacramento County were experienced between 2004 and 2007. This changed in 2008, with a considerable decline to 61.4 births per 1,000 women age 18-19 years. Likewise, the birth rate declined for 15-17 year olds in 2008, after the slight increase in 2007. California as a whole also experienced a recent decline in the birth rate among 18-19 year olds.

<sup>7</sup> Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980-1992. *Vital and Health Statistics*, 21(53).

<sup>8</sup> Kagan, SL, Moore E & Brandekamp S (1995) Reconsidering children’s early development and learning: Toward common views and vocabulary. Washington DC. National Educational Goals Panel: Goal 1 Technical Planning Group.

**Exhibit 6.  
Birth Rate per 1,000 Teens by Age,  
Sacramento County and California**



Source: California Department of Health Services, Birth Statistical Data, 2004-2008

**LOW AND VERY LOW BIRTHWEIGHT**

**Why is this important?**

Low birth weight is the key determinant of neonatal death and a variety of health and developmental problems.<sup>9</sup> The large majority of children in the nation are born at a healthy/normal birth weight; yet it is still important to study this indicator because of the substantial health and development impacts sustained by babies who are born at low and very low birthweight.

**Trends in Infant Birthweight**

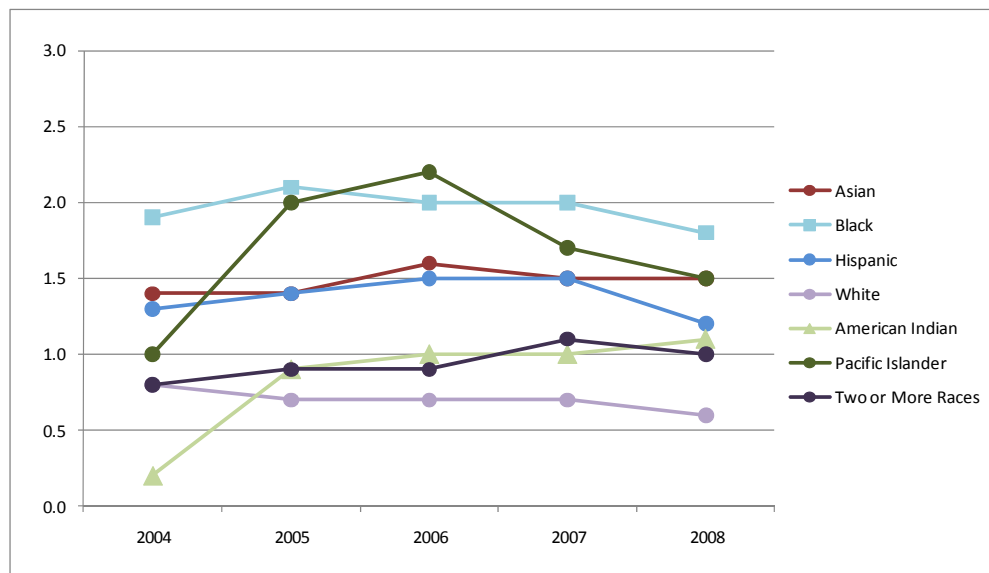
Overall, the percentage of low to very low birthweight infants had been slowly increasing in Sacramento County, until recently. As depicted in Exhibit 7, low birthweight continues to be *most* prevalent among African Americans—1.8 per 1,000 African American babies in Sacramento County were born either low or very low weight at birth. With the Healthy People Objective to reach no more than 5% of births low or very low birthweight by 2010,<sup>10</sup> as of 2008

<sup>9</sup> Chandra, A. (1995), Health aspects of pregnancy and childbirth: United States, 1982-88. Vital and Health Statistics, 23(18).

<sup>10</sup> County Health Status Profiles, 2006. California Department of Health Services and California Conference of Local Health Officers.

Sacramento County and California both still lag behind the Healthy People Objective (6.5% and 6.8% respectively).

**Exhibit 7.  
Number of Infants with Low or Very Low Birthweights per 1,000 Births by Race/Ethnicity  
Sacramento County**



Source: California Department of Health Services, Birth Statistical Data, 2004-2008

## BREASTFEEDING

### Why is this important?

Exclusive breastfeeding for about the first six months of life provides the most complete form of nutrition, supports optimal growth and development, and reduces the incidence of infant illnesses. The health benefits of breastfeeding are well documented for reductions in the incidence and/or severity of diseases and illnesses in children including diarrhea, lower respiratory infection, and middle ear infection.<sup>11</sup> Some research also suggests that breastfeeding enhances an infant's cognitive development, leading to improved academic performance in later years.

For women, breastfeeding reduces the risks of breast cancer, ovarian cancer and osteoporosis and helps women recover from childbirth more quickly. The benefits of breastfeeding continue throughout life reducing the incidence of chronic conditions such as obesity and diabetes in children and adults.<sup>12</sup>

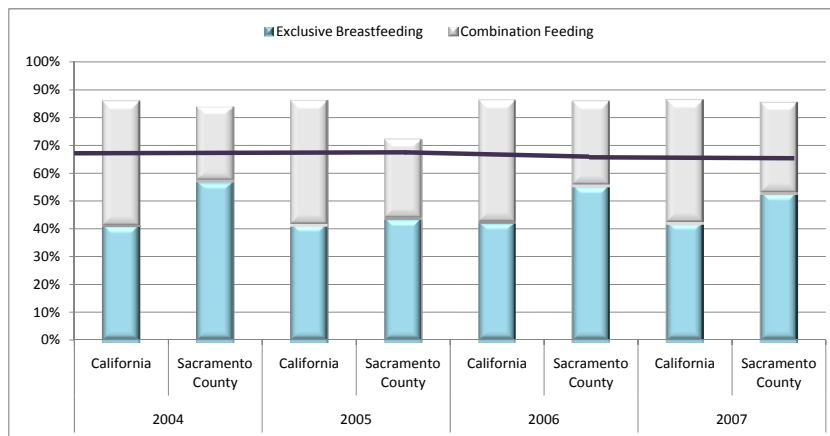
<sup>11</sup> American Academy of Pediatrics Work Group on Breastfeeding (1997) Policy Statement:

<sup>12</sup> California Department of Health Services, Director's Weekly Health Tip, August 1, 2005.

## Trends in Breastfeeding

Between 2004 and 2007, the percentage of women whom reported *exclusive* breastfeeding upon hospital discharge has varied from a high of 57.8 percent in 2004, to a low of 44.2 percent in 2005. Most recent data (2007) suggest that a little more than half of all women in Sacramento County are exclusively breastfeeding upon hospital discharge. Despite the slight decline, which began in 2006, non-Hispanic White babies continued to begin breastfeeding exclusively more than any other race/ethnic group or the County as a whole (as seen by the purple line in Exhibit 8). Sacramento County continues to significantly outperform California in exclusive breastfeeding rates.

**Exhibit 8.**  
**Exclusive Breastfeeding and Combination Feeding Rates**  
**Sacramento County and California**



Source: California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2004-2007

## IMMUNIZATIONS

### Why is this important?

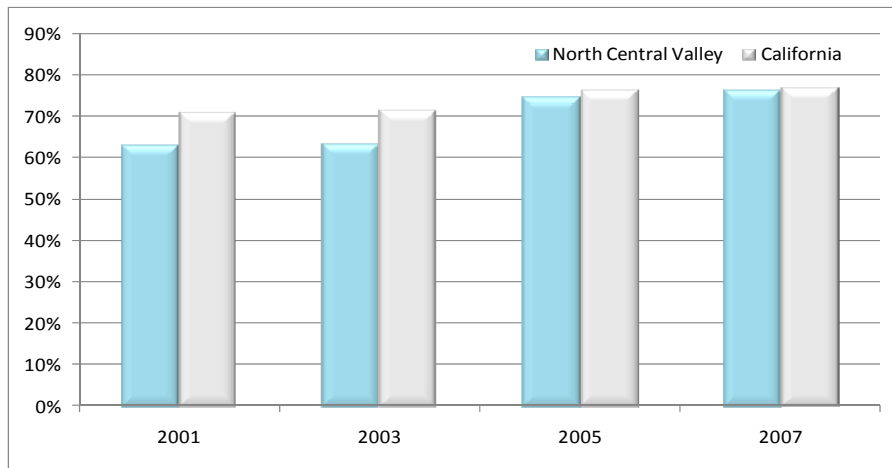
Vaccines prevent some diseases that can have long term and severe impacts on children's health and development. Required immunizations prevent the development of diseases that can lead to lower school attendance and poorer physical condition.<sup>13</sup> Illness and physical/developmental problems associated with not receiving immunizations may lead to problems adapting to school.

<sup>13</sup> Zaslow, M., Halle, T., Zaff, J., Calkins, J., and Margie, N.G. (2000). Background for community level work on school readiness: A review of definitions, assessments, and investment strategies. Washington, DC: Child Trends.

## Trends in Immunizations

Recent data suggests that California as a whole and the North Central Valley (Sacramento, San Joaquin, and Stanislaus Counties) have seen an increase in the percent of children fully immunized by the age 2 years. This trend, however, leveled off as of the last reporting year (2007). As seen in Exhibit 9, the North Central Valley has caught up with the State of California as a whole, with approximately 76 percent of children being immunized by age 2 years within both groups.

**Exhibit 9.**  
**Children Fully Immunized by Age 2 Years,**  
**North Central Valley and California**



Source: Children's Report Card, Sacramento County, 2006 and 2008

## ASTHMA

### Why is this important?

Asthma is the most common chronic illness affecting children.<sup>14</sup> Although most cases of childhood asthma are mild, with symptoms such as coughing, chest tightness, shortness of breath, and wheezing, asthma can cause serious and sometimes life-threatening health risks when it is not controlled.<sup>15,16</sup> The effects of asthma on children and parents can be overwhelming and often results in missed days of school, limitations on daily activities, emergency department

<sup>14</sup> American Lung Association. (2002). Asthma in children fact sheet.

<sup>15</sup> California Department of Health Services, Center for Health Statistics. "Asthma in Children and Adolescents in California Counties, 2003." Retrieved from <http://www.dhs.ca.gov/hisp/chs/OHIR/reports/countyhealthfacts/asthmachild2003.pdf>.

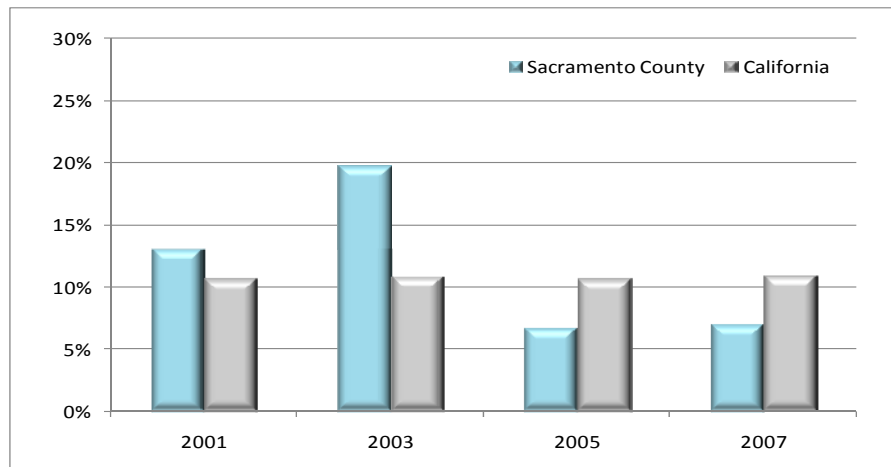
<sup>16</sup> American Lung Association. (2002). Childhood asthma: An overview. Retrieved from <http://www.lungusa.org/asthma/ascchildhoo.html>.

visits for treatment of asthma symptoms, and hospitalizations.<sup>17</sup> Children with a chronic health condition are more likely to suffer abuse.<sup>18</sup>

### Trends in Childhood Asthma

The percentage of children ages 1-5 years diagnosed with asthma appears to have declined considerably in Sacramento County since 2003. While the 2003, 2005, and 2007 estimates for Sacramento County are considered statistically unstable, with similar percents of children with asthma in 2005 and 2007 we can have more confidence in the 2007 estimate of approximately 7 percent. Prevalence of asthma appears to be holding steady for children ages 1-5 years at about 10-11 percent for California as a whole, *higher* than that of Sacramento County.

**Exhibit 10.**  
**Asthma Prevalence Among Children Ages 1-5 Years,**  
**Sacramento County and California**



Source: California Health Interview Survey, 2001, 2003, 2005, 2007

## HEALTH INSURANCE

### Why is this important?

Health insurance is the first step in the access to health care; families without health insurance are more likely to either delay care for their children or obtain care through hospital emergency

<sup>17</sup> National Center for Health Statistics. "Asthma Prevalence, Health Care Use and Mortality." Retrieved from <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/asthma/htm>.

<sup>18</sup> CDC Child Abuse Fact Sheet. Retrieved from <http://www.cdc.gov/ncipc/factsheets/cmfacts.html>.

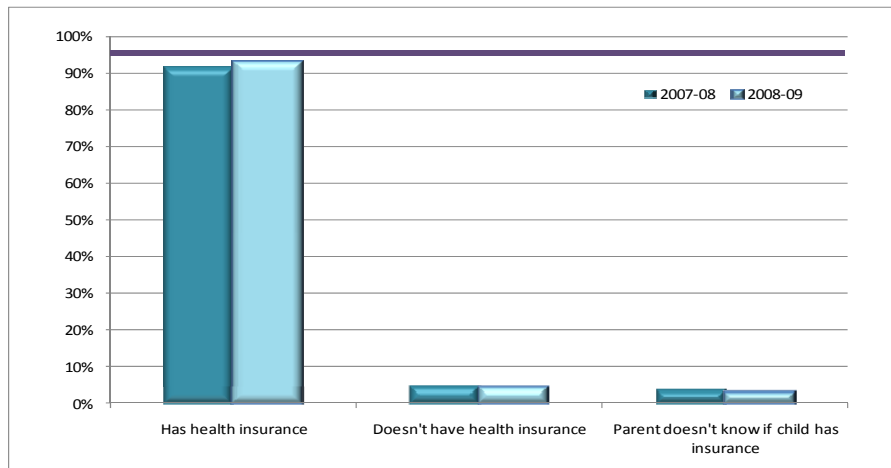
departments or other expensive locations.<sup>19</sup> A child's likelihood of having health insurance is strongly related to the income, family structures, race, ethnicity and citizenship of that child.<sup>20</sup>

### Trends in Health Insurance

The data presented here were collected from the First 5 Sacramento Family Intake Form. We choose to present these data, rather than the CHIS, due to greater reliability of the First 5 data and given the data were collected directly from First 5 clients these data provide a better picture of the needs of the First 5 population (see page 1 of this report for more information on CHIS limitations).

Approximately 93 percent of children ages 0-5 years have health insurance in Sacramento County, according to the First 5 Sacramento data.<sup>21</sup> This is a slightly greater percentage of children at intake, than in fiscal year 2007-2008. In sum, just over four percent of children ages 5 years and under *do not* have health insurance, and an additional three percent parents' *do not know* if their children have health insurance. The purple line in Exhibit 11 shows that California has a slightly greater percentage of children ages 0-5 years with health insurance (95.7%) than does Sacramento County First 5 families. These data suggest that 114,343 children ages 0-5 years in Sacramento County have health insurance; 4,918 do not.

**Exhibit 11.**  
**Health Insurance Status of First 5 Sacramento Children**



Source: First 5 Sacramento, Family Intake Form, 2007-08, 2008-09

<sup>19</sup> Hadley, J. (May 2002), Chapter 6: Insurance, medical care use, and birth, child and maternal health outcomes. In *Sicker and poorer: The consequences of being uninsured* (pp.53-71). Menlo Park, CA, Kaiser Commission on Medicaid and the Uninsured.

<sup>20</sup> U.S. Bureau of the Census (2001), Current Population Survey, March supplement.

<sup>21</sup> Valid data were collected for 7,298 First 5 Sacramento children ages 0-5 in FY07-08. The total number of children parents reported having health insurance was 6,690.

## DIET

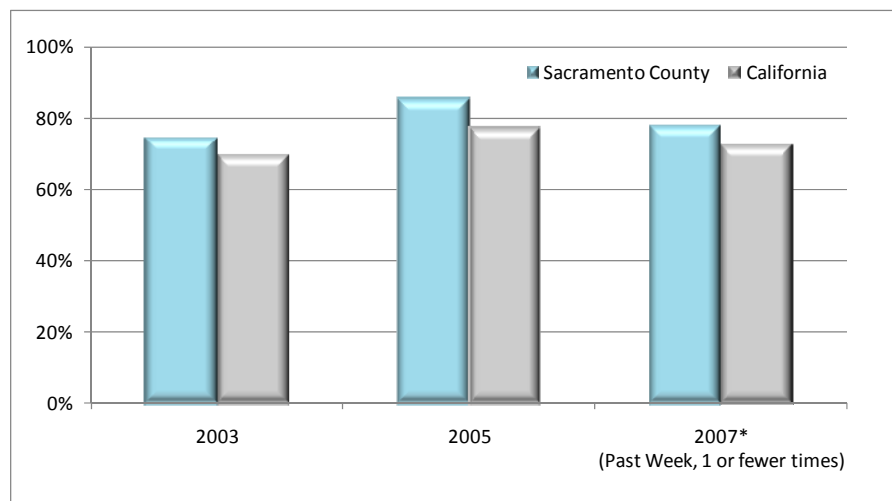
### Why is this important?

With rising rates of childhood obesity and subsequent concern for the long-term prognosis of the health of today's children, diet (*and exercise*) is receiving greater attention among scholars and the media. While out of the control of a young child, a diet high in saturated fat, high fructose corn syrup, and low in fiber harms the body, but one does not get the protection that a typical person would have if they ate at least 5 servings of fruits and vegetables a day. Consumption of fruits and vegetables is associated with reduced incidence of heart disease and stroke and can help control blood pressure and cholesterol. Research has shown that a diet high in fruits and vegetables can prevent some types of cancer and a painful intestinal ailment called diverticulitis. Fruit and vegetable consumption also guards against macular degeneration and cataracts, two common causes of vision loss.<sup>22</sup>

### Trends in Diet

In 2003 and 2005 the CHIS measured a diet including fast food on the *previous day*, whereas most recent surveys looked at the *previous week*. Based upon the available data, it appears that Sacramento County is doing just as well if not better, considering that the 2007 measure covers a longer period (7 days vs. 1 day) and the percent of children who did not eat fast food at all or only once in the past week is greater than that reported for 2003. Comparing the County to the State of California overall, diet is consistently better for children in the County.

**Exhibit 12.**  
**Children Ages 1-5 Years Who Did *Not* Eat Fast Food on Previous Day/Week,  
Sacramento County and California**



Source: California Health Interview Survey, 2003, 2005, 2007

<sup>22</sup> Harvard School of Public Health Retrieved from <http://www.hsph.harvard.edu/nutritionsource/fruits.html>.

## OBSESITY

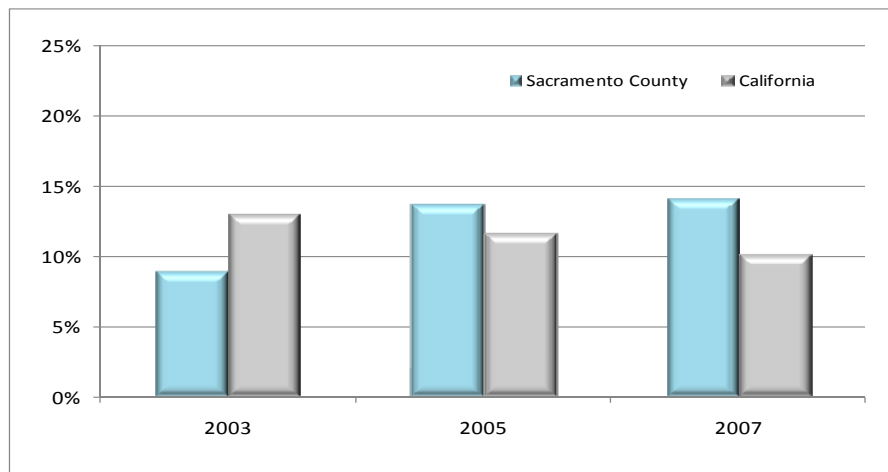
### Why is this important?

Obesity is increasing among children in the United States at an alarming rate. Subsequent diseases associated with obesity, such as type II diabetes and heart disease are also increasing at alarming rates in this population. Experts say that this generation will be the first that does not out-live their parents.<sup>23</sup> Governor Arnold Schwarzenegger even signed legislation in 2005, taking junk food and soda out of public schools, in hopes of halting this epidemic.<sup>24</sup>

### Trends in Childhood Obesity

In recent years, overweight/obesity among children ages 0-5 years has increased in Sacramento County. While a concerning upward trend among our youngest population, this trend seems to have leveled off to about 14 percent (and the most recent estimates are statistically stable unlike earlier years). In particular, these estimates suggest that the percentage of children ages 0-5 years in Sacramento County who are overweight for their age remains greater than that for California overall by about 4 percent.

**Exhibit 13.**  
**Children Ages 0-5 Years Overweight for Their Age,**  
**Sacramento County and California**



Source: California Health Interview Survey, 2003, 2005, 2007

<sup>23</sup> Lemm, T. (2008, June). Put that bag of chips and soda down. *North Kitsap Herald*. Retrieved from <http://www.pnwlocalnews.com/kitsap/nkh/community/19920614.html> on July 22, 2008.

<sup>24</sup> Office of the Governor (2005, September). Press Release: Governor Schwarzenegger Signs Landmark Legislation to Combat Childhood Obesity. Retrieved from <http://gov.ca.gov/index.php?/press-release/1424/> on July 22, 2008.

## ORAL HEALTH

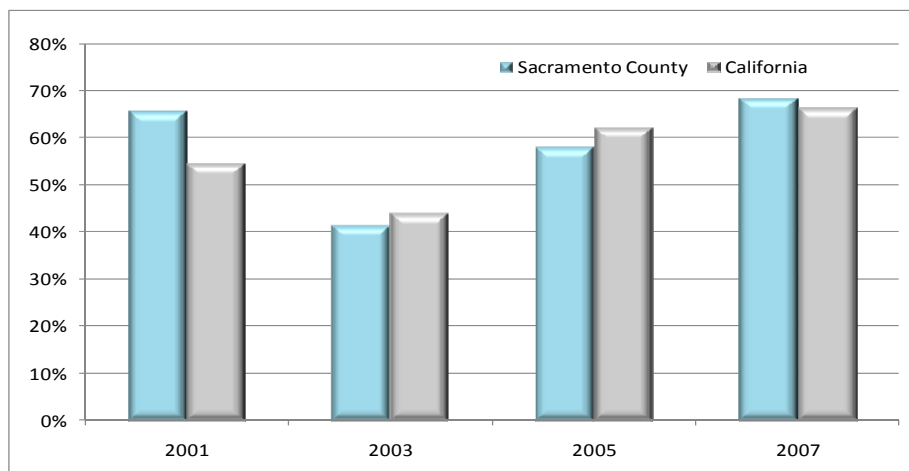
### Why is this important?

If left untreated, dental caries can lead to severe toothaches, oral abscess, destruction of bone, and spread of infection via the bloodstream.<sup>25</sup> Dental caries may affect a child's eating habits and nutritional intake, potentially influencing growth and early childhood development. The pain and infection caused by dental caries can lead to poor school attendance and problems in eating, speaking, and attending to learning.<sup>26,27</sup>

### Trends in Oral Health Care

Current trends in oral health care are positive, with an increasing proportion of children having seen a dentist in the last year. That is, despite the significant decrease in the percent of Sacramento County's children between the ages of 2 and 5 years who had seen a dentist in the past year, observed in 2003, recent data suggest this trend has *reversed*. The data suggest that Sacramento County has surpassed California once again, and is approaching 70 percent which is ahead of where it was in 2001.

**Exhibit 14.**  
**Children Ages 2-5 Years Who Saw a Dentist in the Last 12 Months,  
Sacramento County and California**



Source: California Health Interview Survey, 2001, 2003, 2005, 2007

<sup>25</sup> U.S. Department of Health and Human Services (2000). *Healthy People 2010: Understanding and improving health* (2nd ed.). Washington, DC: U.S. Government Printing Office.

<sup>26</sup> S. Department of Health and Human Services. (2000). *Oral health in America: A report of the Surgeon General*. Rockville, MD: National Institutes of Health, National Institute of Dental and Craniofacial Research.

<sup>27</sup> Vargas, C.M., Crall, J.J., and Schneider, D.A. (1998). Sociodemographic distribution of pediatric dental caries: NHANES III, 1988-1994. *Journal of the American Dental Association*, 129 (9), 1229-1238.

## AUTISM

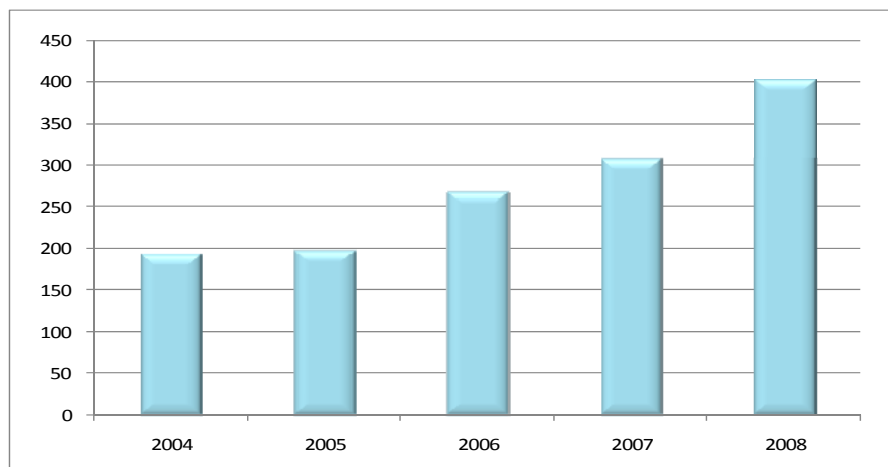
### Why is this important?

The Center for Disease Control estimates that 1 in 166 children born today will develop autism at some point in their lifetime. Recent reports from the California Department of Public Health show that rates of autism in California have been on the rise for over 12 years.<sup>28</sup> Autism limits a child's independence and normalcy in life with difficulty initiating and sustaining social relationships, impaired communication, and restricted behavior. Autism affects children differently—for example, some will have enhanced IQs while others have severe developmental delays; some will have seizures and others will have gastrointestinal problems.<sup>29</sup>

### Trends in Autism

The prevalence of autism has increased steadily, according to data from the Department of Education on special education enrollees. The number of children ages 2-5 years enrolled in special education with autism more than doubled over the last five years, up to 403 children in 2008. Notably, there was an increase of approximately 100 more autistic children from 2007 to 2008, whereas between 2006 and 2007 the increase was less than 50. This suggests that the prevalence of autism *could be* rapidly increasing. Given that these data only reflect special education enrollees in the County, the prevalence of autism may be even higher if one accounts for children in private care. However, the exact etiology attributed to the increases in the number of children with autism is unclear.

**Exhibit 15.**  
**Autism Incidence Among Children Ages 2-5 Years,**  
**Sacramento County**



Source: Department of Education, Special Education Enrollees, 2004-2008

<sup>28</sup> Boston Globe (January 8, 2008). Autism rate in California increases. Retrieved from [http://www.boston.com/news/nation/articles/2008/01/08/autism\\_rate\\_in\\_calif\\_increases/](http://www.boston.com/news/nation/articles/2008/01/08/autism_rate_in_calif_increases/) on July 21, 2008.

<sup>29</sup> U.C. Davis M.I.N.D. Institute Research. The Autism Phenome Project. Retrieved from [http://www.ucdmc.ucdavis.edu/mindinstitute/newsroom/autism\\_project.pdf](http://www.ucdmc.ucdavis.edu/mindinstitute/newsroom/autism_project.pdf) on July 21, 2008.

Most research attributes autism to genetic or prenatal factors.<sup>30,31,32</sup> Recent and comprehensive research suggests that there is *no link* between triclosan (found in household products such as detergents) or inoculations and autism.<sup>33,34,35,36</sup> Where research linked these to autism in the past, there were significant design flaws which invalidate the findings.<sup>35</sup> Some have suggested other environmental factors such as air pollution, cellular phone usage, or over usage of prenatal ultrasounds may be responsible for the rise in prevalence; however, there is little research on such causes to be conclusive. Others have also suggested that the greater attention provided to autism in the last decade heightened awareness among parents and practitioners<sup>37</sup>, leading to more children being assessed for autism (and subsequently diagnosed).

Although many different theories have been discussed, there is little agreement among researchers attributing the rise in autism to any one etiology. A recent, comprehensive research study finds that there has not been a loosening of diagnosis criteria for autism; no increase in corrections of diagnosis of autism cases which were 'misclassified' as mental retardation or something else (artificially raising the autism prevalence); and no increase in the in-migration of children with autism to California.<sup>38</sup> Instead, researchers at the M.I.N.D. Institute conclude that the rise in autism is a true increase in cases.<sup>38</sup>

## SUBSTANTIATED CASES OF CHILD ABUSE

### Why is this important?

Child abuse and neglect are associated with a myriad of short and long term negative outcomes for children. Psychological, physical and emotional effects are well documented and can be quite severe.<sup>39</sup> Young children are most at risk for child abuse.<sup>40</sup> A substantiated case has been

---

<sup>30</sup> UC Davis M.I.N.D. Institute (2008, January). UC Davis researchers identify gene expression profile distinctions in children with autism: Genomic analysis could add biological certainty to behavioral diagnosis. Retrieved from <http://www.ucdmc.ucdavis.edu/mindinstitute/newsroom> on July 30, 2008.

<sup>31</sup> UC Davis M.I.N.D. Institute (2008, February). Prenatal exposure to maternal antibodies linked to autistic behaviors in offspring. Retrieved from <http://www.ucdmc.ucdavis.edu/mindinstitute/newsroom> on July 30, 2008.

<sup>32</sup> UC Davis M.I.N.D. Institute (2008, February). Some cases of autism may be traced to the immune systems of mothers during pregnancy: UC Davis discovery could lead to prenatal identification and prevention. Retrieved from <http://www.ucdmc.ucdavis.edu/mindinstitute/newsroom> on July 30, 2008.

<sup>33</sup> Geier, D.A. & Geier, M.R. (2004). A comparative evaluation of the effects of MMR immunization and mercury doses from thimerosal-containing vaccines on the population prevalence of autism. *Medical Science Monitor*, 10(3), 133-139.

<sup>34</sup> Stehr-Green, P., Tull, P., Stellfeld, M., Mortensen, P.B., Simpson, D. (2003). Autism and thimerosal-containing vaccines: A lack of consistent evidence for an association. *American Journal of Preventive Medicine*, 25(2), 101-106.

<sup>35</sup> Parker, S.K., Schwartz, B., Todd, J., Pickering, L.K. (2004). Thimerosal-containing vaccines and autistic spectrum disorder: A critical review of published original data. *Pediatrics*, 114(3), 793-804.

<sup>36</sup> UC Davis M.I.N.D. Institute (2008, June). M.I.N.D. Institute responds to reports linking autism and triclosan. Retrieved from <http://www.ucdmc.ucdavis.edu/mindinstitute/newsroom> on July 30, 2008.

<sup>37</sup> Muhle, R., Trentacoste, S., Rapin, I. (2004). The genetics of autism. *Pediatrics*, 113,(5), 472-486.

<sup>38</sup> M.I.N.D. Institute (2002, October). Report to the legislature on the principal findings from the epidemiology of autism in California: A comprehensive pilot study. University of California, Davis.

<sup>39</sup> Osofsky, JD (1999). The impact of violence on children. *The Future of Children Journal*, 9(3), 33-49.

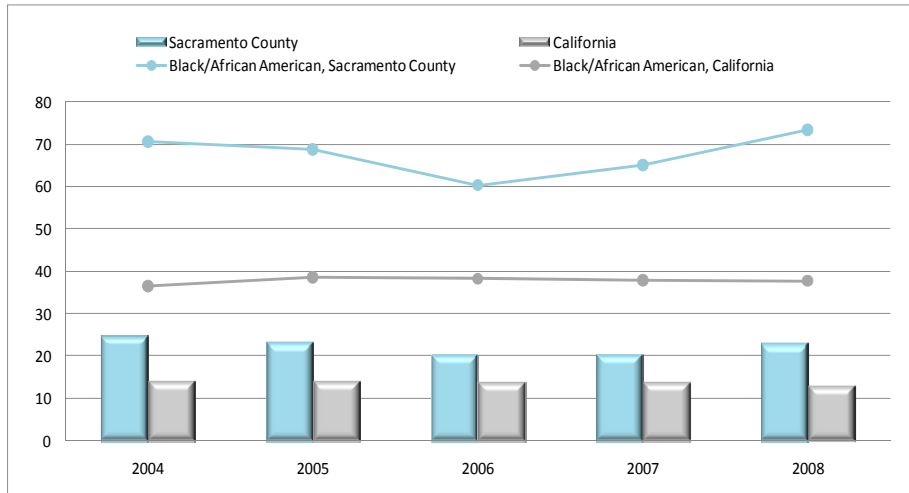
<sup>40</sup> US Department of Health and Human Services (2001) Indicators of welfare dependence. Washington D.C.

assessed by a professional and meets the criteria for action through Child Protective/Welfare Services.

### **Trends in Substantiated Child Abuse**

The rate of substantiated child abuse cases in Sacramento County has continued to move between 20 and 25 incidences per 1,000 children ages 0-5 over the last five years. Most recently, the rate of substantiated child abuse in Sacramento County is back up, at 23.1 incidences per 1,000 children ages 0-5 years. Except for a recent decline, the California rate of substantiated child abuse has stayed quite constant at about 14 incidences per 1,000 children ages 0-5 years (currently a rate of 12.8). The blue and grey plotted line in Exhibit 16 show the rates of substantiated child abuse among African Americans in Sacramento County and California, respectively. The plotted lines show the disproportionality of child abuse among African Americans compared with the general population, and in particular, that it is far more pronounced in Sacramento County.

**Exhibit 16.**  
**Incidence of Substantiated Child Abuse, Children Ages 0-5 Years**  
**Sacramento County and California**



Source: CWS/CMS 2003-2007 Quarter 4 Extracts. California Department of Finance Population Projections

**CHILD DEATHS**

**Why is this important?**

Deaths among children 0-5 indicate serious dysfunction, if child maltreatment is involved. According to the Centers for Disease Control and Prevention, children younger than 4 years are at greatest risk of severe injury or death. A combination of individual, relational, communal, and societal factors contribute to the risk of child maltreatment. Such risk factors of child maltreatment (not direct causes) include:

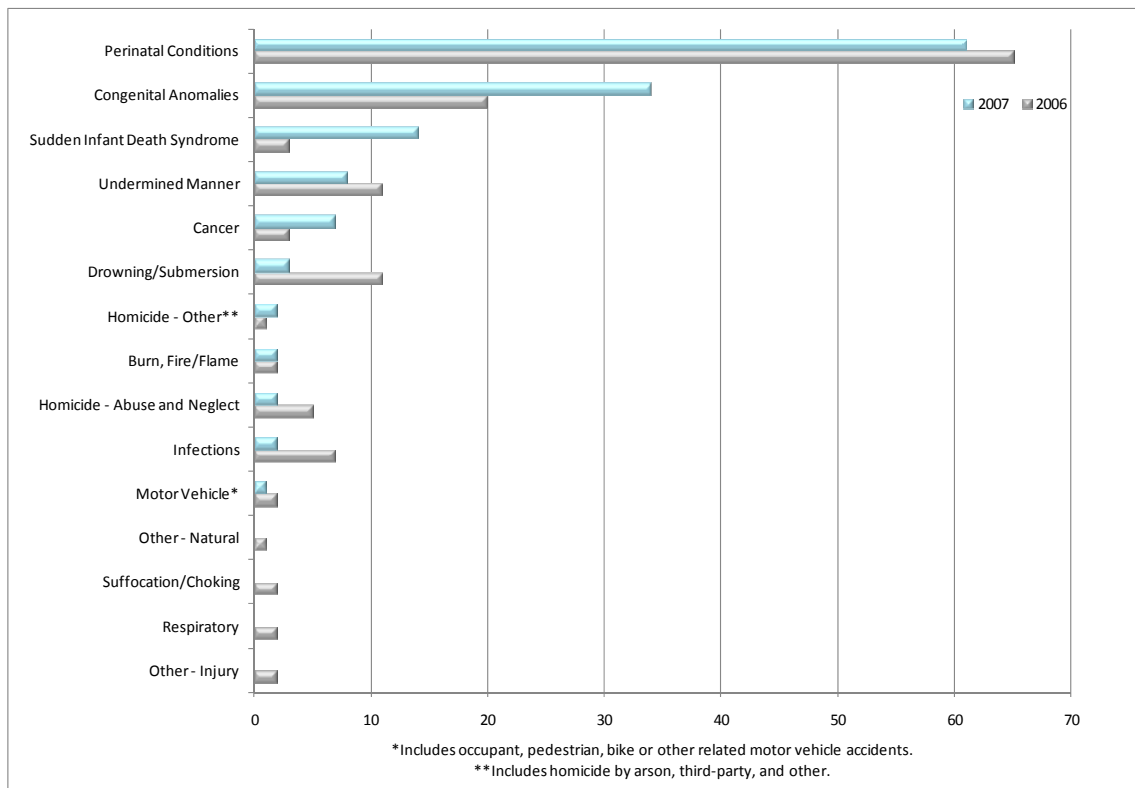
- Disabilities or mental retardation in child (*increasing caregiver burden*);
- Social isolation of families;
- Poverty and other socioeconomic disadvantage;
- Young, single, and/or non-biological parents;
- Parents' lack of understanding of child's needs and child development;
- Poor parent-child relationships and negative interactions;
- Parental stress and distress (depression or other mental health conditions);
- Parental thoughts and emotions supporting maltreatment;
- Lack of family cohesion;
- Family/parents' history of domestic violence;
- Family history of gang involvement and/or crime;
- Family disorganization/dissolution/violence,
- Family history of drug/alcohol abuse; and

- Community violence.

### Trends in Child Deaths

The most common causes of death among children ages 0-4 years in Sacramento County continue to be perinatal conditions and congenital anomalies. However, the most notable and concerning change between 2006 and 2007 was the rise in children dying from Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome. Cancer also moved into the top-5 causes of death among children ages 0-4 years, and surpassed the number of cancer-related deaths in 2006. Positive findings include a continued decline in abuse/neglect-related homicides from five in 2006, to two in 2007.

**Exhibit 17.**  
**Deaths of Children Ages 0-4 Years by Cause,**  
**Sacramento County**



Source: Sacramento County Child Death Review Team, Annual Reports 2006 & 2007

## ALLEGATIONS OF ABUSE/NEGLECT

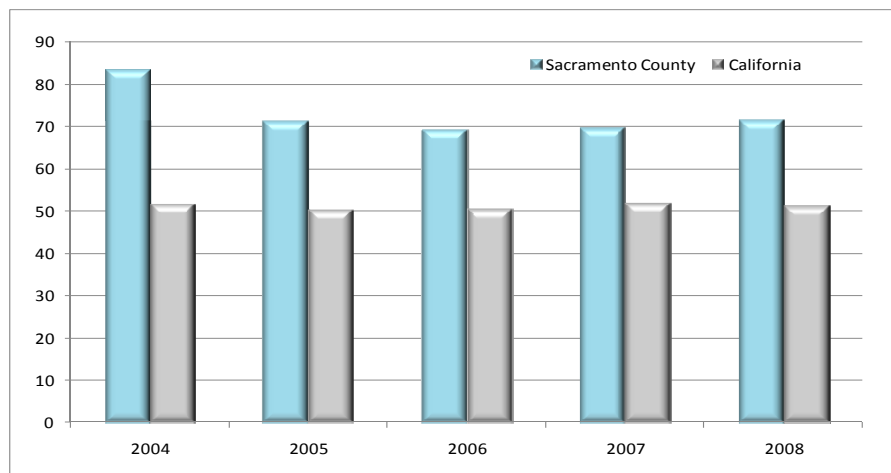
### Why is this important?

Children for whom allegations of abuse/neglect are made to Child Protective Services (CPS) are more likely to have subsequent allegations, substantiation, and caregivers that abuse alcohol.<sup>41</sup> Thus, children with abuse/neglect allegations are more likely to be removed from the home to be put in foster care.<sup>42</sup> While an allegation does not mean that abuse or neglect has occurred, it does suggest that abuse/neglect is probable.

### Trends in Allegations of Abuse/Neglect

Allegations of abuse/neglect made to CPS substantially declined between 2004 and 2005 in Sacramento County, followed by a relatively stable trend over the next three years. As of 2008, the rate of allegations is holding at around 70 allegations per 1,000 children ages 0-5 years. For California as a whole, allegations of abuse/neglect have remained quite stable.

**Exhibit 18.**  
**Allegations of Abuse/Neglect per 1,000 Children Ages 0-5 Years,**  
**Sacramento County and California**



Source: CWS/CMS Quarter 4 Extracts. California Department of Finance Population Projections, 2003-2007

<sup>41</sup> Fluke, J.D., Schusterman, G.R., Hollinshead, D.M., Yuan, Y.Y.T. (2008). Longitudinal analysis of repeated child abuse reporting and victimization : Multistate analysis of associated factors. *Child Maltreatment*, 13(1), 76-88.

<sup>42</sup> Walker, R. (2008, July). News from the Pacific Northwest. Retrieved from <http://www.indiancountry.com/content.cfm?id=1096417758> on August 12, 2008.

# SNAPSHOT OF WELL-BEING OF FAMILIES

## DOMESTIC VIOLENCE

### Why is this important?

Witnessing domestic violence can have detrimental effects on children. These effects can be grouped in two main areas: behavioral and emotional effects and cognitive effects. Research with the Child Behavior Checklist has shown that children witnessing domestic violence more often exhibit externalizing (antisocial tendencies, aggression) as well as internalizing (fear, anxiety, depression, inhibition) behavior problems than other children.<sup>43,44</sup> Exposure to domestic violence exposure is linked to lower cognitive functioning, including language delays, developmental delays, and poor academic performance.<sup>45,46,47</sup>

### Trends in Domestic Violence

Since 2004, Sacramento County has seen a peak in the total number of calls to law enforcement related to domestic violence (9,365 calls in 2007), and more recently, a decline (7,015 calls in 2008). However, within the County there has been a substantial increase in the percentage of domestic violence calls that *involved a weapon*. Since 2006 the percentage of calls that involved a weapon has remained greater than that of the State as a whole (69.1% compared to 60.8% in 2008).

---

<sup>43</sup> Achenbach, T.M., & Edelbrock, C. (1983). *Manual for the child behavior checklist and revised child behavior profile*. Burlington, VT: University of Vermont Department of Psychiatry.

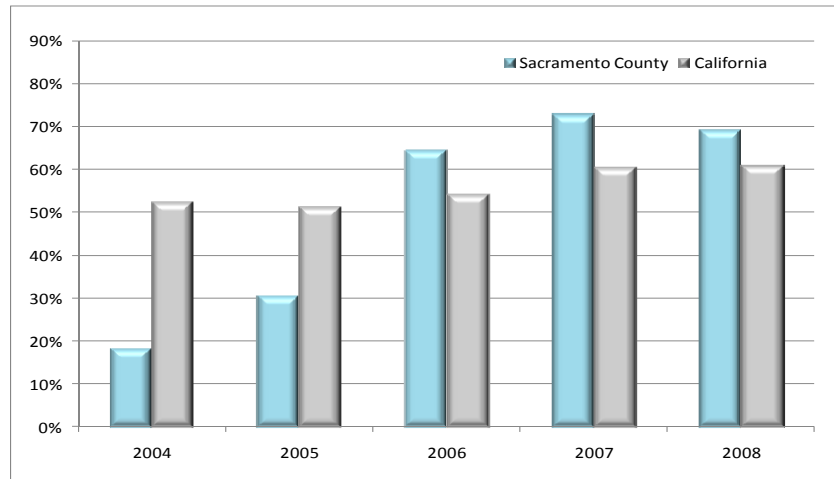
<sup>44</sup> Singer, M.I., Anglin, T.M., Song, L., & Lunghofer, L. (1995). Adolescents' exposure to violence and associated symptoms of psychological trauma. *Journal of the American Medical Association*, 273, 477-482.

<sup>45</sup> Kerouac, S., Taggart, M.E., Lescop, J., & Fortin, M.F. (1986). Dimensions of health in violent families. *Health Care for Women International*, 7, 413-426.

<sup>46</sup> Rossman, B.B. (1988). Descartes' error and posttraumatic stress disorder: Cognition and emotional in children who are exposed to parental violence. In G.W. Holden, R. Geffner & E.N. Jouriles (Eds.), *Children exposed to marital violence* (Vol. 223-256). Washington, DC: American Psychological Association.

<sup>47</sup> Wildin, S.R., Williamson, W.G. & Wilson, G.S. (1991). Children of battered women: Developmental and learning profiles. *Clinical Pediatrics*, 30(5), 299-304.

**Exhibit 19.**  
**Domestic Violence Related Calls to Law Enforcement and Weapon Involved,**  
**Sacramento County and California**



Source: California Department of Justice, Crime Statistics, 2004-2008

**ENTRIES INTO FOSTER CARE**

**Why is this important?**

Children are placed in foster care because a child protective services worker and/or a court have determined that it is not safe for the child to remain at home due to a risk of maltreatment, including neglect and physical or sexual abuse. Children in foster care are more likely than other children to exhibit high levels of behavioral and emotional problems. They are also more likely to be suspended or expelled from school and to exhibit low levels of school engagement and involvement with extracurricular activities. Children in foster care are also more likely to have received mental health services in the past year, to have a limiting physical, learning, or mental health condition, or to be in poor or fair health.<sup>48</sup> One study found that almost 60 percent of young children in foster care, ages 2 months to 2 years, had a high risk for developmental delay or neurological impairment.<sup>49</sup>

**Trends in Foster Care Entries**

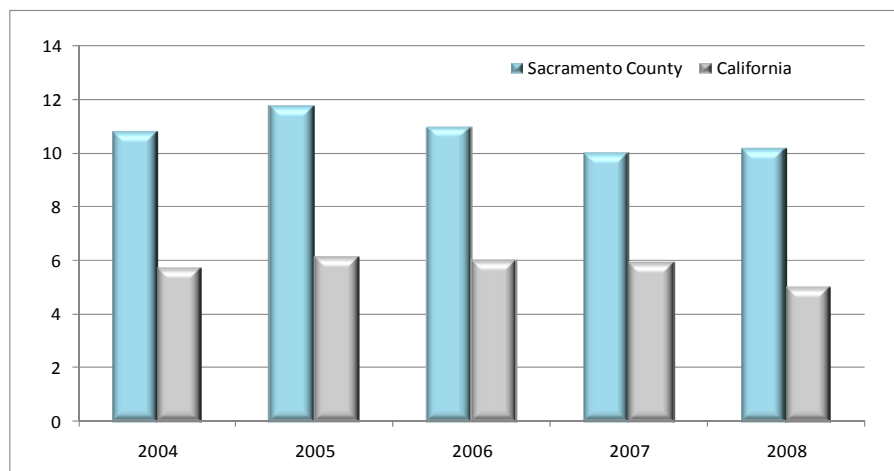
California as a whole and Sacramento County specifically experienced a peak in foster care entries in 2005, with declines thereafter. With a rate of more than double that of California, Sacramento County still remains significantly ahead in rates of children entering foster care: 10.2

<sup>48</sup> Kortenkamp, K. & Ehrle, J.(2002, January). "The Well-being of Children Involved with the Child Welfare System: A National Overview," *New Federalism*, Series B, No. B-43. Washington, D.C.: The Urban Institute. Retrieved from [http://www.urban.org/UploadedPDF/310413\\_anf\\_b43.pdf](http://www.urban.org/UploadedPDF/310413_anf_b43.pdf)

<sup>49</sup> Vandivere, S., Chalk, R., and Moore, K.A. (2003). "Children in foster homes: How are they faring?" Research Brief, Publication # 2003-23. Washington, DC: Child Trends. Retrieved from <http://www.childtrends.org/files/FosterHomesRB.pdf>.

and 5.0 children ages 0-5 years per 1,000 in 2008. Notably, rates of foster care entry continued to decline for California in 2008, whereas Sacramento County experienced a slight increase.

**Exhibit 20.**  
**Rate of Foster Care Entries per 1,000 Children Ages 0-5 Years,**  
**Sacramento County and California**



Source: CWS/CMS Quarter 4 Extracts. California Department of Finance Population Projections, 2004-2008

## CHILD CARE AVAILABILITY

### Why is this important?

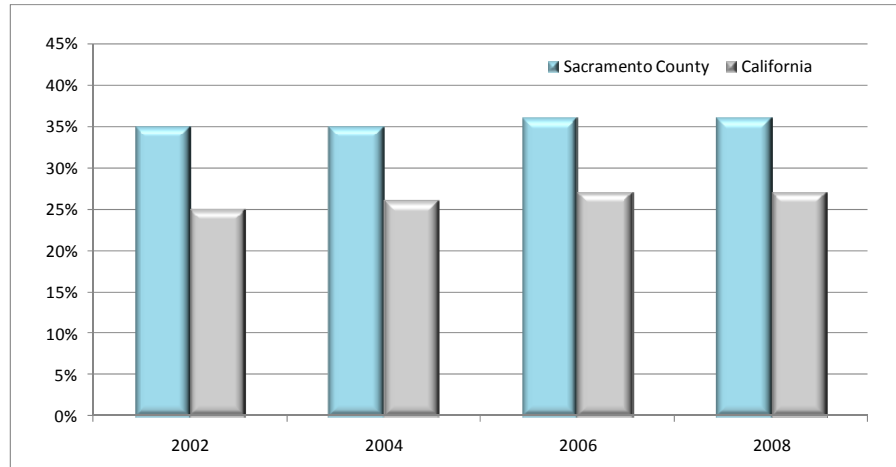
With a growing number of young children in child care, the number of spaces available becomes increasingly important. High quality child care is associated with many positive outcomes for children, including cognitive development and readiness for kindergarten. The availability of child care is an essential building block for family economic self-sufficiency.

### Trends in Child Care Availability

While recent data show that the percent of children for which licensed child care is available has not changed since 2006 (remaining at 36%)<sup>50</sup>, the actual number of licensed child care slots *has decreased*. That is, between 2006 and 2008 the number of child care slots dropped from 58,691 to 54,564. With 86 percent of parents of children 0-5 years seeking full-time child care, Sacramento County does not have licensed child care slots available for at least half of these parents.

<sup>50</sup> Licensed infant care continues to make-up 9% of all licensed child care slots in the County.

**Exhibit 21.**  
**Licensed Child Care Coverage for Children with Parents in Workforce,  
Sacramento County and California**



Source: Sacramento County Child Care Profiles, 2003, 2005, 2007, 2009

#### CHILD CARE AFFORDABILITY

##### **Why is this important?**

Public investment in child care is more than seven times higher for school-age children than pre-school aged. This leaves parents to bear more of the cost of child care. High quality child care is associated with better outcomes for children, yet many middle and low income families cannot afford any care.

##### **Trends in Child Care Affordability**

Due to changes in the content reported in the Child Care Portfolios, the most current data available on affordability is 2006. These data suggest that families still have a very hard time affording child care in Sacramento County. Families earning just minimum wage are over their annual income by 25 percent to pay for housing and child care—this does not factor in other basic living expenses, such as food. For a family earning 75 percent of the median income, after paying for child care and housing they have just 38 percent left for basic needs.

**Exhibit 22.**  
**Child Care Affordability by Family Income,**  
**Sacramento County**

		Family Income at Minimum Wage	Family Annual Income
2006	Income	\$15,600	\$43,536*
	Housing	78%	28%
	Child Care	47%	34%
	Other	0	38%
2004	Income	\$14,040	\$59,934
	Housing	81%	19%
	Child Care	53%	12%
	Other	0	69%
2002	Income	\$14,040	\$50,717
	Housing	61%	17%
	Child Care	48%	13%
	Other	0	60%

\*75% Median family income.

Source: Sacramento County Child Care Portfolios, 2003, 2005, 2007