

Pathway to Progress: Indicators of Young Child Well-Being in Los Angeles County

LETTER FROM THE EXECUTIVE DIRECTOR

There is a common saying: "If you're not outraged, you're not paying attention." This is true today in many arenas, and not the least of which in the inequities that First 5 LA has documented in this report — our inaugural Impact Framework Indicators Report — where children of color repeatedly face a more challenging path to success in school and life. Born of our Impact Framework, which charts how we will measure progress on our 2020-28 Strategic Plan, this report is the physical manifestation of our "paying attention." And, for many indicators, "outrage" will be a natural and just reaction.

As a systems change leader and funder, First 5 LA is focused on paying attention — and taking action. The report raises important questions about why certain things are happening — such as disparities in child outcomes — and what we can do to change them. It compels us to dig into the key metrics of child and family well-being, including disaggregated data, to examine the systemic issues that are holding inequitable conditions and outcomes for child dren in place, and to identify what First 5 LA's contribution can be to strengthen child- and family-serving systems.

This report also sets a baseline to measure our progress; however, that baseline will be complicated by the global pandemic that we are currently living through. The indicators in this report represent the pre-COVID-19 world, and while inequities remain vast and troubling, hard-fought positive trends are emerging in some of the data. Post-COVID-19, we anticipate markedly different results. Young families are among the most vulnerable to the impacts of the pandemic, with many struggling with job losses, constrained early care opportunities, and limited access to social supports, which all contribute to an unprecedented level of family stress.

To be sure, the pandemic is testing the resiliency of our systems and our families. We have much work to do. We come to this work with deeply-held motivation for a just, safe and equitable future for our children; with confidence that progress is possible when our advocacy is informed by solid data and families' diverse experiences; and with a commitment to partner with those who share our aspirations for young children.

We invite our partners to join us on this journey to our North Star, where all children in L.A. County will enter kindergarten ready to succeed in school and life.

Kim Belshé

Kim Belshé Executive Director

First 5 LA Board of Commissioners

Sheila Kuehl, Commission Chair

Judy Abdo, Commission Vice Chair Barbara Ferrer Astrid Heppenstall Heger Yvette Martinez Johnthan E. Sherin Romalis J. Taylor Keesha Woods Marlene Zepeda

Ex-Officio

Bobby D. Cagle Wendy Garen Karla Pleitéz Howell Deanne Tilton Durfee

Alternates

Linda Aragon Helen Berberian Victor Manalo Terry Ogawa Carol Sigala Sylvia S. Swilley Christopher Thompson Arturo Valdez



ABOUT FIRST 5 LA

In the first five years of a child's life, a million new neural connections form every second, making every second count.

Armed with this knowledge, First 5 LA — an independent public agency — works to support the safe and healthy development of young children so that by 2028, all children in L.A. County will enter kindergarten ready to succeed in school and life.

We partner with communities, organizations and other county agencies to support parents in achieving this goal. As a systems change agent, we believe we can help family-serving systems work better for children and their families by collaborating with public and community partners.

Defining the Early Childhood System

The early childhood system comprises the organizations, both public and private, that partner with parents and families to provide services and supports for children from birth to kindergarten entry. These services and supports span the sectors of physical and mental health, early learning and development, and family leadership and engagement.



TABLE OF CONTENTS

- 8 DEMOGRAPHIC SNAPSHOT
- **10 EXECUTIVE SUMMARY**
- 14 INTRODUCTION
- 18 IMPACT FRAMEWORK OVERVIEW
- 24 GUIDE TO INTERPRETING THE MAPS

27 RESULTS INDICATORS

- 28 High-Quality Early Care and Education
- 32 Publicly Funded Early Care and Education
- 34 Early Intervention Services
- 38 Average Age of Children in Special Education
- 40 Child Protective Services Involvement
- 44 Family Engagement With Child
- 48 Home Visiting Participation
- 52 Participation in Safety Net Programs
- 58 Social Support
- 60 Access to Parks

63 CONTEXTUAL INDICATORS

- Child Characteristics
- 64 Birth Rate
- 66 Infant Mortality Rate
- 70 Low Birth Weight
- 74 Well-Child Visits
- 76 Preventable Injuries
- 80 Healthy Weight
- 84 Dual Language Learners
- 88 Special Education Enrollment
- 90 Third Grade Literacy

Maternal Characteristics

- 94 Prenatal Care
- 98 Postpartum Care
- 102 Maternal Depression
- 106 Breastfeeding
- 110 Educational Attainment Family Resources
- 114 Assets at Birth
- 118 Children Living in Poverty
- 122 Food Insecurity
- 126 Children Experiencing Homelessness Community Characteristics
- 128 California Healthy Places Index
- 130 Access to Transit

132 ACKNOWLEDGMENTS

134 APPENDICES

- 134 Full Indicator Language
- 136 Methods
- 144 Supplemental Tables

DEMOGRAPHIC SNAPSHOT Young Children and Their Families in Los Angeles County

694,580 CHILDREN from birth through age 5 LIVE IN L.A. COUNTY 7% OF ALL L.A. COUNTY RESIDENTS ARE children from birth through age 5

ABOUT HALF OF ALL L.A. COUNTY'S YOUNG CHILDREN ARE LATINO

Count of L.A. County Children from Birth Through Age 5 by Race/Ethnicity



1 IN 9 L.A. COUNTY HOUSEHOLDS ARE FAMILIES WITH YOUNG CHILDREN

Percentage of all L.A. County Households that are Families with at Least One Child from Birth Through Age Five



355,029 FAMILIES WITH AT LEAST **one child from birth through age 5** RESIDE IN L.A. COUNTY

DEPENDING ON THE *BEST START* GEOGRAPHY, YOUNG CHILDREN COMPRISE FROM 6 TO 10 PERCENT OF THE TOTAL POPULATION

Number and Percentage of Population That are Children from Birth Through Age 4 by Best Start Geography



Data for the Best Start geographies are not inclusive of 5-year-old children.

SOURCES, NOTES, AND DATA LIMITATIONS

- See page 24 for a description of First 5 LA investment in Best Start geographies.
- Count of children from birth through age 5 (2020), racial/ethnic detail (2020), and projections (2020-2060): California Department of Finance, Demographic Research Unit, Projections, Tables P-1 and P-2 (The ethnic category Latino is of any race; the remaining racial categories are all non-Latino.)
- Count and percent of families with children from birth through age 5 (2018): U.S. Census Bureau, American Community Survey, 2018, 1-Year Estimates, Table S1101
- Count and percent of children from birth through age 4 by Best Start geography: U.S. Census Bureau, American Community Survey, 2017, 5-year Estimates, Table S0101; analysis conducted by Advancement Project (Data for the Best Start geographies are not inclusive of 5-year-old children.)

EXECUTIVE SUMMARY

First 5 LA is pleased to share the Pathway to Progress report with our community of partners. This report acts as the baseline for assessing progress on the implementation of our 2020-2028 Strategic Plan. As such, the indicators presented in this report are forward-looking, providing critical information to guide our work in the years to come.

As summarized briefly in this Executive Summary and presented in detail in the body of the report, the baseline findings for several indicators show progress in recent years. Yet, the findings also reveal systemic inequities, with most indicators showing that a higher proportion of children and families of color face more challenging circumstances than the countywide averages. Identifying and addressing the structures that perpetuate these inequities is a key driver behind our systems change work. Together with our partners, we will work to build momentum where we see progress and implement real and lasting change where we see gaps.

Complicating this work is the dramatic impact that the global coronavirus pandemic is having on many families with young children. It is important to note that the data in this report reflect "pre-COVID-19" conditions; the "post-COVID-19" context is likely to look markedly different. Going forward, the impact of the pandemic on the data will increase the challenge of measuring the progress made on improving conditions for children and families.

INDICATORS OVERVIEW

The Results Indicators presented in this report are aligned with the Strategic Plan's Results for Children and Families, which capture First 5 LA's desired future for children and families (see page 18). The 10 Results Indicators capture population-level changes in conditions for children and families and they will be used to gauge how well systems are working for children and families.

The Contextual Indicators presented in this report capture conditions within L.A. County that impact First 5 LA's work. They are used to understand the context and to tailor strategies to L.A. County's young children and their families. The findings of the 20 Contextual Indicators are summarized on the following pages within four categories: Child Characteristics, Maternal Characteristics, Family Resources and Community Characteristics.

As described in the Introduction and Impact Framework Overview, two additional sets of indicators — Long-term System Outcomes and Short-term Markers of Progress — are currently in development and not presented in this report.

Trend		Equity	Access	Overall
Key:	Definite or emerging positive trend	Equitable conditions	Many positively supported (or minimally negatively affected)	Mostly positive
	Flat or no discernable trend	Modest disadvantage or mixed	Some positively supported (or modestly negatively affected)	Mixed or modestly good
	Definite or emerging negative trend	Substantial disadvantage	Not many positively supported (or many negatively affected)	Mostly negative
	Unknown	Unknown	Unknown	Unknown

RESULTS INDICATORS: FINDINGS AT-A-GLANCE

Title	Description	Trend	Equity	Access	Overall
1. High-Quality ECE	Increased rate of L.A. County children birth through age 5 enrolled in a high-quality early learning and care program	•	•		
2. Publicly Funded ECE	Increased rate of income-eligible L.A. County children birth through age 5 enrolled in publicly funded early learning and care programs	•		•	•
3. Early Intervention Services	Increased rate of L.A. County children birth through age 5 with a developmental delay participating in early intervention services			•	•
4. Average Age of Students in Special Education	Decreased average age of L.A. County children entering special education services	•	•		•
5. CPS Involvement	Decreased rate of L.A. County children with Child Protective Services involvement at any point during the first 5 years of life	•	•		•
6. Family Engagement With Child	Increased rate of L.A. County families with children birth through age 5 who read, tell stories, sing, play music, or teach letters, words, or numbers to their child daily	•	•		
7. Home Visiting Participation	Increased rate of L.A. County families who participate in home visiting programs at any point prenatally through age 5	•		•	
8. Safety Net Program Eligibility	Increased rate of eligible L.A. County families with children prenatal through age 5 participating in safety net programs				
9. Social Support	Increased rate of L.A. County families with children birth through age 5 who report having one or more people to talk to in times of need				
10. Access to Parks	Increased rate of L.A. County families with children birth through age 5 that have access to parks and open spaces		•		

In the table above, each indicator was assessed according to the following:

TREND:

EQUITY:

Are systems or conditions improving, worsening or unchanged for all children in L.A. County?

Do children or families of color have equitable conditions or are they at a modest or substantial disadvantage? Similarly, what does the data tell us about equity for children from low-income families or from certain communities?

ACCESS:

Are many children connected to a positive intervention or protected from a harmful or negative circumstance? Or is it a modest proportion or only a small proportion?

OVERALL:

Considering the three measures — trend, equity and access — how are children faring or systems performing overall?

Note: This visual summary is the high-level takeaway from the findings for each indicator; the indicator pages provide additional nuance and detail. Overlapping dots of two different colors signify that the indicator presents more than one dataset and those datasets have different results.

CONTEXTUAL INDICATORS: FINDINGS AT-A-GLANCE

CONTEXTUAL INDICATORS NO. 1 - 9

Child Characteristics

Indicators of children's well-being show significant inequities. Compared to their White or Asian/Pacific Islander peers, Black children are consistently more negatively affected. Latino children are also more negatively affected on most metrics. The association between these child indicators and the maternal, family and community indicators is strong, since children's well-being depends in large part of the well-being of their families and communities.

- The **birth rate** is declining in L.A. County for all race and ethnic groups.
- While the proportion of babies born at **low birth weight** remains flat, the **infant mortality** rate has increased. Babies born to **Black** mothers are disproportionately affected by low birth weight and have a higher mortality rate.
- **Preventable injuries** remain a problem, with no lasting improvement in 10 years of tracking. **Black** children were four times more likely to die of a preventable injury than children of other race or ethnic groups. **Drowning** was the most frequent cause of death, while **falls** were the most frequent cause of non-fatal injuries.
- Most children complete the recommended **well-child visits** and this rate has increased over time.
- Approximately 60 percent of young children living in low-income households have a healthy weight.
 Over a 16-year period, the proportion of overweight and obese children has gradually increased.
 Children of Latina mothers had the lowest proportion of healthy weight.
- Compared to six years ago, fewer students were **Dual Language Learners** when they entered kindergarten. The decline has been most significant among **Latino** children.
- Enrollment of young children in **special education** has been increasing, especially among **Latino** young children.
- Almost half of L.A. County's third grade students in public school met **literacy standards**, capping a steady upward five-year trend.

CONTEXTUAL INDICATORS NO. 10 - 14

Maternal Characteristics

While most mothers are doing well — getting prenatal and postpartum care, breastfeeding their infants, and not experiencing postpartum depression — Black and Latina mothers consistently experience poorer results on these measures.

- **Prenatal care** rates have been flat, and **mothers of color** have lower prenatal care rates than White mothers, but several **Best Start** geographies have shown improvement in rates.
- Fully nine out of 10 new mothers have a **postpartum check-up**. **Black** mothers and mothers in the **Antelope Valley** have slightly lower rates of postpartum check-ups.
- A quarter of new mothers experience **postpartum depression**, with **Black** and **Latina** mothers reporting higher rates of both prenatal and postpartum depression.

- While breastfeeding rates have increased over time and most mothers breastfeed at least part of the time at three months after the birth of their child, there is a drop off between breastfeeding at one week after birth (89 percent) compared to at three months after birth (71 percent). Black and Latina mothers report less breastfeeding.
- Half of mothers in L.A. County have **some college or a college degree** and nearly 85 percent have a **high school diploma** or higher.

CONTEXTUAL INDICATORS NO. 15 - 18

Family Characteristics

While most families of color do not experience poverty or food insecurity, there is a higher rate of poverty and food insecurity among families of color than other racial or ethnic groups.

- An analysis of the assets a child has at birth reveals inequities in resource access, with the children of White or Asian/Pacific Islander mothers more likely to start life with more assets than the children of Black and Latina mothers. All Best Start geographies have lower asset scores than the L.A. County average.
- Nearly 1 in 4 L.A. County young children live in **poverty**. Similarly, 1 in 4 lower-income families experience food insecurity. Latino families report higher rates of food insecurity, which could correlate with the lower rates of healthy weight among Latino young children.
- There were 30,543 young children experiencing **homelessness** for at least one month during 2019, representing a 6 percent increase over four years.

CONTEXTUAL INDICATORS NO. 19 - 20

Community Characteristics

The social and economic community characteristics that influence health and life expectancy vary widely within L.A. County. *Best Start* geographies are among the L.A. County communities that have a higher risk of poor outcomes.

- L.A. County has community conditions that are healthier than half of other California counties (50th percentile). Looking internally, all *Best Start* geographies have less healthy community conditions than the countywide average, with percentile scores ranging from six to 27, meaning that between 94 and 73 percent of other California communities have healthier conditions.
- In a majority of L.A. County zip codes, the **number of transit stops** is evenly matched to the number of families with children under age 6 in that zip code.

INTRODUCTION

First 5 LA is pleased to share the Pathway to Progress report with our community of partners. As the following pages describe, this report is an important tool for our agency. We also hope the content will be useful and inspiring for our partners working to support young children and their families in Los Angeles County.

WHY INDICATORS?

Indicators are **tools people can use to understand conditions in their communities** and to **measure progress** on issues of importance. They reveal whether things are getting better, worse, or staying the same. They also help communities **address inequities** by revealing disparities between different groups of people or neighborhoods in a region.

While indicators allow for high-level tracking of progress and the ability to develop hypotheses for why certain patterns are evident in the data, it is important to note that they do not allow for assessing the impact of particular programs, policies or practices. Despite this limitation, the indicators in this report help us understand the conditions of young children and their families in L.A. County. They also **set a baseline** to assess progress over time on the population-level results that First 5 LA and our partners are working towards within specific communities and across L.A. County.

WHY NOW?

Taking effect on July 1, 2020, the First 5 LA 2020-2028 Strategic Plan outlines how we will achieve our North Star through **"systems change"** - shifting the conditions that hold a problem in place. This includes improving **access** to resources and making sure that the systems that deliver those resources are **high quality, aligned,** and **sustainable,** and responsive to the needs of parents and children.

To gauge how well systems are working for children and families, and to help us assess how effective our strategies are, we developed the **Impact Framework**. The Impact Framework is a tool that identifies the data (indicators) we will use to measure our progress. The indicators contained in this report reflect an important first phase of this work, presenting the data for two of the four Impact Framework components: Results Indicators and Contextual Indicators. As the following pages describe, the Impact Framework is a work in progress.

WHO IS THIS REPORT FOR?

The Pathway to Progress report is a tool for **First 5 LA leaders and staff** and our **many diverse partners**, including grantees, county agencies, elected officials, and others. We hope that the Impact Framework inspires excitement about the outcomes we wish to achieve in partnership with communities, organizations and countywide organizations.

WHAT CAN I EXPECT TO FIND IN THIS REPORT?

The next pages provide a more **detailed introduction** to the Impact Framework and its connection to the Strategic Plan and the indicators. This is followed by background to explain the different ways that findings by geography are shown in the maps. The main body of this report consists of **two-to-six** pages of findings for each indicator. Each indicator spread provides at minimum the latest year of data available and usually several years prior. When data allow, analysis by race or ethnicity, age, socioeconomic status and geography is also provided. The **methods section** provides background on data collection and analysis when needed. If available, supplemental tables at the back of the report provide additional detail that was not included on the main indicator pages.

WHAT MIGHT BE MISSING?

The Result and Contextual indicators presented in this report are **not an exhaustive list** of important measures of early childhood; there are additional indicators that may also measure early childhood systems functioning or the well-being of young children and their families. Or there may be alternative ways to measure the indicators we have included. As noted above, our measurement work is ongoing, and the indicators may evolve over time.

The data shown in this report are **proxies** for what we want to measure. A proxy is a substitute or **alternative way of measuring** a condition when we do not have data that would allow for a direct measure. For example, in absence of direct data that would tell us that children with developmental delays are getting identified as early as possible, we calculate the average age of children in special education. If the average age declines, we can infer that children are being identified earlier. While more limited than a direct measure, proxy measures are valuable tools for understanding the populations we serve and for tracking progress.

Advancing diversity, equity and inclusion is a core value of First 5 LA. That value is reflected in our commitment to present **information by** subgroups, including race or ethnicity, age, income status or geography. However, due to data limitations, it is not always possible to show these subgroups, nor all the subgroups we would like. When subgroup information is missing or appears incomplete (e.g., findings for only certain race/ ethnic groups are presented), it means the **data** was not available at this time or not reliable when broken out by subgroup. For the subgroup data that is available, the intent is to maintain consistency with respect to racial and ethnic categories, age ranges, and other definitions; however, the features of each dataset place limitations on the ability to do so in all cases.

WHAT'S NEXT?

We look forward to **working collaboratively** with parents and our many partners — including community members, grantees, county agencies, elected officials and others — to address inequities and close gaps in family-serving systems so that all children in L.A. County will enter kindergarten ready to succeed in school and life. Implementing our Strategic Plan through systems change involves **policy change**, **practice change** and **will-building**. Some of these needed changes will be small, but others will require profound shifts in the systems supporting children and families. This is an ambitious agenda that we cannot tackle alone. An important step in implementing this agenda is to engage in **"sensemaking"** — the convening of partners to discuss findings, share insights, build common understanding, identify implications and generate recommendations. We will use this **collaborative** process to better understand the data contained in this report.

The process of sensemaking will **shine a light** on many areas of progress but also many areas of entrenched inequity that impede children's optimal development. This awareness emphasizes the importance of posing **questions** about how to ensure systems are equitable, accessible, high quality, aligned and sustainable. To guide this inquiry, we will begin with the following questions, with the understanding that additional questions may arise:

- What is the data telling us about how well young children and their families are supported in L.A. County? Are conditions improving? Are conditions equitable?
- What system improvements are needed to increase equity and reduce the disparities highlighted in the data?
- How can systems become more accessible in a way that would help improve conditions for children and families in L.A. County?
- How can we improve the quality of systems to drive results for children and families in L.A. County?
- What do the findings say about the need for alignment and coordination across family-serving sectors?
- How can we leverage and increase funding for systems to bridge gaps in supports for children and families?
- How should we adjust our strategies to be responsive to the context of L.A. County?
- Finally, what is the data not telling us? What more do we need to know in order to make progress?

The indicators in this report set our baseline for how we will measure progress on our Strategic Plan. The next step is **interpreting and acting** on these findings. To that end, the process of sensemaking with our partners will be a critical component of First 5 LA's **continuous quality improvement** approach to systems change. It will inform the strategies we adopt to implement the Strategic Plan and to address inequities and gaps in family-serving systems. Our commitment to ongoing measurement will enable us to review the efficacy of those strategies and make adjustments to **improve our impact**. We look forward to engaging in this process of learning, planning and acting with our families and many partners.

A Word About the Impact of the Coronavirus Pandemic

As of publication, the worldwide COVID-19 pandemic is continuing to unfold. Widespread stay-at-home orders are having an impact of profound proportions on many residents. Families with young children, particularly families of color, are among the most vulnerable to the impacts of the pandemic, with many struggling with decreased earnings, constrained early care opportunities, limited access to social supports, and systemic inequities in the health care system, all of which contribute to family stress.

The data in this report are "pre-COVID-19" which means we are likely to see very different results in subsequent editions of the report, particularly in metrics that track with economic conditions, such as increased poverty, food insecurity and homelessness, or intersect with the health care system, such as delayed well-child visits, missed prenatal and postpartum care visits, and increased maternal depression. Critical supports, like early intervention for developmental delays or child protective services, are also likely to show reductions. We are also finding that providers are being challenged as never before to find ways to deliver services such as virtual home visiting or trying to maintain quality early care experiences in a world of face masks and social distancing.

In short, systems and families are being stretched and tested in ways we can't control or entirely predict. Time will tell what the data measuring these systems and family conditions will reveal, but it is clear that interpreting the data will require flexibility, patience and creativity as we seek to measure our progress.

IMPACT FRAMEWORK OVERVIEW

2020-2028 STRATEGIC PLAN

To understand the Impact Framework, it is first important to be introduced to the First 5 LA 2020-2028 Strategic Plan. Our **Pathway for Systems Change** graphic provides a visual representation of the major Strategic Plan components.

The Plan begins with our aspiration – what we call our **North Star**.



By 2028, all children in L.A. County will enter kindergarten ready to succeed in school and life.

The North Star represents the ultimate goal of all of First 5 LA's work. Additionally, we recognize that in order to reach the North Star, there are certain conditions for children and families that are necessary — we refer to these as our four **Results for Children and Families**:



Families have the resources, opportunities and relationships to optimize their child's development.



Children receive early and timely developmental supports and services.



Children are safe from abuse, neglect and other trauma.



Children have high-quality early care and education experiences.

For these four Results for Children and Families to be met, systems that serve children and families require certain characteristics — they must be **accessible, quality, aligned** and **sustainable**. These are our **Long-term System Outcomes**. First 5 LA contributes to these long-term system outcomes through **policy change, practice change** and **will-building** in alignment with our **Strategic Priorities**:

- Strengthen public and community systems.
- Advance and build on community experiences.
- Expand influence and impact with data.
- Optimize our effectiveness.



All of our activities are supported by our **core values** — collaboration, integrity, learning, and diversity, equity and inclusion – and our **investment guidelines** — equity, sustainability, partnership, prevention, systems change, and evidence and innovation.



IMPACT FRAMEWORK PURPOSE

Given the complexity of systems change work, we needed a way to measure our progress toward our North Star. Our solution was to develop the Impact Framework. This tool identifies data we will monitor to:

- Gauge how well systems are working for children and families.
- Assess the effectiveness of our systems change strategies.
- Guide course corrections.
- Understand our context and inform our strategies.

Additionally, we will use this data to help tell First 5 LA's story and ensure we remain responsive to the needs of children prenatal through age 5 in L.A. County.

IMPACT FRAMEWORK INDICATORS

The Impact Framework contains **four different types of indicators** – or data – that we will monitor over time. Three of the four types of indicators monitor the outcomes we are seeking as a result of our work and the fourth provides contextual information on young children and their families.



Over time, as the context within which First 5 LA's work evolves, so may the indicators. Further, we anticipate that the ongoing implementation of our Impact Framework, including the development of the Long-Term System Outcomes and the Short-Term Markers of Progress, will lead to shifts among the indicators. For example, some Contextual Indicators may become measures in one of the other three categories of indicators.

Crosswalk to Four Results

The 10 Results Indicators were selected to measure progress on the four Results for Children and Families identified in the Strategic Plan. The relationships between the indicators and Results are not necessarily one-to-one; a single indicator may capture progress for more than one Result for Children and Families. For example, the High-Quality Early Care and Education indicator measures progress related to three different Results: Children have high-quality early care and education experiences; Children receive early and timely developmental supports and services; and Families have the resources, opportunities and relationships to optimize their child's development. **The table below shows how each Result Indicator corresponds with the four Results for Children and Families.** The icons in the matrix are used throughout the Results Indicators section of the report to help users identify for each Result Indicator the associated Results for Children and Families.



EARLY LEARNING Children have high-quality early care and education experiences

Contextual Indicators Domains

The 20 Contextual Indicators selected capture the conditions of children and families within four topical domains: Child Characteristics, Maternal Characteristics, Family Resources and Community Characteristics. The matrix below shows where each Contextual Indicator falls within the domains. The domain colors displayed below are repeated within the Contextual Indicators section to help users orient within the section.

CHILD CHARACTERISTICS

MATERNAL CHARACTERISTICS

- 1. Birth Rate
- 2. Infant Mortality Rate
- 3. Low Birth Weight
- 4. Well-Child Visits
- 5. Preventable Injuries
- 6. Healthy Weight
- 7. Dual Language Learners
- 8. Special Education Enrollment
- 9. Third Grade Literacy

- 10. Prenatal Care
- 11. Postpartum Care
- 12. Maternal Depression
- 13. Breastfeeding
- 14. Educational
 - Attainment

FAMILY	
RESOURCES	

- 15. Assets at Birth 16. Children Living
- in Poverty
- 17. Food Insecurity
- 18. Children Experiencing Homelessness

COMMUNITY CHARACTERISTICS

 California Healthy Places Index
 Access to Transit



GUIDE TO INTERPRETING THE MAPS

GEOGRAPHIC DATA VISUALIZATION METHODS

The maps are sorted using "hot-to-cold" color schemes, where the "hot" colors (such as magenta or orange) are applied to the communities facing the greatest challenge or impact, and the "cold" colors (such as green or blue) are applied to the communities facing less severe challenges or impacts.

The maps use a method of grouping the findings called Jenks (natural breaks). With Jenks, the divisions that separate the data into groups — or cut points — are based on natural groupings inherent in the dataset. The cut points maximize the differences between the groups and minimize wide variation within a group. Because the cut points are optimized for each dataset, the groupings and ranges of values in each grouping will vary from indicator to indicator.

The *Best Start* geographies are not depicted to scale in the majority of the maps. Lancaster and Palmdale appear as insets and smaller relative to the other *Best Start* geographies when, in reality, they are larger. This format enhances readability by allowing the smaller *Best Start* geographies to be enlarged. It also omits areas that do not contain *Best Start* geographies, including some coastal areas and a large area between Region 5 and the remaining regions. To view a scale version of the *Best Start* geographies, see Third Grade Literacy (page 90), where the *Best Start* boundaries overlay school district boundaries.

First 5 LA's Best Start Investment

Through *Best Start*, First 5 LA invests in 14 geographic areas that have faced historic disenfranchisement and oppression through political, economic, social and/or environmental factors that aggravate chronic family stressors such as violence and poverty. The goal of the *Best Start* networks is to catalyze, strengthen and elevate innovative approaches that improve the lives of children prenatal through age 5.

In 2018, First 5 LA grouped these 14 communities into five regions to maximize resources and strengthen systems change efforts. This regional grouping offers several advantages for communities: it provides more opportunities for leveraging and mobilizing resources than might be possible in a single *Best Start* geography, it increases opportunities to build collective power and achieve systems-level outcomes, and it invites cross-community learning and dialogue. Within the regional structure, First 5 LA continues to emphasize the importance of local customization that considers each community's uniqueness and honors the lived experiences of parents, residents and organizations at a local level.



GEOGRAPHIC AREAS

Best Start Geographies

Whenever available, the maps in the report show findings by *Best Start* geography and either the remainder of L.A. County (the areas outside the *Best Start* boundaries) or the overall county average (all areas, including *Best Start* geographies). The map tables are sorted by *Best Start* region and then alphabetically by *Best Start* geography within each region. The First 5 LA *Best Start* regions are as follows:



Service Planning Areas

When data by *Best Start* geography is not available, the data is shown by Service Planning Area. A Service Planning Area (SPA) is a region within Los Angeles County that was created by the Los Angeles County Department of Public Health (DPH) to allow the DPH to develop and provide more relevant public health and clinical services targeted to the specific health needs of the residents in these different areas. When data by *Best Start* geography is not available, but data is available by SPA, the map shows the findings by SPA with *Best Start* boundaries overlaid.



Zip Codes

In rare cases, the maps show the data by postal zip codes with *Best Start* boundaries overlaid.





RESULTS INDICATORS

FOUR RESULTS FOR CHILDREN AND FAMILIES



FAMILY RESOURCES

Families have the resources, opportunities and relationships to optimize their child's development



EARLY INTERVENTION

Children receive early and timely developmental supports and services



CHILD SAFETY Children are safe from abuse, neglect and other trauma



EARLY LEARNING

Children have high-quality early care and education experiences

					1
1.	High-Quality Early Care and Education				
2.	Publicly Funded Early Care and Education				٠
3.	Early Intervention Services			٠	
4.	Average Age of Children in Special Education		•	•	
5.	Child Protective Services Involvement			٠	
6.	Family Engagement With Child				
7.	Home Visiting Participation			٠	
8.	Participation in Safety Net Programs	٠		٠	
9.	Social Support				
10.	Access to Parks				



High-Quality Early Care and Education

RESULT INDICATOR 1

FOR MOST L.A. COUNTY CHILDREN, EARLY CARE PROGRAM QUALITY IS UNKNOWN

This indicator captures the proportion of Los Angeles County young children (from infants through preschool age) who are enrolled in early care and education (ECE) programs that have been qualityrated by Quality Start Los Angeles (QSLA). Also presented is the proportion of programs that are rated high-quality (Tier 3, 4 or 5) or rising quality (Tier 1 or 2). All quality-rated programs must meet minimum levels of quality as required by

state statutes; Programs rated high-quality engage in practices beyond the minimum requirements.



A large body of evidence suggests that having high-quality early care and education (ECE) experiences prior to kindergarten entry contributes to later school success. In addition to improving specific academic skills, such as reading, language development and numeracy skills, high-quality ECE experiences promote socio-emotional development through structured play, physical and motor development, and the building of positive relationships with teachers, caregivers and peers.

Current Context

Several contextual considerations can help interpret the data shown in this indicator. First, it is important to note that many children are served in informal settings that are not quality-rated, such as care provided by a family member or babysitter, but they may be considered quality care. Second, cost can be a barrier to becoming a high-quality rated site, particularly for family childcare home settings that may not have the resources to invest in professional development and child development degrees or purchase costly materials. Third, the variation in participation in high-quality ECE by race/ethnicity may reflect the fact that QSLA intentionally seeks to combat entrenched inequity by working with ECE programs that serve families of color that may not have had equal access to high-quality care. Finally, the data shows results prior to the onset of the coronavirus pandemic. Results in subsequent years will likely show fewer quality-rated sites, and therefore fewer children enrolled in high-quality rated ECE, owing to challenges associated with how measurement tools can be successfully implemented in a virus-constrained atmosphere (e.g., mask wearing and physical distancing).

MOST RECENT YEAR

In 2018-19, just 7.5 percent of Los Angeles County young children attended an ECE program that was quality-rated by QSLA. This is equivalent to 47,501 children in quality-rated programs. Of the children in these quality-rated programs, fully 88.6 percent were in high-quality programs and 11.4 percent were in a rising quality program.

PERCENTAGE OF YOUNG CHILDREN IN A QSLA-RATED PROGRAM IS LOW

Percentage of Los Angeles County Young Children Attending a QSLA-rated ECE Program and Percentage that are High-Quality or Rising Quality, 2018-19



TREND

Overall, the proportion of children in QSLA-rated ECE programs increased slightly between 2017-18 and 2018-19, from 7.0 percent to 7.5 percent. The gain was driven by increases among programs serving preschool-age children. In 2018-19, among L.A. County preschool-age children, 14.6 percent attended a QSLA-rated program compared to 13.7 percent the prior year. Among infants and toddlers, slightly fewer attended QSLA-rated programs in 2018-19 compared to 2017-18.

The proportion of children in a high-quality program (rated Tier 3, 4 or 5) also increased between 2017-18 and 2018-19, from 5.7 percent of children to 6.6 percent. In 2018-19, 13.2 percent of preschool-age children attended a program rated high quality, compared to 11.7 percent in 2017-18. Similarly, more infants and toddlers were in high-quality programs in 2018-19 than in 2017-18.

PRESCHOOL CHILDREN IN QSLA-RATED ECE PROGRAMS INCREASED SLIGHTLY

Percentage of Los Angeles County Infants, Toddlers and Preschool-Age Children in a QSLA-rated ECE Program, 2017-18 and 2018-19



Additional detail is provided in the Supplemental Tables.

PERCENTAGE OF CHILDREN IN HIGH-QUALITY ECE PROGRAMS GROWS

Percentage of Los Angeles County Infants, Toddlers and Preschool-Age Children in an ECE Program Rated High Quality (Tier 3, 4, or 5), 2017-18 and 2018-19



Additional detail is provided in the Supplemental Tables.

AGE DETAIL

Most of the children served by a QSLA-rated ECE program in 2018-19 were of preschool-age (87 percent), while 13 percent were infants or toddlers. Among those QSLA-rated programs, a greater proportion of preschoolers (91 percent) were in a high quality program than infants and toddlers (76 percent).

PRESCHOOLERS SOMEWHAT MORE LIKELY THAN INFANTS AND TODDLERS TO ATTEND AN ECE PROGRAM RATED HIGH-QUALITY

Percentage of Los Angeles County Young Children Participating in QSLA-Rated Programs by Quality Rating (High Quality or Rising Quality) and Age, 2018-19



RACE/ETHNICITY DETAIL

While the number of Native American children participating in a QSLA-rated program is relatively small (194 in 2018-19), they have the highest rate of participation in care that has been rated by QSLA as high-quality; 11.7 percent of Native American children in Los Angeles County attend an ECE program that has been rated high-quality. Black children have the next highest rate, with 7.5 percent attending high-quality rated ECE and another 1.2 percent of Black children attending a rising-quality program. The quality of care is least known for Asian/Pacific Islander and White children.

1-IN-8 NATIVE AMERICAN CHILDREN ATTEND QUALITY-RATED ECE

Percentage of Los Angeles County Young Children Attending Programs Rated High Quality, Rising Quality, or Unknown Quality by Race or Ethnicity, 2018-19



Data can be interpreted according to the following example: 7.5 percent of Black young children in Los Angeles County attend ECE that has been rated high-quality. Additional detail by race and ethnicity is provided in the Supplemental Tables, including data for the year 2017-18.

DATA NOTES AND LIMITATIONS

QSLA is a voluntary quality rating and improvement system (QRIS) for early care and education programs in Los Angeles County. QSLA serves a wide range of programs in home-based and, most predominately, school- and center-based settings. Many QSLA programs receive public funding from sources such as Head Start, California State Preschool Program (CSPP) and vouchers. A limitation of this indicator is that the data reflects only quality rating information from QSLA, which is not representative of all high-quality ECE programs serving children. Further, due to data available, the denominator is all L.A. County young children, not just children enrolled in ECE or the children of families seeking ECE. As such, the measure is a conservative assessment of the reach of QSLA within the county since using a more constrained denominator would result in higher penetration rates. The denominator of "young children" includes children birth through age 4 plus one-quarter of 5-year-old children. One-guarter of 5-year-old children are included since children who have already turned 5 years old are not newly enrolled in ECE, but a child may turn 5 while in ECE and remain in the program. Therefore, the denominator approximates this circumstance by accounting for the smaller proportion of 5-year-old children in ECE programs. Infants and toddlers are defined as children from birth through age 2. Preschool-age children are defined as children from age 3 through 4, plus one-quarter of the total population of 5-year-old children. Rising-quality sites meet baseline quality measures as required by the State of California; high-quality sites engage in practices beyond the minimum requirements. The Methods section provides detail on the evaluation elements and scoring thresholds for high quality (Tier 3 and above) and rising quality (Tiers 1 and 2) designations.

Full Indicator Language: Increased rate of L.A. County children birth through age 5 enrolled in a high-quality early care and education program.

Source: Quality Start Los Angeles (QSLA), Quality Counts California (QCC) Common Data File; California Department of Finance, Demographic Research Unit, State and County Projections Dataset, Table P-3



Publicly Funded Early Care and Education

RESULT INDICATOR 2

LOW PARTICIPATION RATES POINT TO INSUFFICIENT SUPPLY OF PUBLICLY FUNDED EARLY CARE

This indicator provides an estimate of what proportion of income-eligible Los Angeles County children birth to age 5 are enrolled in publicly funded early care and education (ECE) programs. Income-eligible is defined as less than 85 percent of the State Median Income. The enrollment rate is calculated by dividing the number of children who participate in publicly funded early care and education by the number of children eligible for such services. The data reflect children in federal or state-funded ECE sites (referred to as contracted

sites) and children in an ECE setting supported by a voucher from CalWORKs or the Alternative Payment Voucher Program (referred to as voucher programs).



Participation in publicly funded ECE programs offers access to care for families with low income and improves financial stability for families in L.A. County. Research has established strong positive relationships between participation in subsidized ECE and family economic well-being, child school readiness, and later success in life, including future education, employment, and family outcomes, particularly for children from disadvantaged backgrounds.



Current Context

The participation rates shown in this indicator are heavily influenced by the lack of funding for spaces or vouchers, which leads to long waiting lists for a publicly funded space. The location of subsidized care can also be a barrier if it is not near home or work, or not accessible by transit. Many families that may not be eligible for subsidized care because their household income is above the eligibility threshold still struggle with affording care. While some families prefer informal care, such as a friend, family member or neighbor, other families may use these informal and less expensive options due to financial constraints.

MOST RECENT YEAR

In 2019, out of 455,581 children in L.A. County who were income-eligible for publicly funded early care and education programs, approximately one-quarter were enrolled in publicly funded ECE. Among these children, 15 percent were enrolled in contracted ECE sites and 7 percent received a voucher to pay for their ECE space.

ENROLLMENT OF ELIGIBLE CHILDREN IN PUBLICLY FUNDED ECE IS LIMITED

Percentage of Eligible Los Angeles County Children Enrolled in Publicly Funded Early Care and Education Programs by Type, 2019



AGE DETAIL

Roughly one-third of all eligible preschool-age children participate in publicly funded ECE, including 25 percent of eligible preschool-age children enrolled in contracted sites and 8 percent enrolled in a voucher program. In contrast, 5 percent of eligible infants and toddlers are enrolled in a contracted site and 5 percent are enrolled in a voucher program.

FEWER INFANTS AND TODDLERS ARE ENROLLED IN PUBLICLY FUNDED ECE THAN PRESCHOOL-AGE CHILDREN

Percentage of Eligible Los Angeles County Children Enrolled in Publicly Funded Early Care and Education Programs by Age, 2019



DATA NOTES AND LIMITATIONS

Program data used in the numerator (the number of children enrolled in publicly funded ECE) is from 2019, while the total number of children eligible to participate in subsidized ECE, used in the denominator, is from 2016 data. A family is considered income-eligible if their household income is less than 85 percent of the State Median Income (SMI). In 2016, SMI was \$77,106 for a 4-person family; to be income-eligible, the family would have to have a household income of less than \$65,540. The enrollment rate is the proportion of all income-eligible children, although all income-eligible families may not seek childcare. It is possible for a child to be enrolled in a contracted site and a voucher program; as a consequence, there may be some duplication in the estimates of enrollment across the types of publicly funded ECE. Detail by race or ethnicity is not available at this time.

Full Indicator Language: Increased rate of income-eligible L.A. County children birth through age 5 enrolled in publicly funded early care and education programs.

Source: Early Learning Needs Assessment Tool from the American Institutes for Research (eligible children) and The Child Care Alliance of Los Angeles and Los Angeles County Office of Education (program enrollment)



Early Intervention Services

RESULT INDICATOR 3

EARLY INTERVENTION SERVICES DO NOT REACH ALL CHILDREN WITH DEVELOPMENTAL DELAYS

This indicator captures the proportion of California young children that have been identified with a developmental delay and have either an Individualized Family Service Plan (birth through age 2) or have an Individualized Education Plan (ages 3 through 5) through the Individuals with Disabilities Education Act (IDEA) Part C (Early Start) or Part B Section 619. The percentage of young children with an IFSP or IEP is used as a proxy for receipt of intervention

services. Two additional benchmarks are used to assess gaps and trends in children's connections to developmental supports: the estimated national prevalence rate of developmental delays in children and the percentage of first grade students receiving special education services.



Why is it Important?

Evidence demonstrates that the earlier developmental delays are identified and children receive services, the more effective an intervention can be in supporting optimal child development, potentially reducing a child's need for long-term special education services. Despite this, literature on early identification suggests 12 to 16 percent of children in the United States have at least one developmental delay, yet as many as one-half of children will not be identified before they enter kindergarten.¹ Comparing the percentage of young children with an educational plan to this research-based prevalence rate, as well as to the percentage of first grade students receiving special education, sheds light on the gap between those children receiving services and those in need of developmental supports. It also provides important context for pinpointing barriers to identification and receipt of services. including strict eligibility criteria.

Current Context -

The State of California codified its support for developmental screening when AB 1004 was signed into law in 2019. AB 1004 the first piece of legislation sponsored by First 5 LA to become law – requires doctors to screen children enrolled in Medi-Cal for developmental delays using screening tools recommended by the American Academy of Pediatrics and at three specific times -9 months, 18 months and 30 months. In July 2020, Children Now released a landscape analysis on Medi-Cal managed care performance for children, which reported variation in developmental screening rates across health plans. As AB 1004 is implemented, early identification rates are likely to increase over time.

¹Mackrides, P. S., & Ryherd, S. J. (2011) Screening for developmental delay. American Academy of Family Physicians, 84 (5), 544-549

MOST RECENT YEAR

IDEA data from 2018-19 indicate that 136,631 California children from birth through age 5 were receiving early intervention services. This represents 4.7 percent of the 2.9 million young children in California. Two benchmarks suggest that young children may be underserved. First, the estimated United States prevalence rate for developmental delays in children of all ages is between 12 and 16 percent, which suggests an estimated 7 to 11 percent of young children in California are not identified and receiving needed services. Similarly, the rate of first grade children receiving special education services in California in 2018-19 was 9.9 percent, which suggests about 5 percent of young children are not connected to developmental supports until they enter school.

TREND

The rate of California children who receive early intervention services through IDEA has increased steadily over the last 7 years, from 3.6 percent in the 2012-13 school year to 4.7 percent in the 2018-19 school year.

SLOW, STEADY INCREASE IN EARLY IDENTIFICATION RATE OVER 7-YEAR PERIOD

Percentage of California Children Birth Through Age 5 Receiving Early Intervention Services Compared to Percentage of First Grade Students Receiving Special Education and Estimated Prevalence for Developmental Delays in Children, 2012-13 to 2018-19


Compared to their peers of other races/ethnicities, Latino children had the highest rate of early identification, at 5.9 percent of all Latino children from birth through age 5 in the 2018-19 school year. This is followed by a rate of 5.6 percent among multiracial young children and 4.4 percent among Black young children. White and Asian/Pacific Islander young children had the lowest rates of early identification, at 3.4 and 3.3 percent, respectively. Since 2012-13, the rate of identification for development delays has increased for all race and ethnic groups except White young children. Multiracial and Latino children showed the greatest increases in identification rates over this seven-year period.

A GREATER PROPORTION OF LATINO AND MULTIRACIAL YOUNG CHILDREN ARE IDENTIFIED EARLY



Percentage of California Children Birth Through Age 5 Receiving Early Intervention Services by Race/Ethnicity, 2018-19

> Trend data by race/ethnicity are provided in the Supplemental Tables. The data display can be interpreted according to the following example: Out of all Latino children from birth through age 5, 5.9 percent are receiving intervention services.

DATA NOTES AND LIMITATIONS

Data is currently available only as a statewide indicator and not specific to L.A. County. The data presented reflects children enrolled in the Individuals with Disabilities Education Act (IDEA) Part C Early Intervention Program and Part B Section 619 Preschool Special Education Program. According to IDEA Part C, an Individualized Family Service Plan (IFSP) identifies the unique needs of the infant and toddler and the appropriate services to meet such needs. It must be developed within 45 calendar days of referral for early intervention services. At age 3, children still eligible for services transition to an Individualized Education Plan (IEP) Part B, Section 619. The two benchmarks used to assess gaps in young children's connection to developmental support have limitations. The national prevalence rate is for children of all ages (newborn to age 18), not the national or California prevalence rate for children from birth through age 5. The 9.9 percent of first grade students in special education may not capture all children with a developmental delay because additional children may be identified with developmental delays later in elementary school and many of these delays could have been identified during early childhood.

Full Indicator Language: Increased rate of L.A. County children birth through age 5 with a developmental delay participating in early intervention services.

Source: U.S. Department of Education IDEA Part B and C Annual Performance Reports (program enrollment); California Department of Finance Population Projections, Table P-3 (ages 0-5 denominator data); California Department of Education, DataQuest (1st grade students in special education); Children Now, Children's Medi-Cal Managed Care in California Counties, July 2020, www.childrennow.org (Current Context)



Average Age of Students in Special Education

RESULT INDICATOR 4

POSITIVE TREND TOWARD EARLIER IDENTIFICATION FOR SPECIAL EDUCATION

This indicator tracks the average age of Los Angeles County students enrolled in special education services for speech or language impairment (SLI). This analysis acts as a proxy for whether students are being identified prior to kindergarten entry. A lower average age over time signals that children may be receiving services earlier. SLI is the focus diagnosis because it typically can be identified before kindergarten entry.



Early identification of developmental delays and effective interventions supports a child's optimal development, increases success in school, reduces stress in the home, and increases parents' ability to provide for the intellectual, physical and emotional needs of their child. Conversely, when delays are identified late and children are not connected to services promptly, delays and family stress can compound and intensify.

MOST RECENT YEAR

In 2018-19, the average age of L.A. County students enrolled in special education services for speech or language impairment (SLI) was 6.8 years old.

TREND

Since 2007-08, the average age of students enrolled in special education for SLI has fallen from 7.6 to 6.8 years old in 2018-19.

DECLINING AVERAGE AGE OF STUDENTS IDENTIFIED FOR SPECIAL EDUCATION

Average Age of Los Angeles County Students Enrolled in Special Education for Speech or Language Impairment, 2007-08 - 2018-19



RACE/ETHNICITY DETAIL

Among the four race or ethnic groups compared, Latino students were most likely to be enrolled in special education at an earlier age. The average age of Latino students enrolled in special education for SLI was 6.7 years old in the 2018-19 school year. Black students had the next lowest average age at 7.2, yet this average age was above the countywide average of 6.8 years old. The average age of White students enrolled in special education for SLI was 7.3 years old. Asian/Pacific Islander students were least likely to be enrolled at an earlier age, with an average age of 7.5 years old. In the four years since 2015-16, the average age of Latino students declined from 6.9 to 6.7 and the average age for Asian/Pacific Islander students declined from 7.7 to 7.5. The average ages for White and Black students did not change appreciably.

LATINO STUDENTS HAVE THE LOWEST AVERAGE AGE

Average Age of Los Angeles County Students Enrolled in Special Education for Speech or Language Impairment by Race/Ethnicity, 2018-19



DATA NOTES AND LIMITATIONS

The data is a proxy for measuring earlier identification for special education. Identification for speech or language impairment (SLI) was selected as the proxy indicator because this condition can typically be identified early, prior to kindergarten entry. It is also one of the most common identifications and can be co-occurring with other developmental delays; therefore, tracking this condition reaches a large proportion of children in special education. There are limitations on what the data can say about the age of identification for special education. First, the indicator measures the age of all children identified with SLI, not age at entry. Consequently, the change in average age is affected by the age of entry to special education as well as the age of exit. Second, since the measure only tracks SLI, change in the average age for SLI may not be indicative of change in average age for special education identification overall. Further disaggregation by race/ethnicity is limited due to data suppression criteria employed by the data source.

Full Indicator Language: Decreased average age of L.A. County children entering into special education services.

Source: California Department of Education



Child Protective Services Involvement

RESULT INDICATOR 5

DISPARITIES IN CPS INVOLVEMENT ARE SUBSTANTIAL AND GROWING

This indicator measures what proportion of Los Angeles County children were involved with Child Protective Services (CPS) during their first five years of life, including what proportion were referred to the Department of Children and Family Services (DCFS) with allegations of abuse or neglect (maltreatment), had allegations that were substantiated, and were placed in out-of-home care.



Strong families and strong communities are critical for preventing abuse, neglect and other trauma. According to research by the Children's Data Network at the University of Southern California, a report of maltreatment, regardless of whether or not an allegation is substantiated, is an important signal of a child's risk of death, developmental difficulties, and other adversities.¹ Monitoring CPS involvement rates can inform our understanding of risks to children's well-being, efforts to prevent maltreatment, and structural factors that contribute to CPS involvement.

¹ Putnam-Hornstein, E. (2011). Report of maltreatment as a risk factor for injury death: A prospective birth cohort study. Child maltreatment, 16(3), 163-174.



Current Context

The disparities evident in the data — along race/ethnic lines as well as by socioeconomic status — warrant a deep and intentional look at the effect systemic racism and poverty have on rates of CPS involvement. Understanding these impacts can inform our work to change systems that perpetuate bias and to prevent conditions that contribute to higher rates of CPS involvement. Services that connect families to resources and supports, such as the Prevention and Aftercare Networks, are critical components of prevention efforts that proactively support child and family well-being.

School staff and health care providers are significant sources of child welfare reports because they interact with children frequently and they are legally obligated to report suspected maltreatment. With the closure of schools and the decrease in medical visits as a result of the COVID-19 pandemic, officials report a dramatic reduction in maltreatment calls to law enforcement and child abuse hotlines. While most allegations do not result in a substantiated case of maltreatment, the decline is still a concern for child well-being.

MOST RECENT YEAR

Of Los Angeles County children born in 2013, 16.2 percent were referred to CPS with allegations of maltreatment by the time they turned five in 2018. Within this 2013 birth cohort, 5.7 percent had allegations that were substantiated, and 2.8 percent were placed in out-of-home care at least once during their first five years of life.

TREND

Slightly more children in the 2013 birth cohort were referred with allegations at least once during their first five years of life compared to the 2006 birth cohort (children born in 2006) - 16.2 percent and 14.8 percent, respectively. Similarly, there were slightly higher rates of children with substantiated cases or out-of-home placements among the 2013 birth cohort compared to the 2006 birth cohort.

SLIGHT INCREASE IN OVERALL RATE OF CPS INVOLVEMENT

Percentage of Los Angeles County Children Involved With Child Protective Services in Their First Five Years of Life, Birth Cohorts 2006, 2007, 2012 and 2013



Data has been analyzed for birth cohort years 2006, 2007, 2012 and 2013 only. Intervening years without data are represented by a dotted line in the chart.

Analyzing what proportion of children within each race and ethnic group experience CPS involvement reveals vast disparities, with children born to Black and Latina mothers having significantly higher rates of allegations, substantiations and out-of-home placements compared to other racial/ethnic groups. For example, of all children born to Black mothers in 2013, 34.4 percent were referred to CPS by age five, compared to 4.1 percent of children of Asian/Pacific Islander mothers. Since the 2006 birth cohort, rates of Black and Latino children involved in CPS have steadily increased.

SUBSTANTIAL RACIAL AND ETHNIC DISPARITIES IN CPS INVOLVEMENT



Percentage of Los Angeles County Children Born in 2013 Involved With Child Protective Services in Their First Five Years of Life by Race or Ethnicity

Data can be interpreted according to the following example: 34.4 percent of children born in Los Angeles County in 2013 to Black mothers were referred to CPS for maltreatment by age five. Trend data by race/ethnicity is provided in the Supplemental Tables.

(Foreign-Born)

SOCIOECONOMIC STATUS DETAIL

Islander

Children born in 2013 to families with low income were referred to CPS at four times the rate as the children who were born into families that were not low income. The children in low-income families had allegations that were substantiated and were placed in out-of-home care at almost five times the rate of children who were not from low-income families.

1 IN 4 LOW-INCOME CHILDREN HAVE CPS INVOLVEMENT BY AGE FIVE

Percentage of Los Angeles County Children Born in 2013 Involved With Child Protective Services in Their First Five Years of Life by Socioeconomic Status

(U.S.-Born)



Trend data and data for substantiated allegations and out-of-home care placement by socioeconomic status are provided in the Supplemental Tables.

GEOGRAPHIC DETAIL

All *Best Start* geographies have CPS involvement rates that are higher than the county average of 16.2 percent and higher than the 14.3 percent average for the remainder of L.A. County (areas outside of *Best Start* geographies). West Athens, Broadway-Manchester, Watts-Willowbrook, Central Long Beach, Palmdale and Lancaster all had rates of CPS involvement that were more than 10 percentage points above the county average of 16.2 percent.

CPS INVOLVEMENT IN BEST START GEOGRAPHIES HIGHER THAN COUNTY AVERAGE

Percentage of Los Angeles County Children Born in 2013 Involved With Child Protective Services in Their First Five Years of Life by *Best Start* Geography



DATA NOTES AND LIMITATIONS

A birth cohort refers to all Los Angeles County children born in a given calendar year. Out-of-home care, or foster care, refers to the variety of placements a child might encounter when removed from their home for their protection, including relative care, non-relative care, and group home care. The data is sourced from birth records which record the race and ethnicity of the mother; the race and ethnicity of the child is not record-ed. Consequently, the race and ethnic data is based on the race and ethnicity of the mother. Data for Latina mothers is disaggregated by foreign-born and U.S.-born due to the notable variation in CPS involvement rates. Socioeconomic status is estimated by the method of payment for the birth, where publicly funded is considered low income and privately funded is considered not low income. Since the measure of socioeconomic status is based on payment at the time of birth, a child's socioeconomic status could change during the first five years of life. The estimates presented in this indicator should not be considered official county or state birth statistics.

Full Indicator Language: Decreased rate of L.A. County children with Child Protective Services involvement at any point during the first 5 years of life.

Source: Children's Data Network at the University of Southern California (analyses of CPS involvement, based on linked administrative records); Los Angeles Times, "Coronavirus Leads to Alarming Drop in Child Abuse Reports," April 21, 2020 (cited in Current Context)



Family Engagement With Child

RESULT INDICATOR 6

MORE FAMILIES SUPPORT EARLY LITERACY THROUGH MUSIC THAN READING

This indicator measures the percentage of parents participating in WIC (the federal food assistance program for low-income pregnant women, breastfeeding women and children under the age of five) who report that someone in the household plays music, sings, reads, tells stories, or teaches letters, words or numbers to their young child on a daily basis.



Families play a significant role in supporting a child's early development. Early literacy activities, whether in English or another language, provide cognitive benefits and strengthen children's social, emotional and character development. This indicator captures the various ways that families can support their child's language development and can inform strategies to reduce barriers to active family engagement.



MOST RECENT YEAR

In 2017, roughly two-thirds of surveyed parents participating in WIC reported that someone in the household plays music, sings, or teaches letters, words, or numbers to their child on a daily basis. Less than half reported that someone reads or tells stories to their child daily.

MOST PLAYED MUSIC TO, SANG WITH, OR TAUGHT THEIR CHILD ABOUT LETTERS AND NUMBERS EVERY DAY

Percentage of L.A. County WIC Survey Respondents Reporting Family Early Literacy Engagement With Child by Activity, 2017



TREND

Since 2008, there have been modest increases across all early literacy measures, including the percentage of parents participating in WIC reporting that someone reads to their child everyday (from 37 percent to 45 percent) and the percentage of parents reporting that someone tells stories to their child every day (from 27 percent to 35 percent).

EARLY LITERACY ENGAGEMENT INCREASING SLIGHTLY OVER TIME

Percent of L.A. County WIC Survey Respondents Reporting Family Early Literacy Engagement by Activity, 2008, 2011, 2014 and 2017



Latino parents participating in WIC reported lower rates of engaging in activities that support their child's language development compared to non-Latino parents participating in WIC.

LATINO PARENTS REPORT LOWER RATES OF EARLY LITERACY ENGAGEMENT

Percentage of L.A. County WIC Survey Respondents Reporting Family Early Literacy Engagement by Activity and Ethnicity, 2017



GEOGRAPHIC DETAIL

Parents participating in WIC who reside within a *Best Start* geography reported similar rates of early literacy engagement as parents participating in WIC who reside outside a *Best Start* geography.

SIMILAR LEVELS OF ENGAGEMENT IN BEST START AND NON-BEST START GEOGRAPHIES

Percentage of L.A. County WIC Survey Respondents Reporting Family Early Literacy Engagement by Activity and Geography, 2017



DATA NOTES AND LIMITATIONS

In 2017, 48 percent of L.A. County families with children under the age of 5 participated in WIC. While the L.A. County WIC Survey is representative of the population of low-income WIC participants, it is not a population-wide measure for L.A. County broadly. Further, it is possible that because of the services and supports that participants received through WIC, mothers participating in WIC may have responded differently to survey questions than mothers that were not WIC participants, if they were surveyed. Due to small sample sizes, race/ethnicity disaggregation is limited to Latino/non-Latino in order to protect respondents' confidentiality.

Full Indicator Language: Increased rate of L.A. County families with children birth through age 5 who read, tell stories, sing, play music or teach letters, words or numbers to their child daily.

Source: Los Angeles County WIC Survey administered by Public Health Foundation Enterprises Special Supplemental Nutrition Program for Women, Infants, and Children (PHFE WIC) Research and Evaluation Department



Home Visiting Participation

RESULT INDICATOR 7

HOME VISITING ENROLLMENT INCREASES

This indicator estimates percentage of Los Angeles County families with an infant that are participating in a First 5 LA-funded home visiting program. The numerator is the number of families enrolled and the denominator is the number of children in L.A. County under age 1. Home visiting is a prevention strategy that supports pregnant women and new parents to promote infant and child health. development and safety.



Evidence has shown that home visiting is an effective service for connecting families with necessary supports and family-strengthening resources. This indicator captures L.A. County's progress towards the vision of a universal, voluntary system of home visiting within a larger system of family supports. This indicator is also a measure of early childhood system performance, serving as a proxy for how well families can access the services and supports that they need to help optimize their child's development.



Current Context

In late 2016, the L.A. County Board of Supervisors passed a motion directing the Department of Public Health as the lead, along with First 5 LA, the Children's Data Network, LA County Perinatal and Early Childhood Home Visitation Consortium, and every child and family serving county agency, to develop a plan to build a universal home visiting system in the county. This work culminated in a report, *Strengthening Home Visiting in Los Angeles: A Plan to Improve Child, Family, and Community Well-Being.* A key goal of the plan is "to identify a framework to maximize resources by leveraging available funding, and where possible, identify new and existing, but not maximized, revenue streams to support home visiting expansion." The increases in home visiting enrollment shown in this indicator document First 5 LA's investments in service to the countywide goal of universal home visiting.

MOST RECENT YEAR

In 2018, 17.8 percent of families with an infant enrolled in a First 5 LA-funded home visiting program.

TREND

Enrollment in home visiting grew more than seven percentage points between 2016 and 2018, from 10.5 percent of L.A. County families with an infant in 2016 to 17.8 percent in 2018.

HOME VISTING RATE INCREASES SUBSTANTIALLY IN THREE YEARS

Percentage of L.A. County Families With an Infant Enrolled in a First 5 LA-Funded Home Visiting Program, 2016-2018



Among Latino families with an infant, approximately 17.6 percent were enrolled in 2018 in a First 5 LA-funded home visiting program — the highest rate across the different race/ethnic groups. Black families had the next highest rate, with 14.5 percent of Black families with an infant enrolled. Of all Asian/Pacific Islander families with an infant, only 3.9 percent were enrolled in a First 5 LA home visiting program in 2018. White families had a similarly low rate, with only 2.7 percent enrolled. All race/ethnic groups saw increased rates of home visiting participation between 2016 and 2018.

MORE LATINO AND BLACK FAMILIES WITH AN INFANT PARTICIPATE IN HOME VISITING

Percentage of L.A. County Families With an Infant Enrolled in a First 5 LA-Funded Home Visiting Program by Race/Ethnicity, 2018



Data by race/ethnicity for 2016 and 2017 is provided in the Supplemental Tables. Race/ethnicity data can be interpreted according to the following example: Among all Latino families with an infant under age one, 17.6 percent participate in a First 5 LA-funded home visiting program.

GEOGRAPHIC DETAIL

Among *Best Start* geographies, families in Regions 2, 3 and 4 were generally more likely to be enrolled in home visiting. Region 1 had the lowest rates of home visiting participation. While the *Best Start* data is not directly comparable to the countywide average due to the need to use a different denominator, *Best Start* geographies tend to have higher rates of home visiting due to First 5 LA investments in *Best Start* geographies.

CONSISTENT WITH FIRST 5 LA INVESTMENTS, HOME VISITING PARTICIPATION IS HIGH IN MANY *BEST START* GEOGRAPHIES

Percentage of L.A. County Families With an Infant Enrolled in a First 5 LA-Funded Home Visiting Program by Best Start Geography, 2018



Enrollment data by geography for 2016 and 2017 is provided in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

The data included in this report represents First 5 LA-funded home visiting programs only. First 5 LA is working with its partners to gather a broader countywide perspective of home visiting participation to include in future iterations of this report. The count of home visiting enrollments includes participation in the following First 5 LA-funded programs: Welcome Baby, Healthy Families America and Parents As Teachers. Families are eligible for a First 5 LA home visiting program regardless of risk factors, income or need, but must give birth at a participating Welcome Baby hospital. The home visiting program model and program dosage is based on family risk factors identified at birth through the Bridges for Newborns Screening Tool and whether a family lives in a *Best Start* geography. Enrollment is voluntary. Families can enroll prenatally (through Welcome Baby) as well as postpartum at the hospital. The enrollment counts are based on fiscal years (July-June) and include both prenatally and postnatally enrolled families. Counts of enrolled families by race/ethnicity do not tally to the total count of families enrolled since race/ethnicity data was not available for all participants. This contributes to the lower rates for all race/ethnic groups than the countywide average.

Full Indicator Language: Increased rate of L.A. County families who participated in home visiting programs at any point prenatally through age 5.

Source: LA Best Babies Network (count of families participating); California Department of Finance population projections (denominator for countywide and race/ethnicity calculations); Esri (denominator for geographic calculations)



Participation in Safety Net Programs

RESULT INDICATOR 8

PRIOR TO COVID-19, PARTICIPATION IN CERTAIN SAFETY NET PROGRAMS WAS ON THE DECLINE

This indicator measures the number of young children enrolled in four public health and social service programs: CalFresh, which provides food assistance for individuals and families: California Work **Opportunity and Respon**sibility for Kids (CalWORKs), which provides cash assistance, early care and education subsidies, and other supports for families; Special Supplemental Nutrition Program for

Women, Infants, and Children (WIC), which provides food assistance for pregnant women, breastfeeding women, and children under the age of five; and California Medical Assistance Program (Medi-Cal), which provides health insurance coverage for individuals and families.





Public health and social service benefit programs like CalFresh, CalWORKs, WIC, and Medi-Cal make available critical resources for children and families. In the face of Los Angeles County's high cost of living and wages that may not keep up with the rising cost of food, housing, childcare and health care, these programs can help fill the gap. Participation in these programs can change a family's trajectory, supporting their path to financial stability, which can in turn positively impact young children's development and readiness for school. Eligible families may face barriers to participation, and some families in need of support may not be eligible. Tracking these data can inform discussions of service demand and barriers families may experience accessing these supports.

Current Context

Various factors can impact participation in safety net programs. Efforts to remove barriers to enrollment and increase outreach to enroll more eligible families can increase participation. Conversely, it is not uncommon to see participation in safety net programs decline in a strong economy, as families earn more and may no longer need or qualify for the supports. The COVID-19 pandemic and the stay-at-home orders that it prompted have had an enormous impact on family economic stability, which has in turn increased demand for some safety net programs. For example, as of publication, the Los Angeles County Department of Public Social Services reports that CalFresh enrollment has more than doubled since the first stay-at-home order was issued in the spring of 2020. The higher public benefit program participation figures anticipated for 2020 may partly reflect increased outreach efforts, but financial stress from job losses associated with COVID-19 is likely to be the most significant driver of the increases.

MOST RECENT YEAR

In 2019, there were 406,854 children from birth through age 5 participating in Medi-Cal. For context, there were an estimated 715,000 children from birth through age 5 in L.A. County. While not all children from birth through age 5 are eligible for Medi-Cal, the Medi-Cal participation count of 406,854 reveals that over half of young children in L.A. County were enrolled in Medi-Cal.

WIC was the next most highly enrolled public service program, with 257,118 L.A. County children from birth through age 4 participating in 2019. Of this number, 194,865 were ages 1 through 4 and 62,253 were under 1 year of age.

CalFresh had 150,800 participants from birth through age 5 as of 2019.

CalWORKs serves the fewest young children of the programs shown in this indicator. In 2019, 74,215 children from birth through age 5 were enrolled in CalWORKs.

HIGH NUMBERS OF YOUNG CHILDREN ARE COVERED BY MEDI-CAL

Number of Young Children Participating in CalWORKs (Ages 0-5), CalFresh (Ages 0-5), WIC (Ages 0-4), and Medi-Cal (Ages 0-5), 2019



TREND

Between 2012 and 2019, Medi-Cal enrollment among children birth through age 5 declined 7 percent, which aligns with the estimated population decline of 8 percent among young children over this same time period. However, from the 8-year high in enrollment in 2014, enrollment has declined 14 percent, outpacing population declines of 7 percent over this period.

Participation in WIC among young children from birth through age 4 has declined substantially, falling 36 percent between 2010 and 2019, from 399,408 children to 257,118. The pace of declining enrollment was roughly the same for infants (under 1) and young children (1-4) at 33 and 36 percent, respectively.

Trend data for CalFresh and CalWORKs are not available at this time.

NUMBER OF YOUNG CHILDREN PARTICIPATING IN MEDI-CAL DECLINING





NUMBER OF YOUNG CHILDREN PARTICIPATING IN WIC FALLING SHARPLY

Number of Children Participating in WIC (Under Age 1 and Ages 1 Through 4), 2010-2019



GEOGRAPHIC DETAIL

The following maps show where there are greater concentrations of CalFresh and CalWORKs participation among children from birth through age 5 in L.A. County. These percentages are based on of the total number of children from birth through age 5 residing in each zip code and do not take eligibility for these safety net programs into account. Overlays of *Best Start* geographies show that the highest rates of participation in CalFresh and/or CalWORKs include parts of Lancaster, Compton, Watts-Willowbrook, Broadway-Manchester and Metro LA. Geographic data for Medi-Cal and WIC are not available at this time.

FROM ONE-THIRD TO ONE-HALF OF YOUNG CHILDREN PARTICIPATE IN CALFRESH IN PARTS OF REGION 2

Percentage of Young Child Population Participating in CalFresh (Birth Through Age 5) by Zip Code With *Best Start* Geography Overlay, 2019



CALWORKS PARTICIPATION LOWEST IN NORTHEAST VALLEY COMMUNITIES AND PARTS OF EAST LA, SOUTHEAST LA AND PALMDALE

Percentage of Young Child Population Participating in CalWORKs (Birth Through Age 5) by Zip Code With *Best Start* Geography Overlay, 2019



DATA NOTES AND LIMITATIONS

The counts of participants in this indicator reflect enrollment in the four programs, but they do not necessarily reflect whether participants are able to easily access and use the services and supports. At time of publication, counts of eligible children for the four programs presented were not available; therefore, rates of participation among eligible children were not possible to calculate. Detail by race/ethnicity was not available for the four programs presented and geography data was not available for WIC and Medi-Cal. The participation rate maps for CalFresh and CalWORKs differ from the preceding analysis; rather than counts, they represent the percentage of all L.A. County children from birth through age 5 who participate in these programs, regardless of eligibility. The population data for the denominator are 2020 estimates.

Full Indicator Language: Increased rate of eligible L.A. County families with children prenatal through age 5 participating in safety net programs.

Source: California Department of Social Services (CalFresh and CalWORKs), California Department of Health and Human Services (Medi-Cal), Public Health Foundation Enterprises (WIC), California Department of Finance Projections (population cited in Findings section), Esri (population for maps)





RESULT INDICATOR 9

MOST PARENTS REPORT HAVING SOMEONE THEY CAN TURN TO IN TIMES OF NEED

This indicator measures the percentage of lowincome parents of young children that report they had someone to talk to for comfort in times of need. The data is from a survey of parents participating in Los Angeles County Women, Infants and Children program (WIC) — a federal food assistance program for low-income pregnant women, breastfeeding women and children under the age of five.



Research suggests that having stable social connections provide critical support for families that helps them to manage economic, social and parental stress. These connections for parents can, in turn, help them support their child's optimal development.



MOST RECENT YEAR

In 2017, 88 percent of surveyed parents participating in WIC reported having someone they could turn to if they needed someone to comfort or listen to them.

MOST PARENTS REPORT HAVING INFORMAL SOCIAL SUPPORT

Percentage of Parents That Have Someone They Can Turn to in Times of Need, 2017



RACE/ETHNICITY DETAIL

A large majority of both Latino and non-Latino parents reported having someone to turn to if they needed support, though the percentage of Latino parents reporting this access was slightly smaller than the percentage of non-Latino parents reporting this support.

SLIGHTLY SMALLER SHARE OF LATINO PARENTS REPORT HAVING SOCIAL SUPPORT

Percentage of Parents That Have Someone They Can Turn to in Times of Need, 2017



GEOGRAPHIC DETAIL

Parents who reside in *Best Start* geographies reported similar rates of social support compared to those parents who reside outside of *Best Start* geographies.

PARENTS IN *BEST START* AND NON-*BEST START* GEOGRAPHIES REPORT INFORMAL SUPPORT

Percentage of Parents That Have Someone They Can Turn to in Times of Need, 2017



DATA NOTES AND LIMITATIONS

In 2017, 48 percent of L.A. County families with children under the age of 5 participated in WIC. While the L.A. County WIC Survey is representative of the population of low-income WIC participants, it is not a populationwide measure for L.A. County broadly. Further, it is possible that because of the services and supports that participants received through WIC, mothers participating in WIC may have responded differently to survey questions than mothers that were not WIC participants, if they were surveyed. Due to small sample sizes, race and ethnic disaggregation is limited to Latino/non-Latino to protect respondents' confidentiality. Similarly, geographic disaggregation is limited to *Best Start*/non-*Best Start* to protect respondents' confidentiality.

Full Indicator Language: Increased rate of L.A. County families with children birth through age 5 who report having one or more people to talk to in times of need.

Source: Source: Los Angeles County WIC Survey administered by Public Health Foundation Enterprises Special Supplemental Nutrition Program for Women, Infants, and Children (PHFE WIC) Research and Evaluation Department





RESULT INDICATOR 10

HALF OF YOUNG CHILDREN IN L.A. COUNTY LIVE WITHIN WALKING DISTANCE OF A PARK

This indicator measures the percentage of Los Angeles County children from birth through age 5 who reside within walking distance (one half-mile) of a park or other open space. Beaches are not included in the analysis.



The relationship between park availability and physical activity in children is well documented. Research is also finding that access to green space may support increased prosocial behavior among children. By increasing access to parks and open spaces, particularly in neighborhoods with low access, families may have more opportunities to be active and connect with others.



MOST RECENT YEAR

Among L.A. County children from birth through age five, 51.8 percent live within walking distance of a park or open space.

MORE THAN HALF OF YOUNG CHILDREN LIVE CLOSE TO A PARK

Percentage of Los Angeles County Children from Birth Through Age 5 Who Live Within One-Half Mile of a Park or Open Space by *Best Start* Geography, 2016



GEOGRAPHIC DETAIL

Among First 5 LA's *Best Start* geographies, there is wide variation in access to parks. In Lancaster, only 13.6 percent of young children live within walking distance of a park, whereas in Central Long Beach, 91.1 percent of children do.

SUBSTANTIAL VARIATION IN PARK ACCESS DEPENDING ON COMMUNITY

Percentage of Los Angeles County Children From Birth Through Age 5 Who Live Within One-Half Mile of a Park or Open Space by *Best Start* Geography, 2016



DATA NOTES AND LIMITATIONS

The geographic data numerator is from 2016; the population data for children from birth through age 5 is from 2020. The distance from each household to the access points of all adjacent parks was calculated along the walkable road/pedestrian network rather than "as the crow flies." Since pedestrians cannot safely or legally walk on highways or freeways, this method takes these barriers into account. The result is a more accurate assessment of the distance a pedestrian would need to travel to reach a park. The analysis does not take into account perceived safety, criminal activity or other factors that impact access, such as lighting and the quality and age-appropriateness of the play equipment.

Full Indicator Language: Increased rate of L.A. County families with children birth through age 5 that have access to parks and open spaces.

Source: Los Angeles County Department of Parks and Recreation (park data); Esri (population data)





CONTEXTUAL INDICATORS

CHILD CHARACTERISTICS

- 1. Birth Rate
- 2. Infant Mortality Rate
- 3. Low Birth Weight
- 4. Well-Child Visits
- 5. Preventable Injuries
- 6. Healthy Weight
- 7. Dual Language Learners
- 8. Special Education Enrollment
- 9. Third Grade Literacy

MATERNAL CHARACTERISTICS

- 10. Prenatal Care
- 11. Postpartum Care
- 12. Maternal Depression
- 13. Breastfeeding
- 14. Educational Attainment

FAMILY RESOURCES

- 15. Assets at Birth
- 16. Children Living in Poverty
- 17. Food Insecurity18. ChildrenExperiencingHomelessness

COMMUNITY CHARACTERISTICS

- 19. California Healthy Places Index
- 20. Access to Transit

Birth Rate

CONTEXTUAL INDICATOR 1

BIRTH RATE DECLINING FOR ALL RACE AND ETHNIC GROUPS

This indicator measures the birth rate, which is the annual number of births per 1,000 population of Los Angeles County overall or by subgroup.



Birth rates can help inform our understanding of trends within our target population — children prenatal through age 5. Rising or falling birth rates may impact the demand for services.

MOST RECENT YEAR

In 2017, the birth rate in Los Angeles County was 11.9 per 1,000 population.

TREND

Between 2013 and 2017, the L.A. County birth rate fell from 13.3 per 1,000 to 11.9 per 1,000. In terms of the number of births, there was a 9 percent decline over this period.

COUNTYWIDE BIRTH RATE STEADILY DECLINING





In 2017, the birth rate was highest among Latina mothers, followed by Asian/Pacific Islander mothers (13.9 per 1,000 and 13.1 per 1,000, respectively). Birth rates for both Black and White mothers were less than the countywide average of 11.9 per 1,000. Between 2013 and 2017, the birth rate declined for all race and ethnic groups, falling most rapidly among Latina mothers.

BIRTH RATE HIGHEST AMONG LATINA AND ASIAN/PACIFIC ISLANDER MOTHERS

Birth Rate in Los Angeles County by Race or Ethnicity of the Mother, 2017



GEOGRAPHIC DETAIL

In 2017, among First 5 LA's *Best Start* geographies, Watts-Willowbrook and Broadway-Manchester in Region 2 had the highest birth rates, both with a rate of 15.8 per 1,000 population. Most *Best Start* geographies had birth rates above the countywide average of 11.9 per 1,000 population, but Metro LA was notably below at 8.5 per 1,000 population.

METRO LA HAS SUBSTANTIALLY LOWER BIRTH RATE COMPARED TO THE COUNTYWIDE AVERAGE

Birth Rate by *Best Start* Geography, 2017



Trend data by Best Start geography are available in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

Birth rates by socioeconomic status were not calculated due to the lack of an appropriate denominator. Birth rates by age were not calculated due to variable methods for age-based birth rate calculations (please see the Methods section for more detail). The totals produced for this local analysis may differ from other published sources; these should not be considered official county or state birth statistics.

Full Indicator Language: Annual number of live births per 1,000 total population in L.A. County.

Source: Children's Data Network at the University of Southern California (births); Advancement Project analysis of 2017 U.S. Census Bureau American Community Survey, 5-Year Estimates, Table S0101 (population by geography); California Department of Finance, Demographic Research Unit, Population Projections, Table P-3 (all other populations groups)

Infant Mortality

CONTEXTUAL INDICATOR 2

INFANT MORTALITY RATE RISING; BLACK RESIDENTS DISPROPORTIONATELY AFFECTED

This indicator measures the infant mortality rate, which is the annual number of deaths of children under one year of age per 1,000 live births in Los Angeles County. Data for Los Angeles County overall is singleyear data; data by subgroup is six-year averages (2011-2016).



Infant mortality is a widely-used indicator of the health of a population because it is associated with maternal health, access to quality and timely health care, implicit bias in the health care system, systemic racism and socioeconomic conditions. High rates of infant mortality can emphasize the need for services that address structural bias, such as economic supports, routine health care, prenatal care, postpartum care and home visiting.



Current Context

Black infants are more likely to die in their first year than any other race and their mothers are more likely to die during childbirth and the first postpartum year than their counterparts of any other race. While infant and maternal mortality varies among women within each race/ethnicity group based on income and education, the gaps between Black women and infants and other groups persist despite socioeconomic status, education level and other risk factors, such as smoking. An emerging body of research suggests that racism (not race) drives these inequalities, beginning with adverse social experiences, which lead to psychological stress, which in turn leads to physiological stress that accumulates over time to wear down organ systems in the body. This cumulative health burden, termed "allostatic load," has been associated with a range of adverse health outcomes including infant and maternal mortality.

MOST RECENT YEAR

In 2016, the rate of infant mortality in Los Angeles County was 4.2 out of 1,000 live births.

TREND

Since 2011, the infant mortality rate has increased from 3.2 per 1,000 live births to 4.2 per 1,000 live births in 2016.

INFANT MORTALITY RATE IS RISING

Infant Mortality Rate in Los Angeles County, 2011-2016





The mortality rate of infants born to Black mothers in Los Angeles County is nearly three times the mortality rate of infants born to White mothers — 7.5 per 1,000 compared to 2.6 per 1,000. Mortality rates for infants born to Asian/Pacific Islander mothers and Latina mothers are also low compared to Black mothers and the countywide average of 3.6 per 1,000 (2011-2016 average).

BLACK INFANT MORTALITY RATE SUBSTANTIALLY HIGHER THAN OTHER RACE/ETHNIC GROUPS

Infant Mortality Rate in Los Angeles County by Race or Ethnicity of the Mother, 2011-2016 Results Averaged



SOCIOECONOMIC STATUS DETAIL

The mortality rate is higher among infants born to mothers whose birth was covered by public health insurance than among infants born to mothers with private health insurance coverage — 4.2 per 1,000 compared to 3.0 per 1,000. The birth payment method, whether public (i.e., Medi-Cal or other public insurance) or private (i.e., private insurance, employerprovided, or self-pay) is used as a proxy for income status.

MORTALITY RATE HIGHER AMONG INFANTS BORN TO LOW-INCOME MOTHERS

Infant Mortality Rate in Los Angeles County by Socioeconomic Status, 2011-2016 Results Averaged





GEOGRAPHIC DETAIL

Among First 5 LA's *Best Start* geographies, Watts-Willowbrook and Lancaster had the highest rates of infant mortality at 6.5 per 1,000 and 6.0 per 1,000, respectively. Several *Best Start* geographies had infant mortality rates lower than the countywide average of 3.6 per 1,000 (2011-2016 average), including South El Monte/El Monte, Metro LA, Central Long Beach, Northeast Valley and Wilmington.

REGIONS 2 AND 5 EXPERIENCE HIGHEST RATES OF INFANT MORTALITY

Infant Mortality Rate (per 1,000 Live Births) by Best Start Geography, 2011-2016 Results Averaged



DATA NOTES AND LIMITATIONS

The infant mortality rates presented in this indicator may differ from other published sources and should not be considered official county or state birth statistics.

Full Indicator Language: Annual number of deaths of children under one year old per 1,000 live births in L.A. County.

Source: Children's Data Network at the University of Southern California



CONTEXTUAL INDICATOR 3

BLACK MOTHERS HAVE COMPARATIVELY HIGH RATE OF LOW BIRTH WEIGHT BABIES

This indicator measures the annual percentage of Los Angeles County infants born at low birth weight (less than 2,500 grams) overall and by subgroups.



Low birth weight is one of the leading causes of infant death and a risk factor for lifelong disability. While all instances of low birth weight are not preventable, tracking low birth weight can improve our understanding of the issue and inform systems change strategies to reduce risk of low birth weight.



MOST RECENT YEAR

Approximately one in 14 infants born in Los Angeles County in 2017 had a low birth weight (7.3 percent).

1 IN 14 INFANTS HAVE LOW BIRTH WEIGHT

Percentage of Infants Born at Low Birth Weight in Los Angeles County, 2017



TREND

The percentage of infants born at low birth rate has remained relatively unchanged in the four-year period between 2014 and 2017, ranging from a low of 6.9 percent of births in 2014 to a high of 7.4 percent in 2015.

LITTLE CHANGE IN LOW BIRTH WEIGHT OVER FOUR-YEAR PERIOD

Percentage of Infants Born at Low Birth Weight in Los Angeles County, 2014-2017



In 2017, infants born to Black mothers had nearly twice the rate of low birth weight as infants born to mothers from all other race or ethnic groups. While low birth weight rates fluctuate from year to year, in the four-year period between 2014 and 2017, the trends were generally toward slightly increasing rates of low birth weight for all race and ethnic groups except White mothers.

INFANTS BORN TO BLACK MOTHERS MORE LIKELY TO BE LOW BIRTH WEIGHT THAN OTHER RACE/ETHNIC GROUPS

Percentage of Infants Born at Low Birth Weight in Los Angeles County by Race/Ethnicity, 2017



Trend data by race and ethnicity are provided in the Supplemental Tables.

SOCIOECONOMIC STATUS DETAIL

In 2017, slightly more infants born to mothers with low income were low birth weight than infants born to mothers who were not low-income — 7.6 percent compared to 7.0 percent, respectively.

INCOME STATUS NOT A SIGNIFICANT VARIABLE FOR LOW BIRTH WEIGHT

Percentage of Infants Born at Low Birth Weight in Los Angeles County by Socioeconomic Status, 2017



Trend data by income status are provided in the Supplemental Tables.
GEOGRAPHIC DETAIL

Among First 5 LA's *Best Start* geographies, the communities of West Athens and Lancaster had the highest rates of low birth weight infants, at 10.3 percent and 10.2 percent, respectively. Wilmington and Southeast LA had the lowest rates, at 5.9 percent and 6.4 percent, respectively.

MOST *BEST START* GEOGRAPHIES HAVE HIGHER THAN AVERAGE RATES OF LOW BIRTH WEIGHT

Percentage of Infants Born at Low Birth Weight in Los Angeles County by Best Start Geography, 2017



Trend data by geography are provided in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

The birth payment method, whether public (i.e., Medi-Cal or other public insurance) or private (i.e., private insurance, employer-provided, or self-pay), is used as a proxy for income status. The totals produced for this local analysis may differ from other published sources; they should not be considered official county or state birth statistics.

Full Indicator Language: Annual percentage of infants born at low birth weight (less than 2,500 grams).

Source: Children's Data Network at the University of Southern California



CONTEXTUAL INDICATOR 4

MOST CHILDREN RECEIVE RECOMMENDED WELL-CHILD VISITS

This indicator presents the percentage of children ages 2 through 5 in Los Angeles County who have received the recommended well-child visit for their current age. According to the American Academy of Pediatrics periodicity schedule, children between the ages of 2 and 6 should have a well-child visit at age 2, 2.5, 3, 4 and 5.



Well-child visits track the growth and development of children at various age time-points. These visits are opportunities for physicians to discuss with parents the child's physical development, immunizations, cognitive development and social/emotional development. Well-child visits provide important treatment and preventive services, such as appropriate developmental screenings, that support overall health and development.

Current Context

Due to the COVID-19 pandemic, medical experts report a reduction in well-child visits and estimate that statewide vaccinations rates as of May 2020 were 40 percent lower than the previous year Missed well-child visits also impact the rate that children are screened for developmental delays. Fortunately, AB 1004 will increase oversight and improve data collection around developmental screening practices in the state. This will help ensure that, during a well-child visit, a full and complete developmental screen using a validated tool occurs. Prior to this legislation, California did not adequately track whether developmental screens were being completed during well-child visits, and if they were, whether the provider was using a validated tool to conduct the screen versus just their observation alone. AB 1004 was the first piece of legislation sponsored by First 5 LA to become law.



In 2018, 76 percent of children ages 2 through 5 years in L.A. County received the recommended well-child visit. This rate is similar to the rate of 75 percent of children in the state of California.

COUNTY AND STATEWIDE WELL-CHILD VISIT RATES ARE SIMILAR

Well-Child Visit Rates Among Children Ages 2 Through 5 in California and Los Angeles County, 2018



TREND

The rate of children receiving the recommended number of well-child visits in L.A. County has increased over time. The largest increase occurred between 2017 and 2018, when the rate rose from 71 percent to 76 percent.

WELL-CHILD VISIT RATES HAVE INCREASED OVER TIME

Well-Child Visit Rates Among Children Ages 2 Through 5 in Los Angeles County, 2014-2018



DATA NOTES AND LIMITATIONS

The well-child visit rates provided are the number of completed well-child visits out of the total recommended number of visits. The data does not measure whether children are receiving all components of a well-child visit during their visit, including appropriate developmental screening with a validated tool. The data source presents the data as well-child visits in the "third, fourth, fifth, and sixth years of life" which translates to ages 2 through 5. Data disaggregated by race/ethnicity, income status, age or geography is not provided by the data source, nor is the well-child visit rate of children under age 2.

Full Indicator Language: Annual percentage of children birth through age 5 in L.A. County who have received the recommended well-child visits for their current age.

Source: California Department of Health Care Services: Medi-Cal Pediatric Health Dashboard

Preventable Injuries

CONTEXTUAL INDICATOR 5

NO LASTING DECREASE IN PREVENTABLE DEATHS OVER TIME; BLACK CHILDREN DISPROPORTIONATELY AFFECTED

This indicator presents the rate of preventable (unintentional or accidental) injury and death of children from birth through age 5 in Los Angeles County. The data presented reflects the number of deaths per 100,000 children from birth through age 5. Injuries or deaths due to intentional causes, such as assault or homicide, are not tracked in this indicator.



Preventable injuries, particularly those that result in a child's death, are a tragedy for family, friends and the community. Non-fatal preventable injuries that require an emergency department visit or hospitalization also take their toll, contributing to potential long-term disability for the child, health care expenses and lost work time for parents, and increased demand on health systems.



<u>Fatal and Non-Fatal Injuries</u>: In 2017, there were 30 preventable deaths of young children from birth through age 5 in L.A. County. This is equivalent to a rate of 4.0 preventable deaths per 100,000 young children from birth through age 5. In 2015, which is the latest year of data available for preventable non-fatal injuries, there were 1,833 hospitalizations of young children for non-fatal preventable injuries and 62,570 emergency department visits for a total of 64,453 non-fatal preventable injuries. This is equivalent to a rate of 8,341.7 non-fatal hospitalizations or emergency room visits per 100,000 young children in L.A. County.

APPROXIMATELY 1 IN 12 YOUNG CHILDREN VISITED THE EMERGENCY DEPARTMENT OR WERE HOSPITALIZED DUE TO UNINTENTIONAL INJURY

Rate of Preventable Fatal and Non-Fatal Injuries Among Children Birth Through Age 5 in Los Angeles County, 2015 (Non-Fatal Injuries) and 2017 (Fatal Injuries)



TREND

<u>Fatal Injuries</u>: In the 10-year period between 2008 and 2017, the preventable death rate for young children in L.A. County fluctuated between a low of 2.7 per 100,000 children from birth through age 5 to a high of 5.0 per 100,000 children from birth through age 5. No discernable positive or negative trend has emerged over this period.

YOUNG CHILD PREVENTABLE DEATH RATE SHOWS NO LASTING IMPROVEMENT OVER 10 YEARS

Rate of Preventable Fatal Injuries Among Children Birth Through Age 5 in Los Angeles County, 2008-2017



<u>Fatal Injuries</u>: In 2015, 16.8 out of 100,000 young Black children from birth through age 5 died of a preventable injury. This rate of preventable death was four times higher than the rate of preventable death for Latino children and children in the White/Other/Unknown category. Asian/Pacific Islander children had the lowest rate of preventable death in L.A. County at 2.2 per 100,000 Asian/Pacific Islander children from birth through age 5. Rates of death fluctuate from year to year; however, between 2010 and 2017, a marked upward trend was emerging in deaths among Black children, with a more modest upward trend among the White/Other/Unknown group. The trend for Latino and Asian/Pacific Islander young children was relatively flat over this period.

<u>Non-Fatal Injuries</u>: Non-fatal injury rates among young children were highest among Black young children at 11,049.0 per 100,000 Black young children, followed by the White/Other/ Unknown group at 10,662.0 per 100,000 young children in the White/Other/Unknown group. Injury rates for Latino young children were also high compared to their Native American and Asian/Pacific Islander counterparts.

BLACK YOUNG CHILDREN HAVE FOUR TIMES THE RATE OF PREVENTABLE DEATH AS THEIR WHITE AND LATINO PEERS

Rate of Preventable Fatal and Non-Fatal Injuries Among Children Birth Through Age 5 in Los Angeles County by Race/Ethnicity, 2015



Preventable death trend data by race/ethnicity is available in the Supplemental Tables. Mortality data for Native American children is not available.

CAUSE OF INJURY DETAIL

<u>Fatal Injuries:</u> In 2015, most preventable deaths of young children in L.A. County were due to drowning or submersion. Non-fatal injuries due to submersion were among the less common causes of non-fatal hospitalizations or emergency department visits, pointing to the deadly nature of water accidents. Suffocation and transportation-related accidents (including motor vehicle, bicycle, pedestrian or other transport) were, respectively, the second and third most common causes of death in 2015. Rates of unintentional death fluctuate from year to year; however, between 2010 and 2017, there was a slight downward trend in transportation-related deaths and deaths due to falls. Suffocation deaths increased in this 10-year period. Other causes of death did not show discernable trends.

<u>Non-Fatal Injuries</u>: In 2015, among the causes of injury shown, falls accounted for the most frequent cause of non-fatal hospitalizations or emergency department use. This was followed by unintentional non-fatal injuries due to being struck by an object and natural or environmental causes, which includes exposure to severe heat, severe cold, lightning, sunstroke, large storms and natural disasters, as well as lack of food or water.

DROWNINGS ARE LEADING CAUSE OF PREVENTABLE DEATH; FALLS ARE LEADING CAUSE OF NON-FATAL INJURIES

Rate of Preventable Fatal and Non-Fatal Injuries Among Children Birth Through Age 5 in Los Angeles County by Cause, 2015



Leading causes of preventable death or injury for young children are shown in the charts. Some cause groups have been pooled or are not shown in the charts. Additional detail is provided in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

The latest data available for non-fatal injuries is 2015 and this data is not comparable to prior years. The latest data available for deaths is 2017 and trend data is available. Race/ethnicity groups are determined by the data source and cannot be further disaggregated, including the grouping of White/Other/Unknown. Non-fatal injury data is comprised of the combination of unintentional injury non-fatal hospitalizations and non-fatal emergency department visits (treat and release, or transfer to another facility). While the coding used in the medical profession to identify causes of injury or death are detailed, they may not be sufficiently detailed to enable researchers to know the precise circumstances contributing to the injury or death. Further, the data may include cases of intentional harm that were not detected by the health care professional diagnosing and coding the injury or death. The estimate that 1 in 12 children experience non-fatal injuries that result in an emergency department visit or hospitalization is an illustration that does not take into account possible duplication (e.g., when a child has more than one non-fatal emergency department visit or hospitalization in a given year.)

Full Indicator Language: Annual rate of preventable injuries among children birth through age 5 in L.A. County.

Source: California Department of Public Health (CDPH) EpiCenter, based on CDPH Vital Statistics Death Master File and California Office of Statewide Health Planning and Development, Inpatient Discharge Data

Healthy Weight

CONTEXTUAL INDICATOR 6

OVER HALF OF YOUNG CHILDREN HAVE A HEALTHY WEIGHT; SLIGHT TREND TOWARD INCREASING WEIGHT

This indicator measures the percentage of Los Angeles County children ages 3 and 4 from families with low income that have a healthy weight. A healthy weight is defined as not being underweight, overweight or obese according to an assessment of Body Mass Index.



Research points to a combination of genetic, environmental and behavioral factors that contribute to developing obesity. Since childhood obesity puts children at risk for poor health outcomes later in life, tracking healthy weight aligns with a prevention model for long-term health.





More than half of L.A. County young children from low-income families had a healthy weight. In 2018, 61 percent of 3-year-old children had a healthy weight and 59 percent of 4-year old children had a healthy weight.

6 IN 10 YOUNG CHILDREN HAVE A HEALTHY WEIGHT

Percentage of Los Angeles County Young Children From Low-Income Families Who Have a Healthy Weight by Age, 2018



TREND

Between 2003 and 2018, the percentage of young children ages 3 and 4 with a healthy weight fluctuated, but a slight trend toward increasing weight was emerging. Most notably, there was a five-percentage point decline in healthy weight among 4-year-old children since 2015.

TREND EMERGING OVER 16 YEARS: SLIGHTLY FEWER CHILDREN WITH HEALTHY WEIGHT

Percentage of Los Angeles County Young Children From Low-Income Families Who Have a Healthy Weight, 2003-2018



Almost three-quarters of 4-year-olds with Asian mothers have a healthy weight (74 percent), compared to 69 percent of 4-year-olds with Black mothers and 68 percent of 4-year-olds with White mothers. Four-year-old children with Latina mothers had the lowest rate of healthy weight at 60 percent. Over the past 16 years, 4-year-old children with Latina mothers consistently had the lowest rate of healthy weight and, while rates fluctuate from year to year, there was a gradual trend toward increasing weight. No discernable trend was evident among children of White and Black mothers, while children of Asian mothers have seen an increasing rate of healthy weight over the past 16 years.

THREE-QUARTERS OF ASIAN 4-YEAR-OLDS HAVE A HEALTHY WEIGHT

Percentage of Los Angeles County 4-Year-Old Children From Low-Income Families Who Have a Healthy Weight by the Race/Ethnicity of the Mother, 2018



Data by race/ethnicity for 3-year-old children and for years 2003-2018 is available in the Supplemental Tables.

GEOGRAPHIC DETAIL

Of the 14 *Best Start* geographies in L.A. County, most have a somewhat lower proportion of 4-year-olds with a healthy weight than the countywide average of 59 percent. The *Best Start* geographies with the lowest proportion are South El Monte/El Monte and East LA, both at 54 percent. The *Best Start* geographies with the highest proportion of children with healthy weight include Lancaster and Central Long Beach, at 64 percent and 65 percent, respectively. Over the past 16 years, the proportion of 4-year-olds with a healthy weight has declined in all 14 *Best Start* geographies.

MODEST VARIATION ACROSS BEST START GEOGRAPHIES IN WEIGHT STATUS AMONG 4-YEAR-OLDS

Percentage of Los Angeles County 4-Year-Old Children From Low-Income Families Who Have a Healthy Weight by *Best Start* Geography, 2018



Data by geography for 3-year-old children and for years 2003-2018 is available in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

Data is based on children participating in WIC, the federal food assistance program for low-income pregnant women, breastfeeding women, and children under the age of five. As such, the results are a proxy for weight status among low-income children. Race/ethnic detail is based on the race/ethnic identity of the mother.

Full Indicator Language: Annual percentage of children ages 2 through 5 in L.A. County with a Body Mass Index (BMI) that falls within a healthy weight range.

Source: Public Health Foundation Enterprises WIC (Special Supplemental Nutrition Program for Women Infants and Children)

Dual Language Learners

CONTEXTUAL INDICATOR 7

FEWER DUAL LANGUAGE LEARNERS COMPARED TO SIX YEARS AGO

This indicator measures the annual percentage of Los Angeles County public school kindergarten students who are Dual Language Learners. Young children exposed to two or more languages simultaneously, or young children who learn a second language while continuing to develop their first, are known as Dual Language Learners (DLLs). For this indicator, kindergarten students designated **English Learners or Fluent** English Proficient (bilingual) are used as a proxy for estimating the proportion of young children that are Dual Language Learners.



DLLs possess the natural advantage of being able to acquire native-level fluency in both English and another language if they are provided with the right support at home and systems are designed to meet their needs, such as an early learning workforce that is trained to support DLLs. Tracking English Learner and Fluent English Proficient designations informs our understanding of our target population and speaks to the need for strategies to support families raising children in bilingual environments and for professional development among the early childhood workforce on skills that effectively support DLLs in early learning settings.

Current Context

According to 2017 research by the UCLA Center for Health Policy Research, approximately 60 percent of households in California with children from birth through age five were Dual Language Learner families, meaning that the household members spoke a language other than, or in addition to, English. This research, when viewed next to the estimates provided in this indicator of 29.3 percent English Learners plus 6.6 percent bilingual students, suggests a possible undercount of Dual Language Learners in the schools. For example, some practitioners in the field reported anecdotally that immigrant families may avoid completing the Home Language Survey for fear of immigration enforcement action or stigma around being designated an English Learner. The decline observed in the proportion of kindergarteners that were English Learners is likely attributable to the perceived stigma, as well as declines in immigration and the birth rate.

MOST RECENT YEAR

In the 2019-20 school year, 36.0 percent of Los Angeles County public school kindergarten students were Dual Language Learners, where 29.3 percent were designated English Learners and another 6.6 percent were designated bilingual.

TREND

Between 2014-15 and 2019-20, the proportion of the kindergarten cohort comprised of Dual Language Learners fell by approximately seven percentage points, from 42.5 percent to 36.0 percent. The drop was driven by a nine-percentage point decline in the proportion of kindergarteners who were designated English Learners, from 38.4 percent to 29.3 percent. Over the same period, the proportion of kindergarten students that were designated bilingual increased from 4.2 percent to 6.6 percent.

PROPORTION OF KINDERGARTENERS THAT ARE DUAL LANGUAGE LEARNERS IS FALLING



Percentage of Los Angeles County Kindergarteners Who Are Designated English Learners or Bilingual, 2014-15 to 2019-20

Only English Learner data is available by race/ethnicity. Among the most recent cohort of kindergarteners, 36.6 percent of Latino students were designated English Learners in 2019-20. This rate is similar to the proportion of Asian/Pacific Islander kindergarteners who were designated English Learners (35.1 percent). One in five Native American kindergarteners (20.9 percent) were designated English Learners in 2019-20, followed by 10.8 percent of White kindergarten students, 3.7 percent of multiracial students, and 1.6 percent of Black students.

The decline in the countywide percentage of English Learners is driven primarily by substantial declines in the percentage of Latino and Asian/Pacific Islander English Learners. In 2014-15, nearly half (48.9 percent) of Latino kindergarteners were designated English Learners; six years later, just 36.6 percent were. The percentage of Asian/Pacific Islander kindergarteners who were English Learners fell from 39.9 percent to 35.1 percent over the same period. White and multiracial kindergarteners also witnessed a decline in the percentage that were designated English Learners. Rates of Native American English Learners fluctuated over the six years shown, while rates among Black kindergarteners were steady at 1.6 percent.

SUBSTANTIAL DECLINE IN PERCENTAGE OF LATINO KINDERGARTENERS THAT ARE ENGLISH LEARNERS



Percentage of Los Angeles County Kindergarteners Who Are Designated English Learners by Race/Ethnicity, 2014-15 to 2019-20

Trend data by race and ethnicity is provided in the Supplemental Tables

SOCIOECONOMIC STATUS DETAIL

Dual Language Learner kindergarten students are predominantly from families with low income. In 2019-20, fully 83.7 percent were from families with low income and 16.3 percent were from families that were not low-income.

MOST DUAL LANGUAGE LEARNER KINDERGARTENERS ARE FROM FAMILIES WITH LOW INCOME

Percentage of Los Angeles County Kindergarteners Who Are Dual Language Learners by Socioeconomic Status, 2019-20



Trend data by income status is provided in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

According to the California Department of Education, a child is designated an English Learner if their parent or guardian reports on the Home Language Survey that a language other than English is spoken at home and, upon follow-up assessment, the child is determined to lack defined English language skills of listening, speaking, reading and/or writing considered necessary to succeed in the school's regular instructional programs. Students are designated Initial Fluent English Proficient (or bilingual) if a language other than English is spoken at home and, upon initial assessment, the student is determined to be proficient in English. Students may also be designated as Reclassified Fluent English Proficient; the counts of these students are included in the bilingual/Fluent English Proficient counts. The term Dual Language Learner (DLL) encompasses young children who are exposed to two or more languages simultaneously or who are learning a second language while continuing to develop their first. The term English Learner or English Language Learner is generally applied to older, non-native English speakers who have gained proficiency in their native language and are now learning English in addition to mastering academic content. The English Learner and Fluent English Proficient data presented in this indicator is used as a proxy for understanding the DLL population. Data is available from the data source beginning in the 2014-15 academic year. Income status data is based on California Department of Education's determination of Socioeconomically Disadvantaged (SED) status. SED students have one or more of the following: both parents have not received a high school diploma; students are eligible for Free or Reduced-Price Meals; or students are migrant, homeless or foster youth.

Full Indicator Language: Annual percentage of kindergarteners in L.A. County who are Dual Language Learners.

Source: California Department of Education; Early Edge, "Improving Teacher Preparation to Support California's Dual Language Learners," May 2020 (Why Important section); UCLA Center for Health Policy Research, "Families with Young Children in California: Findings from the California Health Interview Survey, 2011-2014," May 2017 (Current Context inset); California Department of Education, Glossary of Terms for English Learner Reports (Data Notes and Limitations); National Conference of State Legislatures (Data Notes and Limitations)

Special Education Enrollment

CONTEXTUAL INDICATOR 8

SPECIAL EDUCATION ENROLLMENT INCREASING

This indicator measures the percentage of Los Angeles County children from birth through age 5 who are enrolled in special education services through their local school district.



This indicator helps inform our understanding of the demand for services that will promote learning and developmental growth for children with special needs.

MOST RECENT YEAR

In 2019, 3.2 percent of children from birth through age 5 in L.A. County were enrolled in special education services. The rate was highest among 5-year-old children, with 6.5 percent of 5-year-old children enrolled in special education services, compared to 6.4 percent of 4-year-old children and 5.2 percent of 3-year-old children.

TREND

The proportion of L.A. County children from birth through age 5 enrolled in special education services through their local school district has grown from 2.7 percent to 3.2 percent of the population between 2015 and 2019. The growth over this period was driven primarily by increases among 3-year-old children (rising from 3.9 percent to 5.2 percent of all 3-year-olds) and 4-year-old children (rising from 5.6 percent to 6.4 percent of all 4-year-olds).

PROPORTION OF 3- AND 4-YEAR-OLDS ENROLLED IN SPECIAL EDUCATION IS GROWING

Percentage of Los Angeles County Children Enrolled in School District Special Education Services by Age, 2015-2019



Trend data by age is available in the Supplemental Tables.



Latino young children had the highest rate of enrollment in special education at 4.5 percent of all Latino children from birth through age 5 in 2019. This is followed by 3.6 percent of multiracial young children and 2.7 percent of Black young children. Native American, Asian/Pacific Islander and White young children had the lowest rates of enrollment in special education services.

Since 2016, the proportion of young children receiving special education services through their local school district grew the most among Latino young children (from 3.6 percent in 2016 to 4.5 percent in 2019). Rates of special education enrollment among multiracial and Black students also increased over this period, but less significantly. Asian/Pacific Islander rates of special education enrollment remained flat, while Native American and White rates declined somewhat.

LATINO YOUNG CHILDREN ARE SOMEWHAT MORE LIKELY TO BE IN SPECIAL EDUCATION THAN THEIR PEERS OF OTHER RACES/ETHNICITIES

Percentage of Los Angeles County Children Enrolled in School District Special Education Services by Race/Ethnicity, 2016-2019



Trend data by race and ethnicity is provided in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

This count of special education enrollment for pre-kindergarten-age students is not inclusive of all young children receiving early intervention services or special education services. Please see the Methods section for additional detail on source data.

Full Indicator Language: Annual percentage of children from birth through age 5 in L.A. County who are enrolled in special education.

Source: California Department of Education (number of children in special education); California Department of Finance, Demographic Research Unit, Population Projections, Table P-3 (child population)

Third Grade Literacy

CONTEXTUAL INDICATOR 9

PERCENTAGE OF THIRD GRADERS MEETING LITERACY STANDARDS IS INCREASING

This indicator provides the annual percentage of third grade students in Los Angeles County who meet or exceed the grade-level standard in English Language Arts (ELA). The English Language Arts assessment measures proficiency in reading comprehension, writing, and speaking and listening.



Third grade marks the transition in elementary education from "learning to read" to "reading to learn." A delay in reading proficiency can persist and grow over a child's education and impact their long-term outcomes. Given the association between kindergarten readiness and later reading proficiency, understanding third grade ELA proficiency can inform early care and education programming, including access and quality, and other practices that promote school readiness.



In school year 2018-19, 48.7 percent of third graders in Los Angeles County met or exceeded grade-level standards in English Language Arts.

ALMOST HALF OF L.A. COUNTY THIRD GRADERS MEET LITERACY STANDARDS

Percentage of Third Graders That Met or Exceeded English Language Arts Standards, 2018-19



TREND

The percentage of third graders in Los Angeles County that met or exceeded grade-level standards in ELA has increased steadily over time, from 35.0 percent in 2014-15 to 48.7 percent in 2018-19.

PERCENTAGE OF STUDENTS MEETING ELA STANDARDS HAS INCREASED STEADILY OVER TIME

Percentage of Third Graders That Met or Exceeded English Language Arts Standards, 2014-15 to 2018-19



In the 2018-19 school year, three-quarters of Asian/Pacific Islander students met or exceeded the ELA standards, while one-third of Black students met or exceeded these benchmarks. Although the percentage of third graders in L.A. County that met or exceeded grade-level standards in English Language Arts has increased across race and ethnic groups from 2014-15 to 2018-19, Black, Latino and Native American students continue to lag behind their Asian/ Pacific Islander, White and multiracial peers.

SUBSTANTIAL RACIAL AND ETHNIC DISPARITIES IN LITERACY PROFICIENCY

Percentage of Third Graders That Met or Exceeded English Language Arts Standards by Race/Ethnicity, 2018-2019



Trend data by race/ethnicity is provided in the Supplemental Tables.

SOCIOECONOMIC STATUS DETAIL

Students from families with low income are less likely to meet ELA standards than their peers who are not from families with low income. In the 2018-19 school year, just over one-third of lowincome students met or exceeded ELA standards, compared to almost three-quarters of students who are not low income. This pattern was consistent over time, with higher proportions of students who are not low income meeting or exceeding ELA standards compared to their low-income peers over the past five school years.

LOW-INCOME STUDENTS ARE LESS LIKELY TO MEET LITERACY STANDARDS

Percentage of Third Graders That Met or Exceeded English Language Arts Standards by Socioeconomic Status, 2018-19



Trend data by socioeconomic status is provided in the Supplemental Tables.

GEOGRAPHIC DETAIL

Geographic data is provided by school district with the boundaries of *Best Start* geographies overlaid. A visual assessment shows that the *Best Start* geographis of Central Long Beach and South El Monte/ El Monte are partly served by school districts that had higher than average rates of students who met or exceeded literacy standards. The remaining *Best Start* geographies are served by school districts that were at or below the countywide average. A determination of the percentage meeting or exceeding literacy standards for each *Best Start* geography is not possible with the data available.

CENTRAL LONG BEACH AND PART OF SOUTH EL MONTE/EL MONTE ARE SERVED BY SCHOOL DISTRICTS THAT OUTPERFORM THE L.A. COUNTY AVERAGE

Percentage of Third Graders That Met or Exceeded English Language Arts Standards by Best Start Geography, 2018-19



DATA NOTES AND LIMITATIONS

Income status data is based on California Department of Education's determination of Socioeconomically Disadvantaged (SED) status. SED students have one or more of the following: both parents have not received a high school diploma; students are eligible for Free or Reduced-Price Meals; or students are migrant, homeless or foster youth.

Full Indicator Language: Annual percentage of third grade students in L.A. County who meet or exceed the grade-level standard in English Language Arts.

Source: California Assessment of Student Performance and Progress (CASPP) English Language Arts Standards from California Department of Education



CONTEXTUAL INDICATOR 10

COUNTYWIDE PRENATAL CARE TREND IS FLAT, BUT SEVERAL BEST START GEOGRAPHIES SEE IMPROVEMENT

This indicator measures the annual percentage of mothers in Los Angeles County who gave birth in the last year and received early prenatal care (in the first trimester of their pregnancy).



Prenatal care in the first trimester offers an opportunity for providers to diagnose and treat maternal or fetal medical conditions early. It also provides expecting parents with counseling on healthy behaviors that increase the chances of having a healthy pregnancy and baby. Tracking prenatal care rates provides important information on trends and disparities in access to needed services.



In 2017, 83.8 percent of mothers who gave birth received early prenatal care.

8 IN 10 L.A. COUNTY MOTHERS RECEIVE EARLY PRENATAL CARE

Early Prenatal Care Rate in Los Angeles County, 2017



TREND

The percentage of pregnant mothers getting early prenatal care has remained largely unchanged in the four-year period between 2014 and 2017, from a low of 83.3 percent in 2014, 2015 and 2016 to 83.8 percent in 2017.

LITTLE CHANGE IN PRENATAL CARE RATE OVER FOUR YEARS

Early Prenatal Care Rate in Los Angeles County, 2014-2017



In 2017, prenatal care rates among mothers of color — Asian/Pacific Islander, Latina and Black — were somewhat or substantially lower than prenatal care rates of White mothers. Changes in prenatal care rates between 2014 and 2017 were mixed for the race and ethnic groups. Prenatal care rates for Asian/Pacific Islander mothers and White mothers increased slightly, while rates for foreign-born Latina mothers declined slightly. No discernable trends emerged for Black mothers or U.S.-born Latina mothers.

MOTHERS OF COLOR HAVE LOWER PRENATAL CARE RATES THAN WHITE MOTHERS

Early Prenatal Care Rate in Los Angeles County by Race/Ethnicity, 2017



Trend data by race and ethnicity are provided in the Supplemental Tables.

SOCIOECONOMIC STATUS DETAIL

The birth payment method— whether public or private — is used as a proxy for the income status of the mother. Lower-income mothers who used public insurance to pay for the birth had higher prenatal care rates in 2017 than mothers who used private insurance — 93.5 percent and 74.7 percent, respectively. This marked a rather substantial change from previous years. Prenatal care rates among mothers with public insurance rose 16 percent between 2014 and 2017, while prenatal care rates fell 13 percent among mothers with private insurance over the same period.

LOW-INCOME MOTHERS HAVE HIGH RATES OF PRENATAL CARE

Early Prenatal Care Rate in Los Angeles County by Socioeconomic Status, 2014-2017



GEOGRAPHIC DETAIL

Prenatal care rates varied by more than 20 percentage points among First 5 LA's *Best Start* geographies, with Lancaster and Palmdale at the low end (67.5 and 68.5 percent, respectively) and South El Monte/ El Monte and Panorama City & Neighbors at the high end (87.8 percent and 86.7 percent, respectively). Despite the lower rate in Palmdale, the 2017 rate marked a 6-percentage point increase since 2014. Wilmington and Central Long Beach also saw notable improvement over this period, rising 9 and 6 percentage points, respectively.

LOW EARLY PRENATAL CARE RATES IN BEST START REGION 5

Early Prenatal Care Rate by Best Start Geography, 2017



Trend data by geography is provided in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

The totals produced for this local analysis may differ from other published sources; they should not be considered official county or state birth statistics.

Full Indicator Language: Annual percentage of mothers in L.A. County who gave birth in the last year that received prenatal care in the first trimester of their pregnancy.

Source: Children's Data Network at the University of Southern California



CONTEXTUAL INDICATOR 11

MOST NEW MOTHERS HAVE A POSTPARTUM CHECKUP

This indicator provides the annual percentage of mothers in Los Angeles County who gave birth in a given year and had at least one postpartum checkup.



Postpartum care visits provide important physical and behavioral health care to new mothers. New mothers may be at risk of serious health complications in the days and weeks after giving birth. Additionally, some new mothers experience changes in their mental health status that may require medical attention. Postpartum checkup rates inform our understanding of whether mothers are receiving support to treat immediate health issues and to prevent further health complications.

Current Context

As of publication, the worldwide COVID-19 pandemic is continuing to unfold. Widespread stay-at-home orders, reduced medical capacity to handle non-COVID-19 issues, and fear of visiting medical offices amidst the pandemic have contributed to reduced well-being visits. This may impact postpartum checkup rates.



In 2016, an estimated 90.7 percent of mothers in L.A. County who gave birth in the last year had at least one postpartum checkup.

9 OUT OF 10 MOTHERS HAVE AT LEAST ONE POSTPARTUM CHECKUP

Percentage of New Mothers in Los Angeles County Who Had At Least One Postpartum Checkup, 2016



TREND

The annual percentage of mothers in L.A. County who gave birth and had a postpartum checkup has remained relatively stable from 2007 to 2016, with slight fluctuation over time.

POSTPARTUM CHECKUP RATES HAVE REMAINED RELATIVELY STABLE OVER TIME

Percentage of New Mothers in Los Angeles County Who Had At Least One Postpartum Checkup, 2007-2016



Black mothers in L.A. County had lower rates of postpartum visits than mothers in other racial and ethnic groups. In 2016, 86.9 percent of Black new mothers had received a postpartum checkup, compared to 93.8 percent of White mothers, 93.3 percent of Asian/Pacific Islander mothers, and 89.5 percent of Latina mothers. The rate of new mothers receiving postpartum visits has remained relatively stable over time within each race/ethnic group.

BLACK MOTHERS HAVE POSTPARTUM CHECKUPS AT LOWER RATES

Percentage of New Mothers in Los Angeles County That Had At Least One Postpartum Checkup by Race/Ethnicity, 2016



Trend data by race and ethnicity is provided in the Supplemental Tables.

GEOGRAPHIC DETAIL

Rates of mothers in L.A. County that had a postpartum checkup in 2016 ranged from 84.2 percent in SPA 1 (Antelope Valley) to 96.2 percent in SPA 5 (West). Over time, mothers in SPA 1 and SPA 6 (South) have consistently had postpartum checkups at lower rates compared to other SPAs, while mothers in SPA 5 and SPA 2 (San Fernando Valley) have had higher rates of postpartum checkups.

MOTHERS IN ANTELOPE VALLEY HAVE THE LOWEST POSTPARTUM CHECKUP RATES

Percentage of New Mothers in Los Angeles County That Had At Least One Postpartum Checkup by SPA, 2016



Trend data by geography is provided in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

Results from the Los Angeles Mommy and Baby (LAMB) survey are presented in set race/ethnic categories; further disaggregation of additional race/ethnic categories is not possible. Service Planning Areas, or SPAs, are determined by the Los Angeles Department of Public Health.

Full Indicator Language: Annual percentage of mothers in L.A. County who gave birth in the last year that had a postpartum checkup.

Source: Los Angeles Mommy and Baby (LAMB) Survey administered by L.A. County Department of Public Health, Maternal, Child & Adolescent Health Division

Maternal Depression

CONTEXTUAL INDICATOR 12

ONE-QUARTER OF NEW MOTHERS EXPERIENCE POSTPARTUM DEPRESSION

This indicator measures the annual percentage of mothers in Los Angeles County who gave birth in the last year and displayed signs of prenatal (during pregnancy) or postpartum (after birth) depression. Data on prenatal depression is available over time, while data on postpartum depression is available only for 2016.



Maternal depression negatively impacts a mother's health and well-being and has further consequences on her child's development. Prenatal depression can lead to inadequate prenatal care, poor nutrition, higher pre-term birth, low birth weight and other negative impacts. Tracking maternal depression can inform our understanding of the demand for interventions including social support, home visiting, family therapy, psychotherapy or medication.



In 2016, one-quarter (25.0 percent) of L.A. County mothers reported prenatal depression and one-quarter (25.2 percent) reported postpartum depression since the birth of their child.

1 IN 4 MOTHERS EXPERIENCE PRENATAL OR POSTPARTUM DEPRESSION

Percentage of Mothers in Los Angeles County Experiencing Prenatal and/or Postpartum Depression, 2016



The percentage of mothers experiencing prenatal and postpartum depression are separate questions in the LAMB survey, and therefore, while some overlap may exist, the data does not necessarily reflect the same group of mothers.

TREND

The percentage of mothers experiencing depression during pregnancy has decreased from 29.7 percent in 2012 to 25.0 percent in 2016. The percentage of mothers experiencing depression before pregnancy remained relatively stable over that time, as illustrated in the Supplemental Tables.

PRENATAL DEPRESSION RATE IS DECREASING OVER TIME

Percentage of Mothers in Los Angeles County Experiencing Prenatal Depression, 2012-2016



In 2016, Black and Latina mothers in L.A. County experienced prenatal and postpartum depression at higher rates compared to Asian/Pacific Islander or White mothers. Rates of prenatal depression among White or Asian/Pacific Islander mothers have remained relatively stable over time and rates have decreased among Latina mothers. The prenatal depression rate among Black mothers decreased from 39.5 percent to 32.5 percent between 2012 and 2014, and increased to 35.8 percent in 2016.

BLACK AND LATINA MOTHERS EXPERIENCE HIGHER RATES OF PRENATAL AND POSTPARTUM DEPRESSION

Percentage of Mothers in Los Angeles County Experiencing Prenatal and/or Postpartum Depression by Race/Ethnicity, 2016



Trend data by race and ethnicity is provided in the Supplemental Tables.

GEOGRAPHIC DETAIL

Among L.A. County SPAs in 2016, mothers in SPA 5 experienced the lowest rates of postpartum depression, at 16.9 percent. Mothers in SPA 6 experienced the highest rates of postpartum depression, at 28.7 percent. The map shows the *Best Start* geography boundaries overlaid onto the SPA regions, allowing for a rough visual assessment of postpartum depression rates in these communities.

POSTPARTUM DEPRESSION RATES WERE HIGHER IN SPA 3 AND SPA 6

Percentage of Mothers in Los Angeles County Experiencing Postpartum Depression by SPA, 2016



DATA NOTES AND LIMITATIONS

The percentage of mothers experiencing prenatal and postpartum depression are separate questions in the LAMB survey, and therefore, while some overlap may exist, the data does not necessarily reflect the same group of mothers. The LAMB survey asked a two-part question to assess prenatal (or postpartum) depression: "For 2 weeks or longer during (or since) your most recent pregnancy did you feel sad, empty or depressed for most of the day?" and "For 2 weeks or longer during (or since) your most recent pregnancy did you lose interest in most things like work, hobbies, and other things you usually enjoyed?" Respondents who answered "Yes" to either response were coded as having "depressed mood." Data on depressed mood after birth is not available for 2012 or 2014 because the survey question to capture this data changed in 2016 and does not align with postpartum data collected in 2012 and 2014. Data collected on depression before pregnancy is available over time and provided in the Supplemental Tables.

Full Indicator Language: Annual percentages of mothers in L.A. County who gave birth in the last year that displayed signs or symptoms of prenatal or postpartum depression.

Source: Los Angeles Mommy and Baby (LAMB) Survey administered by the L.A. Department of Public Health

Breastfeeding

CONTEXTUAL INDICATOR 13

BREASTFEEDING RATES DECLINE CONSIDERABLY BY THREE MONTHS AFTER BIRTH

This indicator measures the annual percentage of mothers in Los Angeles County who gave birth in the last year and were providing any breastfeeding at one week, one month and three months after childbirth.



Breastfeeding provides many health benefits for both infants and mothers. It is also less expensive than formula feeding, freeing up household resources for other needs. Tracking breastfeeding can inform our understanding of variation in breastfeeding rates among different groups and the need to reduce barriers to breastfeeding.



Most new mothers in L.A. County reported at least some breastfeeding through three months after birth. In 2016, 88.8 percent of mothers reported any breastfeeding at one week, 82.9 percent reported any breastfeeding at one month, and 70.8 percent reported any breastfeeding at three months after birth.

MOST MOTHERS STILL BREASTFEED AT THREE MONTHS AFTER BIRTH

Percentage of Mothers in Los Angeles County Reporting Any Breastfeeding at One Week, One Month and Three Months After Birth, 2016



TREND

Between 2014 and 2016 the percentage of mothers breastfeeding at each time interval increased. The percentage of mothers breastfeeding at three months increased the greatest in this time, from 65.5 percent in 2014 to 70.8 percent in 2016. The percentages of mothers breastfeeding at one week and one month have also increased during this time, though these increases were slightly smaller.

BREASTFEEDING RATES HAVE INCREASED

Percentage of Mothers in Los Angeles County Reporting Any Breastfeeding at One Week, One Month and Three Months After Birth, 2014 and 2016



In 2016, Black and Latina mothers in L.A. County were less likely to breastfeed at each time interval, with increasing disparity between their White and Asian/Pacific Islander peers over time. At one week after birth, 81.7 percent of Black mothers and 87.1 percent of Latina mothers reported any breastfeeding, compared to 91.8 percent of Asian/Pacific Islander mothers and 93.5 percent of White mothers. By three months after birth, 64 percent of Black mothers and 65.2 percent of Latina mothers reported breastfeeding compared to 80.1 percent of Asian/Pacific Islander mothers. Despite increases in the percentage of mothers breastfeeding across all race/ ethnic groups, this trend is persistent over time, with similar patterns of disparity in breastfeeding rates by race/ethnicity in 2014 and 2016.

BLACK AND LATINA MOTHERS REPORT LESS BREASTFEEDING



Percentage of Mothers in Los Angeles County Reporting Any Breastfeeding at One Week, One Month and Three Months After Birth by Race/Ethnicity, 2016

Trend data by race/ethnicity is available in the Supplemental Tables.
GEOGRAPHIC DETAIL

The percentage of mothers who reported any breastfeeding at three months after the birth of their child varied somewhat by geography. Mothers in SPA 6 (South) reported the lowest rates of any breastfeeding at three months (58.9 percent). SPA 5 (West) had the largest share of mothers reporting any breastfeeding at three months (90.1 percent). The boundaries of *Best Start* geographies overlaid on the map enable a visual approximation of breastfeeding rates in *Best Start* geographies.

SOUTH SPA AND ANTELOPE VALLEY SPA HAVE LOWEST BREASTFEEDING RATES AT THREE MONTHS

Percentage of Mothers in Los Angeles County Reporting Any Breastfeeding at Three Months After Birth, 2016



DATA NOTES AND LIMITATIONS

The breastfeeding data provided illustrates whether mothers reported any breastfeeding at each interval, not whether they were exclusively breastfeeding at each point in time.

Full Indicator Language: Annual percentages of mothers in L.A. County who gave birth in the last year that were breastfeeding at one week, one month, and three months after childbirth.

Source: Los Angeles Mommy and Baby (LAMB) Survey administered by the L.A. Department of Public Health

Educational Attainment

CONTEXTUAL INDICATOR 14

ALMOST 85 PERCENT OF MOTHERS IN L.A. COUNTY HAVE A HIGH SCHOOL DIPLOMA OR HIGHER

This indicator measures the annual percentage of mothers of newborns (women who gave birth to an infant in a given year) in Los Angeles County by their highest level of education completed.



Parental education levels are associated with child outcomes such as birth weight, educational attainment, academic achievement and health. Additionally, parent education levels are linked to family income stability, which supports child development and opportunity.



MOST RECENT YEAR

In 2017, one-third (34.4 percent) of mothers in L.A. County were college graduates and nearly one-quarter (24.2 percent) were high school graduates. One-quarter (26.1 percent) had some college. Taken together, fully 84.7 percent of mothers had a high school degree or higher. Nearly 1 in 7 mothers (15.2 percent) had less than a high school degree or their educational attainment level was unknown.

6 IN 10 MOTHERS IN L.A. COUNTY HAVE SOME COLLEGE OR A COLLEGE DEGREE

Percentage of Mothers of Newborns in Los Angeles County by Highest Level of Education Completed, 2017



TREND

Between 2014 and 2017, the educational attainment of mothers with children birth through age 5 in L.A. County increased slightly. In 2014, 81.9 percent of mothers had a high school diploma or higher, compared to 84.7 percent in 2017. There was a slight decrease over this time in the percentage of mothers with less than a high school degree or with unknown educational attainment status. The percentage of mothers who graduated from college has increased slightly, from 32.6 percent in 2014 to 34.4 percent in 2017.

EDUCATIONAL ATTAINMENT OF MOTHERS INCREASED SLIGHTLY

Percentage of Mothers of Newborns in Los Angeles County by Highest Level of Education Completed, 2014-2017



RACE/ETHNICITY DETAIL

In 2017, among Asian/Pacific Islander mothers, nearly all had a high school degree or higher and fully 69.4 percent had a college degree. Similarly, nearly all White mothers had a high school degree or higher and 64.3 percent had a college degree. While most Black and Latina mothers had high school degree or higher (88.9 percent and 85.5 percent, respectively) the proportion with a college degree (22.3 percent and 16.8 percent, respectively) was substantially less than Asian/ Pacific Islander and White mothers. Foreign-born Latina mothers had the lowest level of educational attainment, with only 59.5 percent having a high school diploma or higher and 11.3 percent with a college degree. Educational attainment levels have increased over the past four years for all race/ethnic groups except Asian/Pacific Islanders.

SOCIOECONOMIC STATUS DETAIL

Among mothers with low income, 71.4 percent had a high school degree or higher, while for mothers without low income, the percentage with a high school degree or higher was 96.3 percent.

SUBSTANTIAL RACE/ETHNIC DISPARITIES IN EDUCATIONAL ATTAINMENT

Percentage of Mothers of Newborns in Los Angeles County by Highest Level of Education Completed and Race/Ethnicity, 2017



Race/ethnicity trend data is available in the Supplemental Tables.

EDUCATIONAL ATTAINMENT STRONGLY CORRELATES WITH INCOME STATUS

Percentage of Mothers of Newborns in Los Angeles

County by Highest Level of Education Completed

and Socioeconomic Status, 2017 College Graduate Some College High School Graduate Less Than High School/Unknown 100% 9.3% High School Graduate High School Graduate 57.8% or Higher or Higher (71.4%)(96.3%)50% -36.1% 28.6% 13.2% 0% Not Low Imcome Low Income

Income trend data is available in the Supplemental Tables.

GEOGRAPHIC DETAIL

Mothers in all *Best Start* geographies had lower levels of educational attainment than the county average. In 2017, 84.7 percent of all mothers in L.A. County with children birth through five had attained a high school degree or higher. Mothers in Lancaster and Palmdale had the highest educational attainment within the *Best Start* geographies, with 83.5 percent and 80.0 percent, respectively, having a high school degree or higher. Mothers in Watts-Willowbrook had the lowest percentage of mothers with a high school degree or higher, at 62.9 percent.

ALL BEST START GEOGRAPHIES HAVE LOWER THAN AVERAGE MATERNAL EDUCATIONAL ATTAINMENT

Percentage of Mothers of Newborns in Los Angeles County Who Have a High School Degree or Higher by *Best Start* Geography, 2017



Geographic trend data is available in the Supplemental Tables.

DATA NOTES AND LIMITATIONS

These estimates were developed by the Children's Data Network using vital birth records maintained by the California Department of Public Health. Each year presented equates to the educational attainment level of women who gave birth to an infant that year. Estimates by socioeconomic status are a proxy based on the birth payment method, where births paid for by public health insurance were considered low income and births paid for by private insurance or self-pay were considered not low income. Totals produced for this local analysis may differ from other published sources; these should not be considered official county or state birth statistics.

Full Indicator Language: Annual percentages of mothers with children birth through age 5 in L.A. County by their highest level of education completed.

Source: Children's Data Network at the University of Southern California



CONTEXTUAL INDICATOR 15

GEOGRAPHIC AND RACE/ETHNIC DISPARITIES IN ACCESS TO ASSETS AT BIRTH

This indicator measures the annual average number of assets a child has at birth in Los Angeles County according to the California Strong Start Index (CASSI). The CASSI measures 12 assets across family, health, service and financial domains.



Birth asset scores, which summarize the conditions in which children are born, reveal variation in access to resources by identifying communities in which children have fewer assets at birth. Understanding these variations can inform the allocation of services and supports to address historic underinvestment and promote greater equity. Making these investments early in a child's life can have the greatest impact.



MOST RECENT YEAR

In 2017, Los Angeles County children had an average of 9.2 assets out of 12 at birth.

ON AVERAGE, L.A. COUNTY CHILDREN ARE BORN WITH 9.2 OUT OF 12 POSSIBLE ASSETS

Average Number of Assets of Children at Birth in Los Angeles County, 2017



TREND

The CASSI is a new tool that, as of report publication, has only two years of results available: 2016 and 2017. There was little variation in average access to assets between these two vintages of data – 9.1 and 9.2, respectively.

NUMBER OF ASSETS AT BIRTH REMAINS STEADY

Average Number of Assets of Children at Birth in Los Angeles County, 2016 and 2017



RACE/ETHNICITY DETAIL

Calculations of assets at birth for different racial and ethnic groups reveal inequities in access to resources. Children born to Black mothers had an average of 7.9 assets at birth compared to 8.6 assets for children born to U.S.-born Latina mothers and 8.7 assets for children born to foreign-born Latina mothers. The children of both White and Asian/Pacific Islander mothers had the greatest access to assets — 10.3 and 10.4 assets, respectively.

ASSETS AT BIRTH BY RACE/ETHNICITY REVEAL INEQUITIES IN RESOURCE ACCESS

Average Number of Assets of Children at Birth in Los Angeles County by Race/Ethnicity of the Mother, 2017



Data for 2016 by race/ethnicity is available in the Supplemental Tables.

GEOGRAPHIC DETAIL

On average, children born in all of First 5 LA's *Best Start* geographies had fewer assets at birth than the countywide average.

ALL BEST START GEOGRAPHIES HAVE LOWER THAN AVERAGE ASSET SCORES

Average Number of Assets of Children at Birth in Los Angeles County by Best Start Geography, 2017



California Strong Start Indicators

FAMILY

- Legal parentage established at birth
- Born to non-teen parents
- Born to parents with at least a high school diploma

HEALTH

- Healthy birth weight
- Absence of congenital anomalies, abnormalities or complications at birth
- Absence of transmissible (mother-to-child) infections

SERVICE

- Access to and receipt of timely prenatal care
- Receipt of nutritional services (WIC) if eligible
- Hospital with high percentage of births with timely prenatal care

FINANCIAL

- Ability to afford and access health care
- Born to a parent with a college degree
- Born to parents with employment history

Full indicator language: Annual average number of assets at birth in L.A. county

Source: California Strong Start Index



CONTEXTUAL INDICATOR 16

NEARLY A QUARTER OF L.A. COUNTY YOUNG CHILDREN LIVE IN POVERTY

This indicator measures the percentage of Los Angeles County children birth through age 5 who live in poverty based on the federal poverty thresholds. The poverty threshold varies depending on the size of the household. For example, the poverty threshold for a 4-person household with two children was \$25,465 in 2018.



Living in poverty is associated with an array of risk factors, yet research indicates that even modest increases in earnings for low-income families with young children can have lasting positive outcomes for the children. Tracking poverty is also important for understanding demand for public or subsidized services.



Current Context

The worldwide COVID-19 pandemic is having massive, and likely long-lasting, economic impacts on family financial stability. Federal aid and the expansion of unemployment benefits kept many legal residents from slipping into poverty, but as of publication, it remains to be seen if these supports will be continued as long as they are needed. If not, young families, who may be near the start of their working lives and earning less, are among the populations particularly vulnerable to the economic stresses wrought by the pandemic. Other vulnerable populations include undocumented workers who did not receive relief, even if they have children that are U.S. citizens.

MOST RECENT YEAR

In 2018, 22.5 percent of L.A. County children from birth through age 5 lived in poverty. This rate was slightly higher than the state (20.2 percent) and nation (21.4 percent).

YOUNG CHILD POVERTY IS SLIGHTLY HIGHER IN L.A. COUNTY THAN THE STATE AND NATION

Percentage of Los Angeles County Children Birth Through Age 5 Living in Poverty Compared to California and the United States, 2018



TREND

Since 2010, the poverty rate for L.A. County's young children reached a high of 27.0 percent in 2014, but has been declining ever since, falling to 22.5 percent in 2018. The U.S. and California poverty rates for young children follow similar trends as L.A. County.

POVERTY RATE DECLINED OVER FOUR CONSECUTIVE YEARS

Percentage of Los Angeles County Children Birth Through Age 5 Living in Poverty, 2010-2018



RACE/ETHNICITY DETAIL

Black, Native American and Latino young children were substantially more affected by poverty than their White, Asian/Pacific Islander and multiracial peers. The poverty rate was four times higher among Black young children than White young children.

SUBSTANTIAL RACIAL AND ETHNIC DISPARITIES IN POVERTY RATES

Percentage of Los Angeles County Children Birth Through Age 5 Living in Poverty by Race or Ethnicity, 2018



California Poverty Measure

The California Poverty Measure (CPM) estimates the proportion of Los Angeles County children from birth through age 5 living in poverty. Unlike the official Federal Poverty Rate, which is displayed in this indicator, the CPM accounts for California's high cost of living and a range offamily needs and resources, including social safety net benefits. It is considered a more accurate estimate of poverty, but the ability to disaggregate data by subgroup is limited due to the smaller sample size. POVERTY AMONG LOS ANGELES COUNTY CHILDREN FROM BIRTH THROUGH AGE 5 ACCORDING TO THE CALIFORNIA POVERTY MEASURE:



of all Los Angeles County children (2017)



of Latino



children (2013-



of children from all other backgrounds (2015-17)

GEOGRAPHIC DETAIL

Nearly half (49.4 percent) of young children living in the Metro LA *Best Start* geography in 2018 were living in poverty, followed by 44.8 percent of young children in Watts-Willowbrook. All *Best Start* geographies have higher rates of young child poverty than the countywide average (22.5 percent) and the average of the remainder of L.A. County (19.3 percent in the area outside of the *Best Start* geographies).

ONE-QUARTER TO ONE-HALF OF YOUNG CHILDREN IN BEST START GEOGRAPHIES ARE LIVING IN POVERTY

Percentage of Los Angeles County Children Birth Through Age 5 Living in Poverty by *Best Start* Geography, 2018



DATA NOTES AND LIMITATIONS

The data is sourced to the American Community Survey and represents 5-year estimates, where 2018, for example, is the combination of data from 2014, 2015, 2016, 2017 and 2018 survey years. Survey respondents are asked to identify their race (White, Black, Native American, Asian, Pacific Islander, two or more races, or some other race) and their ethnicity (Latino or non-Latino). For the data displayed, the racial category White is non-Latino; all other racial categories may include Latino or non-Latino. Latino may include any race.

Full Indicator Language: Annual percentage of children birth through age 5 in L.A. County living in poverty.

Source: U.S. Census Bureau, American Community Survey, 2010-2018, 5-Year Estimates, Tables B17001 and B17001A-I

Food Insecurity

CONTEXTUAL INDICATOR 17

1 IN 4 FAMILIES WITH LOWER INCOME EXPERIENCE FOOD INSECURITY

This indicator measures food insecurity among low-to-moderate income families with young children. It is calculated as the annual percentage of Los Angeles County households with children birth through age 5 with incomes less than 300 percent of the federal poverty level (FPL) that experience food insecurity. A household is considered food insecure if it faces barriers at some time during the year to purchasing healthy foods like fruits, vegetables, lean meats and foods high in fiber.



Food insecurity is associated with many poor health outcomes, and children in foodinsecure households may experience delayed development, diminished academic performance, impaired social skills and early onset of obesity. Tracking food insecurity builds awareness of how many families are struggling to afford food on top of child care, housing and other basic needs. It can also lead to interventions that address historic underinvestment and improve access to fresh, affordable foods in neighborhoods where access is limited.



MOST RECENT YEAR

In 2018, just over one-quarter of families (27.3 percent) with low-to-moderate income who had children birth through age 5 experienced food insecurity.

RACE/ETHNICITY DETAIL

In 2018, 29.3 percent of Latino families with low-to-moderate income with young children experienced food insecurity, compared to one-quarter (25.0 percent) of peer White families and 23.7 percent of peer Black families.

LATINO FAMILIES EXPERIENCE HIGHER RATES OF FOOD INSECURITY

Percentage of L.A. County Families With Incomes Less than 300 Percent Federal Poverty Level That Have Children Birth Through Age 5 That Experience Food Insecurity by Race/Ethnicity, 2018



Results for White families are considered unstable.

SOCIOECONOMIC STATUS DETAIL

Families with less income experienced greater food insecurity. More than a third (36.5 percent) of families with incomes below the poverty level experienced food insecurity, compared to one-quarter (24.7 percent) of families with low income and one-tenth (10.5 percent) of families with moderate income.

FAMILIES WITH LESS INCOME EXPERIENCE GREATER FOOD INSECURITY

Percentage of L.A. County Families with Children Birth Through Age 5 That Experience Food Insecurity by Income Level, 2018



Results for families with incomes between 200 and 299 percent of the federal poverty level (FPL) are considered unstable.

GEOGRAPHIC DETAIL

Countywide, 27.3 percent of families with young children were food insecure and most *Best Start* geographies were in SPAs that had higher than average food insecurity rates. The highest rates were in SPA 1, where 35.4 percent of families below 300 percent FPL with children birth to age 5 experienced food insecurity, and SPA 8, where 35.1 percent of families experienced food insecurity. SPA 3 and SPA 7 experienced the lowest rates of food insecurity, at 17.2 percent and 13.9 percent, respectively; however, the data is unstable for these two areas.

MOST SPA REGIONS HAVE HIGHER THAN AVERAGE FOOD INSECURITY RATES

Percentage of L.A. County Families with Incomes Less than 300 Percent Federal Poverty Level That Have Children Birth Through Age 5 That Experience Food Insecurity by SPA, 2018



DATA NOTES AND LIMITATIONS

Due to changes in data analysis methodology, trend data over time is not available for this measure. The percentage of families that experience food insecurity is statistically unstable for the following data points: White families, families with incomes between 200 and 299 percent of FPL, families in San Gabriel Valley SPA, and families in East SPA; this data may not be appropriate for planning or policy purposes. For a family of four with two children in 2018, less than 300 percent FPL is equivalent to a household income under \$76,395. For the same family size and makeup, less than 200 percent FPL is equivalent to a household income of less than \$50,930, and poverty level is household income less than \$25,465. Thresholds vary depending on the size and makeup of the household.

Full Indicator Language: Annual percentage of households with children birth through age 5 in L.A. County who experience food insecurity.

Source: L.A. County Health Survey

Children Experiencing Homelessness

CONTEXTUAL INDICATOR 18

NUMBER OF YOUNG CHILDREN EXPERIENCING HOMELESSNESS GROWS

This indicator measures the number of children from birth through age 5 who experienced homelessness at least one month of a given year. The data reflects children who have been identified as homeless in records from the Homeless Management Information System, the Los Angeles County Department of Public Social Services, and the Los Angeles County Department of Children and Family Services.



Experiencing homelessness in youth is widely acknowledged as a risk factor for behavioral health challenges, inconsistent school attendance, below average academic performance and poorer health. Tracking the number of young children experiencing homelessness can inform our understanding of the magnitude of children at risk for these poor outcomes and the demand for housing and supportive services for families.



MOST RECENT YEAR

In 2019, there were an estimated 30,543 children from birth through age 5 who experienced homelessness for a least one month during the year.

TREND

Between 2016 and 2019, the number of young children experiencing homelessness grew 6 percent, from 28,776 in 2016 to 30,543 in 2019, which is the highest count in the four years of data available.

SIX PERCENT GROWTH IN YOUNG CHILD HOMELESSNESS OVER FOUR YEARS

Number of Los Angeles County Children from Birth Through Age 5 Experiencing Homelessness, 2016-2019



DATA NOTES AND LIMITATIONS

The three source agencies do not necessarily operate with the same definition or criteria for homelessness. As such, the de-duplicated totals are not standardized or uniform in terms of definitions. LAHSA considers homelessness as an individual or family who lacks a fixed, regular and adequate nighttime residence. DPSS, which administers CalWORKS, and DCFS have broader definitions that include children and families who do not have access to a long-term housing option.

Full Indicator Language: Annual number of children birth through age 5 in L.A. County who experience homelessness.

Source: Los Angeles County Chief Executive Office analysis of records from the Homeless Management Information System administered by the Los Angeles Homeless Services Authority (LAHSA) and the Los Angeles County Departments of Public Social Services (DPSS) and Children and Family Services (DCFS)

Healthy Places Index

CONTEXTUAL INDICATOR 19

WIDE DISPARITIES IN L.A. COUNTY NEIGHBORHOOD CONDITIONS

This indicator measures the annual percentile rank of Los Angeles County compared to other California counties on the California Healthy Places Index (HPI), which assesses community conditions that affect health outcomes. A rank closer to 100 indicates healthier community conditions and a rank closer to zero indicates less healthy community conditions. HPI is a new tool and therefore only one year of data is available to date.



Physical health and longevity are not only influenced by healthy behaviors and genetics; they are influenced by access to social and economic opportunities, such as good schools, safe neighborhoods and access to fresh foods. Collectively, these social and economic factors are referred to as the social determinants of health. The HPI provides a way to understand the social determinants of health at the neighborhood level by looking at community conditions that predict life expectancy. For example, tools like the HPI can shed light on long-standing racial and ethnic inequities that impact neighborhood conditions and children's healthy development. This type of examination can inform cross-sector policy and advocacy actions that address systemic racism and improve neighborhood conditions, public health and individual well-being.



MOST RECENT YEAR

Los Angeles County has an overall HPI percentile score of 50, which indicates that L.A. County has healthier overall community conditions than 50 percent of other California counties.

GEOGRAPHIC DETAIL

Large disparities in community conditions were found across L.A. County. All *Best Start* geographies had HPI index percentiles that were lower than the county average. HPI index scores of *Best Start* geographies ranged from 6.2 in Broadway-Manchester to 27.1 in Northeast Valley Communities. A 6.2 percentile score means that 93.8 percent of other California communities have healthier conditions than Broadway-Manchester. Similarly, a score of 27.1 means that 72.9 percent of California communities have healthier conditions than Northeast Valley Communities.

ALL BEST START GEOGRAPHIES HAVE SCORES THAT ARE LOWER THAN THE COUNTY AVERAGE

Healthy Places Index Percentile Scores by Best Start Geography, 2018



DATA NOTES AND LIMITATIONS

The California Healthy Places Index incorporates data from multiple domains into a single community health index score. The HPI score is the sum of its eight weighted Policy Action Areas: Economic, Education, Transportation, Social, Neighborhood, Housing, Clean Environment, and Health Care Access. The final HPI scores are then assigned a percentile rank, with ranks closer to 100 indicating healthier community conditions and ranks closer to 0 indicating less healthy community conditions.

Full Indicator Language: Annual percentile rank of L.A. County compared to other California counties on community conditions which affect health outcomes.

Source: The California Healthy Places Index (HPI) from the Public Health Alliance of California



CONTEXTUAL INDICATOR 20

NUMBER OF TRANSIT STOPS EVENLY MATCHED TO THE NUMBER OF FAMILIES IN MOST OF L.A. COUNTY

This indicator measures the level of access to transit services that Los Angeles County families with children from birth through age 5 have by comparing the number of transit stops (bus, rail and metro) to the number of families with young children in a given zip code. Each zip code is designated as having a high, medium or low number of stops, and having a high, medium, or low number of families with young children. A match is considered an average or expected level of access (such as, a medium

number of stops and a medium number of families). A mismatch could signal either better access (such as a high number of stops and low number of families) or poorer access (such as a low number of stops and a high number of families).



Transit access is important for families that cannot afford to, or choose not to, own a car. Lack of safe, accessible and affordable transportation to work, school, child care or errands contributes to family stress. Transportation barriers are also cited as barriers to accessing health care, including parents seeking care for themselves or well-child and sick visits for their children.

MOST RECENT YEAR

Over half (59 percent) of L.A. County zip codes had an even match between the number of stops and the number of young families. Another 24 percent had a moderately positive match and 3 percent had a very positive match, which is signified by having a high number of stops and a low number of families. Still, 13 percent of zip codes had a moderately negative match between the number of stops and families, but no zip codes had a very negative match.

TRANSIT ACCESS EVENLY MATCHED IN MOST OF COUNTY

Assessment of the Match Between the Number of Transit Stops and the Number of Families With Young Children in Los Angeles County Zip Codes, 2019



GEOGRAPHIC DETAIL

The map shows the *Best Start* geography boundaries overlaid onto the zip codes. A visual assessment reveals that most *Best Start* geographies had evenly or positively matched numbers of families and numbers of transit stops. Exceptions include parts of Palmdale, Lancaster and nearly all of Panorama City & Neighbors. Small portions of Metro LA, Southeast LA and South El Monte/El Monte also had lower than average access.

MOST *BEST START* GEOGRAPHIES HAVE EVENLY OR POSITIVELY MATCHED ACCESS TO TRANSIT

Assessment of the Match Between the Number of Transit Stops and the Number of Families With Young Children in Los Angeles County Zip Codes With *Best Start* Geography Overlays, 2019



DATA NOTES AND LIMITATIONS

Transit stop data is from 2019. Counts of families with children under 6 are from 2018. Please see the Methods section for detailed information on the methodology and limitations of this analysis.

Full Indicator Language: Annual percentage of families with children birth through age 5 in L.A. County who use public transit.

Source: Metro (number of stops); U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2018 (families with children under age 6)



First 5 LA would like to extend our gratitude to the representatives of the following agencies who provided their input, expertise and data in support of this effort. This report would not have been possible without their partnership.

Advancement Project California

California Department of Education

California Department of Health Care Services

California Department of Public Health

California Department of Social Services

Child360

Child Care Alliance of Los Angeles:

- Child Care Resource Center
- City of Norwalk
- Connections for Children
- Crystal Stairs, Inc.
- Drew Child Development Corporation
- International Institute of Los Angeles
- Mexican American Opportunity Foundation
- Options for Learning
- Pathways LA
- Pomona Unified School District -Resource & Referral

Children's Data Network, University of Southern California

Children's Home Society of California

Early Edge California

Family Resource Center Network of Los Angeles County:

- Carolyn Kordich Family Resource Center
- Family Focus Resource & Empowerment Center
- Family Resource Library (Eastern Los Angeles)
- Harbor Regional Center
- The Koch-Young Resource Center
- Long Beach Family Resource Center
- San Gabriel/Pomona Parents' Place Family Resource and Empowerment Center
- South Central Los Angeles Regional Center
- Early Start Family Resource Center
- Southeast Family Resource Center
- Southwest Special Education Family Resource Center
- Westside Family Resource and Empowerment Center
- Los Angeles Best Babies Network
- Los Angeles County Chief Executive Office
- Los Angeles County Chief Information Office
- Los Angeles County Child Care Planning Committee

Los Angeles County Department of Child and Family Services

Los Angeles County Department of Parks and Recreation

TABLE OF CONTENTS

Los Angeles County Department of Public Health:

- Division of Maternal, Child and Adolescent Health
- Office for the Advancement of Early Care and Education
- Office of Health Assessment and Epidemiology

Los Angeles County Department of Public Social Services

Los Angeles County Metropolitan Transportation Authority

Los Angeles County Office of Child Protection

Los Angeles County Office of Education

Los Angeles Homeless Services Authority

Los Angeles Regional Centers for the Developmentally Disabled:

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

Partnerships for Education, Articulation and Coordination through Higher Education

Public Health Alliance of Southern California

Public Health Foundation Enterprises WIC Research and Evaluation Department

Public Policy Institute of California

Quality Start Los Angeles

In addition to these valued partners, First 5 LA executive leadership would like to acknowledge the guidance and expertise that the First 5 LA Board of Commissioners lent to this effort. We also would like to express our appreciation to the First 5 LA Department of Measurement, Learning and Evaluation, which managed the development of the report, and to First 5 LA staff across the agency who contributed many hours to the effort to ensure that the content of this report is meaningful, actionable and accurate. Finally, we would like to thank <u>Parsons Consulting</u> and <u>Datalink Partners</u> for their writing, data analysis and mapping development services, and <u>Bumpercar, Inc</u> for their graphic design services.



FULL INDICATOR LANGUAGE

The indicators presented in this report aim to measure the specific results or conditions listed below. The Results Indicators are worded in an objective format, using "increased" or "decreased" to signal the outcome First 5 LA is seeking for each indicator. The Contextual Indicators do not include objective language since they are meant to present the conditions of young children and their families and are not tied to specific desired results.

In some cases, data was not available to measure the precise result or condition specified, so alternative data was presented for the time being. Because of this, the descriptions below may not match the data presented in the associated indicator.

RESULTS INDICATORS

- **RI No. 1** Increased rate of L.A. County children birth through age 5 enrolled in a high-quality early care and education program.
- **RI No. 2** Increased rate of income-eligible L.A. County children birth through age 5 enrolled in publicly funded early care and education programs.
- **RI No.3** Increased rate of L.A. County children birth through age 5 with a developmental delay participating in early intervention services.
- **RI No. 4** Decreased average age of L.A. County children entering into special education services.
- **RI No. 5** Decreased rate of L.A. County children with Child Protective Services involvement at any point during the first 5 years of life.
- **RI No. 6** Increased rate of L.A. County families with children birth through age 5 who read, tell stories, sing, play music, or teach letters, words or numbers to their child daily.
- **RI No. 7** Increased rate of L.A. County families who participated in home visiting programs at any point prenatally through age 5.
- **RI No. 8** Increased rate of eligible L.A. County families with children prenatal through age 5 participating in safety net programs.
- **RI No. 9** Increased rate of L.A. County families with children birth through age 5 who report having one or more people to talk to in times of need.
- **RI No. 10** Increased rate of L.A. County families with children birth through age 5 that have access to parks and open spaces.



CONTEXTUAL INDICATORS

- CI No. 1 Birth Rate: Annual number of live births per 1,000 total population in L.A. County.
- **CI No. 2** Infant Mortality Rate: Annual number of deaths of children under one year old per 1,000 live births in L.A. County.
- **CI No. 3** Low Birth Weight: Annual percentage of infants born at low birth weight (less than 2,500 grams).
- **CI No. 4** Well-Child Visits: Annual percentage of children birth through age 5 in L.A. County who have received the recommended well-child visits for their current age.
- **CI No. 5** Preventable Injuries: Annual rate of preventable injuries among children birth through age 5 in L.A. County.
- **CI No. 6** Healthy Weight: Annual percentage of children ages 2 through 5 in L.A. County with a Body Mass Index (BMI) that falls within a healthy weight range.
- **CI No. 7** Dual Language Learners: Annual percentage of kindergarteners in L.A. County who are Dual Language Learners.
- **CI No. 8** Special Education Enrollment: Annual percentage of children birth through age 5 in L.A. County who are enrolled in special education.
- **CI No. 9** Third Grade Literacy: Annual percentage of third grade students in L.A. County who meet or exceed the grade-level standard in English Language Arts.
- **CI No. 10** Prenatal Care: Annual percentage of mothers in L.A. County who gave birth in the last year that received prenatal care in the first trimester of their pregnancy.
- **CI No. 11** Postpartum Care: Annual percentage of mothers in L.A. County who gave birth in the last year that had a postpartum check-up.
- **CI No. 12** Maternal Depression: Annual percentage of mothers in L.A. County who gave birth in the last year that displayed signs or symptoms of prenatal or postpartum depression.
- **CI No. 13** Breastfeeding: Annual percentage of mothers in L.A. County who gave birth in the last year that were breastfeeding at one week, one month and three months after childbirth.
- **CI No. 14** Educational Attainment: Annual percentage of mothers with children birth through age 5 in L.A. County by their highest level of education completed.
- CI No. 15 Assets at Birth: Annual average number of assets at birth in L.A. County.
- **CI No. 16** Children Living in Poverty: Annual percentage of children birth through age 5 in L.A. County living in poverty.
- **CI No. 17** Food Insecurity: Annual percentage of households with children birth through age 5 in L.A. County who experience food insecurity.
- **CI No. 18** Homelessness: Annual number of children birth through age 5 in L.A. County who experience homelessness.
- **CI No. 19** California Healthy Places Index: Annual percentile rank of L.A. County compared to other California counties on community conditions which affect health outcomes.
- **CI No. 20** Access to Transit: Annual percentage of families with children birth through age 5 in L.A. County who use public transit.

Appendix B

METHODS

Indicator Selection Criteria

RESULTS INDICATORS

The Results Indicators were selected according to three main criteria: that they reflect best practices in the use of indicators as measurement tools; that they align with and build on the broader context of work supporting young children and their families in the state and region; and that they achieve to the extent possible the empirical goals of validity, reliability, utility and feasibility. Within each of the three main criteria are specific attributes sought for the indicators or guidance to aid selection:



CONTEXTUAL INDICATORS

The selection process for the Contextual Indicators considered the four criteria described below. Candidate indicators had to meet the three required criteria to be selected; candidates that aligned with external measurement efforts were prioritized but this was not a required feature.

REQUIRED CRITERIA PRIORITY CRITERIA

Significance to First 5 LA's work:

Does the proposed indicator relate to and inform First 5 LA strategies?

Uniqueness:

Is the indicator discrete from other indicators selected, providing new information?

Data Availability:

Is data available for the candidate indicator?

Alignment with External Measurement Efforts:

Does the measure align with other early childhood measurement efforts by partner or leading organizations in the field, including county, state or national efforts?

Methodological Notes and Limitations for Specific Indicators

Data notes and limitations are provided for each indicator in the body of the report. The content in this section provides additional methodological information as needed. Not all indicators have additional methodological information.

HIGH-QUALITY EARLY CARE AND EDUCATION: RESULT INDICATOR 1

Values provided in the supplemental tables for race/ethnicity or age (infant/toddler or preschool) may not sum to totals since some children are served at alternative settings that do not provide age or race/ethnic breakdowns. Infants and toddlers are defined as children from birth though age 2; preschoolers are defined as children ages 3 and 4 plus one-quarter of the 5-year-old population. ECE considered high quality are programs that received a rating of Tier 3, 4 or 5; programs receiving a rating of Tier 1 or 2 are considered rising quality. Programs are evaluated for child development and school readiness practices (Core I), teachers and teaching (Core II), and program and environment, including administration and leadership (Core III). Within each core, programs are evaluated on elements. Within Core I, there are two elements; programs are evaluated based on the type and frequency of child observation tool used and how developmental and health screenings are used. Within Core II, there are two elements; programs are evaluated based on the qualifications of the teachers and performance on teacher assessments conducted. Within Core III, there are three elements; programs are evaluated for the student-teacher ratio and group size, how the program performs on an environment rating scale tool, and the qualifications of the director. Centers are evaluated by all seven elements for a total possible point value of 35 points, while Family Child Care Homes (FCCH) are evaluated by five elements for a total possible point value of 25 points. To be considered high quality (Tier 3 or above), centers must receive 20 or more points and FCCHs must receive 14 or more. Rising-quality centers (Tier 1 or 2) must receive a minimum of seven points and rising-quality FCCH homes must receive a minimum of five points. For more information, visit https://qualitystartla.org/

PUBLICLY FUNDED EARLY CARE AND EDUCATION: RESULT INDICATOR 2

Please see the Supplemental Tables for this indicator for detail on the programs included in the analysis.

EARLY INTERVENTION SERVICES: RESULT INDICATOR 3

Individuals with Disabilities Education Act (IDEA) data is publicly available on the U.S. Department of Education website (https://www2.ed.gov/programs/osepidea/618-data/state-level-data-files/index.html). The data files analyzed from this public portal to populate this indicator were Part C Child Count and Settings (birth through age 2) and Part B Child County and Educational Environments (ages 3 through 5). The counts for the two populations were summed and divided by population figures publicly available from the California Department of Finance.

AVERAGE AGE OF STUDENTS IN SPECIAL EDUCATION: RESULT INDICATOR 4

Source data is publicly available for the overall number of students enrolled in special education for speech or language impairment by age at the California Department of Education (CDE) DataQuest website. Detail by race/ethnicity for each age group was obtained by special request from CDE. The special request reduced the level of data suppression, but some data was still suppressed even after combining certain smaller race/ ethnic groups. In certain years, data for students in all race/ethnic groups except Latino was suppressed at

the lower and higher ends of the age range (e.g., 2 or 18). Since there are relatively fewer numbers of students enrolled at these ages, the impact on the average age calculation is likely to be negligible. To calculate average age, an average age/grouped frequency formula was used. This can be done by multiplying the age by the frequency of people that age.

CHILD PROTECTIVE SERVICES INVOLVEMENT: RESULT INDICATOR 5

Birth records for which the address of the mother could not be determined were omitted from the analysis. Socioeconomic status is estimated by the method of payment for the birth, where publicly funded is considered low income and privately funded is considered not low income. Publicly funded refers to Medi-Cal and other forms of government-sponsored health insurance. In California, mothers who give birth without health insurance coverage are retroactively enrolled in a public program. These estimates were developed by the Children's Data Network by matching California Department of Public Health vital birth records for all children born in Los Angeles County in 2006, 2007, 2012 and 2013 to California Department of Social Services child protection records. Records were disaggregated by demographic characteristics and geography. Birth records that could not be geocoded were omitted from the analyses. Please note that these estimates were generated using coded research datasets; these should not be considered official county or state birth statistics.

HOME VISITING PARTICIPATION: RESULT INDICATOR 7

Counts of enrollment are sourced to the LA Best Babies Network (LABBN) and are not publicly available. The count of home visiting enrollments includes participation in the following First 5 LA-funded programs: Welcome Baby, Healthy Families America (HFA), and Parents As Teachers (PAT). Welcome Baby enrollment counts include HFA and PAT; therefore, Welcome Baby numbers represent all First 5 LA-funded enrollments. Some families may choose not to participate or be lost to follow-up after hospital enrollment, but many families receive services bedside in the hospital, including breastfeeding support, assistance with follow up appointments, or referrals to specific needed services. The enrollment counts are by fiscal year and include both prenatally and postnatally enrolled families. The denominators used to calculate the rates are counts of children under age 1. The family enrollment count and infant count are combined to act as a proxy for families with an infant who participate in home visiting. The denominator for the calculation of the rates for the county overall and by race/ethnicity is sourced to the Department of Finance population projections and is by calendar year; for example, 2018 data is used as the denominator for the geographic calculations is sourced to Esri and is 2020 calendar-year data.

PARTICIPATION IN SAFETY NET PROGRAMS: RESULT INDICATOR 8

Data for Medi-Cal was obtained from publicly available online databases. Data for CalFresh, CalWORKs and WIC were obtained by request. The CalFresh and CalWORKs data are from the California Department of Social Services and are enrollment counts from MEDS June 2019. Medi-Cal enrollment counts were obtained from the California Department of Health and Human Services database and reflect enrollment in July of each year. Rates by zip code for the maps were calculated using 2020 population figures provided by Esri.

SOCIAL SUPPORT: RESULT INDICATOR 9

Approximately 5,600 WIC parents were surveyed through the Los Angeles County WIC Survey in 2017. Of this sample, 88 percent were Latino and 70 percent lived in a *Best Start* geography.

BIRTH RATE: CONTEXTUAL INDICATOR 1

The birth rate estimates were developed by the Children's Data Network using vital birth records maintained by the California Department of Public Health. Records were disaggregated by demographic characteristics and geography; however, a rate was not possible to calculate in all cases. Birth rate by age was not calculated for two reasons. First, birth rates by age typically focus on the rate of teen births. Since the method of calculating teen birth rates differs from the method of calculating overall birth rates, showing data using two different methodologies could cause confusion. Second, the age ranges of the numerator data (under 20 and 20 and over) differ from the age ranges used for typical teen birth calculations. Birth rates by socioeconomic status were not possible due to the lack of a suitable denominator for the supplied numerator data. Counts of births for Latina mothers are available disaggregated by U.S.-born and foreign-born; however, rates for these two populations of Latina mothers were not possible due to the lack of suitable due to the lack of suitable denominator. Consequently, these counts were combined for a single rate for Latina mothers. Birth records that could not be geocoded were omitted from the analyses. Please note that these estimates were generated using coded research datasets; these should not be considered official county or state birth statistics.

INFANT MORTALITY: CONTEXTUAL INDICATOR 2

The estimates of infant mortality per 1,000 for children born between 2011 and 2016 in Los Angeles County were developed by the Children's Data Network by matching California Department of Public Health vital birth records to vital death records for all children under one year old. Infants with death records that could not be matched to birth records were omitted from the analysis. Likewise, infants with birth records that could not be geocoded were excluded. The calculation of these statistics relies on a birth cohort methodology for determining infant mortality rate. This methodology differs from the methodology used by county and state health officials. For this reason, totals produced for this local analysis may differ from other published sources. Please note that these estimates were generated using coded research datasets; these should not be considered official county or state birth statistics.

LOW BIRTH WEIGHT: CONTEXTUAL INDICATOR 3

The indicator measures the percentage of infants born weighing less than 2,500 grams. These estimates were developed by the Children's Data Network using vital birth records maintained by the California Department of Public Health. Records were disaggregated by demographic characteristics and geography. Birth records that could not be geocoded were omitted from the analyses. For this reason, totals produced for this local analysis may differ from other published sources. Please note that these estimates were generated using coded research datasets; these should not be considered official county or state birth statistics.

WELL-CHILD VISITS: CONTEXTUAL INDICATOR 4

The data used to populate this indicator are publicly available on the California Department of Health Care Services website, within Medi-Cal Managed Care Quality Improvement Reports. The well-child visit rates provided in the indicator are the number of completed well-child visits out of the total recommended number of visits. According to the American Academy of Pediatrics periodicity schedule, children between the ages of 2 and 6 should have a well-child visit at age 2, 2.5, 3, 4, and 5. Data disaggregated by race/ethnicity, income status or age is not provided by the data source, nor is the well-child visit rate of children under age 2.

PREVENTABLE INJURIES: CONTEXTUAL INDICATOR 5

This data is based on publicly available vital records from the California Department of Public Health at http://epicenter.cdph.ca.gov/ReportMenus/CustomTables.aspx. Search criteria were as follows: death, non-fatal hospitalization and non-fatal emergency department visit (treat and release, or transfer to another facility); raw figures and crude rates; single year (not pooled); Los Angeles County; ages 0 through 5; all races and ethnicities; "unintentional injury" cause group; and output formats of race/ethnicity or cause of injury. At time of publication, the latest data available for deaths was 2017 and this data is comparable to prior years. For non-fatal injuries, the latest data available was 2015 at time of publication and these results are not comparable to prior years. Non-fatal injury data is comprised of the combination of unintentional injury non-fatal hospitalizations and non-fatal emergency department visits (treat and release, or transfer to another facility). Race/ethnicity groups are determined by the data source and cannot be further disaggregated. The cause groups of focus in the indicator align with the cause of preventable death groupings identified by the Countywide Prevention Plan as measured by the Prevention Metrics, as well as causes that result in many non-fatal incidents. A cause needed to have both fatal and non-fatal cases to be included in the charts. More detail is provided in the Supplemental Tables. Understanding the factors that lead to unintentional death or injury are limited by the codes used in the medical profession to categorize causes of death or injury (ICD-10, or International Statistical Classification of Diseases and Related Health Problems, Tenth Revision). For example, deaths due to suffocation are sourced to codes W75 to W84, where W75 is suffocation and strangulation in bed. The data does not enable researchers to know the circumstances leading to the suffocation, such as whether the suffocation was the result of co-sleeping, inappropriate bedding or toys in the crib, or other factors.

HEALTHY WEIGHT: CONTEXTUAL INDICATOR 6

Data is pre-analyzed by the source and not publicly available. Healthy weight is defined as records that have no designation of underweight, overweight or obese risk codes in the WIC Management Information System.

DUAL LANGUAGE LEARNERS: CONTEXTUAL INDICATOR 7

Data is publicly available on the California Department of Education's DataQuest website: https://data1. cde.ca.gov/. Upon enrollment, parents are asked to complete the Home Language Survey which asks which language the child learned when they first began to talk, which language the child uses most frequently at home, which language the parents use more frequently when speaking with the child, and which language is most often spoken by adults in the home. Students are identified as English Learners if there is a report of a language other than English on the Home Language Survey and if they are initially assessed on the English Language Proficiency Assessment for California as lacking the defined English language skills of listening, speaking, reading and/or writing necessary to succeed in the school's regular instructional programs. The Home Language Survey has some limitations. First, the brevity of the language survey does not allow parents to provide a full picture of a dual language learning environment in the home. Second, families may avoid completing the survey, or not fill it out honestly, for fear of the stigma associated with the English Learner designation or fear of immigration enforcement action.

SPECIAL EDUCATION ENROLLMENT: CONTEXTUAL INDICATOR 8

The special education data is publicly available from the data source at the California Department of Education DataQuest website. The population data is publicly available from the California Department of Finance population projections series. The count of special education enrollment for pre-kindergarten age students is not inclusive of all young children receiving early intervention services or special education services. In California, the Department of Developmental Services (DDS) administers the federal Individuals with Disabilities Education Act (IDEA), Part C for infants and toddlers from birth to 36 months if they have a developmental delay. DDS shares administrative responsibility for delivery of services with the California Department of Education (CDE), which is the lead agency for IDEA Part B that serves pre-kindergarten children through age 21. The data presented in this indicator is from CDE; local data from DDS was not available. See Result Indicator 3, Early Intervention Services, for Part C data for the state overall. School district data is based on school years and child population data is based on calendar years, where school year 2018-19 is calculated with 2019 population data, for example.

THIRD GRADE LITERACY: CONTEXTUAL INDICATOR 9

Data is pre-analyzed by the data source, California Department of Education, in all cases except for the presentation shown for the Asian/Pacific Islander (API) racial group. The data source provides the denominator (count of students with test scores) and the calculated percentage of students meeting or exceeding the standard, but they do not provide the numerator (count of students meeting or exceeding the standard). To calculate API results in order to maintain consistency with the display of racial and ethnic disaggregations for the majority of indicator, the numerators were derived from the data provided by the source. The numerators for Asian, Native Hawaiian or Pacific Islander and Filipino were summed, the denominators for the same groups were summed, and a rate was calculated. The data provided in the Supplemental Tables is the original data provided by the data source; the calculated rate for Asian/Pacific Islander is not included.

PRENATAL CARE: CONTEXTUAL INDICATOR 10

The indicator measures the annual percentage of pregnant mothers who receive prenatal care in the first trimester. These estimates were developed by the Children's Data Network using vital birth records maintained by the California Department of Public Health. Records were disaggregated by demographic characteristics and geography. Birth records that could not be geocoded were omitted from the analyses. For this reason, totals produced for this local analysis may differ from other published sources. Please note that these estimates were generated using coded research datasets; these should not be considered official county or state birth statistics.

POSTPARTUM CARE: CONTEXTUAL INDICATOR 11

The data used to populate this indicator is pre-analyzed by the data source and publicly available on the Los Angeles Department of Public Health website. Results from the Los Angeles Mommy & Baby (LAMB) survey are presented in set race/ethnic categories. Further disaggregation was not possible.

BREASTFEEDING: CONTEXTUAL INDICATOR 13

The breastfeeding data provided is publicly available by the source and illustrates whether mothers reported any breastfeeding at each interval, not whether they were exclusively breastfeeding at each point in time. Data on whether mothers were breastfeeding exclusively at each time interval is also publicly available.

EDUCATIONAL ATTAINMENT: CONTEXTUAL INDICATOR 14

These estimates were developed by the Children's Data Network using vital birth records maintained by the California Department of Public Health. Records were disaggregated by demographic characteristics and geography. Birth records that could not be geocoded were omitted from the analyses. For this reason, totals produced for this local analysis may differ from other published sources. Please note that these estimates were generated using coded research datasets; these should not be considered official county or state birth statistics.

ASSETS AT BIRTH: CONTEXTUAL INDICATOR 15

The California Strong Start Index is a publicly available data source that leverages birth records to summarize the conditions into which children are born across California communities. It comprises 12 indicators available on the birth record that are shown to be related to good outcomes for children along the life course. Data and detailed methodological information can be found at www.strongstartindex.org.

CHILDREN EXPERIENCING HOMELESSNESS: CONTEXTUAL INDICATOR 18

Data was obtained by request from the Los Angeles County Chief Executive Office based on client records from the L.A. County Departments of Public Social Services (DPSS) and Children and Family Services (DCFS), and the Homeless Management Information System (HMIS). The data have several limitations or characteristics that are important to note:

- The three agencies do not necessarily operate with the same definition or criteria for identifying a person as homeless. As such, the de-duplicated totals are not standardized or definitionally uniform.
- The DPSS counts are based on CalWORKs only. Inclusion of a comparatively small number of children associated with homeless households in receipt of CalFresh benefits but not CalWORKs (CalFresh Only households) would likely raise the bottom-line tallies to a negligible degree.
- The DPSS/CalWORKs tallies include unaided children in aided households.
- The HMIS totals are likely understated to a small but indeterminate degree due to missing elements needed to calculate age for between approximately 14 percent and 20 percent of children with records in the system in each of the four years tabulated.

ACCESS TO TRANSIT: CONTEXTUAL INDICATOR 20

The transportation stop data was supplied by Metro for each L.A. County zip code and for 66 transportation agencies with service in L.A. County, including bus, rail and metro service. Metro serves as the transportation planner and coordinator, designer, builder and operator for Los Angeles County. The stop data is from October 2019 and is not publicly available. The population data for this presentation is sourced to the U.S. Census Bureau American Community Survey (5-Year 2018) and is the number of families with children under 6 years of age. The analysis was as follows:

- 1. The zip codes were divided into three groups using natural breaks (or jenks) based on the number of stops in each zip code. The third of zip codes with the highest number of stops was designated "high," the third of zip codes with the lowest number of stops was designated "low," and the remaining third was designated "medium."
- 2. The data of families with children under age six by zip codes was similarly divided.
- 3. The result for each zip code was one of nine possible combinations. The table below shows how the different combinations were interpreted:

	NUMBER OF STOPS	NUMBER OF FAMILIES	INTERPRETATION
a.	High	High	Evenly matched
b.	High	Medium	Moderately positive match
с.	High	Low	Very positive match
d.	Medium	High	Moderately negative match
e.	Medium	Medium	Evenly matched
f.	Medium	Low	Moderately positive match
g.	Low	High	Very negative match
h.	Low	Medium	Moderately negative match
i.	Low	Low	Evenly matched

The zip codes that had matching levels were considered to have an appropriate or expected level of access. For example, a zip code with a medium number of stops and a medium number of families is considered the appropriate or expected level of access (e.). Whereas, a zip code where there is a high number of stops and a medium number of families would be considered moderately positively mismatched, since there are more stops than would be expected for the number of children (b.). A zip code where there was a high number of stops but a low number of families than expected. Conversely, a zip code that has a medium number of stops and a high number of stops and a high number of stops and a high number of families would be considered moderately positively mismatched (c.) — families would have a much higher ratio of stops to families than expected. Conversely, a zip code that has a medium number of stops and a high number of families would be considered moderately negatively mismatched (d.). A zip code with a low number of stops and a high number of families would be considered moderately negatively mismatched (d.). A zip code with a low number of stops and a high number of families would be very negatively mismatched (g.). There were no zip codes with this combination in the current dataset. The most negative combinations were d. (medium number of stops and a high number of families) and h. (low number of stops and a medium number of families).

There are several data limitations that render the indicator a proxy for transportation access rather than a direct measure. First, this analysis only takes into account the number of stops; it does not take into account issues of access, such as perceived safety, barriers like highways, or infrastructure like crosswalks or lighting. Second, the data does not take into account quality measures, such as how frequently a bus comes to the stop or how often the stop is used. These access and quality factors may increase or decrease the utility of a given stop. Third, the data was divided into groups of high, medium or low without applying any normative determination of what is an optimal or suboptimal ratio of stops to population. For example, an evenly match area with a low number of families and low number of stops may have poor access for the small numbers of families in the area if the stop is far from their home. Finally, the data was only available by zip code. Zip codes are not an ideal geographic base for policy analysis since they were not created to be similar in size (unlike census tracts, which are split, if needed, to keep the population counts at a somewhat consistent level). Consequently, the range in family population for the zip codes in this analysis is from zero to approximately 4,500. Even with these limitations, the data provides a high-level understanding of gaps in transit access and density.

Appendix C

SUPPLEMENTAL TABLES

RESULT INDICATOR 1

Percentage and Count of Los Angeles County Young Children Participating in QSLA-Rated Programs and Programs Rated High Quality by Age, 2017-18 and 2018-19

	2018-19					2017-18				
	QSLA-Rated		Rated High Quality (Tier 3, 4, 5)		Count L.A. County	QSLA-Rated		Rated High Quality (Tier 3, 4, 5)		Count L.A. County
	Percent	Count	Percent	Count	Children	Percent	Count	Percent	Count	Children
All (0-4 + 1/4 of 5)	7.5	47,501	6.6	42,105	636,605	7.0	45,824	5.7	37,111	652,141
Infant/Toddler (0-2)	1.8	6,269	1.3	4,759	353,436	1.9	7,088	1.0	3,820	368,771
Preschool (3-4 + 1/4 of 5)	14.6	41,232	13.2	37,346	283,169	13.7	38,736	11.7	33,291	283,370

Percentage and Count of Los Angeles County Young Children Participating in QSLA-Rated Programs and Programs Rated High Quality by Race and Ethnicity, 2017-18 and 2018-19

	2018-19					2017-18					
	QSLA-Rated		Rated High Quality (Tier 3, 4, 5)		Count L.A. County Young	QSLA-Rated		Rated High Quality (Tier 3, 4, 5)		Count L.A. County Young	
	Percent	Count	Percent	Count	Children	Percent	Count	Percent	Count	Children	
Total		47,539		42,502	636,605		38,782		31,746	652,141	
Latino	8.3	27,249	8.2	25,287	326,663	6.1	19,591	5.3	16,988	338,353	
Native American	11.8	194	11.7	192	1,644	8.2	123	7.4	112	1,586	
Asian	2.5	2,303	2.2	1,983	91,421	2.3	2,034	1.5	1,354	92,364	
Black	8.8	4,100	7.5	3,517	46,701	7.4	3,373	5.6	2,570	48,203	
Pacific Islander	17.1	206	15.3	184	1,202	10.7	127	8.8	104	1,262	
White	4.2	6,072	3.5	5,065	144,798	2.0	2,838	1.4	1,902	146,332	
Multiracial	6.3	1,523	5.0	1,210	24,176	4.7	1,078	3.1	706	24,041	
Unknown		5,892		5,064			9,618		8,010		


Los Angeles County Children Enrolled in Publicly Funded Early Care and Education Programs by Type and Age, 2019

	Infant/Toddler	Preschool	Total
Totals			
Contracted Sites	10,613	59,903	70,516
Vouchers	11,663	19,019	30,682
Voucher Programs			
CalWORKs Stage 1	2,420	2,424	4,844
CalWORKs Stage 2	4,812	8,081	12,893
CalWORKs Stage 3	1,993	4,784	6,777
California Alternate Payment Program	1,866	3,458	5,324
Emergency Bridges Vouchers	572	272	844
Contract Programs			
Early Head Start	1,985	0	1,985
Head Start	0	13,244	13,244
California State Preschool Program (CSPP)	0	21,622	21,622
Family Child Care Home Education Network (FCCHEN)	572	320	892
General Child Care and Development (CCTR) (0-2 only)	410	0	410
General Child Care and Development (CCTR) (3-4 only)	0	88	88
CCTR & CSPP Combo	3,598	12,793	16,391
Early Head Start and Head Start	616	1,259	1,875
Combo of any state/fed program	3,432	10,577	14,009
Denominator (estimate of eligible children)			
Estimated number of eligible children (2016)	220,273	235,308	455,581

RESULT INDICATOR 3

California Children Birth Through Age 5 Receiving Early Intervention Services (2012-13 - 2018-19) and Population 0 to 5 (2012-2018)

	Children Birth Through Age 5								
	Rate	Count Served	Count Total						
2018-19	4.7%	136,631	2,922,681						
2017-18	4.4%	130,878	2,961,932						
2016-17	4.2%	124,763	2,995,972						
2015-16	4.0%	118,748	3,005,151						
2014-15*	3.8%	113,536	3,004,582						
2013-14	3.7%	111,104	3,019,672						
2012-13	3.6%	109,022	3,037,801						

California First Grade Students in Special Education and Total First Grade Enrollment, 2010-11 to 2018-19

		First Grade Enr	ollment
	Rate	Special Education Count	Total Count
2018-19	9.9%	44,380	448,028
2017-18	9.4%	43,010	456,175
2016-17	8.3%	37,873	456,002
2015-16	8.9%	39,691	444,573
2014-15	8.4%	39,067	464,323
2013-14	8.2%	38,458	470,812
2012-13	8.0%	39,035	489,504
2011-12	7.8%	38,247	490,042
2010-11	8.0%	38,208	477,277

California Children Birth Through Age 5 Receiving Early Intervention Services (2012-13 to 2018-19) and Population 0 to 5 (2012-2018) by Race/Ethnicity

						dian		Asian			Black			Pacific Islan			White			Multiracia	
	Rate	Count Served	Count Total	Rate	Count Served	Count Total	Rate	Count Served	Count Total	Rate	Count Served	Count Total									
2018-19	5.9%	79,125	1,330,663	3.7%	464	12,390	3.3%	12,721	388,673	4.4%	6,842	157,202	3.6%	326	9,143	3.4%	30,306	901,494	5.6%	6,847	123,116
2017-18	5.5%	74,664	1,361,713	4.0%	501	12,609	3.2%	12,409	383,132	4.2%	6,790	160,316	3.4%	320	9,426	3.3%	29,811	913,924	5.3%	6,383	120,812
2016-17	5.1%	70,510	1,392,376	3.7%	467	12,777	3.1%	11,332	370,196	4.0%	6,639	164,249	2.8%	272	9,726	3.2%	29,411	927,351	5.1%	6,132	119,297
2015-16	4.7%	66,491	1,428,432	3.2%	412	12,881	2.9%	10,557	358,494	4.0%	6,575	165,088	2.8%	270	9,798	3.2%	29,071	909,654	4.4%	5,372	120,804
2014-15*	2.8%	41,533	1,465,000	3.3%	414	12,662	3.0%	10,128	343,216	4.1%	6,700	165,320	2.4%	231	9,819	2.2%	19,506	884,821	3.2%	4,001	123,744
2013-14	4.1%	61,821	1,510,182	3.2%	390	12,195	2.9%	9,716	333,365	4.0%	6,610	165,185	3.2%	320	9,969	3.2%	28,001	861,884	3.3%	4,246	126,892
2012-13	3.9%	60,141	1,556,254	3.4%	408	12.031	2.9%	9,477	323,769	3.9%	6,441	164,447	3.4%	347	10,088	3.3%	28,084	839,703	3.1%	4,124	131,509

Average Age of Los Angeles County Students Enrolled in Special Education for Speech or Language Impairment by Race/Ethnicity, 2007-08 to 2018-19

Year	L.A. County Average	Other (Native American and Multiracial)	Latino	Black	White	Asian/Pacific Islander
2018-19	6.8	6.6	6.7	7.2	7.3	7.5
2017-18	6.8	6.3	6.7	7.1	7.3	7.6
2016-17	6.9	6.4	6.8	7.2	7.3	7.6
2015-16	7.0	6.4	6.9	7.1	7.2	7.7
2014-15	7.0					
2013-14	7.1					
2012-13	7.1					
2011-12	7.1					
2010-11	7.3					
2009-10	7.7					
2008-09	7.7					
2007-08	7.6					

Data is not available for all years.

RESULT INDICATOR 5

Los Angeles County Children Born in 2012 or 2013 Involved With Child Protective Services in Their First Five Years of Life by Race/Ethnicity, Socioeconomic Status and *Best Start* Geography

			2012			2013				
	Alleg	ation	Substantiation	Placement	Number of	Allega	tion	Substantiation	Placement	Number of
	Percent	Count	Percent	Percent	Children in Birth Cohort (Denominator)	Percent	Count	Percent	Percent	Children in Birth Cohort (Denominator)
L.A. County	16.6	22,825	5.8	2.8	137,578	16.2	21,737	5.7	2.8	134,201
Maternal Race / Ethnicity										
White	9.7	2,375	3.4	1.8	24,381	9.2	2,294	3.1	1.8	24,856
Black	35.4	3,678	9.5	7.6	10,399	34.4	3,496	13.8	7.9	10,173
Latino, U.Sborn	21	11,291	7.6	3.7	53,791	21.8	9,211	8.3	4.3	42,232
Latino, Foreign-born	15.9	4,341	4.5	1.6	27,299	16.3	5,657	4.6	1.7	34,645
Asian/Pacific Islander	4.6	958	1.2	0.5	21,006	4.1	891	1.1	0.4	21,569
Native American										
Other/Missing	25.9	182			702	25.9	188			726
Birth Payment Method										
Publicly Funded Birth	23.6	17,819	8.8	4.3	75,452	24.2	16,799	9.1	4.7	69,381
Privately Funded Birth	8.1	5,006	2.1	0.9	62,126	7.6	4,938	2	0.9	64,820
Best Start Geography										
Broadway-Manchester	30.2	428	11.8	5.4	1,418	30.4	479	12.7	6.5	1,575
Central Long Beach	27.7	429	12.5	6.5	1,550	26.8	403	10.1	5.1	1,502
Compton	24.3	577	8.7	4	2,375	24.7	573	9	4.7	2,319
East LA	22	473	8	3.7	2,154	20.9	451	8	3.5	2,154
Lancaster	28.9	737	12.1	6.1	2,547	26.5	684	12.2	7	2,586
Metro LA	23.8	240	10.5	5.2	1,008	24.8	267	10.1	4.3	1,079
Northeast Valley Communities	26.3	421	11.4	5.9	1,782	26.6	346	13.2	6.7	1,805
Palmdale	26.3	689	11.4	5.9	2,618	26.6	693	13.2	6.7	2,605
Panorama City & Neighbors	23.9	533	9.4	3.9	2,225	23.5	514	8.4	3.6	2,187
Southeast LA	18.4	442	6.9	2.8	2,407	18.7	484	7.2	3.1	2,586
South El Monte/El Monte	20.8	316	6.1	3.3	1,523	21	321	6.5	3.8	1,530
Watts-Willowbrook	28.5	429	11.2	5.5	1,506	29	443	10.5	6	1,527
West Athens	33.4	200	13	6.5	598	35	237	13.2	6.1	677
Wilmington	22.6	199	6.2	2.8	882	23.6	217	6.4	3.2	918

Los Angeles County Children Born in 2006 or 2007 Involved With Child Protective Services in Their First Five Years of Life by Race/Ethnicity and Socioeconomic Status

			2006		2007				
	Allegation	Substantiation	Placement	Number of	Allegation	Substantiation	Placement	Number of	
	Percent	Percent	Percent	Children in Birth Cohort (Denominator)	Percent	Percent	Percent	Birth Cohort (Denominator)	
L.A. County	14.8	5.2	2.5	158,631	14.6	5.3	2.5	158,619	
Maternal Race / Ethnicity									
White	10	3.9	2	27,791	10	3.7	2	26,997	
Black	29.8	12.3	7.1	11,938	30	12.8	7.1	11,810	
Latino, U.Sborn	19.8	7.7	4.2	38,124	19.6	7.9	4.1	39,789	
Latino, Foreign-born	13.7	3.8	1.3	62,733	13.4	3.9	1.3	60,897	
Asian/Pacific Islander	5.2	1.7	0.8	17,489	4.9	16	0.6	18,462	
Native American	29.9	13.9	8.6	361	33.9	16.8	11.4	387	
Other / Missing									
Birth Payment Method									
Publicly Funded Birth	19.5	7.3	3.6	92,093	19.2	7.3	3.5	93,595	
Privately Funded Birth	8.4	2.4	1.1	66,538	8	2.4	1	65,024	

RESULT INDICATOR 7

Count of Los Angeles County Family Enrollment in First 5 LA-Funded Home Visiting Programs, Count of Infants Under Age 1, and Home Visiting Rates for Los Angeles Overall and by Race/Ethnicity, 2016-2018

		2018			2017		2016		
	Rate	Enrollment (2018-19)	Under Age 1 (2018)	Rate	Enrollment (2017-18)	Under Age 1 (2017)	Rate	Enrollment (2016-17)	Under Age 1 (2016)
L.A. County	17.8%	20,154	113,016	11.9%	14,377	120,714	10.5%	12,777	122,018
Asian/Pacific Islander	3.9%	606	15,513	3.1%	553	17,597	3.0%	496	16,393
Black	14.5%	1,210	8,334	13.5%	1,191	8,790	12.4%	1,081	8,684
White	2.7%	722	26,489	2.5%	678	27,412	2.1%	599	28,354
Latino	17.6%	10,158	57,831	15.2%	9,391	61,911	14.3%	9,122	63,858
Multiracial	6.2%	286	4,601	7.3%	345	4,717	6.5%	291	4,455
Other/Unknown		525			545			457	
Native American			248			287			274

Count of Los Angeles County Family Enrollment in First 5 LA-Funded Home Visiting Programs, Count of Infants Under Age 1, and Home Visting Rates by *Best Start* Geography, 2016-2018 Los Angeles County Family Enrollment in First 5 LA-Funded Home Visiting Programs by Income, 2016-2018

				2017	
	Rate	Enrollment (2018-19)	Under Age 1 (2020)	Enrollment (2017-18)	Enrollment (2016-17)
Broadway-Manchester	21.0%	337	1,603	305	303
Central Long Beach	23.2%	375	1,616	449	524
Compton	24.8%	598	2,413	539	588
East LA	17.5%	419	2,401	437	457
Lancaster	19.5%	520	2,670	773	551
Metro LA	10.7%	134	1,249	118	108
Northeast Valley Communities	25.6%	517	2,018	439	491
Palmdale	17.9%	514	2,874	698	578
Panorama City & Neighbors	24.6%	639	2,593	631	733
Southeast LA	17.2%	495	2,883	519	515
South El Monte/El Monte	16.2%	249	1,539	262	281
Watts-Willowbrook	22.0%	365	1,657	354	336
West Athens	19.1%	125	655	113	96
Wilmington	25.7%	267	1,037	210	305
Others		-		61	

	Enrollment (2018-19)	Enrollment (2017-18)	Enrollment (2016-17)
Less than \$10,000	1,297	1,640	1,579
\$10,000- \$14,999	486	786	810
\$15,000- \$19,999	611	720	745
\$20,000- \$24,999	457	549	547
\$25,000- \$29,999	312	411	335
\$30,000- \$39,999	295	470	419
\$40,000- \$49,999	184	237	203
\$50,000- \$74,999	185	259	192
\$75,000- \$99,999	74	97	71
\$100,000 or more	96	130	103
Do not know	6,983	5,578	5,122
Decline to answer	2,526	1,823	1,954

Young Child Population (Birth Through Age 5) Participating in CalWORKs, CalFresh, WIC, and/or Medi-Cal 2019 or 2010-2019

	CalWORKs	CalFresh		WIC		Medi-Cal
Year	Total (0-5)	Total (0-5)	Total (0-4)	Infant (0-1)	Child (1-4)	Total (0-5)
2019	74,215	150,800	257,118	62,253	194,865	406,854
2018			278,524	68,043	210,481	430,610
2017			296,858	72,885	223,973	444,488
2016			308,308	73,331	234,977	459,967
2015			332,373	78,490	253,883	460,517
2014			347,561	80,998	266,563	473,446
2013			378,646	89,711	288,935	468,619
2012			381,639	90,358	291,281	436,832
2011			390,710	93,689	297,021	
2010			399,408	92,824	306,584	

Data is not available for all years.

RESULT INDICATOR 10

Percentage and Count of Children From Birth Through Age 5 Who Live Within One-Half Mile of a Park or Open Space in Los Angeles County Overall and by *Best Start* Geography

	Rate	Children 0-5 within 1/2 mile (2016)	Count children 0-5 (2020)
L.A. County	51.8%	305,697	590,148
Broadway-Manchester	46.5%	4,472	9,627
Central Long Beach	91.1%	8,639	9,478
Compton	59.0%	8,620	14,604
East LA	43.5%	6,260	14,402
Lancaster	13.6%	2,189	16,046
Metro LA	77.4%	5,425	7,012
Northeast Valley Communities	49.0%	6,067	12,394
Palmdale	23.7%	4,112	17,341
Panorama City & Neighbors	48.4%	7,373	15,219
Southeast LA	76.8%	13,180	17,172
South El Monte/El Monte	42.9%	3,947	9,210
Watts-Willowbrook	83.8%	8,112	9,685
West Athens	28.8%	1,175	4,078
Wilmington	65.8%	4,031	6,130

Birth Rate in Los Angeles County by Race or Ethnicity of the Mother, 2013-2017

		2017			2016			201	5		2014		Rate per Birth 1,000 4 9.1 24,85 9 12.0 10,17		3
	Rate per 1,000	Births	Population	Rate per 1,000	Births	Population									
White	8.8	23,867	2,702,321	9.1	24,643	2,714,273	9.2	25,141	2,729,005	9.2	25,139	2,737,944	9.1	24,856	2,743,302
Black	10.6	8,939	846,694	11.0	9,310	847,354	10.9	9,199	847,505	11.7	9,919	848,659	12.0	10,173	846,535
Latino, U.Sborn Latino, Foreign-born	13.9	41,503 26,480	4,877,169	14.9	42,689 29,651	4,859,927	15.3	42,819 31,352	4,844,124	15.6	42,578 32,682	4,821,054	16.0	42,232 34,645	4,796,131
Asian/Pacific Islander	13.1	20,950	1,601,785	13.9	21,843	1,567,580	13.6	20,976	1,537,510	16.6	24,994	1,503,541	14.7	21,569	1,470,155
Other/Missing	3.2	723	227,764	1.9	431	222,217	3.4	740	217,887	3.4	717	213,008	3.5	726	208,786

Births and Population in Los Angeles County by Age, 2013-2017

	2	017	2	016	4	2015	20	14	2	013
	Births	Population								
Under Age 20	4,921	2,598,017	5,613	2,615,679	6,397	2,638,897	7,373	2,655,255	8,486	2,674,027
Age 20 and Older	117,541	7,657,716	123,306	7,595,672	123,830	7,537,134	128,656	7,468,951	125,715	7,390,882

Births in Los Angeles County by Birth Payment Method (proxy for socioeconomic status), 2013-2017

	2017	2016	2015	2014	2013
Public	59,067	63,489	64,868	66,464	69,381
Private	63,395	65,430	65,359	69,565	64,820

Births in Los Angeles County by Best Start Geography, 2013-2017

		2017		2016	2015	2014	2013
	Rate per 1,000	Births	Population	Births	Births	Births	Births
Broadway-Manchester	15.8	1,368	86,857	1,465	1,439	1,490	1,575
Central Long Beach	11.2	1,149	102,574	1,280	1,321	1,423	1,502
Compton	14.6	2,051	140,137	2,240	2,129	2,292	2,319
East LA	12.5	1,764	140,622	1,910	1,982	2,037	2,154
Lancaster	14.2	2,384	167,877	2,576	2,543	2,496	2,586
Metro LA	8.5	974	114,639	1,004	1,020	1,076	1,079
Northeast Valley Communities	11.4	1,495	131,390	1,716	1,696	1,831	1,805
Palmdale	13.1	2,371	180,486	2,494	2,525	2,520	2,605
Panorama City & Neighbors	12.4	2,064	166,285	2,254	2,151	2,331	2,187
Southeast LA	12.6	2,186	173,859	2,228	2,341	2,329	2,586
South El Monte/El Monte	11.6	1,185	102,236	1,273	1,467	1,460	1,530
Watts-Willowbrook	15.8	1,358	85,972	1,468	1,425	1,569	1,527
West Athens	14.6	663	45,355	674	692	774	677
Wilmington	13.2	833	63,337	816	886	915	918
Remainder of L.A.	11.8	100,617	8,554,107				

Low Birth Weight (LBW) in Los Angeles County by Race or Ethnicity, 2014-2017

		2017			2016			2015			2014	
	Percent	Count LBW	Count Births									
White	6.2	1,482	23,867	6.5	1,597	24,643	6.8	1,708	25,141	6.4	1,619	25,139
Black	13	1,163	8,939	11.6	1,080	9,310	12.2	1,126	9,199	12.4	1,226	9,919
Latino, U.Sborn	7	2,903	41,503	6.8	2,921	42,689	7.1	3,043	42,819	6.8	2,899	42,578
Latino, Foreign-born	7	1,865	26,480	6.8	2,010	29,651	6.9	2,162	31,352	6.4	2,090	32,682
Asian/Pacific Islander	6.9	1,447	20,950	7.1	1,546	21,843	6.9	1,454	20,976	6.1	1,534	24,994
Other/Missing	7.7	56	723	16.9	73	431	10	74	740	9.1	65	717

Low Birth Weight in Los Angeles County by Socioeconomic Status, 2014-2017

	2017 Percent Count LBW Count Births			2016			2015			2014		
	Percent	Count LBW	Count Births	Percent	Count LBW	Count Births	Percent	Count LBW	Count Births	Percent	Count LBW	Count Births
Public (i.e., Medi-Cal or other public insurance coverage)	7.6	4,474	59,067	7.4	4,679	63,489	7.6	4,917	64,868	7.2	4,771	66,464
Private (i.e., Private insurance or self-pay)	7	4,442	63,395	7	4,548	65,430	7.1	4,650	65,359	6.7	4,662	69,565

Low Birth Weight in Los Angeles County by Best Start Geography, 2014-2017

		2017			2016			2015			2014	
	Percent	Count LBW	Count Births									
Broadway-Manchester	8.8	120	1,368	8.9	130	1,465	8.3	119	1,439	10.3	153	1,490
Central Long Beach	6.9	79	1,149	6.8	87	1,280	8.2	108	1,321	8.1	115	1,423
Compton	7.9	162	2,051	8.2	183	2,240	8.1	173	2,129	7.5	171	2,292
East LA	7.2	127	1,764	7.5	143	1,910	7.7	153	1,982	6.6	134	2,037
Lancaster	10.2	242	2,384	8.8	227	2,576	9.4	240	2,543	8.9	223	2,496
Metro LA	8	78	974	8.2	82	1,004	7.8	80	1,020	5.9	63	1,076
Northeast Valley Communities	8	120	1,495	6.3	108	1,716	7	118	1,696	7.8	143	1,831
Palmdale	8.9	212	2,371	9.2	229	2,494	7.9	200	2,525	9.4	236	2,520
Panorama City & Neighbors	7.6	156	2,064	7.9	177	2,254	7.5	161	2,151	6.9	160	2,331
Southeast LA	6.4	139	2,186	5.6	124	2,228	6.9	162	2,341	6.7	156	2,329
South El Monte/El Monte	7	83	1,185	6.1	78	1,273	6.4	94	1,467	6.2	91	1,460
Watts-Willowbrook	8	109	1,358	7.8	115	1,468	8.5	121	1,425	8.8	138	1,569
West Athens	10.3	68	663	8.8	59	674	11.1	77	692	9.6	74	774
Wilmington	5.9	49	833	7	57	816	6.8	60	886	5.5	50	915

CONTEXTUAL INDICATOR 5

Unintentional Injury Deaths Among Children Birth Through Age 5 in Los Angeles County Overall and by Race/Ethnicity, 2008-2017

	L	A. County C	Verall	w	nite/Other/Ur	known		Black			Latino		Asi	an/Pacific Isl	ander
	Rate per 100,000	Numerator	Denominator	Rate per 100,000	Numerator	Denominator	Rate per 100,000	Numerator	Denominator	Rate per 100,000	Numerator	Denominator	Rate per 100,000	Numerator	Denominator
2017	4.0	30	755,880	5.4	8	147,032	11.9	6	50,515	3.2	14	437,249	2.1	2	93,982
2016	2.7	21	765,800	2.1	3	141,123	9.6	5	51,916	2.2	10	451,530	3.2	3	94,307
2015	4.8	37	772,656	4.3	6	139,571	16.8	9	53,679	4.3	20	461,728	2.2	2	90,681
2014	5.0	39	774,011	6.6	9	137,384	12.8	7	54,875	4.5	21	471,166	2.4	2	83,514
2013	4.1	32	777,060	2.2	3	135,299	7.2	4	55,769	4.4	21	480,929	5.1	4	78,056
2012	3.6	28	778,668	3.0	4	133,473	5.3	3	56,403	4.1	20	488,679	1.4	1	73,079
2011	4.1	32	777,302	3.8	5	132,128	7.1	4	56,682	4.3	21	490,988	2.8	2	70,522
2010	3.5	27	772,686	2.3	3	130,375	3.5	2	56,508	4.3	21	488,897	1.4	1	70,222
2009	3.8	30	782,721		1			2			25			2	
2008	3.8	30	794,043		1			7			18			4	

Data is not available for all years.

Unintentional Injury Non-Fatal Hospitalizations and Emergency Department Visits Among Children Birth Through Age 5 in Los Angeles County Overall and by Race/Ethnicity, 2015

		Rate per 100,000	Numerator	Denominator
LA County Overall	Non-Fatal Hospitalizations	243.7	1,883	755 890
L.M. County Overall	Non-Fatal Emergency Department Visits	8,098.0	62570	700,000
White (Other/Linknown	Non-Fatal Hospitalizations	338.2	472	147.022
white/Other/Onknown	Non-Fatal Emergency Department Visits	10,323.8	14,409	147,032
Disels	Non-Fatal Hospitalizations	357.7	192	50 E1E
DIACK	Non-Fatal Emergency Department Visits	10,691.3	5,739	50,515
Lating	Non-Fatal Hospitalizations	237.2	1,095	427 240
Latino	Non-Fatal Emergency Department Visits	8,431.6	38,931	437,249
Nativo Amoricon	Non-Fatal Hospitalizations	96.0	1	02.002
Native American	Non-Fatal Emergency Department Visits	4,894.4	51	90,902
Asian/Dacific Islandar	Non-Fatal Hospitalizations	135.6	123	02.082
Asian/Facilic Islander	Non-Fatal Emergency Department Visits	3,793.5	3,440	30,302

Unintentional Injury Deaths Among Children Birth Through Age 5 in Los Angeles County by Cause, 2008-2017

	в	um	Cut/	Pierce	Dro	wning	F	all	Fir	earm	Motor Involved	Vehicle- Accident	Bicycle, Per Other Tra	destrian or ansport	Deservicedes
	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Denominator
2017	0.0	0	0.0	0	1.1	8	0.0	0	0.0	0	1.1	8	0.3	2	755,880
2016	0.1	1	0	0	0.8	6	0.1	1	0.0	0	0.9	7	0.4	3	765,800
2015	0.4	3	-	0	1.4	11	0.4	3	-	0	0.6	5	0.1	1	772,656
2014	0.0	0	0	0	1.6	12	0.1	1	0.1	1	1.0	8	0.8	6	774,011
2013	0.0	0	0	0	1.2	9	0.4	3	0.0	0	1.2	9	0.1	1	777,060
2012	0.0	0	0	0	0.9	7	0.0	0	0.0	0	1.4	11	0.4	3	778,668
2011	0.3	2	0	0	0.9	7	0.1	1	0.0	0	0.8	6	0.6	5	777,302
2010	0.0	0	0	0	1.3	10	0.8	6	0.0	0	0.1	1	0.9	7	772,686
2009	0.0	0	0	0	1.3	10	0.3	2	0.0	0	1.9	15	0.3	2	782,721
2008	0.0	0	0	0	0.6	5	0.1	1	0.0	0	1.5	12	0.8	6	794,043

	Na Enviro	tural/ nmental	Oven	exertion	Pois	oning	Struck	by Object	Suffo	ocation	Ot	her	
	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Denominator						
2017	0.0	0	0.0	0	0.1	1	0.0	0	1.3	10	0.1	1	755,880
2016	0.0	0	0.0	0	0.0	0	0.0	0	0.4	3	0.0	0	765,800
2015	0.4	3	0.0	0	0.1	1	0.1	1	1.0	8	0.1	1	772,656
2014	0.3	2	0.0	0	0.0	0	0.4	3	0.5	4	0.3	2	774,011
2013	0.0	0	0.0	0	0.0	0	0.1	1	1.2	9	0.0	0	777,060
2012	0.0	0	0.0	0	0.1	1	0.3	2	0.4	3	0.1	1	778,668
2011	0.0	0	0.0	0	0.3	2	0.4	3	0.5	4	0.3	2	777,302
2010	0.0	0	0.0	0	0.0	0	0.0	0	0.4	3	0.0	0	772,686
2009	0.0	0	0.0	0	0.1	1	0.0	0	0.0	0	0.0	0	782,721
2008	0.0	0	0.0	0	0.3	2	0.0	0	0.3	2	0.3	2	794,043

Unintentional Injury Non-Fatal Hospitalizations Among Children Birth Through Age 5 in Los Angeles County by Cause, 2015

		Burn	VFire	Cut/P	ierce	Drown	ning	Fa		Fire	arm	Motor Vehic Accid	e-Involved	Bicycle, Pe Other Tr	destrian or ansport	Denemin
		Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Denomin
	2015	180.4	1394	230.5	1,781	15.5	120	3,656.6	28253	0.1	1	290.7	2246	72.9	563	772
														_	_	
		Natural/ En	vironmental	Over	exertion	Poi	soning	Struck	k by Object	S	uffocation		Other			
		Rate per 100,000	Numerator	Rate per 100,000	Numerato	r Rate per 100,000	r Numerat	Rate per 100,000	Numerato	or Rate p	er Numer	ator Rate p	or Numerato	tor Denominato	itor	
l	2015	549.5	4,246	173.2	133	198.7	7 153	5 1,168.7	7 90	30 19	9.3	149 1,542	.0 1191	4 772,0	656	

Unintentional Injury Non-Fatal Emergency Department Visits Among Children Birth Through Age 5 in Los Angeles County by Cause, 2015

	Bun	r/Fire	Cut/	Pierce	Drow	ning	Fa	a 🕴	Fire	arm	Motor Veh Ac	icle-Involved cident	Bicycle, Other	Pedestrian or Transport	
	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Rate per 100,000	Numerator	Denominator
2015	180.4	123	230.5	11	15.5	45	3,656.6	865	0.1	2	290.7	77	72.9	2	2 772,656
							1		1	ana ana ana ana					
	Nati Enviror	ural/ mental	Overe	xertion	Pois	oning	Struck	by Object	S	uffocation		Other			
	Nate Enviror Rate per 100,000	ural/ imental Numerator	Overe Rate per 100,000	xertion Numerator	Pois Rate per 100,000	ioning Numerato	Struck Rate per 100,000	k by Object	Rate pe 100,00	uffocation ar Numera	tor Rate	Other per Nume	Deno	minator	

Percentage of Los Angeles County Children Ages 3 and 4 Who Participate in WIC Who Have a Healthy Weight, 2003-2018

Age in Years	2018 (%)	2017 (%)	2016 (%)	2015 (%)	2014 (%)	2013 (%)	2012 (%)	2011 (%)	2010 (%)	2009 (%)	2008 (%)	2007 (%)	2006 (%)	2005 (%)	2004 (%)	2003 (%)
3	60.9	61.7	62.8	62.3	63.5	62.3	60.3	61.6	63.0	61.2	61.0	63.0	62.7	61.9	63.3	66.2
4	58.7	61.5	62.5	63.7	63.0	62.7	61.4	62.3	61.1	59.7	60.3	61.4	61.3	60.9	62.2	65.7

Percentage of Los Angeles County Children Ages 3 and 4 Who Participate in WIC Who Have a Healthy Weight by Race/Ethnicity, 2003-2018

	Age in Years	2018 (%)	2017 (%)	2016 (%)	2015 (%)	2014 (%)	2013 (%)	2012 (%)	2011 (%)	2010 (%)	2009 (%)	2008 (%)	2007 (%)	2006 (%)	2005 (%)	2004 (%)	2003 (%)
White	3	68.0	67.2	68.4	68.9	71.8	71.1	68.8	68.0	71.2	67.3	66.7	69.6	66.8	66.9	67.6	72.6
winte	4	67.8	67.5	70.9	71.3	69.8	68.0	70.0	66.4	65.9	65.7	68.7	66.5	66.5	68.2	70.6	70.5
Black	3	70.4	70.5	71.5	69.5	71.7	72.1	68.3	72.5	72.2	69.3	70.2	72.6	72.3	70.2	70.6	75.0
Diack	4	69.4	70.4	71.3	70.0	70.8	70.4	70.9	70.0	68.0	69.3	70.0	70.5	67.6	68.7	72.2	72.2
Latino	3	59.0	59.9	61.0	60.7	61.8	60.5	58.7	59.9	61.6	59.9	59.6	61.6	61.4	60.6	62.1	64.6
Launo	4	59.6	61.0	62.2	61.4	61.2	59.9	60.9	59.8	58.4	58.9	60.1	60.0	59.6	60.9	64.6	65.0
Asian	3	71.4	72.1	73.5	73.6	74.0	73.3	73.2	73.7	72.6	72.0	70.9	71.3	71.0	69.4	67.8	70.3
Asian	4	74.0	72.3	74.6	75.4	73.2	73.2	74.0	71.2	71.4	71.1	71.6	69.9	69.4	68.8	70.5	70.5
Other	3	66.4	67.1	69.2	68.3	70.8	67.8	67.3	69.5	67.2	63.1	65.6	67.4	62.4	58.3	65.7	71.8
Other	4	67.6	68.8	69.1	69.7	69.0	65.2	68.4	65.1	61.7	64.6	62.1	64.1	66.0	62.2	66.1	66.0

Percentage of Los Angeles County Children Ages 3 and 4 Who Participate in WIC Who Have a Healthy Weight by *Best Start* Geography, 2003-2018

	Age in Years	2018 (%)	2017 (%)	2016 (%)	2015 (%)	2014 (%)	2013 (%)	2012 (%)	2011 (%)	2010 (%)	2009 (%)	2008 (%)	2007 (%)	2006 (%)	2005 (%)	2004 (%)	2003 (%)
Broadway-	3	62	63	62	58	65	62	63	63	63	60	59	60	62	60	63	69
Manchester	4	61	65	63	67	63	63	64	63	61	60	60	59	58	60	63	64
Central Long	3	65	63	67	65	64	61	62	63	60	59	63	63	59	60	63	66
Beach	4	65	67	67	64	67	65	61	63	59	61	58	61	58	60	63	68
Compton	3	61	62	65	62	62	66	62	61	64	63	60	64	65	65	68	69
Compton	4	61	60	64	65	64	68	63	63	66	60	63	63	64	67	66	71
East LA	3	56	58	59	58	60	57	53	59	64	61	60	64	60	58	56	64
	4	54	61	59	61	62	57	59	62	59	60	62	59	59	55	60	62
Lancaster	3	67	67	64	65	65	68	62	64	66	65	66	68	67	65	69	71
	4	64	65	68	65	67	66	65	64	68	61	62	63	67	66	65	71
Metro LA	3	54	57	57	57	57	57	53	55	56	55	57	61	59	60	61	59
	4	56	54	56	59	58	57	52	56	54	56	55	59	58	60	57	62
NE Valley	3	66	65	65	63	64	64	65	61	63	63	63	63	62	58	65	65
Communities	4	59	62	63	66	64	64	60	62	59	57	60	61	59	59	61	64
Palmdale	3	65	66	65	67	65	65	62	64	66	64	64	69	66	66	69	71
	4	61	66	68	68	63	65	59	64	64	60	64	66	63	64	68	68
Panorama	3	62	59	61	60	63	60	61	62	65	59	56	60	61	62	65	66
City	4	57	61	60	59	61	60	61	61	61	56	55	56	57	59	61	65
Southeast LA	3	60	63	62	65	69	67	64	65	66	61	62	62	65	63	65	68
	4	57	62	65	66	66	68	65	68	64	61	60	64	63	62	63	68
S. El Monte/	3	53	53	57	61	60	57	58	60	61	63	62	62	60	63	66	64
El Monte	4	54	53	60	61	58	55	62	60	61	60	60	60	62	64	60	64
Watts-	3	59	62	63	61	65	62	64	63	62	61	60	63	62	64	62	68
Willowbrook	4	58	63	63	63	64	67	63	63	61	61	60	61	63	62	61	66
West Athens	3	59	63	64	61	62	61	58	65	67	62	66	69	63	61	65	68
	4	58	60	62	65	62	65	57	62	59	65	62	62	65	63	66	62
Wilmington	3	61	64	59	59	61	59	57	62	64	59	57	61	56	58	63	65
	4	58	60	60	61	62	61	58	65	62	58	55	57	56	56	59	66

English Learner Kindergarteners in Los Angeles County Public Schools by Race/Ethnicity and Socioeconomic Status, 2014-15 to 2019-20

		2019-2020			2018-2019			2017-2018	
	Rate	Count English Learner Kinders	Count All Kinders	Rate	Count English Learner Kinders	Count All Kinders	Rate	Count English Learner Kinders	Count All Kinders
L.A. County overall	29.3%	36,451	124,219	30.3%	38,740	127,978	35.4%	46,540	131,341
African American	1.6%	126	8,065	1.4%	123	8,935	1.6%	142	8,908
American Indian or Alaska Native	20.9%	53	253	10.7%	24	224	10.8%	23	213
Asian	42.3%	3,880	9,182	42.4%	4,243	10,002	49.2%	4,787	9,738
Filipino	10.7%	254	2,375	12.1%	306	2,523	14.6%	364	2,488
Hispanic or Latino	36.6%	29,775	81,353	37.7%	31,626	83,872	44.3%	38,377	86,718
Pacific Islander	7.7%	22	286	7.1%	23	323	10.4%	36	346
White	10.8%	1,869	17,275	11.1%	2,018	18,176	12.7%	2,287	18,049
Two or More Races	3.7%	148	3,979	4.4%	123	2,809	4.7%	172	3,668
Not Reported	22.3%	324	1,451	22.8%	254	1,114	29.0%	352	1,213
Socioeconomically Disadvantaged	87.0%	31,709	85,531	85.5%	33,104	87,365	85.2%	39,639	90,414
Not Socioeconomically Disadvantaged	13.0%	4,742	38,688	14.5%	5,636	40,613	14.8%	6,901	40,927

		2016-2017			2015-2016			2014-2015	
	Rate	Count English Learner Kinders	Count All Kinders	Rate	Count English Learner Kinders	Count All Kinders	Rate	Count English Learner Kinders	Count All Kinders
L.A. County overall	35.6%	47,603	133,902	36.9%	48,007	130,046	38.4%	47,562	123,895
African American	1.7%	156	9,378	1.5%	140	9,508	1.6%	141	9,058
American Indian or Alaska Native	17.9%	40	223	20.6%	46	223	17.4%	45	258
Asian	45.6%	4,125	9,051	48.2%	4,116	8,542	47.7%	3,891	8,151
Filipino	15.6%	378	2,421	16.5%	389	2,364	16.3%	364	2,237
Hispanic or Latino	44.7%	39,803	88,966	46.6%	40,156	86,183	48.9%	39,903	81,551
Pacific Islander	10.9%	37	340	13.7%	53	386	13.0%	51	392
White	13.7%	2,560	18,717	14.3%	2,635	18,484	14.8%	2,674	18,119
Two or More Races	4.2%	152	3,609	4.3%	147	3,436	5.3%	163	3,098
Not Reported	29.4%	352	1,197	35.3%	325	920	32.0%	330	1,031
Socioeconomically Disadvantaged	80.1%	38,140	87,015	86.7%	41,643	91,532	85.0%	40,436	84,794
Not Socioeconomically									
Disadvantaged	19.9%	9,463	46,887	13.3%	6,364	38,514	15.0%	7,126	39,101

English Learner (EL) and Initial or Reclassified Fluent English Proficient (IFEP/RFEP) Kindergarteners in Los Angeles County Public Schools, 2014-15 to 2019-20

	EL and	IFEP/RFEP		iL	IFE	Total	
	Rate	Count	Rate	Count	Rate	Count	Kindergarteners
2019-2020	36.0%	44,703	29.3%	36,451	6.6%	8,252	124,219
2018-2019	36.1%	46,143	30.3%	38,740	5.8%	7,403	127,978
2017-2018	38.5%	50,628	35.4%	46,540	3.1%	4,088	131,341
2016-2017	39.0%	52,161	35.6%	47,603	3.4%	4,558	133,902
2015-2016	40.8%	53,081	36.9%	48,007	3.9%	5,074	130,046
2014-2015	42.5%	52,713	38.4%	47,562	4.2%	5,151	123,895

English Learner (EL) and Initial or Reclassified Fluent English Proficient (IFEP/RFEP) Kindergarteners in Los Angeles County Public Schools by Socioeconomic Status, 2014-15 to 2019-20

	s	ocioeconomically	y Disadvantag	ged	Not	ged			
	Rate EL and IFEP/ RFEP	Count EL and IFEP/RFEP	Count EL	Count IFEP/ RFEP	Rate EL and IFEP/RFEP	Count EL and IFEP/RFEP	Count EL	Count IFEP/ RFEP	Total EL and IFEP/RFEP
2019-2020	83.7%	37,431	31,709	5,722	16.3%	7,272	4,742	2,530	44,703
2018-2019	82.6%	38,110	33,104	5,006	17.4%	8,033	5,636	2,397	46,143
2017-2018	83.3%	42,152	39,639	2,513	16.7%	8,476	6,901	1,575	50,628
2016-2017	78.3%	40,819	38,140	2,679	21.7%	11,342	9,463	1,879	52,161
2015-2016	84.7%	44,981	41,643	3,338	15.3%	8,100	6,364	1,736	53,081
2014-2015	82.9%	43,691	40,436	3,255	17.1%	9,022	7,126	1,896	52,713

Percentage of Los Angeles County Young Children Enrolled in School District Special Education Services (according to DataQuest) and Population (according to Department of Finance) by Age, 2015-2019

	2019	2018-2019	2019	2018	2017-2018	2018	2017	2016-2017	2017
	Rate	Count in Special Education	Population	Rate	Count in Special Education	Population	Rate	Count in Special Education	Population
Total Children Age 0-5	3.2%	23,134	714,304	3.1%	22,811	731,064	2.9%	21,928	745,774
Age 0	0.1%	128	112,364	0.1%	124	113,016	0.1%	128	120,714
Age 1	0.2%	248	112,774	0.2%	264	120,438	0.2%	264	121,694
Age 2	0.3%	298	118,388	0.3%	309	119,982	0.2%	297	126,363
Age 3	5.2%	6,225	118,831	4.8%	6,040	125,375	4.4%	5,608	126,125
Age 4	6.4%	8,022	125,655	6.2%	7,865	126,307	6.0%	7,558	126,034
Age 5	6.5%	8,213	126,292	6.5%	8,209	125,946	6.5%	8,073	124,844

	2016	2015-2016	2016	2015	2014-2015	2015
	Rate	Count in Special Education	Population	Rate	Count in Special Education	Population
Total Children Age 0-5	2.9%	21,625	757,778	2.7%	20,858	765,423
Age 0	0.1%	136	122,018	0.1%	147	128,194
Age 1	0.2%	236	127,910	0.2%	250	128,609
Age 2	0.2%	294	126,667	0.2%	293	127,207
Age 3	4.3%	5,351	125,853	3.9%	4,867	124,409
Age 4	5.8%	7,258	124,890	5.6%	7,270	130,383
Age 5	6.4%	8,350	130,440	6.3%	8,031	126,621

Percentage of Los Angeles County Young Children Enrolled in School District Special Education Services (according to special request data from CDE) and Population (according to Department of Finance) by Race/Ethnicity, 2016-2019

	2019	2018-2019	2019	2018	2017-2018	2018
	Rate	Count in Special Education	Population	Rate	Count in Special Education	Population
Native American	1.0%	19	1,980	1.0%	19	1,882
Asian	1.7%	1,720	102,589	1.7%	1,756	104,859
Pacific Islander	2.7%	37	1,362	2.9%	40	1,398
Multiracial	3.6%	992	27,429	3.4%	940	27,482
Latino	4.5%	16,238	363,656	4.2%	15,831	375,902
Black	2.7%	1,437	52,473	2.7%	1,435	53,914
White	1.7%	2,832	162,950	1.7%	2,871	167,694

	2017	2016-2017	2017	2016	2015-2016	2016
	Rate	Count in Special Education	Population	Rate	Count in Special Education	Population
Native American	1.4%	26	1,819	1.5%	27	1,781
Asian	1.6%	1,634	103,765	1.6%	1,560	99,260
Pacific Islander	2.0%	30	1,493	2.6%	41	1,581
Multiracial	3.5%	940	27,030	3.1%	829	26,464
Latino	3.9%	15,057	389,809	3.6%	14,445	404,077
Black	2.5%	1,363	55,350	2.5%	1,437	56,921
White	1.8%	2,931	166,508	2.0%	3,338	165,627

Percentage of Third Graders That Met or Exceeded English Language Arts Standards and Count With Test Scores by Race/Ethnicity, 2014-15 to 2018-19

	201	2018-19		2017-18		2016-17		2015-16		4-15
	Percent Met or Exceeded	Count with Test Scores	Percent Met or Exceeded	Count with Test Scores	Percent Met or Exceeded	Count with Test Scores	Percent Met or Exceeded	Count with Test Scores	Percent Met or Exceeded	Count with Test Scores
L.A. County	48.7%	103,633	48.3%	102,999	43.2%	109,282	41.0%	110,966	35.0%	114,606
White	67.3%	14,717	67.1%	14,896	65.3%	15,148	66.0%	15,569	61.0%	15,963
Latino	41.7%	67,556	40.7%	67,145	35.1%	71,848	33.0%	73,315	27.0%	75,828
Black	32.4%	7,721	34.7%	7,643	29.0%	8,350	29.0%	8,418	24.0%	8,787
Asian	76.9%	7,643	77.2%	7,528	74.1%	8,404	73.0%	8,155	67.0%	8,220
American Indian or Alaska Native	46.6%	163	47.4%	175	44.7%	197	40.0%	249	36.0%	283
Native Hawaiian or Pacific Islander	42.7%	295	51.0%	312	46.4%	373	44.0%	428	32.0%	417
Filipino	73.5%	1,840	73.1%	1,838	68.0%	1,748	69.0%	1,882	62.0%	2,129
2 or more races	71.5%	3,168	71.0%	3,106	66.5%	2,788	65.0%	2,369	61.0%	2,238

Percentage of Third Graders That Met or Exceeded English Language Arts Standards and Count With Test Scores by Socioeconomic Status, 2014-15 to 2018-19

	2018-19		2017-	2017-18		6-17	2015-16		2014-15	
	Percent Met or Exceeded	Count with Test Scores	Percent Met or Exceeded	Count with Test Scores	Percent Met or Exceeded	Count with Test Scores	Percent Met or Exceeded	Count with Test Scores	Percent Met or Exceeded	Count with Test Scores
Economically Disadvantaged	39.6%	73,108	39.2%	73,565	33.4%	76,646	31.0%	78,942	26.0%	79,155
Not Economically Disadvantaged	70.6%	30,525	71.2%	29,434	66.3%	32,636	67.0%	32,024	58.0%	35,451

Percentage of Third Graders That Met or Exceeded English Language Arts Standards and Count With Test Scores by School District, 2018-19

District Name	Total Tested with Scores	Students Tested	Percentage Standard Met and Above	Dis	trict Name	Total Tested with Scores	Students Tested	Percentage Standard Met and Above
ABC Unified	10,781	1,471	62.3%	Los Angel	es Unified	248,161	38,771	42.9%
Arcadia Unified	4,761	574	75.4%	Los Nietos	3	1.025	152	46.1%
Azusa Unified	4,209	604	38.7%	Lowell Joi	nt	2,117	344	61.1%
Baldwin Park Unified	6,572	842	37.4%	Lynwood	Unified	7.097	1.045	41.5%
Bassett Unified	1,855	269	45.0%	Monrovia	Unified	2,723	358	59.2%
Bellflower Unified	6,118	838	49.9%	Montebell	o Unified	12,735	1.751	36.0%
Beverly Hills Unified	1,993	233	71.7%	Mountain	View Elementary	4.031	715	37.9%
Bonita Unified	5,202	698	73.6%	Newhall		3,783	897	65.6%
Burbank Unified	7,597	939	65.2%	Norwalk-L	a Mirada Unified	9,173	1.323	48.8%
Castaic Union	1,341	182	53.3%	Palmdale	Elementary	12,276	2.089	30.8%
Charter Oak Unified	2,389	324	51.8%	Palos Vero	les Peninsula		2,000	
Claremont Unified	3,560	445	58.6%	Unified		5,663	740	81.9%
Covina-Valley Unified	5,764	736	59.1%	Paramoun	t Unified	7,854	1,016	41.1%
Culver City Unified	3,624	491	67.8%	Pasadena	Unified	8,294	1,294	48.4%
Downey Unified	11,223	1,434	54.3%	Pomona L	Inified	11,945	1,783	39.3%
Duarte Unified	1,949	253	52.2%	Rosemead	d Elementary	1,616	248	56.5%
Eastside Union				San Marin	o Unified	1,523	203	91.6%
Elementary East Whittier City	2,141	361	23.0%	Santa Mor Unified	nica-Malibu	5,290	705	72.7%
Elementary	5,740	925	61.0%	Saugus U	nion	5 472	1 408	65.2%
El Monte City	5,214	808	47.8%	South Pas	adena Unified	2 556	353	85.0%
El Rancho Unified	4,368	560	38.9%	South Whi	ittier Elementary	1.807	254	36.2%
El Segundo Unified	1,740	210	73.3%	Sulphur S	prings Union	2,981	712	60.5%
Garvey Elementary	2,920	474	57.6%	Temple Cit	ty Unified	3.019	385	69.4%
Glendale Unified	13,210	1,935	65.2%	Torrance L	Jnified	11.823	1.576	66.7%
Glendora Unified	3,744	463	61.6%	Valle Lindo	Elementary	748	99	60.6%
Gorman Joint	51	7		West Covi	na Unified	4,381	560	49.6%
Hawthorne	4,893	838	46.7%	Westside	Union Elementary	6.400	1.046	46.9%
Hermosa Beach City				Whittier C	ity Elementary	3,880	644	50.9%
Elementary	912	144	76.4%	Wilsona F	ementary	901	140	21.494
Hughes-Elizabeth Lakes	102	26	73 1%	Compton	Unified	11 004	1 704	31.470
Inglewood Unified	4 722	745	25.0%	Hacienda	la Puente I Inified	0.410	1,724	54.0%
Keppel Union Elementary	1 741	252	30.6%	Rowland I	Inified	5,415	1,370	34.070 AC 704
La Cañada Unified	2 241	297	86.5%	Walnut Val	lev Unified	7 999	903	75.0%
Lancaster Elementary	9.078	1 588	30.9%	San Gabri	al Unified	7,555	001	F0.0%
Las Virgenes Unified	5,653	699	69.4%	Acton-Act	a Dulce I Inified	591	72	37.0%
Lawndale Elementary	3 433	540	51.2%	Manhattar	Beach Unified	2 259	13	37.0%
Lennox	3,119	558	42,8%	Redondo	Beach I Inified	5,258	408	77.0%
Little Lake City Elementary	2,788	466	55.4%	Alhambra	Unified	7,230	044	61.204
Long Beach Unified	36,864	5,334	55.6%	Wiseburn	Unified	1,754	236	68.6%

Mothers in Los Angeles County Who Gave Birth in the Last Year That Received Prenatal Care in the First Trimester of Pregnancy by Race or Ethnicity, 2014-2017

	2017			2016			2015			2014		
	Rate	Count First Trimester Care	Count Total L.A. County									
White	87.5	102,562	122,462	85.3	107,365	128,919	86.4	108,465	130,227	86.5	113,269	136,029
Black	75.6	20,883	23,867	74.6	21,009	24,643	74.2	21,720	25,141	75.4	21,749	25,139
Latina, U.Sborn	82.2	6,761	8,939	82.1	6,941	9,310	81.9	6,825	9,199	82.0	7,476	9,919
Latina, Foreign-born	84.4	34,107	41,503	84.6	35,032	42,689	84.9	35,071	42,819	85.5	34,926	42,578
Asian/Pacific Islander	85.4	22,346	26,480	85.5	25,088	29,651	84.3	26,620	31,352	82.5	27,941	32,682
Other/Missing	78.1	17,900	20,950	70.5	18,684	21,843	73.6	17,684	20,976	77.4	20,622	24,994

Mothers in Los Angeles County Who Gave Birth in the Last Year That Received Prenatal Care in the First Trimester of Pregnancy by Socioeconomic Status, 2014-2017

	2017								2014			
	Rate	Count First Trimester Care	Count Total L.A. County									
Public (i.e., Medi-Cal or other public insurance coverage)	93.5	565	723	80.5	431	611	80.3	545	740	80.7	555	717
Private (i.e., Private insurance or self-pay)	74.7	55,205	59,067	86.0	51,103	63,489	86.3	52,083	64,868	85.8	53,610	66,464

Mothers in Los Angeles County Who Gave Birth in the Last Year That Received Prenatal Care in the First Trimester of Pregnancy by *Best Start* Geography, 2014-2017

	2017								2014			
	Rate	Count First Trimester Care	Count Total L.A. County									
Broadway-Manchester	76.8	47,357	63,395	77.1	56,262	65,430	78.0	56,382	65,359	77.7	59,659	69,565
Central Long Beach	81.4	1,051	1,368	80.4	1,130	1,465	72.8	1,122	1,439	75.3	1,157	1,490
Compton	83.4	935	1,149	82.8	1,029	1,280	81.7	962	1,321	83.1	1,071	1,423
East LA	85.4	1,711	2,051	84.7	1,855	2,240	85.3	1,739	2,129	84.7	1,905	2,292
Lancaster	67.5	1,507	1,764	68.7	1,617	1,910	65.4	1,691	1,982	65.8	1,725	2,037
Metro LA	76.1	1,609	2,384	75.0	1,769	2,576	76.6	1,663	2,543	77.5	1,642	2,496
Northeast Valley	83.8	741	974	82.4	753	1,004	84.7	781	1,020	85.0	834	1,076
Palmdale	68.5	1,253	1,495	67.4	1,414	1,716	64.7	1,437	1,696	62.7	1,557	1,831
Panorama City & Neighbors	86.7	1,625	2,371	86.5	1,681	2,494	86.9	1,633	2,525	87.4	1,580	2,520
Southeast LA	85.2	1,789	2,064	85.1	1,949	2,254	86.6	1,870	2,151	86.4	2,038	2,331
South El Monte/El Monte	87.8	1,862	2,186	88.7	1,897	2,228	86.4	2,027	2,341	86.7	2,013	2,329
Watts/Willowbrook	79.3	1,041	1,185	81.1	1,129	1,273	82.0	1,268	1,467	83.9	1,266	1,460
West Athens	77.8	1,077	1,358	77.0	1,191	1,468	78.0	1,169	1,425	76.7	1,316	1,569
Wilmington	85.1	516	663	78.1	519	674	75.4	540	692	75.8	594	774
L.A. County (without BSG)	84.6	709	833		637	816		668	886	0.0	694	915

Percentage of New Mothers That Had at Least One Postpartum Checkup by Race/Ethnicity, 2010, 2012, 2014 and 2016

	2016	2014	2012	2010
White	93.8	94.8	92.7	94.0
Asian/Pacific Islander	93.3	94.0	88.4	93.5
Latina	89.5	91.1	90.0	91.0
Black	86.9	88.1	84.6	85.5

Percentage of New Mothers That Had at Least One Postpartum Checkup by Service Planning Area, 2010, 2012, 2014 and 2016

		2014	2012	2010
SPA 1	84.2	84.8	80.3	85.2
SPA 2	93.2	93.9	92.4	93.8
SPA 3	91.1	92.3	87.9	92.9
SPA 4	89.1	93.5	91.8	90.8
SPA 5	96.2	96.2	95.3	95.7
SPA 6	87.0	88.7	88.5	88.1
SPA 7	91.4	93.9	91.2	88.7
SPA 8	90.6	90.5	88.7	92.7

CONTEXTUAL INDICATOR 12

Percentage of New Mothers Experiencing Before Pregnancy Depression by Race/ Ethnicity and Service Planning Area, 2012, 2014 and 2016

	2016 (%)	2014 (%)	2012 (%)
L.A. County	9.6	10.0	11.0
White	9.5	9.0	8.1
Latina	8.8	9.6	11.5
Black	14.7	13.4	14.8
Asian/Pacific Islander	10.0	11.1	10.9
SPA 1: Antelope Valley	15.5	11.0	9.6
SPA 2: San Fernando	6.1	7.8	9.0
SPA 3: San Gabriel	9.0	13.6	12.3
SPA 4: Metro	9.7	8.9	10.0
SPA 5: West	11.3	6.8	7.7
SPA 6: South	11.6	9.6	13.5
SPA 7: East	9.3	10.6	13.3
SPA 8: South Bay	10.9	9.5	9.9

Percentage of New Mothers Experiencing Postpartum Depression by Race/Ethnicity and Service Planning Area, 2012, 2014 and 2016

	2016 (%)	2014 (%)	2012 (%)
L.A. County	25.2%		
White	22.5%	44.9%	47.6%
Latina	26.3%	46.5%	49.4%
African American	28.2%	46.6%	46.2%
Asian/Pacific Islander	24.0%	51.4%	40.0%
SPA 1: Antelope Valley	24.4%	45.5%	52.2%
SPA 2: San Fernando	25.2%	49.6%	49.5%
SPA 3: San Gabriel	28.1%	51.5%	38.9%
SPA 4: Metro	22.1%	43.0%	48.7%
SPA 5: West	16.9%	44.2%	52.7%
SPA 6: South	28.7%	42.9%	48.3%
SPA 7: East	23.4%	45.3%	50.7%
SPA 8: South Bay	24.8%	46.9%	46.8%

Percentage of New Mothers Experiencing Prenatal Depression by Race/Ethnicity and Service Planning Area, 2012, 2014 and 2016

	2016 (%)	2014 (%)	2012 (%)
L.A. County	25.0	26.1	29.7
White	18.5	18.6	16.7
Latina	27.5	30.3	34.8
Black	35.8	32.5	39.5
Asian/Pacific Islander	19.4	18.7	21.3
SPA 1: Antelope Valley	25.3	30.7	35.6
SPA 2: San Fernando	24.4	26.0	28.4
SPA 3: San Gabriel	24.9	25.1	25.0
SPA 4: Metro	25.6	25.5	27.5
SPA 5: West	18.1	14.4	16.8
SPA 6: South	29.6	32.5	42.0
SPA 7: East	25.6	28.2	34.1
SPA 8: South Bay	23.3	23.4	26.5

Percent of Mothers Reporting any Breastfeeding at One Week, One Month and Three Months, 2014 and 2016

	2016 (%)	2014 (%)
One Week	88.8	86.9
One Month	82.9	80.3
Three Months	70.8	65.5

Percent of Mothers Reporting any Breastfeeding at One Week, One Month and Three Months by Race/Ethnicity, 2014 and 2016

		2016 (%)	2014 (%)
	One Week	93.5	92.2
White	One Month	89.7	87.5
	Three Months	81.5	76.7
	One Week	87.1	85.8
Latina	One Month	79.4	77.3
	Three Months	65.2	60.1
	One Week	81.7	78.5
Black	One Month	77	69.4
	Three Months	64	52.8
	One Week	91.8	88
Asian/Pacific Islander	One Month	89.3	86.1
	Three Months	80.1	75.4

Percent of Mothers Reporting Any Breastfeeding at One Week, One Month and Three Months by Service Planning Area, 2014-2016

		2016 (%)	2014 (%)
	One Week	83.9	84.8
SPA 1: Antelope Valley	One Month	77.1	72.1
	Three Months	59.9	56.9
	One Week	89.3	89.7
SPA 2: San Fernando	One Month	83.5	85.3
	Three Months	71.4	68.3
	One Week	88.2	85.5
SPA 3: San Gabriel	One Month	83.6	79.2
	Three Months	71.9	67.9
	One Week	93.5	89.9
SPA 4: Metro	One Month	86.7	85.3
	Three Months	77.4	70.8
	One Week	96.7	95
SPA 5: West	One Month	94.5	93.2
	Three Months	90.1	85.3
	One Week	83.5	82.4
SPA 6: South	One Month	74.8	72.2
	Three Months	58.9	56.4
	One Week	87.5	85.8
SPA 7: East	One Month	79.7	78.2
	Three Months	67.9	61.2
	One Week	90.6	86
SPA 8: South Bay	One Month	86.5	78.8
	Three Months	74.2	62.4

CONTEXTUAL INDICATOR 14

Percentage of Mothers in Los Angeles County With Children Birth Through Age 5 by Highest Level of Education Completed, 2014-2017

	2017 (%)	2016 (%)	2015 (%)	2014 (%)
Less than High School/				
Unknown	15.2	16.5	17.5	18.2
High School Graduate	24.2	24.1	24.8	24.2
Some College	26.1	26.7	25.8	25.1
College Graduate	34.4	33.8	32	32.6

Percentage of Mothers in Los Angeles County With Children Birth Through Age 5 by Highest Level of Education Completed by Race/Ethnicity, 2014-2017

		2017 (%)	2016 (%)	2015 (%)	2014 (%)
	Less than High School/ Unknown	2.1	2.4	2.3	2.5
Milito	High School Graduate	11.2	11.5	12.2	12
winte	Some College	22.3	23.1	23.6	24.1
	College Graduate	64.3	63	61.9	61.3
	Less than High School/ Unknown	11.1	11.8	12.2	13
Disale	High School Graduate	29.7	29.7	30.2	30.7
BIACK	Some College	36.9	36.1	36.2	36.2
	College Graduate	22.3	22.4	21.4	20.1
	Less than High School/ Unknown	14.5	15.7	16.2	17.5
Latinu LIC Dava	High School Graduate	33.5	33.4	33.8	33.9
Latinx, US Born	Some College	35.2	34	34.3	33.2
	College Graduate	16.8	17	15.7	15.4
	Less than High School/ Unknown	40.5	41.5	43.4	45.6
Lation Ferning have	High School Graduate	31.2	30.4	30.8	30.3
Latinx, Foreign-born	Some College	17	16.7	15.8	15
	College Graduate	11.3	11.5	10	9.2
	Less than High School/ Unknown	1.7	1.9	1.9	1.6
Asian/Desifis Islander	High School Graduate	9.4	9.5	10.2	9.3
Asian/Pacific Islander	Some College	19.5	20	21	20.9
	College Graduate	69.4	68.6	67	68.3
	Less than High School/ Unknown	11.8	12.4	12.7	12.6
Other / Missing	High School Graduate	23.2	18.3	20.1	21.8
Other / Missing	Some College	30.2	31.8	31.4	33.2
	College Graduate	34.9	37.6	35.8	32.5

Percentage of Mothers in Los Angeles County With Children Birth Through Age 5 by Highest Level of Education Completed and by Socioeconomic Status, 2014-2017

		2017 (%)	2016 (%)	2015 (%)	2014 (%)
	Less than High School/ Unknown	28.6	30.1	31.7	33.3
Public (i.e., Medi-Cal or other public	High School Graduate	36.1	35.7	35.8	35.3
insurance coverage)	Some College	26	24.6	24.1	23.1
	College Graduate	9.3	9.6	8.4	8.2
	Less than High School/ Unknown	2.8	3.2	3.3	3.6
Privato (i.a., Privato incurance or celf. nov)	High School Graduate	13.2	12.8	13.8	13.5
Filvate (i.e., Filvate insurance of sen-pay)	Some College	25.3	26.8	27.4	27
	College Graduate	57.8	57.2	55.5	55.8

Percentage of Mothers in Los Angeles County With Children Birth Through Age 5 by Highest Level of Education Completed and by *Best Start* Geography, 2014-2017

		2017 (%)	2016 (%)	2015 (%)	2014 (%)			2017 (%)	2016 (%)	2015 (%)	2014 (%)
	Less than High School/						Less than High School/				
	Unknown	35.4	36.5	38.3	39.5		Unknown	20	21.7	24.8	25.6
Broadway-Manchester	High School Graduate	35.5	36	36.3	36.6	Palmdale	High School Graduate	30.5	31	28.6	27
	Some College	22.9	22.5	20.5	19		Some College	38.3	37	36.1	37.9
	College Graduate	6.3	5.1	4.9	5		College Graduate	11.2	10.3	10.5	9.5
	Less than High School/						Less than High School/				
	Unknown	35.9	33.1	36.5	34.8	Panorama City &	Unknown	28.3	31.6	34	37.8
Central Long Beach	High School Graduate	25.3	29.5	30.3	30.8	Neighbors	High School Graduate	31.3	28.3	29.4	26.9
	Some College	27.8	27.8	24.2	26.4		Some College	24.1	23.1	21.9	21.8
	College Graduate	11	9.7	9.1	8.1		College Graduate	16.3	17	14.7	13.5
	Less than High School/						Less than High School/				
	Unknown	28.1	28.8	32.2	31.3		Unknown	27.1	28.8	31.5	34
Compton	High School Graduate	37.9	38.9	37.4	39.7	Southeast LA	High School Graduate	38.7	41.4	38.8	39.9
	Some College	26.1	24.6	23.6	21.9		Some College	25.3	23.6	23.2	19.6
	College Graduate	7.9	7.7	6.9	7.2		College Graduate	9	6.2	6.5	6.5
	Less than High School/						Less than High School/				
	Unknown	24.4	28.2	28.6	31.2	South El Monte/El	Unknown	28.6	28	24.9	22.5
East LA	High School Graduate	38.9	37.2	39.5	38.9	Monte	High School Graduate	35.1	34.7	32.1	36
	Some College	25.3	25.6	23.4	21.3		Some College	22	25	27.5	28.2
	College Graduate	11.3	9	8.6	8.6		College Graduate	14.3	12.4	15.5	13.3
	Less than High School/ Unknown	16.5	18.8	19.1	20.9		Less than High School/ Unknown	37.1	35.7	34	35.2
Lancaster	High School Graduate	28.3	25.9	26.5	25.3	Watts-Willowbrook	High School Graduate	41	39.7	37.8	38.2
	Some College	41.8	42.2	41.9	41.1		Some College	17.3	20	21.9	20.8
	College Graduate	13.3	13.1	12.5	12.8		College Graduate	4.7	4.6	6.3	5.8
	Less than High School/ Unknown	35.7	41.1	45.2	49.3		Less than High School/ Unknown	29.6	30.4	29.1	25.8
Metro LA	High School Graduate	27.3	25.6	26.6	22.2	West Athens	High School Graduate	37	33.8	34.1	35.4
	Some College	22.7	19.1	17.8	18.9		Some College	26.1	24.9	25.2	28.5
	College Graduate	14.3	14.1	10.4	9.7		College Graduate	7.4	11	11.6	10.3
	Less than High School/	31.1	26	27.6	23.7		Less than High School/	34.1	31.6	33.3	34
Northeast Valley	High School Graduate	32.3	34.1	30.8	35.9	Wilmington	High School Graduate	28.8	29.3	32.4	32.2
Communities	Some College	24.6	26.8	27.1	29.7	illington	Some College	27.3	26.1	22.4	23.7
	College Graduate	10	13.1	14.5	10.7		College Graduate	0.9	10.1	10	10.1
	College Graduate	12	13.1	14.5	10.7		College Graduate	9.6	13	12	10.1

Average Number of Assets of Children at Birth in Los Angeles County by Race/Ethnicity of the Mother, 2016 and 2017

	2017 (%)	2016 (%)
White	10.3	10.1
Black	7.9	7.9
Latino, U.Sborn	8.6	8.5
Latino, Foreign-born	8.7	8.7
Asian/Pacific Islander	10.4	10.4
Other/Missing	8.8	8.6

Average Number of Assets of Children at Birth in Los Angeles County by *Best Start* Geography, 2016 and 2017

	2017 (%)	2016 (%)
Broadway-Manchester	7.7	7.7
Central Long Beach	7.9	8.0
Compton	8.1	8.2
East LA	8.9	8.8
Lancaster	7.1	7.0
Metro LA	8.1	7.9
Northeast Valley Communities	8.3	8.2
Palmdale	7.2	7.1
Panorama City & Neighbors	8.6	8.6
Southeast LA	8.6	8.6
South El Monte/El Monte	8.9	9.0
Watts-Willowbrook	7.8	7.9
West Athens	7.9	7.7
Wilmington	8.5	8.1

CONTEXTUAL INDICATOR 16

Percentage of Children Birth Through Age 5 Living in Poverty in Los Angeles County, California and the United States, 2010-2018

	2018			2017			2016		
	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator
United States	21.4	4,996,033	23,367,117	22.4	5,250,922	23,444,808	23.5	5,535,200	23,532,756
California	20.2	589,506	2,917,731	21.6	634,326	2,940,017	22.9	677,883	2,953,752
L.A. County	22.5	164,843	731,547	24.2	179,496	742,837	25.8	192,865	747,067

	2015				2014			2013		
	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	
United States	24.3	5,748,795	23,620,492	24.7	5,859,390	23,709,036	24.5	5,831,985	23,785,039	
California	23.7	704,354	2,969,136	24.0	716,492	2,982,417	23.7	708,349	2,989,382	
L.A. County	26.7	201,599	753,904	27.0	204,971	757,782	26.6	202,606	761,050	

	2012				2011			2010		
	%	Numerator	Denominator	%	Numerator	Denominator	%	Numerator	Denominator	
United States	23.8	5,677,509	23,846,195	22.9	5,445,386	23,821,023	22.0	5,223,584	23,755,763	
California	22.8	685,358	3,001,963	21.5	644,967	2,995,678	20.5	612,940	2,990,290	
L.A. County	25.7	196,831	765,539	24.5	189,044	770,289	23.6	183,625	776,667	

Percentage of Los Angeles County Children Birth Through Age 5 Living in Poverty by Race/Ethnicity, 2018

		Numerator	Denominator
White, Non-Latino	7.8	9,783	124,740
Pacific Islander alone	9.5	246	2,581
Asian alone	10.6	8,425	79,730
Multiracial	12.6	7,765	61,459
Latino	28.8	127,354	442,265
Native American	30.6	1,600	5,227
Black	31.3	16,150	51,630
Other race alone	31.3	58,607	187,206

Percentage of Los Angeles County Children Birth Through Age 5 Living in Poverty by *Best Start* Geography, 2018

		Numerator	Denominator
Broadway-Manchester	40.1	3,687	9,190
Central Long Beach	41.1	4,193	10,196
Compton	29.2	3,704	12,679
East LA	28.1	3,174	11,311
Lancaster	30.7	4,796	15,627
Metro LA	49.4	3,884	7,869
Northeast Valley Communities	24.3	2,583	10,633
Palmdale	29.4	5,034	17,139
Panorama City & Neighbors	36.8	5,411	14,693
Southeast LA	39.6	6,231	15,731
South El Monte/El Monte	32.8	2,573	7,848
Watts-Willowbrook	44.8	4,048	9,026
West Athens	42.9	1,771	4,126
Wilmington	33.0	2,211	6,707
Remainder of L.A. County	19.3	111,543	578,772



750 North Alameda Street | Los Angeles, CA 90012 First5LA.org