



Early childhood is an increasingly important area of focus for improved health service delivery, program innovation and implementation, and new policy developments. Many important social goals and health objectives are linked to what happens early in a child's life: a healthy birth, experiences that support and nurture physical, emotional and cognitive development, and the early care and education that give rise to lifelong learning potential.

The recent Institute of Medicine report *Neurons to Neighborhoods* summarizes research findings on the impact of children's early experiences on their long-term health and development. For example, research shows that maternal health is related to the mental and physical health of the child, especially during the early years. This information has important implications for how health and human services are organized and delivered. The growing knowledge base from neuroscience and child development as well as intervention research from early education and child care have spurred early childhood initiatives in many states including California. The First 5 California Children and Families Commission is funding state and county early childhood programs. Reflecting the growing recognition of the importance of the early years for children's growth and development, there is a new school readiness component plan within the state's Master Plan for Education. The Select Committee on California's Children's School Readiness and Health also is exploring ways to increase the number of young children statewide who are prepared for school at the time of school-entry.

Studies show the important role that risk factors and protective factors play in the early development of a child. Exhibit 1 shows examples of community and neighborhood, family, school/peer, and individual factors that contribute to children's physical, cognitive, social, and emotional capacities. This table maps key domains to specific contributing protective- and risk-factors, and provides a conceptual framework for the programmatic and policy initiatives.

This report is based on analyses of data from the 2001 California Health Interview Survey (CHIS 2001). This survey provides new population-based information on many of the health, early care and education, and family support outcomes outlined in the California Children and Families Commission's *Results to be Achieved*. The Commission identified the short- and long-term results believed to be needed to create a statewide system that promotes and improves early childhood development. These results include strong families, children learning and ready for school, and healthy children. Examples of long-term results include access to child care for children with developmental delays or special needs, incidence of injuries, and safety measures such as bicycle helmet use.

This report highlights differences in health outcomes, health access, health and developmental risk, and health promoting behaviors that are associated with differences in the economic characteristics of the child's family, ethnicity, place of residence and, where relevant, to characteristics like insurance coverage. The report also focuses on disparities across population groups and attempts to interpret what those disparities mean in relationship to a child's health, developmental trajectory, and prospects for school readiness. In addition to disparities that are apparent across population characteristics, the report also highlights gradients in outcomes that are related to gradations of income, types of health insurance coverage (e.g. none, public, private), and place of residence (urban to rural). When gradients occur, they suggest the possibility of a causal relationship between the outcome and the factors associated with the gradient.

Focusing on the health and developmental determinants of school readiness is important because school readiness has become a major program and policy focus of First 5 California, with a growing collaborative effort between state and county commissions to launch a statewide school readiness initiative. Each of the school readiness initiatives is addressing both the processes and services that are included in CHIS 2001 (e.g., health insurance, use of health care, access to care) as well as the ultimate health and well-being outcomes that are measured in the survey. Thus CHIS 2001 provides a valuable source of benchmarking, goal-setting, subpopulation analysis, and trend data that is so urgently needed by state and county commissions, as

well as by other public and private stakeholders in early childhood issues. CHIS 2001 is a particularly valuable resource to early childhood initiatives in California due to its planned periodicity (biannually).

School-readiness indicators and CHIS 2001 measures that relate directly to the First 5 school-readiness framework are summarized in Attachment 1. This provides First 5 Commissions with an easily accessible summary of these indicators. Attachment 2 compares selected CHIS 2001 indicators with national information on children age 0-5 years. Attachment 3 provides county level information for key school-readiness indicators. This report includes an

overview of children's well-being, in addition to an analysis of elements of Children's Readiness for School (*Early Care and Education*), and Family and Community Supports and Services (*Parenting/Family Support, and Health and Social Services*). It also summarizes performance measures/indicators that relate to First 5 information needs and adopted performance measures around school readiness. Within each section, we give special focus to CHIS 2001 measures that have been adopted by First 5 California as indicators of results to be achieved (e.g., *Results to be Achieved, March 2000; California Children and Families Commission Guidelines, September 1999*). For example,

EXHIBIT 2 – FRAMEWORK FOR EARLY CHILDHOOD INITIATIVES: EXAMPLES OF RISK AND PROTECTIVE FACTORS INFLUENCING YOUNG CHILDREN'S HEALTH AND DEVELOPMENT

	PROTECTIVE FACTORS	RISK FACTORS
NEIGHBORHOOD/COMMUNITY	<p>STRONG ECONOMIC CONDITIONS</p> <p>SAFE AND STABLE COMMUNITY</p> <p>ACCESSIBLE SERVICES</p>	<p>EXTREME ECONOMIC DEPRIVATION</p> <p>COMMUNITY DISORGANIZATION, INCLUDING HIGH MOBILITY</p> <p>COMMUNITY VIOLENCE</p> <p>MINORITY/IMMIGRANT STATUS</p>
FAMILY	<p>ADEQUATE FINANCIAL RESOURCES</p> <p>NURTURING, SUPPORTIVE FAMILY MEMBERS WHO ARE POSITIVE MODELS</p> <p>SAFE AND STABLE (ORGANIZED AND PREDICTABLE) HOME ENVIRONMENT</p> <p>FAMILY LITERACY</p> <p>SECURE ATTACHMENT IN EARLY YEARS</p>	<p>FAMILY POVERTY</p> <p>FAMILY CONFLICT/VIOLENCE</p> <p>FAMILY SUBSTANCE ABUSE</p> <p>FAMILY MODELS PROBLEM BEHAVIOR</p> <p>ABUSIVE PARENTING</p> <p>INSECURE ATTACHMENT</p>
SCHOOL/CHILD CARE	<p>PROVISION OF HIGH QUALITY CHILD CARE</p> <p>GOOD QUALITY PRESCHOOL</p> <p>POSITIVE RELATIONSHIPS</p>	<p>INADEQUATE QUALITY CHILD CARE</p> <p>POOR QUALITY PRESCHOOL</p> <p>NEGATIVE ENCOUNTERS</p>
INDIVIDUAL/CONSTITUTIONAL	<p>HIGHER COGNITIVE FUNCTIONING</p> <p>PSYCHOPHYSIOLOGICAL HEALTH</p> <p>EASY TEMPERAMENT AND POSITIVE BEHAVIOR</p>	<p>MEDICAL PROBLEMS</p> <p>LOW BIRTH WEIGHT OR NEURODEVELOPMENTAL DELAY</p> <p>PSYCHOPHYSIOLOGICAL PROBLEMS</p> <p>DIFFICULT TEMPERAMENT AND ADJUSTMENT PROBLEMS</p>

indicators for Access to Quality Health Services include: assuring enrollment of eligible children in Medi-Cal, Healthy Families or other state programs; reporting on the relationship between health insurance type and obtaining access to care for children. Indicators identified in the First 5 California planning guidelines (1999) that are available in CHIS 2001 are discussed in the report.

Future cycles of CHIS can continue to benchmark key indicators that would be measured biannually. New content can also be incorporated every two years. This will be useful as the school readiness initiatives are implemented, and the target processes and outcomes defined, so that future versions of the survey can potentially address those processes and outcomes. For example, as new programs and services are made available or substantially increase in scope (e.g., family resource centers, school-based school-readiness programs), other content or access/utilization measures could be added. Because nearly all surveyed respondents agreed to be re-contacted, CHIS also provides the opportunity for “follow-back” surveys that could gather more extensive information about particular topics (e.g., use of early childhood services, access to child care or other services for children with developmental problems or chronic illnesses). This is a unique opportunity for data about children because the indicators are reflective of children across cultural, linguistic, and ethnic lines. Survey items were subjected to rigorous cognitive and cultural/linguistic appropriateness testing. This process is unique to CHIS 2001 and contributes to the value of this information for understanding the health and well-being of Californians.



CHIS is a new and comprehensive population-based survey that sheds light on the family, school/peer, and individual factors associated with young children's health and development. CHIS is the nation's largest state health survey. It is a collaborative project of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute. CHIS 2001 was funded by the California Department of Health Services, First 5 California (the California Children and Families Commission), The California Endowment, the National Cancer Institute, the Centers for Disease Control and Prevention (CDC), and the Indian Health Service.

CHIS 2001 includes a sample of over 55,000 households randomly selected through a random-digit-dial (RDD) telephone survey. Independent county samples were drawn in the 33 most populous counties and in the cities of Pasadena, Long Beach and Berkeley, which have their own health departments. The remaining 25 counties were aggregated into eight separate sample groups. In addition to having a sample size that is large enough to produce local-level data, the CHIS 2001 RDD sample was also designed to provide health data on American Indians and Asians, with separate Chinese and Filipino samples. (In addition to the RDD sample, several oversamples of other Asian groups and rural and urban American Indians were interviewed, but due to the complex weighting issues for them and their small samples of young children, they will not be used in this analysis.) The questionnaires were translated and administered in five languages in addition to English: Spanish, Korean, Vietnamese, Khmer, and Mandarin and Cantonese dialects of Chinese. Survey content was subjected to rigorous linguistic, comprehension, and cultural appropriateness testing to improve the validity of reports from many major linguistic and cultural groups. Nearly all CHIS 2001 respondents agreed to be re-contacted for special topical "follow-back" studies.

Sampling

In each selected household, an adult aged 18 years or older was randomly chosen to participate in the adult interview. If the adult respondent was the parent or guardian of one or more children under age 18 in the household, one child age 0-11 years and one adolescent age 12-17 years were selected to be in the survey.

Survey of Young Children

This report provides results for the 4,733 children age 0-5 years, weighted to the population of young children in California. The adult who was most knowledgeable about the selected child was administered the child questionnaire. In most but not all interviews (about 90%), the most knowledgeable adult who completed the interview about the child was also the parent who completed the adult interview. About 37.4% of parent respondents were fathers while 60.9% were mothers. Because of children's rapid development in early childhood and varied needs by age, this report presents child health and well being indicators in relationship to potential First 5 school readiness measures for infants (less than 1 year), toddlers (1-2 years), children of preschool age (3-4 years), and children age 5 years. Exhibit 3 shows the distribution of the sample weighted to the California population.

Area of Residence

CHIS 2001 shows that the largest proportion of young children in California live in urban areas. Another 19.6% are in neighboring, semi-urban "second cities". About one-quarter live in suburban towns. About 7.5% of young children are in small towns, while the smallest percentage (4.9%) live in rural areas.

Family Structure

About 72% of young children in California live with married parents. Another 10% are in households with one parent living with a partner. About 9% of children's parents are widowed, divorced or separated while 9% have never been married. In total, 18% of children age 0-5 years live in single parent households. This is lower than the national percentage where 26% are in single parent families.²

² Family Structure, ChildTrends Data Bank, <http://www.childtrendsdatabank.org/demo/family/59FamilyStructure.htm>

**EXHIBIT 3 – CHIS 2001 SAMPLE, CHARACTERISTICS OF CHILDREN AGE 0-5 YEARS
CALIFORNIA 2001**

	%	(95% RANGE)	TOTAL YOUNG CHILDREN (AGE 0-5)
AGE			
< 12 MONTHS	15.6	(14.3-17.0)	470,000
12-23 MONTHS	16.8	(15.4-18.2)	505,000
24-35 MONTHS	15.8	(14.5-17.2)	475,000
36-47 MONTHS	16.1	(14.7-17.5)	483,000
48-59 MONTHS	17.5	(16.0-19.0)	525,000
60-71 MONTHS	18.1	(16.7-19.6)	544,000
RACE/ETHNICITY			
NON-LATINO WHITE	42.1	(40.3-43.8)	1,264,000
LATINO	39.7	(37.8-41.6)	1,191,000
AFRICAN-AMERICAN	5.6	(4.7-6.5)	168,000
ASIAN	9.8	(8.7-10.8)	293,000
PACIFIC ISLANDER	0.3	(0.13-0.45)	9,000
AMERICAN INDIAN/ALASKA NATIVE	0.3	(0.2-0.4)	10,000
OTHER/MULTIRACIAL	2.3	(1.8-2.8)	69,000
EDUCATION OF MOTHER			
LESS THAN HIGH SCHOOL	23.2	(21.4-25.0)	647,000
HIGH SCHOOL DIPLOMA	23.8	(22.1-25.4)	662,000
SOME COLLEGE	14.0	(12.8-15.3)	391,000
COLLEGE GRADUATE OR HIGHER	39.0	(37.2-40.8)	1,087,000
MARITAL STATUS			
MARRIED	71.8	(70.1-73.9)	2,139,000
LIVING WITH PARTNER	9.7	(8.5-10.9)	289,000
SEPARATED	4.3	(3.4-5.3)	128,000
DIVORCED	4.2	(3.4-5.0)	124,000
WIDOWED	0.6	(0.3-1.0)	19,000
NEVER MARRIED	9.1	(7.8-10.5)	271,000
INCOME			
LESS THAN 100% FPL	23.3	(21.5-25.2)	701,000
100-199% FPL	23.6	(22.0-25.2)	709,000
200-299% FPL	14.5	(13.3-15.7)	436,000
300% FPL OR ABOVE	38.5	(36.8-40.2)	1,157,000

continued on next page

**EXHIBIT 3 – CHIS 2001 SAMPLE, CHARACTERISTICS OF CHILDREN AGE 0-5 YEARS
CALIFORNIA 2001 (CONTINUED)**

	%	(95% RANGE)	TOTAL YOUNG CHILDREN (AGE 0-5)
WORKING HOURS (OF FATHERS)*			
NOT WORKING	6.6	(5.0-8.1)	73,000
UP TO 20 HOURS	1.1	(0.5-1.7)	12,000
20-40 HOURS	46.1	(43.1-49.1)	511,000
MORE THAN 40 HOURS	46.2	(43.3-49.2)	513,000
WORKING HOURS (OF MOTHERS)**			
NOT WORKING	48.5	(46.0-51.0)	892,000
UP TO 20 HOURS	4.8	(3.9-5.7)	88,000
20-40 HOURS	38.3	(35.9-40.6)	704,000
MORE THAN 40 HOURS	8.5	(7.3-9.6)	155,000
CITIZENSHIP STATUS			
CHILD AND BOTH PARENTS U.S. BORN CITIZENS	48.9	(47.0-50.7)	1,453,000
CHILD CITIZEN, PARENT NATURALIZED CITIZEN	21.5	(19.9-23.0)	639,000
CHILD CITIZEN, PARENT NONCITIZEN WITH GREEN CARD	16.0	(14.6-17.6)	478,000
CHILD CITIZEN, PARENT NONCITIZEN WITHOUT GREEN CARD	11.1	(9.7-12.5)	330,000
CHILD IS NONCITIZEN	2.5	(1.9-3.1)	74,000
PARENT ENGLISH PROFICIENCY			
SPEAKS ENGLISH WELL OR VERY WELL	67.0	(63.9-70.0)	2,010,000
SPEAKS ENGLISH NOT AT ALL OR NOT WELL	33.0	(30.0-36.1)	992,000
AREA OF RESIDENCE			
URBAN	41.8	(40.1-43.6)	1,255,000
SECOND CITY (SEMI-URBAN)	19.6	(18.4-20.8)	587,000
SUBURBAN	26.2	(24.5-27.8)	784,000
SMALL TOWN	7.5	(6.7-8.4)	226,000
RURAL	4.9	(4.3-5.4)	146,000

* Information for subpopulation of children whose father completed the child interview

** Information for subpopulation of children whose mother completed the child interview

Family Income

Family income is a key indicator of the overall well-being of a child, as material resources are needed for the care and support of young children. Young children in poverty are at risk for lower cognitive abilities and lower performance in school.

CHIS 2001 shows that about 23.3% of children age 0-5 years live in households with income below 100% of the federal poverty level (FPL). About 23.6% live in households between 100-200% of the FPL, 14.5% live in households between 200-300% FPL, and 38.5% live in households with income of 300% FPL or greater. A larger proportion of young children in California are in households with income below the FPL, than are children nationally

Education and Employment

Half of the mothers of young children (47%) have only a high school education/high school equivalent, or less than a high school education. About 23.2% have less than a high school education.

An important measure of the potential of young children to move out of poverty is secure parental employment. Most fathers and about half of mothers are working. About 6.1% of fathers and 45.3% of mothers are not working. Most working fathers report working 20-40 hours (46.1%) or more than 40 hours (46.2%) during the previous week. About 38.3% of mothers work 20-40 hours weekly. Fewer working mothers (8.4%) than working fathers work more than 40 hours per week.

National data show that the percentage of children in U.S. households where both parents or the only resident parent works increased to 68% in 2000. Nationally, labor force participation for single-parent, maternal-headed families has increased to 79%.³

Parents' English Language Ability and Citizenship Status

About two-thirds of parents of young children speak English well. About one-third (33%) report low English proficiency and speak English either not at all, or not very well.

About 48.9% of young children are U.S. citizens with U.S. born parents. About 21.5% are citizens with a naturalized parent. Another 27.1% have a non-citizen parent with or without a green card. Only 2.5% of young children are noncitizens.

3 Trends in the Well-Being of America's Children and Youth 2001, Office of the Assistant Secretary for Planning and Evaluation, U.S. DHHS, <http://aspe.hhs.gov/hsp/01trends/index.htm>