

Children and Families Commission

Community Analysis Report

INTRODUCTION

This analysis is the initial step to determine the health of the children of this community. This commission's mandate is to support the health and well being of all the children from conception to 5 years old. This report will focus on that population.

The Purpose of Data:

I have included this in the introduction as I realize that there may be many lay members of the community reading this. I hope to help all readers better understand the uses of this type of report. All the facts are not in. Information collection is a continuous process. The goal of this is to help us all see the forest and not just the trees.

When an individual has a problem and seeks out a health care practitioner, that provider usually begins by asking many questions to get a history of the complaint. This is referred to as the Subjective data, as it is based on the perceptions of the patient. The provider will then do an examination of the patient to determine if there are any measurable findings that will support a specific diagnosis. This is referred to as the Objective data, as it is based on the observations of a trained practitioner. This is the data collection process that results in a diagnosis by the provider.

In the realm of the public's health, one begins in the same manner to determine if there are health problems within a population. This process can begin through asking questions. We ask questions by taking surveys. We will also conduct hearings and focus groups to learn from the community about their concerns and problems.

To collaborate with this data gathering process, one also collects information from the various community health care agencies, institutions and providers. This information is usually collected in the form of statistics. A plain definition of statistics is; the number of people within any given category, divided by the number of people in that population. An example is: the number of preschool children enrolled in Head Start **divided by** the total population of children 4 and under **equals** the rate of enrollment in Head Start.

We can regard these two components as the Subjective and Objective data gathering process. Together these will enable us to make a community health diagnosis. Both are extremely important to the diagnostic process. No practitioner should feel confident in their diagnosis unless they have weighed the evidence from both of these sources of data.

Goals for this Report:

This present analysis is the beginning of the diagnosis process for people of San Luis Obispo county. Are the children within the various communities of our county healthy? How are they healthy and how are they unhealthy? What deficiencies burden the children and their families?

This report is to assist the Commissioners and the community to understand what we know and what we do not know within the county regarding the three Focus Areas. These Focus Areas are: 1> Parent Education and Support Services, 2> Child Care and Early Education, 3> Health and Wellness. The primary goal is to assist the Commissioners in their data gathering. This will help them establish policies and strategies for the use of funds within the county. The secondary goal of this document is to provide a foundation to enable them to measure the progress of programs funded.

The data at present is preliminary and not comprehensive. This deficiency will be addressed through continuing data collection and analysis. Throughout this report, when there is no data available, questions are posed to guide the data collection process. There are many more questions that can be asked and that are suggested by the California Children and Families Commission Guidelines. The questions listed are summary questions from that document. The goal for these questions was that they should be quantifiable. This will enable them to be measurable for tracking and for continuing evaluations.

-David Tuohey-Mote

I. DEMOGRAPHIC DATA:

1) Age:

Age Distribution (% of total population)

San Luis Obispo county (SLO) vs California (CA)		
Age group	CA (1990)	SLO (1999)
<1	1.4	1.2
1-4	6.6	4.5
5-14	14.1	12.5
15-24	15.3	17.7
25-34	19.1	15.8
35-44	15.6	14.9
45-54	9.8	9.9
55-64	7.5	8.2
65-74	6.2	7.6
75-84	3.3	5.6
85+	1	1.9

<1990 US Census & SLO Chamber Data-Pac>

Notable features that one can learn from this table are:

- 1) The population of those between 15-24 in SLO County is greater than the population in California. This is probably due to the large student population living in the county.
- 2) The difference between the population proportions (CA vs SLO) of those over 45 grows more with increasing age. This indicates that, compared with the total population in California, the population in SLO County is shifting significantly toward older and older people.
- 3) These two shifts in population then affect the relative proportion of those below 14 years old. Compared to California, there are fewer young children in the county relative to the total population. This could be the result of a declining birth rate, and that college student and senior citizens do not tend to have many babies.

Births:

Total Births in SLO County

1991	1992	1993	1994	1995	1996	1997	1998
2,996	2,855	2,624	2,672	2,699	2,540	2553	2449

<Dept. of Finance, E-6, 1999>

From this table one can see that the total number of births within the county are going down. The number of births has fallen by almost 18% from 1991 through last year! When we acquire the population of women in the county 15 to 44 years old, for each of these years, we will probably find that their numbers have gone up. The combination of these two factors would then lead to a substantial fall in the birth rate within the county. This would then help to explain the third observation in from the previous table.

2) Ethnicity:

Ethnic Distribution

Ethnicities (1998)	California (%)			SLO (%)		
	Total pop. (all ages)	Children (0 to 17)	Preschool (0 to 5)	Total pop.	Children	Preschool
African-American	6.9	7.4	7	2	1.9	1
Asian	11.1	11.2	11	2.8	2.4	3
Latino	29.9	40.8	46	14.5	21.2	26
Native American	0.6	0.5	0.5	0.7	0.55	0.4
White	51.5	40	35	80	74	69

<Children Now>

This table demonstrates how the proportion of each ethnic group is shifting. Though Caucasians continue to hold a slight majority of the entire population in California, Latinos children are by far the largest minority within the preschool population. Thus, as the population ages, Latinos will become the largest minority within the entire population.

In SLO County, this demographic shift is now in the early stages. Though Caucasians hold a clear majority of the population, Latinos comprise over ¼ of the population under 5. Thus, the efforts to support all the children will need to be culturally and linguistically diverse.

3) Economics:

Children Living in Poverty (%) - (rank within CA) (1995)

California		SLO	
Children (0-17)	Preschool (0-5)	Children (0-17)	Preschool (0-5)
24.3	28.6	16.7 (17th/58 counties)	20.1 (18th/58)

<Children Now>

This table shows that younger children are more likely to live in poverty. One can also see that the proportion of children living in poverty within SLO County is much less than California.

According to the *Healthy California Progress Report Initiative* (1999), 14.8% of children age 5 or younger live in poverty in SLO. The rate for CA is 19.1%. These statistics are substantially less than those reported in *Children Now*, but the former numbers come from the 1990 census, thus they are somewhat dated.

Income and parents present

SLO County	Percent of total households or families		Mean Income (1990)	
	Households with children (0-18)	Families with children (0-5)	With children	Without children
Father only	5%	5%	\$34,755	\$37,041
Mother only	17%	12%	\$19,470	\$30,096
Mother and Father	78%	83%	\$50,563	\$48,707

<1990 US Census>

This table shows how many families were with or without both parents within the house. It then compares this with the mean income within the house. In most families of young children both parents were present. But in families with only one parent present, one can see that there is much less income in those households. This is most severe when only the mother is present, these families had substantially less income.

Home ownership vs renting (%)

SLO County	Total respondents	Those with children
Own	63	50
Rent	37	50

<Action for Healthy Communities>

This demonstrates that for persons surveyed within SLO County, those families without children are much more likely to own their home. The column 'Total Respondents' includes people with children. Thus, if that group was removed to create a subset of people without children, the difference between the two groups would be much greater.

According to the *Action for Healthy Communities* report (1999), 48% of parents surveyed stated that half of their income goes to housing. While only 38% of the total surveyed spent half of their income on housing. Again, if the subset of parents was removed from the 'total surveyed' group, the disparity between the groups would grow larger. Finally, in 1999, 46% of parents in the survey have an income of less than \$35,000 per year.

II. PARENT EDUCATION AND SUPPORT SERVICES:

The Strategic Result within this Focus Area-

Improved Family Functioning: Strong Families

The goal to fix the family, to cure the ills of our society; what an enormous undertaking! These Sub-categories will help us focus on more specific areas. We need to move from the SLO County Children and Family Commission Mission Statement into areas that will enable us to concentrate on manageable objectives.

1) Education and Family Support for Pregnancy and Newborn

A- *Early Parent Education*

What are the existing prenatal and infant care education and training programs?
 How many pregnant women attend? Are they part of the high-risk groups?
 Does the content include: Prenatal self-care, childbirth, newborn and infant care, nurturing, parenting, injury prevention, poisoning prevention, coping skills to prevent abuse and neglect?

B- *Early Prenatal Care*

Current measures:
 Late or No Prenatal Care
 3.7% in CA vs 3.3% in SLO (24th / 49 counties) (1997) <Children Now>
 No Prenatal Care in 1st Trimester
 19.5% in CA vs 19.7% in SLO (1995-97) <Co Health Status Profiles>

From these statistics, one can see that 1 in 5 women within the county have problems accessing early prenatal care. This approximates the state average for early care.

Is prenatal care accessible to all pregnant women? What are the barriers to receiving this care?

C- *Prenatal Exposure to Substance Abuse*

Current Tobacco Use and Home Restrictions:

(1996)	CA (%)	Tri-Counties (%)
Cigarette use	20.4	19.9
Household ban (total)	63.7	65
No restrictions (total)	20.2	16.5
ETS harms babies -Agree	93.1	92.2
ETS harms babies- Disagree	4.3	5.2

<smoking data>

From this we note that rate of cigarette use in the Tri-Counties is the comparable to California. But the homes within the region are more restrictive in cigarette use. This contrasts with the last row that shows that people in the Tri-Counties are less likely to believe that second hand smoke is harmful to others (16th / 18 regions).

What are the existing educational programs / materials available to pregnant women?
 Number of beds available for substance abuse treatment?
 Number of spaces available within residential program for women and their children?
 Number of training opportunities available to caregivers of women and children?
 Number of home visiting / outreach programs?

D- *Nutrition Education*

Children receiving WIC assistance: (1997) <Children Now>
 CA- 68.4% of those eligible
 SLO- 48.6% of those eligible (53rd / 58 counties)

The WIC program is a valuable source of nutritional education for pregnant women and families with preschool children. As of 1997, SLO County has been unable to enroll a majority of those eligible families.

What are the existing nutrition education programs and materials available to pregnant women?
 Number of those who have been exposed to these?
 Number of Child and Adult Care Food Program providers?

2) Education and Family Support to Enhance Parenting and Child Development

A- *Parenting Education*

Number of, type, and qualifications of parenting education programs by geographic areas and by groups at risk?

Number of home-based programs?

Availability of telephone support, peer support and group support?

Is there employer support for classes and time off for workers?

Number of training opportunities available to caregivers of women and children?

B- *Education to Enhance Child Development*

Number, type, and qualifications for child development education programs by geographic areas and by groups at risk?

Number of training opportunities available to parents and caregivers to identify developmental disorders?

C- *Education of Teen Parents on Parenting and Child Development*

Teen Birth Rates: (per 1,000) (1997)

Ethnicity	CA	SLO
All	56.7	27.1 (3rd / 52)
African-American	74.6	0
Asian	21.6	6.3
Latino	103.5	84.4
Native American	69.1	0
White	26.2	17.8

<Children Now>

From this data we see that the overall rate of teen births within SLO is less than half that of CA. This was consistent during the preceding 2 years. The average Teen Birth Rate from 1995 through 1997 gives SLO the third lowest teen birth rate in CA.

Among specific ethnic groups in SLO County, Latinos have the highest rate. This high rate has been consistent during the preceding years. According to the Children Now report, African-

American teens had no teen births in 1997. But that rate has varied greatly over the preceding years. This unstable number is the result of a very small population of African-American teens within the county.

Is prenatal care accessible to all pregnant teens? What are the barriers to care for this risk group? Number of and availability of teen health centers?

Number of programs available for teen fathers?

Number of child development education programs by geographic areas for teens at risk?

D- Family Literacy Programs

The local Literacy Council reported that there were 951 persons served in FY98/99. But without knowing how many people are classified as illiterate, one cannot determine, from this number, if this is a small or substantial amount of those that need this service.

To estimate the need within the population of families with small children, one can consider the amount of women who have not finished high school as an indicator of need. Obviously, this is only gives us a rough estimate.

Babies born to mothers with <12 years of education (1997)

Ethnicity	CA (%)	SLO (%)	SLO (#)
All	31.8	21 (18th / 55)	524
African-American	19.5	5.6	1
Asian	14.1	5.7	4
Latino	54	55.1	383
Native American	29.2	25	2
White	9.2	7.9	134

<Children Now>

Mothers who have not finished high school are at a higher risk of illiteracy. Though, SLO overall has lower rates of non-high school graduates, the number and rate of Latino mothers without this education is very high here and throughout CA.

Rate of illiteracy?

Number of and availability of literacy programs?

3) Support for Family Stability and Well-being

A- Develop and Support an Integrated System of Services to Enhance and Maintain Family Self-Sufficiency

What is the divorce rate among families with children?

What is the rate of single parent household?

Number and availability of Family Resource Centers, and education programs?

B- Prevention and Intervention Programs for Families with Young Children who are at risk of Abuse and Neglect

Number of programs, groups and supports available to at-risk families?

C- Expand Programs for Young Children in Out-of-Home Care with Kin or Foster Parents

Number of slots for respite care?

Number and availability of mental health consultation services?

Number of programs that prioritize the mental health needs of parents with small children?

Number of training programs serving out-of-home care providers of children with disabilities?

Current Foster Care Rates (per 1,000) (1997)

Ethnicity	CA		SLO	
	Children	Pre-School	Children	Pre-School
All	11.3	10.3	7.6 (27th / 57)	6.8 (20th / 48)
African-American	53.7	47.6	18.8	9.1
Asian	1.6	1.5	0	0
Latino	7.9	6.9	6.2	4
Native American	24.2	26.7	3.2	0
White	9.1	9.6	7.9	8.1

<Children Now>

Foster care rates for all children in SLO County are much less than the state averages. This may indicate that SLO County families are more stable, or that there are other family resources being utilized to care for children in need.

III. CHILD CARE AND EARLY EDUCATION:

The Strategic Result within this Focus Area-

**Improved Child Development:
Children Learning and Ready for School**

Economic changes in western societies have allowed and required that many mothers work away from their families. Also, the structure of families and the roles within them have changed significantly over the last half-century. These changes have created the need for childcare by non-relatives to become a major factor in the ability of a majority of families to function.

Providing high **quality** childcare, **accessible** to all that need it, when they need it, and at an **affordable** price will continue to be the holy grail. This difficult goal is the second Focus Area.

1) Support for High-Quality Child Care and Early Education Programs

A. *Training*

The Child Care Resource Center within EOC has a training program. In 1998, there were 360 people trained there. This resulted in the establishment of 45 new Family Care Centers so far this year. There are three or four other local training programs.

Number and percentage of child care providers, licensed, exempt and family care, with standard training and continuing education?

B. Compensation and Retention of Providers

Average wages for childcare workers (\$ / year)

(1999)	CA	SLO
Annual minimum wage F/T	11,960	11,960
Median household income	38,979	37,830
Salary of child care worker	16,140	N/A
Salary of preschool teacher	20,090	N/A

<1999 CA Child Care Portfolio>

The average salary in CA of a full-time childcare worker is only 35% more than minimum wage. This is not enough to support a career in this field. This leads to a frequent turnover of staff, as people move on to other better paying positions.

The average local turnover rate within the local Child Care centers is estimated to be 33% annually. This rate could then lead to a 100% turnover rate every 3 years. If all these people left the occupation, it would require that the training programs would have to recruit and train enough workers every 3 years to fill every childcare position in the county.

Through increasing education, training, or experience, what opportunities exist for most workers to earn a salary that will enable them to remain in the field?

Number of programs in place that promote the retention of workers?

What is the average time that positions stay open?

C. Technical Support and Community Networks for Providers

The EOC Child Care Resource Connection offers technical assistance for those wishing to establish a childcare business. There is also technical assistance to Licensed facilities through State agencies.

Is this resource center able to provide active outreach to **all** workers to help them create a safe environment within the child care location?

2) Adequate and Accessible Supply of High-Quality Child Care

Percent Change in Supply of Childcare (1996 to 1998)

Type and available slots	CA	SLO
Licensed Child Care Centers	+4%	-9%
Slots available for all ages	+5%	-8%
Family Care Homes	0%	+2%
Slots available for all ages	+11%	+24%

Total	+7%	+3%
Change in population size of ages 0 to 13	n/a	-1.8%

<summary data from the 1999 CA Child Care Portfolio>

This table shows that though the county has lost licensed centers, the growth of slots within the Family Care Homes has more than offset the loss of Licensed Center slots. But this local growth did not keep up with the total growth of slots available within California. This begs the question; did the population growth among this age group grow more or less than the availability of childcare slots?

A preliminary analysis of population change, between 1996 and 1998 within the county, indicates that the total number of children less than 14 has fallen by almost 2 percent. This would indicate that there is less need for slots within the county. If one looks only at the population of children 0 to 5 years old, the population drop was over 5%! This analysis was based on the falling number of births within the county. It does not include any net migration of small children into the county.

The *1999 CA Child Care Portfolio* estimated that the childcare available in SLO county only provides for 24% of the estimated need. But this was based on the assumption that all children between the ages of 0 and 13 with working parent(s) need childcare outside the home. This assumption needs to be tested further.

At this time the only resource we have is the *Action for Healthy Communities* report (1999). This countywide survey gives us good evidence that there is not the great disparity that the *CA Child Care Portfolio*, released 12/9/99, would indicate. In the *Action* report, less than 8% of parents interviewed, with children ages 0 to 14, stated that they need full-time child care and cannot get it. Another 18% needed part-time or non-traditional hours care but could not get it. There were 76% who said that they had no problem with availability. And only 2 parents of 76 responding listed child care as a needed community service.

The Cal-Works program confounds all of this analysis. State welfare reform has created a large increase in demand for childcare services. By putting more people into the workforce, this legislation has substantially increased the phone calls to the EOC Child Care Resource Connection. The amount of calls increased by 100% after the changes went into effect.

- How many unlicensed childcare facilities exist in the county?
- Where and for whom are there child care gaps?
- Does the resource center provide information in Spanish?
- How many facilities use the Child Care Food Program?

3) Affordable Child Care for all Families

In 1998, according to *Children Now*, the cost of childcare was \$326 per month in SLO. The average cost in CA was \$651 for an infant and \$467 for preschool age children. Thus, the cost of childcare is much less in SLO than the state average.

Cost of Child Care

% of household income for an infant in a licensed child care center	CA	SLO
at minimum wage	55	40
at \$30,000/ year	22	16
at annual median income \$38,979 in CA \$37,830 in SLO	17	13

<1999 CA Child Care Portfolio>

This table demonstrates that the cost of childcare is less of a burden in SLO County than throughout California. In spite of this, a person earning only the minimum wage would still spend 40% of their monthly salary on the cost of childcare for just one child!

Head Start enrollment

	CA	SLO
% poverty rate (0-4)	28.6	20.1
% of <u>all</u> children age 4 and younger enrolled in Head Start	3.3	3.2
% of all eligible children	n/a	47.8 (27th / 57)

<US DHHS, Head Start Bureau, 1997-98 Program Information Report> <Children Now>

This data seems to indicate that there are many children living in poverty that are not participating in Head Start. According to the *Children Now* report, less than half of the eligible children in SLO are enrolled in Head Start.

- What resources are available for families to learn about financial alternatives for childcare?
- What subsidized programs are available for families in need?
- What will happen to these programs when state and federal money is pulled out?
- How many local employers offer childcare benefits?

IV. HEALTH AND WELLNESS:

The Strategic Result within this Focus Area-

Improved Child Health: Healthy Children

Health is not easily defined. A general definition of health is that it is the absence of illness. This is affected by multiple determinants. Physical, spiritual, emotional, social/cultural, environmental and intellectual factors all affect one's health.

No one is perfectly healthy, or they would never get sick, feel out of sorts, or die. Thus, no one should ever promise "health for all." Instead we need to improve access to quality health care, especially prevention services.

The third Focus Area of the County Commission is to provide guidance to insure that interventions address at least some of these multiple factors. The goal will be to protect, promote and preserve optimal health for the children within our community.

1) Access to Quality Health Services

According to the *Action for Healthy Communities* report (1999), 31% of parents in SLO stated that they have no health insurance. Only 15.5% of all respondents stated that they had no insurance. Thus, county parents are two times more likely than the general population to not have health insurance.

Also, 14% of parents stated that, during the past year, they or a member of their household could not get the health care that they needed. This was result of having no insurance, or there were problems with the insurance so that it did not cover the need. But, this does not specifically answer the question: Did your child not receive health care during the past year, when they needed it?

Finally, 25% of parents stated that they had **no** regular source of primary care. Among the total number surveyed, only 16% had no regular source of care. Again, this did not answer the question of whether or not their children had a regular source of care.

2) Maternal, Infant and Child Health

Infant Mortality Rates (1997) (per 1000 live births)

Ethnicity	CA	SLO
All	5.9	6
African-American	13.2	0
Asian	4	0
Latino	5.6	4.3
Native American	3.9	0
White	5.5	7.1

<Children Now>

The 1995 to 1997 average rate for SLO County was 4.7 per 1000 live births. In comparison to the 37 largest counties in California, SLO County ranks only 6th from the lowest county rate. This low rate can also be compared with only five countries in the world that had Infant Mortality rates lower than 5 per 1000 in 1994!

Low Birth Weight (1997) (%)

Ethnicity	CA	SLO
All	5.9	5.4 (10th / 49)
African-American	13.2	11.1
Asian	4	8.6
Latino	5.6	6
Native American	3.9	12.5
White	5.5	4.9

<Children Now>

Infants born in SLO County have comparatively low rates of low birth weight. The exceptions to this were among small minority groups, Asians and Native Americans. As these populations are small, these rates can fluctuate greatly from year to year. But this may indicate that there is a problem with Prenatal Care and / or Nutrition in these sub-groups.

Mothers who Initiate Exclusive Breastfeeding

	CA	SLO
Percent	43	82 (4th / 58)

<Children Now>

Mothers within SLO are almost 2 times more likely than the state average to start breastfeeding.

3) Children and Families with Special Conditions

The Tri-Regional Center is available for some children with special needs. What other agencies manage the care of children not covered by this service?

Do all children with special conditions have access to comprehensive intervention services?
Do providers have training to help them identify needs and make appropriate referrals?

4) Children and Families at Risk: Developmental Delays

Access to preventive services through a CHDP screening exam (1998)

Percent of children eligible within the county	39%	Percent of those assessed by Ethnicity		
		Caucasian	Latino	Other / ?
Percent of these assessed	46%	40%	45%	15%
Percent of those assessed age 0-5	71%			
Percent of total referred	10%			
Reason for referral		Dental	ENT	Other
		62%	15%	23%
Percent of all children assessed that were referred		8.5%	2.1%	3.2%

< SLO CHDP report, 3/99 and CA CHDP data FY97/98>

From this data, one can see that less than half of all the children in the county who are eligible for screening services, receive them. But, of those screened, 7 out of 10 are between birth and 5 years old. Thus, younger children, who because of their age have the highest risk of developing delays, are more likely to be evaluated. But we do not know what percentage of the eligible children between 0 and 5 receive an assessment.

Next we see that the percentage of Latino children who receive assessments is much higher than their proportion within the local population.

There are 1 out of 10 children referred subsequent to their assessment. But since less than half of all those who are eligible are assessed, we can assume that there are many more children who would need referrals that are not getting them.

The primary reason for referral is oral / dental problems. This gives us an indication that there may be many dental cavities among this population. This relates to Nutrition and Oral Health.

The second reason for referrals is Ears, Nose and Throat problems. There are many children that develop chronic middle ear infections. These can lead to hearing loss.

Does the community have the capacity to care for all those infants born at risk of disabilities? What is the percentage of Kindergarten and First grade student that are being referred for special education services?

What early intervention services are available to all preschool children?

5) Environmental Health

Exposure to Passive Tobacco Smoke (%) 1997-98

	CA	SLO
Reported Exposure	9.1	9.5

<CA CHDP report>

Almost 10% of parents stated in the context of a CHDP exam, that their children were exposed to tobacco smoke.

What is the blood lead level among the preschool population?

What is the rate of poisoning within the preschool population?

Have all homes built before 1950 been tested for lead based paint?

What is the level of exposure to pesticides by pregnant women and children?

6) Immunizations

Immunization rates (%)

	CA	SLO
Kindergartners not up-to-date at admission	10	7.8

<Healthy CA Progress Report Initiative, 1999>

Higher proportions of 5-year-olds enter school fully immunized in SLO County than the state average.

What is the immunization rate for children at 2 years and at 3 years?

What is the risk of Hepatitis B within the infant population?

7) Nutrition

CA CHDP findings (0 to 17 years)

Finding	CA	SLO
Short stature (%<5th percentile)	6.2	5.1
Underweight (%<5th)	2.5	3.9
Overweight (%>95th)	13.4	9.6
Anemia (Hemoglobin- %<5th)	15	15.8

<SLO Children's Medical Services Newsletter, Fall 1999>

The children of SLO are less likely to fall behind in stature (growth retardation) and less likely to be overweight. But, they are more likely to be underweight, and have anemia. Thus, they may have some deficiencies in their access to good nutrition. This can be evaluated further by comparing these rates between the different age groups and ethnic groups.

What is the proportion of pregnant women and preschool children who eat 5 servings of fruit and vegetables, 6 servings of grain, and less than 30% of calories from fat every day?
 What is the incidence of anemia in pregnant women in the third trimester?

8) Physical Activity and Fitness

What public space is available in all neighborhoods for recreation?
 Do these have play structures for preschool children including those with disabilities?
 What recreation programs are available for children with disabilities?
 Is physical activity recommended during prenatal education classes?

9) Oral Health

According to the *Action for Healthy Communities* report (1999), 30% of parents stated that their dependent had **no** regular source of dental care.

What is the dental caries rate for preschool children? Are all caries appropriately treated?
 What proportion is from baby-bottle syndrome?
 Are all 2-year-old children screened and counseled for dental problems?
 Is fluoridated water available throughout the county?
 Do all children with special needs have their dental needs met?

10) Alcohol and Other Drug Use

What is the incidence of Fetal Alcohol Syndrome?
 What is the incidence of drug and alcohol use among pregnant women?

11) Tobacco Use

According to the *Action for Healthy Communities* report (1999), 15% of parents smoke at least sometimes.

What is the incidence of smoking during pregnancy, by new mothers?
 How many prenatal providers provide smoking cessation support for their clients?
 How many pediatric providers provide counseling on second hand smoke exposure?

12) Injury and Violence Prevention

Motor Vehicle Injuries and Deaths (rate/10,000) (1998)

0 to 5 years old	CA	SLO
Injuries	22	21 (7th / 44)
Deaths	0.26	0

<Children Now>

Children in the county have had low rates of injury and death in auto accidents.

According to the *Action for Healthy Communities* report (1999), 90% of parents stated that they **always** read and follow the directions when using poisons, chemicals and pesticides in the home. The other 10% stated that they **sometimes** did.

Child Abuse (1996)

	CA	SLO
Reported per 1000	78.2	149.4 (46th / 58)
Cases per 1000	43.3	75.1

<Healthy CA Progress Report Initiative, 1999>

This is the most outstanding finding! The children of this county have a very high exposure to child abuse. This may be the result of a high level of awareness or vigilance within the community. Or it could mean that children are at a very high risk of abuse!

What is the rate of seat belt use by infants and preschool children?

What is the accidental death rate among infants and preschool children? What are the primary causes?

What safe home and care services or programs are available through providers or the community?

13) Mental Health

What is the percentage of primary care providers who have been trained to screen, counsel and refer appropriately for mental health problems among preschool children?

Do all families have access to mental health services for their children?

Bibliography

The 1999 California Child Care Portfolio

Action for Healthy Communities, *SLO County Data Report*, Applied Survey Research, 8/99

Action for Healthy Communities, *Special Report: Children 0 - 5 years old*, Applied Survey Research, 11/99

California Child Health and Disability Prevention Program FY 97/98 report

Children Now, California County Data Book 1999

CMS Express, Fall 1999, Children's Medical Services Newsletter, SLO County Children's Medical Services Program

Education: Table 1, "Percent of Children Served by Head Start Programs 1998" US DHHS: Administration on Children, Youth and Families, Head Start Bureau. 1997-98 Program Information Report, Region 9, 1999

SLO Chamber Data-Pac, SLO Chamber of Commerce, Urban Decision Systems, Inc., 1/99

SLO County Child Health and Disability Prevention Program, from the Screening/Billing Report form (PM160), 3/99

SLO County Health Report, SLO County Health Agency, 11/97

SLO County's Health Status Profile for 1998 and 1999.