First 5 LA

Prenatal to 5 Environmental Scan

Understanding the Context within which First 5 LA Works to Improve Outcomes for Children
Introduction

Children prenatal to age 5 in Los Angeles County live in one of the largest and most complex geographic and political regions in the United States. Meeting their needs in the earliest years of their lives requires understanding the trends affecting their well-being as well as the political and fiscal context for achieving further change.

What are demographic, economic and social trends that lend context for First 5 LA’s decision-making on behalf of children prenatal to 5 in L.A. County? What do local, state and national data indicate about the state of young children in L.A. County and how they are faring, particularly as it relates to First 5 LA’s four priority goals? What is the federal, state and local budget context for decisions First 5 LA will make in the months and years ahead?

In short, how can First 5 LA work best in the current environment to use resources strategically and to achieve the greatest possible gains for children prenatal to 5?

This environmental scan seeks to answer some of those questions and prompt further discussion and inquiry about how best to help children prenatal to 5 in L.A. County.

This document is not a comprehensive analysis or review of all data available, but rather a broad survey of the landscape that attempts to capture some of the important indicators, policy changes and trends affecting children prenatal to 5 in Los Angeles. In that vein, it can lend context and prompt further inquiry about how best to address the needs of First 5 LA’s priority populations.
Executive Summary

Los Angeles has undergone dramatic demographic changes in the last 10 years. The number of children across almost all races and ethnic groups in Los Angeles has plummeted – a finding one prominent demographer described as “jolting.”¹ Those children who remain will take on even greater importance in the generations ahead as they are called upon to support an increasingly aging population. Census data shows most children in Los Angeles County are Latino – part of an increasingly stable population of native born Californians in L.A. County.

Compared to a decade ago, far fewer children are being born to teenage mothers in L.A. County, as teen birth rates have reached record lows.² Children in L.A. County are increasingly likely to be living in bilingual homes, and increasingly likely to receive CalFresh nutrition assistance benefits (formerly Food Stamps).³ They are more likely to be breastfed, more likely to attend preschool, and more likely to read at or above proficiency in third grade than they did a decade ago.

Research indicates that the daily lives of children nationwide are filled with increasing hours of television viewing and other “screen time”, including very young children. Children are using digital interactive media, a trend that some believe is a potentially revolutionary phenomenon in modern childhood.⁴ It is prompting calls for further research into its impact on the developing brain, guidelines for limiting passive "screen time" in homes and child care settings as well as a call for teaching "digital citizenship" and ensuring equal access to digital information.

At the same time, children need to learn Science, Technology, Engineering and Math (STEM) skills to qualify for many of the jobs that will be available to them when they grow up. A quality education, as well as good interpersonal skills, will be vital to their success in adulthood as they become increasingly important taxpayers needing to provide for a large, aging population.

As First 5 LA continues its focus on four key outcomes – ensuring children are born healthy, maintain a healthy weight, are safe from abuse and neglect, and are ready for kindergarten – data from the last decade gives reason for both hope and further reflection. While there has been significant growth in the percentage of L.A. County public school students who seem to be reading at or above proficiency in third grade, progress lags significantly among economically disadvantaged students and English language learners. Data from the last decade shows ongoing difficulty in making meaningful progress on early childhood obesity and low birthweight babies. The increase in the rate of substantiated abuse and neglect cases among children under 5 is reason for special concern given the decline in the rate of cases statewide.

New scientific and public policy research in the last 10 years is providing new ways to think about barriers and challenges facing the prenatal to 5 population, as well as powerful confirmation that intervention very early in life holds the greatest potential for improving lives over the long-term. Other research suggests obesity in children can be reduced not only through physical activity and healthy food, but also through exclusive breastfeeding, eliminating sugary beverages and ensuring adequate sleep duration for young children. Parental involvement in a child’s education is also shown to be imperative to a child’s school readiness, social/emotional development and later academic success. Skilled home visitation is increasingly seen by experts as a promising approach to making broad improvements in the lives of young children, and new opportunities for funding these programs exist in L.A. County.

Ongoing First 5 LA efforts to improve the lives of the prenatal to 5 population in Los Angeles is occurring in a complex budget and policy environment that presents challenges as well as opportunities. A host of government agencies, non-profit associations, foundations and philanthropic organizations are working to achieve many of the same goals for the prenatal-to-5 population, opening opportunities for further collaboration. Of note, President Obama has elevated early childhood education to the top of his national education agenda, creating tremendous opportunity to begin serving the estimated 30,000⁵ 4-year-olds not enrolled in preschool in L.A. County.

Understanding this larger landscape – the broad environment within which First 5 LA works to improve the lives of young children – can be helpful as First 5 LA continues collecting information from a range of sources to refine and further focus its strategic direction in the years ahead.
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PART 1: Surveying the Landscape: What do Data and Research Reveal about Young Children in Los Angeles County?

What has changed?

Los Angeles County is Home to Far Fewer Children than a Decade Ago

U.S. Census data shows Los Angeles County underwent dramatic demographic changes in the first decade of the new century. The number of children across all races and ethnic groups in the County has plummeted. The steep decline in children mirrors a statewide trend but is more pronounced in L.A. County, where there was a drop in migration to the region from abroad and within other parts of the United States.

In a demographic report on Census changes in Los Angeles from 2000 to 2010, demographers Dowell Myers and John Pitkin took special note of the dramatic drop in the number of children in Los Angeles given previous decades of rapid growth of children. "It is jolting to see their numbers in such decline," writes Myers and Pitkin. "Whereas before we may have taken for granted an ample supply of children who would grow up to be our future workers, taxpayers and consumers, today we face the prospect of a shortage that could make the local economy much less attractive to business."6

According to the Myers Pitkin report, the decline in children began before the recession in 2007 and is expected to continue through 2020, with a slower rate of decline through 2030.

Figure 1 – L.A. County Under Age 5 Population Projects7

The report indicates that Los Angeles has undergone "a dramatic generational change," with sweeping effects on many fronts. They note the high population growth in Los Angeles in the 1980s is increasingly understood to have been an anomaly. The declining number of children and plunging flow of new immigrants is leading to a slower pace of racial and ethnic change. They note that the "soaring" senior population will depend on a smaller group of homegrown children, leading to a rising index of children's importance. "Los Angeles can no longer be so reliant on new residents imported from other states and nations. Nurturing the next generation is now a matter of urgent necessity."
The chart below offers further detail of L.A. County Census data. It shows a near 14 percent drop in the number of children in L.A. County under age 6, from 896,143 in 2000 to 772,756 in 2010.

<table>
<thead>
<tr>
<th>Los Angeles County Demographic Data from U.S. Census</th>
<th>2000</th>
<th>2010</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Under 6</td>
<td>896,143</td>
<td>772,756</td>
<td>-13.8</td>
</tr>
<tr>
<td>Total families with children</td>
<td>1,178,391</td>
<td>1,052,977</td>
<td>-10.6%</td>
</tr>
<tr>
<td>Total families with a single parent</td>
<td>339,265</td>
<td>331,173</td>
<td>-2.4%</td>
</tr>
<tr>
<td>Bilingual households</td>
<td>1,116,486</td>
<td>1,279,110</td>
<td>14.6%</td>
</tr>
<tr>
<td>Total foreign born</td>
<td>3,449,444</td>
<td>3,489,888</td>
<td>1.2%</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>8.2%</td>
<td>12.4%</td>
<td>-</td>
</tr>
<tr>
<td>Homeownership rate</td>
<td>47.9%</td>
<td>47.7%</td>
<td>-</td>
</tr>
<tr>
<td>Race/Ethnicity of Population Under 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American/Black</td>
<td>80,080</td>
<td>55,303</td>
<td>-30.9%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>2,001</td>
<td>1,024</td>
<td>-48.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>70,718</td>
<td>67,673</td>
<td>-4.3%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>547,865</td>
<td>489,144</td>
<td>-10.7%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>2,302</td>
<td>1,772</td>
<td>-23.0%</td>
</tr>
<tr>
<td>White</td>
<td>162,425</td>
<td>128,074</td>
<td>-21.1%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>30,752</td>
<td>29,766</td>
<td>-3.2%</td>
</tr>
<tr>
<td>% of 3- and 4-year-olds enrolled in school</td>
<td>46.1%</td>
<td>54.8%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Under 6 living below poverty level</td>
<td>25.6%</td>
<td>25.6%</td>
<td>-</td>
</tr>
</tbody>
</table>

Census data also reveals significant changes in both the number and the race/ethnicity of children under age 6 in L.A. County. The number of African American/Black children under age 6 fell by more than 30 percent during the Census period, from 80,080 in 2000 to 55,303 in the year 2010. The number of White children under age 6 fell by 21.1 percent, from 162,425 in 2000 to 128,074 in 2010. The number of Hispanic/Latino children under age 6 fell by 10.7 percent, but continues to represent the largest racial/ethnic group among children under age 6. The number of Asian children under age 6 in L.A. County fell far more slowly than other groups, declining only 4.3 percent. As a result, in the year 2010, Asian children under age 6 in L.A. County represent the third largest population of children under age 6 behind Hispanic/Latino and White children.

L.A. County Census data also shows a 14.6 percent rise in the number of bilingual households, continuing high poverty among children under age 6 and a promising increase in the preschool enrollment rate for 3- and 4-year-olds in L.A. County.

In addition to the rising number of bilingual households, the Bureau of Labor Statistics projects that 47 million new workers are expected to enter the labor force between now and 2050 and 80 percent will be Hispanic. Their share of the overall workforce will double from 15 percent in 2010 to 30 percent by 2050. The projected dramatic growth underscores the importance of focusing effort on Hispanic families during their children’s early years to support early learning, school readiness and workforce success.

Given the fact that the very young children of today will play an increasingly important role as the future workforce and taxpayers of tomorrow, it is imperative that they receive opportunities to optimize their development and support to become contributing members of their communities.

**What has not changed?**

- The population of families with children under age 6 remains poorer than any other age group, with a poverty rate about the same as it was 10 years before – 25 percent
- The population of multiracial children remains about the same, down just 3 percent from 2000 to 2010
- The rate of home ownership in L.A. County was about the same in 2010 as it was 10 years earlier
- The majority population under six remains Hispanic/Latino, just over 60 percent (61 percent in 2000 and 63 percent in 2010)
What do data and survey responses tell us about lives of children in L.A. County?

Beyond census data, other public health data and national research about childhood offer insight into the wide-ranging conditions and social factors affecting early childhood. Some of these data points act as important baseline measures that can be used to track the changes in these conditions over time.

Compared to 10 years ago, far fewer children are being born to teenage mothers, with teen pregnancy reaching record lows.\(^{11}\) Tobacco use by adults has also fallen to all-time lows\(^{12}\), and adults who do smoke are far less likely to expose their children to second-hand smoke at home, although this problem persists at higher rates in some areas of the County.

Data collected in a 2011 survey by the L.A. County Department of Public Health indicate that approximately 90 percent of adults in the County report it is easy to get produce with one exception – South L.A. County, where 78 percent report the same. Countywide, 84 percent of survey respondents said it’s easy to get to a park or playground or safe place to play, also with one exception of South L.A. County, where only 68 percent of survey respondents say it is easy.\(^{13}\) Approximately 81 percent of parents with young children reported in the survey “they can easily find someone to talk to” when they need advice about raising their child.\(^{14}\)

Data collected by California’s Department of Public Health highlight a troubling trend for mothers in L.A. County. In 2011, 81.6 percent of all mothers giving birth in L.A. County reported they received prenatal care in their first trimester. This is a slight decrease from the previous year of 83 percent and an even bigger decrease over the decade of 86.5 percent in 2001.\(^{15}\)

Increasingly, children receive nutrition support in homes receiving CalFresh benefits, with the last five years seeing dramatic growth\(^{16}\) in the number of L.A. County households receiving this assistance (formerly Food Stamps). Now some 29 percent of households with children under age 5 receive CalFresh support, nearly double the rate of just seven years ago.

The survey also found that parents of less than half of children up to age 5 countywide report reading to their children every night and roughly three out of four children countywide between 6 and 23 months old watch some television daily.

What else is changing about early childhood?

**Television Viewing and Digital Interactive Media Use Are on the Rise Among Very Young Children**

Nielsen research on Americans’ television viewing habits lends insight into how young children are spending their days. Television viewing – still the dominant form of media use by children – is on the rise, with 2 to 11 year-olds watching more television than ever before.

Nationwide, younger children ages 2 to 5 log close to 25 hours of TV time each week, more than 4.5 hours watching their favorite DVDs, about 1.5 hours viewing DVR offerings, more than an hour competing at video games and 45 minutes with the VCR, according to a 2009 report from Nielsen.\(^{17}\)

A study\(^{18}\) from the Henry J. Kaiser Foundation conducted in 2003 found that TV watching, video game use and computer use begin at very early ages, well before the medical community recommends it, calling the trend “a potentially revolutionary phenomenon in American society: the immersion of our very youngest children, from a few months old, in the world of electronic and interactive media.” Increasing access to digital interactive media – hand-held devices, video games, and computers -- has prompted national organizations to issue guidelines for parents, caregivers and early childhood educators about their use by children under age 5, as well as calls for more research on the effects of interactive digital media on the developing brain.

The National Association for the Education of Young Children, in conjunction with the Fred Rogers Center for Early Learning and Children’s Media at Saint Vincent College, notes that change is happening at an extraordinary rate.\(^{19}\)

> “The pace of change is so rapid that society is experiencing a disruption almost as significant as when there was a shift from oral language to print literacy, and again when the printing press expanded access to books and the printed word. The shift ... will continue to shape the world in which young children are developing and learning.”

-National Association for the Education of Young Children & Fred Rogers Center for Early Learning
"The pace of change is so rapid that society is experiencing a disruption almost as significant as when there was a shift from oral language to print literacy, and again when the printing press expanded access to books and the printed word. The shift to new media literacies and the need for "digital literacy" that encompasses both technology and media literacy will continue to shape the world in which young children are developing and learning."

In early child care settings, the statement recommends: 1) prohibiting the passive use of television, videos, DVDs and other non-interactive technologies and media in early childhood programs for children younger than age 2; and 2) discouraging it in children ages 2 to 5 given the lack of research on the impact of interactive media’s effects on young minds. At the same time, quality media experiences and devices used in conjunction with adults has the potential to enhance children’s learning and should be further studied.

What skills will children born today need in the job market tomorrow?

Proficiency in Science, Technology, Engineering and Math (STEM)
Economic and labor forecasts for the region continue the trend away from low-skilled jobs in manufacturing to jobs requiring higher education and skills. A 2010 report from the Los Angeles Economic and Development Corporation indicates that the post-recession recovery will be led in large part by service-providing industries such as professional and business services including educational and health services, leisure and hospitality, and construction. Negative growth is expected in manufacturing while the highest employment growth is expected in wholesale electronic markets and agents, administrative support, waste management, civil engineering construction and information services, among others.

Nationwide, there is growing consensus among experts that students need more than general skills. A 2012 report from the U.S. Department of Commerce notes, “It is not sufficient in today’s global economy for a nation to have a generally skilled and educated workforce. Increasingly, the specific skills embodied in science, technology, engineering and mathematics (STEM) education fuel the innovative processes that are especially valuable to our economy. All levels of the education system should incorporate the critical thinking and other skills that are the hallmark of STEM education.”

Research shows that early learning of math concepts during ages 3-5 years has a strong positive effect on children’s lives for many years thereafter. According to a study from the University of California, Irvine, “early math concepts, such as knowledge of numbers and ordinality [sequences like 1, 2, 3] were the most powerful predictors of later learning.”

The President’s Council of Economic Advisers projects that the economy of 2016 will see ongoing growth in health care employment, including medical records management, health information technicians, registered nurses, clinical laboratory technicians and physical therapists. In the 21st century, “well trained and highly-skilled workers will be best positioned to secure high-wage jobs,” the report notes. Further, the nation will be better prepared for the ever-changing occupational opportunities of the future if its workers “have strong analytical and interpersonal skills.”

Is there new research that can inform First 5 LA’s efforts?

A number of new economic studies provide support for efforts to help children early in their lives, particularly with early childhood education, while other new research recommends changes in approaches to help at-risk children and families.

James Heckman's Research on the Economics of Early Intervention
University of Chicago Professor of Economics James Heckman makes a compelling economic case for investing in disadvantaged children at the earliest possible age to achieve the greatest returns.

In "The Case for Investing in Disadvantaged Young Children," Heckman says that providing support early in the life cycle of disadvantaged children produces a much higher economic rate of return than later interventions such as reduced pupil-teacher
ratios, public job training, convict rehabilitation programs, adult literacy programs, tuition subsidies or expenditures on police. Heckman’s economic case for investment in children when they are very young is clear: "The longer society waits to intervene in the life cycle of a disadvantaged child, the more costly it is to remediate disadvantage."

Heckman argues for a major refocus of policy to capitalize on knowledge about the importance of the early years in correcting inequality and producing skills for the workforce.

"Who should be targeted?" Heckman asks in his writing. "The returns to early childhood programs are the highest for disadvantaged children who do not receive substantial amounts of parental investment in the early years. Social policy should be directed toward the malleable early years."

Research Supporting the Benefits of Preschool

Among the many new economic studies on preschool is one that RAND did for California. That 2005 study found that providing high-quality universal preschool would return between $2.62 and $4 for every dollar invested in benefits for California society, and it could provide other potential benefits for California in terms of the labor force, competitiveness of the state's economy as well as economic and social quality.

Strengthening Families™: A Protective Factors Framework

Strengthening Families, a protective factors framework, was developed by the Center for the Study of Social Policy as an approach to mobilize partners, communities and families to build family strengths, promote optimal development and reduce child abuse and neglect. This framework provides guidance to families, communities, service systems and organizations interested in building protective factors that will promote positive outcomes in children including: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and social and emotional competence of children. Research studies demonstrate that these protective factors are also “promotive” factors that build family strengths and are predictive of improved child outcomes.26 The protective factors empower parents to become decision-makers and leaders in their child’s development.

New Book on Suburban Poverty from the Brookings Institution

A major new book published by the Brookings Institution in 2013 indicates that poverty is increasingly a suburban problem in America. According to a Brookings synopsis, “Back in the 1960s, tackling poverty ‘in place’ meant focusing resources in the inner city and in isolated rural areas. The suburbs were home to middle- and upper-class families – affluent commuters and homeowners who did not want to raise kids in the city. But the America of 2012 is a very different place. Poverty is no longer just an urban or rural problem but increasingly a suburban one.” The authors argue that it is time to rethink how America addresses poverty in light of the increasing likelihood that poor Americans live in suburban communities: “Current systems for addressing poverty cannot simply be refined; they must be reformed and remade to respond to the realities of contemporary metropolitan America.”27 Although Los Angeles is often thought of as a dense urban community, much of L.A. County is comprised of suburban cities ranging from the South Bay, the San Gabriel Valley and southeast Los Angeles to the northern area in the Antelope Valley.

Harvard University’s Framework for Effective Practices in Early Childhood Policy

In 2007, the Center on the Developing Child at Harvard University published a science-based framework for early childhood policy based on four decades of program evaluation research. The report recommended considering “effectiveness factors” consistent with many First 5 LA priorities, including access to basic medical care for pregnant women and children, environmental policies that reduce neurotoxins in the environment, center-based programs for children with skilled staff, early and intensive intervention by skilled home visitors for vulnerable families expecting a first child, two-generation center-based programs to help both young children and their parents, and work-based income supplements.

Among the more noteworthy findings in the framework is that coordinating services and enhancing access are important but they may not be enough "to produce breakthrough impacts for children who face cumulative burdens of low family income, limited parent education, and social exclusion. Those efforts must be supplemented by a new generation of strategies."28 The Center recommends a science-based two pronged approach to reducing disparities. The first prong is basic health services and quality early care and education to promote healthy child development and detect potential problems in all children. The second prong targets children who are at-risk. Among the recommended “best bets” for targeted services for vulnerable infants, toddlers and their families are “skilled home visiting (prenatal to age 3)” and “combined home and very high-quality center-based services.”
The Importance of Parent Engagement in Early Childhood Education

Research shows that parent participation and engagement in their children’s early learning supports school readiness, social/emotional development and later academic success. Parental involvement “has been mandated by the Head Start framework since Head Start’s inception in 1964, built into model programs like Abecedarian, outlined in Developmentally Appropriate Practice (DAP), and incorporated into National Association for the Education of Young Children (NAEYC) standards for programs serving young children.” Parent engagement includes, but is not limited to, involving families in decisions affecting the classroom and their child’s experiences. Best practices call for regular communication between teachers and parents to reinforce the complementary roles families and programs play in a child’s early development.29

What does it mean for First 5 LA?

The projected demographic changes coming in Los Angeles make the stakes higher for helping to ensure that all children thrive in early childhood and arrive in kindergarten ready to learn. Demographer Dowell Myers indicates that a child born in the year 2010 will be “fully twice as important as a child born in 1985” due to the added economic and social weight he will carry to support the burgeoning senior population in L.A. County. That means all children will need to have optimal development in early childhood, including a quality preschool education. It means it is more important than ever that they arrive in kindergarten ready to learn the foundational skills they will need to develop STEM, analytical skills and interpersonal skills they will need for the jobs available to them in the decades ahead.

The demographic changes also present opportunities. The number of children prenatal to 5 is significantly smaller than it was a decade ago, providing opportunities for First 5 LA to reach more children and focus more intensive efforts on them, even as state sources of funding for First 5 LA continue to diminish.

While teen pregnancy, tobacco use and food insecurity remain significant social concerns in L.A. County, there are data indicating great progress in recent years, with potential lessons to be learned about how to achieve similar successes on other fronts.

Young children are watching more television than ever before, and children of all ages are increasingly spending time using digital interactive media devices that are becoming available to them at younger and younger ages. The short- and long-term impact of this “screen time” on children warrants further attention to research, particularly in the context of First 5 LA’s obesity prevention and kindergarten readiness efforts. Special consideration may need to be given to ensure equal access to digital information and education in digital citizenship.

When considering ways to help at-risk children going forward, skilled home visitation, high-quality center-based early care and education, and universal preschool and parent-focused strategies make economic sense and may be the most effective way to help L.A. County children prenatal to 5 achieve the best outcomes.

Parents need to be supported as their children’s first teacher and advocate. Research shows that parent engagement and strengthening families improves the health, well-being and optimizes the development of a young child.
PART 2: What does the Data Show about Progress on First 5 LA's Four Overarching Goals for Children?

The efforts by F5LA to improve outcomes for children prenatal to 5 are focused on four primary goals for children:

- they are born healthy;
- they maintain a healthy weight;
- they are safe from abuse and neglect; and,
- they are ready for kindergarten.

First 5 LA relies on specific data, or primary indicators, to gauge progress on these four outcomes. A review of indicators over the last 10 to 12 years suggests that significant progress has been made in the area of kindergarten readiness, but there has been less success over time on other goals.

Outcome 1: Born Healthy – Trends Over 11 Years in L.A. County

The primary indicator for First 5 LA’s goal of ensuring that children are born healthy is the percentage of low birthweight babies born countywide in Los Angeles. Data since 2000 show that percentage of low birthweight babies has risen slightly in Los Angeles County in the last 11 years. In 2010, the percentage of low birthweight babies was 7.3 percent, higher than the statewide average of 6.8 percent, but lower than the federal “Healthy People 2020” goal of 7.8 percent set by the U.S. Department of Health and Human Services in 2010. The problem of low birthweight babies unfortunately persists among African American and Asian American women. In 2010, 13.3 percent of African American and 8 percent of Asian/Pacific Islander children were born at low birthweights.

Preventing pre-term births and low birthweight babies is cost-effective. Infants born at a low birthweight are at increased risk of impaired development and long-term disabilities, such as cerebral palsy, autism, mental retardation, vision and hearing impairments, and other developmental disabilities. Infants born under 2,500 grams are more likely than heavier infants to experience delayed motor and social development. Children ages 4 to 17 who were born at a low birthweight are more likely to be enrolled in special education classes, to repeat a grade, or to fail school than children who were born at a normal birthweight.

Table 1- Born Healthy for L.A. County, California and the United States

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</tr>
</thead>
<tbody>
<tr>
<td>% of Infants Born at a Low Birthweight (L.A. County)</td>
<td>6.4%</td>
<td>6.7%</td>
<td>6.8%</td>
<td>7.1%</td>
<td>7.1%</td>
<td>7.3%</td>
<td>7.4%</td>
<td>7.4%</td>
<td>7.3%</td>
<td>7.3%</td>
<td>7.3%</td>
<td>0.9%</td>
</tr>
<tr>
<td>% of Infants Born at a Low Birthweight (California)</td>
<td>6.2%</td>
<td>6.3%</td>
<td>6.4%</td>
<td>6.6%</td>
<td>6.7%</td>
<td>6.9%</td>
<td>6.9%</td>
<td>6.9%</td>
<td>6.8%</td>
<td>6.8%</td>
<td>6.8%</td>
<td>0.6%</td>
</tr>
<tr>
<td>% of Infants Born at a Low Birthweight (US)</td>
<td>7.6%</td>
<td>7.7%</td>
<td>7.8%</td>
<td>7.9%</td>
<td>8.1%</td>
<td>8.2%</td>
<td>8.3%</td>
<td>8.2%</td>
<td>8.2%</td>
<td>8.2%</td>
<td>8.2%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>
Table 2- Born Healthy by Race/Ethnicity for L.A. County

<table>
<thead>
<tr>
<th>% of Infants Born at Low Birthweight by Race/ Ethnicity</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>% Difference 2000-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>12.1%</td>
<td>11.8%</td>
<td>12.3%</td>
<td>13.4%</td>
<td>12.9%</td>
<td>13.0%</td>
<td>12.9%</td>
<td>12.7%</td>
<td>13.5%</td>
<td>12.9%</td>
<td>13.3%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>6.6%</td>
<td>6.8%</td>
<td>7.3%</td>
<td>7.1%</td>
<td>6.9%</td>
<td>7.4%</td>
<td>7.5%</td>
<td>7.8%</td>
<td>7.8%</td>
<td>7.5%</td>
<td>8.0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>White</td>
<td>6.4%</td>
<td>6.7%</td>
<td>6.7%</td>
<td>6.8%</td>
<td>7.0%</td>
<td>7.3%</td>
<td>6.8%</td>
<td>7.6%</td>
<td>7.8%</td>
<td>7.2%</td>
<td>6.5%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>5.6%</td>
<td>5.9%</td>
<td>6.0%</td>
<td>6.4%</td>
<td>6.4%</td>
<td>6.6%</td>
<td>6.8%</td>
<td>6.6%</td>
<td>6.4%</td>
<td>6.5%</td>
<td>6.5%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>8.1%</td>
<td>8.4%</td>
<td>6.7%</td>
<td>9.2%</td>
<td>7.3%</td>
<td>10.0%</td>
<td>7.4%</td>
<td>8.4%</td>
<td>7.6%</td>
<td>8.8%</td>
<td>8.0%</td>
<td>(0.1%)</td>
</tr>
</tbody>
</table>

Figure 2- Low Birth-weight Rates by Race/Ethnicity for L.A. County 2000 and 2010
Other Data and Research that May Bear on First 5 LA’s Efforts in the Years Ahead

New research funded by the March of Dimes is examining a potential link between vitamin D deficiency in African American women and giving birth early. The study, led by Martin Hewison, PhD, a March of Dimes Prematurity Research Initiative grantee at UCLA, is investigating whether vitamin D can stimulate the immune system to suppress inflammation from common infections and help women carry to term.

According to Hewison, “Our preliminary data suggests that vitamin D fulfills a unique function in pregnancy by both enhancing bacterial killing and suppressing associated inflammation.” If the study results are confirmed, Hewison’s goal is to develop a cheap and effective vitamin D supplementation regimen that could prevent infection-related preterm deliveries in pregnant women.
Outcome 2: Maintaining a Healthy Weight – 10-year Trends among 3- and 4-year-olds enrolled in WIC

In L.A. County, the primary indicator of whether children under age 5 are maintaining a healthy weight is data on 3- and 4-year-olds maintained by the L.A. County Women, Infants and Children (WIC) Administrative Database, representing 69 percent of all births in L.A. County.

Table 3- Maintaining a Healthy Weight for L.A. County Children Enrolled in WIC

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% of 3-year-olds who are overweight and obese</td>
<td>16.4%</td>
<td>17.4%</td>
<td>18.3%</td>
<td>19.5%</td>
<td>19.7%</td>
<td>21.1%</td>
<td>21.1%</td>
<td>19.8%</td>
<td>20.6%</td>
<td>21.1%</td>
<td>4.7%</td>
</tr>
<tr>
<td>% of 4-year-olds who are overweight and obese</td>
<td>17.3%</td>
<td>19.0%</td>
<td>20%</td>
<td>21%</td>
<td>21.3%</td>
<td>22.1%</td>
<td>22.6%</td>
<td>21.7%</td>
<td>20.3%</td>
<td>20.3%</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

Ten-year trend data in the WIC-eligible population of L.A. County children ages 3 and 4 show the percent of 3-year-olds who are overweight and obese increased from 16.4 percent in 2003 to 21.1 percent in 2012. The percent of 4-year-olds who are overweight in the WIC-eligible population increased from 17.3 percent in 2003 to 20.3 percent in 2012. Despite concerted efforts to increase young children’s consumption of fruits and vegetables, reduce intake of sugary beverages and watch less television, the percentage of very young children struggling with obesity remains a stubborn problem among WIC-eligible children.

The health threats posed by being an overweight child can be long lasting. Children who are overweight are at an increased risk of developing type 2 diabetes, cardiovascular problems, orthopedic abnormalities, gout, arthritis and skin problems. Childhood obesity has been linked to the premature onset of puberty. In addition, being overweight can negatively affect children's social and psychological development. Research on older children suggests that there may be a relationship between physical activity and academic achievement. For example, one study completed by the CA Department of Education found that children who consistently scored in the “Healthy Fitness Zone” on standardized fitness tests had higher academic achievement. Increasing children’s physical activity and limiting the amount of high-calorie, nutrient-poor foods can prevent children from becoming overweight.

Children and adolescents who are overweight are at risk for becoming overweight adults. Overweight adults face many problems due to their weight, such as decreased productivity, social stigmatization, high health care costs, and premature death. In addition, overweight adults are at increased risk for type 2 diabetes, coronary heart disease, elevated blood pressure, stroke, respiratory problems, gallbladder disease, osteoarthritis, sleep apnea and some types of cancer.

Obesity Prevalence in Preschool-Age Children, L.A. County and New York City, 2003 to 2011

A study released in January 2013 by the Centers for Disease Control tracked the rate of obesity among low-income preschool-aged children enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in L.A. County and New York City. The study compared rates of obesity in the two areas during a period of time between 2003 and 2011 and found that New York City made greater progress than L.A. County.

"In New York City, the prevalence of obesity among children aged 3 or 4 years in this group increased from 18.9 percent and 19.9 percent, respectively, in 2003 to 14.5 percent and 16.9 percent, respectively, in 2011. In L.A. County, obesity prevalence among children aged 3 or 4 years in this group increased from 16.3 percent and 17.2 percent in 2003 to 21.0 percent and 22.1 percent, respectively, in 2008, before decreasing from 21.0 percent and 22.4 percent in 2009 to 20.5 percent and 20.3 percent, respectively, in 2011. Obesity prevalence also differed by racial/ethnic population."
The study suggests a number of reasons for the variation in success. “Potential explanations for the differences observed between NYC and LAC might include socio-demographic differences in the populations enrolled in WIC, differential changes in the built environment, and differences in the timeframe and details of population-wide obesity prevention policies.”

An Increase in Infant Breastfeeding in L.A. County and the Potential for Reducing Obesity
A more positive indicator of progress toward encouraging healthy weight in children is the significant increase in the percentage of infants exclusively breastfed in the last decade in L.A. County, from 16.5 percent of WIC enrollees in 2003 to 49.4 percent in 2012. Breastfeeding in infancy is associated with significant reductions in obesity in older children.

A recent study of L.A. County WIC participants found that breastfeeding at enrollment into WIC is associated with a 23 percent reduction in obesity at age 4. The study also found that children breastfed for a year or more had 45 percent lower odds of obesity at age 2-4. Children consuming no sugar sweetened beverages had 31 percent lower odds of obesity at age 2-4. The combined effect of a year or more of breastfeeding and no sugar sweetened beverage intake conferred a greater than 60 percent reduction in the odds of obesity at age 2-4.45

Table 4- Breastfeeding46

<table>
<thead>
<tr>
<th>Year</th>
<th>% of Infants Exclusively Breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>16.5%</td>
</tr>
<tr>
<td>2004</td>
<td>16.1%</td>
</tr>
<tr>
<td>2005</td>
<td>14.2%</td>
</tr>
<tr>
<td>2006</td>
<td>16.2%</td>
</tr>
<tr>
<td>2007</td>
<td>16.4%</td>
</tr>
<tr>
<td>2008</td>
<td>18.2%</td>
</tr>
<tr>
<td>2009</td>
<td>21.5%</td>
</tr>
<tr>
<td>2010</td>
<td>33.5%</td>
</tr>
<tr>
<td>2011</td>
<td>46.4%</td>
</tr>
<tr>
<td>2012</td>
<td>49.4%</td>
</tr>
<tr>
<td>% Difference 2003-2012</td>
<td>32.9%</td>
</tr>
</tbody>
</table>

Part of the reason for the increase in breastfeeding in recent years is that WIC aligned its food package with the U.S. Dietary Guidelines and current infant feeding practice guidelines of the American Academy of Pediatrics in 2009 to better promote and support the establishment of successful long-term breastfeeding and provide a wider variety of food. In L.A. County, First 5 LA has supported policy change regarding breastfeeding in hospitals through the Baby Friendly Hospital Initiative. This initiative encourages hospitals to help patients initiate exclusive breastfeeding and provide supports to new moms interested in continuing breastfeeding following discharge.

Other Research and Recommendations Related to Childhood Obesity
An Institute of Medicine consensus report, "Early Childhood Obesity Prevention Policies," was released in 2011 and included recommendations for obesity prevention focused on children 0 to 5.

The report makes a series of recommendations consistent with current practices and the First 5 LA agenda for addressing childhood obesity including promoting access to nutritious foods, increasing physical activity and decreasing sedentary behavior among both children and adults. The report suggests limiting screen time in children’s bedrooms and also makes a recommendation for children 0 to 5 that has received less attention in the national conversation about obesity: ensuring adequate sleep duration in children.

"Mounting epidemiologic evidence indicates that short duration of sleep is a risk factor for obesity among all age groups, including infants and children under the age of five." -Institute of Medicine, 2011
In L.A. County, the primary indicator used by First 5 LA to determine whether children are safe from abuse/neglect is the rate of substantiated cases of child abuse and neglect per 1000 children. The trend reflected in this data from 2000 to 2012 is troubling. There has been a significant increase in the rate of substantiated child abuse and neglect cases in L.A. County among children 0 to 5 which runs counter to the falling rate of cases during the same period statewide. More information about the data referenced in this section can be found in Appendix A: Description of Data Sets under Child Welfare Dynamic Reporting System.

Additional data broken down by race/ethnicity show the greatest increases in the rate of substantiated cases of abuse ages in L.A. County children ages 0 to 5 among African American/Black children, followed by Hispanic/Latino children and then white children. Substantiated cases rose in all three age groups between 0 and 5 in those groups.

The only race/ethnicity for which substantiated cases of child abuse dropped between 2000 and 2012 was Asian/Pacific Islander, which saw a decline in cases across all age groups 0 to 5.

Table 5- Safe from Abuse and Neglect L.A. County and California

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of Substantiated Cases per 1,000 (&lt; age 1) (County)</td>
<td>18.7</td>
<td>17.5</td>
<td>18.5</td>
<td>18.9</td>
<td>19.7</td>
<td>21.6</td>
<td>22.2</td>
<td>23.4</td>
<td>21.7</td>
<td>22.8</td>
<td>25.2</td>
<td>25.4</td>
<td>23.4</td>
<td>25.1%</td>
</tr>
<tr>
<td>Rate of Substantiated Cases per 1,000 (ages 1-2) (County)</td>
<td>9.8</td>
<td>10.0</td>
<td>10.4</td>
<td>9.8</td>
<td>10.6</td>
<td>11.3</td>
<td>11.4</td>
<td>12.0</td>
<td>12.1</td>
<td>13.8</td>
<td>15.5</td>
<td>15.0</td>
<td>14.2</td>
<td>44.9%</td>
</tr>
<tr>
<td>Rate of Substantiated Cases per 1,000 (ages 3-5) (County)</td>
<td>10.0</td>
<td>10.3</td>
<td>11.6</td>
<td>10.6</td>
<td>11.0</td>
<td>10.8</td>
<td>10.4</td>
<td>10.9</td>
<td>11.0</td>
<td>12.3</td>
<td>14.0</td>
<td>14.4</td>
<td>13.6</td>
<td>36%</td>
</tr>
<tr>
<td>Rate of Substantiated Cases per 1,000 (&lt; age 1) (CA)</td>
<td>22.5</td>
<td>21.7</td>
<td>22.4</td>
<td>23.0</td>
<td>24.0</td>
<td>25.9</td>
<td>25.5</td>
<td>25.3</td>
<td>22.6</td>
<td>22.4</td>
<td>22.2</td>
<td>21.8</td>
<td>21.0</td>
<td>-6.6%</td>
</tr>
<tr>
<td>Rate of Substantiated Cases per 1,000 (ages 1-2) (CA)</td>
<td>13.4</td>
<td>13.3</td>
<td>12.9</td>
<td>12.5</td>
<td>12.6</td>
<td>12.9</td>
<td>12.9</td>
<td>13.2</td>
<td>12.5</td>
<td>12.6</td>
<td>12.4</td>
<td>12.0</td>
<td>11.3</td>
<td>-15.7%</td>
</tr>
<tr>
<td>Rate of Substantiated Cases per 1,000 (ages 3-5) (CA)</td>
<td>13.1</td>
<td>13.0</td>
<td>13.2</td>
<td>12.6</td>
<td>12.4</td>
<td>12.1</td>
<td>11.7</td>
<td>11.9</td>
<td>11.0</td>
<td>10.7</td>
<td>10.8</td>
<td>10.9</td>
<td>10.3</td>
<td>-21.4%</td>
</tr>
</tbody>
</table>
Figure 4: Rate of Substantiated Cases of Abuse per 1,000 children under age 1 by Race/Ethnicity for L.A. County 2000 and 2012

- Asian/Pacific Islander: 7.7 (2012), 4.3 (2000)

Figure 5: Rate of Substantiated Cases of Abuse per 1,000 children ages 1-2 by Race/Ethnicity for L.A. County 2000 and 2012

- Asian/Pacific Islander: 4.6 (2012), 3.6 (2000)
L.A. County data related to foster care and hospitalization from intentional injury to children may shed further light on the degree to which children age 0 to 5 are safe from abuse and neglect. Examining foster care rates provides insight into the cases where removal of the child was deemed necessary. These data show that the rate of children living in foster care is higher in Los Angeles compared to the rest of the state, with 8.5 children 0 to 5 for every 1,000 in foster care in Los Angeles compared to 6.4 children 0 to 5 for every 1,000 in foster care statewide.
Table 6- Additional measures related to Safety from Abuse and Neglect for L.A. County

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>Rate change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0-5 in foster care (rate per 1,000) L.A. County</td>
<td>10.2</td>
<td>9.4</td>
<td>9.0</td>
<td>8.8</td>
<td>9.0</td>
<td>9.2</td>
<td>8.8</td>
<td>8.1</td>
<td>8.2</td>
<td>8.5</td>
<td>8.5</td>
<td>(1.7)</td>
</tr>
<tr>
<td>Children 0-5 in foster care (rate per 1,000) California</td>
<td>8.1</td>
<td>7.7</td>
<td>7.4</td>
<td>7.5</td>
<td>7.6</td>
<td>7.4</td>
<td>6.9</td>
<td>6.5</td>
<td>6.3</td>
<td>6.5</td>
<td>6.4</td>
<td>(1.7)</td>
</tr>
<tr>
<td>Children under age 1 in foster care (rate per 1,000) L.A. County</td>
<td>10.9</td>
<td>11.1</td>
<td>10.7</td>
<td>13.1</td>
<td>14.1</td>
<td>14.1</td>
<td>12.9</td>
<td>13.2</td>
<td>13.1</td>
<td>12.4</td>
<td>12.2</td>
<td>1.3</td>
</tr>
<tr>
<td>Children ages 1-2 in foster care (rate per 1,000) L.A. County</td>
<td>3.6</td>
<td>3.4</td>
<td>3.9</td>
<td>4.9</td>
<td>5.4</td>
<td>5.6</td>
<td>5.5</td>
<td>6.3</td>
<td>6.3</td>
<td>5.5</td>
<td>5.8</td>
<td>2.2</td>
</tr>
<tr>
<td>Children ages 3-5 in foster care (rate per 1,000) L.A. County</td>
<td>3.1</td>
<td>3.0</td>
<td>3.3</td>
<td>3.8</td>
<td>4.0</td>
<td>4.5</td>
<td>4.1</td>
<td>4.7</td>
<td>4.8</td>
<td>4.5</td>
<td>4.6</td>
<td>1.5</td>
</tr>
<tr>
<td>Intentional Injury Hospitalizations for Children 0-5</td>
<td>93</td>
<td>82</td>
<td>67</td>
<td>66</td>
<td>69</td>
<td>63</td>
<td>80</td>
<td>58</td>
<td>60</td>
<td>69</td>
<td>-</td>
<td>(24)</td>
</tr>
</tbody>
</table>

The causes of child maltreatment are not well understood, although abuse and, especially, neglect, are more common in poor and extremely poor families than in families with higher incomes. Child abuse or neglect is often associated with physical injuries, delayed physical growth, and even neurological damage. Child maltreatment is also associated with psychological and emotional problems such as aggression, depression, and post-traumatic stress disorder. In extreme cases, child abuse and neglect can lead to death.

Across the lifespan, child abuse and neglect is linked to an increased risk of substance abuse, eating disorders, obesity, depression, suicide, and sexual promiscuity later in life. Women who were victims of physical assault as children are twice as likely to be victims of physical assault as adults. Also, some evidence suggests that victims of child maltreatment are more likely than others to engage in deviant or criminal behavior as juveniles and adults.

While there are some indications that rate of substantiated cases of abuse and neglect in the 0 to 5 population may have fallen slightly in the last two years, the overall increase in substantiated cases of abuse and neglect in all three age groups of the 0 to 5 population since 2000 suggests the need for further analysis to better understand the long-term increase, especially in light of the trend toward declining rates of substantiated abuse and neglect in the 0 to 5 population statewide.

**Other Research and Recommendations Related to Safety from Abuse and Neglect**

Indications of substantiated cases of abuse and neglect remain an imperfect way to measure the prevention of child abuse. Research shows that things such as parents being connected to social supports and parent resiliency are associated with preventing child abuse. A representative sample of L.A. County parents of young children are beginning to feel more connected to supportive networks, as demonstrated by survey reports that 87 percent of respondents feel "they can easily find someone to talk to" when they need advice about raising their child. In previous administrations of the survey, parents reported it is "very or somewhat difficult to find someone to talk to when they need advice about raising their child" in decreasing numbers from a high of 28.2 percent in 1999 to 17.9 percent in 2007.

One way to measure whether or not parents feel resilient is the Aggravation in Parenting Scale, which is a four-item scale widely used to identify populations at risk for maladaptive parenting behaviors. The scores ranges are divided between high aggravation, medium aggravation and low aggravation. This scale was administered to a representative sample of L.A. County parents of young children and found that nearly 89 percent of parents rate low to moderate aggravation on this scale.
Outcome 4: Ready for Kindergarten – A 10-year Trend toward Greater Third Grade Reading Proficiency

To measure Kindergarten readiness, First 5 LA considers the degree to which children enrolled in L.A. County public schools read at or above proficiency on a standardized test in third grade. Reading proficiency in third grade is considered by many experts to be “make or break” in a child’s educational development because the curriculum increasingly requires reading to learn rather than learning to read. The California Department of Education has set 100 percent of third-graders scoring at or above grade level reading proficiency as its goal. Research from the Annie E. Casey Foundation indicates a third-grader who is not at least moderately skilled in reading at that point is unlikely to graduate from high school.63

By this measure, modest progress is being made on First 5 LA’s goal of ensuring kindergarten readiness. According to the data, 47 percent of public school students in L.A. County scored at or above proficiency in 2012 – a 19 percent increase over 2003, when 28 percent scored in that category.

Table 7- Ready for Kindergarten for L.A. County and California

<table>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% of third grade students scoring at or above proficiency (L.A. County)</td>
<td>28%</td>
<td>26%</td>
<td>27%</td>
<td>33%</td>
<td>34%</td>
<td>34%</td>
<td>40%</td>
<td>41%</td>
<td>44%</td>
<td>47%</td>
<td>19%</td>
</tr>
<tr>
<td>% of third grade students scoring at or above proficiency (California)</td>
<td>33%</td>
<td>30%</td>
<td>31%</td>
<td>36%</td>
<td>37%</td>
<td>38%</td>
<td>44%</td>
<td>44%</td>
<td>46%</td>
<td>48%</td>
<td>15%</td>
</tr>
<tr>
<td>% of third grade English Language Learners scoring at or above proficiency (L.A. County)</td>
<td>14%</td>
<td>12%</td>
<td>12%</td>
<td>14%</td>
<td>12%</td>
<td>14%</td>
<td>17%</td>
<td>19%</td>
<td>22%</td>
<td>21%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Although the County remains only 1 percent below the statewide figure of 48 percent at or above proficient, the picture is less promising for subpopulations within L.A. County. For example, in 2012, two ethnic groups remain below the County average—only 38 percent of Latino and 39 percent of African American third-graders are scoring at or above proficiency. Latinos make up 61 percent of the County’s third grade enrollment and African Americans represent 7.7 percent of all third-graders. Additionally, English Language Learners who currently make up 29.6 percent of the County’s enrollment continue to lag behind all third-graders in both their growth in scores and the percentage scoring at or above proficient. In the same 10-year period, English Language learners made less than half the gains of all students in the county, up 7 percent compared to the 19 percent increase among all students.

Concerns about this Measure of Kindergarten Readiness

Some testing experts point out that the gains may not be as great as the data suggests because school districts are exempting a growing number of lower-performing students from STAR testing and giving them alternative tests. In an August 2012 Edsource article about statewide STAR test gains, a retired test publisher and former adviser when STAR tests were being developed, said more than 200,000 students in California now are exempted from STAR testing compared to 2003, when the alternative tests did not exist. As a result, the data showing significant gains in reading proficiency on STAR tests may exaggerate the level of reading proficiency among all students, especially since it is the lower-performing students who tend to be exempted from taking STAR tests.
Other Potential Tools for Measuring Kindergarten Readiness

Nationwide, there is growing interest in developing appropriate tests for kindergarten readiness, but there is disagreement about what skills and knowledge are important and how it should be measured, as well as the detail and complexity of the assessments.

According to the Council of Chief State School Officers,66 “State kindergarten assessments currently in use, most of them concerned with capturing “school readiness,” include a wide range of commercial, modified commercial and state-developed instruments using various methods. In addition, some states mandate assessment at kindergarten entry, but allow a choice of several instruments, including locally developed protocols. Some instruments require multiple teacher observations, and others require direct child assessments outside the classroom setting. Valid information about the development and reliability of these kindergarten assessment tools [is] rarely offered.”

One test in use in Ohio is the Kindergarten Readiness Assessment – Literacy (KRA-L), required of all Ohio public school students entering kindergarten for the first time. The Ohio Department of Education indicates the test is intended to be a “quick screening” that identifies oral language, rhyming, letter identification and alliteration – skills believed to be necessary for a student to become a successful reader.

The Ohio Department of Education also offers a kindergarten readiness checklist67 for parents that asks 27 short questions in four areas of needs: physical (i.e., does your child cut with scissors, bounce a ball, jump and climb); health and safety (i.e., has your child had a dental exam, does he know his first and last name, can he follow rules for safety?), personal (can your child use the bathroom, put on and take off coat, wash hands) and social and emotional skills (i.e., does your child play well with other children, share, follow routines).

In California, many preschools have begun to use the Desired Results Developmental Profile for School Readiness (DRDP–SR) to improve preschool quality. It is an in-depth child-specific observational assessment that requires more time to conduct and measures many skills. It was adjusted when the results of an early pilot found some of the measures too difficult for kindergarten students. A revised version is now being used.

Another measure of kindergarten readiness being advanced in California and nationwide is the Early Development Instrument (EDI), which measures five domains of early childhood development: physical health and well-being, social competence, emotional maturity, language and cognitive skills, and communications skills and general knowledge. EDI results provide a population-level view of kindergarten readiness and are most often presented spatially via maps.

With the State of California’s shift away from STAR testing toward a new system of tests aligned with the Common Core curriculum, the timing may be right for First 5 LA to explore a new measure of readiness linked more closely to the age when children begin kindergarten. Ultimately, the decision about what is important to learn before starting kindergarten involves conversations about what should be taught in the home, in child care settings, and in preschool. While there are many dimensions to the issue and philosophical differences about what is important, it may be an especially timely conversation given President Obama’s new initiative to expand early childhood education to all Americans.
PART 3: What is the Larger Policy and Fiscal Context for First 5 LA's work?

First 5 LA works to improve the lives of children prenatal to 5 in a complex political and policy environment. Many changes affecting prenatal to 5 population are underway and under consideration at all levels of government. They range from the sweeping new health reform law that will affect the First 5 LA population to spending reductions that have cut child care services and created new needs. There are opportunities for innovation in home visitation using new federal grants focused on specific needs in the prenatal to 5 population, but also challenges associated with budget gridlock in Washington, which has stalled long-term reauthorization of programs such as the Supplemental Nutrition Assistance Program (SNAP) and Head Start.

Perhaps the most significant change in the policy environment is the new Early Education Initiative put forward by President Obama in April 2013, which propels early childhood education to the top of the national education agenda and provides tremendous opportunities to achieve change for the prenatal-to-5 population in Los Angeles County.

Understanding the budget and policy context, including both the challenges and opportunities, can inform strategic decision-making by First 5 LA to maximize opportunities and ensure the best use of resources in the years ahead.

Changes in Law and Policy Affecting the Prenatal to 5 Population in L.A. County

Rising Age for All California Children Entering Kindergarten
A state law enacted in 2010 is raising the minimum age for kindergarten attendance in California. By the 2014-15 school year, children must be 5 years old by September 15 instead of December 2 to enroll in Kindergarten. The Transitional Kindergarten (TK) law, which is being phased in one month at a time over three years, requires California children with birthdays in late September, October and November to be enrolled in kindergarten when they are as much as one year older than they would have been under the law’s previous enrollment age date. This means an extra nine to 12 months of development for many thousands of children in L.A. County before they begin attending kindergarten.

Students not meeting the new age cutoffs spelled out in the law will qualify for TK offered through California public schools. TK uses age and developmentally appropriate curriculum for 4-year-olds to help them prepare for the rigors of a more academically oriented kindergarten after they turn 5.

In 2012-2013, statewide TK served approximately 39,000 students or approximately 70 percent of the eligible population. TK is now being offered at all schools in Los Angeles Unified School District serving approximately 4,000 students a year. To the extent TK is not fully available to children who would otherwise have attended kindergarten, it may create new pressure for preschool slots for 4- and 5-year-olds.

At this time, funding for TK comes from the same K-12 funds that would have paid for these same children to attend kindergarten. Early childhood education advocates and lawmakers may, in years to come, pursue policies that both strengthen the TK curriculum and teacher training, and enhance the linkages between early education and K-12.

Increases in the Number of Families Receiving CalFresh Benefits (formerly Food Stamps)
The federal Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps, was rebranded in California as CalFresh and has been actively working to enroll low-income eligible families. These outreach efforts, as well as new federal and state rules aimed at easing enrollment procedures, confounded by the growing need due to the nation-wide recession, have led to a significant increase in the number of families in L.A. County receiving CalFresh benefits.

As of 2010, 29 percent of children 0 to 5 live in households receiving CalFresh benefits, up from 15 percent over seven years ago.

Statewide, the number of individuals receiving CalFresh benefits is 3.6 million, an all-time high. California Food Policy Advocates points out that more should be done to close the gap between the number of households eligible for CalFresh and those receiving the benefits, both statewide and in L.A. County, which ranks 37th among California counties in CalFresh enrollment. Outreach efforts for the Affordable Care Act could help contribute to the enrollment of more eligible Californians in CalFresh benefits.
communication and collaboration among agencies; prenatally substance affected infants; pregnant and parenting adolescents; abducted children; and grief and loss issues for children in foster care and siblings of children who are victims of fatal child abuse. ICAN also produces three annual reports: the ICAN Child Death Review Team Report, the Safely Surrendered Baby Report and the State of Child Abuse and Neglect in L.A. County.

Contact Information: www.ican4kids.org

Expanding and Improving Early Childhood Education

Los Angeles Universal Preschool (LAUP)

**Mission:** Provide high-quality preschool for all four-year-old children in L.A. County.

**Activities:** With principal support from First 5 LA, LAUP funds more than 325 preschools and in 2011-2012 helped 10,133 children attend preschool and 50,409 children since 2005; Provide financial backing and a business structure for preschool providers to improve existing preschools; Provide coaching support and mentoring to enhance quality and fiscal stability among LAUP preschools, and increase the involvement of parents in their child's preschool experience; Increase access to preschool for thousands of children in L.A. County by providing the operating funds needed to fill previously empty classrooms; Administer the following First 5 LA workforce development investments: Aspire (CARES Plus), ECE Workforce Registry Pilot- L.A. County’s pilot for creating a state ECE Registry, LAUP ECE Workforce Initiative, Steps to Excellence Program (STEP), Gateways for Early Educators, Early Childhood Education Professional Learning Community Project (PLC), Partnerships for Education, Articulation, and Collaboration in Higher Education (PEACH).

Contact Information: [www.laup.net](http://www.laup.net)

Educare

**Mission:** Prepare young, at-risk children for school.

**Activities:** The L.A. Chamber of Commerce has been engaged in developing a local early learning site based on Educare, a research-based program that prepares young, at-risk children for school. Currently in 18 sites across the U.S, the Educare model entails full-day, full-year services that feature small classes, high staff-child ratios, and full teacher preparation. Each site serves 140-200 students, construction costs range from $8-12 million each and have an operating budget of $2.8-$3.4 million. Head Start and Early Head Start fund 50-60 percent of the operational costs. Additional funding is drawn from local school district (preschool) and state (child care) funds to support quality improvements. The L.A. Chamber of Commerce was originally approached by the First Five Years Fund to help develop an Educare site in L.A. County and the list of communities (districts) that were considered for Educare were Montebello, Lynwood, Long Beach, and LAUSD. In order to develop a site four items must be identified: anchor philanthropist, Head Start partner, school superintendent and community stakeholders.

Contact Information: [http://educarefoundation.com/](http://educarefoundation.com/)

Early Edge California

**Mission:** Formerly known as Preschool California, Early Edge works to increase access to high-quality early learning for all of California’s children, starting with those who need it most.

**Activities:** Working on six main issues: implementation of transitional kindergarten, optimize funding for early care and education programs in the state budget, advancing a legislative agenda focused on building a high-quality early childhood education system connecting early learning with K-12 and increasing access to high-quality programs, development of a statewide Quality Rating and Improvement System, state governance within the California Department of Education, the State Advisory Council on Early Learning and Care and First 5 California, local efforts including the Los Angeles Preschool Advocacy Initiative and federal issues including Head Start, Early Head Start and the Child Care Development Block Grant; Produces fact sheets on their issues; Supports and develops events and trainings around their issues; Advocates on their issues and mobilizes action through its network of supporters.

Contact Information: [www.preschoolcalifornia.org](http://www.preschoolcalifornia.org)

First Five Fund

**Mission:** To create a smarter, stronger, healthier, and more productive America through early childhood education for disadvantaged children through knowledge, data, advocacy and collaboration.

**Activities:** Help elected officials, business leaders and philanthropists see early childhood education as a solution for dramatically improving education, health, social, and economic outcomes, in the short- and long-term.

Contact Information: [http://www.ffyf.org/](http://www.ffyf.org/)
The Affordable Care Act
President Obama's landmark federal health reform measure known as the Affordable Care Act, or ACA, represents the most significant change to the nation's health care system since Medicare was created in the 1960s. It has the potential to dramatically improve the lives of millions of uninsured Californians by improving the quality and affordability of health insurance, and it contains significant new protections and expanded services for children and their families. The Act will have wide-ranging, long-term fiscal impacts on the state budget, county budgets as well as a major sector of the California and American economy.

Provisions of the ACA specifically affecting the prenatal to 5 population include: children can no longer be denied coverage due to preexisting conditions; children with private coverage will no longer have co-payments for preventive services or annual dollar lifetime limits on coverage; children will not face the risk of coverage being improperly taken away ("rescinded") when they get sick; most of the parents, if uninsured, will become newly eligible for no- or low-cost coverage; and breastfeeding support for mothers, including coverage of breast pumps, is now available.

According to estimates prepared for state officials implementing the Affordable Care Act, approximately 2.9 million uninsured residents in the L.A. County region will be eligible for subsidized coverage or Medi-Cal under the provisions of the new law, with an estimated 800,000 to 1.1 million enrolling in coverage by the year 2019.70

Others will remain ineligible for coverage due to their immigration status; however, children prenatal to 5 who fall within this category are eligible for coverage through First 5 LA’s Healthy Kids program. The challenge will be enrolling those who are eligible for health insurance – child and parent alike – into the right program. Therefore, a robust and comprehensive outreach plan must be implemented. Children will experience many benefits from health reform because they can now receive coverage regardless of whether or not they have a pre-existing condition. Moreover, because families as a whole can now receive health insurance coverage, there is an increased probability that children will be enrolled in the proper health insurance plan.

Covered California, California’s new health insurance marketplace, will be open to enroll millions of Californians in health coverage beginning this fall in conjunction with a statewide media campaign that will be launched in advance of the enrollment period for health coverage, beginning January 2014. Many organizations working at the grassroots level in L.A. County, including individuals known as assisters and navigators, are expected to provide uninsured Californians with enrollment information for public and private health coverage through a new online portal operated by Covered California.

Healthy Families Enrollees Moving to Medi-Cal
In 2012, Governor Jerry Brown proposed and the California State Legislature ultimately approved the transition of nearly 870,000 children from the Healthy Families children’s health insurance program to Medi-Cal. After examining network capacity issues and identifying alternative options where possible, the California Department of Health Care Services began shifting children from Healthy Families on January 1, 2013. The statewide transition was originally scheduled to take place in four phases, but concerns regarding the network adequacy of several plans, including some that operated in L.A. County, led to certain phases being split up into sub-phases in order to delay the transition of some counties. In L.A. County, children were moved over during Phases 1B, 1C and 2.

One major concern throughout the transition process was the possibility that certain Healthy Families services previously available to children would not be available through Medi-Cal. In April 2013, a number of children with autism transitioning from Healthy Families were informed that they would no longer be able to access applied behavior analysis (ABA) services once enrolled into Medi-Cal. Despite assurances that autistic children would not lose benefits in the transition from Healthy Families to Medi-Cal, the Legislature eliminated a provision to ensure access to ABA in Medi-Cal program as part of the budget bills leaving children without coverage for this therapy.71

Ongoing Flexibility in the Delivery of Child Welfare Services Continues Under Federal Waiver
The Federal Foster Care Program (Title IV-E of the Social Security Act) was created by the Adoption Assistance and Child Welfare Act of 1980. This program helps states provide safe and stable out-of-home care for children until the children are safely returned home, placed permanently with adoptive families or placed in other planned arrangements for permanency. Funding is distributed to the states based on population through an entitlement formula. In 1994, Congress authorized the Title IV-E Waiver Capped Allocation Demonstration Project, a child welfare waiver designed to enable states to test innovative approaches to delivering and financing child welfare services, with the goal of producing better outcomes for children.
In 2004, California proposed that the Federal government waive certain Title IV-E requirements for counties that elect to participate in a Title IV-E Waiver Capped Allocation Demonstration Project. Previously, funding for services could only be used when children were removed from their homes. With the Waiver, funding has been used in L.A. County to pilot programs that build community partnerships toward the prevention of child abuse, promote prevention and provide services to families while children remain safely at home. The Waiver was originally scheduled to end on June 30, 2012, but L.A. County received an extension for one year through June 30, 2013. California may apply for another short term or 5-year extension.

The federal Department of Health and Human Services was given authority to grant waivers to up to 10 states. Each demonstration project could last no longer than five years, had to be rigorously evaluated, and had to be cost-neutral to the federal government—meaning that costs under the Waiver could not exceed what the state would have spent in the absence of the Waiver.

New Federal Grants for Innovative Approaches to Serving Children Prenatal to 5

"Race to the Top" Federal Education Grant for California to Improve Early Learning

The Race to the Top—Early Learning Challenge (RTT-ELC) program was first launched in 2011 as a program jointly administered by the U.S. Department of Education and the Office of Early Learning. Proposed by the Obama Administration, the program called on states to create proposals to improve early learning, particularly for children with high needs. The goal of the program is to close the achievement gap for “high need” young children ages birth to 5.

In the first year, the federal government received 37 applications for funding and $500 million was awarded to 9 states, including California, which requested $100 million and received $53.3 million for four years.

The California grant primarily funds local Quality Rating and Improvement Systems (QRIS) being developed by Regional Leadership Consortia (Consortia)—voluntary groups of local First 5 commissions (Los Angeles Universal Preschool in L.A. County), county offices of education and county governments. The Consortia will work with licensed child care programs, school districts and child care partners. Each participating child development agency will receive a rating score based on common standards regarding the learning environment, teacher effectiveness and parent engagement. Eventually, QRIS will help improve the availability of high-quality, linguistically and culturally appropriate services to children with high needs. These include infants and toddlers, dual-language learners, and children with disabilities and other special needs. The State reports it is leveraging $550,000 in other funding sources to support California’s application goals under the Early Learning Challenge fund.

Sixteen counties in California have convened organizations in their regions with the same goal of improving the quality of early learning. By joining California’s Race to the Top effort, the groups voluntarily agree to align their local QRIS to a common “Quality Continuum Framework” and implement common tiers. In addition to a statewide evaluation of the common QRIS tiers, the consortia will set local goals to improve the quality of early learning and development programs in child development and readiness for school, teacher-child interaction and program/classroom environment. The L.A. County Office of Child Care will use RTT-ELC funds to improve the quality of up to 175 licensed family child care homes and center-based programs serving high need children. Los Angeles Universal Preschool will receive $5 million of the total $52 million awarded to California from the U.S. Department of Education over four years.

Promise Neighborhoods - A "Place-Based" Approach to Providing Supportive Services

In 2010, President Obama established the Promise Neighborhoods program, based on the Harlem Children’s Zone, in 21 communities throughout the country. The purpose of the program is to challenge universities, nonprofit organizations, faith-based organizations and Indian tribes throughout the country to submit a plan to improve access to great schools and strong systems of family and community support in distressed communities. This effort will prepare and support children to attain an excellent education and successfully transition to college and a career.

There were three rounds of Promise Neighborhoods funding (2010, 2011, and 2012), which was divided between planning and implementation grants. In 2010, $10 million was appropriated yielding 21 awardees. In 2011 and 2012, $29.9 million and $59.9 million were available, which funded 25 planning and 12 implementation grants. To help facilitate a coordinated approach to the application process, a group of public sector organizations (including LAUSD, L.A. County Office of Education, Los Angeles City Mayors Office, etc.) called the Los Angeles Promise Neighborhoods Public Sector Workgroup, organized meetings to explore ways to support a strong Promise Neighborhood application from the region. Two applicants in L.A. County were awarded planning grants in 2010 - Proyecto Pastoral at Dolores Mission (Boyle Heights Los Angeles Promise Neighborhood) and the Youth Policy Institute (Los Angeles Universal Preschool) received $5 million for four years.
Angeles Promise Neighborhood in Pacoima). In 2012, the YPI-Los Angeles Promise Neighborhood received another award for an implementation grant.

Federal Public Health Grants for Efforts to Address Obesity, Tobacco Use, Disease Prevention and Health Disparities
The L.A. County Department of Public Health (DPH) received two major grants in recent years that will fund programs that have an impact on children prenatal to 5 and their families. In 2010, the department received $32.1 million from the federal government’s Communities Putting Prevention to Work initiative. The two-year grant funded activities addressing the obesity epidemic and tobacco use. The initiative provides $15.9 million for obesity, physical activity and nutrition projects, and $16.2 million for tobacco control and prevention projects.

In 2011, the Los Angeles Department of Public Health also received $9.8 million through the federal government’s Community Transformation Grants (CTG) initiative. The funding will support the first year of a planned five-year initiative to prevent chronic disease and reduce health disparities in the county population through interventions that create healthy and safe environments and improve access to evidence-based clinical preventive services. A number of First 5 LA grantees, including the Breastfeeding Task Force, receive funding through the CTG grant.

The Affordable Care Act includes two components worth highlighting for their relevance to the prenatal to 5 population and their families. The first component is the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), which facilitates collaboration and partnership at the Federal, State and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. This funding stream is administered by the Health Resources and Services Administration in collaboration with the Administration for Children and Families, both agencies of the U.S. Department of Health and Human Services. The home visiting appropriation is slated to expire in 2014. (Note: In 2012, First 5 LA submitted comments to the Centers for Medicare & Medicaid Services Department regarding Essential Health Benefits under the Affordable Care Act, urging the administration to include family strengthening strategies like home visitation services as part of its Maternity and Newborn Care benefits. CMS ultimately did not include this service under the Essential Health Benefits.) The Affordable Care Act also included the creation of a Public Health and Prevention Fund to provide communities around the nation with more than $16 billion over the next 10 years to invest in effective, proven prevention efforts, like childhood obesity prevention and tobacco cessation.

Areas of Policy Innovation and Change Affecting the Children Prenatal to 5: Health in All Policies & Dedicated Funding Stream for Child Health
“Health in all policies” is a proactive approach to decision making that incorporates health considerations across all policy areas. Consideration of health allows agencies to make more informed policy and program decisions and to identify successes. In 2010, Governor Arnold Schwarzenegger established California’s Health in All Policies Task Force, which was charged with identifying priority actions and strategies for state agencies to improve community health. Between April and November of 2010, representatives from 19 California agencies, departments and offices came together in multiple individual and group Task Force meetings and participated in public workshops, including one held in Los Angeles. The Task Force developed a broad-ranging set of recommendations on feasible strategies and actions to promote health. These recommendations cover a number of issues, including transportation, housing, urban greening, violence prevention and healthy food. As early as 2008, L.A. County’s Department of Public Health has been examining decisions made by non-health agencies that play a role in shaping health outcomes. Strategies include smoking bans and tobacco retail licensing to reduce smoking opportunities; and incorporating health into land use decisions.

In an effort to address the childhood obesity epidemic, advocates and some lawmakers have made attempts to regulate and reduce the consumption of unhealthful food and drinks, including efforts to impose a tax on sugar sweetened beverages. In L.A. County, the City of El Monte had a measure on their 2012 ballot that would have raised taxes on sugary drinks. Voters rejected the measures by a wide margin.

State legislation imposing a penny-per-ounce tax on sweetened beverages is currently pending in the California State Senate. California State Senator Bill Monning, D-Carmel, proposed Senate bill 622, which would impose a $.01 per-ounce tax on sweetened beverages to discourage excess consumption by raising the price of these products and creating a dedicated revenue source for health programs to prevent and treat childhood obesity and dental disease. Monning argues that the costly childhood obesity crisis is being driven by a dramatic increase in soda consumption and that the beverage industry should pay its fair share to address the crisis. The bill remains stalled in committee as of June 2013. Monning indicated he believes a soda tax will eventually be adopted in California.
The Fiscal Context – Federal, State and Local Budget Trends Affecting Programs and Services for Children Prenatal to 5 in L.A. County

The government context for serving children prenatal to age five in the coming years is complex and dynamic. At the federal level, implementation of the Affordable Care Act is bringing new resources to the state and local region as well as grants that are funding some innovative services in the County. At the same time, political gridlock in Washington is preventing reauthorization of major programs and the federal sequester is resulting in spending reductions across many government programs.

In California, a ballot measure (Prop. 30) enacting new taxes is boosting state revenues for schools as California continues its slow economic recovery. That, combined with a favorable court ruling related to First 5 funding, is relieving some of the pressure on First 5 to "backfill" funding where spending cuts have been made to state-funded programs. At the same time, First 5 is still called upon at the state level to support programs formerly supported by the state General Fund, and some cuts made during the depth of the recession were not restored, meaning there may be pressure to continue supporting services where they were cut, such as child care.

On the horizon, California continues to grapple with persistently high unemployment rates, and will face growing budget pressure starting in 2017 as the full costs of the Affordable Care Act begin to set in and the federal government reduces its support of newly-covered individuals in California.

Locally, L.A. County fared better than most during the fiscal challenges in recent years, avoiding cuts in programs serving the prenatal to 5 population.

Federal Sequestration

Automatic federal spending cuts authorized by Congress and the President as part of the 2011 Budget Control Act began taking effect in March 2013. Known as the "sequester" or "sequestration," these cuts will reduce federal spending by $85.4 billion in fiscal year 2013 and ongoing to 2017, with cuts spread evenly between defense and non-defense categories. These cuts mean a 5.1 percent reduction in many significant education, health and human service programs serving children prenatal to 5.

Among the many programs affected in L.A. County is Head Start, which serves 22,000 children in Los Angeles. A 5 percent reduction in Head Start would translate into 1,100 fewer seats for low-income preschool age children if the entire cut were born by reducing seats. The Director of Head Start for the L.A. County Office of Education indicates the number of seats reduced will likely be less than that if individual Head Start programs find ways to achieve administrative savings in other ways. The reductions are also expected to affect the Prevention and Public Health Fund. A 5 percent cut (amounting to $2 million) to funds California receives through the Federal Title V Maternal Child Health Block Grant would likely have an impact on local health jurisdictions through possible reductions to the county's Maternal Child Adolescent Health program, Black Infant Health, and Adolescent Family Life Program yearly allocations.

The California state budget enacted for 2013-14 includes funding to backfill for a number of federal sequestration reductions affecting the prenatal to 5 population including: $15.9 million in funding for child care programs, $11.9 million for the Social Services Block Grant (Title XX) Program and $613,000 for Early Start Part C grant for regional center purchase of services.

Ongoing Budget Gridlock in Washington

Political gridlock has forced the budget and appropriations processes to be delayed or constrained by "action forcing mechanisms" such as the debt ceiling and sequestration. The recent implementation of "sequestration" provides new challenges related to caps on federal funding for programs serving children prenatal to 5. Non-defense discretionary programs which are core public programs (education, health and human services) will now be reduced by 5.1 percent.

Several key programs serving children prenatal to 5 were not reauthorized by the 112th Congress, but were extended for one year of funding. These programs include the Farm Bill (which includes the Supplemental Nutrition Assistance Program, known as CalFresh in California), the Child Care Development Block Grant, and the Elementary and Secondary Education Act. Given the challenging political environment, these programs may face additional hurdles to reauthorization in the current session.
- **Head Start** - Head Start was last reauthorized in December 2007 and faces reauthorization again. In December 2011, the Department of Health and Human Services established the Designation Renewal System that specifies seven conditions that will be considered when determining whether a grantee is delivering a high-quality and comprehensive program, and whether the grantee may be renewed without having to compete for continued funding. If a grantee fails to meet any of those seven conditions during the time periods specified in the regulation, then that grantee will be required to compete for continued funding. The Office of Head Start has recently notified 254 providers that they must re-compete for their contracts due to meeting one or more of seven deficiency triggers.

- **Child Care Development Block Grant (CCDBG)** - First enacted in 1990, the program is due for reauthorization which presents an opportunity to reexamine and strengthen the numerous provisions that will help create stronger protections for children and boost quality in programs. With variation in state laws, some believe it is important to set new federal benchmarks for higher quality and safer service provision through this program. During the 112th Congress, the Senate Committee on Health, Education, Labor and Pensions (HELP) began examining recommendations for CCDBG reauthorization. In July of 2012, Senator Barbara Mikulski (D-MD), Chair of the Senate HELP Subcommittee on Children and Families, held a hearing on CCDBG reauthorization in which child care experts weighed in on the need to focus on improving quality, supporting access, promoting the continuity of care and ensuring program integrity. The reauthorization stalled in committee, but may be pursued again in the 113th Congress.

- **Reauthorization of the federal Elementary and Secondary Education Act** - The ESEA has not been reauthorized since 2007. During the last congressional session (2011-2012), the Senate and the House of Representatives each developed their own proposals for reauthorization, although neither one made it past their respective committee. A number of states and locales have applied for, and 34 have been granted, flexibility waivers to allow them to bypass specific requirements of the No Child Left Behind Act of 2001 (NCLB) in exchange for certain quality improvements. California was not granted a flexibility waiver, but the Los Angeles Unified School District has requested the waiver and a decision is pending.

### Increased State Revenue as a Result of Nov. 2012 Passage of Proposition 30
California experienced a severe budget crisis between 2008 and 2012 – the worst since the Great Depression. Reduced revenue and large structural deficits during this period resulted in sharp decreases in investments in early childhood programs. At the height of the crisis in 2009-10, the budget deficit reached $40 billion. Lawmakers imposed severe cuts, borrowed money and raised taxes in order to keep the state solvent. This period resulted in California’s economy shrinking from the eighth to the ninth largest economy in the world. At its peak, in 2007-2008, California’s General Fund revenue was $102 billion; one year later, it had shrunk to $88 billion.

The 2013-14 budget outlook is much improved, in part due to the success of a ballot initiative passed by California voters, Proposition 30, which was championed by Governor Jerry Brown. The measure is expected to generate $7 billion to $9 billion in new revenues for California through the year 2019, and its passage prevented deep cuts in funding for K-12 education.

### A New Method of Allocating K-12 Funding for Schools in California
The state budget enacted for 2013-14 includes Governor Jerry Brown’s Local Control Funding Formula for K-12 Schools, which provides more funding to school districts that have higher numbers of English learners, low-income students and foster youth. The approach also gives districts more freedom to select which programs they want to fund and eliminates the requirement to cover all state mandated categorical programs. This flexibility will enable schools to focus on strategies to improve student outcomes - including quality early learning programs. According to the Brown Administration, the method of allocating funding to schools “begins to correct historical inequities in school district funding” by committing new resources while also ensuring provisions for accountability.

In L.A. County, all school districts will see an increase in per-pupil funding as a result of both passage of Prop. 30 as well as the new funding formula, which benefits districts with higher percentages of the students in the categories noted above. According to the state Department of Finance, 86 percent of students attending Los Angeles Unified meet one of the three criteria, resulting in per-pupil funding increasing from $7,738 in 2012-2013 to $8,102 in 2013-2014. Among all 79 school districts in L.A. County, most districts have a significant number of students meeting the designated criteria. As a result, these districts will receive a relatively larger increase in resources under the state’s new method for funding schools than districts with fewer students in those categories.
First 5 Funding Threats
First 5’s main source of funding – state tobacco tax revenues – continues to decline as tobacco sales decline in California. Funding available to Los Angeles from the state has dropped from $143.4 million in Fiscal Year 2007-08 to $108.8 million, and can be expected to continue falling in the years ahead as tobacco sales continue to go down. As births in L.A. County decrease, funding may also go down for Los Angeles given that the amount of funding each county in the state receives is calculated using birth rates.

During the falling revenues for First 5 efforts statewide, revenue generated for First 5 was repeatedly targeted by lawmakers in their search to find funds to close the budget gap. Measure 1D from 2009, a proposition placed on the ballot by legislators, would have redirected $600 million from reserves and new tobacco tax dollars in that year as well as $268 million annually through 2013–14 to state programs. Funding threats also came from two California lawmakers who pushed for measures to abolish the First 5 Commissions altogether and redirect tobacco taxes to state programs. These attempts did not survive the legislative process.

In 2011, the legislature approved and Governor Brown signed AB 99, a law that would have redirected $1 billion from all of the First 5 Commissions. In response, a number of County Commissions, including First 5 LA, filed a lawsuit. In late 2011, a Fresno Superior Court judge overturned Prop 99, stating that it was an illegal attempt by lawmakers to amend Proposition 10 without voter approval. Since that time, no new funding threats have emerged.

First 5 California did, however, provide financial support over several years to help support programs in California serving young children that were subject to state budget cuts. Most recently, in 2013, the California Department of Developmental Services requested $40 million in funding from First 5 to backfill for spending reductions to programs serving infants and children with developmental delays and disabilities. The Commission agreed to provide $15 million. The state budget enacted for 2013-14 includes $17.6 to backfill the sequester reduction in fiscal years 2012-13 and 2013-14 to the Social Services Block Grant (Title XX), which is used to partially fund services for individuals with developmental disabilities as well as $613,000 to backfill a federal sequester reduction to services for Early Start programs serving children 0 to 3.

State Child Care Spending Cuts Not Restored
During the economic downturn—between 2008 and 2012—the state cut funding for early care and education programs by over $1 billion, resulting in the loss of access to early education programs for over 100,000 children across the state. In L.A. County, between 2008 and 2011, 1,400 (15 percent) licensed homes ceased providing child care services, resulting in a loss of 11,200 family care spaces throughout the County. CalWORKs Stage 3 child care took an especially large hit in 2010 when then Governor Arnold Schwarzenegger line item vetoed all funding for the program, totaling over $500 million. The program provides child care for parents who have successfully gotten off welfare but cannot yet manage the full cost of child care without some government assistance. The program was subsequently partially reinstated but continues to face shortfalls. First 5 LA agreed to provide up to $15 million in bridge funding while the state legislature worked to reinstate the program. The 2013-14 budget enacted by Governor Brown assumes the reductions are ongoing in nature but he does make minor restorations. Included in the budget is an increase of $25 million for state preschool, $15.8 million to backfill sequestration reductions and $10 million in unspent child care funds to expand non-Prop 98 child care. As he signed the 2013-14 budget in June, Governor Brown line item vetoed $5 million for preschool and stated in his veto message that the increases he approved were one-time only, as they would draw dollars away from K-14. He also vetoed the legislature’s proposal to develop a plan for expanding the State preschool program. The plan had been viewed as a first step in preparing to apply for federal money that would be available should President Obama’s early education proposal be implemented.

Fiscal Implications of the Affordable Care Act on State and County Budgets
In the last several decades, a complex system of government funding for public health insurance has developed in California among federal, state and local governments. Many programs were created in an effort to provide coverage for different populations. The ACA changes the need and funding for many of these programs, necessitating changes in state law to redefine costs and responsibilities.

In addition to the significant changes to the health care system, the ACA will have potentially significant long-term fiscal impacts on state and local government. Beginning in 2017, when the federal government begins reducing its 100 percent share of costs of the expansion population in Medicaid, California will be responsible for an increasing share of costs. By 2020, California will be responsible for 10 percent or more of the funds for the expanded population, the total amount of which at this point in time, is unknown but could amount to billions of dollars in new state health care costs.
Counties will likely be impacted as well. In Sacramento, the enacted budget for 2013-14 changes funding arrangements and responsibilities for state and local government in the context of the implementation of the federal ACA in California (see section on health care reform realignment below). Specifically, the state budget assumes up to $300 million in savings from counties on the grounds that county governments will no longer have responsibility for the health care of individuals who will be served by the state in the Medi-Cal program. During the budget process, California State Association of Counties argued that the full $300 million was too much—that the state would take more savings than it should, leaving California counties without the resources they need to meet their indigent care and public health obligations. The Brown Administration indicates that under the final terms of the budget, the actual savings to the state may be less than $300 million depending on various factors, including mechanisms that allow counties to redirect savings to county human service and public health programs as well as programs to serve the remaining uninsured.

No Realignment of State/County Responsibilities for Other Programs Serving Children

In his revised budget proposal released in May 2013, Governor Brown had proposed that California counties assume greater financial responsibility for CalWORKs, CalWORKs-related child care programs and CalFresh (formerly Food Stamps) administration costs in the context of realignment of responsibilities for health care. Counties would have been responsible for the coordination of all client services and would have had opportunities to reinvest caseload savings and revenue growth in CalWORKs and related child care programs based on their local needs and priorities. The proposal was not adopted as part of the 2013-14 state budget.

Ongoing County Support for Programs

While many city governments took a major hit during the recession, the County of Los Angeles fared relatively well. The County imposed cuts totaling $360 million since 2009 but managed to largely avoid reducing services and imposing worker layoffs and furloughs by tapping into reserves, eliminating vacant positions, enacting department-wide efficiencies, and taking advantage of federal stimulus dollars. The County was able to preserve county-funded services to young children including those provided by the Department of Public Health’s Maternal Child & Adolescent Health, the Department of Public Social Services’ Child Care Program or other programs and services offered by the Department of Children and Family Services.

On the Horizon: New Proposals Affecting Children Prenatal to 5

President Obama moved the issue of preschool and early childhood education to the forefront of the national policy conversation when he unveiled a plan in April 2013 to make early childhood education available to all children in America.

President Obama’s Early Education Initiative

The President sent a clear signal about the importance of early childhood education when he announced a proposal to make early childhood education available to all children nationwide. The plan includes a series of new investments intended as the foundation for a continuum of high-quality early learning for a child—a blend of quality and access concerns, and emphasizing the birth-through-5 continuum. Major elements of the President’s plan include:

- **High-quality preschool** supported through a new federal-state cost-sharing partnership managed by the Department of Education. This would expand high-quality public preschool to reach 4-year-olds from families whose incomes are at or below 200 percent of the poverty line.
- **A new Early Head Start-Child Care partnership** that would support communities that extend Early Head Start availability as well as child care providers that can meet high standards of quality for infants and toddlers.
- **Voluntary home visiting programs** to reach additional families in need. These programs would enable nurses, social workers, and other professionals to connect families to services and educational support that can improve a child’s health, development and ability to learn.

The President’s proposal also encourages states to provide additional opportunities for children to attend full-day kindergarten and extends important investments in the federal Head Start program. In order to access federal funding, California and other states would have to meet a number of quality benchmarks linked to better outcomes for children, including state-level standards for early learning; qualified teachers for all preschool classrooms; and a plan to implement comprehensive data and assessment systems. Preschool programs would also have to meet common and consistent standards for quality across all programs, such as well-trained teachers who are paid comparably to K-12 staff; small class sizes and low adult to child ratios; a rigorous curriculum; and effective evaluation and reviews.
Under the President’s proposal, cost estimates for the high-quality preschool program are $75 billion. States would be expected to contribute an increasingly larger share of the cost, initially set at 10 percent for year 1 and moving to 50 percent by year 8. At year 10, states would be contributing $3 for each $1 they receive in federal funding. An additional $750 million competitive pool of funding was proposed for building the workforce and creating data systems for tracking student outcomes. Cost estimates for Early Head Start is $1.4 billion and would nearly double enrollment. The proposal also includes $15 billion for home visitation program costs over ten years and would allow for expansion of the current program as well as lengthen the timeline of support. The budget raises revenue though a $0.94 per-pack cigarette tax.

Potential for Local Ballot Measures for Programs and Projects serving Children in L.A. County
State legislators are considering bills in the 2013-14 legislative session that would lower local voting thresholds (two-thirds to 51 percent) in order to enact parcel taxes and other local taxes that are earmarked for specific projects, like schools and libraries. If these measures are enacted, the population may be faced each year with a series of local ballot measures to fund various programs and projects that serve the prenatal to 5 population in L.A. County.
Part 4: Organizations Supporting Children Prenatal to 5 in L.A. County

First 5 LA recognizes that building strong children is the product of strong parents, families and their communities working together with a range of partners to promote the qualities most associated with positive child outcomes.

Although First 5 LA has substantial resources to address the challenges facing young children, the size, scale and diversity of the County necessitates that we consider how First 5 LA can best use its resources strategically by broadening and expanding its collaboration with others and achieve the greatest possible gains for children 0 to 5.

First 5 LA joins a wide range of public and private organizations locally, statewide and nationally who are prioritizing the 0 to 5 population. This provides opportunities to leverage social and financial capital that supports investments for children, families and communities. Public agencies, the business sector, private nonprofits, philanthropies, coalitions and consortia are working independently and in partnership to improve the well-being of young children and their families. At present, many are concentrating their efforts on restoring federal and state cuts as well as increasing access to health care and improving the quality of, and access to, early childhood education. These areas of emphasis align with public spending and policy trends at the local, state and national levels.

Others are focused on influencing, developing and advocating for policy change at various levels of government and ensuring that public funding is not further reduced. Several are putting concentrated efforts in developing a high quality workforce serving young children and families, particularly in early childhood education, through development of quality improvement rating systems, training and information sharing.

This scan finds dozens of organizations working to advocate for more funding for critical programs serving children at all levels of government, including a growing number of organizations promoting universal preschool. Many maintain websites with extensive data about the lives of young children, as well as mapping tools that can zero in on social indicators at a level of extraordinary detail. These tools may offer some new ways for First 5 LA and our external partners to measure need and target resources effectively. An example of the data resources that can inform First 5 LA’s strategic thinking is the map (see Appendix B) showing areas of unmet preschool needs for 4-year-olds.

Many other groups – ranging from local charities to family resources centers to small community-based organizations – are covered under larger umbrella organizations listed here and would be too numerous to list in this scan.

Public Agencies

L.A. County Department of Children and Family Services (DCFS)
Mission: By 2015 DCFS will practice a uniform service delivery model that measurably improves: child safety, permanency and access to effective and caring service.
Activities: Adoption programs, post adoption services and Foster Care and adoption assistance. Other services include: Deaf Services Unit, Family to Family Systems of Care, Medical Placement Unit MPU, Asian Pacific and American Indian Child Program, Minor Parent-Teen Pregnancy Disincentive Program and Wraparound services.
Contact Information: http://dcfs.co.la.ca.us/

L.A. County Department of Mental Health - Maternal, Child Health
Mission: In L.A. County, Children’s System of Care is dedicated to enriching the lives of children and their families, who are 0 to 15 years old experiencing mental health challenges, by providing a wide range of client-centered, family-focused services.
Activities: Children and families access mental health services through a network of County-operated and contracted agencies providing services in the Antelope Valley, San Fernando Valley, San Gabriel Valley, Metro Los Angeles, West Los Angeles, Central Los Angeles, Southeast Los Angeles and Long Beach/South Bay areas.
Contact Information: http://dmh.lacounty.gov/wps/portal/dmh

L.A. County Department of Public Health - Maternal, Child and Adolescent Health
Mission: Maximize the health and quality of life for all women, infants, children and adolescents and their families in L.A. County.
Activities: Responsible for planning, implementing and evaluating of services that address the healthy priorities and primary needs of infants, mothers, fathers, children and adolescents, and their families in L.A. County through ongoing assessment, policy development and quality assurance; Administer the Black Infant Health program through five subcontractors; Provide a wide range of services to Medi-Cal pregnant women from conception through 60 days postpartum through the Comprehensive Prenatal Services Program; Provide Nurse-Family Partnership services countywide for 1,075 clients out of the estimated 5,500 eligible, pregnant youth who deliver their first child in L.A. County; Administer outreach for the various health coverage programs for low-income children through subcontractors; Provide surveillance via the Fetal Infant Mortality Review Project, Newborn Screening Program for genetic and congenital disorders and the Sudden Infant Death Syndrome Program; Develop data sources including the First 5 LA sponsored Los Angeles Mommy and Baby Survey which asks mothers who recently delivered a baby about events that happened before, during and after their pregnancy.

Contact Information: [www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

L.A. County Strengthening Families Learning Community

Mission: Guide the County’s efforts for an integrated service delivery system, which maximizes opportunities to measurably improve client and community outcomes and leverage resources through the continuous integration of health, community and public safety services.

Activities: Create a mechanism for coordinating the integration of the Protective Factors with the County service delivery system to improve client and community outcomes, and maximize resources; Comprised of senior level staff members representing County departments and offices that serve children and their families, including Children and Family Services, Health, Mental Health, Parks and Recreation, Probation, Public Health, and Public Social Services departments, as well as the Public Library, Office of Education and Office of Child Care. Members are charged with examining how their respective departments’ align with the Strengthening Families Approach and are beginning to identify strategies for embedding the Protective Factors into their practices and initiatives.

Contact Information: [www.ceo.lacounty.gov](http://www.ceo.lacounty.gov)

L.A. County Commission for Children and Families

Mission: Advocate for children and families and ensure a continuum of care that is comprehensive, coordinated and well integrated with County departments, County clusters, caregivers, the private sector and the community.

Activities: Responsible for monitoring and evaluating the recommendations made by the Children’s Services Task Force; Review all programs administered by the County departments that provide programs and services for all children at risk; Review and make recommendations to the Board regarding legislation dealing with children’s services; Make recommendations to the Board of Supervisors and department heads to improve children’s services.

Contact Information: [www.lachildrenscommission.org](http://www.lachildrenscommission.org)

L.A. County Child Care Planning Committee

Mission: Improve the overall child care infrastructure of the County of Los Angeles, including the quality and continuity, affordability, and accessibility of child care and development services for all families.

Activities: Engage parents, child care providers, allied organizations, community, and public agencies in collaborative planning efforts; Serve as the local child care planning council for L.A. County as mandated by state legislation (AB 2141; Chapter 1187, Statutes of 1991); Formed a Joint Committee on Legislation with the L.A. County Policy Roundtable for Child Care to focus on federal, state and local policy initiatives as they impact the County and child care and development services available.

Contact Information: [www.ceo.lacounty.gov](http://www.ceo.lacounty.gov)

L.A. County Policy Roundtable for Child Care

Mission: Build and strengthen early care and education by providing recommendations to the Board of Supervisors on policy, systems, and infrastructure improvement.

Activities: Developed the Steps to Excellence Program (STEP) which is a quality rating and improvement system for licensed child care programs serving children ages prenatal to 5; Formed a Joint Committee on Legislation with the Child Care Planning Committee to focus on federal, state and local policy initiatives as they impact the County and child care and development services available; Developed a 2011-2013 Policy Framework naming five goals: 1) quality of child development services will be improved through STEP; 2) maximize utilization of public development resources; 3) county departments will work collaboratively with each other and community partners to maximize use of resources, support quality and promote integrated service delivery; 4) county departments will work collaboratively with the L.A. County Office of Education, key school districts and community-based child development services to integrate services; 5) the Chief Executive Office will facilitate county department efforts to work internally and with community partners to integrate the Strengthening Families Approach and Protective Factors into their work.
L.A. County Office of Education

**Mission:** State-funded public agency that promotes the academic and financial stability of the county's eighty K-12 public school districts and 2 million preschool and school-age children.

**Activities:** Administer the largest Head Start grantee program by contracting with 16 school districts and 8 private non-profit agencies to provide these services; administer the following First 5 LA projects: Family Literacy Support Network for Family Literacy grantees, ECE Career Development Policy Project and the Early Childhood Education Professional Learning Community Project, as a subcontractor to Los Angeles Universal Preschool.

Contact Information: [www.lacoe.edu](http://www.lacoe.edu)

Los Angeles Unified School District - Early Childhood Education Department

**Mission:** LAUSD's early education centers are high quality, developmentally appropriate preschool programs that address the social-emotional, physical and cognitive needs of the population served. The mission and beliefs of ECED outlines a commitment and responsibility to the diverse cultural and linguistic needs of children and families.

**Activities:** Child care, Parent Education and Outreach and Professional development for all teachers and teacher's aides.

Contact Information: [http://notebook.lausd.net/portal/page?_pageid=33,181459&_dad=ptl&_schema=PTL_EP](http://notebook.lausd.net/portal/page?_pageid=33,181459&_dad=ptl&_schema=PTL_EP)

Los Angeles Unified School District - Wellness Networks & Centers

**Mission:** LAUSD has embraced a District-wide Wellness initiative. The initiative represents an ambitious strategic effort to utilize joint use Bond funds to construct new, or renovate existing, health facilities on school sites in high need communities. These facilities, Wellness Centers, are designed to provide services to meet the unique needs of the communities they serve.

**Activities:** Primary health care services; mental health and behavioral health services; oral health services; coordination of family support services; health insurance enrollment and renewal; student and parent engagement for health and wellness career pathways.

Contact Information: [http://notebook.lausd.net/portal/page?_pageid=33,922965&_dad=ptl&_schema=PTL_EP](http://notebook.lausd.net/portal/page?_pageid=33,922965&_dad=ptl&_schema=PTL_EP)

Regional Centers (funded by the California Department of Developmental Services)

**Mission:** Provide or coordinate services and supports for individuals with developmental disabilities.

**Activities:** Provide diagnosis and assessment of eligibility and help plan, access, coordinate and monitor the services and supports that are needed because of a developmental disability. There is no charge for the diagnosis and eligibility assessment. Some of the services and supports provided by the regional centers include: information and referral, counseling, lifelong individualized planning and service coordination, resource development, outreach, advocacy, early intervention services for at risk infants and their families. Also offers Early Start, which are teams of service coordinators, healthcare providers, early intervention specialists, therapists, and parent resource specialists evaluate and assess infants or toddlers and provide appropriate early intervention and family support services for young children from birth to three years of age. Seven nonprofit organizations are contracted with DDS to serve individuals with developmental disabilities and their families in L.A. County:

- Eastern Los Angeles Regional Center
- Frank D. Lanterman Regional Center
- Harbor Regional Center
- North L.A. County Regional Center
- San Gabriel/Pomona Regional Center
- South Central Los Angeles Regional Center
- Westside Regional Center

Contact Information: [www.dds.ca.gov/RC](http://www.dds.ca.gov/RC)

U.S. Department of Health and Human Services

**Mission:** Protects the health of all Americans and provides essential human services, especially for those who are least able to help themselves.

**Activities:** Working with state and local governments, administers more grant dollars than all other federal agencies combined. The department includes more than 300 programs, covering a wide spectrum of activities; administers Medicaid and Medicare, providing health insurance for one in four Americans.

Contact Information: [www.hhs.gov](http://www.hhs.gov)
U.S. Department of Health and Human Services - Administration for Children & Families

Mission: Foster health and well-being by providing federal leadership, partnership and resources for the compassionate and effective delivery of human services.

Activities: Administer Head Start for preschool-age children and their families; Administer Early Head Start, which serves infants, toddlers, pregnant women and their families who have incomes below the federal poverty level; provide exclusive funding for these programs through the Department of Health and Human Services.

Contact Information: www.acf.hhs.gov

U.S. Department of Agriculture

Mission: Provide leadership on food, agriculture, natural resources, rural development, nutrition, and related issues based on sound public policy, the best available science, and efficient management.

Activities: Administers the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) which serves pregnant, breastfeeding, and postpartum women, infants and children under the age of five who are low to moderate income (up to 185 percent of the federal poverty level) and at nutrition risk; WIC serves 69 percent of all infants born in the County and in 2012 served 498,611 participants; Revised their food packages in October 2009 for the first time in 35 years to align with national guidelines for nutrition, to better promote long-term breastfeeding, to provide participants with a wider variety of food including fresh fruits and vegetables and to give WIC state agencies greater flexibility to accommodate cultural food preferences. In L.A. County, the biggest change as a result of the new food packages has been the drastic increase in the number of infants being exclusively breastfed from a low of 14.2 percent in 2005 to nearly half (49.3 percent) of all infants in 2012.

Contact Information: www.fns.usda.gov/wic

U.S. Department of Education

Mission: Promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

Activities: Administers Promise Neighborhoods a community-focused program that funds local-led efforts to improve educational opportunities and provide comprehensive health, safety and support services in high-poverty neighborhoods with the goal of providing a complete continuum of ‘cradle to college and careers’ solutions; In December 2012, the Los Angeles Promise Neighborhood led by the Youth Policy Institute, received an implementation award for the communities of Pacoima and Hollywood for $30 million over five years.

Contact Information: www.ed.gov

Major Non-profit Organizations, Philanthropies and Coalitions

The following is an overview of some of the major organizations focusing some or all of their work on children prenatal to 5 in L.A. County. They are sorted into nine broad categories indicating their major area focus and mission at this time. Many of the groups also extend their efforts beyond the role indicated in the categories.

Working to Ensure Children are Born Healthy

Public Health Foundation Enterprises WIC Program

Mission: Serve pregnant, breastfeeding and postpartum women, infants and children up to 5 years old in low income families by providing free supplemental foods, nutrition education, breastfeeding support and education and other support services.

Activities: Largest of the seven local WIC agency programs serving L.A. County; PHFE WIC Research staff coordinates data collection and research for the County and have been funded by First 5 LA since 2005 to aggregate administrative data allowing for examination of county-wide trends and conduct a survey of a random sample of 5,000-6,000 WIC participants every 3 years to gather to gather health and behavioral information that is not available in the administrative data; PHFE WIC Research staff has published studies on early literacy, breastfeeding, obesity prevention and women’s health.

Contact Information: www.phfewic.org

March of Dimes

Mission: Founded in 1938 by President Franklin D. Roosevelt to combat polio, the March of Dimes currently works to help mothers have full-term pregnancies and healthy babies.
**Activities:** The California chapter partners with local and statewide organizations by providing grants and leading policy and legislative efforts; Legislative successes include requiring all newborns to be screened for critical congenital heart disease; allowing pregnant women under the age of 18 to receive CalWorks aid, establishing which benefits all insurance policies and plans must cover for maternity, newborn and pediatric care, and requiring parents to receive information about vaccines before exempting their child.

**Contact Information:** [www.marchofdimes.com](http://www.marchofdimes.com)

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**Training Individuals Who Provide Direct Assistance and Care to Children and Families**

**Perinatal Advisory Council: Leadership, Advocacy and Consultation**

**Mission:** Ensure that pregnant women, new mothers, their babies and families are cared for by competent, caring professionals in well-equipped health care settings across Southern California.

**Activities:** Serve as the Regional Perinatal Program of California for Los Angeles, Ventura and Santa Barbara Counties by the California Department of Health Services, Maternal Child Health; Provide members, who are perinatal professionals, with research, information, customized consultation, education and networking events as well as providing continuing education credits for physicians and nurses.

**Contact Information:** [www.paclac.org](http://www.paclac.org)

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**Zero to Three (national non-profit organization)**

**Mission:** Promote the health and development of infants and toddlers.

**Activities:** Training professionals, influencing policies and practices and raising public awareness of early childhood issues; Current funded projects include enhancing the capacity of Head Start and child care professionals, supporting military families, reducing the recurrence of abuse and neglect and improving outcomes for infants and toddlers in Court Teams communities, parent education, and improving the housing, health and development of homeless and at-risk young mothers and children.

**Contact Information:** [www.zerotothree.org](http://www.zerotothree.org)

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**Keeping Children Safe from Abuse/Neglect and Strengthening Families**

**L.A. County Perinatal and Early Childhood Home Visitation Consortium**

**Mission:** Establish a coordinated system among home visitation stakeholders to improve access, quality and data collection, and to establish and advocate for policies that will help sustain home visitation services within L.A. County.

**Activities:** Convened by the L.A. County Department of Public Health; Los Angeles Best Baby’s Network is organizing a Home Visitation Guiding Coalition to inform the framework for the Home Visitation Consortium; Includes policy and operational subcommittees; Members represent a variety of home visitation programs/agencies, advocates for family strengthening and previous home visitation program participants and First 5 LA is an active participant.

**Contact Information:** [www.labestbabies.org/publications/home-visitation-consortium-policy-brief](http://www.labestbabies.org/publications/home-visitation-consortium-policy-brief)

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**Casey Family Programs**

**Mission:** Work to provide, improve - and ultimately prevent the need for - foster care in the United States.

**Activities:** Provide direct service, strategic consulting, public policy and research; The L.A. County Office located in the San Gabriel Valley services the entire county of Los Angeles and is focused locally on transition age-youth and partnering to support kinship families; Recent national initiatives focusing on the 0 to 5 population include the Early Learning Initiative to inform state and local leaders about how early childhood trauma and neglect affect brain development in children from birth through five years and Evaluation of SafeCare which is an evidence-based, parent training curriculum for parents who are at-risk or have been reported for maltreatment through the use of trained home visitors who work with families who have children ages 0 to 5 in their home environment.

**Contact Information:** [www.casey.org](http://www.casey.org)

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**Inter-Agency Council on Child Abuse and Neglect (ICAN) County of Los Angeles**

**Mission:** Coordinate the development of prevention strategies for child abuse and neglect throughout L.A. County.

**Activities:** Established in 1977 by the County Board of Supervisors as the official agency to coordinate the development of services for the prevention, identification and treatment of child abuse and neglect. The mandate for much of ICAN’s work comes from the ICAN Policy committee and the work is conducted through the ICAN Operations committee. These committees address issues such as: review of child fatalities; children and families exposed to family violence; development of systems designed to better promote
Ready Nation
Mission: Amplify the voice of business leaders in support of early childhood policies that strengthen our economy and workforce.
Activities: Research a wide variety of early childhood issues, communicate the findings, and mobilize business leaders and activists to build support for early investments. Mobilize the business community to improve tomorrow’s economy through smart policy investments in young children today. By supporting business networks that advocate for early learning policies with conferences, trainings and business leader summits, Ready Nation is helping to develop a national network of business leaders fighting for the country.
Contact Information: http://www.readynation.org/

L.A. Compact
Mission: Ensure all students graduate from high school, and are ready for college and the workplace.
Activities: Ask Los Angeles institutions to commit their support to focus on areas of shared interest and work together to better closely collaborate and leverage resources to achieve their goal by signing the L.A. Compact; Current members include: LAUSD, Mayor of Los Angeles, Los Angeles City Council, Los Angeles Area Chamber of Commerce, Associated Administrators of Los Angeles, United Way of Greater Los Angeles, L.A. County Federation of Labor/AFL-CI and 11 Institutions of Higher education in Los Angeles region. The LA Chamber of Commerce is currently working on the second iteration of this interagency agreement known as LA Compact 2.0.
Contact Information: www.lacompact.org

Los Angeles Area Chamber of Commerce
Mission: Ensure the continued viability and success of commerce and industries in the southern California region.
Activities: Advocate on behalf of Early/Pre-K Education and recognizes that an investment in quality early education programs is one piece of creating a 21st century workforce; Bring early education issues to the attention of business leaders and encourage increased participation; Support and expand access to high quality early education programs; Work with elected officials to develop public policy that will increase the amount of investments in high quality early education; Explore and support, if appropriate, the Race to the Top – Early Learning Challenge Grant; Support Third Grade Level Reading campaign, which seeks to ensure third grade level proficiency and explore elements that impact its progress, such as Summer Learning Loss and chronic absenteeism; Encourage alignment of Preschool-16 through design of professional development systems that use both the research-based Preschool Learning Foundations and the K-12 content standards.
Contact Information: www.lachamber.com

Improving and Promoting Access to Child Care
Child Care Alliance of Los Angeles
Mission: Make quality child care and early education, and school readiness services accessible to all families in L.A. County through an alliance of community focused Alternative Payment and Resource and Referral agencies.
Activities: Represent various agencies throughout L.A. County that provide a variety of services, ranging from child information and referrals, training and workshops for early educators and child care providers, to financial assistance for low-income families; These agencies are contracted to implement the CalWORKs Child Care Program for L.A. County; Serves as a subcontractor to Los Angeles Universal Preschool to administer Gateways for Early Educators Program which is a countywide program for licensed and unlicensed providers to access training and technical assistance.
Contact Information: www.ccala.net

California Child Care Resource and Referral
Mission: Promote affordable, accessible, quality care through research, education, policy and advocacy.
Activities: Supports local resource and referral (R&R) agencies and promotes statewide affordable, accessible, quality child care by collecting, analyzing, and disseminating data on child care; educating stakeholders about child care issues and administering programs including provider recruitment and training through the California Child Care Initiative Project, advocacy through Parent Voices a parent-run, parent-led grassroots effort, and provider background check through Trustline, California’s criminal and child abuse background check system, for in-home and license-exempt child care providers.
Contact Information: www.rrnetwork.org
Identifying Children with Special Needs

Early Identification and Intervention Collaborative for L.A. County
Mission: Ensure every child in L.A. County receives a developmental screening-early, often and with a high-quality screening tool and for children to receive help at the earliest possible moment.
Activities: Monthly meetings held throughout the region; Coalition includes more than 500 agencies and individuals that identify and help children who have disabilities, developmental delays or other problems.
Contact Information: MargaretDunkle@aol.com

Working Broadly to Improve the Lives of Children and Adults

California Community Foundation
Mission: Committed to transformative change across Los Angeles and around the world.
Activities: In partnership with the David and Lucile Packard Foundation, funds the Los Angeles Preschool Advocacy Initiative which brings community stakeholders together to work towards the goal of quality early care and education for all children in L.A. County; In 2006, launched its own place-based initiative in El Monte with a 10-year commitment of up to $1 million annually to increase parental involvement in public school education, financial literacy education, access to quality schools and more safe recreational spaces for families.
Contact Information: www.calfund.org

The David and Lucile Packard Foundation
Mission: Improve the lives of children, families, and communities- and to restore and protect our planet.
Activities: Work to ensure that all children have the opportunity to reach their full potential by addressing their health and educational needs through the Children, Families and Communities Program; Focus on creating publicly supported, high-quality preschool for all 3- and 4-year olds in California, strengthening California’s commitment to school-based after-school programs and summer enrichment, and ensure that all children receive appropriate health care by providing access to health insurance for all children; Provide trustworthy information for over 400 measures of child health and well-being in an easily accessible format through Kidsdata.org with the hope of raising the visibility of key issues affecting California’s children.
Contact Information: www.packard.org

Annenberg Foundation
Mission: Provide funding and support to nonprofit organizations in the United States and globally that advance the public well-being through improved communication and encourages the development of effective ways to share ideas and knowledge.
Activities: Collaborating with other foundations and public leaders on the LA n Sync project which is intended to serve as a cross-sector platform for public, private and philanthropic collaboration and innovation that can leverage the unique diversity of the Los Angeles region and respond collectively to major funding and program opportunities with the goal of positioning the region as the nation’s most compelling destination for public and private investment; funded several entities focusing on the 0 to 5 population in L.A. County with grants typically in the range of $10,000 to $100,000 for the purposes of organizational capacity building (fundraising, strategic planning, staff/board development).
Contact Information: www.annenbergfoundation.org

The Pew Charitable Trusts
Mission: Driven by the power of knowledge to solve today’s most challenging problems by applying a rigorous, analytical approach to improve public policy, inform the public and stimulate civic life.
Activities: As part of its Children and Youth portfolio supports initiatives at the national level to prevent children from remaining in foster care long-term; Support advocacy campaigns in conjunction with rigorous research to increase access to and improve the quality of voluntary home visiting programs; Working to ensure that more children receive dental care and benefit from policies proven to prevent tooth decay; Previous 10-year campaign entitled Pre-K Now ended in 2011 to advance high-quality, voluntary pre- K for all 3- and 4-year-olds.
Contact Information: www.pewtrusts.org

Atlas Family Foundation
**Mission:** Established in 1985 the Foundation concentrates its charitable resources to advance high-impact early childhood intervention and education program for children prenatal-to-three and their families.

**Activities:** Targets low-income, high-risk families and promotes key services in 3 major funding areas: early childhood development and infant mental health, staff development and education to improve standards of child care and parenting and support for public policy initiatives regarding prenatal to 3 children and child care issues; Member of the L.A. Partnership for Early Childhood Investment.

**Contact Information:** [www.atlasfamilyfoundation.org](http://www.atlasfamilyfoundation.org)

**L.A. Partnership for Early Childhood Investment**

**Mission:** Invest and promote innovations that advance the lifelong health and well-being of L.A. County children, age prenatal to 5.

**Activities:** Membership organization open to any funder interested in leveraging grant dollars in early childhood; Established the Baby Future Fund in 2011 as a pooled funding source that invests in innovative projects that improve child/family outcomes, explores and disseminates information about effective strategies that strengthen families, advocates for broader fiscal and programmatic collaboration between the public and private sectors and policies focused on early childhood issues; Hosts monthly informal Brown Bag Lunches designed to dig deeper into research, reports and issues affecting those working on behalf of young children in L.A. County.

**Contact Information:** [www.investinkidsla.org](http://www.investinkidsla.org)

**Advocating for Change**

**Children Now**

**Mission:** Find common ground among influential opinion leaders, interest groups and policymakers, who together can develop and drive socially innovative, “win-win” approaches to helping all children achieve their full potential.

**Activities:** Work to elevate children’s well-being to the top of the national policy agenda through nonpartisan research and advocacy; Focus on health in the areas of coverage, homes, oral health, obesity, media; Focus on education in the areas of early learning and development, K-12 education, afterschool and expanded learning, media; Focus on both health and education in the areas of integrated services and child welfare; Produce the California County Scorecard of Children’s Well-Being tracking 28 indicators of children’s well-being for California and each of the state’s 58 counties and compares how children in each county are faring compared to the 57 other counties; Lead the Children's Movement of CA which includes a Pro-Kid Policy Agenda for California listing the top policy priorities for children and several active campaigns around fiscal threats to children, education and health care.

**Contact Information:** [www.childrennow.org](http://www.childrennow.org)

**First Focus**

**Mission:** Bipartisan advocacy organization dedicated to making children and families a priority in federal policy and budget decisions.

**Activities:** Utilizes four key components: bipartisanship to make children the policymaking focus, new partnerships with groups not traditionally engaged in policy efforts relating to children including private sector partners, research, and engaging leaders in key states to influence federal policy; Within the early childhood portfolio work is focused on early childhood education, home visitation programs, maternal and child health, comprehensive early care and education systems, child care and family literacy.

**Contact Information:** [www.firstfocus.net](http://www.firstfocus.net)

**The Western Center on Law and Poverty**

**Mission:** Leads the fight in the courts, counties and capital to secure housing, health care and a strong safety net for low-income Californians.

**Activities:** Advocates for the production and preservation of quality affordable housing and the reduction and prevention of homelessness by protecting and expanding tenants’ rights; Works to improve and expand health coverage, simplify eligibility and enrollment in Medi-Cal and indigent health care programs, and fights budget cuts to these critical programs; Ensures that public benefits are there for people when they need them, and that recipients get the educational and supportive services that will help them transition to independence; Sponsors legislation including changes to the state’s CalWORKs statute to allow for pregnant teenager (with no other children in the household) to become eligible for CalWORKs basic needs grants upon verification of the pregnancy rather than making her wait until the third trimester.

**Contact Information:** [www.wclp.org](http://www.wclp.org)
Health Access
Mission: Secure quality, affordable health care for all Californians.
Activities: Represent health consumers in the state legislature and developing health policies; Work with local and regional organizations on budget and legislative campaigns; Ensure consumer representation at the various administrative and regulatory agencies; Monitor developments on budget and legislation; Lead budget-related advocacy on behalf of California’s families; Continue the statewide campaign and coalition working for the implementation and improvement of the new federal health law.
Contact Information: www.health-access.org

Promoting Access to Health Care and Coverage

Children’s Health Initiative of Greater Los Angeles
Mission: Public-private coalition seeking to ensure that every child has access to health care coverage and has three goals: increase enrollment of children in public programs Medi-Cal and Healthy Families, provide a three-year expansion of the Healthy Kids product to children ages 6-18 and pursue policy solutions to sustain affordable health coverage for children over time.
Activities: Guarantee coverage to existing Healthy Kids members; Raise more than $150 million to cover Healthy Kids 6-18 premiums; Secured commitments from many Healthy Kids network providers as well as community partners to ensure that families will continue to have access to free or low cost health care; work to identify coverage options for the very vulnerable populations not part of the Federal health care expansion under the Affordable Care Act; Operates a program integration workgroup and policy change workgroup.
Contact Information: www.chigla.org

The California Endowment
Mission: Build a stronger state by expanding access to affordable, quality health care to underserved communities and improving the overall health of all Californians.
Activities: Although not working on issues specifically targeting the 0 to 5 population, TCE is working on several issues in line with First 5 LA’s investments including Health Happens in Neighborhoods- reducing intake of junk foods and soda; safe streets that allow families to take advantage of healthy resources; and places to walk and play; Health Happens with Prevention- encouraging enrollment through the Affordable Care Act (ACA); helping small businesses implement the ACA; and helping people be their own health advocates to give rise to healthier communities; Health Happens in Schools- healthier school foods and drinks; fresh free drinking water in schools; exercise during the school day; and common-sense school discipline; Building Healthy Communities- TCE’s place-based initiative three of which are in L.A. County: Boyle Heights, Long Beach and South Los Angeles.
Contact Information: www.calandow.org
Appendix A: Description of Datasets

WIC Administrative Data
In our effort to aggregate critical data about low-income families with children prenatal to 5 in L.A. County, First 5 LA has partnered with PHFE-WIC, the largest provider of the Special Supplemental Nutrition Program for Women, Infants and Children in L.A. County, to create the Data Mining Project. Through collaborations with the six other local WIC agencies and the California state WIC Branch, the project gathers birth outcome, overweight and other administrative data that is routinely collected on every WIC participant in a centralized database. These data are used by WIC and other agencies, including First 5 LA, to better understand low-income populations.

The WIC participant survey is a telephone survey of approximately 5,000 randomly selected WIC participants. The survey was launched in spring 2005, administered again in 2008, and a third administration is planned to be in the field from March to June of 2011, with data and results available in 2012. The survey is designed to provide comprehensive information to health planners, policy makers and community leaders about local families in need - a crucial first step to better serving this vulnerable population.

WIC Survey
The WIC participant survey is a telephone survey of approximately 5,000 randomly selected WIC participants. The survey was launched in spring 2005, administered again in 2008, and 2011. The survey is designed to provide comprehensive information to health planners, policy makers and community leaders about local families in need - a crucial first step to better serving this vulnerable population.

L.A. County Health Survey
The L.A. County Health Survey (LACHS) is a telephone survey used to collect data on the health of L.A. County residents. The LACHS primarily gathers information about access to health care, health care utilization, health behaviors, health status and knowledge and perceptions of health-related issues among the L.A. County population. First 5 LA currently partners with the L.A. County Department of Public Health's Health Assessment Unit to collect and make available to First 5 LA and its stakeholders population-based data on the health and well-being of children prenatal to 5 and their families in L.A. County.

Each LACHS has included an adult component and a child component which is administered to the parent or guardian (usually the mother) of a child 0-17 years old. Data collection for the 2010 LACHS was completed in the summer of 2011. This is the sixth administration of the survey. Other administrations where conducted in 2007, 2005, 2002, 1999 and 1997.

CA Newborn Screening Program
The California Department of Public Health, Maternal, Child and Adolescent Health Program compiles data to monitor progress towards achieving Healthy People 2020 objectives for breastfeeding initiation, duration and exclusivity, and hospital and worksite support for breastfeeding mothers and infants. All non-military hospitals providing maternity services are required to complete the Newborn Screening Test Form. In addition to tracking genetic diseases and metabolic disorders, the NBS program gathers data on all infant feedings from birth to time of specimen collection, usually 24 to 48 hours since birth. The Maternal, Child and Adolescent Health Program staff analyzes these data and publishes breastfeeding rates by hospital, county and the State.

Child Welfare Dynamic Reporting System
The California Child Welfare Performance Indicators Project aggregates California's administrative child welfare and foster care data reported from individual counties into customizable tables that are refreshed quarterly and made openly available on a public website. This comprehensive data source allows those working at the county and state level to examine performance measures over time. In addition to stratifications by year and county, data can also be filtered by age, ethnicity, gender, placement type and other subcategories to craft "on the fly" ad hoc tabulations. This project provides policymakers, child welfare workers, and the public with direct access to information on California's entire child welfare system. Foster youth population rates are calculated for the population in foster care at single point in time (July 1) each year. The California Child Welfare Performance Indicators Project is a collaborative venture between the University of California at Berkeley and the California Department of Social Services, with funding generously provided by the Department of Social Services and the Stuart Foundation.

Savemyseatla.org
A team of researchers and advocates has compiled comprehensive new research examining the status of early child care education in L.A. County. A new report, “Shrinking Investments” maps the loss of early childhood education investment and infrastructure in
L.A. County. An accompanying website “SaveMySeat” (www.savemyseatla.org) provides detailed, searchable data regarding the availability of child care by city, ZIP code, and legislative and Congressional District.

The California Child Care Portfolio
Every two years, the Child Care Resource and Referral Network has published reliable information about the amount of licensed child care and the estimated demand for care in each county in the state and statewide. The Portfolio is based on data gathered from the 60 state-funded R&R agencies. The R&Rs obtain the information from more than 45,000 child care providers and from tens of thousands of parents who call local R&Rs daily in their quest to locate appropriate child care. To supplement this information, data from the U.S. Census, California Department of Finance, U.S. Department of Housing and Urban Development, and other public and private sources are generally included in the Portfolio. These data assist national, state, and local policymakers, business leaders, health care professionals, educators, planning agencies, and child care advocacy organizations to address the child care needs of families in California.

Healthycity.org
Healthycity.org, a project of the Advancement Project, is an information and action resource uniting community voices, rigorous research and innovative technology to solve the root causes of social inequity. Healthy City engages and supports communities and partners through core capacities of data and technology, capacity building, and technical assistance. HealthyCity.org enables users to search for services and resources in their area, visualize and manipulate community data through easy-to-use maps, and upload their own multimedia and data to tell a community’s story.

KidsData.org
Kidsdata.org, a program of the Lucile Packard Foundation for Children’s Health, is a public service that promotes the health and well-being of children by making trustworthy information easily accessible to policymakers, service providers, grantseekers, advocates, media, parents, educators and others who influence kids’ lives.

U.S. Census Bureau
2010 Decennial Census – The U.S. Census counts every resident in the United States and takes place every 10 years. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and is also used to distribute billions in federal funds to local communities. The 2010 Census represented the most massive participation movement ever witnessed in our country. Approximately 74 percent of the households returned their census forms by mail; the remaining households were counted by census workers walking neighborhoods throughout the United States.
American Community Survey – The American Community Survey (ACS) is conducted every year to provide up-to-date information about the social and economic needs a community. The ACS shows how people live – education, housing, jobs, for example. The ACS surveys approximately 1 in 6 households annually.

California Demographic Futures Model
This report describes the population projections of L.A. County to 2030 prepared by the Population Dynamics Research Group for First 5 LA. It describes the methods and assumptions used to make the projections, and summarizes the results, comparing the population projections with changes measured in past decades. These projections of the county’s population build on and are informed by the May 2012 report to First 5 LA on “Trends in Fertility and Motherhood that Underlie the Declining Child Population of L.A. County.” The discussion of results focuses on the population of children and their subsequent trajectory into adulthood and impact on the demographic structure of the county.
Appendix B: Maps of L.A. County

Change in 0 to 5 population 2000-2010
Percent of Low Birthweight Babies
Percent of Overweight 3-year Olds Enrolled in WIC
Percent of Third Graders Scoring at or Above Proficient
Unmet Preschool Needs by Zip Code

Simple Unmet Need (Number of Four-Year-Olds Not Enrolled in Formal Early Education) by Zip Code (Los Angeles)

- 500 or more
- 400 - 499
- 300 - 399
- 200 - 299
- 100 - 199
- 50 - 99
- 0 - 49

No 2002 Births - Supply > Demand
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65 Edsource, Test Scores Rise, But Achievement Gap Persists, August 31, 2012, Mountain View, CA.


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74 California State Association of Counties, letter to Governor Jerry Brown, May 24, 2013.