

# **Status upon Entry of Clients Served By the Children and Families Commission of Orange County, 2002-2007**

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June 2009



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## Executive Summary

Beginning in 2001, programs funded by the Children and Families Commission of Orange County (CFCOC) began collecting client demographic data and information on key indicators that link back to the CFCOC's strategic plan. As of December 31, 2007, the Core Outcomes Data Module (CDOM) database contained more than 152,580 client records. This extensive number of client records collected over six years enables the CFCOC to make comparisons between the clients participating in each of the major types of programs as well as compare the characteristics of clients participating in those programs. Comparing these data across programs provides informative assessments of the clients enrolled in each of the respective programs.

The data in this report compare the characteristics of clients at the time of their initial interviews to document the status of children as they begin to receive services through CFCOC-funded programs.<sup>1</sup> In most cases, data are included for each of the six years 2002 through 2007. As in prior reports using these data, this report makes distinctions among three primary subpopulations of CFCOC clients: those in the Bridges for Newborns program (73% of all participants), children enrolled in State School Readiness programs (8% of all records), and those children served in Other, non-Bridges programs (19% of all records).

Findings from this analysis suggest that there have been some critical improvements among children beginning to participate in CFCOC-funded programs, as well as some areas in which the children's conditions have declined. The data also suggest that CFCOC is serving populations that face substantial challenges. For example:

- As they entered the program, a lower percentage of children in State School Readiness programs were uninsured in 2007 than in prior years. Although the percentage of uninsured children in Other Programs had increased in 2006, the proportioned of uninsured children in these programs decreased in 2007 for almost all ages.
- The percentage of children in State School Readiness and Other Programs that had no medical doctor or clinic at which they regularly received services declined in 2007. From 2002 through 2007, the proportion of children without a medical home decreased from 17% to 8% among participants in Other programs. In State School Readiness programs, these percentages decreased from 20% in 2003 to 6% in 2007.
- In 2007, almost half (49%) of all children being served by the CFCOC had families that were living at or below 100 percent of the federal poverty level. Between 2002 and 2007, these figures increased slightly for Bridges families, decreased among families in State School Readiness programs, and increased overall for families in Other Programs. In 2007, 70% of all families were living at or below

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<sup>1</sup> End of service information, or outcome data, is collected through Service Outcome Questionnaires once the client has completed the program or has turned age 6.

200 percent of the federal poverty level. Between 2002 and 2007, the percentage of children whose families were at or below 200 percent of the federal poverty level increased for Bridges families, decreased for State School Readiness families, and fluctuated but returned to the rate of 81% for families in Other programs.

- Although the level of mothers' education has remained fairly constant from 2002 through 2007, there is a higher proportion of mothers with less than a high school education in the State School Readiness and Other Programs.
- From 2004 through 2007, the proportion of families that reported sharing a home with another family decreased gradually for all three subpopulations.
- The percentage of children whose parents read to them everyday was slightly lower in 2007 compared to 2006, but still higher than in prior years. Across all five years of data collection, approximately 42% of children beginning to receive CFCOC-funded services have lived in households in which a family member reads to them daily.
- The percent of families with more than 10 books in the home has increased from 43% to 48% from 2005 to 2007.

## **Introduction**

### **The Children and Families Commission of Orange County (CFCOC)**

In 2000, the CFCOC adopted its Strategic Plan, which outlines its goals, outcomes, indicators and objectives, and guides its funding decisions. The CFCOC allocates millions of dollars annually to an array of programs serving children from birth to age 5 and their families. These programs include local community groups and service organizations, social service partners, school districts, faith-based organizations, local hospitals and health clinics, family shelters, and minority/ethnic organizations to ensure that all children in Orange County are healthy and ready to learn when they enter school.

### **CFCOC Strategic Plan**

CFCOC has identified four goals in its strategic plan:

1. *Healthy Children*: Ensure the overall physical, social, emotional and intellectual health of children during the prenatal period through age five.
2. *Strong Families*: Support and strengthen families in ways that promote good parenting for the optimal development of young children.
3. *Ready to Learn*: Provide early care and education opportunities for young children to maximize their potential to succeed in school.
4. *Quality Services*: Ensure an effective delivery system for child and family services.

CFCOC and its grantees are tracking outcome indicators that are associated with the first three of the four strategic goals listed above.<sup>2</sup>

Data related to the *Healthy Children* goal include information on health insurance coverage and access to a medical home. Data related to the *Strong Families* goal include information on family self-sufficiency. Data related to the *Ready to Learn* goal include information on practices that encourage early literacy and early learning.

Goal	Outcome	Indicator(s)
Healthy Children	Increased percent of children who have and use a comprehensive health home	• Percent of children who have health insurance
		• Percent of children with a medical home
Strong Families	Increased family self-sufficiency	• Percentage of children living in poverty
		• Percentage of mothers who completed high school or its equivalent
		• Percentage of families who share a household
Ready to Learn	Increased caregiver knowledge and skills to promote children's readiness for school	• Percentage of families who read stories daily to their children
		• Percentage of families who have children's books available in the home

**Data Collection and Analysis**

This report summarizes the characteristics of clients served in programs funded by the CFCOC at the beginning of services. The CFCOC evaluates the programs it funds to learn about their accomplishments, to guide program improvements, and to comply with statutory requirements.<sup>3</sup> The evaluation efforts include both Commission-wide and program specific evaluations. Commission-wide evaluation efforts, of which this report is a part, aim to provide an overall picture of CFCOC's accomplishments and progress toward achieving its goals and objectives, and includes all funded grantees as part of the effort.

The data included in this report come from the Core Data Outcomes Module (CDOM) of the Outcome Collection, Evaluation and Reporting Service (OCERS), representing all the children who received ongoing CFCOC supported services from January 2002 through December 2007 and who consent to participate in the evaluation efforts. The statistical summaries provided throughout this report are based on 152,580 initial interviews, which typically are conducted within the first one to three contacts a program has with the child and family. Information on

<sup>2</sup> No client-level indicators are collected for Quality Services goal because these programs do not provide direct services to children or their family members.

<sup>3</sup> By October 15 of each year, each County Commission must report on "the progress toward, and the achievement of, program goals and objectives, and information on programs funded and populations served for all funded programs." (California Health and Safety Code Section 130150(a))

families with children 5 years of age or younger is entered into CDOM soon after their initial contact with a CFCOC grantee. The first data entry into CDOM is referred to as an initial Core Data Element (CDE) measure (i.e., baseline). Initial CDEs are conducted with families as close to program enrollment as feasible without disrupting service delivery. Depending on the duration and intensity of services provided, programs conduct subsequent CDEs annually with participants. Participants may be asked to complete CDEs more than once during the fiscal year. For instance, participants in the State School Readiness program may be asked to complete a CDE at the beginning and end of the school year. This report summarizes results from the annual CDEs submitted for the participants in calendar years 2002 through 2007 to provide a description of clients at the start of services for each calendar year.

CFCOC funds an array of services for young children from birth through age 5 and their families under three goal areas, including Healthy Children, Ready to Learn, and Strong Families programs. Under the Healthy Children goal area, the Bridges for Newborns program serves the largest number of children among all CFCOC programs. Through this program, CFCOC partners with birthing hospitals and a network of service providers to identify children whose families could benefit from additional family support and link them to a network of those services. This program also assists families in enrolling their children in health insurance programs, and establishing relationships with clinics and doctors for immunizations and well-child check-ups. Additional Healthy Children programs include the School Readiness Nurse Expansion program, which provides funding for a school-based nurse position in each participating elementary school; Children's Health and Safety programs; Fitness and Nutrition programs; Children's Dental Health Initiative; the Pediatric Health Service program; and Project Connections/Family Resource Centers.

Ready to Learn programs include California's First 5 School Readiness Program, as well as other, local School Readiness programs, and an Early Literacy Network. The State School Readiness program aims to improve the transition from early care settings to elementary school and to increase the capacity of schools and communities to promote the success of young children at low-performing schools. This program focuses its efforts in five key areas, including health and physical development, emotional well-being and social competence, attitudes toward learning, communicative skills, and cognitive skills. Local School Readiness programs include funding School Readiness Coordinators, who act as liaisons with early learning centers, school districts, and Head Start, to ensure that schools are prepared to meet the needs of children when they arrive. The Early Literacy Network promotes the expansion of model literacy programs, and uses volunteers and home visits to model parenting techniques surrounding reading and literacy.

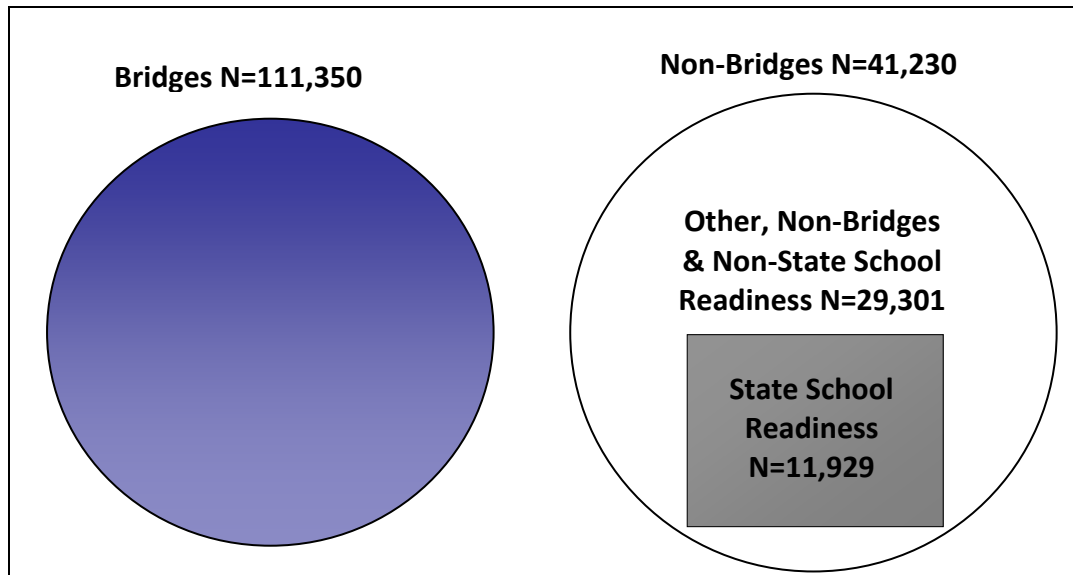
The Strong Families programs attempt to support and strengthen families. Among the programs funded in this area are efforts to develop and establish 2-1-1, the countywide phone center that connects Orange County residents to community health services and support. Additionally, CFCOC supports homeless prevention programs and has partnered with HomeAid Orange County, which funds transitional shelters built and supported by homeless families.

The CDOM data presented in this report are grouped into three primary subpopulations of children and families, based on their initial participation in one of the programs described above. These subpopulations are frequently defined by the reasons a child has been served by a CFCOC program. For example, the majority of children are intercepted at birth through the Bridges for Newborns program. Others are encountered through Non-Bridges programs, which includes the State School Readiness program and Other, Non-Bridges and Non-School Readiness Programs (the range of other programs described above).<sup>4</sup> Table 1 lists the CFCOC-funded programs by goal area and identifies in which of the three subpopulations the program is categorized.

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<sup>4</sup> For brevity, we refer in the remainder of this document to other, non-Bridges and non-State School Readiness programs as Other programs.

**Figure 1. Summary of Subpopulations**



**Table 2. Programs by CFCOC Goal Area**

CFCOC GOAL AREAS		
Healthy Children	Strong Families	Ready to Learn
<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Bridges for Newborns</li> <li><input type="radio"/> Child Health &amp; Safety Community Education</li> <li><input type="radio"/> Community Clinics</li> <li><input type="radio"/> Fitness/ Nutrition</li> <li><input type="radio"/> Health Access</li> <li><input type="radio"/> Children's Dental</li> <li><input type="radio"/> Pediatric Health Services</li> <li><input type="radio"/> Project Connections/ Health Access</li> <li><input type="radio"/> School Nursing</li> <li><input type="radio"/> Healthy Children Grants</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Boys &amp; Girls Clubs Projects</li> <li><input type="radio"/> Homeless Prevention</li> <li><input type="radio"/> Strong Families Grants</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> State School Readiness</li> <li><input type="radio"/> Early Literacy</li> <li><input type="radio"/> Ready to Learn Grants</li> <li><input type="radio"/> Special Needs Program</li> <li><input type="radio"/> School Readiness Expansion</li> </ul>

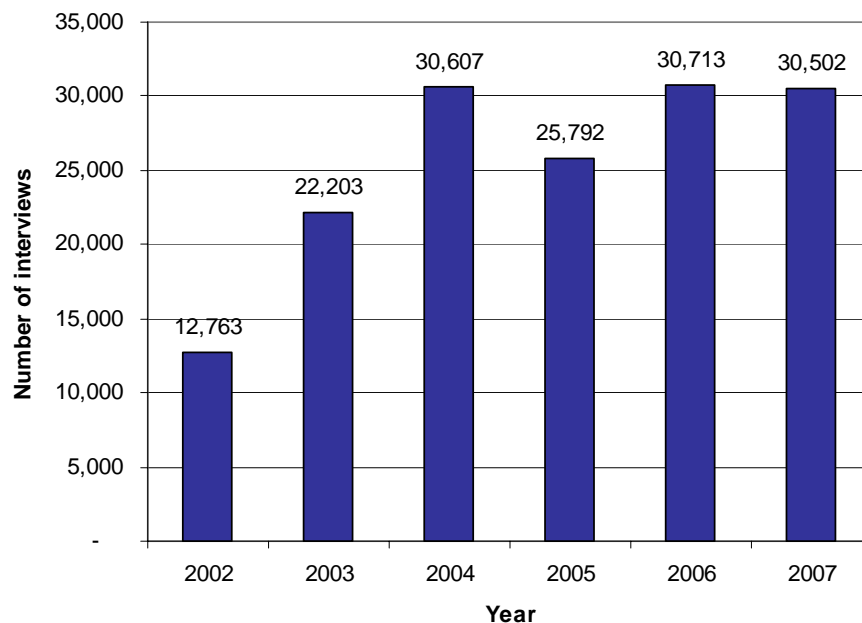
- Bridges
- State School Readiness
- Other Programs

These subpopulations can differ in many respects, including typical age group served and types of services provided. For example, children in the Bridges population are newborns and infants younger than 1 year old; children in the State School Readiness population are generally ages 3-5; and children in the Other Programs are ages 0-5. This report thus focuses on the contrasts and similarities between the three subpopulations, and supplies information that will provide context and support for the interpretation of subsequent results. As the figure illustrates, the Bridges for Newborns Program collected CDOM data from 111,350 children during the six calendar years included in this report, and the Non-Bridges programs, which include State

School Readiness and Other programs, collectively surveyed 41,230 children. State School-Readiness programs served 8,364 children, while the Other programs surveyed 29,301. Between January 2007 and December 2007, 19,037 children were surveyed in the Bridges for Newborns program, while Non-Bridges programs collected CDOM data from an additional 11,465 children, of which 3,565 were participants in State School Readiness Programs.

Data provided by CDOM also identify the number of initial interviews that were conducted each year, from 2002 through 2007. Figure 2 shows the distribution of these initial interviews conducted in each of the six years they have accumulated. The number of initial interviews increased every year from 2002 to 2004. There was a significant decrease in the number of CDOMs completed in 2005 and a large increase of CDOM to a high of 30,713 in 2006. The numbers dipped slightly between 2006 and 2007.

**Figure 2. Number of CDOM completed by year**



The decline in the number of initial interviews in 2005 may be due to a number of factors. First, there were significantly fewer births at Bridges hospitals in calendar year 2005 than in prior years. Thus, the fewer births can provide at least a partial explanation for the decrease in initial interviews. However, this does not fully explain the reason for the large decrease, as there were significantly fewer initial interviews for children in each age group during this year. Another explanation is that fewer CDOM interviews were conducted in 2005, although more children were receiving services. Table 2 lists the total number of clients served each year, as

reported in the Aggregate Data module in OCERS.<sup>5</sup> As the table suggests, while the total numbers of clients being served by CFCOC programs increased consistently from 2004 through 2007, the percentage of CDOM completed for the total CFCOC client population peaked in 2004, then saw a significant decline in 2005. The proportion of CDOMs completed continued to decline gradually in subsequent years.

**Table 2**  
**Percentage of Total Children Served with CDOM Data by Year**

Year	Total Number of Clients (Aggregate Data)	CDOM	% Total Clients with CDOM
2004	66,815	30,607	46%
2005	82,138	25,792	31%
2006	107,337	30,713	29%
2007	107,924	30,502	28%

**Program Participants: Demographics**

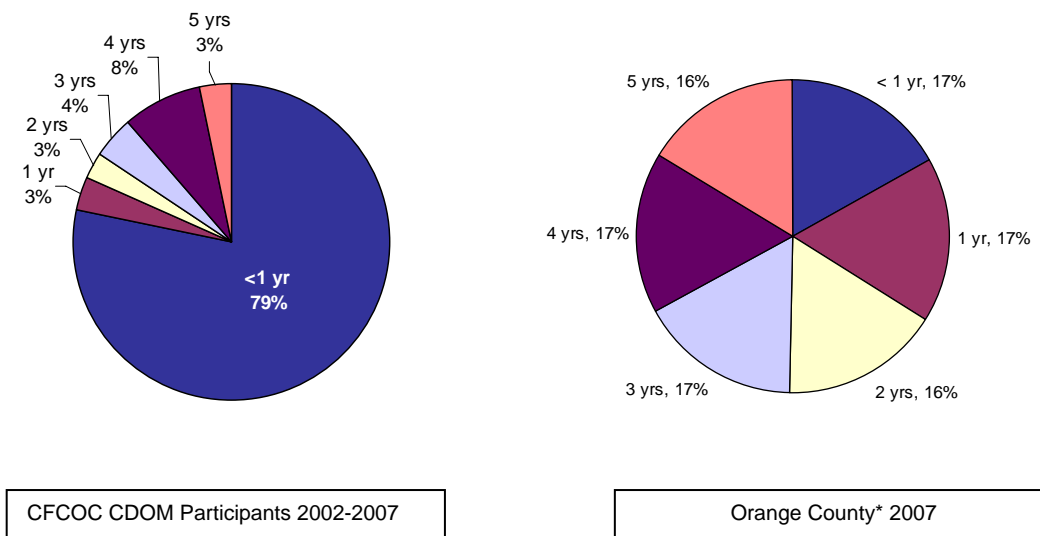
**Age Distribution**

The age distribution of children served by the various CFCOC-funded programs was examined. Figure 3 provides the breakdown, by age, of children participating in Bridges and Non-Bridges Programs from 2002 through 2007 and compares it to the age distribution of children ages 0-5 throughout Orange County. As seen in Figure 3, 79% of the children who were served by CFCOC programs were less than one year of age—largely because the Bridges Program, which has the largest number of completed CDOMs, is for newborns. The next most frequent age at the time of the initial interview was four year olds, who comprise 8% of the overall population. This is likely due to the fact that the State School Readiness programs primarily serve four year olds. This distribution varies significantly from that of the county. In Orange County, there is a more even distribution of children from birth through age 5, with each age representing 16-17% of the population in this age range.

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<sup>5</sup> The Aggregate Data Module was first implemented in the mid-2003; therefore, data for calendar year 2003 is incomplete. Only aggregate data was included for 2004 through 2007, which includes complete calendar year data.

**Figure 3. Ages of Children in All Programs for All Years, 2002-2007, and Orange County 2007**



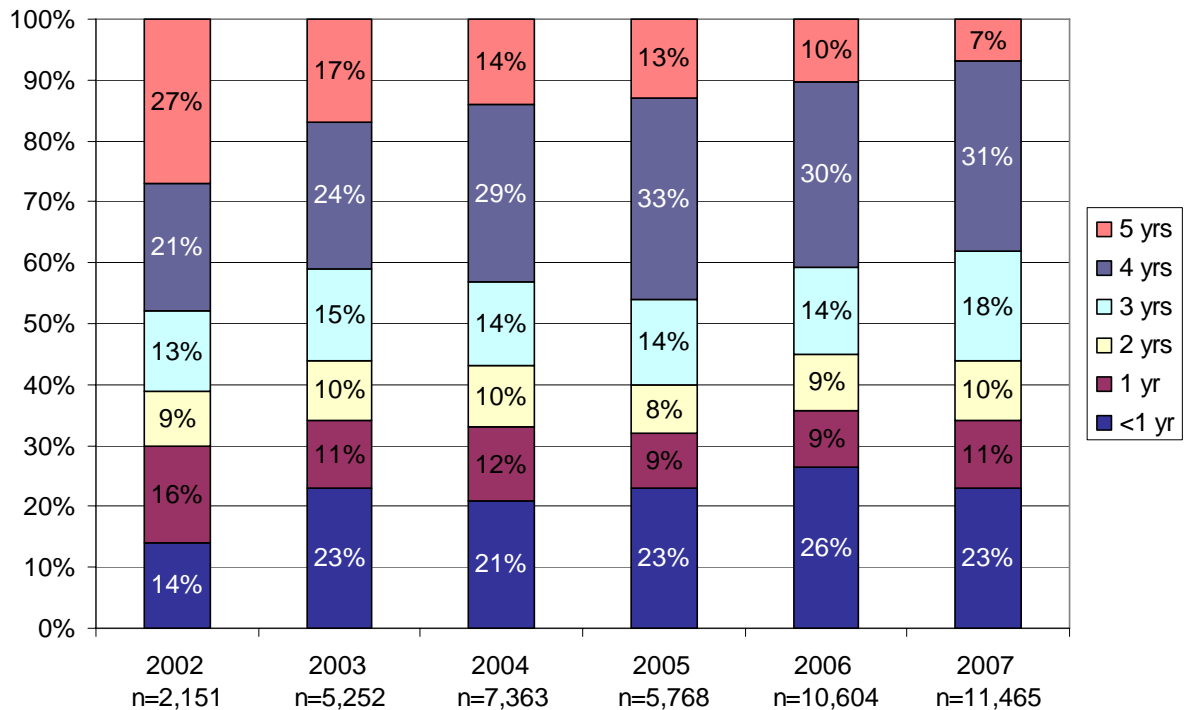
\* Source: CA Department of Finance 2008

**Distribution of Children’s Ages for State School Readiness and Other Non-Bridges Programs**

Figure 4 displays the differences in the age distributions of children served across a five-year period for State School Readiness and Other programs.<sup>6</sup> As seen in the figure, the percentage of newborns and infants under the age of one served in these programs increased the most between 2002 and 2003 (from 14% to 23%), fluctuated slightly since 2003, and reached its highest proportion in 2006 (26%). The percentage of one year olds dropped significantly between 2002 and 2003 (16% to 11%), and has fluctuated between 9% to 11% in the past three years. The percentage of two and three year olds served by these programs has fluctuated slightly, but has remained fairly constant over the six-year period. However, the percentage of three year olds increase from 14% to 18% between 2006 and 2007. In contrast, the percentage of four year olds increased each year between 2002 and 2005, before tapering off slightly in 2006 at 30% and increasing slightly in 2007 to 31%. The percentage of five year olds being served by the programs experienced a significant drop between 2002 and 2003 (27% to 17%), and has continued to decline each year since.

<sup>6</sup> Children in the Bridges program are all newborns and, thus, are all under the age of one, so their data are not described here.

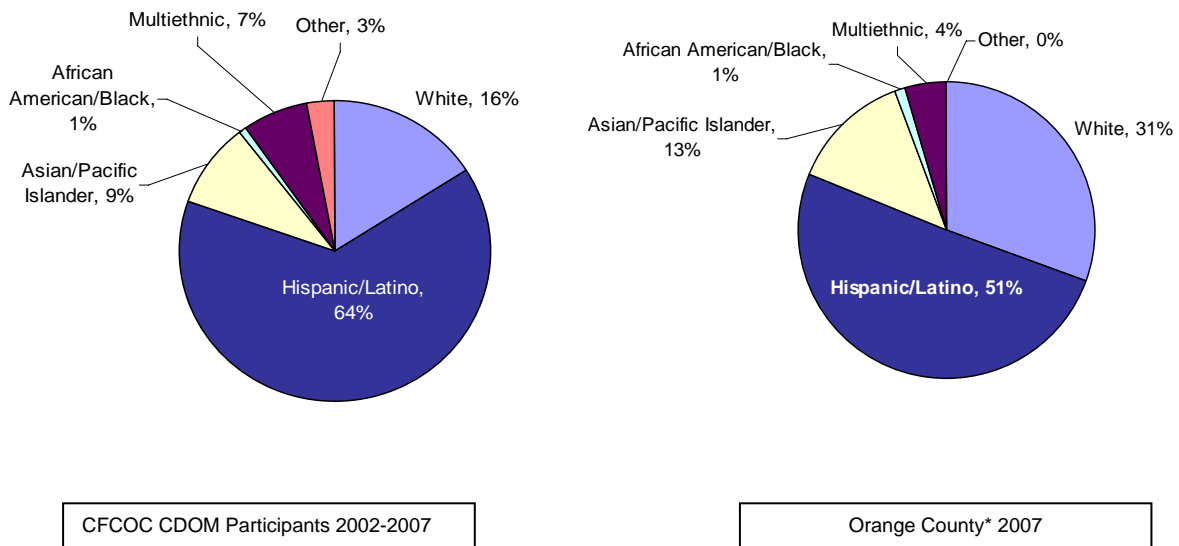
**Figure 4. Age Distributions: Six-Year Comparison for Non-Bridges Programs Only**



**Ethnicity**

Ethnicity was examined both over time and across programs. Figure 5 summarizes children’s ethnicity among CFCOC programs across all five years and all subpopulations, and compares it with Orange County. As shown in Figure 5, 51% of young children in Orange County in 2007 were identified as Latino, less than one-third (31%) were white, 13% were Asian/Pacific Islander, 1% were African-American, and 4% were other ethnicities or of mixed race. Among CFCOC participants, Latinos made up 64% of the total client population, followed by non-Latino White children (16%, multiethnic children (7%), Vietnamese (5%), other Asians (4%) and African Americans (1%). Children who were reported as being some “Other” ethnicity (3%) represent a small percentage of the children served by CFCOC-funded programs.

**Figure 5. Ethnicity of Children in All Programs 2002-2007 and Orange County 2007**



\* Source: CA Department of Finance 2008

Figure 6 shows the ethnic breakdown in the three major subpopulations of Bridges, State School Readiness and Other programs.<sup>7</sup> Latino children represent the largest ethnic group served by State School Readiness (85%), Other Non-Bridges (75%), and Bridges Programs (60%). Although Latino children were the majority in each of the programs, they were much more populous in non-Bridges Programs. Non-Latino White children the next largest group for all three subpopulations: they made up 19% of Bridges for Newborns, 12% of Other Programs, and 5% of State School Readiness program participants. Multiethnic children were somewhat more common in the Bridges program and Other programs (8% and 5%, compared to 2% in State School Readiness programs), while those described as being of some “other” ethnicity were slightly more common in the Bridges programs. The demographics of children served by the Bridges program are somewhat more representative of the children within Orange County overall, probably because Bridges hospitals represent all but two of the birthing hospitals in Orange County and the programs attempt to provide psychosocial risk screenings to all mothers who consent to participate. In contrast, other CFCOC-funded programs are more targeted and are less likely to have a client population that reflects the broader population. For example, the State School Readiness programs operate in thirteen of the lower-performing school districts in the county, which tend to be lower-income and have a higher proportion of Latino families.

<sup>7</sup> Percentages do not sum to 100% due to rounding error.

**Figure 6. Ethnicity in Three Subpopulations, 2002-2007 Combined**

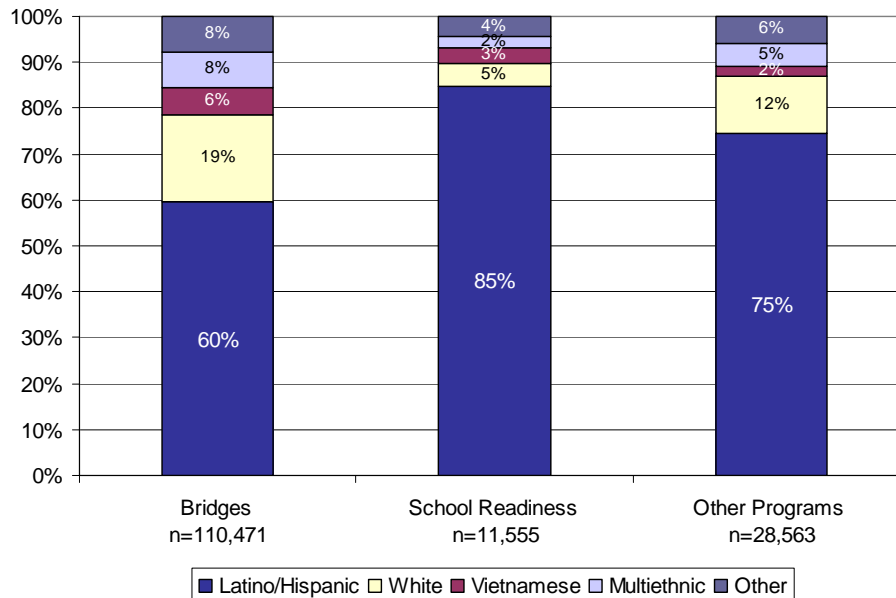
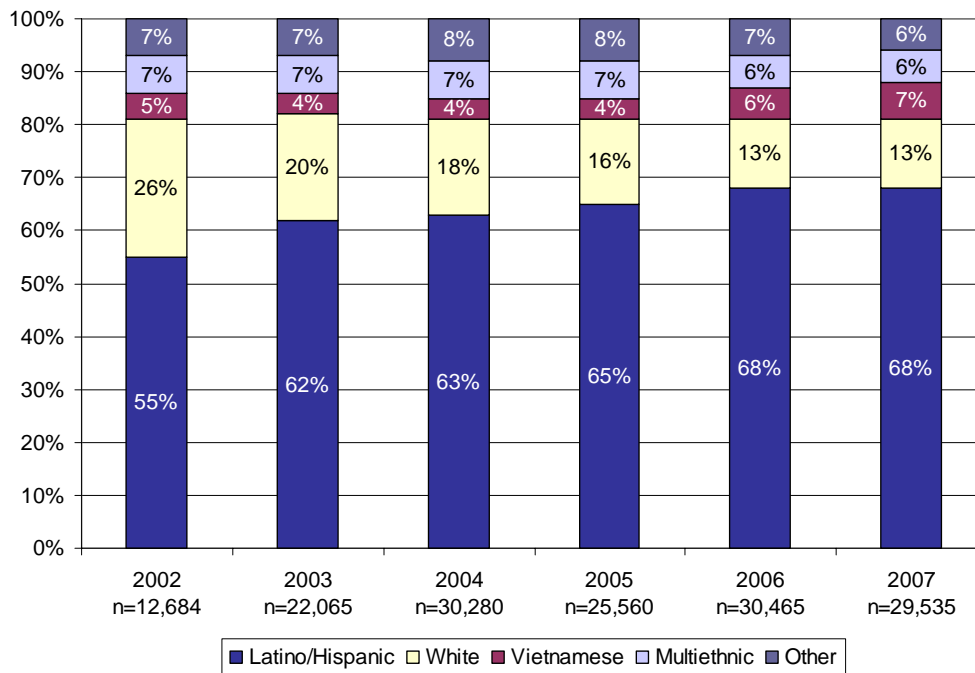


Figure 7 displays a five-year comparison of the ethnicity of participants across all programs. Latinos are the largest ethnic group represented, followed at some distance by non-Latino White participants. While the percentage of those served who identified as Latino increased by 13 percentage points between 2002 and 2007 (an increase of nearly 24% overall), there was a corresponding decrease of 13 percentage points among non-Latino White individuals (a 50% decrease overall). The distribution among the remaining ethnic groups stayed relatively constant across time, with the exception of an increase in Vietnamese participants from 2005 through 2007.

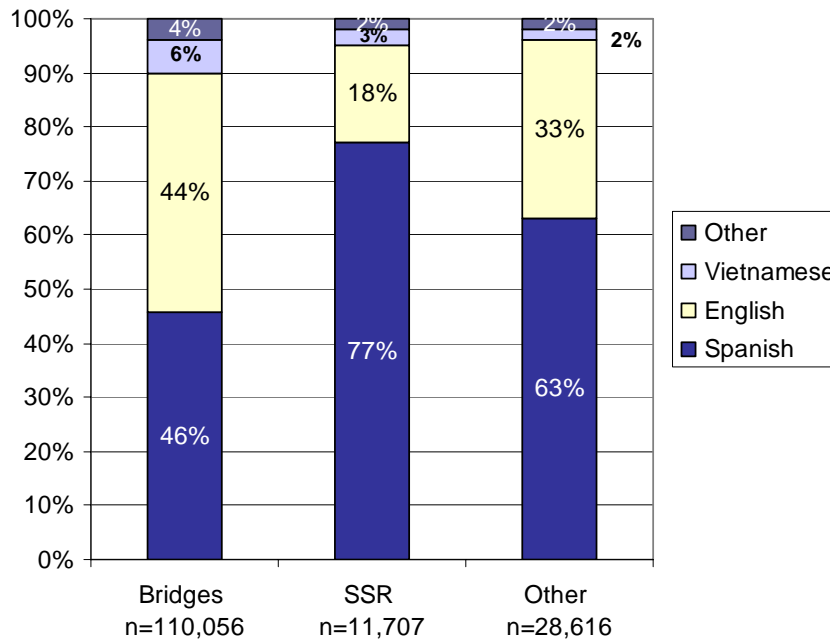
**Figure 7. Ethnicity, Six-year Comparison, 2002-2007**



**Primary Language**

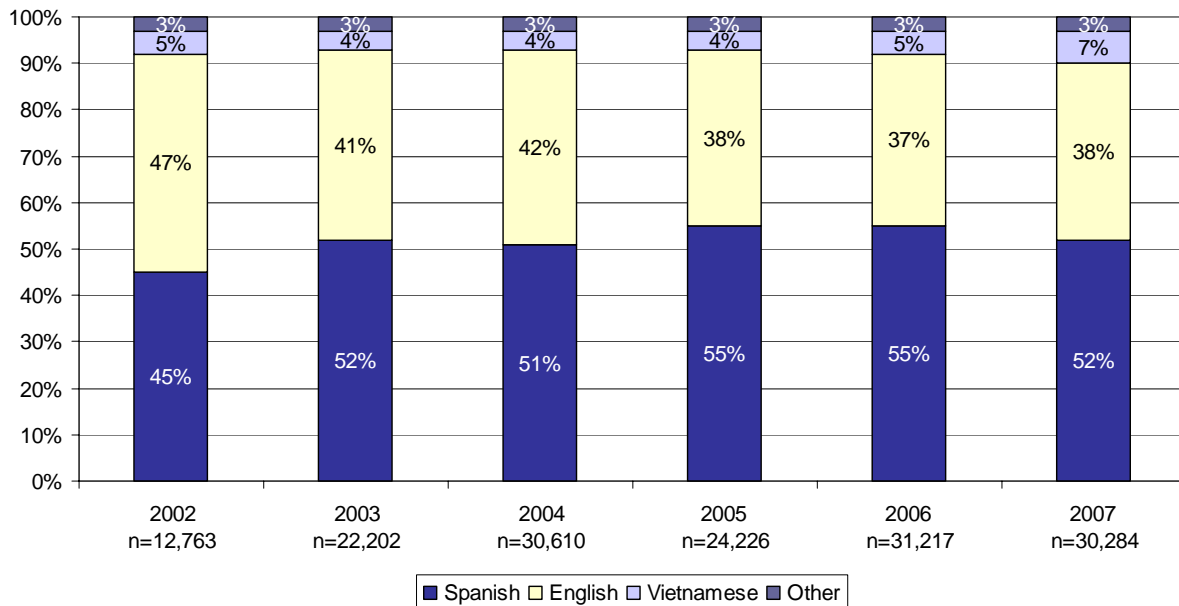
The patterns in the primary language spoken by those served by CFCOC programs are similar to those for ethnicity. Figure 8 displays the primary language spoken in households served by each of the three main program areas. Spanish speakers represent the majority of participants in both the State School Readiness and Other programs, while Spanish and English-speaking households are almost equally prevalent among those in the Bridges program. Comparing results for ethnicity in Figure 6 and primary language in Figure 8, the proportion of families identifying their primary language as Spanish is smaller than the proportion identifying themselves as Latinos, indicating that not all Latino participants identify Spanish as their primary language.

**Figure 8. Primary Language in Three Subpopulations  
(2002 - 2007 combined)**



Specifically, while 60% of families whose children are enrolled in Bridges Programs report they are Latino, only 46% report that Spanish is their primary language. Similarly, while 85% of children in State School Readiness programs report being Latino, 77% in this program report Spanish as the family’s primary language. The pattern is similar among those in Other Programs. This is also consistent when examining the primary language spoken broken down into the various years in which the programs have operated in Figure 9. Comparing this figure to Figure 7, although Spanish has been the predominant language spoken in the households of clients in these programs in every year except 2002, in each year the percentage of Spanish-speaking households is significantly lower than the percentage that are Latino.

**Figure 9. Primary Language, Six-Year Comparison, 2002-2007**



**Strategic Goal 1: Healthy Children**

The CFCOC funds programs aimed at improving children’s health. Grantees funded under this strategic goal gather CDE data to assess their effectiveness, including data as to what extent:

- children are born healthy,
- children have and use a comprehensive health home, and
- children are growing up in healthy and safe environments.

**Outcome: Increased percent of children who have and use a comprehensive health home**

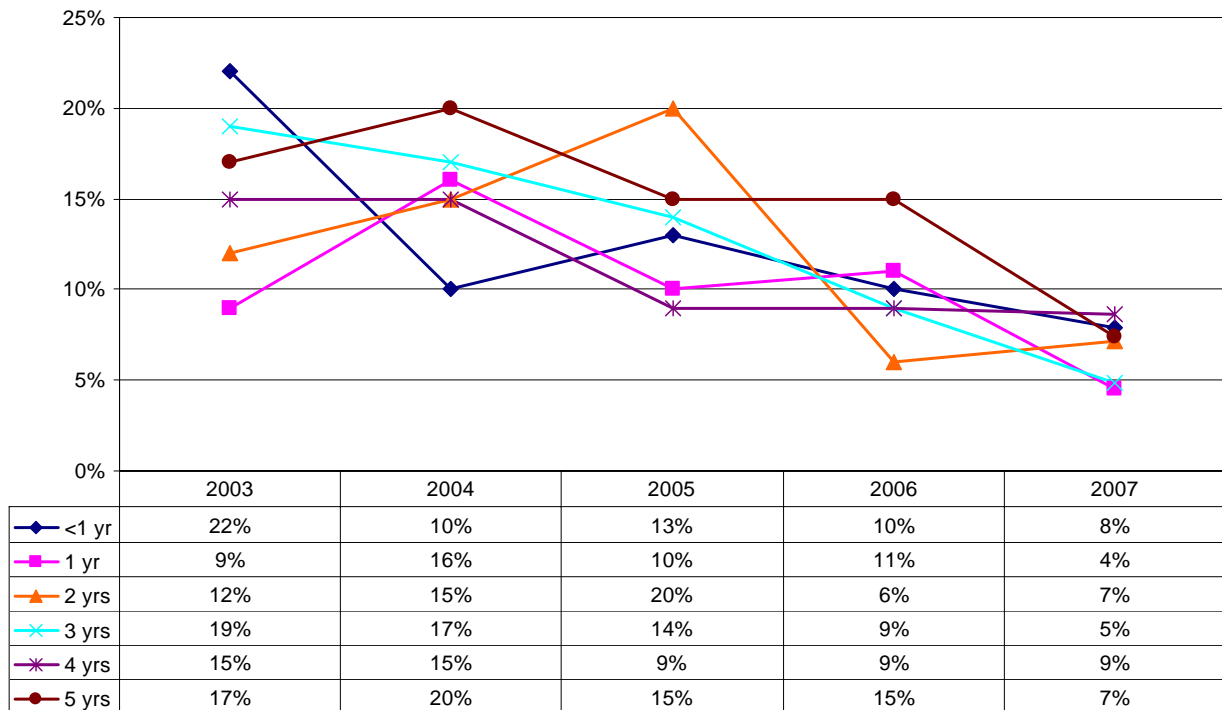
At the beginning of services, the following indicators are documented in CDOM pertaining to this outcome: (1) percentage of children who have health insurance, and (2) percentage of children with a health home.

**Health Insurance Coverage**

Because most children have some form of health coverage at birth and, thus, when they are enrolled in the Bridges program, the analysis reported in this section excludes data collected from Bridges and focuses on the change over time in health coverage of children in State School Readiness and Other programs. Figure 10 displays the percentage of children in the State School Readiness program who are uninsured, for each age group in the years 2003 through 2007.<sup>8</sup>

<sup>8</sup> State School Readiness programs began collecting data regarding health insurance coverage in 2003; therefore, no data is available for 2002.

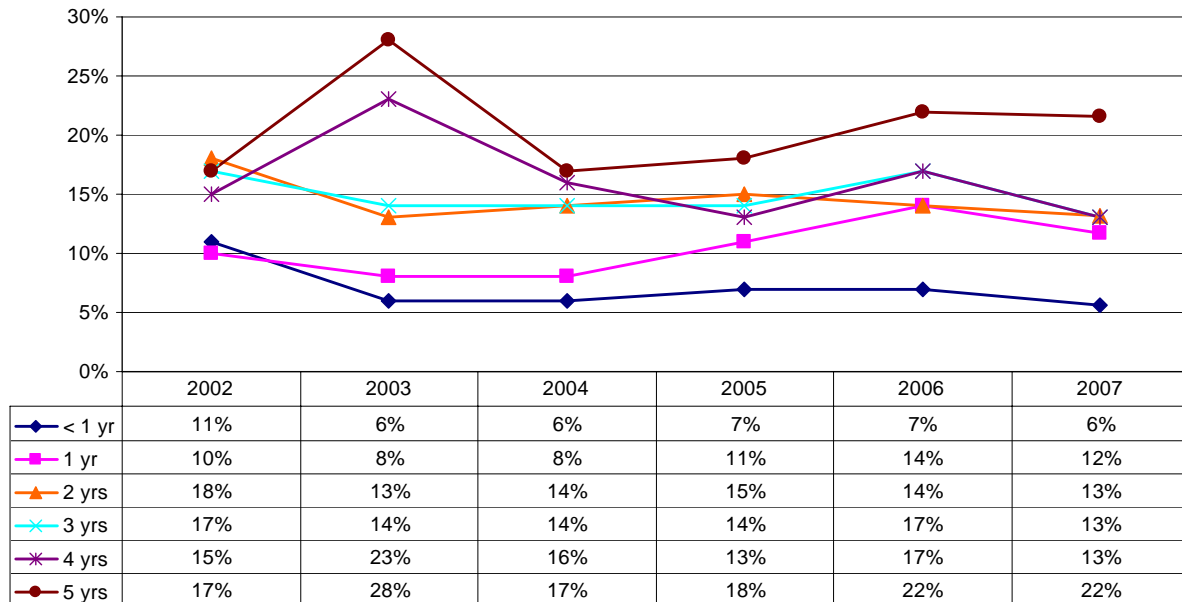
**Figure 10. Percent Uninsured by Age for Children in State School Readiness Programs, 2003-2007**



Overall, the percentage of uninsured children in School Readiness decreased between 2003 and 2007 for all ages. From 2003 to 2004, the percentage of uninsured children younger than one year old dropped by 14 percentage points (a 64% decrease). The percentage rate for this age group rose between 2004 and 2005 and then continued to decline to 8% in 2007. Between 2005 and 2006, the number of uninsured two-year olds decreased substantially (a drop of 70%), and rose slightly in 2007. The figure shows that the percentage of three year olds who are uninsured has consistently decreased over the past several years (a decrease of 14 percentage points between 2003 to 2007).

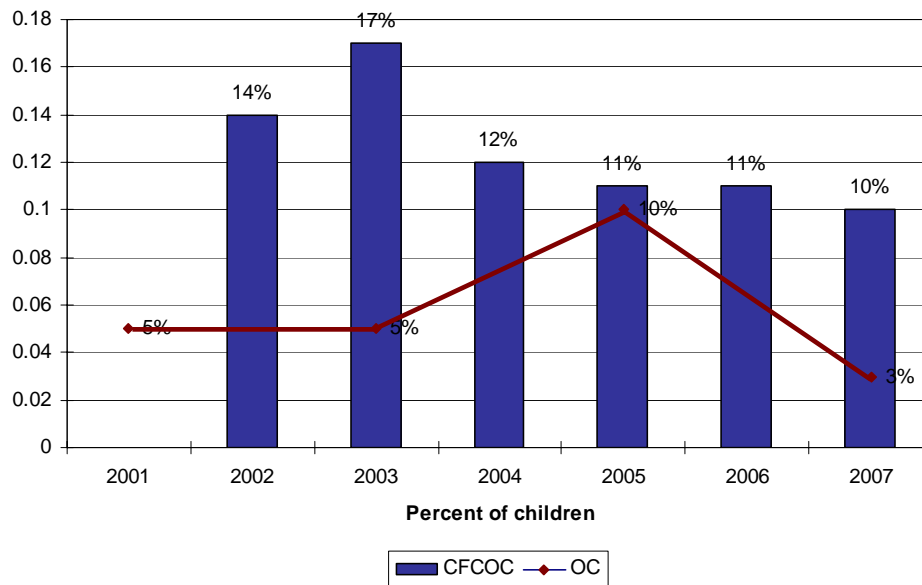
Figure 11 presents a similar analysis for the Other programs, disaggregating the data by calendar year and age of the child. This figure shows that children served by CFCOC-funded programs are more likely to be uninsured as they grow older. With the exception of 2002, the percentage of uninsured five year olds has always been greater than that for any other age group. A significant increase in the percentage of uninsured four and five year olds occurred between 2002 and 2003. Following this spike, the percentage returned to prior levels in 2004 and has remained relatively steady since 2005. Between 2005 and 2006 all age groups experienced an increase in the percentage of uninsured children, with the exception of two year olds. Rates of uninsured children decreased for all ages between 2006 and 2007, with the exception of rates among 5 year olds, which remained at 22%.

**Figure 11. Percent Uninsured by Age for Children in Other Programs, 2003-2007**



Among families in Orange County who were interviewed in the California Health Interview Survey (CHIS), 5% reported that their children ages 0-5 were uninsured in 2001 and 2003; this rate increased to 10% in 2005, and decreased to 3% in 2007. Figure 12 below displays the percentage of uninsured children in Non-Bridges Programs and in Orange County from 2002 – 2007. The overall rate of uninsured children has decreased slightly in Orange County from 5% in 2001 to 3% in 2007. The percentage of uninsured children in Non-Bridges programs was consistently higher than the county rate, although Non-Bridges Programs also saw a decrease in uninsured children (14% in 2002 through 10% in 2007).

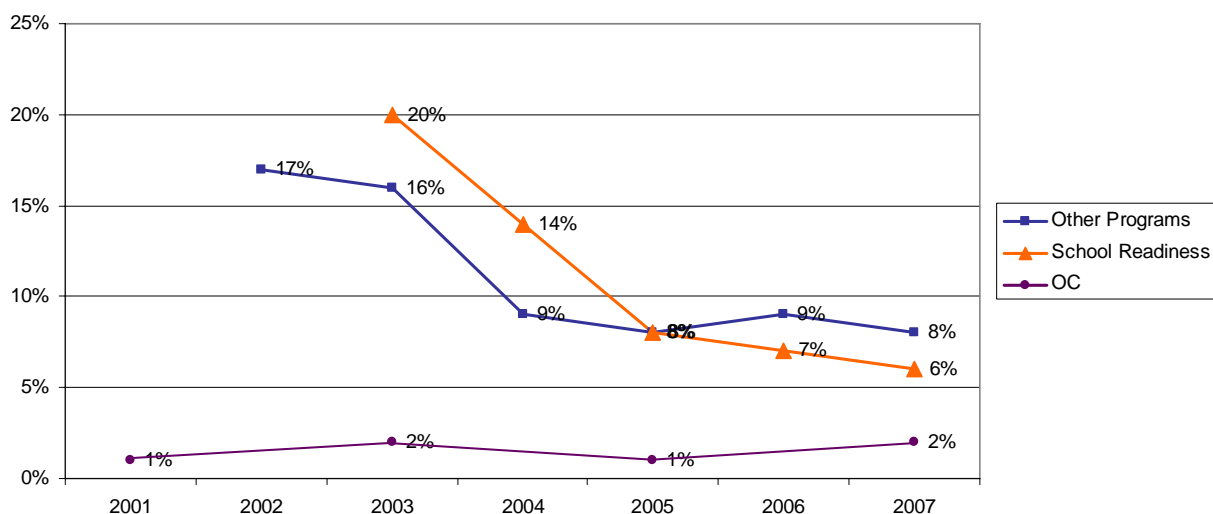
**Figure 12. Percent Uninsured by Year, Non-Bridges Programs and Orange County, 2002-2007**



**Medical Home**

The CDOM data also include information on whether a child visits a health clinic or has a doctor from which they regularly receive medical care. Questions about an established medical home are asked for children over three months of age. Figure 13 summarizes percentage of children *without* a medical home for State School Readiness and Other Programs.

**Figure 13. Percentage of Children in School Readiness and Other Programs Without a Medical Home\***



\*2003 data not available for School Readiness Programs  
 SOURCE: Countywide date: California Health Interview Survey

Between 2003 and 2007 the percentage of children *without* a medical home as they entered a State School Readiness program decreased sharply from 20% to 6%. For Other Programs, the number of children *without* a medical home decreased almost every year, from a high of 17% in 2002 to 8% in 2007. Compared to families who were interviewed in the CHIS, CFCOC programs have a substantially greater proportion of children without a medical. Among those families interviewed by CHIS, the percent of children ages 0-5 without a medical home ranged from 1% in 2001 to 2% in 2007.

### **Strategic Goal 2: Strong Families**

The CFCOC funds programs aimed at supporting families and home environments. Grantees funded under this strategic goal gather data to assess their effectiveness, including data as to what extent:

- families are self-sufficient and
- families have access to family support services and resources.

This section of the report will present outcomes for each indicator in the CDOM database related to the *Strong Families* goal.

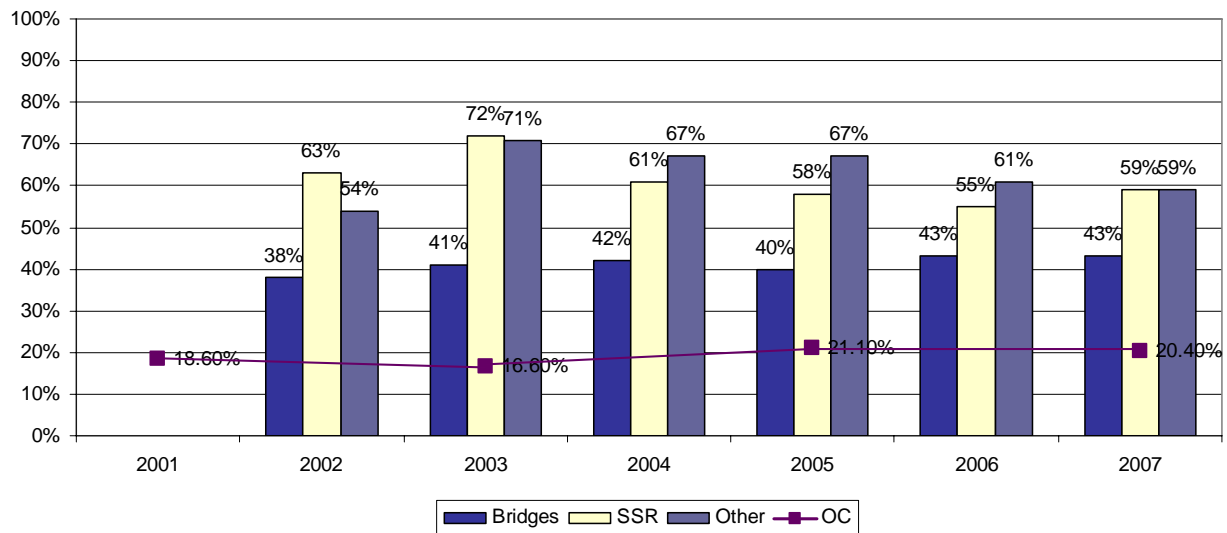
#### ***Outcome: Increased family self-sufficiency***

At the beginning of services, the following three indicators are documented in CDOM pertaining to this outcome: (1) percentage of children living in poverty, (2) percentage of mothers who completed high school or its equivalent, and (3) percentage of families who share a household.

#### **Children Living in Poverty**

This section provides an overview of the economic status of children being served by CFCOC-funded programs. The number of children living in poverty is a critical indicator for understanding the overall health of the community, because children living in poverty are at significantly greater risk on an array of health, cognitive development, behavior, emotional, and academic achievement problems or concerns. Figure 14 displays, across all six years of funding, the percentage of children in each of the programs who were living in households that earned no more than 100 percent of the federal poverty guidelines. The percentage of families living at the federal poverty level range from 38% to 72% of the total client population. These proportions are dramatically higher than the rates of families at or below the federal poverty level countywide (12%) and statewide (19%) in 2007 (American Community Survey, 2007). The economic status of families with children participating in the Bridges for Newborns Program has been relatively stable across time, while the percentage of children living in poverty in State School Readiness and Other programs peaked in 2003 and has declined steadily since then. In 2007, 59% of families whose children were enrolled in State School Readiness programs were living in poverty, as compared to 72% who were in 2003. Similarly, the percentage of children living in poverty in Other programs has dropped from a high of 71% in 2003 to its current 59%.

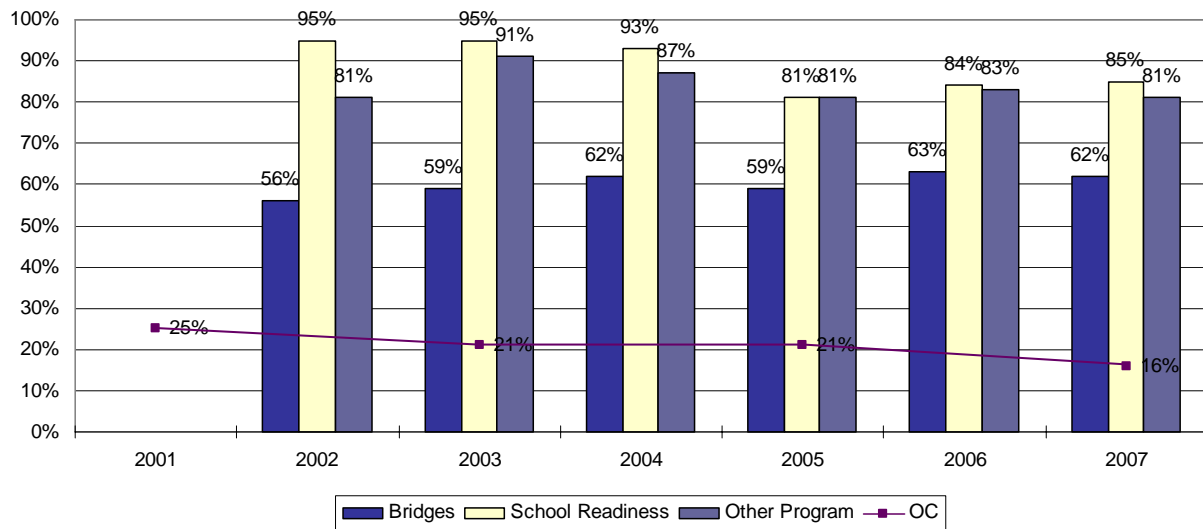
**Figure 14. Percentage of Families at 100 percent of Federal Poverty Level in Three Subpopulations, Six-Year Comparison**



SOURCE: Countywide data: California Health Interview Survey

This report also summarizes the percentage of families served in these programs whose incomes were no more than 200 percent of the federal poverty level. This distribution is shown in Figure 15. From 2002 through 2004, almost all of State School Readiness children were living in households that earned at or below 200 percent of the federal poverty level. This proportion dropped sharply to 81% in 2005, and rose somewhat in 2006 and 2007 but remained well below its peak earlier in the decade. Interestingly, the data in Figure 15 do not mirror those in Figure 14, in that the percentage of initially interviewed children living at or below 200 percent of the federal poverty rate increased between 2005 and 2006 while the percentage living at or below 100 percent of this rate largely stayed the same or decreased across the three programs. This suggests that, among the children served by CFCOC-funded programs, an appreciably lower percentage of families were below the poverty threshold in 2007 than in years prior, though the families remained relatively poor, as shown in Figure 15.

**Figure 15. Percentage of Families at 200 percent of Federal Poverty Level in Three Subpopulations, Six-Year Comparison**



SOURCE: Countywide date: California Health Interview Survey

Compared to CHIS data, families receiving services from CFCOC programs are more likely to live at 100 or 200 percent of the federal poverty level, compared to families countywide that have children ages 0-5.

**Mothers’ Education**

This section presents findings regarding the educational levels of mothers of children served by CFCOC-funded programs. Mothers’ education has been shown to be associated with children’s health status and academic achievement, such that mothers with low levels of education are more likely to have children with poorer health and lower levels of academic achievement. Figure 15 displays the education of mothers of children enrolled in each of the three types of programs, by comparing the percentage of mothers with less than a high school education to those with a high school education or more. As the figure indicates, the distribution for Bridges shows a higher percentage of mothers with a high school education or more (59%, versus 41% with less than high school education), while State School Readiness and Other programs both show that mothers without a high school education are in the majority.

**Figure 15. Mother's Education in Three Subpopulations**

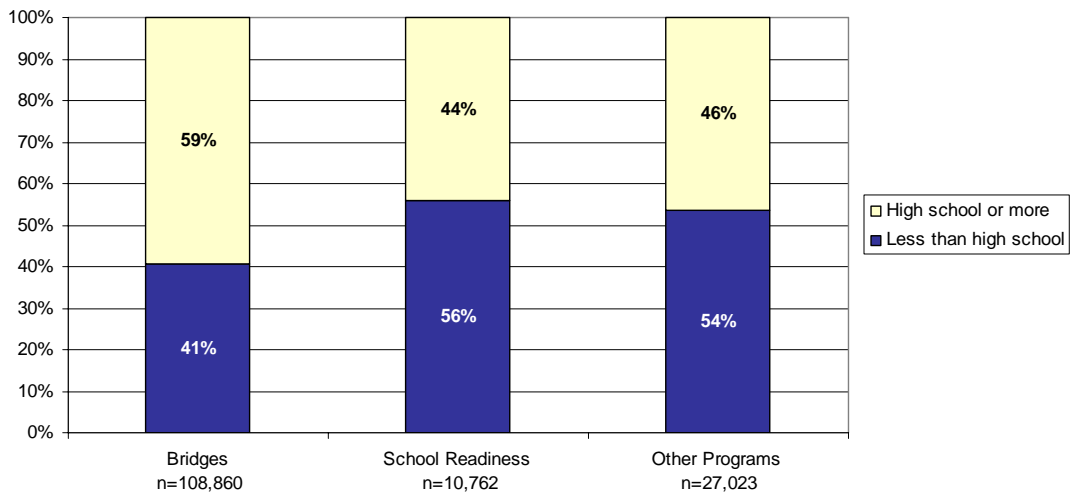
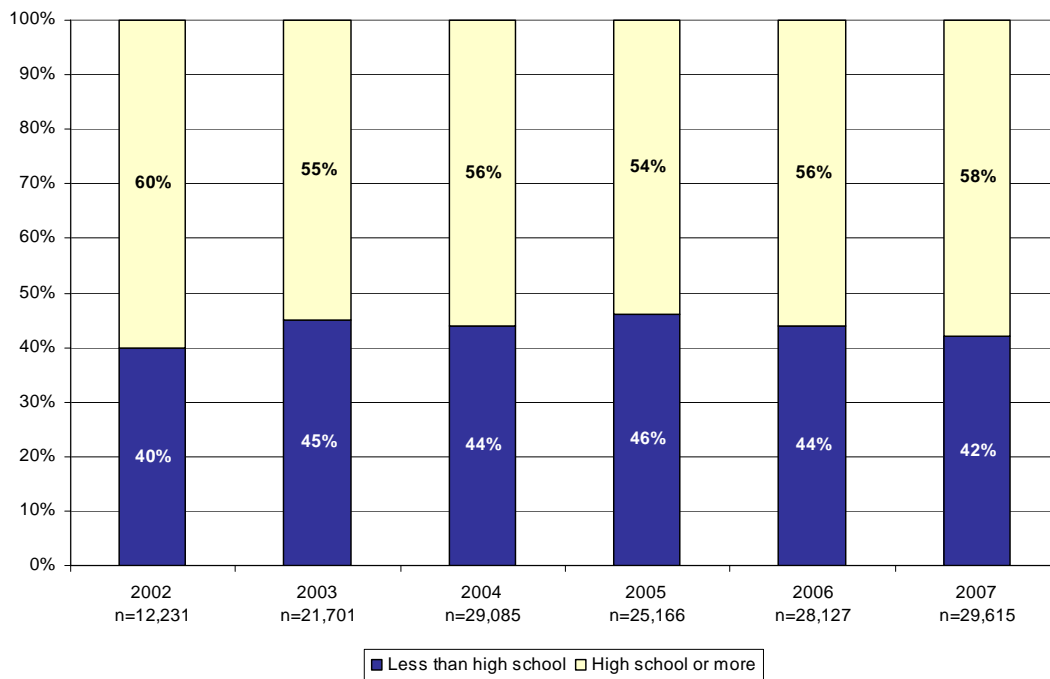


Figure 16 relies on the same data as Figure 15, but displays the data broken down over the five-year period. In 2002, the percentage of mothers with a high school education or more was 60%. However, in the subsequent year, the percentage of mothers who have a high school education or more dropped, while the percentage of mothers with less than a high school education increased. These percentages have fluctuated slightly from 2003 to 2007, ending with 58% of mothers with less than high school education in 2007.

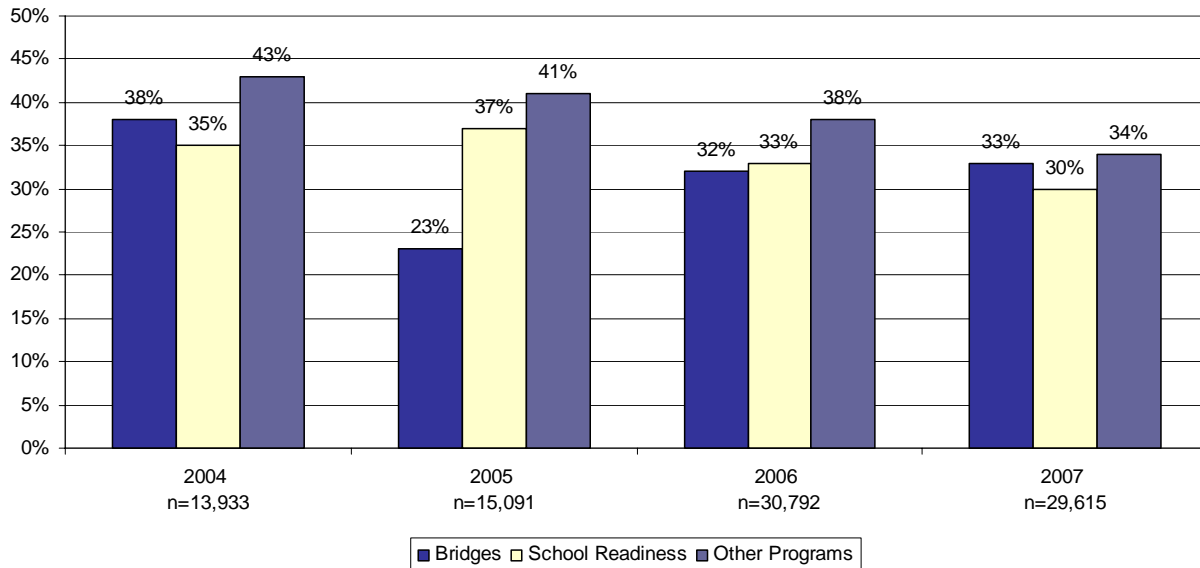
**Figure 16. Mother's Education, Six-Year Comparison, 2002-2007**



## Housing

Some research suggests that sharing housing is an indicator of dependency and an inability to be economically self-sufficient.<sup>9</sup> It has also been found to be precursor to homelessness.<sup>10</sup> In 2004, a question was added to the CDOM questionnaire, which asked families if they shared their home with another family. Figure 17 summarizes the data from this question from 2004 through 2007.

**Figure 17. Families Sharing a Home, Four-Year Comparison by Subpopulation, 2004-2007**



Overall, all three subpopulations have experienced decreases in the percent of families that reported sharing a home with another family between 2004 and 2007. Figure 17 shows that, in 2004, between 35% and 43% of the families being served in each of the programs reported sharing a home with another family. The percentage of Bridges families who reported sharing a home decreased dramatically between 2004 and 2005; the percentages then increased to 32% in 2006 and 33% in 2007, while percentage of families sharing a home among State School Readiness and Other Programs participants decreased during that same period.

### **Strategic Goal 3: Ready to Learn**

The CFCOC funds programs that focus on increasing children’s readiness to succeed in school. Grantees funded under this strategic goal gather data to assess their effectiveness, including CDE data on the extent to which

- caregivers have knowledge and skills to promote children’s readiness for school,

<sup>9</sup> S. Ahrentzen (2003). “Double Indemnity or Double Delight? The health consequences of shared housing and “doubling up.” *The Society for the Psychological Study of Social Issues*, 59(3), 547-568.

<sup>10</sup> Entner Wright BR, Caspi A, Moffitt TE, Silva RA. Factors Associated with Doubled-Up Housing—a Common Precursor to Homelessness. *Social Service Review* (March 1998), Volume 72, Number 1.

- children participate in high-quality early education programs, and
- children with developmental and other risk factors are identified.

This section of the report will present outcomes for each indicator in the CDOM database related to the *Ready to Learn* goal.

***Outcome:***

***Increased caregiver knowledge and skills to promote children's readiness for school***

At the beginning of services, the following indicators have been documented in CDOM pertaining to this outcome: (1) percentage of families who read stories daily to their children and (2) percentage of families who have children's books available in the home.

**Frequency of Reading to Child**

Parental contributions to a child's education are an important predictor of a child's academic success. Research has demonstrated that children tend to have better language comprehension, cognitive development, and literacy if they are read to early in their lives. The CDOM questionnaire asks caregivers to report how often family members read to their children. Because this question was only asked for children three months of age and older, this analysis excludes data for children served in Bridges. However, four years of data are available for both State School Readiness and Other programs.

The percentages provided in Figure 18 combine data from 2004- 07to display the frequency with which parents in State School Readiness and Other Programs read to their children. Sixty-two percent of State School Readiness parents report that they read to their children three times a week or more, with 38% reporting that they read to them every day. Other Programs' parents reported a slightly higher frequency of reading with 58% reading to their children three times a week or more, and 42% reading to them every day.

**Figure 18. Frequency of Reading to Children:  
State School Readiness and Other Programs (2004, 2005, 2006 and 2007 combined)**

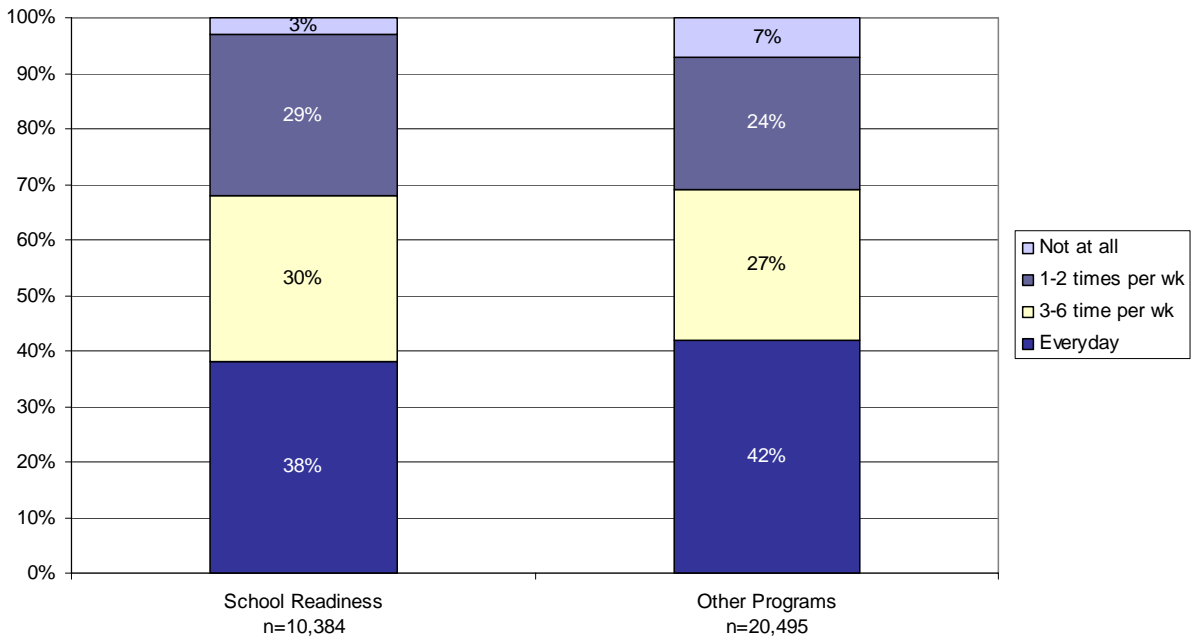
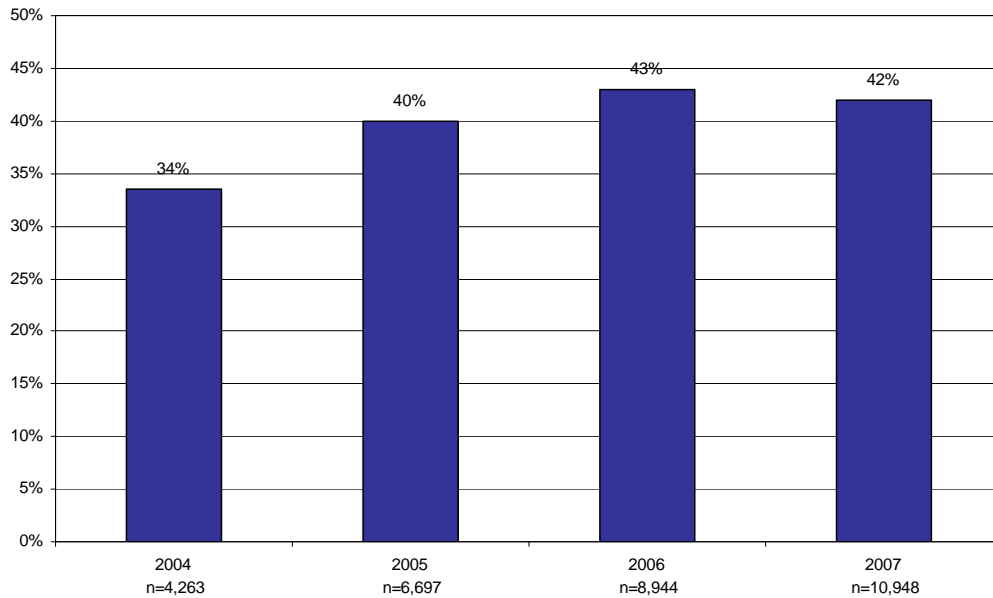


Figure 19 shows the percentage of families that read daily to their children by year from 2004 to 2007. The percentage of families reading daily has increased from 34% in 2004 to 43% in 2006 and decreased slightly to 42% in 2007. These rates are significantly lower than those reported by families interviewed in the CHIS. In 2005, 60% of families reported that they read to their child (ages 0 – 5) on a daily basis; in 2007, this rate increased slightly to 61%.

**Figure 19. Percentage of Families Reading Daily to Children:  
All Programs by Year, 2004-2007**



**Number of Books in the Home**

Another indicator used to determine if children are read to is the number of children’s books available in the home. Figure 20 shows the number of children’s books that parents reported are available in the home. As the figure suggests, 47% of households in Other Programs reported having more than 10 children’s books in the home, compared to 44% of State School Readiness households.

**Figure 20. Books Available in the Home:  
State School Readiness and Other Programs (2005, 2006 and 2007 combined)**

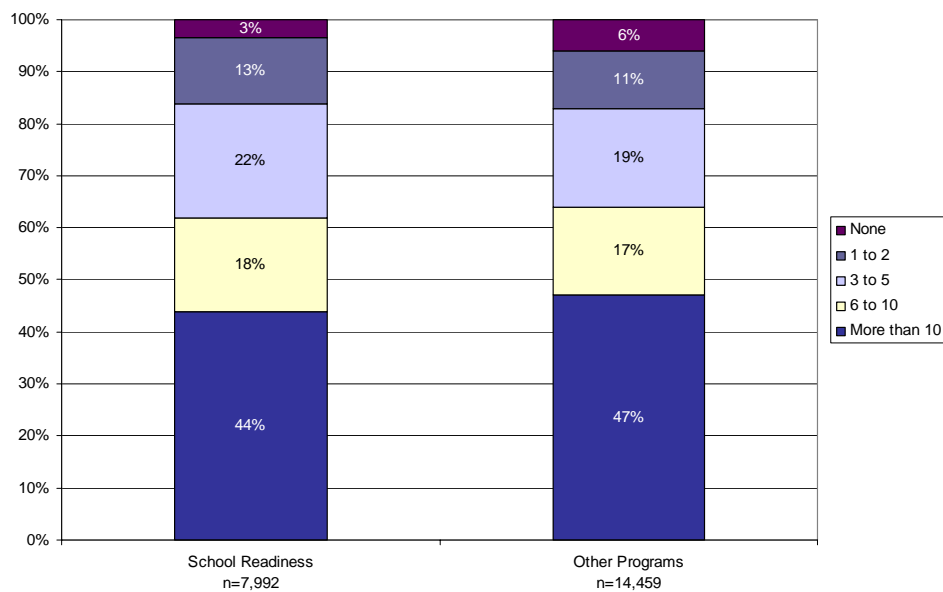
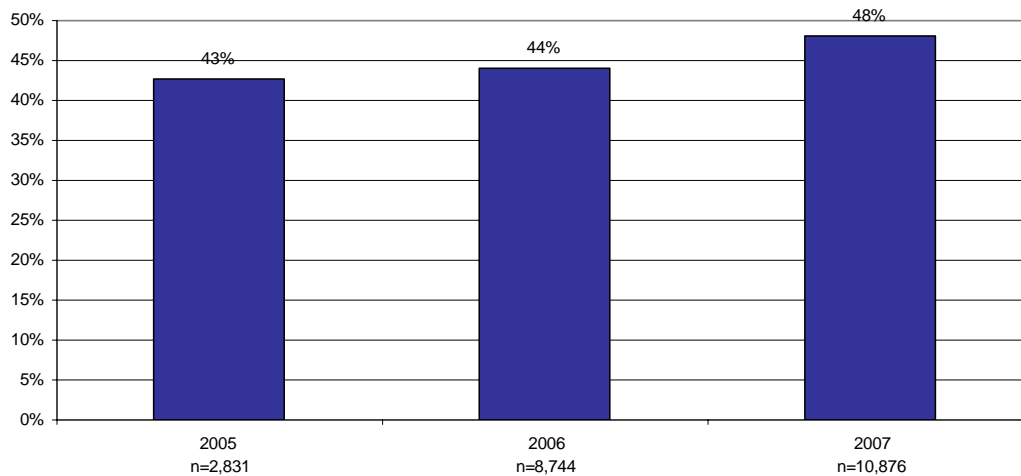


Figure 21 depicts the percent of families with more than 10 books in the home from 2005 to 2007; which has increased from 43% to 48%.

**Figure 21. Books Available in the Home:  
Families with More than 10 books in the Home (2005-2007)**



### **Summary**

This report updates earlier reports for the Children and Families Commission of Orange County (CFCOC) that described the characteristics of clients served by CFCOC-funded programs over multiple years. This report includes 2007 data to provide six years worth of data on these clients. Data for this report include 152,580 clients of CFCOC-funded programs who participated in initial interviews between 2002 and 2007. Using these data, we presented descriptive statistics on the clients, summarizing their characteristics at the time they began participating in CFCOC programs. The data were broken down into the three main types of CFCOC programs, including Bridges for Newborns, State School Readiness, and Other programs, and by calendar year in which the initial interview took place.

The demographic characteristics of children being served in these programs, including their age, ethnicity, and primary language remained relatively constant in 2007. Other characteristics revealed some changes between 2007 and earlier years. Chief among the findings in this report include:

- A lower percentage of children beginning to participate in State School Readiness programs were uninsured in 2007 than in prior years. Although the percentage of uninsured children in Other Programs had increased in 2006, the proportioned of uninsured children in these programs decreased in 2007 for almost all ages.
- The percentage of children in State School Readiness and Other Programs that had no medical doctor or clinic at which they regularly received services declined in 2007. From 2002 through 2007, the proportion of children without a medical home decreased from 17% to 8% among participants in Other programs. In State

School Readiness programs, these percentages decreased from 20% in 2003 to 6% in 2007.

- In 2007, almost half (49%) of all children being served by the CFCOC in families that are living at or below 100 percent of the federal poverty level. Between 2002 and 2007, these figures increased slightly for Bridges families, decreased among families in State School Readiness programs, and increased overall for families in Other Programs. In 2007, 70% of all families were living at 200 percent of the federal poverty level. Between 2002 and 2007, the percentage of children whose families were at or below 200 percent of the federal poverty level has increased for Bridges families, decreased for State School Readiness families, and fluctuated but returned to the rate of 81% for families in Other programs.
- Although the level of mothers' education has remained fairly constant from 2002 through 2007, there is a higher proportion of mothers with less than a high school education in the State School Readiness and Other Programs.
- From 2004 through 2007, the proportion of families that reported sharing a home with another family decreased gradually for all three subpopulations.
- The percentage of children whose parents read to them everyday was slightly lower in 2007 compared to 2006, but still higher than in prior years. Across all five years of data collection, approximately 42% of children beginning to receive CFCOC-funded services have lived in households in which this occurs.
- The percent of families with more than 10 books in the home has increased from 43% to 48% from 2005 to 2007.